Welcome

Laying the Groundwork for Meeting QI/QA Program Expectations in an HCH Setting Webinar:

Lessons Learned from the San Francisco HCH Program

March 6, 2012

We will begin promptly @ 1 PM EST

Event Host

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Technical Assistance Coordinator
National HCH Council

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LAYING THE GROUNDWORK FOR MEETING QI/QA PROGRAM EXPECTATIONS IN AN HCH SETTING: CASE STUDIES FROM SAN FRANCISCO

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Healthcare Analyst – San Francisco Department of Public Health
Learning Objectives

- Provide 2-3 examples for how 330(h) Program Expectations can be operationalized into day-to-day quality infrastructure
- Describe 2-3 ways health information technology and decision support tools can be used to report on HCH outcomes of interest
- Analyze and compare known and emerging QI approaches
- Formulate a business case for how HCH QI work is relevant to PCMH activities
330 Program Requirements

- Ongoing QI/QA Plan
- Focused Responsibility for QI
- Periodic Assessment of Service Use and Quality

8. Quality Improvement/Assurance Plan: Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:
   - A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;
   - Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall:
     - Be conducted by physicians or other licensed health professionals under the supervision of physicians;
     - Be based on the systematic collection and evaluation of patient records; and
     - Identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated (Section 330(k)(5)(C) of the PHS Act, 42 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2))
Standard 6: Measure and Improve Performance: Use performance and patient experience data for continuous quality improvement

- The practice uses performance and patient experience data to continuously improve.
- The practice tracks utilization measures such as rates of hospitalizations and ER visits.
- The practice identifies vulnerable patient populations.
- The practice demonstrates improved performance.
Case Studies
SFDPH CHN Primary Care Clinics

- TOTAL Patients
- 7,500 homeless patients
- 360,000 encounters
- 5+% of visits with patients who are homeless
Ongoing QI/QA Plan
Dust off QI Plan or Find a New One

Quality Improvement Plans | Migrant Clinicians Net
www.migrantclinician.org/.../quality-improvement-plans/index
Quality Improvement Management Plan. The scope of the quality program is organization wide and includes activities that monitor

Quality Improvement Plan Template
omh.ny.gov/omhweb/cgi/plan_template.html
Feb 23, 2011 – Quality Improvement Plan Name of Clinic Dat Section 1 – Introduction. Introduction: Mission, Vision, Scope of

Designing a Successful Quality Improvement Program
www.hrsa.gov/publichealth/guidelines/designqualityimprove.ppt
File Format: Microsoft Powerpoint - Quick View
Mar 10, 2011 – Designing a Successful Quality Improvement Program: Teambuilding and Writing a QI Plan. Bureau of Primary Health Care. Health Resources ...
Focused Responsibility for Program
What is the Overall Purpose of a Quality Management Program?

- Form a sustainable quality infrastructure
- Develop a performance measurement system
- Initiate quality improvement activities
- Involve consumers and their families
People Infrastructure

- Large Network with multiple sites
- Single-site

- Who?
- How Often?
- Ongoing training
## Leaders Need to be Involved in all Areas of Improvement

<table>
<thead>
<tr>
<th>Role Description</th>
<th>Data and Measurement</th>
<th>System Thinking</th>
<th>Developing Changes</th>
<th>Testing and Making Changes</th>
<th>Cooperation</th>
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<tbody>
<tr>
<td><strong>Leader's Job:</strong></td>
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<td>Generally:</td>
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<td>Creating a system in which change can be made and sustained</td>
<td>• Clarify the aim</td>
<td>• Overcome inertia in the present system</td>
<td>• Find and present new knowledge and ideas for how it can be used</td>
<td>• Encourage experimentation</td>
<td>• Develop / inculcate / reinforce a sense of common purpose</td>
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<td></td>
<td>• Constantly assess progress towards the aim</td>
<td>• Provide the will for change</td>
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<td>• Help staff to improve</td>
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Source: Brooklyn Alliance Clinical Collaborative, 2003

Leading Improvement Slide from National Quality Center
Periodic Assessments
Reporting Infrastructure

- What are you reporting now?
  - HEDIS, UDS, Meaningful Use, local P4P initiative
- How accessible are your data?
  - EHR timeline
  - Availability of canned reports
  - Disease registry
- Goals
- Frequency of reporting
Set Goals

- National benchmarks for standard performance measures
- Relative improvement and thresholds
- 2-3 measures, no more than 5
- Quarterly as standard, more frequently if testing changes
- Find your baseline, use run charts, set goal lines
Evaluate Performance

- Dashboards
- Provider Report Cards
- Data Wall
- Tracking a population of interest

Review Outcomes

Meeting Goals?

Document, Systematize, Maintain

Action Planning
Case Studies!

- San Francisco Community Clinic Consortium
- SF Department of Public Health – COPC
- Tom Waddell Health Center (SF)
San Francisco Community Clinic Consortium

Case Study #1

QI/QA Plan

Periodic Assessments
SFCCC – Opportunities for Infrastructure Enhancements

2004-2006
Loosely Defined Indicators for Assessing Quality

2008
Define roles
23 Core Indicators Finalized

2009
In depth Audit conducted (help from VISTA Program)

2010
Define Accountability
2010 Indicators align with electronic reporting goal

2011
Electronic Audit
Performance Targets and Thresholds Adopted
HCH Quality Measures

- Evaluated list of indicators from previous years against current guidelines and recommendations from a variety of organizations, including:
  - CDC
  - U.S. Preventive Services Task Force
  - National Health Care for the Homeless Clinicians’ Network *General Recommendations* document
  - San Francisco Department of Public Health
- And sought additional feedback from
  - local practitioners and Medical Directors
  - clinic managers
  - clinic quality improvement staff
SFCCC—Core Set: HCH Indicators

- Emergency Contact
- Living Conditions Assessment
- Domestic Viol. Assessment
- Sexual History Assessment
- Sexual Health Education
- Family Planning Services
- HIV Testing Referral
- Syphilis Screening
- Cervical Cancer Screening
- Influenza Vaccination
- Pneumococcal Vaccination
- Td/Tdap Vaccination
- Mental Health Screening
- Mental Health Treatment
- Drug & Alcohol Use Screening
- Drug & Alcohol Abuse Treatment
- Tobacco Use Screening
- Tuberculosis Screening
- Tuberculosis Chest X-Ray
- Dental Assessment
SFCCC - High Hopes and Dashed Expectations: Quality Audit Teams
i2iTracks Disease Registry

- Registry is acceptable tool
- Data entry/reporting known
- Less time than manual review
Did you have a HCH Audit team at your clinic? (2010 Survey Results)

- Yes, 2+ people worked together to complete the audit: 80%
- No, 1 person conducted the audit: 20%
The HCH Audit provided a learning opportunity for our clinic.
Case Study # 2
Focused Responsibility
Periodic Assessments

- Community Oriented Primary Care
  - 14 primary care clinics
  - 42,000 patients
  - 2011 Quality Culture Series
  - 2012 Initiatives
    - Team Based Care
    - Patient Experience
    - Staff Experience and Alignment
PERFORMANCE IMPROVEMENT & PATIENT SAFETY PROGRAM

GOVERNING BODY

Nursing Executive Committee

Medical Executive Committee

Quality Council

Medical Executive Committee

Risk Assessment Indicators

Performance Improvement & Patient Safety (PIPS) Committee

Primary Care Quality Improvement Committee (PCQI)

Risk Management Subcommittee

Clinical Practice Guidelines
Priority Actions
Staff / Pt / Res Educ.

Clinical Practice Guidelines
Priority Actions

Staff / Pt / Res Educ.

QI Task Forces
Strategic Initiatives
Priority Actions
Staff / Pt / Res Educ.

Sentinel / Significant Events

Unusual Occurrences

Other identified risks

Annual Reports and QI Plans
Data/Outcome Reporting

COPC & SFGH Clinics
Primary Care QI Rep

- Leadership abilities
- Good working knowledge of clinic
- At least 70% FTE
- Part of Management Team
**SFDPH-COPC: Primary Care QI Toolkit**

- Template to describe services provided and management structure
- QI Plan Template with section to name vision, goals, & committee structure
- Standard Reporting template and PPT presentation

**PCQI TOOLKIT TABLE OF CONTENTS**

- **SCOPE OF SERVICES STATEMENT - TEMPLATE**
  - I. Goal Statement
  - II. Scope of Service
  - III. Major Treatment Diagnoses
  - IV. Care Providers
  - V. Administrative, Clerical and other Staff
  - VI. Educational Requirements
  - VII. Delivery of Care
  - VIII. Accountability

- **HEALTH CENTER ANNUAL QUALITY IMPROVEMENT PLAN - TEMPLATE**
  - I. Statement of QUALITY VISION for your Health Center
  - II. QUALITY IMPROVEMENT INFRASTRUCTURE
  - III. ANNUAL QUALITY GOALS
  - IV. STAFF INVOLVEMENT
  - V. EVALUATION OF QUALITY IMPROVEMENT PROGRAM

- **ANNUAL PCQI SUMMARY REPORT - TEMPLATE**
- **ANNUAL PCQI SUMMARY PRESENTATION - TEMPLATE**
Display Improvement Data
Display Improvement Data
Case Study #3

Ongoing QI/QA Plan
Focused Responsibility

“Use your mission to determine how you will do quality.”

“How do we do justice to the things that are unique about our work?”
On-going QI/QA Plan

<table>
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<tr>
<th>Measures</th>
<th>Message</th>
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<tr>
<td>Chronic Pain</td>
<td>Outreach and retention in care efforts</td>
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<tr>
<td>TB Testing</td>
<td>Focus on patients with assigned a primary care provider</td>
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<td>HIV Testing</td>
<td>General health care measures allow QI program to develop</td>
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<td>Flu Shot</td>
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<td>BP Control</td>
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<td>DM Control</td>
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1 X per Yr - Planning Meeting to Choose QI Priorities
Focused Responsibility

QI Committee

- MD
- Admin Team (2)
- Nurse Manager
- Operations Manager
- Health Workers (2)
- Asst MD
- Clerk
- Social Worker

Accountability Structure

- Align QI priorities with Management Team goals
- Performance Appraisals assess participation in QI work
- Training opportunities
Population Characteristics

Where did HCH patients live during the measurement period

Number of Patients

Living Location

- Not Documented
- Street
- Shelter
- SRO/Hotel
- With Friends/Family
- Vehicle
- Treatment Facility
- Transitional Housing
- Jail
- Other
Case Studies Summary
Before you try to solve a problem, define it.
Before you try to control a process, understand it.
Before trying to control everything, find out what is important, and work on the most important or on that process having the biggest impact.
Recognize that we can learn from failures, so respect “meaningful failures”
Questions & Answers

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San Francisco Department of Public Health
Community Oriented Primary Care
Resources

- National HCH Council website www.nhchc.org
- National Quality Center http://www.nationalqualitycenter.org/
- HCH Clinicians' Network http://www.nhchc.org/resources/clinical/hch-clinicians-network/
- San Francisco Health Plan - Strength in Numbers http://www.sfhp.org/providers/quality_improvement/strengthinnumbers.aspx
- SFCCC website www.sfccc.org
- SFDPH Community Oriented Primary Care - http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/
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