

HTS/DPHHS eCQI Progress Update

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Patty Kosednar, HTS/Mountain Pacific

eCQI Stats

- Began projects in April 2016
- Currently working with 7 clinics and 40 providers
- Have completed 3 sprints (PDSA cycles) and have 3 sprints in progress
- Completed sprints have:
 - trained 32 medical staff members on accurate BP
 - positively affected 172 DM patients
 - positively affected 260 HTN patients (not including improved BP measures)
 - improved performance on:
 - Accurate BP readings
 - DM Foot Exams
 - HTN Patient Education
 - HTN Patient follow up visits
 - Are helping to create an eCQI culture for organizations

eCQI Projects Overview

- Woodland Clinic (KRMC) 1 clinic/7 providers
 - **Project Aim:** Improved outcomes for patients with diabetes.
 - **Goals:** 1. Improve by 10 percentage points or greater: CMS 122 (DM A1c); CMS 131 (DM eye exam), CMS 123 (DM foot exam) CMS 163 (DM LDL), CMS 134 (Urine/Protein) by Dec 2016
 - 1st Sprint: Improve DM Annual Foot Exam performance – complete
 - 2nd Sprint: Improve DM eye, LDL, urine/protein, A1C testing/screenings – in process

eCQI - Woodland Clinic

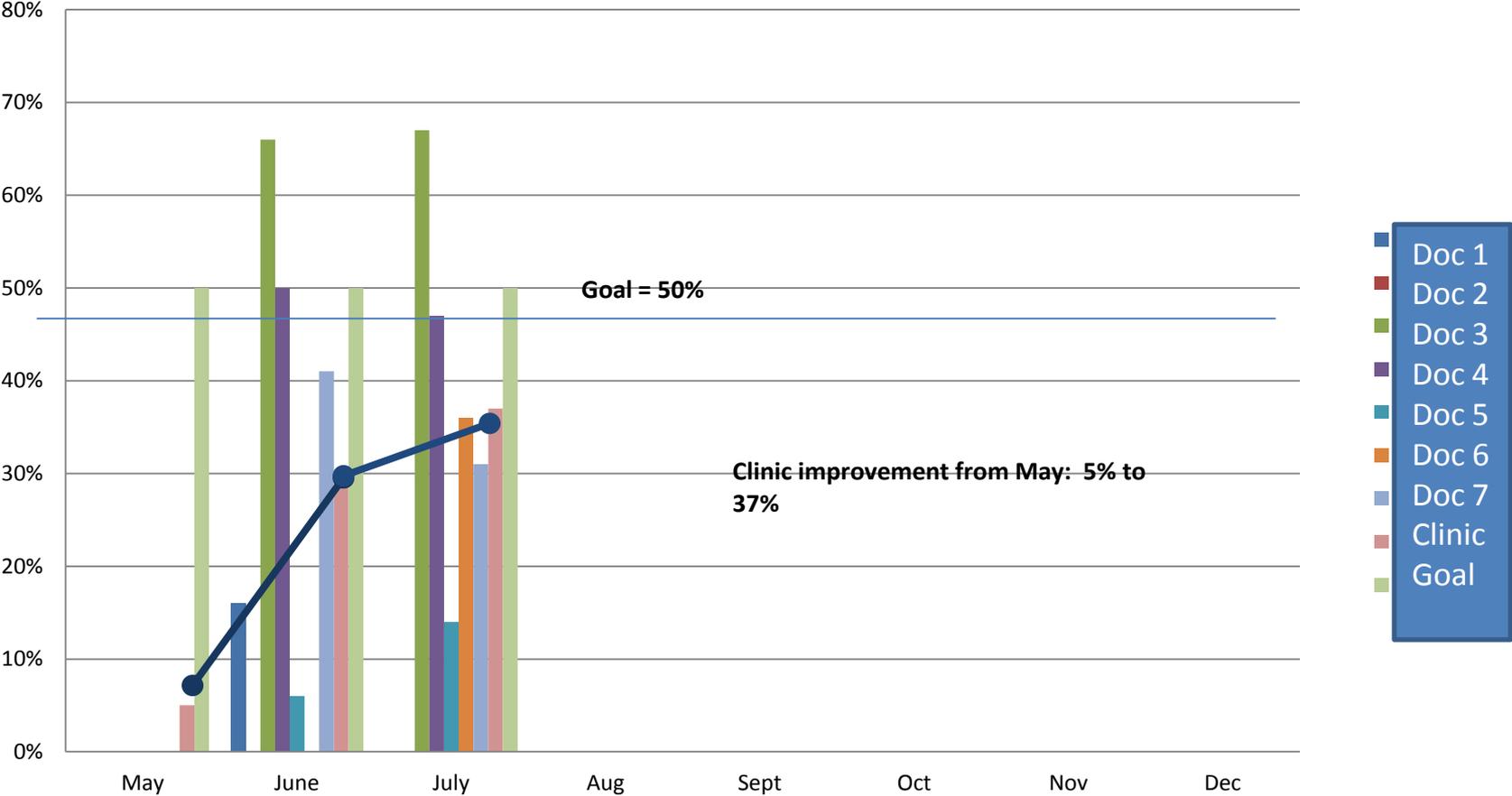
Woodland Clinic; Kalispell MT (KRMCM): 7 Providers, 172 DM patients

- 1st Sprint: Improved DM Foot Exam (NQF/CMS CQM)
 - Sprint Status: Complete – continue to track
 - Evaluation:
 - Goal: Improve by at least 10 percentage points
 - Current Performance: Improved from 5% to 30%, 25 percentage points in 30 days
 - Of the 7 providers; 3 provider's performed over 40%, 2 over 50% on the measure
- 2nd Sprint: Added, DM eye exam, A1c test, LDL test, and Microalbumin test (NQF/CMS CQMs) – in process
 - Evaluation:
 - Goal: Improve by 20 percentage points for all measures
 - Current Performance –
 - DM Eye Exams: Improved from 1% to 14% from June to July
 - DM Urine/Protein Tests: Improved from 1% to 84% from June to July
 - Establishing baseline for A1C screening and LDL screening

(aligning with needs from BCBS program and MT and NCQA PCMH programs)

eCQI - Woodland Clinic – cont.

DM Foot Exams 2016 - Woodland



eCQI Projects Overview

- Northern Montana Healthcare 3 clinics/13 providers
 - **Project Aim:** By December 2016, successfully implement the 8 process planks of Measure Up Pressure Down Campaign
 - **Project Goal:** Improve NQF 0018 – HTN blood pressure control by 20 percentage points by Dec 30, 2016.
 - 1st Sprint: Education and training for accurate BP readings - complete
 - 2nd Sprint: Implementation of HTN protocol - in process
 - 3rd Sprint: Implementation of BP cuff loaner program – in process

eCQI – Northern Montana

Northern Montana Healthcare: Havre MT; 3 clinics, 13 providers

- 1st Sprint: Training program for all providers and staff on accurate BP measure, established ongoing evaluation program and training
 - Sprint Status: completed
 - Evaluation: Goal = 32 staff members, 100% of staff trained, ongoing program implemented
 - Final Performance – 100% - all goals met
- 2nd Sprint: Established a blood pressure cuff loaner program (30 cuffs available – cuffs and education resources provided by DPHHS)
 - Sprint Status: in process
 - Evaluation:
 - Goal –5 providers participating, 20 HTN patients participating
 - Current performance: 3 providers 60%, 5 HTN patients 25%
- 3rd Sprint: Implementation of BP guideline/protocol
 - Sprint status: in process
 - Evaluation:
 - Goal: 80% of providers commit and adhere to protocol
 - Current performance – 55% committed (working on measure to track adherence)

(used Joint Commission Measure Up/Pressure Down “planks” for HTN BP improvement)

Aligned with MU, BCBS, NCQA and MT PCMH and DPHHS cardiovascular programs

eCQI Projects Overview

- Great Falls Clinics, 3 clinics/20 providers
 - **Project Aim:** Improve health outcomes for HTN patients
 - **Project Goal:** Improve HTN Blood Pressure Control (CMS 165) by 20 percentage points by Dec 2016
 - 1st sprint: Increase performance on providing patient education to HTN patients - complete

eCQI – Great Falls Clinic

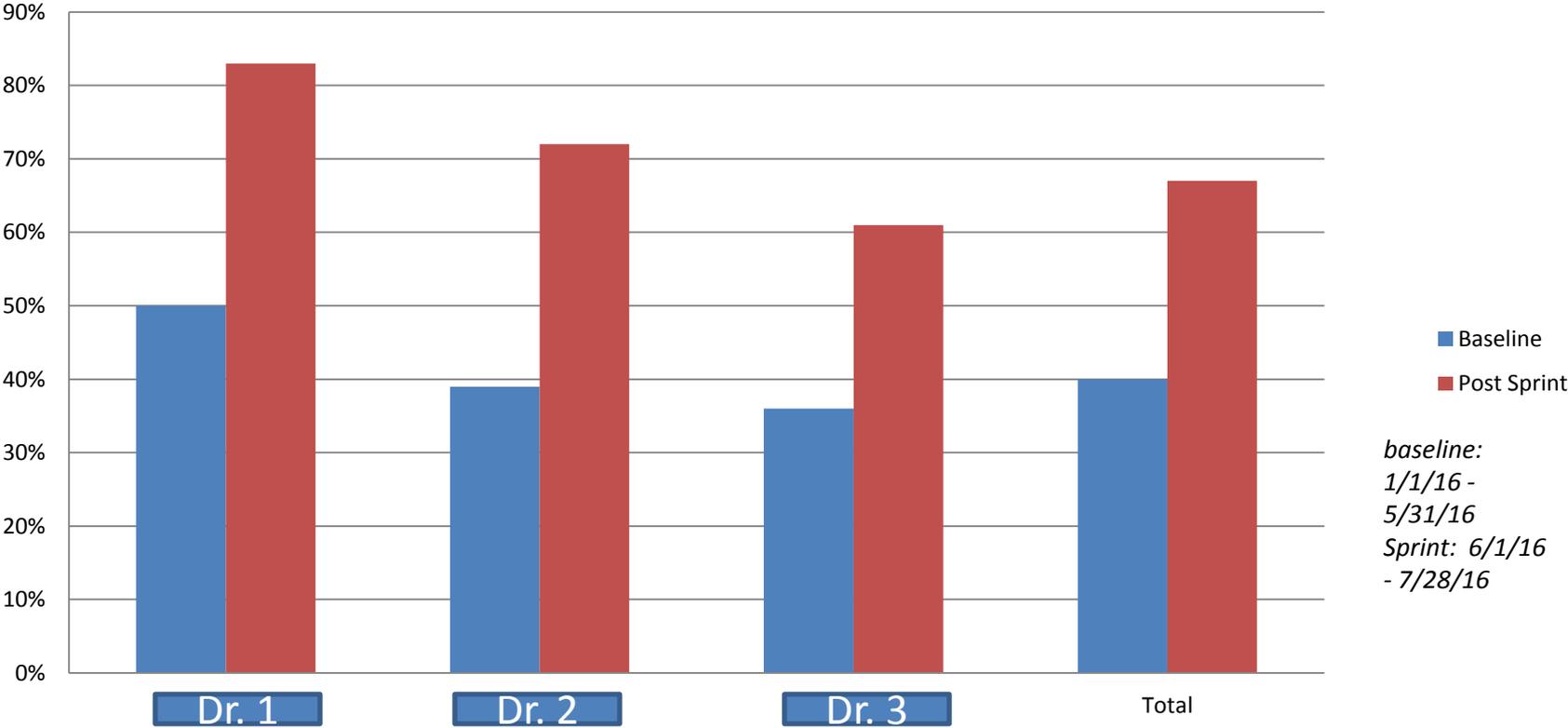
Great Falls Clinic; Great Falls 1 clinics, 20 providers

- Sprint 1: Improve HTN patient education (NW clinic only, 3 providers, 260 HTN patients)
 - Sprint Status: complete – continue to track
 - Evaluation:
 - Goal:
 - Improve HTN Patient Education by 20 percentage points
 - Improve HTN follow up visits by 10 percentage points
 - Current Performance:
 - 1. Improved HTN patient education from 40% to 67%, 27 percentage points in 6 weeks - goal met
 - 2. Of patients receiving education, follow up visits improved from 6% to 16%, 10 percentage points in 6 weeks – goal met

Aligned with MU program, MT PCMH, NCQI PCMH and internal QI priority

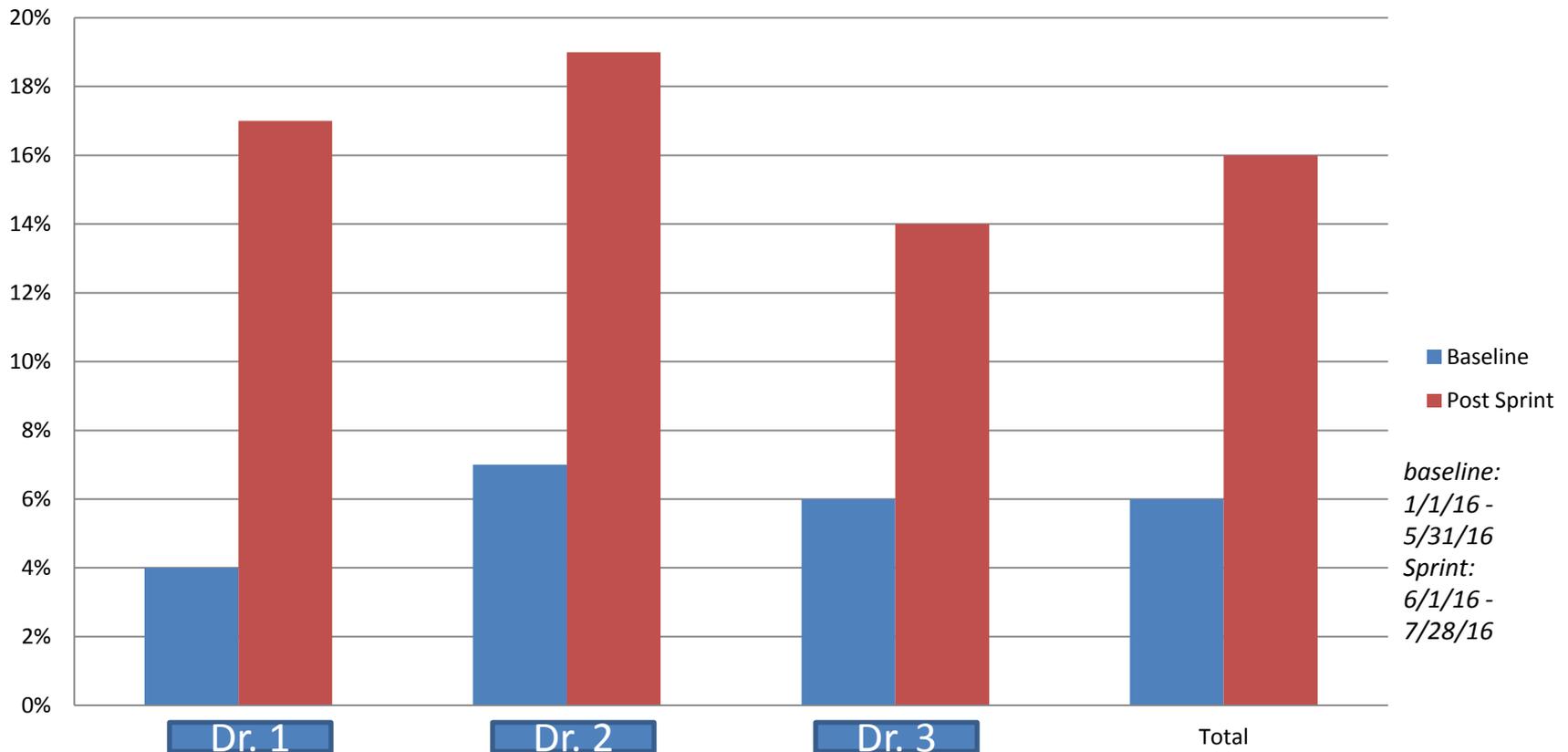
eCQI Great Falls – NW Clinic

GF-NW Clinic - Patients seen with elevated blood pressure (>140/90), who received patient education - Improved by 27 percentage points in 6 weeks



eCQI Great Falls – NW Clinic

GF NW - Patients seen with elevated blood pressure (>140/90), who received education and had a follow up visit - improved by 10 percentage points in 6 weeks



eCQI – What we learned

- Working with clients on their “points of pain” – don’t push an agenda
- Aligning with as many other quality reporting and quality improvement programs as possible
- Most eCQI projects begin with EHR workflow analysis – corrections in workflow can contribute to huge improvement #s
- Using structured Project Management approach to keep tasks moving and accountability (we produce and track documentation, schedule and do follow up as needed)
- Using/tracking data for decision making and to verify outcomes and for clinics to report to staff
- Keeping sprints to less than 6 weeks (4 is better) – start with low hanging fruit to find quick success

eCQI Next Steps

- Continue with sprints in process and future ones with current eCQI clients
- Work to recruit additional eCQI clients
- Provide MT PCMH group wide education on eCQI process and highlight successes
- Continue to enhance our eCQI tools and resources
- Expand to include other DPHHS programs

Any Questions?



THANKS 😊