

HTS/DPHHS eCQI Progress Update

9/14/2016

Patty Kosednar, HTS/Mountain Pacific

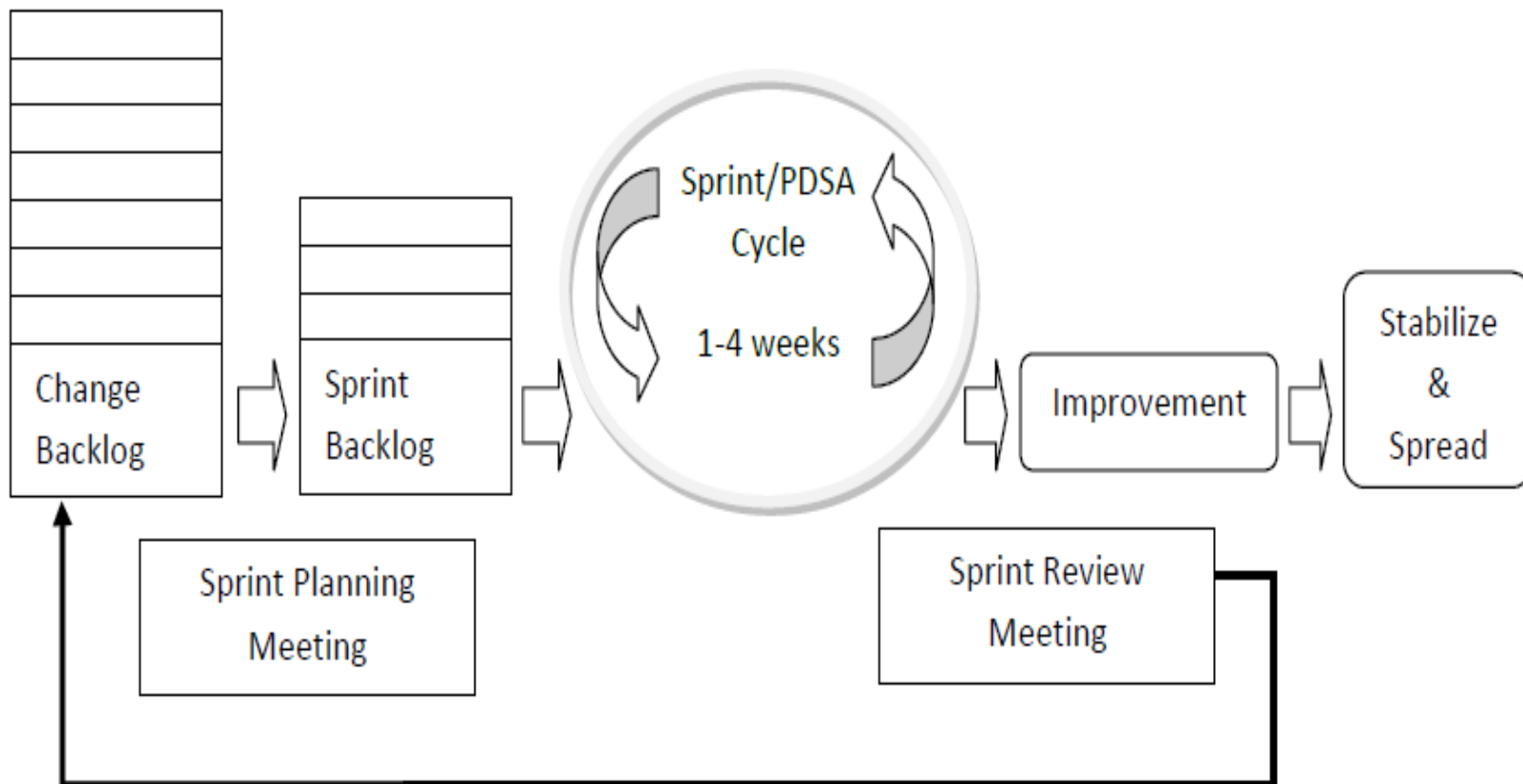
eCQI – a combination of:

- Utilizing EHR functionality and data to drive QI
- Evidence based clinical best practices
- Streamlining quality reporting and QI initiatives, focus on ROI for clinic
- Data tracking and analytics
- Agile delivery cycle and PDSA improvement cycle
- Thru DPHHS we are able to offer EHR, data analysis/tracking, QI and project management assistance

Example of Quality Reporting Requirements for a Clinic

Measure Summary	CMS #	NQF #	PQRS #	NQCA						
				EP MU	PQRS	CSI	PCMH	PCMH	BCBS	eCQI
Clinical Depression screening	2	418	134		x	x			x	
Cholesterol LDL	61	n/a	316					x		
Current Meds	68	419	130					x		
Body Mass Index Screening	69	421	128		x					
Diabetes A1c	122	59	1			x	x		x	x
DM Foot Exams	123	56	119						x	x
Breast cancer	125		112	x	x					
Pneumonia Status	127	43	111	x	x					
Colorectal Screening	130	34	113	x	x					
DM Eye Exams	131	55	117						x	x
DM Urine Protein Screening	134	62	119						x	x
Tobacco Use	138	28	226	x	x	x			x	
Influenza	147	41	110	x	x					
DM LDL Mgmt	163	64	2						x	x
Controlling High BP	165	18	236			x	x		x	
Screening for Osteoporosis	n/a	46	39	x	x					
Urinary Incontinence assessment	n/a	n/a	48	x	x					
Unhealthy Alcohol Use	n/a	2152	431	x	x					

Streamlined eCQI Process Model



eCQI Stats

- Currently recruited 10 clinics, active eCQI projects with 6
- 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 recommended procedures (foot, eye, A1c, LDL, microalbumin)
 - HTN Patient Education
 - HTN Patient follow up visits
 - Are helping to create an eCQI culture for organizations

eCQI Recruited Clinics

- KRMC – Woodland Clinic (1 clinic)
- KRMC – Big Fork Clinic (1 clinic)
- Northern Montana Healthcare (3 clinics)
- Great Falls Clinics (3 clinics)
- Children’s Clinic of Billings (2 clinics)

eCQI Projects Overview

- KRMC - Woodland Clinic - 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, microalbumin A1C testing/screenings – in process

eCQI – KRMC Woodland Clinic

KRMC - Woodland Clinic; Kalispell MT (KRMC): 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
 - Ongoing tracking shows continued improvement (currently at 37% for July)
- 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 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 CMS 165 – 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 BP cuff loaner program – in process
 - 3rd Sprint: HTN patients not at goal/new Rx seen within 30 days – Just starting

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: 4 providers 80%, 6 HTN patients 30%
- 3rd Sprint: Improvement of HTN patients not at goal or receiving new Rx seen every 30 days
 - Sprint status: just starting
 - Evaluation: Goal – improve % of measure by 30% in 6 weeks
 - Current performance – creating PDSA worksheet and establishing baseline data

(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

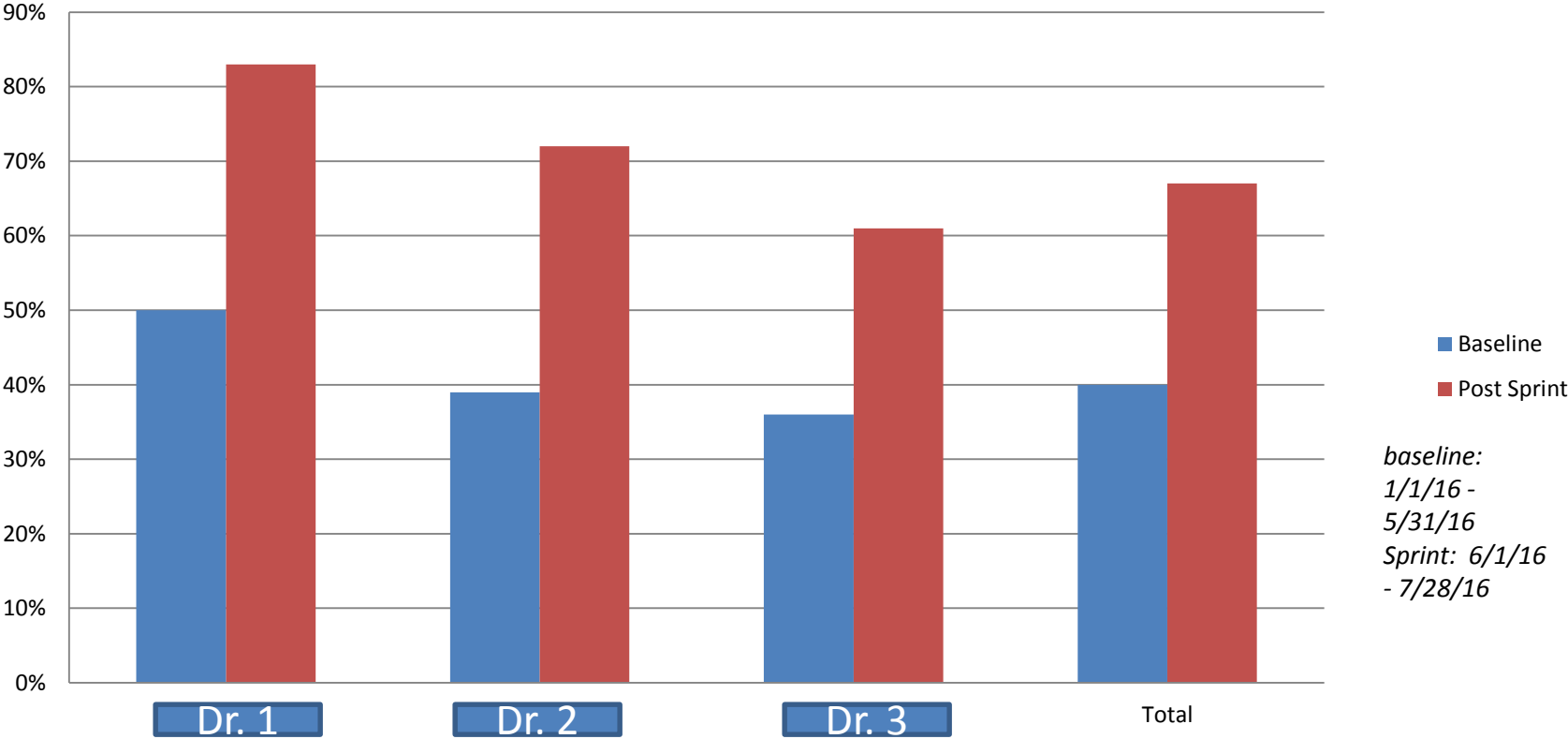
Great Falls Clinic; Great Falls 1 clinics, 20 providers

- 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
- Sprint 2: working to identify next sprint

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



Other eCQI Projects

- KRMC – Big Fork
 - Just started in mid August. They will focus on improving DM recommended procedures (foot, eye, A1c, LDL, microalbumin)
- The Children’s Clinic of Billings
 - Had first intro call. Will meet with them in mid September to determine eCQI project goals and plan

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 – focus on ROI for clinic
- Most eCQI projects begin with EHR workflow analysis – corrections in workflow can contribute to huge improvement #s
- Getting data out of EHR can be the most difficult part of a project
- 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 about 4-6 weeks
- 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 😊