Health Center
CONNECTIONS
QUALITY FORUM

July 29, 2019 Meeting Notes

Hypertension – Controlling High Blood Pressure

This Forum was recorded; click HERE to view it!

Measures and Targets

Clinical Quality Measure	Non-DRVS Baseline (2016 UDS)	DRVS Baseline (2016 UDS)	DRVS Current	Gold Baseline	Gold TARGET	Silver TARGET
Breast Cancer Screen	-	47.1%*	48.4%	47.1%*	>= 55%	>=48%
Cervical Cancer Screen	50.3%	45.3%	48.1%	52.1%*	>= 93%*	>= 65%
Colorectal Cancer Screen	29.7%	23.2%	38.1%	84.5%*	>= 70.5%*	>= 50%
Diabetes A1c > 9% or untested	35.1%	29.5%	32.3%	18%*	<= 16.1%*	<= 25%
Depression Screening	68.7%	67.0%	75.5%	60.3%*	>= 90%	>= 85%
Adult Weight Screening	51.7%	58.7%	70.8%	62.5%*	>= 72%	>= 58%
Hypertension Control	58.4%	65.0%	70.2%	43.7%*	>= 75%*	>= 70%
Childhood Immunizations	22.9%	24.2%	16.7%	68.4%*	>= 80%*	>= 30%
Dental Sealants	25.6%	76.4%	66.5%	48.7%*	>= 60%	>= 28.1%*
Child Weight Screening	50.4%	52.5%	92.7%	62.9%*	>= 92%	>= 80%

Of the 10 measures we are tracking, DRVS users have met or exceeded **2 Gold Targets** (Dental Sealants, and Child Weight Screening). **5 Silver Targets** have been met/exceeded as well (Breast Cancer Screening, Adult Weight Screening, Hypertension Control, Dental Sealants, and Child Weight Screening). This is down from 6 in April due to a decrease in Depression Screening, likely due to the change in the measure definition. Refer to slide 3 for a list of the Forum measures, current DRVS performance, and targets. Refer to slide 4 for a screen shot of the DRVS Quality Forum Measures scorecard showing July 2019 trailing year performance.

BMI for Adults and Depression Screening – PDSA Discussion

May's Quality Forum was focused on 2 UDS clinical quality measures, Body Mass Index and Follow-Up for Adults and Screening for Depression and Follow-Up Plan. Heather asked attendees to share any changes implemented since may for either of the measures.

- Rhiannon Maier shared that First Care didn't make any significant change but did review the depression screening workflow with staff to ensure correct documentation.
- Mona Broomfield said PrairieStar staff also reviewed their processes and ensured that new staff are informed about their workflow.
- Maria Hensley stated that Health Partnership moved BMI data input away from templates and into structured fields. They created handouts for their patients, which the MA prepares and reviews with the patient. When the provider enters the room, they already know if BMI should be addressed with the patient. This change improved their performance 25% in one quarter!

Reset the Timer on Depressing Screening

The 2019 Depression Screening measure requires follow-up to occur within one day of a positive screen. To reset the timer, recall and re-screen patients. Complete the follow-up as indicated in the UDS measure definition during a qualifying visit, not a phone call.

UDS Measure – Hypertension: Controlling High Blood Pressure

Refer to slides 8-11 for the measure breakdown and workflow. The key takeaway from this discussion is that the measure is now calculated using the lowest systolic and lowest diastolic from all BPs taken during the encounter.

Best/Promising Practices

Refer to slides 12-19 for best/promising practices. Use the link on slide 15 for training on proper blood pressure (BP) measurement.

Member Best Practice Spotlights

- Health Ministries – Lizzet Arellanes and Kaely Burgess reported that Health Ministries acquired a private practice in 2017. They went from 4,000-5,000 at the beginning of 2017 to 15,000 patients after the merge. They found that the BP workflows between the two clinics were very similar so there were no major changes to that process. After new meds are prescribed, they ask the patient to return for a recheck within 7-10 days. Rechecks are performed by a nurse and are not billable visits. They also ask patients to bring in their own BP cuff for testing.
- PrairieStar – Mona Broomfield added that their clinicians look at the last refill date to see if the patient is truly taking their meds. They ask patients without insurance if they can afford the meds and will sign the patient up for assistance if not. Before taking a BP, their staff will ask if the patient has smoked in the last 30 minutes, what caffeinated drinks they've had, and what other meds they're on (both OTC and Rx). They ensure key labs are completed, like cholesterol checks. "Be aggressive" is the message they stress to their clinicians. They encourage their patients to come in for BP checks and to keep a log of their readings. At PrairieStar, each measure has a provider champion who will provide the rest of the team with highlights of the measure at meetings. They've been evaluating their equipment and replacing beds over time with those that can be raised and lowered. Some have a swing arm to hold the patient's arm. They take the opportunity to discuss and show the consequences of high BP with their patients. The patient will leave their appointment with 2-3 changes they can make in their diet/exercise/routine to lower their BP.

Brainstorming for Improvement

Mona stated that PrairieStar physicians don't give patients many refills so they have the opportunity to check on the patient more frequently. Heather Budd recommended including that practice in a refill policy. Maria Hensley said Health Partnership staff check to see if scripts are filled to ensure the patients is taking their meds. Their clinicians try to meet the patient where they are; they try to get them to make a change from the current state. The patient has to be the one to make the change.

Undiagnosed Hypertension

There is an alert option for "BP High No DX" that can be used on the Visit Planning report. See slide 27 for details. Slides 34-36 include instructions for creating a registry of undiagnosed hypertensive patients. There is a new custom dashboard called CQF Hypertension Dashboard that includes a widget to display the current percent of patients with high BP but no diagnosis.

NAMI KS Tobacco Project and Cessation Guidelines

Community Care participates in the Behavioral Health Tobacco Project with NAMI Kansas and has endorsed the cessation guidelines. There are mini-grants available through this project for organizations willing to adopt one or more of the guidelines. Refer to slide 43 for links to the project and mini-grant webpages.

PDSA Reminder

Submit a PDSA on Hypertension started or completed within the last 12 months to Terri by August 9th!

Meeting Participation

Connections Health Center	**Attendee(s)**
Atchison CHC	Dorothy Gibson, Sarah Marlatt
First Care Clinic	Rhiannon Maier
GraceMed Health Clinic	Jocelyn Moreno, Monica Juarez
Health Ministries Clinic	Lizzet Arellanes, Kaely Burgess
Health Partnership Clinic	Maria Hensley
Heart of Kansas	Heather Hicks
Konza Prairie CH&DC	Katie Bilderback
PrairieStar Health Center	Mona Broomfield
Salina Family Healthcare	Melodie Reich
Other Organization	**Attendee(s)**
Community Care / Health Center Connections	Terri Kennedy, Trish Harkness
Azara Healthcare, Presenter	Heather Budd

Next Forum

In-person at Community Care Annual Conference

September 11, 2019 – Pediatric Visits including Childhood Immunizations, Dental Sealants, BMI, and Depression Screening