This Forum was recorded; click HERE to view it!

Measures and Targets

Of the 10 measures we are tracking, the 11 health centers now using DRVS have met or exceeded **2 Gold Targets** (Dental Sealants, and Child Weight Screening). DRVS health centers have exceeded the Dental Sealants Gold Target consistently for more than a year and the Child Weight Screening Gold Target since Februrary 2019. Adult Weight Screening performance is less than 1% from the Gold Target! **6 Silver Targets** have been

Clinical Quality Measure	Non-DRVS Baseline (2016 UDS)	DRVS Baseline (2016 UDS)	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%	37.8%	84.5%*	>= 70.5%*	>= 50%
Diabetes A1c > 9% or untested	35.1%	29.5%	31.7%	18%*	<= 16.1%*	<= 25%
Depression Screening	68.7%	67.0%	78.1%	60.3%*	>= 90%	>= 85%
Adult Weight Screening	51.7%	58.7%	71.7%	62.5%*	>= 72%	>= 58%
Hypertension Control	58.4%	65.0%	70.0%	43.7%*	>= 75%*	>= 70%
Childhood Immunizations	22.9%	24.2%	14.50%	68.4%*	>= 80%*	>= 30%
Dental Sealants	25.6%	76.4%	65.8%	48.7%*	>= 60%	>= 28.1%*
Child Weight Screening	50.4%	52.5%	93.2%	62.9%*	>= 92%	>= 80%

met or exceeded as well (Breast Cancer Screening, Depression Screening, Adult Weight Screening, Hypertension Control, Dental Sealants, and Child Weight Screening). This number increased from the last Forum as Depression Screening performance improved and exceeded the Silver Target. 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 August 2019 trailing year performance.

Hypertension Control – PDSA Discussion

July's Quality Forum focused on UDS clinical quality measure, Controlling High Blood Pressure. Heather Bud, Azara Healthcare, asked attendees to share any changes implemented since July for the measure.

- Rhiannon Maier shared that First Care providers have been focusing on follow-up. If a patient's systolic reading is >150, First Care staff will schedule the patient for a recheck with a provider within 2 weeks. If the reading between 140 and 150, they will schedule a recheck with a nurse within 2 weeks.
- Amy Lurken reported that Heartland is updating last year's PDSA, which provided good results.
- Mona Broomfield said PrairieStar staff use dual stethoscopes to check accuracy of staff's results. The nurse and the MA/LPN/CNA each check blood pressure, which allows the nurse to check proficiency.
- Salina Family Healthcare conducts annual competency checks to measure accuracy. Melodie Reich stated that they have standing orders in place to recheck the patient's blood pressure before the patient leaves if the initial reading is >140/90. Salina staff place a red magnate on the door to indicate that the patient has hypertension.

UDS Measure – Childhood Immunization Status

Refer to slides 7-8 for the measure breakdown and workflow. Key takeaways from this discussion follow.

- Maria Hensley said Health Partnership Clinic has experienced issues with WebIZ rejecting PCV9 immunizations. Since PCV9 is not commonly used in the US, it is not a valid value within WebIZ. The US uses PCV13. WebIZ staff advised Maria to note PCV9 immunizations as unspecified to get them to save in the registry. Barriers to meeting the measure follow.
- Bidirectional WebIZ interfaces are becoming more common. Salina Family Healthcare's WebIZ interface is bi-directional, which means immunization data flows from their EHR to WebIZ and vice versa.

Barriers discussed follow.

- Although some outside pharmacies don't currently submit immunizations to WebIZ, the Kansas immunization registry, all pharmacists in Kansas will be required to submit immunizations to WebIZ on and after July 1, 2020 due to passage of the [Kansas Pharmacy Act](#).
- The multi-dose rotavirus vaccine remains the most difficult immunization to complete prior to age 2. It is also difficult to administer 2 influenza vaccines within the first 2 years.
- In many cases, pediatric patients receive vaccinations at outside clinics or county health departments, not all of which submit immunizations to WebIZ. This situation causes manual input for health center staff.
- Pediatric patients moving into or out of the state within the year can negatively impact performance in the measure.

HPV Vaccine

Refer to slide 9 for the HPV vaccination workflow. Heather recommended that discussions about this vaccine begin when the patient turns 9. If the parent is not on board, she recommended asking the provider to follow-up and when applicable, document parent's refusal. A measure related to this vaccine will likely be added to UDS.

UDS Measure – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Refer to slides 10-11 for the measure breakdown and workflow. Attendees discussed promising practices such as empowering MA/LPNs to provide the nutrition and activity counseling, while retaining providers for continued conversations with the child. Using clear checkboxes in templates improves accuracy. Joanna Sabally reported that Hunter Health made changes including following the [5-2-1-0 rule](#) to improve from 10% to 70% in the measure. They also implemented handouts and goal setting with parents.

UDS Measure – Dental Sealants for Children between 6-9 Years

Refer to slides 12-13 for the measure breakdown and workflow. Key takeaways from this discussion follow.

- Have a staff member such as a community health worker or similar role meet with the parent and minor patient in the medical (or dental) waiting room to discuss risks and sealants. The staff could then schedule a sealant visit while the patient waits for his/her appointment.
- Maria reported that Health Partnership integrated dental with medical services last year. The integration resulted in a decrease in their no-show rate. Each Wednesday, the hygienist interacts with the minor medical patients to provide oral health education.
- Maria also shared Health Partnership's use of dummy codes, designated by the practice, to exclude the patient form the measure. They've defined a code to indicate that available molars are not sealable (decayed, removed, or unerupted). They use a DECAY dummy code with the tooth number to indicate molars that cannot be sealed. eClinicalWorks has information for this process on their website.
- Mona shared that PrairieStar Health Center plans to open a pediatric clinic next to a dental hallway that will house a dental office and hygienist.
- Heather shared that the UDS dental sealant measure will likely be replaced with a fluoride varnish measure.

UDS Measure – Screening for Depression and Follow-Up Plan

Refer to slides 14-15 for the measure breakdown and workflow. Key takeaways from this discussion follow.

- If the PHQ-9 is positive, follow-up must be completed within 24-hours.
- Heather recommended having a way to document patient refusal, using an internal referral system to track follow-up, and ensuring measure data is mapped accurately.
- PrairieStar has available behavioral health (BH) staff to counsel patients when needed. The BH staff are available to visit with patients during their appointment, complete additional screenings, and conduct billable visits. PrairieStar staff documents BH billable and non-billable patient visits in the EHR.
- Vibrant Health recently started using the Cherokee Health Systems integrated health module.

Best/Promising Practices

Refer to slides 16-22 for best/promising practices, external barriers, and resources.

Member Best Practice Spotlights

- Maria shared that Health Partnership recently completed the implementation of a WebIZ interface for one of their sites. All WebIZ interfaces are implemented on the first of the month. To prevent registry rejections, the documented immunization route and location must match in the EHR. For example, subcutaneous injections cannot be given in a deltoid (muscle); but can be given in the arm (skin). She recommended getting added to the CDC email distribution list or to check the CDC site regularly for updates. They recently posted updated immunization codes and sheets on their site.
- In the spring, Azara updated their immunization measure processing logic. To check on the accuracy of the new logic, Terri Kennedy asked Kaely Burgess, Health Ministries Clinic, and David Stowell, HealthCore Clinic, to validate a small sampling of immunizations prior to the meeting. Kaely found one patient showing on the compliant list that is also compliant in the EHR but the dates were not coming through to Azara. She will follow up with Azara Support.
- Mona recommended paying close attention to vaccinations that can be a series of 2 or 3, especially if they were started somewhere else, to make sure the full vaccine series is given.
- eClinicalWorks has had issues with Prevnar and Pentacel not giving credit for all components of the vaccine.
- Mona thinks there may be an issue with the DRVS Questionable Values report for eClinicalWorks users. She will investigate further.

DRVS Tools to Improve Pediatric Measures

Heather reviewed immunization measure updates, new rotavirus PVP alerts for DRVS users, new DRVS immunization registry data elements, using the DRVS Care Gaps report to check for missing immunizations, and using the DRVS Questionable Values report to check for data issues. Refer to slides 26-32.

Azara recently added two data elements to the immunizations registry; one showing the number of months to age two and one indicating if the immunization is not complete. DRVS users can add PVP alerts for these new fields. Check DRVS Help for Administration webinars and slides within Learn How to Use DRVS.

Azara added two new alerts for the rotavirus vaccine. To enable the alerts on the PVP, click Admin, Report Configuration, Alert Administration. Filter Alert Name on "Childhood Imms - ROT (2 Dose)" and "Childhood Imms - ROT (3 Dose)". Edit the alert and click the Enable checkbox.

Reducing Provider Burden

Visit planning reports are crucial for delegation to other care team members. DRVS users can utilize the alerts on the Patient Visit Planning (PVP) report to ensure needed tests or screenings are completed. Many of these can be delegated to MA/LPNs. See slide 34 for a sample PVP.

Jelly Bean Exercise

Those who attended in person participated in the "Jelly Bean Exercise" (slide 35), designed to provide a visual representation of task distribution within a care team. Attendees received six cups, each representing a different role within a care team, and ten bags of candy. The exercise included ten questions (slide 36). For each question, attendees were instructed to distribute the candy from a single bag into the cups according to his/her perception of the role's responsibility for the task. One takeaways from the exercise is that it did not take into account the amount of time each tasks takes. Future exercises could be modified to include a time factor.

Comprehensive Standing Actions

Heather led a discussion about standing actions (slides 38-45). Key takeaways from that discussion follow.

- Create a standing action for each alert you plan to use. Have a clear owner. Potentially create a grid similar to slide 41 that includes assignment and the action to be taken.
- Empower MA/LPNs to support their provider by giving them the freedom to complete the actions and trust them to follow the protocol.
- Salina Family Healthcare has implemented comprehensive standing actions. According to Melodie, the conduct huddles on steroids so nurses and MAs can go ahead and order tests and schedule appointments outside the appointment.
- PrairieStar's CMO has established a standing action responsibility chart. Once each year, the CMO goes through the rooming process with rooming staff to evaluate their competencies.
- Engagement of physician leadership and MA/LPN oversite is crucial.

Next Steps

The next meeting will be our annual planning meeting. We will need to expand the Forum from a focus on clinical quality measures to incorporate the HCCN project objectives listed on slide 46.

PDSA Reminder

Submit a PDSA on any of the Pediatric Measures that your health center started or completed within the last 12 months to Terri before the January meeting!

Meeting Participation

Connections Health Center	Attendee(s)
Atchison CHC	Dorothy Gibson, Sarah Marlatt
CHC in Cowley County	David Brazil
First Care Clinic	Rhiannon Maier
GraceMed Health Clinic	Monica Juarez, Diane Moore, Jocelyn Moreno
Health Ministries Clinic	Lizzet Arellanes, Kaely Burgess
Health Partnership Clinic	Maria Hensley
HealthCore Clinic	David Stowell
Heartland CHC	Amy Lurken
Hunter Health	Gina Pierce, Joanna Sabally
Konza Prairie CH&DC	Katie Bilderback, Jessica Haslouer
PrairieStar Health Center	Mona Broomfield
Salina Family Healthcare	Melodie Reich
Sharon Lee Family Health Care	Dr. John Mandeville
Vibrant Health	Brandi Finocchario
Other Organization	Attendee(s)
Community Care / Health Center Connections	Terri Kennedy, Trish Harkness
Azara Healthcare	Heather Budd, Christopher Neal

Next Forum
November 25, 2019 – Annual Planning Session