

Incorporating Quality Into Your Clinic The New Paradigm

**2011 Annual KAMU Conference
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September 2011**

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Objectives

Participants will be able to:

- 1) Summarize requirements for a quality program
- 2) Describe an effective Quality Team
- 3) Summarize quality methodology, Care Model and the Improvement Model
- 4) Identify the impact of quality on Meaningful Use and Patient Centered Medical Home
- 5) Apply GAPHC's Quality Plan Assessment tool for developing an effective Quality Plan and quality infrastructure

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What Are YOUR Objectives for this session?

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“Quality is never an accident; It is always the result of high intention, sincere effort, intelligent direction, and skillful execution. It represents the wise choice of many alternatives.”

William A. Foster

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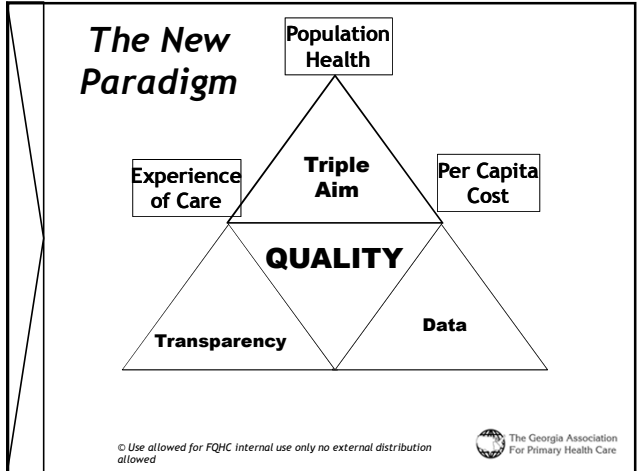



Yesterday's Mode of Quality

and

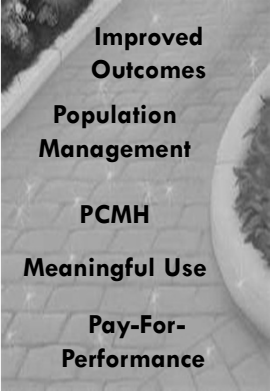
...The New Paradigm

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Quality IS the Yellow Brick Road

And leads to the Emerald City



Improved Outcomes
Population Management
PCMH
Meaningful Use
Pay-For-Performance

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Requirements for Quality

- ◇ FTCA
- ◇ FQHC
- ◇ PCMH
- ◇ Meaningful Use
- ◇ Impact on Engaging Community Partners

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Quality Program

- FTCA
- HRSA
- PCMH
- Meaningful Use

- ☑ Quality Plan that logically reflects the FQHC as well as quality concepts
- ☑ Quality Minutes that reflect actual work
- ☑ Quality initiatives that demonstrate (documented) improvement
- ☑ Data measurement on critical measures

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FTCA Quality Requirements

- ▶ Written/Board Approved Quality Plan
- ▶ Peer Review Activities
- ▶ Medical Record Management
 - maintained for every patient receiving care at the health center
 - Periodic assessment of medical records to ensure completeness and legibility -EMR still requires MR assessment for completeness, structured data & approved abbreviations

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FTCA Quality Requirements

- ▶ Assessment of Patient Data to Drive Quality Improvement
 - Periodic assessment of the:
 - ✓ *appropriateness of the utilization of services and*
 - ✓ *the quality of services provided currently and in the future*
 - “Right care at the Right time”

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HRSA PAL 2011-05 FTCA Application

1. Minutes from the last six QI/QA committee meetings (please provide explanation if less than 6);
2. Minutes from the last six Board meetings evidencing oversight of QI/QA activities (please provide explanation if less than 6);
3. Credentialing and privileging policies; and
4. Clinical policies and procedures in the following areas: referral tracking, hospitalization tracking, x-ray tracking, and lab results tracking.

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HRSA Program Requirements

- ▶ PIN 98-23
- ▶ -Ongoing QI/QA Plan encompassing management and clinical services, maintaining confidentiality of patient records
- ▶ Focused responsibility for QI

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HRSA Program Requirements

- ▶ Periodic assessments of appropriate service use and quality :
 - Conducted by physicians or licensed health professionals under the supervision of physicians
 - Based on systematic collection and evaluation of patient records
 - Identify and document the necessity for change in the provision of services and result in the change being implemented

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HRSA Ongoing Goals

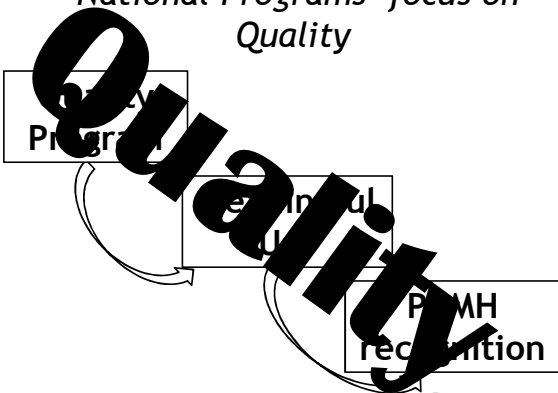
100% of Health Centers' Quality Programs/ Plans evaluated & approved by outside reviewer

- ▶ How?
 - Accreditation
 - Patient Centered Medical Home Recognition
- ▶ Strategy
 - Accreditation Initiative
 - PCMH Initiative
 - CMS Medicare APC Demo

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National Programs' focus on Quality



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Quality Program

- ⇒ Quality Plan
- ⇒ Quality Policies
- ⇒ Quality Committee
- ⇒ Subcommittees
- ⇒ Quality Reporting
- ⇒ Quality Infrastructure
- ⇒ Organizational Culture of Quality
- ⇒ Improve Primary Care
- ⇒ Add services to support PCMH

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Meaningful Use

- *Quality Measurement*
- *“structured data”*
- *Data to manage populations*
- *Medication management*
- *Electronic prescribing*
- *Clinical Decision Support*
- *Ambulatory Clinical Quality Measures*
- *HIPAA Security*
- *Lists of patients by disease-specific conditions for quality improvement, outreach*
- *Improving quality, safety efficiency and disparities*

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- *Practice Teams*
- *Standing Orders*
- *Population Management - data*
- *Clinical Data*
- *Comprehensive Health Assessment*
- *Care Management*
- *Identify High Risk Patients*
- *Medication Management*
- *Electronic Prescribing*
- *Self-Management*
- *Measure Performance*
- *Continuous Quality Improvement*
- *Quality Reporting*

PCMH

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Quality’s Impact on Engaging Community Partners

- ▶ **Data**
 - *Integrity*
 - *Analysis*
 - *Confidence - know what you know!*
- ▶ **Identify WIN-WIN collaborations**
- ▶ **KNOW what YOU need**
- ▶ **Marketing using aggregate data**
- ▶ **Accreditation/ PCMH Recognition - educate public and market!**

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Quality Program “Shoulds”

- ▶ **Encompasses all activities directly and indirectly related to quality. This includes:**
 - *the formal organizational quality infrastructure (committees)*
 - *Compliance activities including HIPAA, OSHA, HRSA and accreditation*
 - *System “maintenance” - policies, procedures & protocols, and*
 - *quality improvement related activities (performance measurement, QI projects and QI training activities)*

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Key Characteristics of a Quality Program

Patient-centeredness is a fundamental focus of quality care and undergirds the 5 characteristics that follow.

1. A **systematic process** with identified leadership, accountability, and dedicated resources available to the program
2. Use **data and measurable outcomes** to determine progress toward relevant, evidenced-based benchmarks
3. Focus on **linkages**, efficiencies and provider, and **client expectation** in addressing outcome improvement

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Key Characteristics of a Quality Program (cont.)

4. A **continuous process** that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities
5. Ensure that **data collected are fed back** into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes

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Where Do We Start?????

Re-invent the Quality Program

Data & Reporting

Improving Current Healthcare Delivery System

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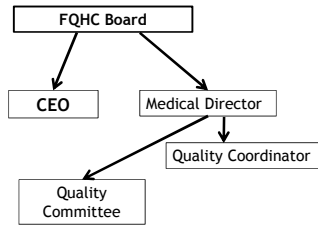
Effective Quality Committee

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Quality Accountability & Authority

- Responsibility for Quality begins with Board
- Board authorizes CEO to provide resources to support quality program
- Board assigns responsibility for quality program to Medical Director & Quality Committee
- Day-to-day activities usually assigned to Quality Coordinator

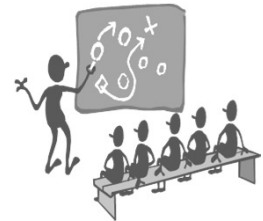


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Quality Function

- Ongoing [continuous]:
 - monitoring,
 - evaluation, and
 - improving processes.
- It is a patient-driven philosophy and process that focuses on
- preventing problems and
- maximizing quality of care.



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Quality Committee Members

- Chair - *Provider*
- QI Coordinator (facilitator)
- Risk/ Compliance-Safety Coordinator
- Medical Staff
- Clinical Staff
- Finance
- Front Office
- Medical Records
- In-house Lab Staff
- All departments / services represented
- All sites represented

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Quality Committee - Responsibilities

- ▶ Facilitating innovation and change
- ▶ Providing guidance and reassurance
- ▶ Allocating quality resources
- ▶ Establishing a common culture
- ▶ Strategic Planning

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Quality Committee - Strategic Planning

- ▶ Develops the annual quality plan
 - Prioritizes goals and projects
 - Outlines the quality program infrastructure
 - Identifies performance measures
 - Plan for annual program evaluation

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Expectations of the Quality Committee

- Prioritizing current quality initiatives and activities
- Quality assessment and planning and annual program evaluation
- Subcommittee and team chartering, with accountability & reporting followed up by the QC
- The ongoing monitoring, evaluation, and improvement of processes and system.
- With a patient-driven philosophy and process that focuses on preventing problems and maximizing quality of care.

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Confidentiality

- Protected & Privileged
- The Health Care Quality Improvement Act of 1986, as amended 42 USC Sec. 11101 01/26/98. *Note each state has legislation defining confidentiality and protection for individuals carrying out quality improvement activities*
- Specific requirements for maintaining confidentiality in the organization Signed Attestation = Policy
- Excellent way to remind everyone of the importance of protecting Confidentiality
- Some accreditation agencies require it
- At minimum, Board, QI staff and Quality Committee members, place in HR file

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Quality Methodology

A Quality Methodology is needed:

- To define the organizational approach to quality improvement
- To summarize in your Quality Plan and elaborated in a Quality Policy and trained to ALL staff **detailed in a Quality Policy**
- To guide all quality activities - assessment, planning, improvement, projects, and management

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Methodology - defined

METHODOLOGY:

The organization's **PROCESS** for **systematically**

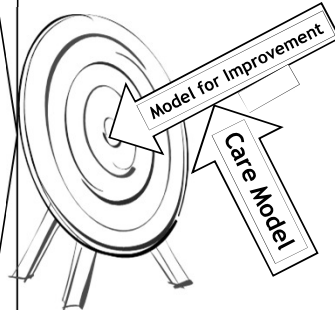
- ⇒ **Measuring**,
- ⇒ **Assessing**, and
- ⇒ **Improving**

Important functions, work processes, and their outcomes.

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How To Get It From There To Here?



A comprehensive framework for learning and making change within an organization

- ▶ SYSTEM changes
- ▶ SUSTAINING changes
- ▶ Accelerated rapid cycle improvement
- ▶ Building on what you should already have in place

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Methodology for Improvement

- ▶ System Change -Expanded Care Model
- ▶ The Improvement Model - breaks down improvements into small manageable cycles to learn from and gain input (buy-in) from staff/ providers

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The Expanded Chronic Care Model



Barr V et al. The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model. Hospital Quarterly 2003; 7(1):73-82

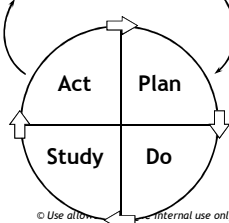
Source: http://www.improvingchroniccare.org/index.php?e=Expanded_CCMES157



Barr V et al. The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model. Hospital Quarterly 2003; 7(1):73-82

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?



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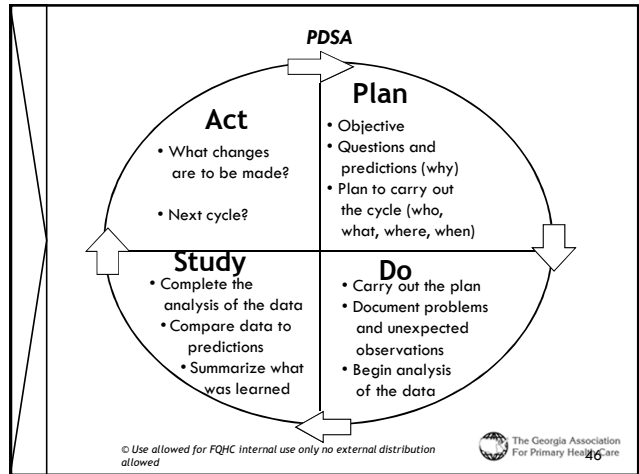
- ▶ based on the sequential building of knowledge and is centered on three questions that are fundamental to all improvement activities and the Plan-Do-Study-Act (PDSA) cycle.
- ▶ The questions and the PDSA cycle allow for application to be as simple or as sophisticated as needed, depending on the situation and the people involved.
- ▶ Multiple PDSA cycles that can adapt changes to local settings allow for knowledge to be built while changes are being tested, thus reducing risk.



Improvement Model 3 Questions

- ▶ What are we trying to accomplish?
- ▶ How will we know that a change IS an improvement?
- ▶ What changes can we make that will result in improvement?

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Developing Quality Infrastructure


- ◇ Quality Plan
- ◇ Quality Methodology
- ◇ Quality Committee & Teams
- ◇ Quality Reporting & Communication
- ◇ Integration of Quality & Risk Management

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The Quality Plan:

- ✓ **Defines** the health center's quality program
- ✓ **Summarizes** the quality infrastructure
- ✓ **Indicates** the line of authority/ responsibility and how quality is communicated in the health center
- ✓ **Identifies** needed policies and procedures for the quality program and health center



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**Your Quality Plan is
Your navigational compass**

SO 


it must be

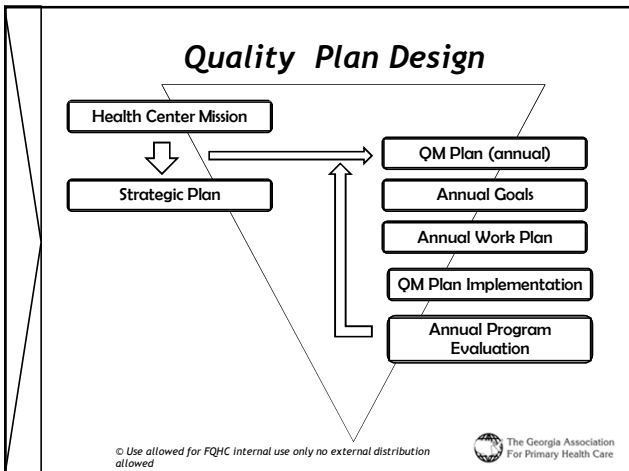
- ⇨ accurate
- ⇨ calibrated
- ⇨ reflect the health center
- ⇨ manageable

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The Quality Plan is the Map


- ▶ Provider and staff training/teambuilding
- ▶ Quality initiatives/ activities
- ▶ Business and Health Care Plans measures incorporated into the Quality Work Plan
- ▶ UDS, HEDIS, and other clinical measures
- ▶ HIT meaningful use → *population management*
- ▶ Accreditation
- ▶ Patient-centered medical home (PCMH) recognition

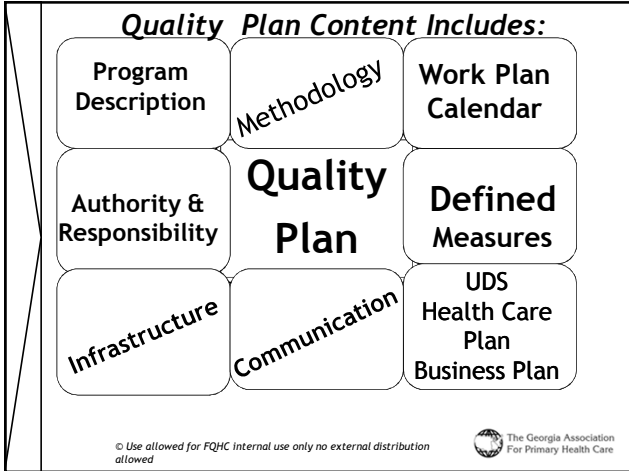
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Benefits of an Effective QI Plan

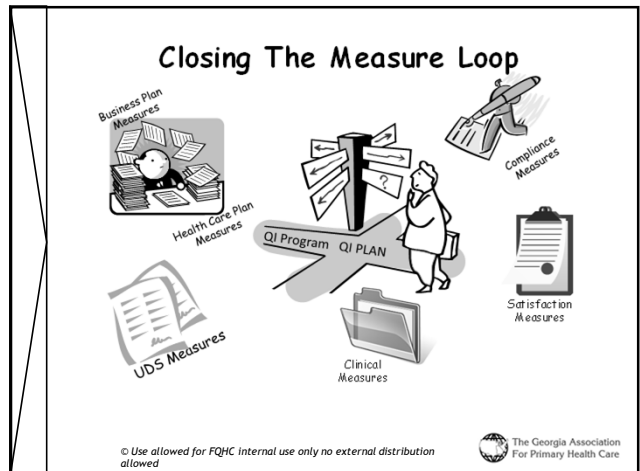
- ▶ QI plan is a required element of Public Health Service Act Sec. 330 grants
- ▶ QI plan have become a focal point in the FTCA deeming application process
- ▶ Linkages to other quality-related activities
 - Business and Health Care Plans
 - Accreditation
 - Patient-centered medical home (PCMH) recognition
 - HIT meaningful use
 - UDS clinical measures
 - Provider and staff training and teambuilding


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- Elements of an Effective QI Plan**
1. Quality Committee roles & responsibilities and quality culture of your health center
 2. Target specific areas: *high volume, high risk and problem-prone*
 3. Goal setting
 - a. S.M.A.R.T. goals
 4. Methodology for improvement
 - a. Philosophy of organizational change
 - b. Specific changes to structures and process of care
- Adapted from HRSA presentation 2011** The Georgia Association For Primary Health Care

- Elements of an Effective QI Plan**
5. Data collection and analysis
 - a. Benchmark
 - b. Trend data over time
 - c. Communication & feedback loop
 6. Periodically evaluate, celebrate, and disseminate
 7. Integrate with operations and other quality-related activities
- Adapted from HRSA presentation 2011** The Georgia Association For Primary Health Care






“Data is a lot like garbage. You have to know what you are going to do with the stuff BEFORE you start collecting it.”

Mark Twain


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Performance Measurement

- Performance measurement is necessary to track progress towards the end goal of improvement.
- Steps to measure performance:
 - First, identify the critical aspects of the care and services provided
 - Second determine care and services that are:
 - ✓ **High Risk**
 - ✓ **High Volume**
 - ✓ **Problem Prone**
- Identify indicators to measure these important aspects of care and service to determine organizational performance and identify areas for improvement


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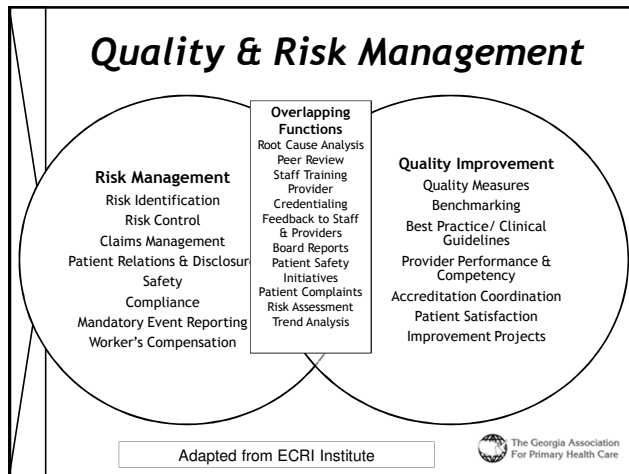

Reporting Tool

- ▶ Report Card that contains all critical measures
 - Board Summary
 - Quality Committee
 - Staff engagement
- ▶ Improvement → measures and services
- ▶ Method for comparing benchmarks, goals and previous results
- ▶ Technical assistance focused on organization’s needs

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Quality Measure / Indicator	Numerator / Denominator	Percentage	National Benchmark	Last Report Results	Organizational GOAL	Comments
U.S. CLINICAL MEASURES REQUIRED ALL FQHC						
Number of women starting prenatal care						
1st trimester	4	20	20%			
2nd trimester	25	50	50%			
3rd trimester				#DIV/0!		
Birth weight of live infants born to pre-natal patients during reporting year, categorized as very low, low, or normal						
<1500 grams	25	100	25%			
1501-2500 grams	25	100	25%			
>2500 grams				#DIV/0!		
Children fully immunized on their 2nd birthday				#DIV/0!		
Children and adolescents aged 2-17 with a BMI percentile				#DIV/0!		
Documented Pt. counseling on nutrition and physical activity documented for the current year				#DIV/0!		
Adult patients aged 18 and over with (1)BMI charted and (2) follow-up plan documented if patients are overweight or underweight				#DIV/0!		
Documented Pt. counseling on nutrition and physical activity documented for the current year				#DIV/0!		
Adult women (age 24-64) with a "current" Pap test during measurement year or prior two years (2009-2010)				#DIV/0!		
Number of patients age 18 years and older who were queried about tobacco use one or more times within 24 months.				#DIV/0!		
Pts age 18 years and older who are users of tobacco and who CURRENTLY				#DIV/0!		



Next Steps

- ◇ Assessment of Current Quality Plan & Infrastructure
- ◇ Plan Revision and Approvals
- ◇ IMPLEMENTATION!
- ◇ Quality Program Evaluation

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Where Are You Right Now????

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Quality Plan & Infrastructure Assessment

- ▶ Assessment of Quality Plan & Infrastructure
- ▶ Plan Revisions & restructure
- ▶ IMPLEMENT the Work plan and the Quality Plan
- ▶ Annual Quality Program evaluation

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Quality Program Evaluation

- ▶ Annually evaluate the quality program:
 - Find out what is effective
 - Use concrete measures
 - What is not effective? -not working?
 - Lessons Learned?
 - What should be included going forward?
- Communicate the results

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Q Plan Elements Program Evaluation

Annual Program Evaluation: Assessing Performance

- Quality Plan defines:
 - When and who is performing the evaluation
 - Written evaluation
 - Submitted to the Board
- Evaluation assesses three main areas:
 - Infrastructure Effectiveness
 - Quality Improvement Activities
 - Performance Measures

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**Ready...
Set...
Let's GO!**

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Resources

- ▶ Goal/QPC-
http://www.goalqpc.com/resources_tqm_wheel.cfm
- ▶ NCQA- <http://www.ncqa.org/tabid/1196/Default.aspx>
- ▶ IHI <http://www.ihl.org/IHI/Results/WhitePapers/>
- ▶ AHRQ <http://www.ahrq.gov/clinic/epcix.htm>
- ▶ Institute for Clinical Systems Improvement
<http://www.icsi.org/>
- ▶ Expanded Care Model -
www.improvingchronicillnesscare.org
- ▶ Section 330(k)(3)(c) of PHS Act, 42 CFR 51c.303(c)(1-2),
42 CFR Part 74.25 (c)(2)
- ▶ HRSA PIN 98-23

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Resources

- ▶ Improvement Model - API:
http://apiweb.org/API_home_page_new3.htm
- ▶ Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., Provost, L. P., 1996. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. Second Edition, San Francisco: Jossey-Bass Publishers.
- ▶ Institute for Healthcare Improvement: <http://www.ihl.org/ihl>
- ▶ Quality & Risk <http://www.hrsa.gov/qualityimprovement/>
- ▶ CDN Learning Opportunities
<http://www.cdnetwork.org/NewCDN/index.aspx>
- ▶ NACHC free downloads quality, risk & clinical publications
<http://iweb.nachc.com/Purchase/SearchCatalog.aspx>
- ▶ National Quality Center excellent resource
<http://nationalqualitycenter.org/index.cfm/22>

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HRSA Resources

- ▶ HRSA FTCA Program
 - Policy and Coverage Inquiries
(301) 594-0818
- ▶ FTCA Helpline
 - General Inquiries Related to Operations
866-FTCA-HELP (866-382-2435)
- ▶ HRSA or the Office of Quality and Data at
QQDcomments@hrsa.gov or
(301) 594-0818

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Program Requirements

- ☑ Section 330 of the Public Health Service Act (42 USCS § 254b)
- ☑ Authorizing Legislation of the Health Center Program
<http://bphc.hrsa.gov/about/legislation/section330.htm>
- ☑ Health centers, both Federally Qualified Health Centers, which receive Federal funding, and Federally Qualified Health Center Look-Alikes, which do not, must meet a strict set of requirements; the following list provides a summary. For additional information on these requirements, please review:
- ☑ Health Center Program Statute: section 330 of the Public Health Service Act (42 U.S.C. §254b)
- ☑ Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers)
- ☑ Grants Regulations (45 CFR Part 74)

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Resources

- ▶ FTCA <http://bphc.hrsa.gov/ftca/>
- ▶ Federal Law FQHCs
http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr51c_08.html
- ▶ Quality & Risk
<http://www.hrsa.gov/qualityimprovement/>
- ▶ CDN Learning Opportunities
<http://www.cdnetwork.org/NewCDN/index.aspx>
- ▶ NACHC free downloads quality, risk & clinical publications
<http://iweb.nachc.com/Purchase/SearchCatalog.aspx>
- ▶ National Quality Center excellent resource
<http://nationalqualitycenter.org/index.cfm/22>

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Resources

- ▶ Quality Manuals & Templates: Georgia Association for Primary Health Care
www.gaphc.org
- ▶ Jan Wilkerson, RN, CPHQ, 404-270-2172, jwilkerson@gaphc.org

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