CDPHE SBHC Quarterly Learning Forum

QI & Performance Measurement in CO SBHCs

January 25, 2017

12:00-1:00 PM

Our Agenda

12-12:05	Introduction/Overview of QI Plans	
12:05-12:15	MCPN Dashboard	Laura Swanson
12:35-12:45	Dep Screen/Follow-up and Meaningful Use	Devra Fregin
12:45-1:00	Group Discussion	

2015-16 Baseline Performance Measures	Aggregated State Rate
WCC (3 to <21)	51%
Depression Screen (**11 to <21**)	13%
Annual Risk Assessment (11 to <21)	11%
BMI Assessment (3 to <21)	15%
Nutritional Counseling (3 to <21)	4%
Physical Activity Counseling (3 to <21)	5%
Chlamydia Screen (14 to <19)	17%
Oral Health Screen (3 to <21)	5%
Tdap or Td (by 13)	95%
Meningococcal (by 13)	91%
HPV Series (by 15)	64%

Top QI Focus Areas Selected by CO SBHCs

#1. WCC (31 SBHCs)

#2. Depression Screen (26 SBHCs)

#3. BMI/Nutrition & Physical Activity Counseling (11 SBHCs)

MPCN Dashboard

Laura Swanson, CPNP

SBHCs Clinic Lead

MCPN

* MCPN SBHC Quality Initiative-National CollN Initiative

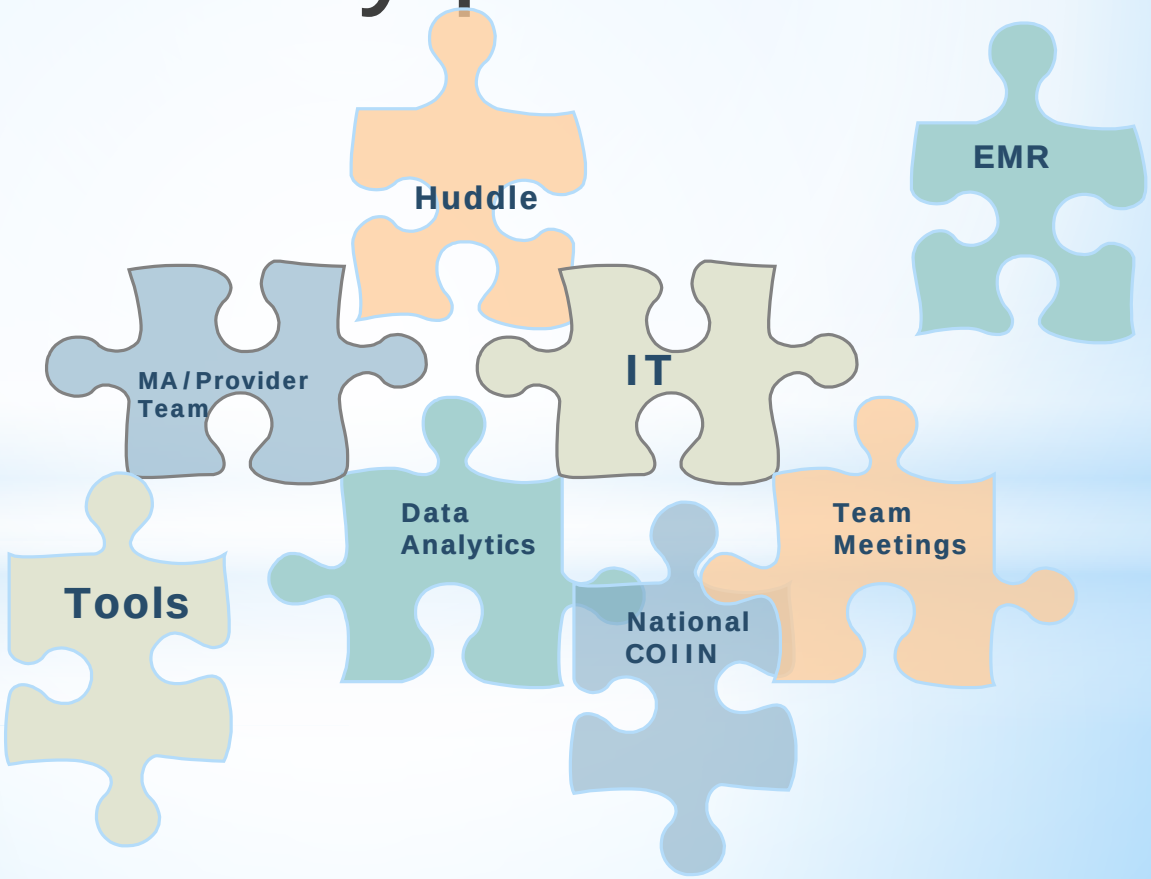
Our path to success in improving performance measures

*Who we are

- *3 SBHC-2 in Jr./Sr. High, 1 in Elementary
- *See children from school AND the community birth-18 years.
- *Part of a larger Community Health Center (Metro Community Provider Network) with all the support that affords
- *Use GE Centricity
- *IT support in place to modify our EMR
- *Data Analytics support to set up a dashboard and modify the components as needed.

*There are many pieces to the puzzle:

All working together.



*Performance Measures

- *Well Child Exams 3+ years old
- *BMI assessment with nutrition and physical activity counseling
- *Risk assessment on all 12+ year olds annually (done 11+ for CDPHE)
- *Depression screening on all 12+ year olds annually (done 11+ for CDPHE)
- *Chlamydia screening on all sexually active teens once yearly

*Starting Point 12/2015

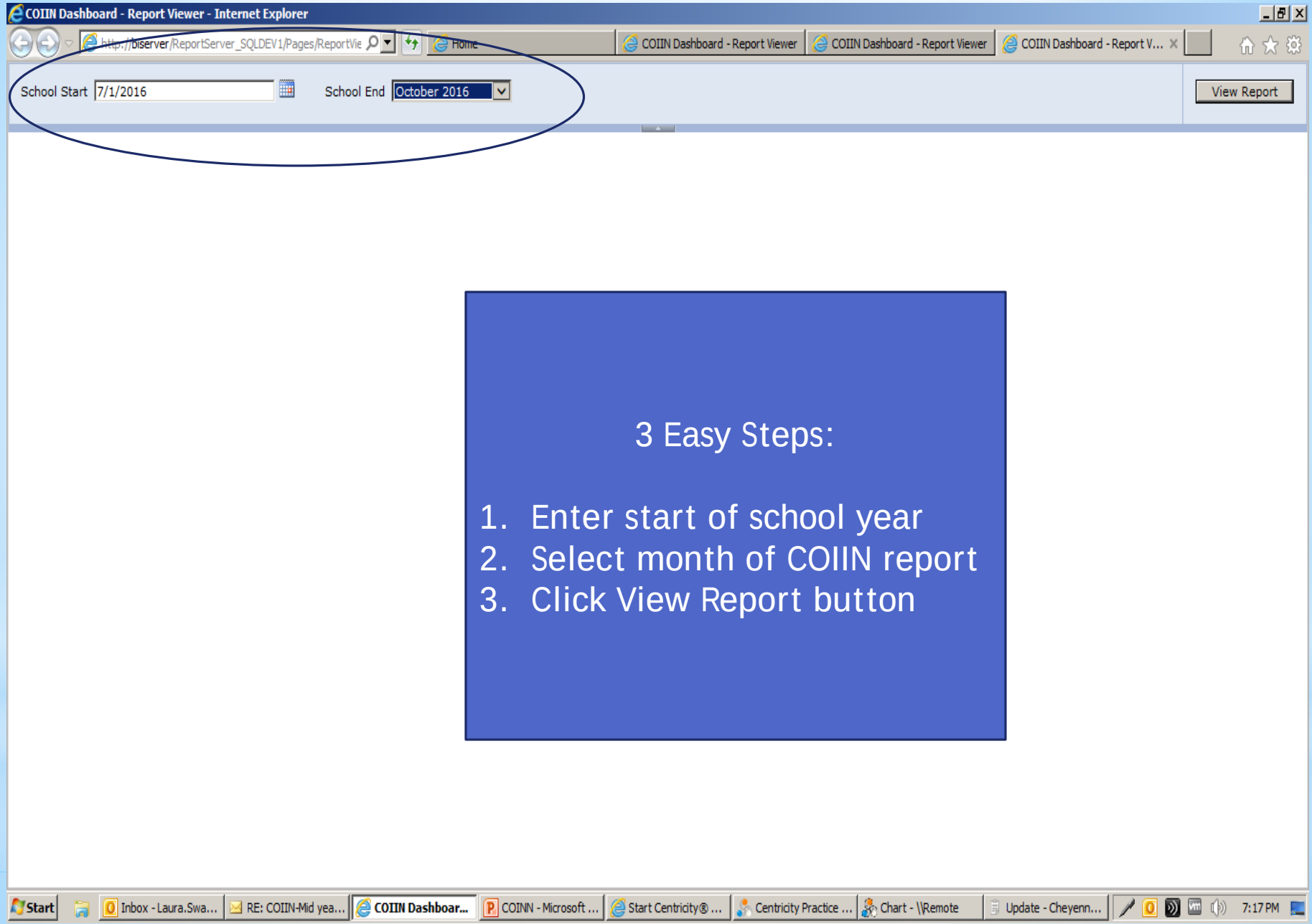
- *Attended November, 2015 COIIN training
- *Achieving only between 5-61% on the different measures
- *Goals set high-achieve 80% across all measures
- *Started with limited data collection-all needed to be built out
- *EMR with limited tracking ability
- *Not using Apex tablets
- *Success a distant goal
- *LOTS OF WORK TO BE DONE!

*Steps in Process

* Building a Dashboard
* Getting SBHC team on the same page
* Setting twice monthly team meetings
* Starting daily huddles
* PDSA process to plan micro-steps for improvement
* Adding capabilities to the EMR
* Running monthly reports to track the progress
* Brainstorming over problems
* Implementing a Survey Monkey to demonstrate quality of care AND increased seat time of students and work time of parents-work in progress

*Dashboard

- *Worked over the course of 9 months to perfect with our Data Analytics team
- *Data Analytics team spent 80+ hours on this project alone over the course of 1 year
- *Very simple tool to use-from my standpoint
- *One-year look back at any point the report is run
- *Each month we see gains as the old data drops off



3 Easy Steps:

1. Enter start of school year
2. Select month of COIIN report
3. Click View Report button

CoIIN Dashboard- January 2016

SBHC WCC?	AHS	JHS	Stein	All SBHC	Total %
Yes	275	561	674	1,510	61.6%
No	333	366	241	940	38.4%
Total	608	927	915	2,450	

Risk Assessment?	AHS	JHS	Stein	All SBHC	Total %
Yes	0	54	30	84	3.4%
No	608	876	885	2,369	96.7%
Total	608	927	915	2,450	

BMI, Nutrition & Physical Counsel?	AHS	JHS	Stein	All SBHC (3-20 y.o.)	Total %
Yes	253	476	609	1338	63.7%
No	258	324	179	761	36.3%
Total	511	800	788	2,099	

Depression Screening?	AHS	JHS	Stein	Patients (12+ y.o.)	Total %
Yes	79	133	163	375	38.3%
No	180	261	162	603	61.7%
Total	259	394	325	978	

Age Group	AHS	JHS	Stein	All SBHC	Total %
0 - 2	87	122	122	331	13.5%
3 - 11	262	411	469	1,142	46.6%
12 - 17	214	358	304	876	35.8%
18 - 20	36	33	16	85	3.5%
21+	9	3	4	16	0.7%
Total	608	927	915	2,450	

Chlamydia Screening?	AHS Females	AHS Males	JHS Females	JHS Males	Stein Females	Stein Males	All SBHC Females	All SBHC Males
Yes	15	13	37	17	21	16	73	46
No	11	3	16	7	6	2	33	12
Total	26	16	53	24	27	18	106	58

*Getting my Team On the Same Page

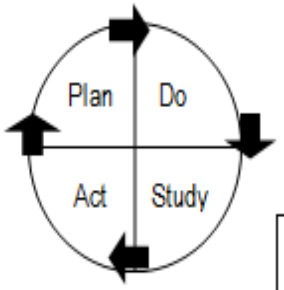
- Twice monthly meetings-to address COIIN but also all other concerns
- Explained the COIIN project
- 5 Performance Measures-where we were, the 80% we wanted to achieve
- Training around PDSA cycles
- Set our first goals
- Sought their input and collaboration throughout

*Daily Huddles

- First appointment blocked for huddle
- Huddle between MA and Provider dyad at each clinic
- Print schedule of patients for the day
- List date of last Well Child Exam-if known
- Print CIIS reports on all patients who do not have IZ record
- List screenings, labs, IZs due on each patient
- Convert simple visits to Well Child exams as able

*PDSA Process

* Plan-Do-Study-Act
* Everyone participates in the these small cycles of change
* Small investment-allows people to try things that might fail-to learn from successes AND failures
* Planned at each meeting of 3 SBHCs-twice monthly
* This was the process by which we abandoned, adapted, or adopted changes to our practice
* What we tested in one SBHC, would then spread to the others as we demonstrated improved metrics



Plan-Do-Study-Act (rapid-cycle) Form

Use this form to plan and document PDSAs executed in the SBHC. ***Each SBHC will perform multiple PDSAs a month***. Remember – PDSAs are *small* tests of change. SBHCs will share only one of these many PSDA cycles in the NQI CoIIN data portal each month. SBHCs can share their best PDSA cycle that month or the PDSA cycle where they learned the most. Remember: PDSAs where the change/test doesn't work are often the most helpful! Only the highlighted questions below will be reported monthly in the NQI CoIIN data portal.

Lead person for this PDSA:	Date of experiment(s)/test(s):	Experiment/Test Completion Date:
What is the objective of the experiment/test?		
What SBHC(s) are involved?		

PLAN:

Briefly describe the experiment/test::

What driver does the change address?

What do you predict will happen?

List key people responsible/involved in test/experiment:

PLAN:

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			

DO: Test the changes.

Was the cycle carried out as planned? Yes No

If no, what did you observe that was not part of our plan?

Record data and observations.

STUDY:

Did the results match your predictions? Yes No

Compare the result of your experiment/test to your previous performance:

What did you learn?

ACT: Decide to Abandon, Adapt, Adopt

☐ Abandon: Discard this change idea and try a different one.

☐ Adapt: Experiment/test again, with a slight change, or with other staff or patients, or under different conditions.

Describe what you will change in your next PDSA:

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability .

*Adding Capabilities to EMR

* EMR did not always meet our needs
* Our IT team worked with us to adapt our EMR to track different measures.
* For Example: Added questions around sexual activity and testing that helped us achieve success

Sexual Activity

	Today's Response	Prev. Result or Date
Have you ever had sex?	(●) Yes ( ) No	Yes on: 06/06/2016
Type:	multiple	multiple
Last time had sex:	01/02/2017	05/02/2016
Chlamydia Sceen:	Order	
HIV Screen:	Not Indicated	06/06/2016

? Are you interested in information about BC? ☐

Reproductive Health form

Would you like to become pregnant in the next year?	( ) yes (●) no ( ) unsure ( ) n/a	no (06/06/2016)

*Ask every 6 months

LMP: 01/09/2017

*Running Monthly Reports

- *COIIN initiative required monthly reports
- *These reports guided PDSA cycles and informed change
- *Grouped into national data
- *Able to run reports in graph form for each clinic
- *Could slowly see improvement over time.

SCHOOL-BASED HEALTH ALLIANCE

Redefining Health for Kids and Teens

Select the customized reports you would like to download for each SBHC below by hitting the buttons.

Stein Kids Clinic

- Populate Evaluation Assessment Report
- Populate Individual SBHC Run Charts
- Populate Monthly Data Table and PDSA report
- Populate Midpoint Assessment Report

Alameda Kids and Teen Clinic

- Populate Evaluation Assessment Report
- Populate Individual SBHC Run Charts
- Populate Monthly Data Table and PDSA report
- Populate Midpoint Assessment Report

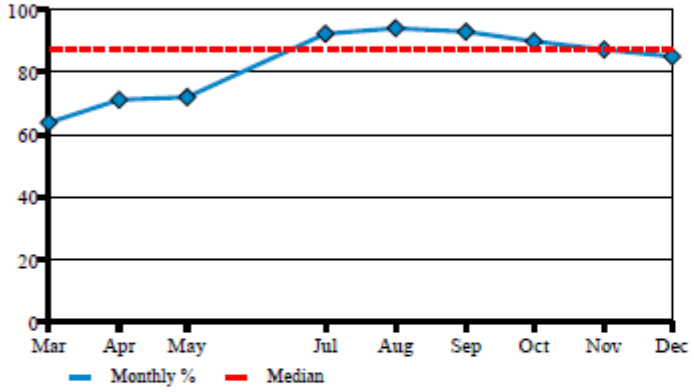
Jefferson Kids and Teen Clinic

- Populate Evaluation Assessment Report
- Populate Individual SBHC Run Charts
- Populate Monthly Data Table and PDSA report
- Populate Midpoint Assessment Report

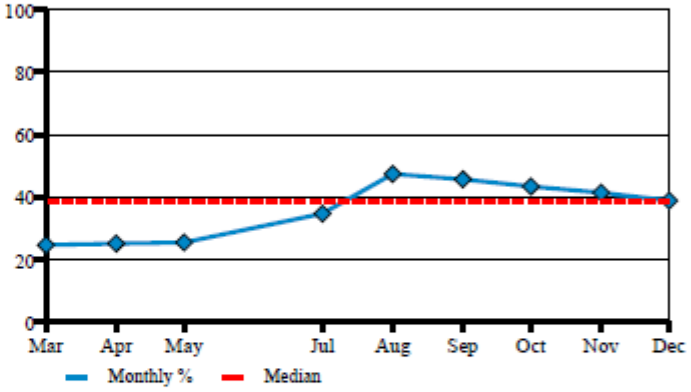
STANDARDIZED PERFORMANCE MEASURES COIIN MONTHLY IMPROVEMENT REPORTING
INDIVIDUAL SBHC RUN CHARTS

SBHC Name: Alameda Kids and Teen Clinic
Current Reporting Period: December 2016
Measure(s) SBHC is focused on this month: N/A

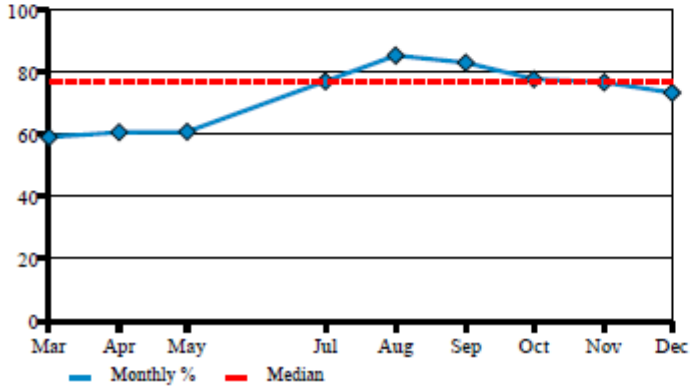
% clients with ≥ 1 well-child visit regardless of exam location



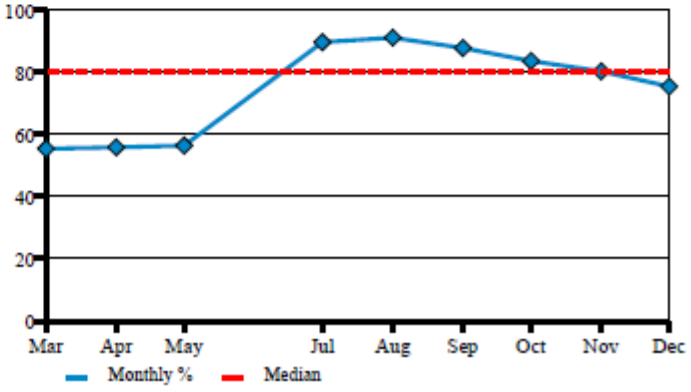
% clients with ≥ 1 annual risk assessment



% clients 3-20 years with ≥ 1 BMI percentile documented



% clients ≥ 12 years with depression screen



*Brainstorming

- *Sometimes the data just didn't seem to match the reality of our lived experience-Numbers didn't match what we thought they should be
- *These were opportunities to be creative as a group and try and figure out WHY?
- *Problems usually related to

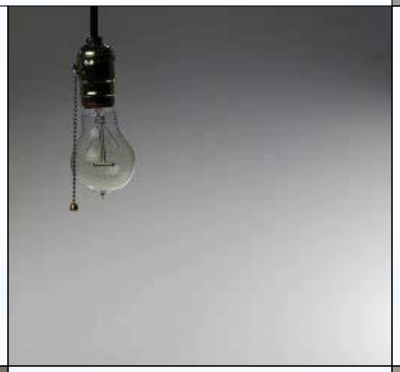
1. Human error-not entering data or checking the correct boxes
2. Data Analytics-not pulling the correct OBS terms for our reports

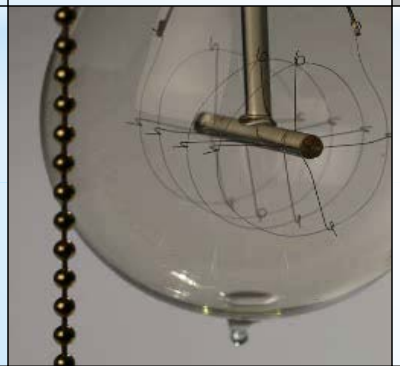
- *Time was our friend-as bad data cleared

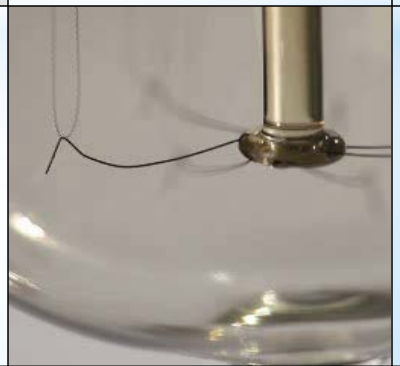
*Next Steps?

- *Have demonstrated that SBHC care is quality care
- *Now MAINTAIN quality of care
- *Want to demonstrate that SBHC care is meeting patient/student needs-health education and health behavior change.
- *Want to demonstrate that SBHC care improves the lives of students and parents AND saves money: less missed school/work, better grades, avoidance of ER visits after school/work.
- *Developing Survey Monkey for all school aged children seen in clinics.

Questions?







Depression Screen/Follow-up and Meaningful Use

Devra Fregin

Director of Practice Management

Kids First Health Care

Denver Health SBHCs

SBHC Depression Collaborative

For School Year: 2016-2017

DH SBHC

Grade

Primary team member responsible for patient

Has the patient had a TSH? Yes No

Suicide Assessment Yes No

Self management/ Self care Yes No

Family Involvement Yes No

Therapy Yes No

Therapy Location: SBHC DH | Denver Health | MHCD | JFS | Other

Medications: SSRI | Sedative/ Benzo | Other Psychotropic | Tricyclic | Anti-Psychotic | Other Antidepressant | Mood Stabilizer | Stimulant | None

Next Visit Due

Group Discussion

* **What strategies have you found effective in educating students and parents about the importance of prevention and well-care?**

* **How do you incorporate an annual BMI with nutrition & physical activity counseling into a visit if it is not part of a WCC?**

HPV Vaccination Task Force

Colorado Cancer Coalition

Working to eliminate the cancer burden in Colorado

To Learn More – Visit Our Website:
coloradocancercoalition.org/hpv-vaccination/

OVERVIEW

The **HPV Task Force** is committed to **improving HPV vaccination** rates and **decreasing** cases of **HPV associated disease and cancer,** by working with **diverse** partners.

WHAT WE CAN OFFER

- **Help planning** and **implementing** projects
- **Reviewed** and **recommended resources**
- **Technical Assistance**
- **Connection** with subject matter **experts**

JOIN OUR DISTRIBUTION LIST

http://bit.ly/2g1iUH5

Or email Eric Taber
at
eric.taber@state.co.us

Colorado Cancer Coalition