



**Ohio**  
Department of Health

# Ohio Rural Health Clinic Quality Network Concept

May 14, 2014





# Our Team

- Patricia DiPadova, MBA – Project Manager
- Lea Ayers LaFave, PhD, RN – Quality Expert
- Priscilla Davis, MHA candidate – Communication and Support Specialist
- Karen Paddleford, MPH – Communication and Support Specialist



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# Webinar Logistics

- Today's presentation will be recorded.
- There will be a Q&A time and brief poll at the end of the presentation.
- Lines will be muted during the presentation, however if you would like to ask a question, please use the 'Raised Hand Indicator' and your line will be unmuted. Click it again to lower your hand.

To ask to speak	Windows	result
Select <b>Raise Hand</b> on the Participants panel		The <b>Raised Hand</b> indicator appears on the participant list for the host and presenter.
To cancel a request to speak	Windows	result
Select <b>Lower Hand</b> On the Participants panel		The <b>Raised Hand</b> indicator is removed from the participant list for the host and presenter.





# Agenda

1. Introduction of Ohio Rural Health Clinic Quality Network
2. Overview of Ohio RHC Landscape
3. Integrating Quality Improvement Processes into Health Care Delivery
4. Questions & Polling





# 1. Rural Health Clinic Quality Network



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# Overview

- Ohio State Office of Rural Health
  - Jennifer Jones, MPH, SORH Program Coord
    - 614-466-5333
    - [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov)
- 2-Year Project\*

## Project Goal

Lay the ground work for an Ohio RHC Quality Network to collect quality measures and allow for benchmarking, in order to help participating clinics measure and improve overall performance.

\*contingent on funding



# Year 1

- Ohio RHC Helpline
- Landscape and Readiness Assessment
- Seminars



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# Ohio RHC Helpline

- 1-866-698-5976
- OhioRHChelp@jsi.com
  - Practice Management
  - Operational Performance
  - Financial Performance
  - Certification
  - Quality Improvement





# Landscape and Readiness Assessments

- Key Informant Interviews
- Practice Survey
- Identify:
  - Priority Health Issues
  - Federal, State, and Regional Clinical Data Already Collected
  - Practice Data Collection Readiness
  - Opportunities and Barriers





# Seminars

- 2 Webinars
  - **Ohio RHCs Quality Network Concept**
    - Today
  - **Clinical Quality Indicator Overview**
    - Tuesday, May 27th, 11 AM - 12 PM
  
- 1 In-person Meeting
  - **Selecting Ohio RHC Quality Network Indicators**
    - Friday, June 13th, 10 AM - 3:30 PM



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## Year 2

- Define Specific Clinical Quality Measures
- Develop Data Collection System
- Use Data for Trending and Benchmarking Purposes
- Develop Future Data Goals





## 2. Overview of Ohio RHC Landscape



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# Key Informant Interviews

15 Interviews representing a broad range of organizations

- State Office of Rural Health (ODH)
- Patient-Centered Medical Home Program (ODH)
- Immunization Registry (ODH)
- Ohio Hospital Association
- Ohio Health Information Partnership
- KEPRO
- Maine Rural Health Research Center
- 2 RHCs and 1 practice pending certification





# Interview Focus

1. Current health issues
2. Quality indicators that measure health issues
3. Existing data collection activities
4. Policy trends
5. State or regional QI programs





# Top Health Issues

1. Access to Care\*
2. Diabetes
3. Obesity
4. Heart Disease
5. Smoking/Tobacco
6. Oral Health
7. Mental Health

\*Most mentioned – Access to Primary Care



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# Most Important Clinical Indicators

1. HbA1c
2. Blood Pressure
3. Smoking/tobacco
4. Immunizations
5. Weight
6. Aspirin Therapy
7. Cholesterol/Lipid



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# Ohio Health-Related Registries

- **Ohio Cancer Incidence Surveillance System (OCISS)**
  - Mandatory for Cancer
- **Ohio Disease Reporting System (ODRS)**
  - Mandatory for Infectious Disease
- **Ohio Connections for Children with Special Needs (OCCSN)**
  - Mandatory for Birth Defects
- **Ohio Impact Statewide Immunization Information System (ImpactSIIS)**
  - Voluntary
    - Immunizations
    - Body Mass Index (BMI)
    - Tuberculosis (TB) testing
    - Lead testing, and vision
    - Hearing screening





## Policy Trends

- Patient Centered Medical Homes
- Infant Mortality
- Racial Disparities
- Controlled Substance Reporting

## QI Programs (Non-Federal)

- Patient Centered Medical Homes
- Health Plan Incentives





# Practice Survey

RHCs, Practices pending certification, Practices interested in certification

- Description of Practices by Size and Services
- Top Health Issues
- EHR/EMR Status
- Existing data collection and reporting
  - PCMH status
  - Participation in Immunization Registry
  - Federal program participation
- QI Readiness



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# Practices Responding

- 21 responses: overall response rate = 20%
  - RHCs – 30%
  - Pending RHCs – 24%
  - Interested – 7%
- Range in size 1.3 FTE to 12.48 FTE PCP
- 2 with Ob/Gyn
- 1 with Dental, Mental Health and Substance Abuse services
- Other Top Specialties were Cardiology, ENT and General Surgery
- Represented sites in 11 counties





# Primary Care Providers

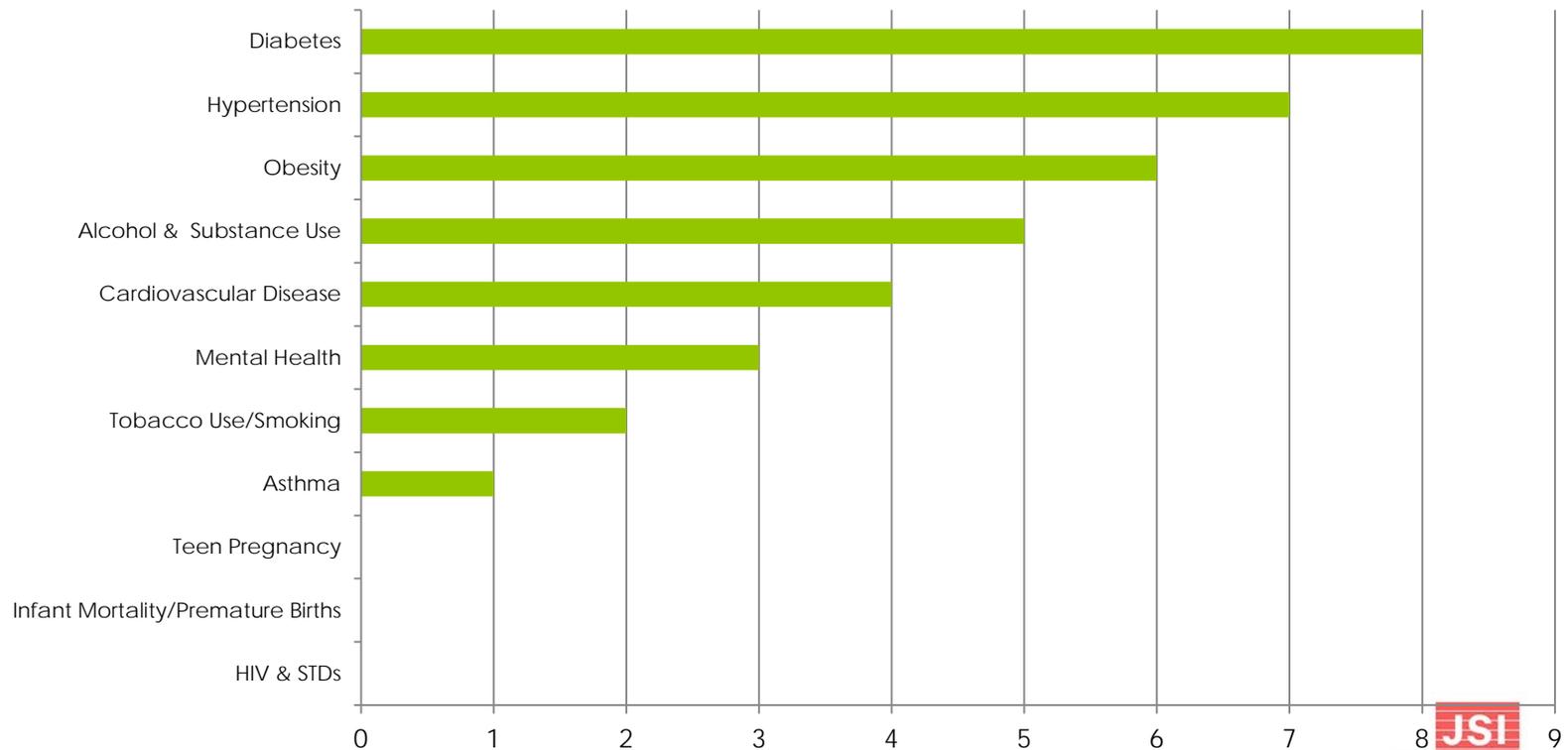
## Mean Provider FTE and Type





# Health Issues

What are the top three health issues for your patient population or community? (Check up to three).



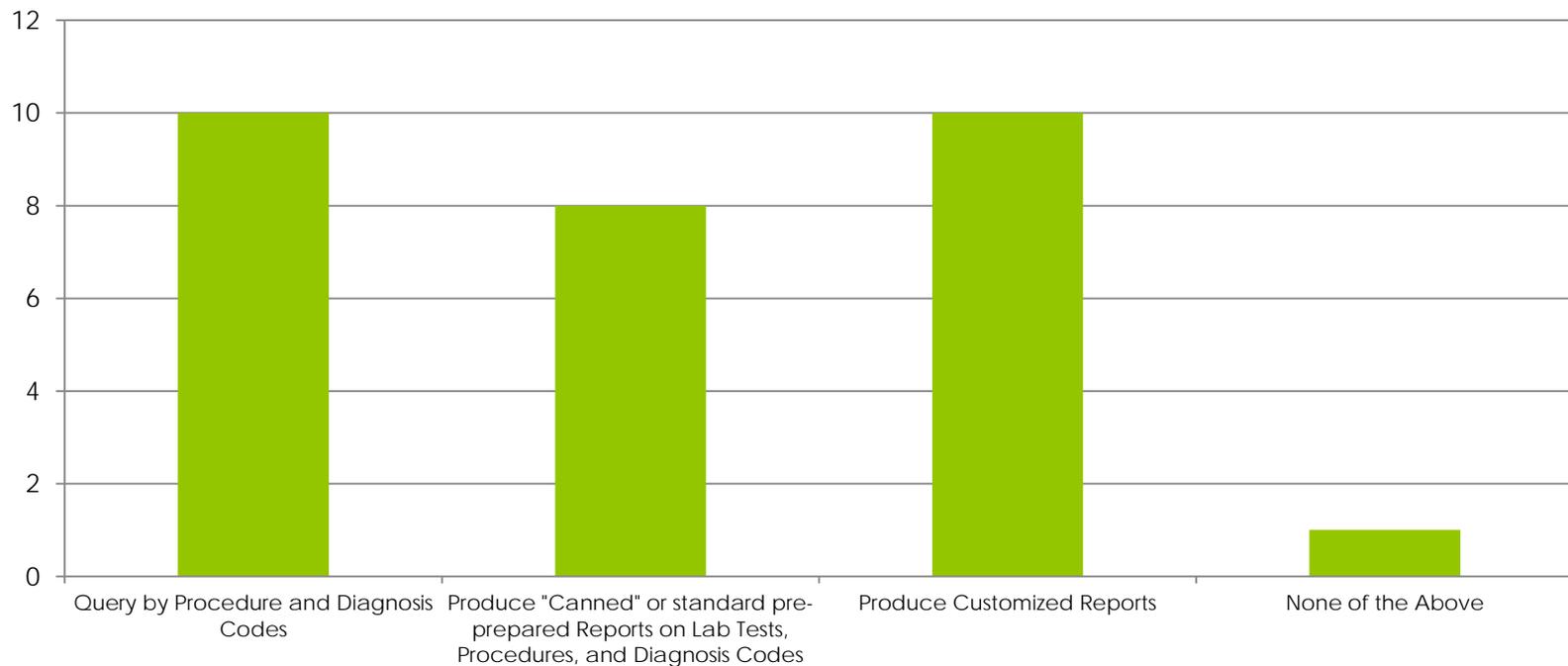
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# Electronic Record Status

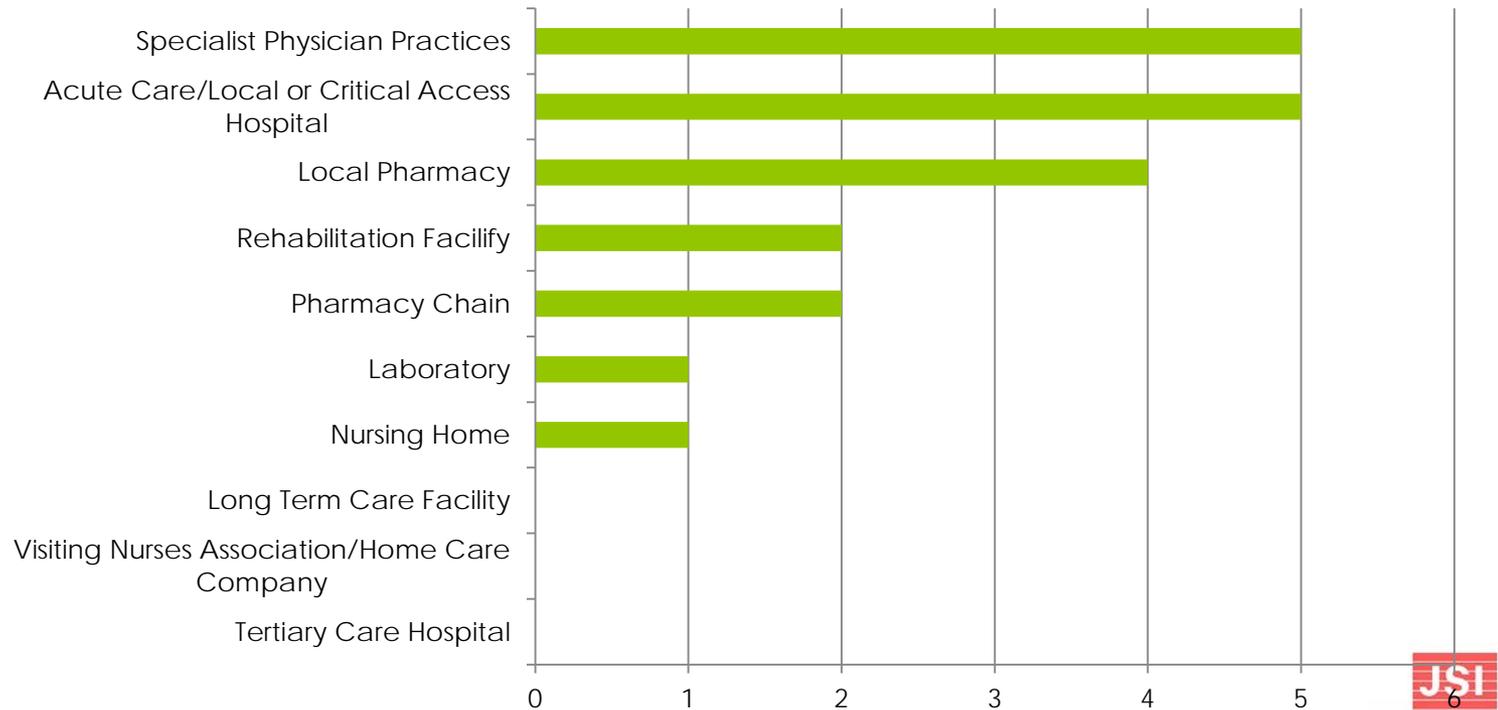
Does your billing or practice management system have the ability to? (Check all that apply)





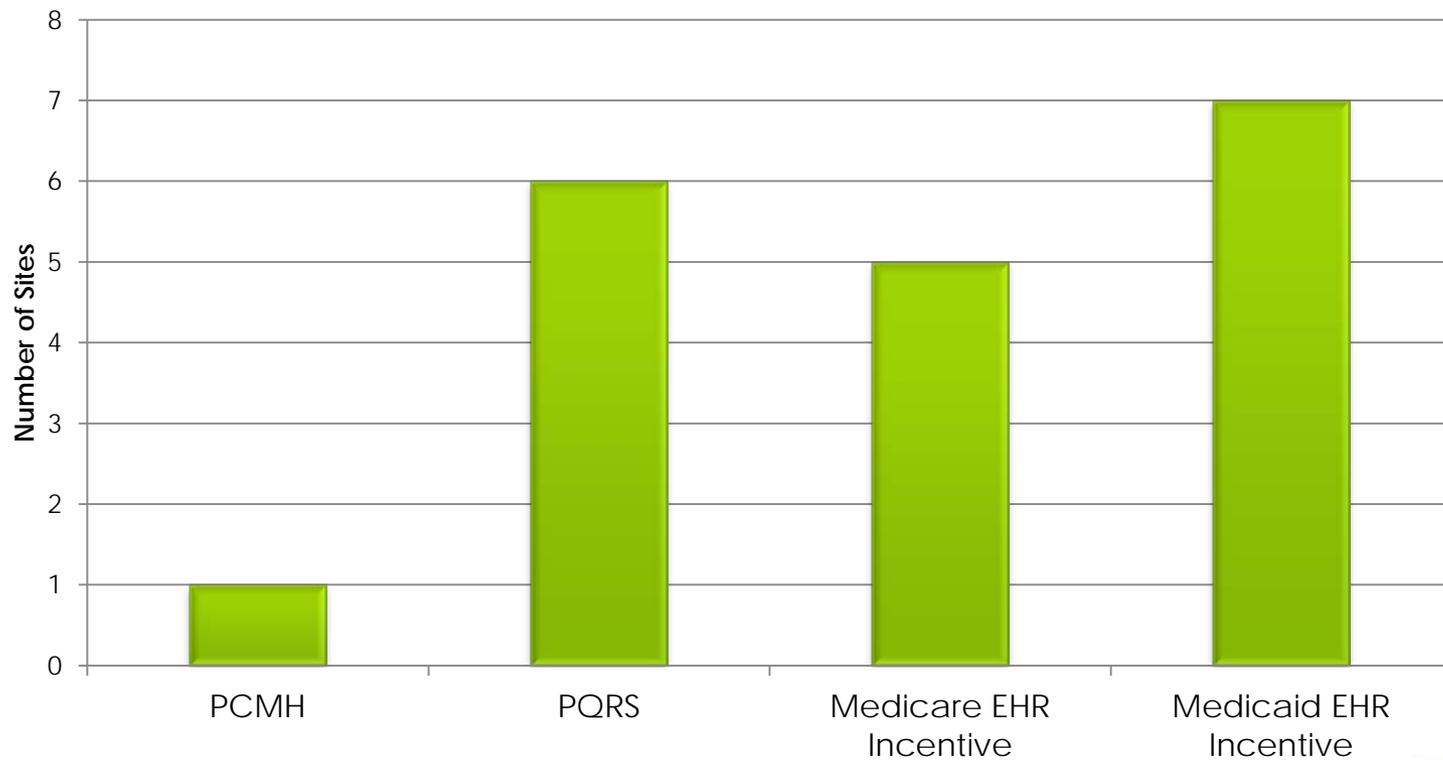
# Connectivity

Please check off the providers with which you connect through your EMR/EHR. (Check all that apply)





# QI Program Participation



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# QI Readiness

For each statement in the following table, please select the level to which you agree or disagree with the statement.

Answer Options	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
Using Quality Improvement (QI) will improve the health of our community.	6	4	2	0	0	0
Staff are trained in QI Methods.	3	5	3	1	0	0
Quality of programs and services is routinely monitored in our clinic.	3	7	2	0	0	0
Our clinic has a QI Plan.	2	8	2	0	0	0
Job descriptions for many of the individuals responsible for programs and services at our clinic include specific responsibilities related to measuring and improving quality.	2	5	4	1	0	0





### 3. Integrating Quality Improvement Processes into Health Care Delivery



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# What is QI?



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# Why is it Important?

- Demand for more efficient and effective systems of care.
- Resources continue to be reduced as costs and demand for services increase.
- Need to achieve better outcomes.

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"So, as you can see, customer satisfaction is up considerably since phasing out the complaint forms."

**–We need to know  
“what works, where  
and for whom”.**



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# Grounded in Improvement Science

- Application across disciplines and settings
- Focus
  - development of effective teamwork
  - implementing action-learning cycles of improvement
  - applying standard and transparent measurement
- Teams work on a shared aim, and clear goals and understanding of the outcomes they seek.
- Models help keep track and provide common language of where we are.





# Principles of QI

- QI work as systems and processes
- Focus on patients
- Focus on being part of the team
- Focus on use of the data





# Systems Thinking

- Tend to focus on small symptoms of a larger problem
- Miss larger patterns and non-linear relationships
- Uncovers the dynamic and systemic nature of structure and process problems



Seeing the “catwalk” big picture view



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# Patient-Centered



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# Team-based

- Enables benefit of multiple perspectives to complex process and system approach
  - No one person in an organization knows all the dimensions of an issue
  - Solutions require creativity – new ways of seeing a familiar process/problem
- Fosters staff commitment and ownership
- Requires a safe environment to “try new things”, “make mistakes” and focus on the process, not any single individual
- Enables recognition of unique contributions to the larger process – fosters sustainability of improvements





# Data Based, Data Driven

- Benchmarks
  - Internal: used to identify best practices within an organization, to compare best practices within the organization, and to compare current practice over time
  - External: uses comparative data between organizations to judge performance and identify improvements that have proven to be successful in other organizations.





# The PDSA Cycle

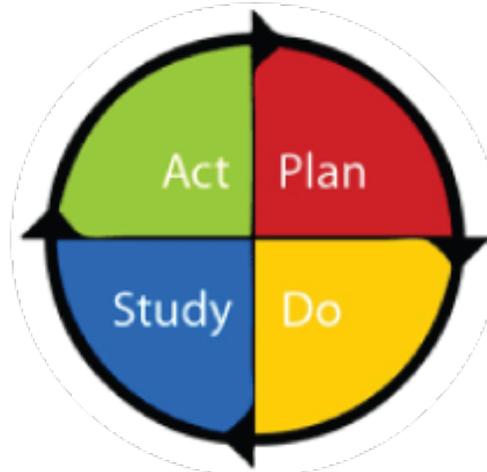
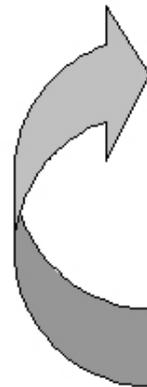
AIM: What are we trying to accomplish?



MEASURES: How will we know if a change is an improvement?



CHANGE: What changes can we make that will result in improvement?



**Testing ideas  
before  
implementing  
changes**



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# The PDSA Cycle

Are modifications required to your program to have the desired impact?

Decide what change you will make, who will do it, and when it will be done.

Will you adopt, adapt or abandon?

Analyze impact. Did you get the results you expected?

Carry out the change. Collect data to evaluate the result.



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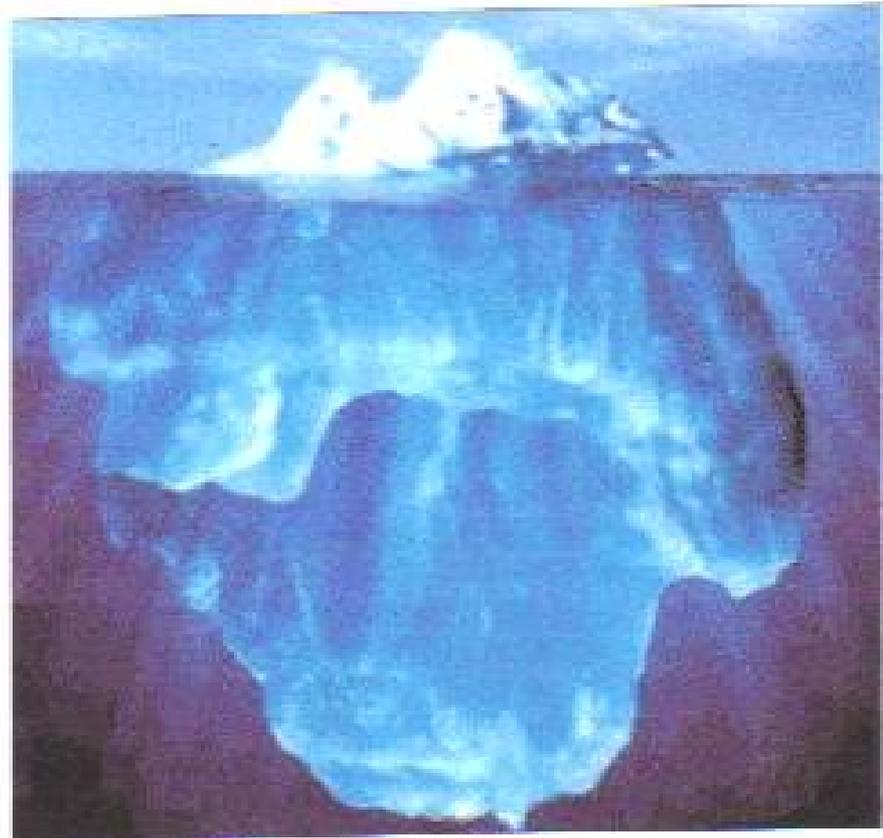
## Problem Solving – What we usually see is the tip of iceberg – “The Symptom”

The Symptom →

The Root Causes →

Invisible

Hidden



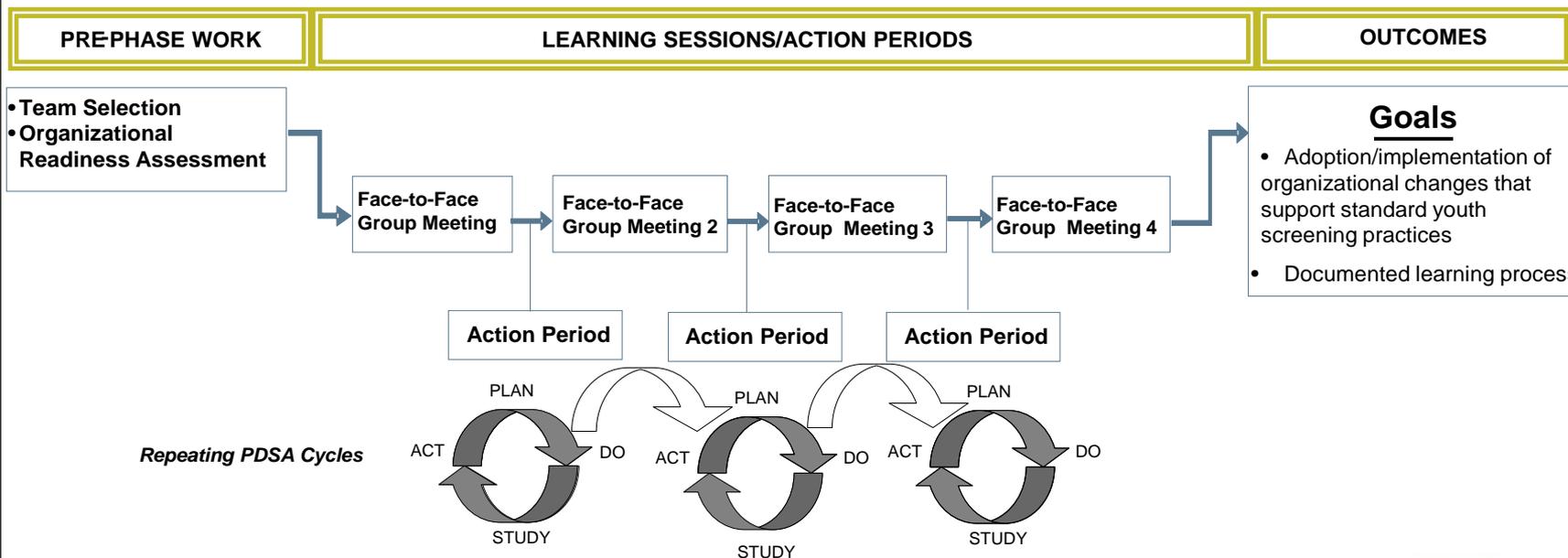
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# Institute for Healthcare Improvement Model

## Action Learning Collaborative Approach



Based on IHI Model



## 4. Questions & Polling



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