



Prioritizing Health Issues and Quality Measures for Ohio Rural Health Clinics

August 28, 2014

Columbus, Ohio

10:00 AM – 3:30 PM



John Snow, Inc.

Promoting and Improving Health

Agenda

10:00-10:45 AM	Welcome/Intros/Overview
10:45-11:30 AM	Framing the Approach
11:30-12:15 AM	The State of Rural Health In Ohio
12:15-1:30 PM	Lunch
1:30 – 2:00 PM	Selecting Health Priorities
2:00 – 2:30 PM	Selecting Measures/Indicators
2:30 -3:30 PM	Practice Readiness and Next Steps

AIM

- By the end of today's meeting collectively identify priority health issues and select three core measures to improve the health status of rural Ohio residents.

Our Team

Ohio State Office of Rural Health (SORH)

- Jennifer Jones, MPH – SORH Program Coordinator, Ohio Department of Health
- Tina Turner, SORH Director, Rural Health Unit Administrator, Ohio Department Health

JSI

- 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



Contact Information

Jennifer Jones, MPH

SORH Program Coordinator

Ohio Department of Health

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Ohio RHC Helpline

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



Introductions

- Name/role/organization
- Background
- Experience with Quality Improvement (QI)



“Every system is perfectly designed ...
...to get the results that it gets”

Paul Batalden, MD
The Dartmouth Institute for Health Policy and Clinical Practice



◦ **FRAMING THE APPROACH**

“Performance management is what you do with the information you’ve developed from measuring performance.”

— Guidebook for Performance Measurement

Performance Management System



Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework

Performance Standards

- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations



Considerations:

- Do you set or use standards, targets or goals for your clinic?
- How do you communicate the expectations and strategic direction for your clinic?

Performance Measurement

- **Performance Measure:**
- The specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance
- <http://www.healthindicators.gov/Indicators/Selection>
- **Performance Measurement:**
 - 1) Regular collection and reporting of data to track work produced and results achieved
 - 2) NOT punishment

Performance Measurement

- Refine indicators and define measures
- Develop data systems
- Collect data



Considerations:

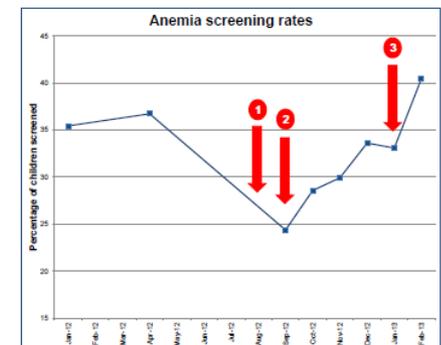
- How do you measure capacity, process or outcomes?
- What tools exist to support the efforts?

Performance Measurement

- It is important to set criteria and establish scope:
 - Data should be available for several years to show trends.
 - Data should be reliable: we are confident in its accuracy and that it measures what is intended to measure.
 - The measures should reflect new and growing initiatives.
 - The measures should be a good indicator of whether or not a program or intervention is working.

Measurement of improvement:
■ Percentage of children screened.

Results:



Annotations:
1. Beginning of intervention. Development of protocol.
2. Dissemination of protocol.
3. Inclusion of POC hemoglobin.

Reporting Progress

- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle



Considerations:

- Do you document or report your clinic's progress?
- Is this information regularly available? To whom?
- What is the frequency of analysis and reporting?

Reporting Progress

- How a clinic tracks and reports progress depending upon the purpose of its performance management system and the intended users of performance data.
- A robust reporting system makes comparisons to national, state, or local standards or benchmarks to show where gaps may exist within the system.

Quality Improvement (QI)

- Use data for decisions to improve policies, programs and outcomes
- Manage changes
- Create a learning organization



Considerations:

- Do you have a QI process?
- What do you do with information gathered through reports?
- Do you have the capacity to take action for improvement when needed?

Quality Improvement (QI)

- A program or process to manage change and achieve QI in clinic policies, practices, or infrastructure based on performance standards, measures, and reports.
- **Most Commonly Used QI Tools**
 - Brainstorming, Flow Chart, SIPOC+CM, Cause and Effect Diagram, Five Whys, Solution and Effect Diagram, Check Sheets, Pareto Charts, Pie Charts, Run Charts, Control Chart, Force Field Analysis, Nominal Group Technique
- **Methods**
 - Action learning collaboratives
 - Adapting/Adopting Model Practices
 - Establishing QI Teams/Plans

Visible Leadership

- Engage leadership in performance management
- Align performance management with organizational priorities
- Track and incentivize progress



Considerations:

- Does senior management take a visible role in performance management?
- Is performance management emphasized as a priority and goal for your work?



Visible Leadership

- Senior management is commitment to a culture of quality that
 - aligns performance management practices with the organizational mission,
 - regularly takes into account customer feedback
 - enables transparency about performance against targets between leadership and staff.

Leadership and QI Culture

- Example in practice: Baldrige Assessment is routinely given to leaders and staff
 - LEADER VERSION:
<http://www.nist.gov/baldrige/publications/upload/ProgressAL.pdf>
 - EMPLOYEE VERSION –
p.2: <http://www.nist.gov/baldrige/publications/upload/Progress.pdf>

Quality Management Factors

- Measurement – understand variation in processes
- Data-driven decision-making
- Use teamwork – involve all stakeholders
- Focus on Processes
Institutionalize QI –
Continuous QI
- Leadership support /
commitment



Review: Types of Indicators

Clinical					
Process	Outcome	Pt. Experience	Structure	Access	Composite
% of patients screened for high BP	% of hypertension patients whose BP is under control	% patients satisfied that questions about diagnosis were answered	% MAs receiving annual recert of accurate BP measurement	# days wait for a patient to get an appt from date of request	# preventable admissions related to uncontrolled hypertension



° **THE STATE OF HEALTH
IN RURAL OHIO**



Ohio Rural Health Clinics (RHCs) Quality Measures Meeting

Aug. 28, 2014

Ohio State Office of Rural Health (SORH)

- Rural health listserv
- Educational webinars
- Events/trainings, such as the Statewide Rural Health Conference and Flex Annual Meeting
 - 2014 Rural Health Conference Nov. 20 – 21
- RHC Quality Network



RHC Quality Network: Overview

Lay the groundwork for an Ohio RHC Quality Network.

Support clinics in selecting three quality measures for future collection and benchmarking.

Provision of quality improvement information and technical assistance.

During first half of 2014: landscape and readiness assessment completed, the Ohio RHC helpline established and seminars held.

Include certified RHCs and clinics pursuing or interested in RHC certification.



Overall Goals

- Provide RHCs with an opportunity to measure, benchmark and improve the quality of care provided.
- Bring together and strengthen the Ohio RHC community.
- Provide an opportunity for Ohio RHCs to share experiences and best practices with each other.



Contact Information

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State Office of Rural Health

Tina Turner
Rural Health Administrator
(Director of SORH)

SORH Programs

- Funded by the HHS, HRSA, Office of Rural Health Policy
- State Office of Rural Health Program
- Flex Program – Medicare Flexibility Program
- SHIP Program – Small Rural Hospital Improvement Program
- Black Lung Program

Rural Health Clinic Quality Improvement Network

- Modeled after the Critical Access Hospital (CAH) QI Network developed in 2004 by the SORH's Flex Program.
- SORH was instrumental in the designation and development of RHCs.
- In the past 4 years RHCs have grown from 11 to 30 +.
- Support with quality, operational and financial improvement.

What is a Critical Access Hospital (CAH)

- 34 CAHs in Ohio
- 25 beds or less
- 24 hour emergency access
- Acute care hospital
- 101% Medicare Cost Based Reimbursement

Ohio Rural Hospital Flexibility Grant Program

- CAH Designation/Program Development
- Emergency Medical Services enhancements
- Network Development
- *Quality Improvement*

Improve quality of services by implementing measurable goals and objectives

- Support existing quality improvement/performance initiatives in Ohio's CAHs.
- *Create a quality benchmarking project for Ohio CAHs and assist hospitals in utilization and implementation.*

Quality Improvement Work Group

- Initially in collaboration with Ohio KePRO and Ohio Hospital Association in 2004 - 2007.
- 2008 – 2014 solely facilitated by Flex and a consultant (PMI aka iVantage).
- SORH requested participation from CAHs in October 2004.
- Created to develop quality indicators relevant to the rural environment that will enable CAHs to engage with their communities in the identification of appropriate benchmarks, and ultimately improve quality.

QI WG/ListSrv Participants

- Adams County Hospital
- Allen Medical Center
- Barnesville Hospital
- Bucyrus Community Hospital
- Community Hospital and Wellness Center – Montpelier
- Community Memorial Hospital
- Defiance Regional Medical Center
- Doctor's Hospital of Nelsonville
- Fayette County Memorial Hospital
- Fostoria Community Hospital
- Greenfield Area Medical Center
- HB Magruder Memorial Hospital
- Hardin Memorial Hospital
- Harrison Community Hospital
- Henry County Hospital
- Highland District Hospital
- Hocking Valley Community Hospital
- Holzer Medical Center – Jackson
- Lodi Hospital
- Morrow County Hospital
- Mercy Hospital – Willard
- Ohio Department of Health
- Ohio Hospital Association
- Ohio KePRO
- Paulding County Hospital
- Selby General Hospital
- UHHS Brown Memorial
- UHHS Memorial Hospital of Geneva

2005 QI Work Group Meetings Discussion Topics:

- Barriers to delivering good quality health care
- Strengths in delivering health care
- Rapid Cycle
- CAH Remeasurement Readiness Assessment
- QI Priorities
- CART Overview
- Data Metrics and Benchmarks for Small Volumes
- 100,000 Lives Campaign
- Heart Disease and Stroke Prevention
- 8th Statement of Work
- Hospital Survey on patience culture



*QI Work Group decided to focus its
benchmark efforts on one of the 12 Rural
Performance Measures for CAHs in the 8th
Statement of Work*



Acute Myocardial Infarction (AMI)

- ASA prescribed at Arrival (no transfer exclusion)
- ASA prescribed at Discharge
- ACEI or ARB for LVSD (no transfer exclusion)
- Beta Blocker prescribed at Arrival (no transfer exclusion)
- Time to EKG (no transfer exclusion)
- Time to thrombolytics (no transfer exclusive)

Heart Failure (HF)

- LVF Assessment
- ACEI or ARB for LVSD

Pneumonia (PN)

- Oxygenation Assessment
- Pneumococcal Vaccination
- Initial Antibiotic within 4 hours of arrival

VISION:

**Ohio QI Work Group develops the
“best practice model” for quality
improvement for CAHs**

Mission

Provide a structure for creative idea development and sharing; and the development of Ohio's Quality Improvement benchmarking project

Objectives

- Identify any gaps in quality improvement within Ohio's CAHs.
- Identify the performance measure that data can be best collected regarding its quality indicators and benchmark with other CAHs in Ohio and in the nation.
- Develop a "how to kit" to enable other CAHs to create meaningful quality benchmarks for their communities through documentation of this process
- Create a benchmarking project that can be replicated for other "like" CAHs.
- Provide and share information and resources regarding quality and performance improvement specific to the needs of Ohio's CAHs.

2009

Percentage of OH CAHs committed to participate in QI Flex Project

February:	9 of 19 = 47%
March:	12 of 19 = 63%
May	19 of 34 = 56%

Network Report 2009

Hospital	AMI-1		AMI-2		AMI-3		AMI-4		AMI-5		AMI-6 Retired	
285	93%	14	78%	9	100%	2			90%	10	0%	2
287	83%	6	25%	4			100%	1	100%	4		
297	50%	2	100%	1					100%	1	0%	1
299	100%	8	100%	7	100%	2	100%	1	86%	6		
292	100%	1	100%	1					100%	1	100%	2
251	100%	1	100%	1					0%	1	0%	1
Network	88%	32	84%	23	100%	4	100%	2	79%	23	25%	6
National	94%		92%		80%		77%		90%		92%	

AMI-7a	AMI-8a	AMI-9	AMI-t1a Test	AMI-t1b Test	AMI-t2 Test	AMI All-or-None				
			0%	1		84%				
			50%	2		73%				
						60%				
			0%	4		96%				
						100%				
			0%	1		50%				
NA	-	NA	-	13%	8	NA	-	NA	-	83%
33%		NA		37%		NA		82%		90%

2 of 6 measures are higher than national.
 Opportunity for performance
 improvement initiatives.

Test Measures are not included in
 All-or-None Score

Ohio CMS Core Measure Progress

CMS Topic	February 12th (Q1, Q2 and Q3 2009 data)	March 24th (Q1, Q2, Q3 and Q4 2009 data)
AMI	3 of 6 measures above national score	2 of 6 measures above national score
PN	7 of 9 measures above national score	5 of 9 measures above national score
HF	2 of 4 measures above national score	1 of 4 measures above national score
SCIP	5 of 8 measures above national score	Hospitals Reporting 9 of 19 = 47% 12 of 19 = 63%
OP	4 of 4 measures above national score	

2014

- Continue to benchmark with Ohio CAHs and nationally
- Continue success in meeting national standards
- 27 CAHs participating in Network
- Added financial, ED and Pharmacy measures

Thank you!



**FINDINGS FROM THE
LANDSCAPE
ASSESSMENT**



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



Key Informant Interviews

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



Key Informant Interviews

Most Important Clinical Indicators

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



Key Informant Interviews

Policy Trends

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

QI Programs (Non-Federal)

- Patient Centered Medical Homes
- Health Plan Incentives

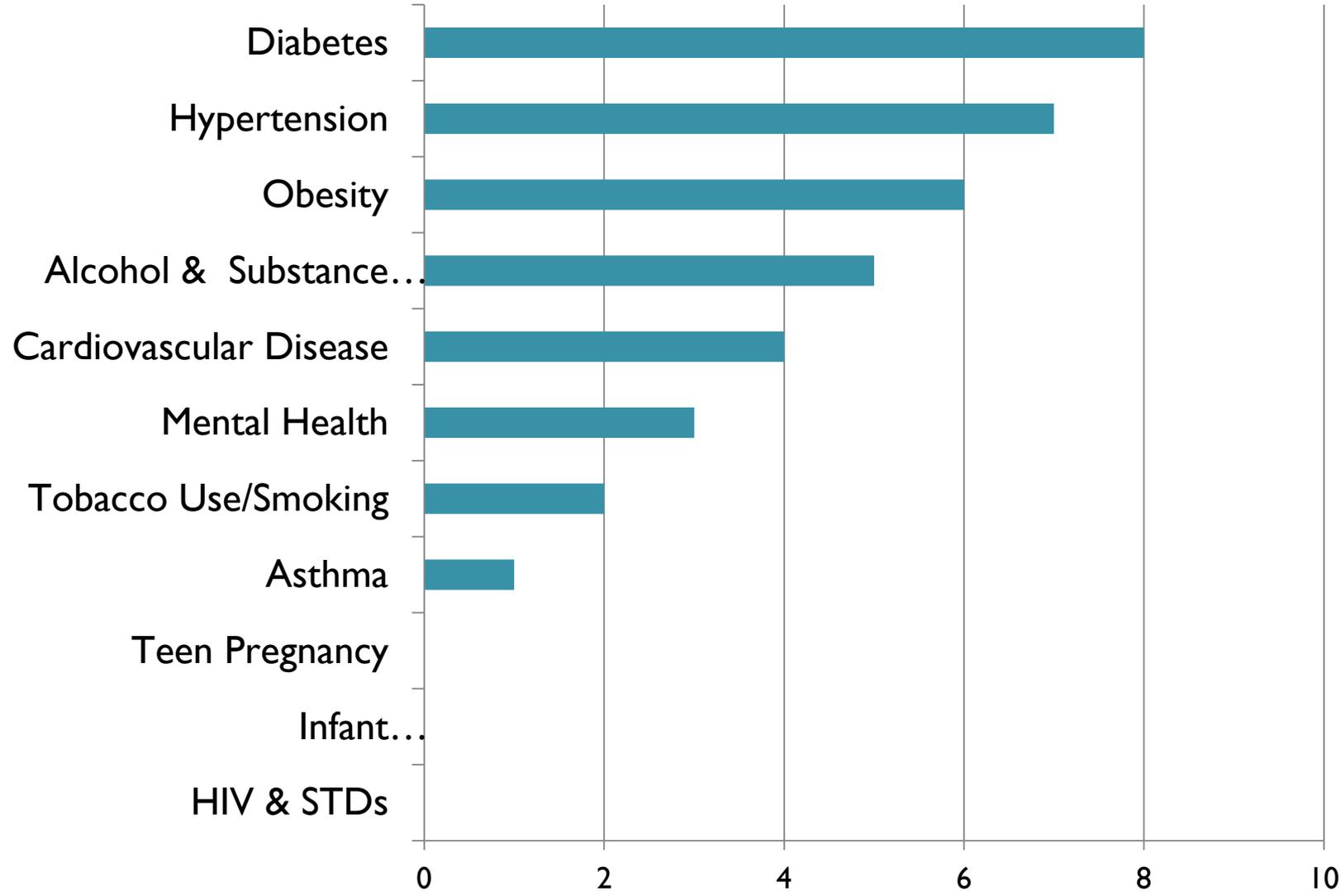
Practice Survey

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

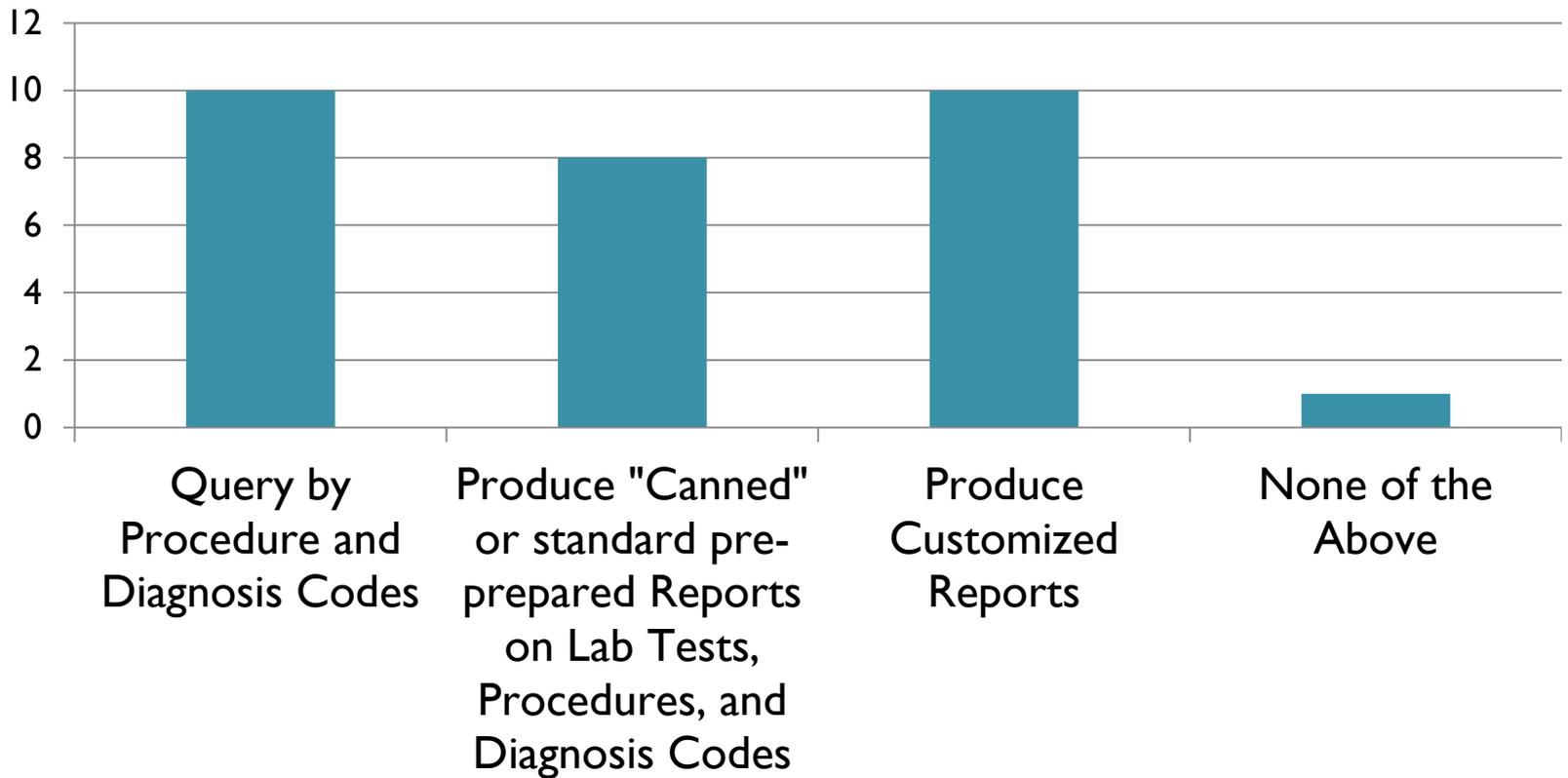
RHC Survey Health Issues

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



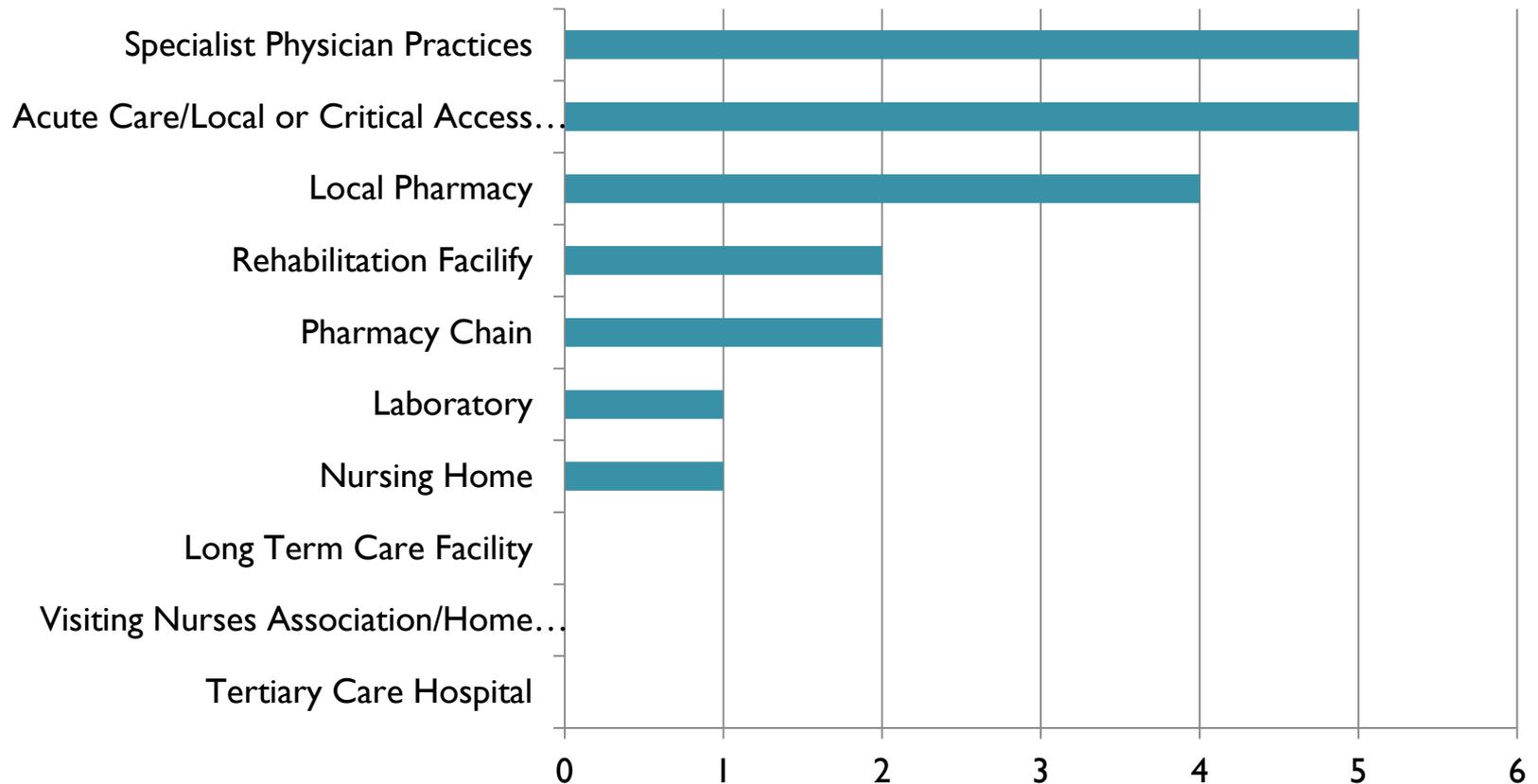
Electronic Record Status

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

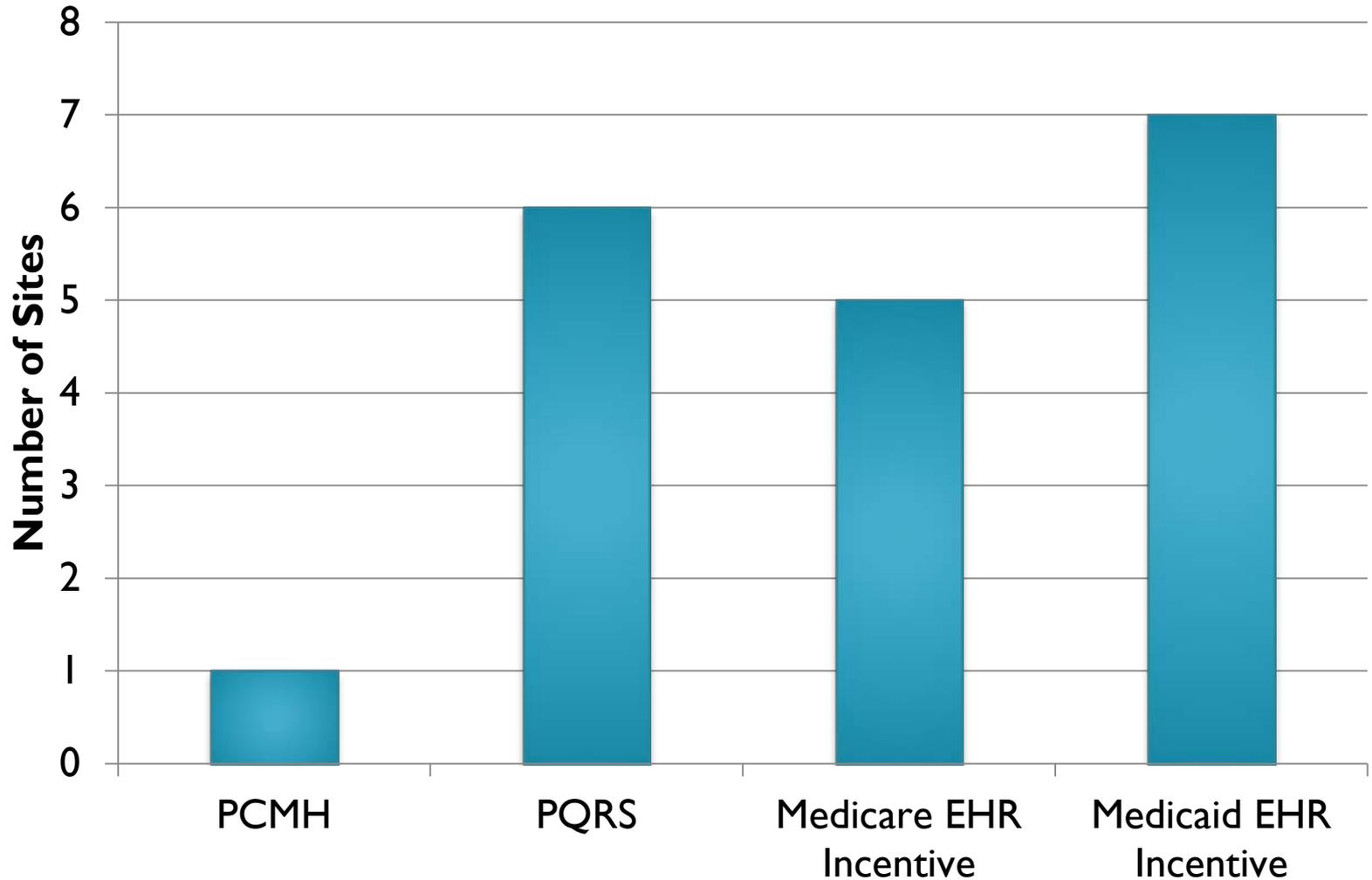


Connectivity

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



QI Program Participation





**STATE-REGIONAL
PRIORITIES**

Ohio State Health Improvement Plan 2012-2014

- Access
 - Patient Centered Medical Homes (PCMH)
- Infant Mortality/Preterm Births
 - Continue the decreasing trend in birth rate among 13-19 year olds in Ohio
 - Reduce the percentage of women who smoke during pregnancy
- Chronic Disease
 - Breast, colorectal (CRC) and cervical cancers
 - Blood pressure and cholesterol levels
 - Tobacco cessation
 - Obesity management



Ohio Department of Health Strategic Plan 2013-2014 Priorities

- Expand Patient-Centered Medical Home model across Ohio
- Decrease Infant Mortality
- Curb Tobacco Use
- Reduce Obesity

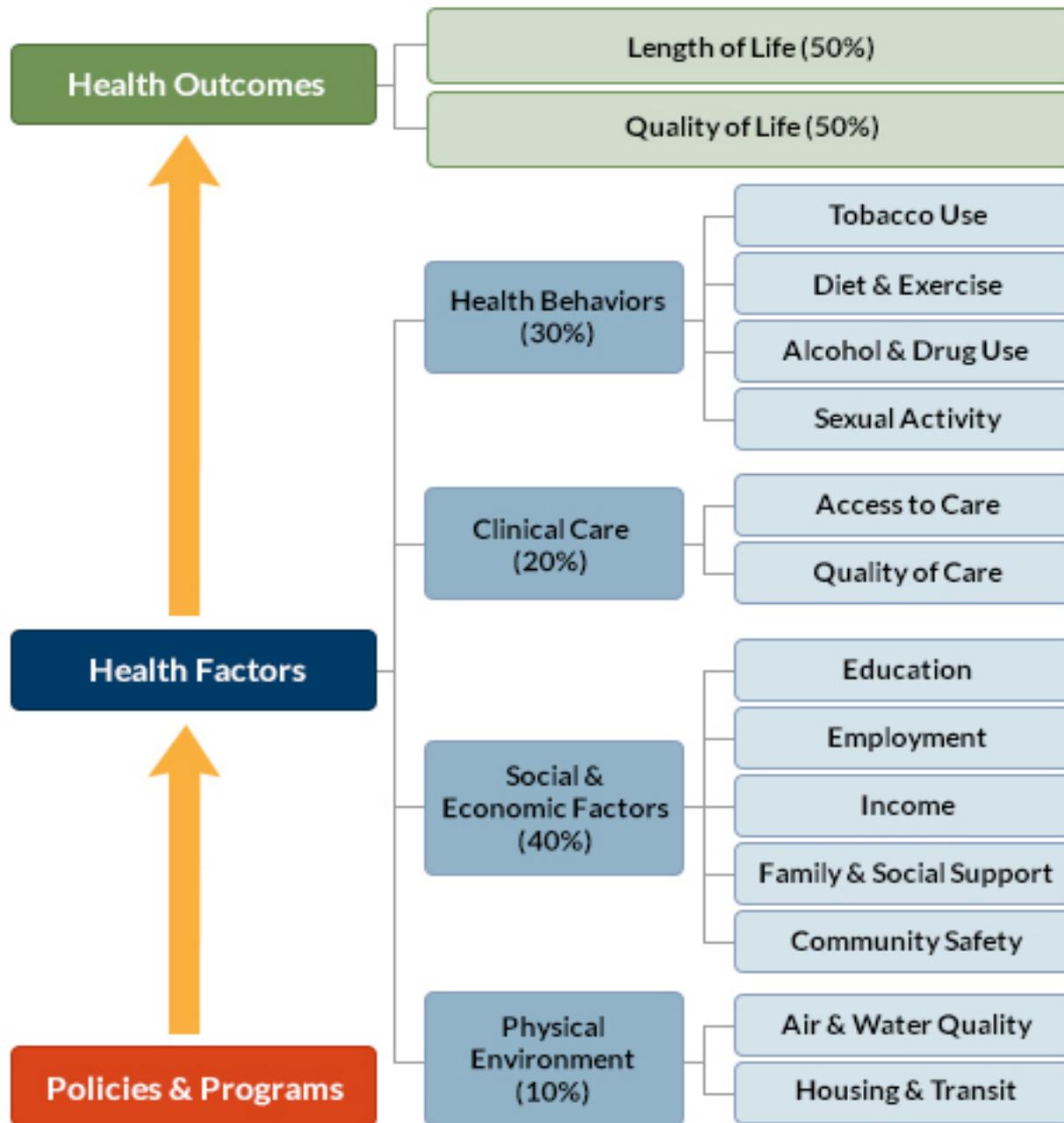


Ohio's State Health Care Innovation Plan

- Patient Centered Medical Homes
 - Ohio Medicaid – 3 waves through 2015
- Episode-based Payment Model
- Innovation Expansion to Rural Areas and Small Practices

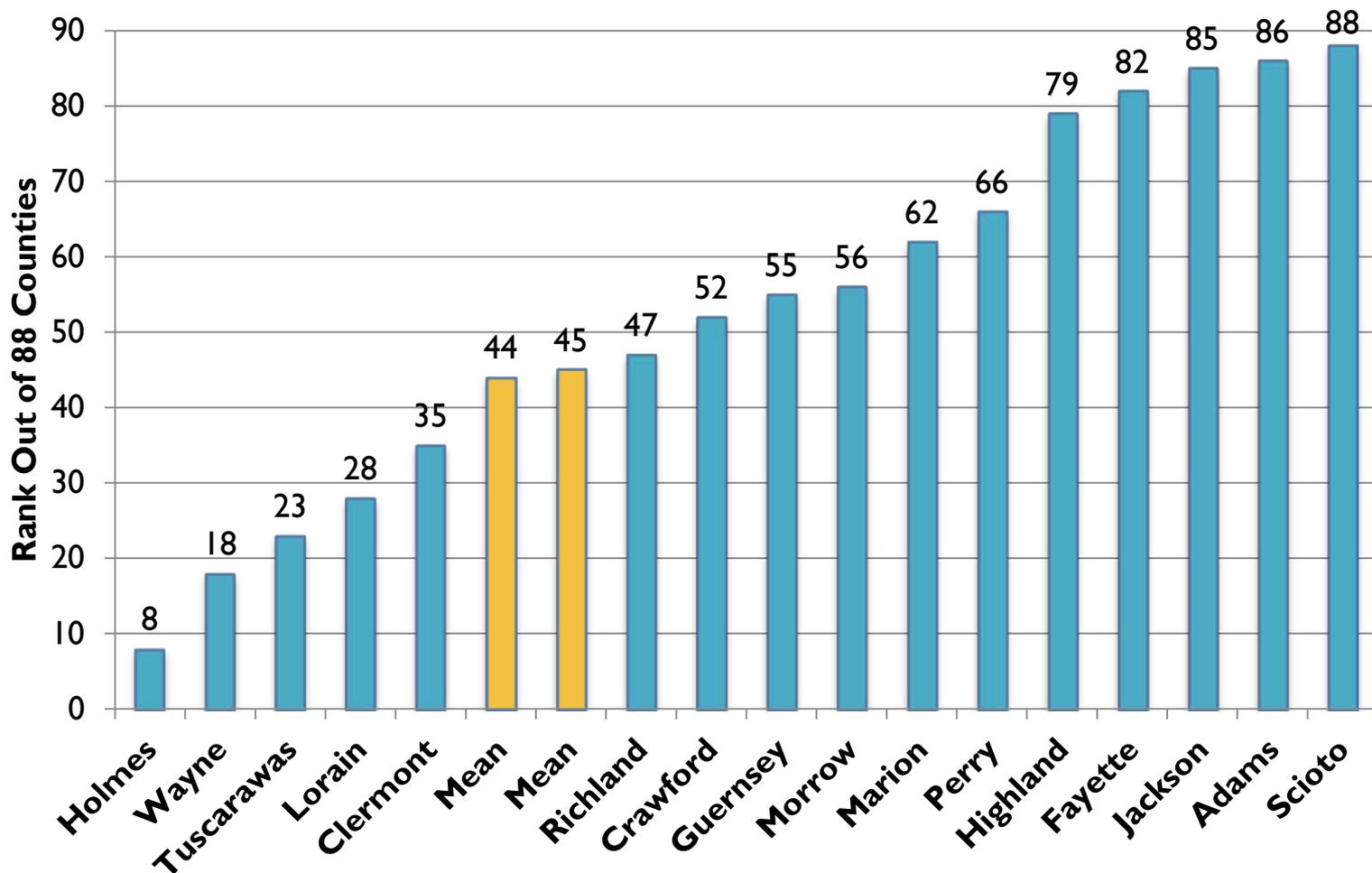


 **HEALTH DATA**



Ohio RHC

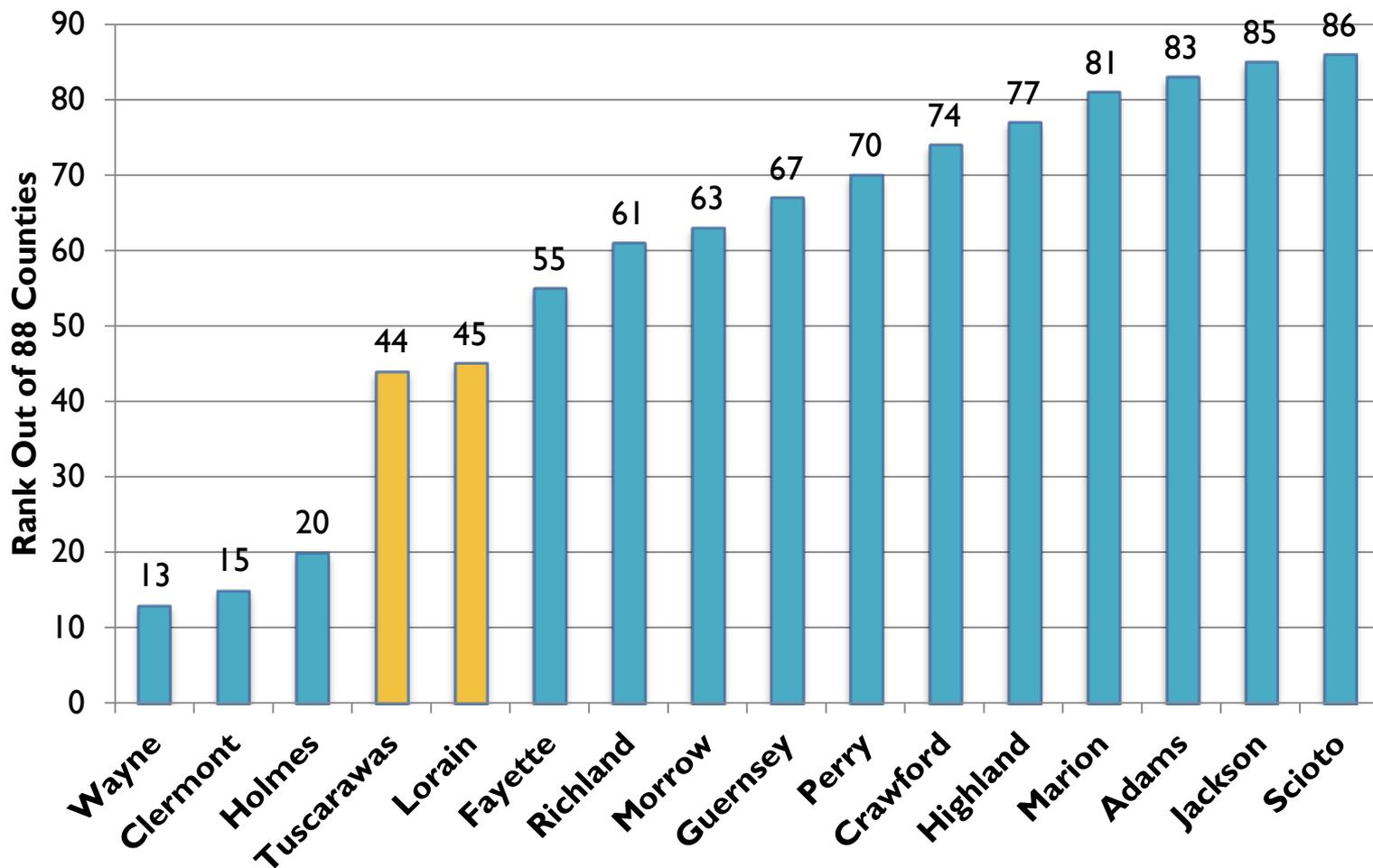
Health Outcomes Rank



Source: 2014 County Health Rankings

Ohio RHC

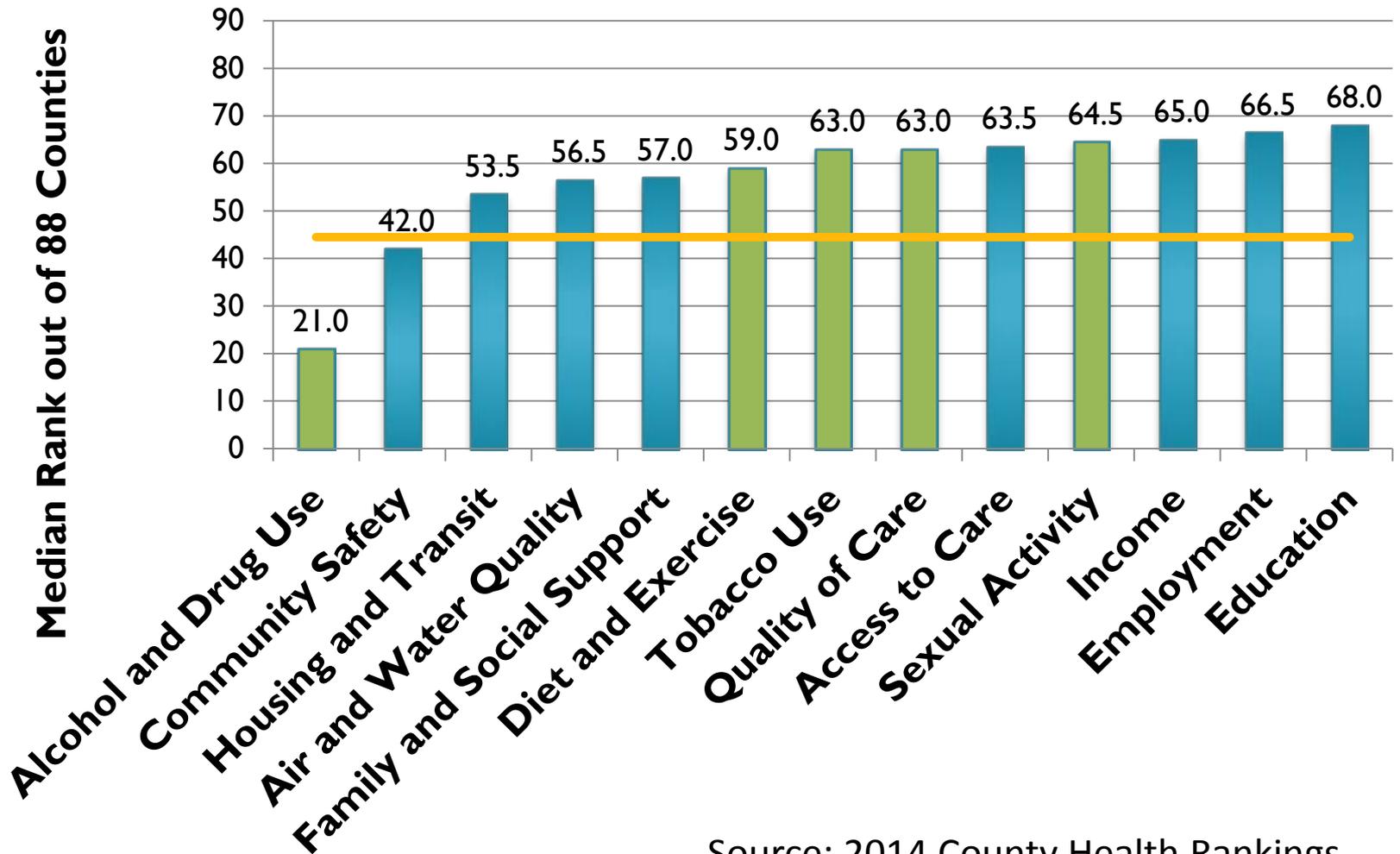
Health Factors Rank



Source: 2014 County Health Rankings

Ohio RHC

Median Rank by Focus Area



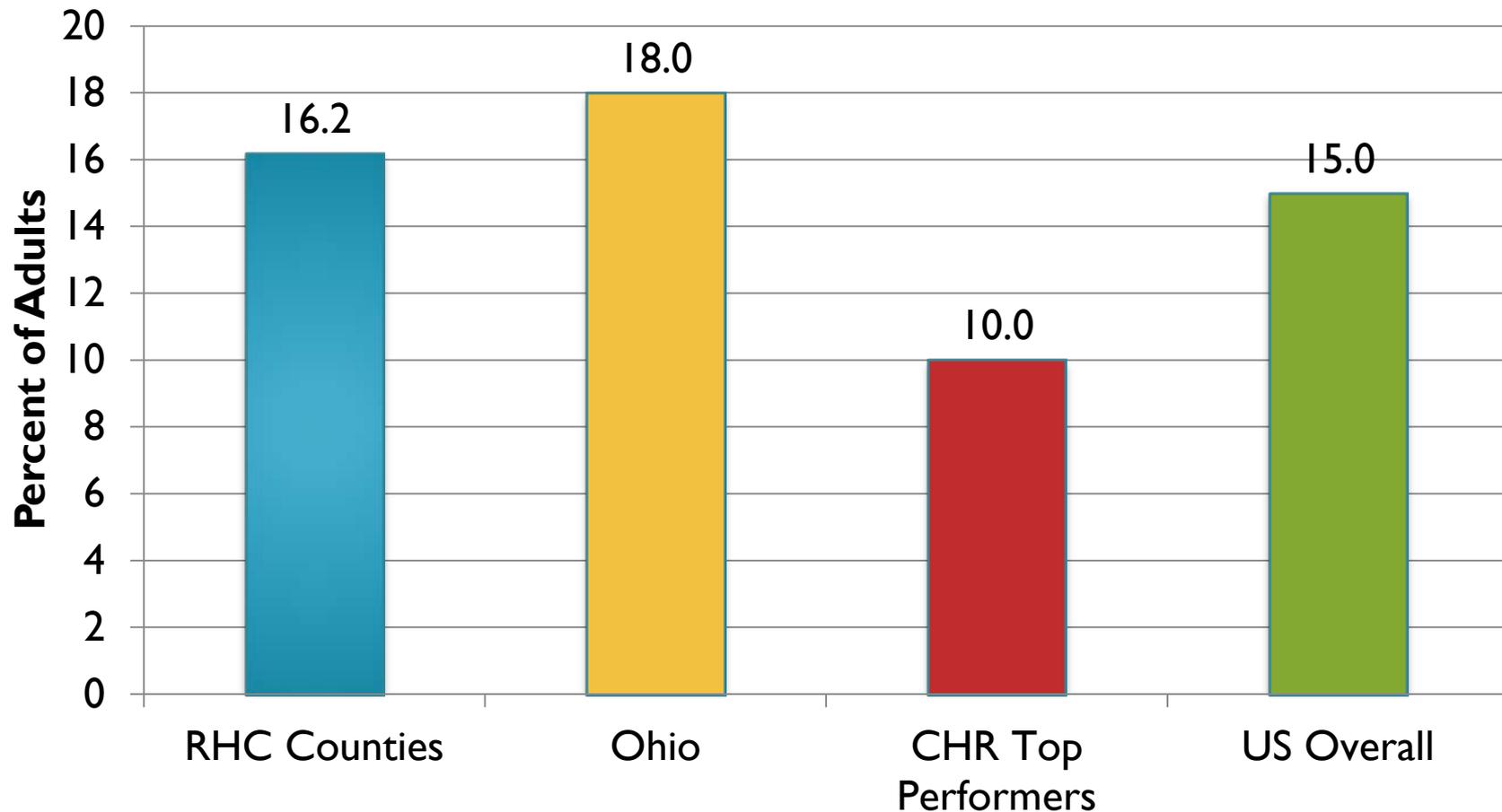
Source: 2014 County Health Rankings



**ALCOHOL AND DRUG
USE**

Ohio RHC

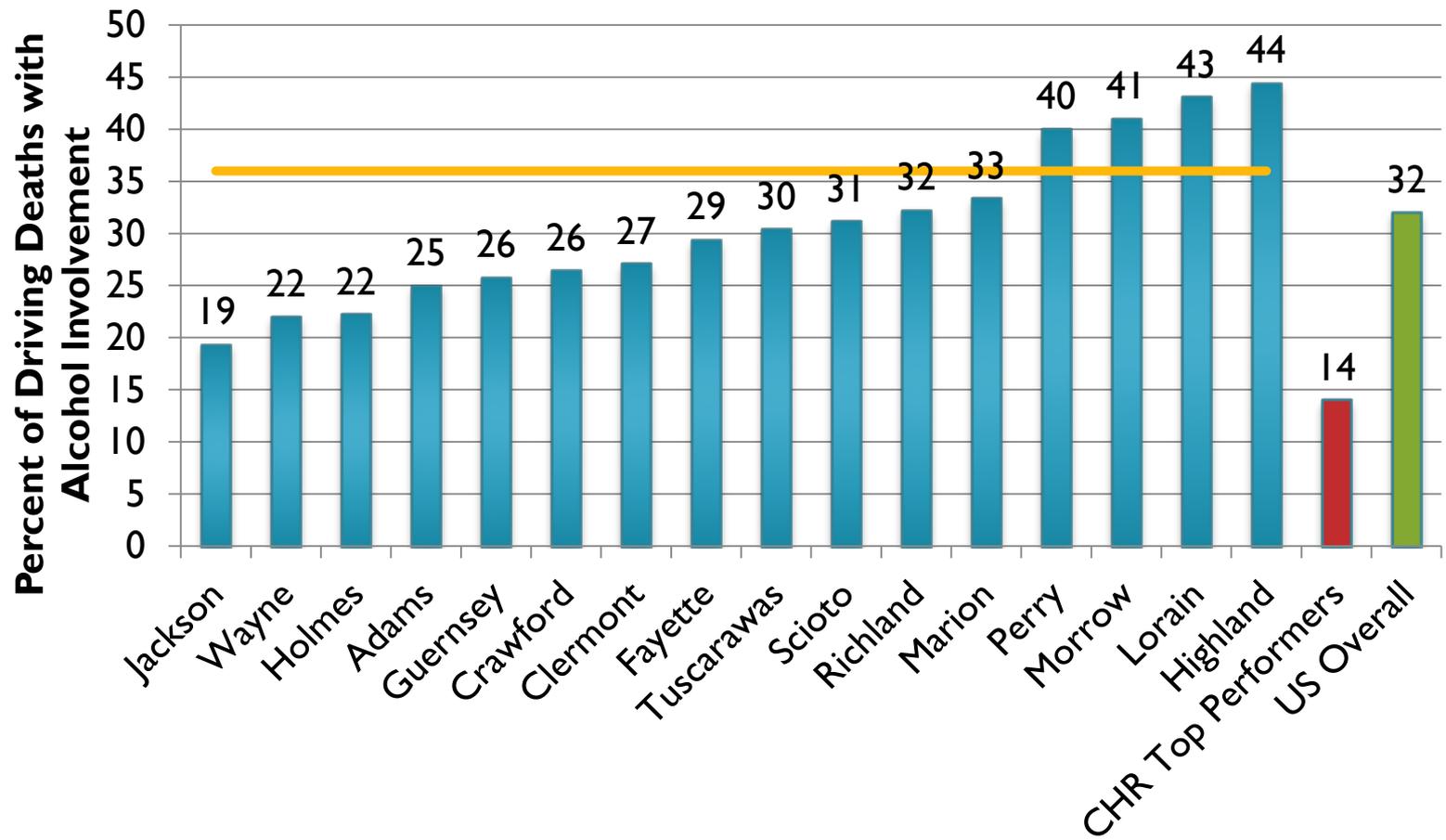
Excessive Drinking



Source: Behavioral Health Risk Factor Surveillance System, 2006-2012

Ohio RHC

Alcohol Impaired Drug Deaths



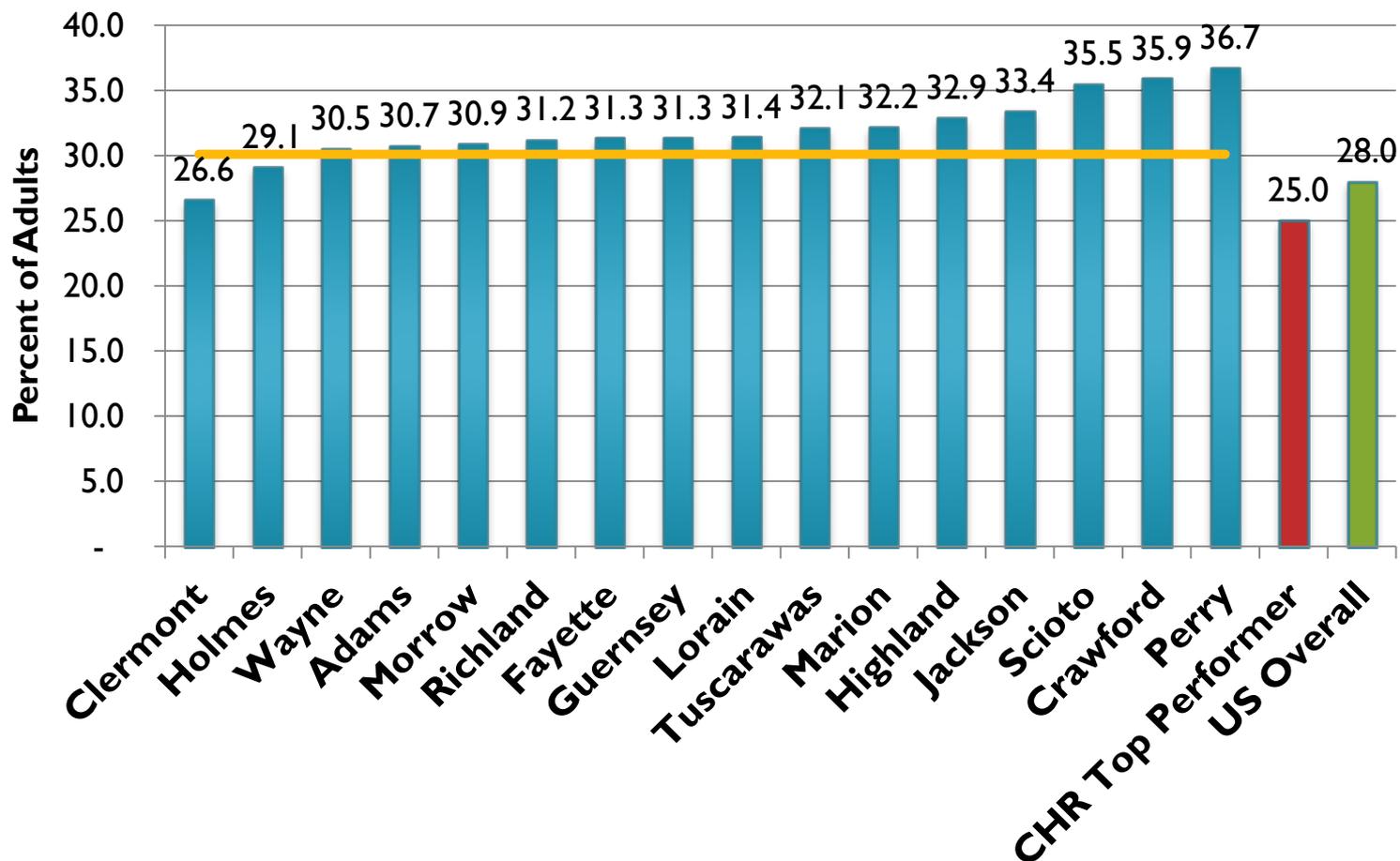
Source: Fatality Analysis Reporting System, 2008-2012



° **DIET AND EXERCISE**

Ohio RHC

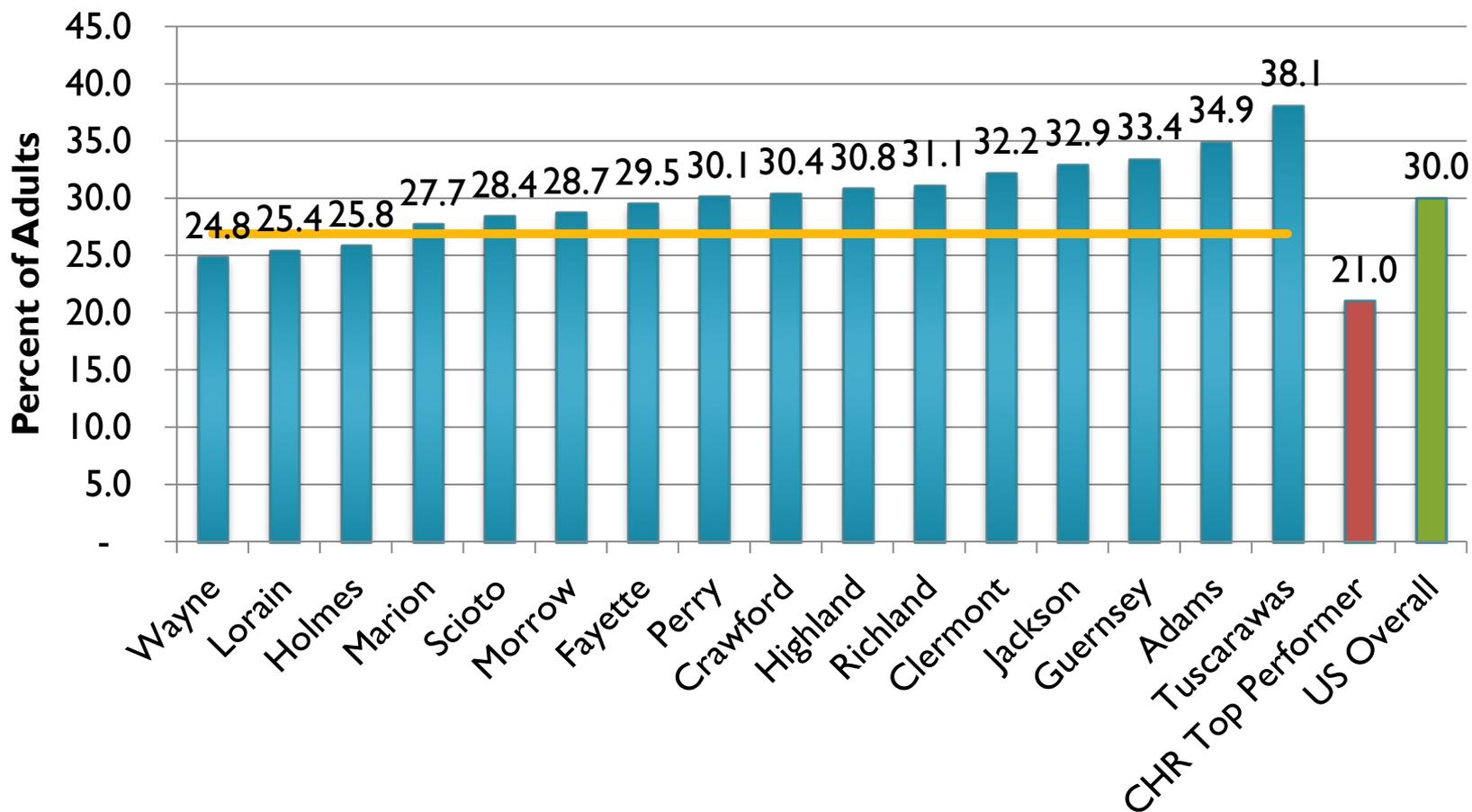
Adult Obesity



Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2010

Ohio RHC

Adult Physical Inactivity



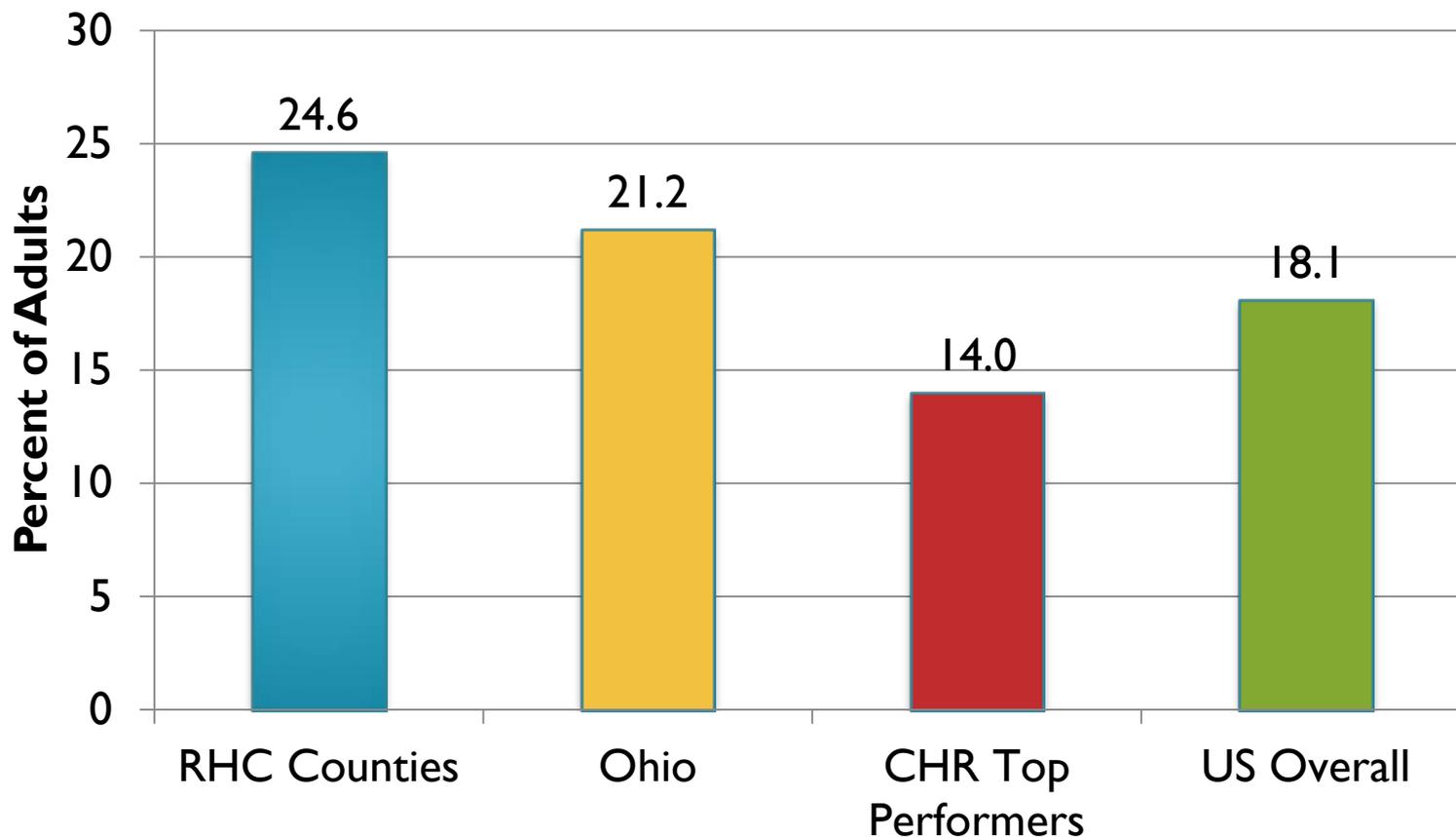
Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2010



 **TOBACCO USE**

Ohio RHC

Adult Tobacco Use



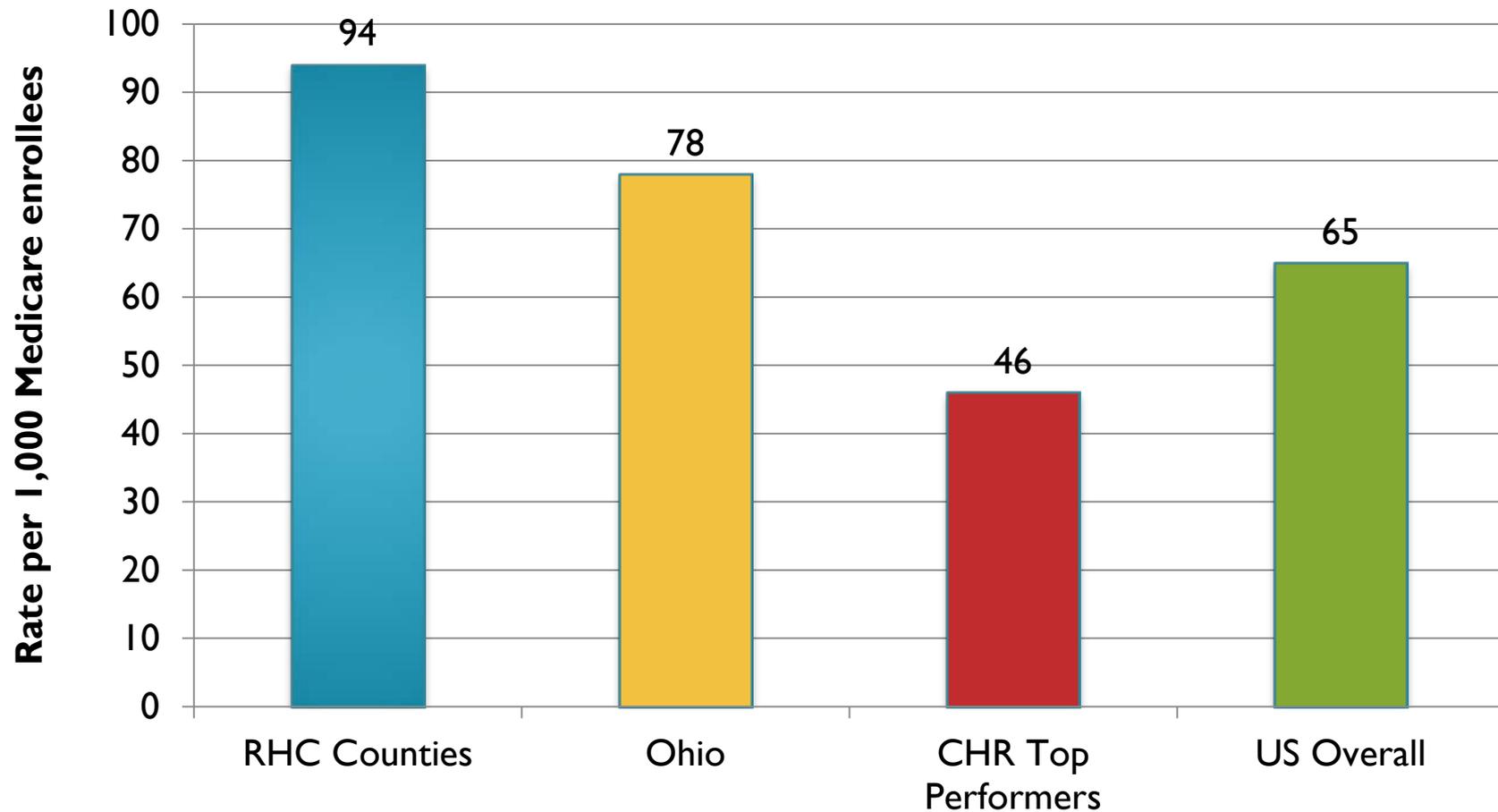
Source: Behavioral Health Risk Factor Surveillance System, 2006-2012



QUALITY OF CARE

Ohio RHC

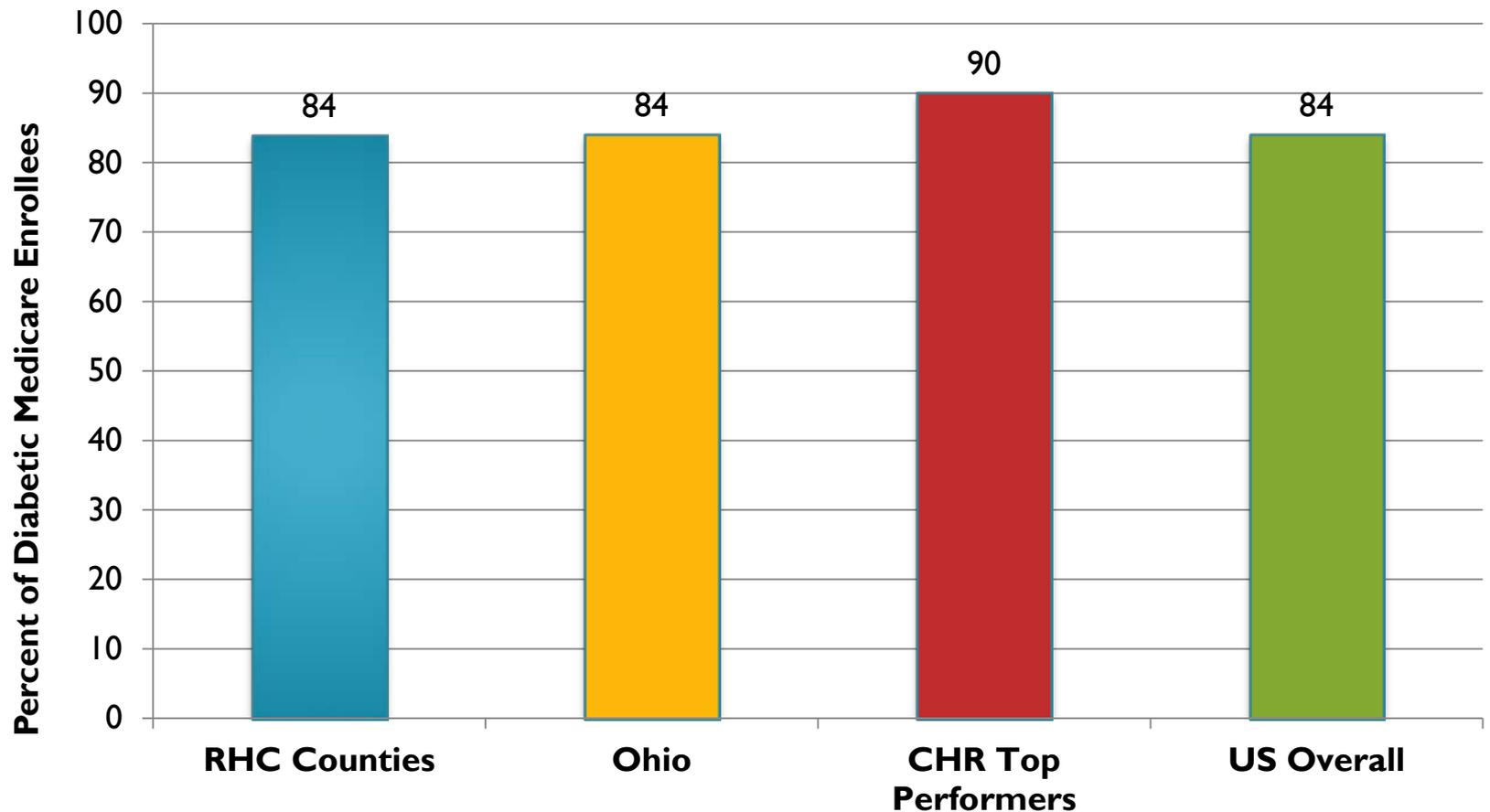
Preventable Hospital Stays



Source: Dartmouth Atlas of Health Care, 2011

Ohio RHC

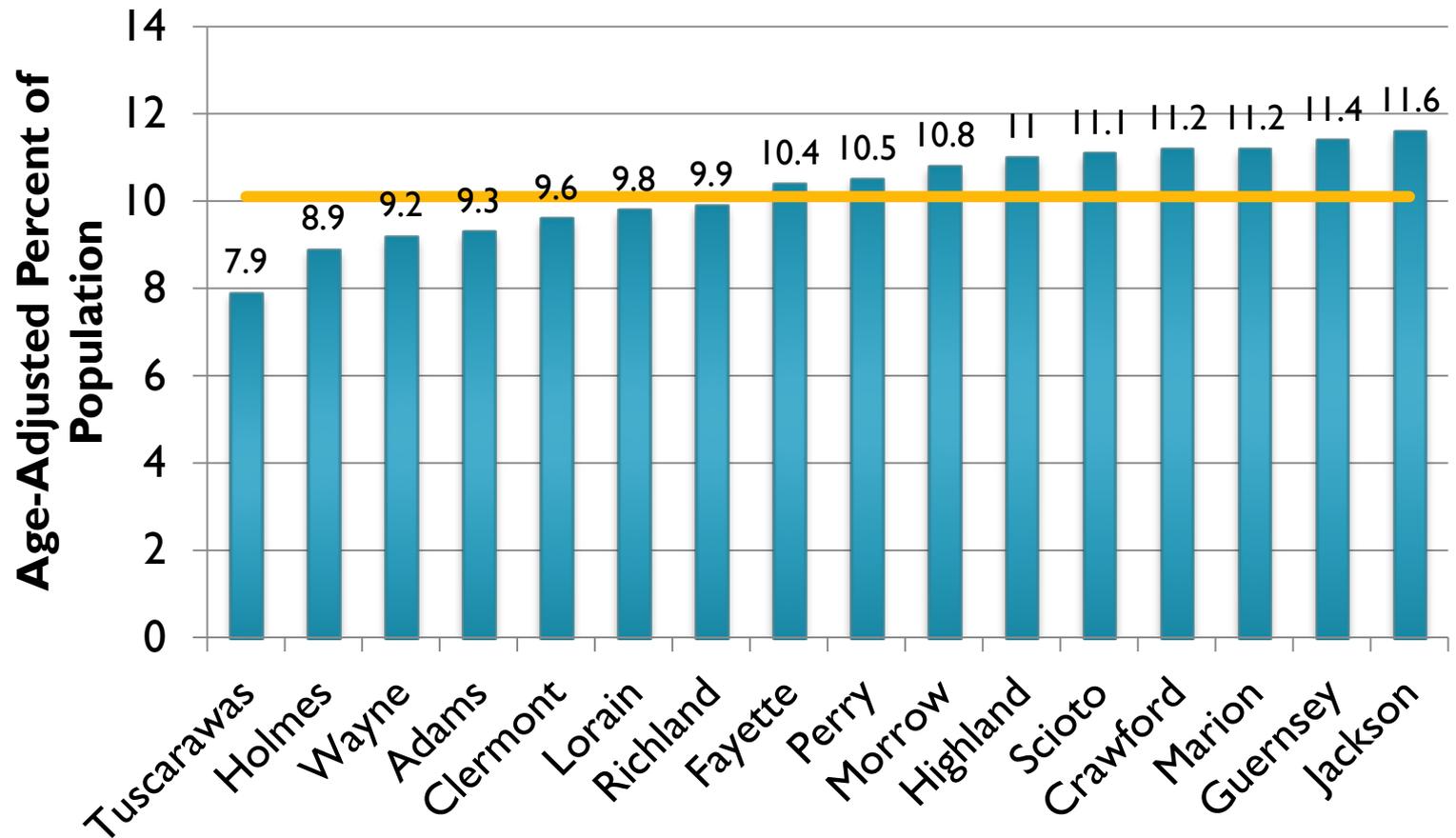
Diabetic Screening



Source: Dartmouth Atlas of Health Care, 2011

Ohio RHC

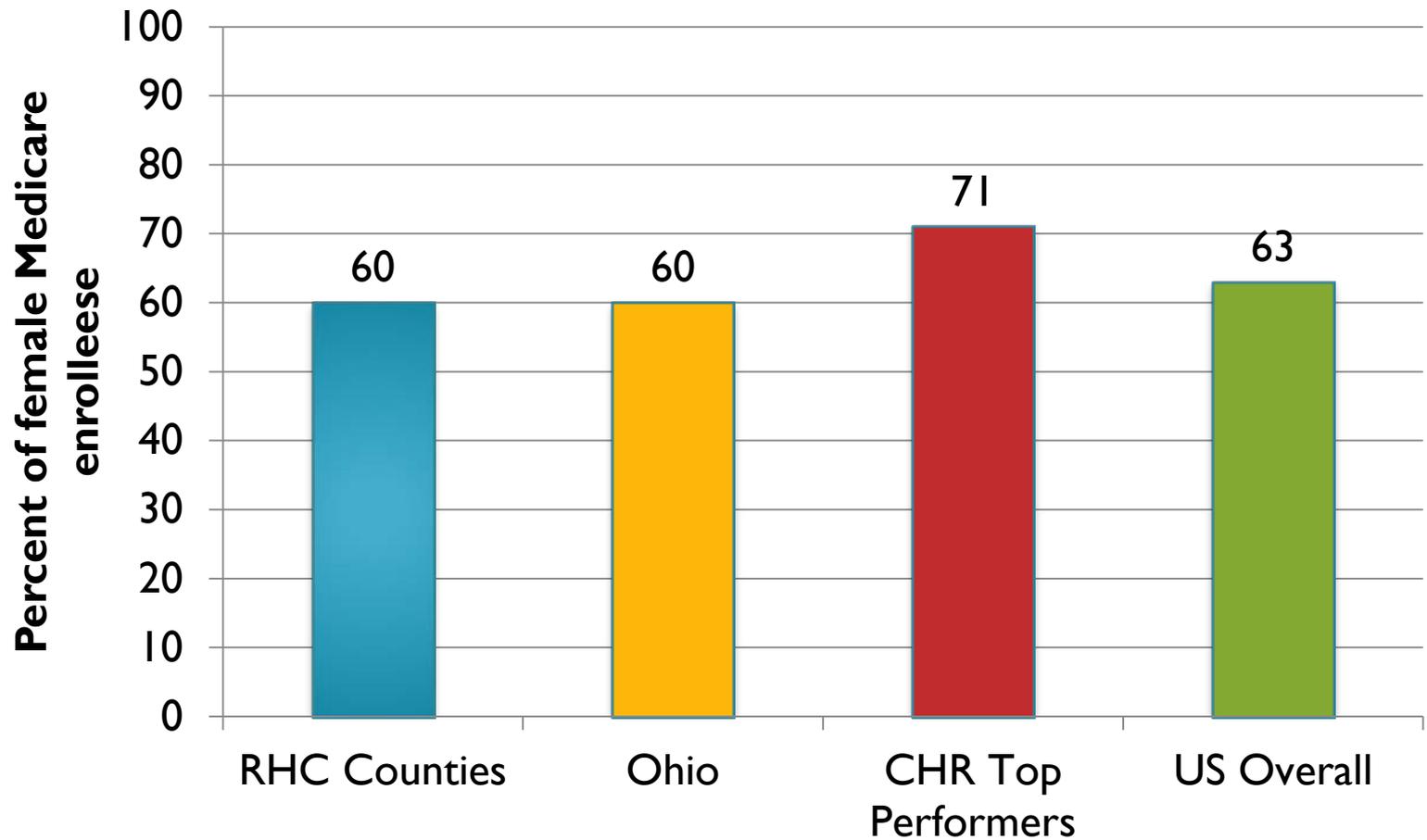
Adult Diabetes Prevalence



Source: Behavioral Risk Factor Surveillance Survey, 2010

Ohio RHC

Mammography Screening



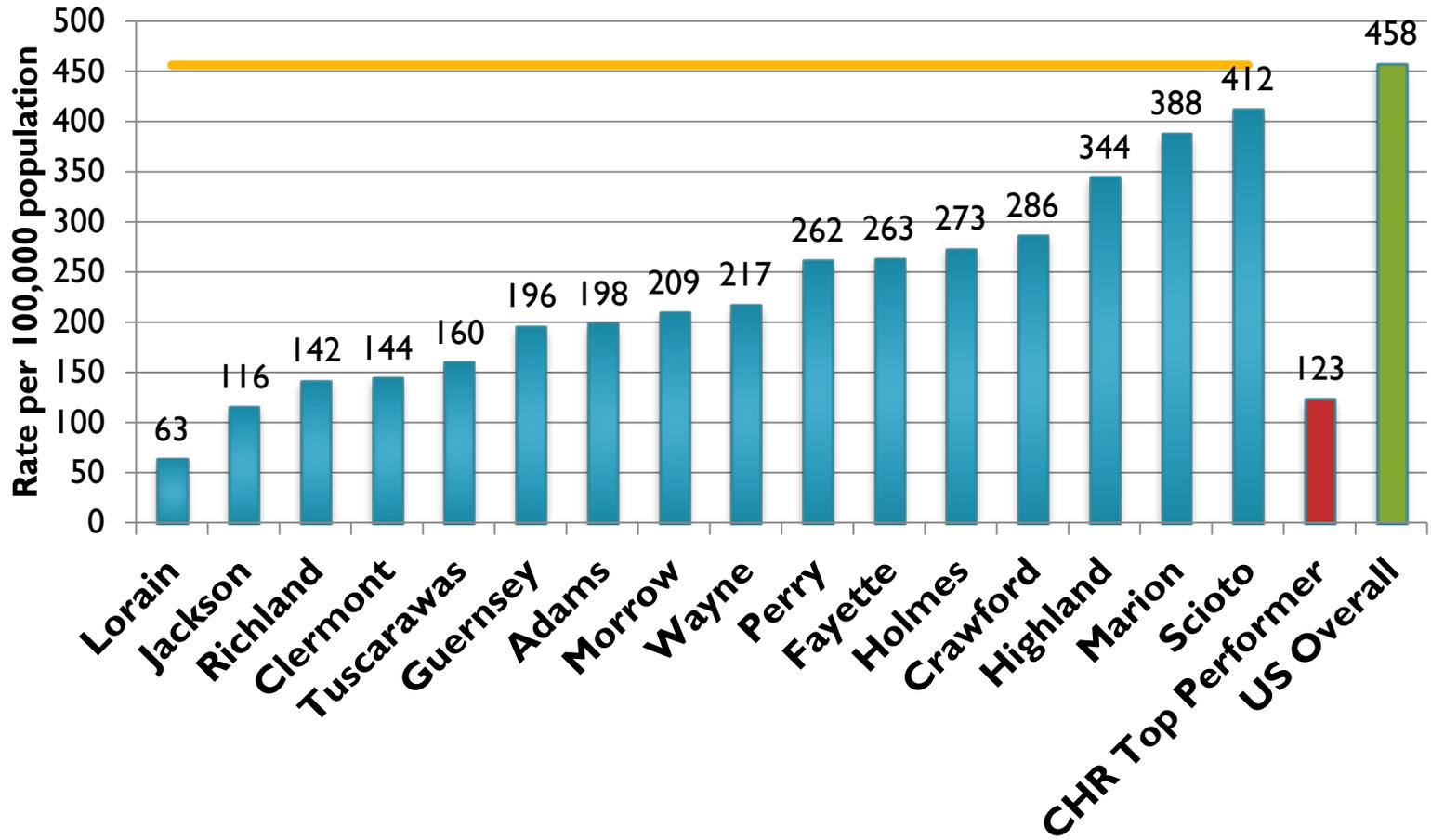
Source: Dartmouth Atlas of Health Care, 2011



SEXUAL ACTIVITY

Ohio RHC

Sexually Transmitted Infections



Source:

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2011



◦ **SELECTION OF
HEALTH PRIORITIES**

Select an initial set of priorities

- Each person has **3** dots.
- Place dots on the sheet that corresponds to your top priorities. May place more than one dot per health issue
- When narrowed down, we will then assess by specific criteria to select the top health priority





What's important to consider in selecting a health priority? [Weighting Criteria]

- Severity of Health Consequences
- Large Number of People Impacted
- Disproportionate Adverse Impacts among Population Subgroups
- Results in Significant Economic/Social Costs
- Impacts Multiple Issues/Cuts Across Lifespan
- Feasibility (Being able to make a difference)

Ohio Rural Health Clinic Quality Network

Health Issue Priority Worksheet

	Severity of Health Consequences	# of People Impacted	Disproportionate Adverse Impact	Economic/Social Cost	Impacts Multiple Issues/Lifespan Feasibility	Total Score	
Health Issues / Weights	3	2	2	1	3	1	-
Diabetes	5.25/ 15.75	4.5/ 9	4.25 8.5	3.5 3.5	4.25 12.75	4.5 4.5	54
Hypertension	4.5 13.5	4.75 9.5	4 8	2.5 2.5	4.25 12.75	3.5 3.5	49.75
Asthma/COPD	4.75 14.25	4.75 9.5	3.5 7	3.5	4.5 13.5	3.75	50.5
Access to Care	6 18	6 12	6 12	5.25	6 18	4	69.25
Oral Health	4.25 12.75	4.25 8.5	5 10	4.25	4 12	2.75	50.25



Group Work:

Prioritize Selected Health Issues

1. Agree upon weighting of criteria (severity, number of individuals affected, etc.).
2. Assess each identified health issue by each criterion, on a 1-6 scale (with 6 being the most heavily weighted).
3. Determine 'Total Score' by multiplying score x weight for each criterion, and adding these
4. Highest total scores indicates highest health priorities



**° SELECTING
MEASURES/INDICATORS**

Review: Types of Indicators

Clinical					
Process	Outcome	Pt. Experience	Structure	Access	Composite
% of patients screened for high BP	% of hypertension patients whose BP is under control	% patients satisfied that questions about diagnosis were answered	% MA's receiving annual recert of accurate BP measurement	# days Wait for a patient to get an appt from date of request	# preventable admissions related to uncontrolled hypertension



National Quality Forum (NQF) Measure Criteria

- Important to measure and report
- Scientifically acceptable
- Useable and relevant
- Feasible to collect



° **GROUP WORK**

Selecting Indicators



Selecting Indicators

- Handout: Sample indicators
- Think about which indicators will provide relevant information about the priority health issue...
 - Important to measure and report
 - Scientifically acceptable
 - Useable and relevant
 - Feasible to collect



VOTE to identify TOP 3



° **ORGANIZATIONAL
READINESS FOR
CHANGE**

Assessing Improvement Capacity

Successful Execution of QI Initiatives

Senior Leadership Commitment/QI Champion

Commitment: Financial Resources

Physician Leader Support

Practice Administrator Support

Competing Priorities

Communication

Community-based Access/Use of QI

Prior Experience Executing QI Projects

QI Team Designated with Appropriate Representation

Reliable Data/Data Collection

External Payment Incentives

Meaningful Use

IT Support

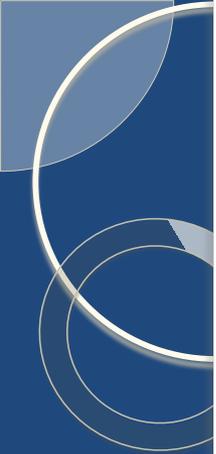
Adapted from Humbolt Del Norte Foundation for Medical Care/Aligning Forces for Change



NEXT STEPS

Next Steps

- Defining indicators
 - Issues (eg, denominators, etc)
- Ensuring consistent and accurate data collection
- Incorporating relevant and evidence-based QI practice changes
 - Examples for each selected health priority



TIMELINE Development

Thank You!



Happy Labor Day!!