



May 30, 2018

Langley Health Services' Quality Measure Review

Project Health, Inc. d/b/a Langley Health Services (LHS) has a strong Quality Improvement (QI) program that focuses on many quality related areas of patient care, which include Employee Health, Health Education and Promotion, Infection Control, Patient Satisfaction, Peer Review, Risk Management, and compliance with Unified Data Systems' (UDS) and HEDIS' measures throughout all sites. The QI Committee has completed QI Studies on various topics, including Increasing Colorectal Cancer Screening Rates, Increasing Cervical Cancer Screening Rates, and Increasing HPV Vaccination Rates among LHS' Patients Aged 11-15. Through corrective actions implemented as part of these studies, LHS saw improvement in compliance for all of the above mentioned QI measures. In June 2018, LHS will hold its first Annual Diabetic Care Clinic. During this week-long clinic, the focus is on closing Care Gaps related to QI diabetic measures. LHS will provide diabetic retinopathy screening, A1c testing, and microalbumin testing.

In early 2017, the leadership team of LHS identified a need for a Care Coordination team to assist in meeting quality measure targets. In June 2017, an Adult Care Coordinator and a Pediatric Care Coordinator were hired to focus on the needs of Sumterville site patients and to work with various insurance companies in meeting QI measures. At this same time, LHS hired a new Billing Supervisor. The Billing Supervisor, Quality and Clinical Coordinator, Director of Nursing and Care Coordinators have since worked closely together to improve QI coding and increase patient compliance related to QI measures. This team has implemented the following changes to increase compliance:

- Created an easier workflow in the current electronic health record (EHR), Greenway SuccessEHS, for clinical staff and providers to document and code according to UDS and HEDIS measures
- Educated providers and clinical staff at all LHS' sites regarding HEDIS and UDS measures
- Provided "quick tip sheets" for providers and clinical staff to more easily identify measures (and coding) that apply to a patient
- Met with each of the Medicaid Managed Care companies monthly to review patient Care Gaps and ways to close the gaps

Through the implementation of the above corrective actions, the team identified that Greenway, which also provides billing services for LHS, was dropping all of the QI related coding due to no charge being associated with the codes. The Billing Supervisor worked with Greenway to create a solution to this problem. However, as of May 2018, QI measure codes are still being dropped from patient encounters. The dropping of these codes has severely negatively impacted the progress toward compliance targets for QI measures. This remains an ongoing issue in need of a

permanent solution. Due to this, many other needs and LHS' continued commitment to increasing compliance in providing high quality care for each patient, LHS has decided to pursue the transition to a different EHR service. There is a heavy focus on QI reporting and QI dashboard features in the EHR services that are being evaluated for implementation. LHS has had the opportunity to work closely with the Heart of Florida to obtain more information about E-Clinical Works. The Heart of Florida transitioned from Greenway Success EHS to E-Clinical Works about a year ago. This would be the same transition for LHS. Staff members from the Heart of Florida have worked with the LHS leadership team to provide demonstrations of this EHR, as well as allowed staff to have a "Question and Answer" session to obtain details about the transition. LHS anticipates the implementation of the new EHR in September 2018.

With the corrective actions and implementation of the Care Coordination team, LHS saw compliance improvements from 2016 to 2017 in almost all UDS measures (see below) and many HEDIS measures. It is anticipated that the continued development of the Care Coordination team and implementation of a different EHR will allow LHS to persist in reaching targets for QI measure compliance throughout 2018 and 2019.

| UDS Quality of Care Measures | 2017 Compliance | 2016 Compliance |
|---|----------------------|-----------------|
| Timely Routine and Preventive Care | | |
| Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to 12/31) | 9% | 3% |
| Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer | 41% | 24% |
| Children and adolescents aged 3-17 during measurement year (on or prior to 12/31) with a BMI percentile documented, and counseling on nutrition (not just diet) and physical activity (not just exercise) documented for the current year | 50% | 38% |
| Patients aged 18 and over with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight | 64% | 29% |
| Patients aged 18 and over who (1) were screened for tobacco use one or more times in the measurement year or the year prior and (2) for those found to be a tobacco user, received cessation counseling, intervention, or medication | 77% | 81% |
| Patients aged 5-40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan | 97% | 32% |
| Patients aged 18 and over with a diagnosis of CAD who were prescribed a lipid lowering therapy | 87% | 66% |
| Patients aged 18 and over with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy | 77% | 70% |
| Patients aged 51-74 years of age during measurement year (on or prior to 12/31) with appropriate screening for colorectal cancer | 27% | 22% |
| Patients whose first ever HIV diagnosis was made by health center staff between 10/1 of the prior year and 9/30 of measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis | 0 patients diagnosed | 0 pts diagnosed |
| Patients aged 12 and over who were (1) screened for depression with a standardized tool and if screening was positive (2) had follow-up plan documented | 45% | 45% |
| Children aged 6-9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar | 48% | 38% |
| Measureable Process Outcomes | | |
| Patients ages 18 + with Controlled Hypertension (Blood pressure 140/90 or less with medications) | 51% | 54% |
| Diabetic Patients with Controlled HbA1c- Patients ages 18 - 75 with hemoglobin A1c >9% | 34% | 51% |