

azara
USER CONFERENCE
APR 30–MAY 2
BOSTON, MA 2024

From Stem to
Stern: Cultivating
Quality and
Excellence



Today's Presenters



Stephanie Jeffery
Vice-President and Chief Quality
Officer
Valley Professionals Community
Health Center



Ashby Wilcox
Director of Quality and
Community Resources
Valley Professionals Community
Health Center

Agenda



WHO WE ARE

History of Valley Professionals Community Health Center (VPCHC)



BUILDING A CULTURE OF QUALITY

Getting Started



STAFF ENGAGEMENT

Education, Incentives, Competitions



IMPROVEMENT AND OUTCOMES

Azara Tools Utilized, Standardizations Practices, Accomplishments



Valley Professionals Community Health Center



Valley Professionals Community Health Center provides **comprehensive and integrated health care** for all individuals and families while **promoting health education** opportunities for the community, students, and health care professionals. We are committed to **improving access** to comprehensive **quality health care** and enhancing the **overall well-being** of our communities.

Compassion

Accountability

Respect

Teamwork

Quality





Valley Professionals Community Health Center



2008
Clinton



2012
Mobile School-
Based Health
Center



2015
N Terre Haute



2017
Rockville



Early 2022
W Terre Haute



Cayuga
2009



Bloomington
2013



Crawfordsville
2015

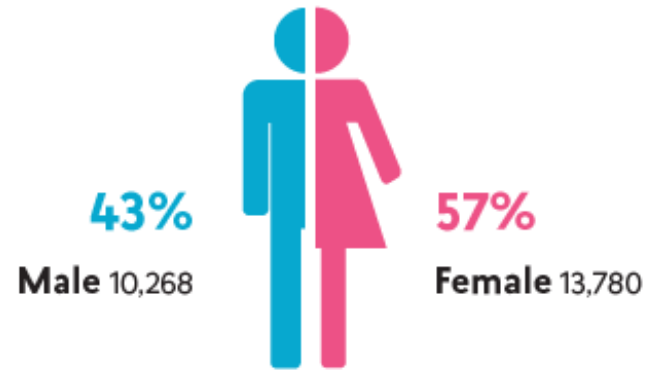


S Terre Haute
2021

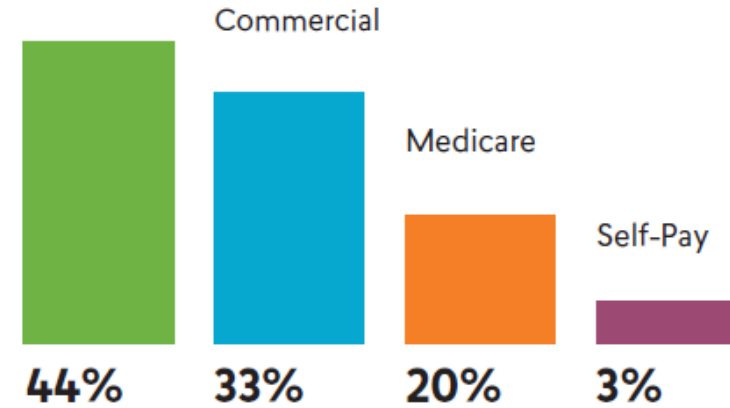


Populations Served

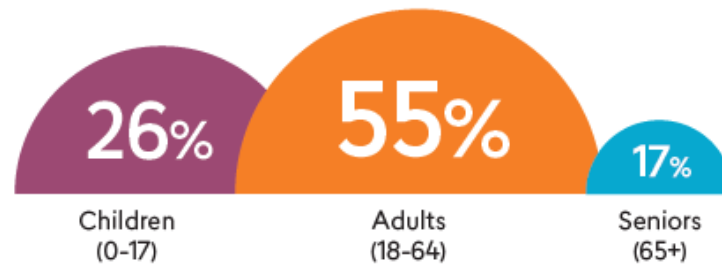
Patient Gender



Medicaid

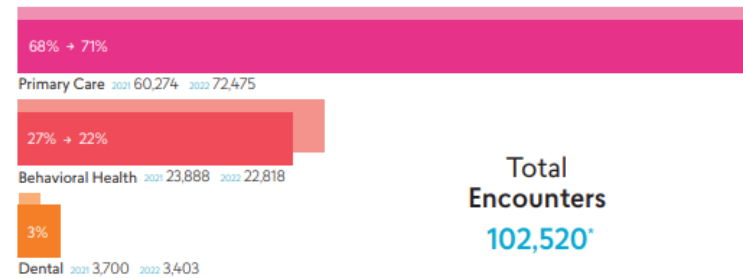


Patient Age



Patient Visits by Service Type

2021 → 2022



Total
Encounters
102,520*

Building a Culture of Quality

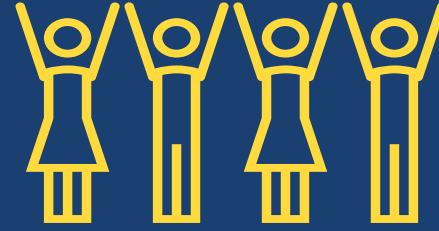
Leadership Buy-in

Data: Then & Now

Staff Engagement

Team Approach to Care

Leadership Buy In



Quality department evolution

PCMH helped set the QI stage

Dedicated QI Manager identified as a need
Reporting Structure with the **end** in mind

Senior Leadership team buy in

Ongoing communication

Staff Culture





Data....Then

- Azara-Initially brought in as a tool for Quality
- EMR hosted formally by local hospital
- Had to request reports, with no ability to validate
- Reports had poor CQM Alignment
- Provider level data only
- Staff recognized the data was not creditable but no way to validate

The Quality Department needed a better solution.

And Now.....

- As the department grew, so did the user of DRVS
- QI Team began to use in ways applicable to their respective positions:
- Specialty, UDS, Pop Health, validation, etc.
- Providers became more interested in performance

Current State:

- On-demand reports
- Data validation schedule
- Reports include CQM, operational, SDoH, referrals, transitions of care, etc.
- Data rich environment
- 3 DRVS Implementations



Investments in the QI Department



Quality Department of One:



2024 Quality Department



Stephanie Jeffery



Chief Quality Officer

The Quality Team

Ashby Wilcox



Director of Quality & Community Resources

Jade Zollars



Team Lead & Quality Improvement Coordinator

Chelsea Bridges



Population Health Coordinator

Chelsea Tolley



Quality Specialist

Lisa Ray



Quality Data Analyst

Samantha Godfrey



Quality Improvement Assistant

Milosh



Chief K-9 Officer

Next Meeting: April 9th at 12pm

Email: Staffquality@vpchc.org

 Valley Professionals
Community Health Center

Engaging Staff in QI and Data



Staff Engagement



**Incentive
Mini competitions**



**Quality Week-
appreciation- Games,
Lunch, Quality Gift**



**Tournament-
Site/Service line
competitions**



**Meetings- Quality all
staff meeting- Bingo-
QA- lunch on us,
provider 1:1-
overview**

Team Approach To Care

Everything centers
around the patient
and the core team
– **No siloed care**



Quality Meetings- Data Sharing

- Quarterly all staff quality meetings
- Give quality a platform to share successes, share trends across sites, and staff education



Agenda



- Introduction
- 5 Year Quality Lookback
- 2024 Quality Measure Updates
- Behavioral Health Services
- HCC Service Recovery/DO It Form Location
- Outreach Campaign Reports
- Referral Management
- 2023 Quality Tournament Wrap Up
- 2024 Quality Tournament Introduction
- Quarter 4 2023 Patient Satisfaction
- Patient Shout Outs
- Trivia



Agenda

- Introduction
- Patient Centered Medical Home
- Patient Satisfaction
- Referral Management
- Mini QI Projects
- Quality Tournament
- Lunch On Us
- Break out Sessions

One on One Provider Meetings

Azara Tools

- Custom Score Cards
- Noncompliant (gap) lists
- No show Rates
- Referral Management
- POC Report

MEETING DATE: _____

PROVIDER: _____

PROVIDER MEASURES MET: _____ / _____

SITE MEASURES MET: _____ / _____

2ND SITE MEASURES MET: _____ / _____

MONTHLY FOCUS (PICK 2): _____

ACHIEVEMENT PLAN: _____

GAP LIST REQUESTED: _____

MEETING LOCATION: _____

MEETING TIME: _____

NO SHOW RATE: _____%

PEER REVIEW SCORE: _____%

PATIENT SATISFACTION SCORE: _____%

CONTROLLED SUBSTANCE COMPLIANCE: _____%

REFERRALS:

OPEN: _____

OLDER THAN 6 MONTHS: _____

INITIAL AS REVIEWED BELOW:

CURRENT SCORECARD: _____

PEER REVIEW: _____

PATIENT SATISFACTION: _____

NO SHOWS: _____

SIGNATURES

PROVIDER: _____

QUALITY STAFF: _____

Pre-Visit Planning Tool



PVP



CMP



Reports



Dashboards



Measures



Registries



Admin

5:23 AM Tuesday, January 9, 2024

Visit Reason: **Physical Canceled**

Filo, Earlean

MRN: 1100145

DOB: 5/15/1997 (26)

Sex at Birth: M (he/him/his)

GI: Transgender Female/ Male-to-Female

SO: Choose not to disclose

Phone: 978-177-

6533

Lang: Portuguese

Risk: Low (20)

Portal Access: 08/03/2022

Cohorts: Adults Sys > 110, Positive
FIT Test - Colonoscopy Needed +
Language

PCP: Augustine,

Greg

Payer: BCBS

CM: Kevin Fairley

DIAGNOSES (5)

CAD Cancer Depression
HCV HIV

RISK FACTORS (2)

ANTICOAG SMI

SDOH (4)

ISOLATION MIGRANT RACE
UTILITY

RAF GAPS DIAGNOSIS CATEGORIES (0)

ALERT	MESSAGE	DATE	RESULT	OWNER
Depression Screen	Overdue	8/3/2022	Negative	MA
Tobacco Scr	Overdue	8/3/2022	N	MA
BMI & FU	Overdue			Provider
BP	Overdue	8/3/2022	121/72	

OPEN REFERRAL W/O RESULT	SPECIALIST/LOCATION	ORDERED DATE	APPT. DATE
Open	Ellen Bell / Burlington	1/28/2024	2/17/2024
Open	Ellen Bell / Burlington	1/28/2024	2/24/2024


5:23 AM Tuesday, January 9, 2024

Visit Reason: **Injury Canceled**

Provider Scorecards

VPCHC 2023 Clinical Measures

Run on 1/8/2024 8:02:17 AM



VPCHC Crawfordsville

MEASURE	RESULT	CHANGE	TARGET	NUMERATOR	DENOMINATOR	TO TARGET
① Tobacco Use: Screening and Cessation (CMS 138v11)	99.2%	+ 0.8% ▲	90.0%	1,432	1,444	0
① Substance Use Screening and Intervention Composite (NQF 2597 Modified)	93.6%	- 1.1% ▼	90.0%	1,356	1,448	0
① BMI Screening and Follow-Up 18+ Years (CMS 69v11)	97.0%	- 2.1% ▼	90.0%	1,784	1,840	0
① Colorectal Cancer Screening (CMS 130v11)	40.2%	- 1.7% ▼	60.0%	335	833	165
① Breast Cancer Screening Ages 50-74 (CMS 125v11)	62.8%	- 0.7% ▼	65.0%	240	382	9
① Cervical Cancer Screening (CMS 124v11)	58.0%	- 4.4% ▼	60.0%	415	715	14
① Screening for Depression and Follow-Up Plan (CMS 2v12)	76.5%	- 5.9% ▼	75.0%	962	1,258	0
① Depression Remission at Twelve Months (CMS 159v11)	9.0%	- 0.4% ▼	15.0%	16	177	11
① HIV Screening (CMS 349v4)	20.3%	- 0.1% ▼	25.0%	351	1,726	81
① Medicare Annual Well Visit	33.4%	- 5.7% ▼	55.0%	112	335	73
① Falls Screening for Future Fall Risk (CMS 139v12)	82.5%	+ 0.3% ▲	90.0%	226	274	21
① Pneumococcal Vaccination Status for Older Adults (CMS127v10)	64.3%	+ 7.9% ▲	75.0%	160	249	27
① Well-Child Care Visits (0-15 months)	45.7%	+ 20.1% ▲	60.0%	16	35	5
① Childhood Immunization Status (CMS 117v11)	16.7%	- 3.3% ▼	30.0%	5	30	4
① Lead Screening	50.0%	+ 5.1% ▲	55.0%	15	30	2
① Well-Child Care Visits (3-6 Yrs)	78.3%	- 2.9% ▼	75.0%	141	180	0
① Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v11)	97.1%	- 0.3% ▼	90.0%	668	688	0
① Well-Child Care Visits (12-21 Yrs)	62.6%	+ 2.3% ▲	50.0%	283	452	0
① Adolescent Immunizations	32.7%	+ 6.8% ▲	30.0%	17	52	0

Data for Behavioral Health



VPCHC 2024 Behavioral Health

Run on 1/10/2024 9:48:01 AM



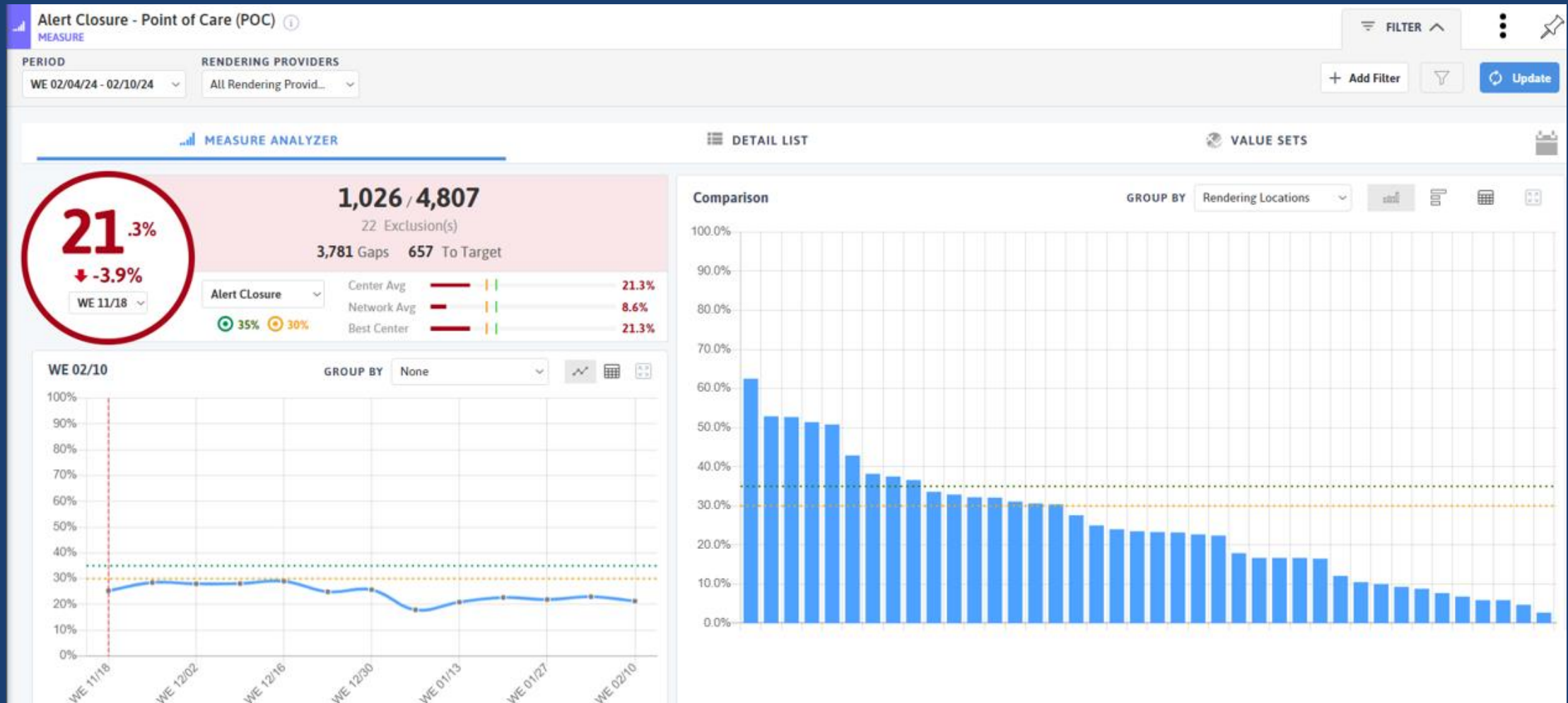
Bloomington



MEASURE	RESULT	CHANGE	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS	TO TARGET
① Post-Traumatic Stress Disorder (PTSD) Screening after Positive ACE Screening	95.2%	+ 2.6% ▲	85.0%	40	42	0	0
① Mental Health Screen for Children & Adolescents	89.9%	+ 7.8% ▲	70.0%	62	69	0	0
① Adverse Childhood Experience (ACE) Screening	97.8%	+ 0.4% ▲	85.0%	91	93	0	0
① Depression Remission at Twelve Months (CMS 159v11)	15.8%	- 34.2% ▼	25.0%	6	38	10	4
① Depression Screen - Adolescents with Depression	95.7%	+ 4.0% ▲	85.0%	22	23	0	0
① Depression Screen - Adults with Depression	97.1%	+ 0.4% ▲	88.0%	66	68	8	0
① Anxiety Screening for Adults with Anxiety Diagnosis	91.3%	- 0.6% ▼	85.0%	84	92	0	0

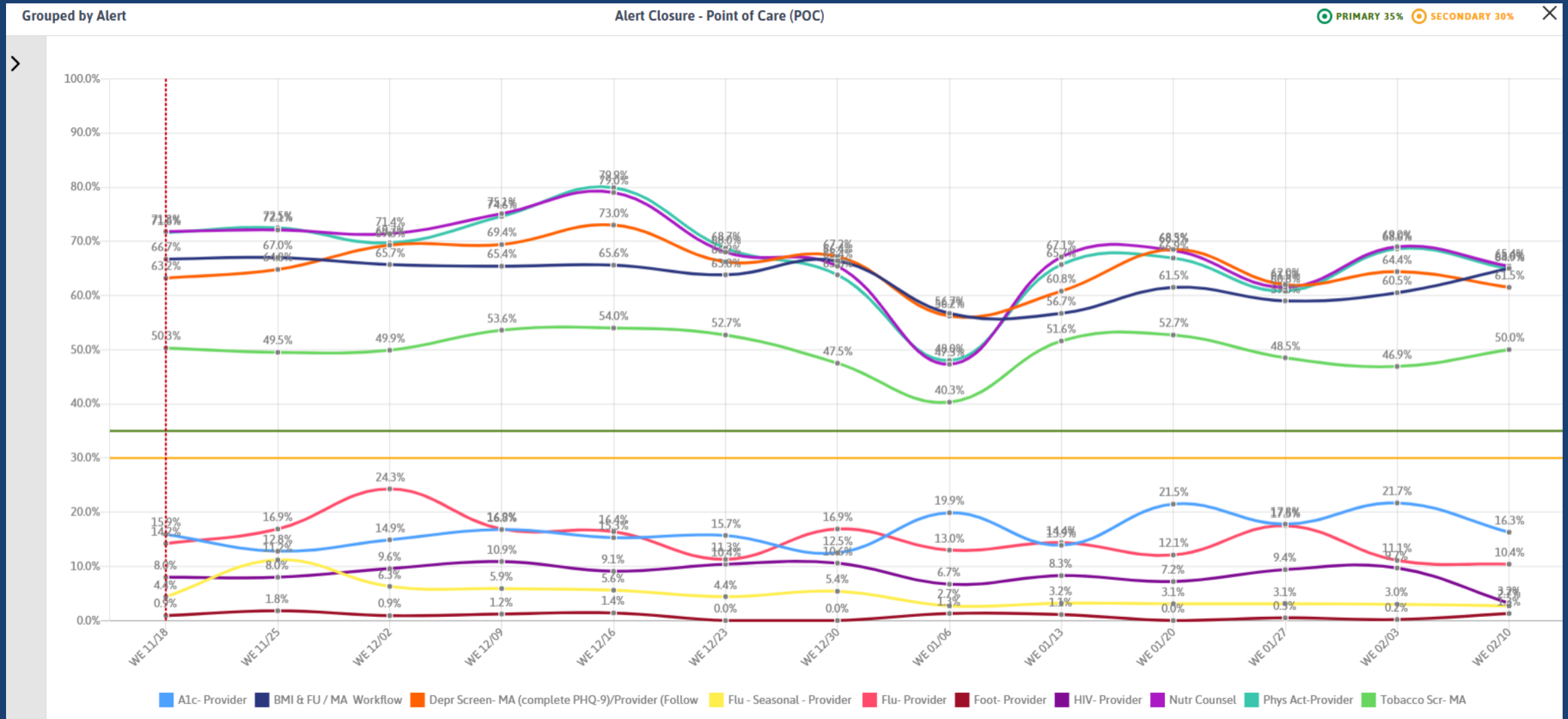
Alert Closure - Point of Care (POC)

Comparison - By Locations



Alert Closure - Point of Care (POC)

Filter by alert type



Friendly Competition!





2024 Quality Tournament



Game Rules:

1 point is given for each measure at goal or above on the site's scorecard for Primary Care, Behavioral Health, and Psychiatry.



Introducing..
DJ T.J.



Prizes



Trophy



Catered Lunch



Custom T-Shirt



Valley Professionals
Community Health Center

Provider tournaments



March Madness – Mini QI Competition

It isn't the hours you put in, but what you put in the hours.

Quarter one VPCHC quality incentive EVENT has begun!

For the Month of MARCH each dept will have a goal for the month and the winner or winners will be given an awesome prize for being the top performers.

The following slides will break down the rules of the



Standardizing Workflows



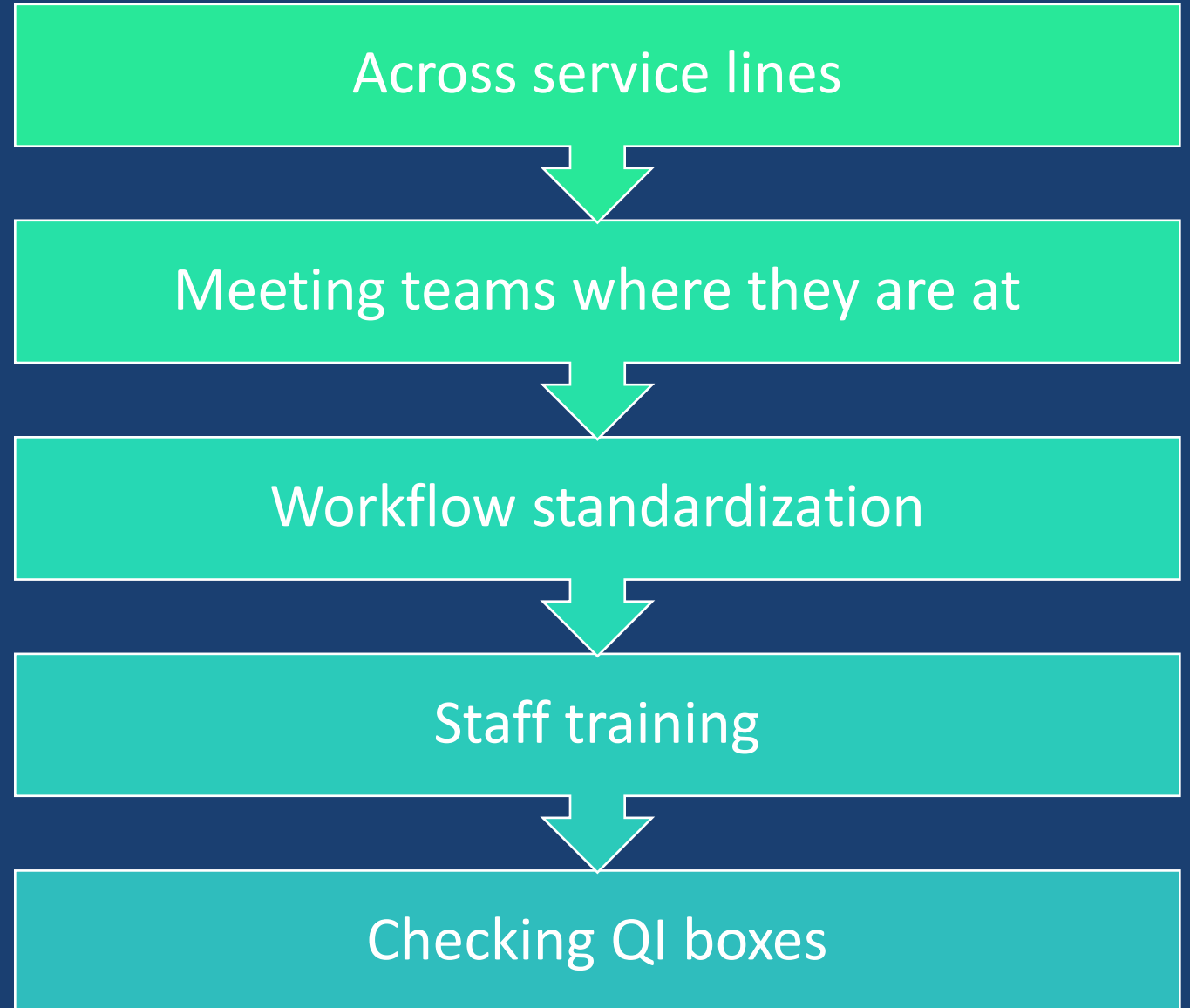
Improvements
and
Outcomes

Standardization

Recognition

Outcomes

Quality Patient Care as a Priority



Staff Training

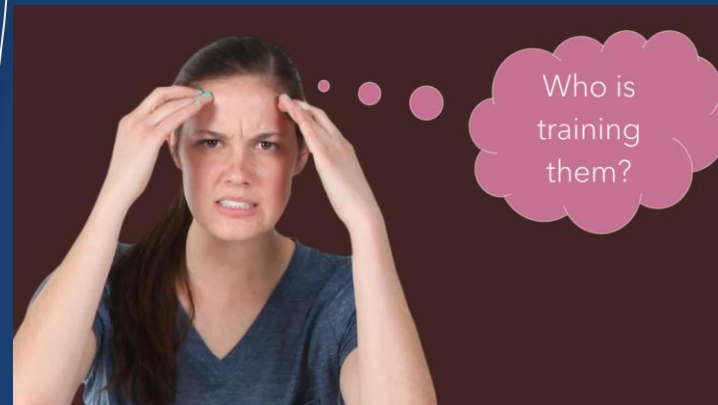
PROPOSAL



Re-education current staff
Implement Quality
Competency Assessment



Create a training program to
have influence on **who** is
doing the training and **what**
they are educating on.



Development of Standardized Workflows

BMI Screening Follow Up 18+

Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit **and** when the BMI is outside of the normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit.

Note: normal BMI is greater than or equal to 18.5 and less than 25



Exclusions:

*Patients who are pregnant during the measurement period.

* Must have Height, Weight, BMI, and Counseling to count.

Patients with:

*A documented BMI (not just height or weight) during their most recent visit in the measurement period **or** during the previous 12 months of that visit, **and**

*When the BMI is outside of normal parameters, a follow up plan is documented during the visit or during the previous 12 months of the current visit.

Note: Follow up plan is defined as nutrition and physical activity counseling completed in Prevention section of visit.

Development of Standardized Workflows

Satisfy BMI Screening and Follow UP 18+ Years

Under PLAN: Preventative Medicine

1

Symptom
<input checked="" type="checkbox"/> Social Determinants of Health
<input checked="" type="checkbox"/> Healthy Living Goal Sheet
<input checked="" type="checkbox"/> Nutrition and Physical Activity Counseling

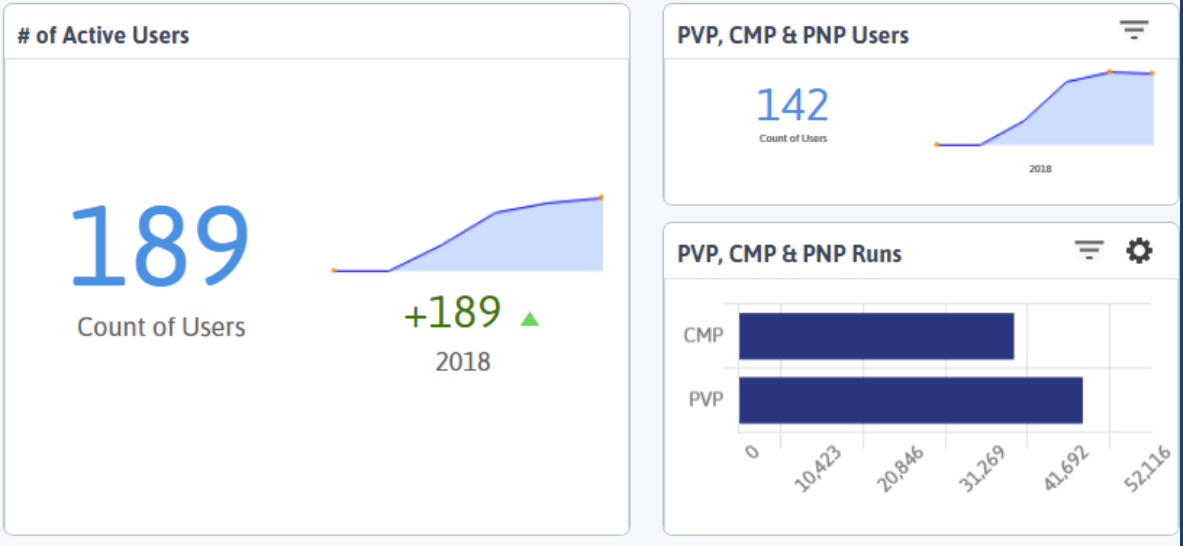
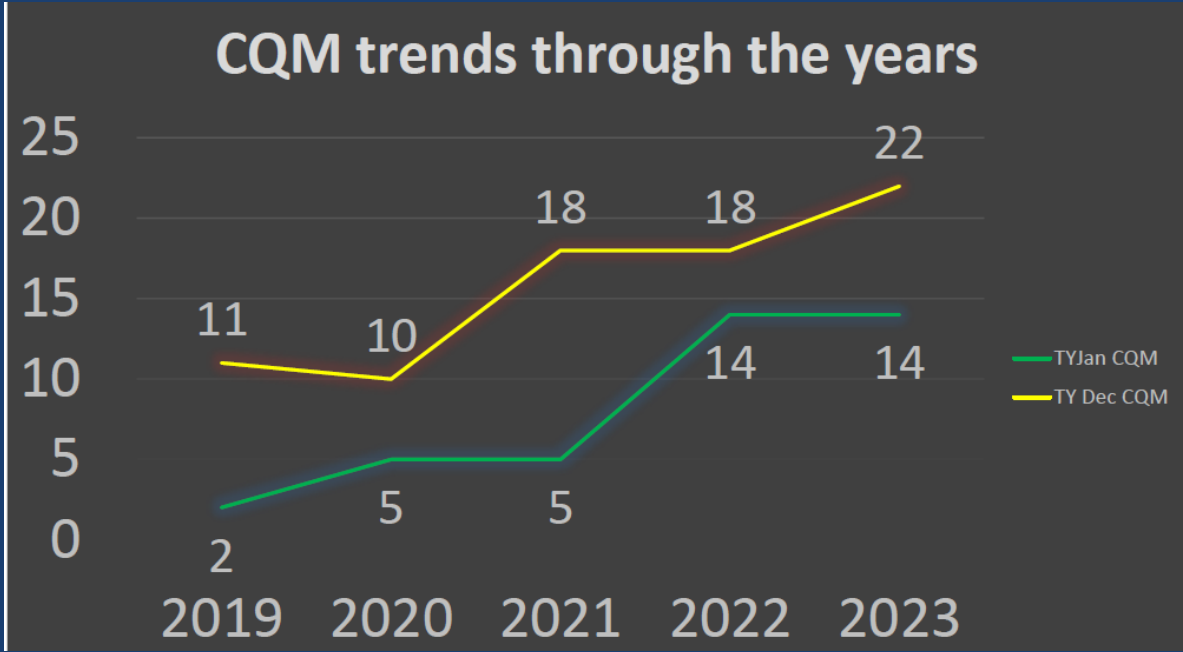
2

Name	Value
<input type="checkbox"/> Patient was counseled on screen time and ...	Yes ▼ x
<input type="checkbox"/> Counseling Provided on	02/27/2019 x
<input type="checkbox"/> Intervention	Self-Management Goal ▼ x



What the difference Between Adults and Children BMI screening and Follow UP??
Adults Documented Counseling and Nutrition education is to be completed when BMI is out of range. In Children BMI must be completed on every child regardless of BMI.





Celebrate your wins!

Team Building



Humanizing Leadership

- All members of the team including senior leadership
- Made by Hand for Each Location
- Bearded Lady
- Ringmaster



YOU ARE CORDIALLY INVITED TO ATTEND A MYSTERY
PARTY...



TikTok
@ashbywilcox533

Quality Tournaments

- Traveling Trophy
- Where do I stand in comparison to my peers

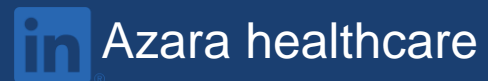


The Outcomes

- Community Health Quality Recognition (CHQR) badges
 - 2023 National Quality Leader in Heart Health
 - 2023 Health Center Quality Leader
- Million Hearts Hypertension Control Champions – 2020, 2022, 2023
- Patient-Centered Medical Home Recognition with Distinction in Behavioral Health Integration – 2013 to current
- Payor – P4P
- ACO/Shared Savings



Questions?



Achieve, Celebrate, Engage!

ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!



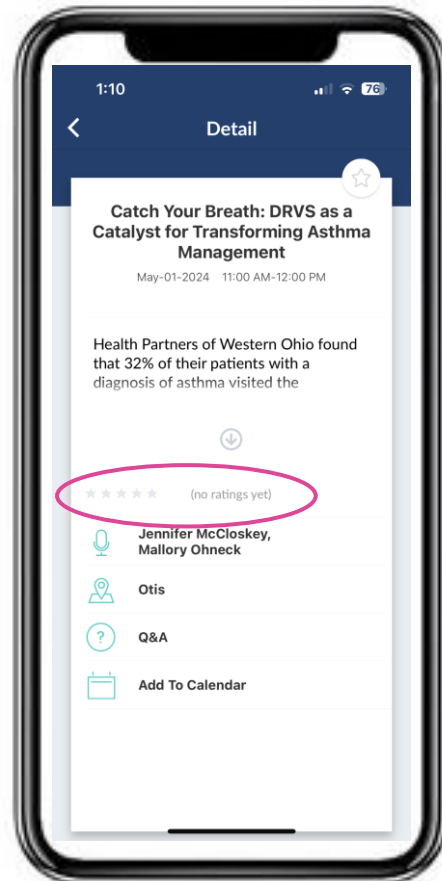
Submit your success story by completing the form [at this link](#) or scan our QR code:

See this year's ACE posters in the Ballroom Foyer!



We Want to Hear From You!

Click on the session from your agenda in the conference app.
Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy



Rate the session and
the speaker(s)



Provide brief
feedback or ideas



Help us continue to
improve

Thanks for attending!

