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

Navigating the Continuum

Enhancing Transitions of Care

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Introduction

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Purpose

- Discuss utilization of health information exchange of admission, discharge, and treatment (ADT) data to elevate patient outcomes across FQHCs in LA
- Optimize use of population health data in aiming to decrease ED/IP visits, which in turn will reduce costs and enhance patient outcomes for preventative care
- Review Methods and Tools to optimize ED/IP Data to Improving Patient Quality Outcomes
- Describe Next Step plans in increasing usage of TOC module in DRVS to LA FQHCs

Learning Objectives

Continuity of Care

- Quintuple Aim
- Value-Based Care

LA Healthcare & FQHCs

- Healthcare Desserts
- Maps

DRVS TOC Module

- Tools (Care Team Level)
- Tools (Network Level)

Louisiana Primary Care Association

The Louisiana Primary Care Association proudly serves as the voice of Louisiana's Community Health Centers.

Established in 1982 as a non-profit organization, the Louisiana Primary Care Association, Inc. (LPCA) promotes accessible, affordable, quality primary healthcare services for the uninsured and medically underserved populations in Louisiana.

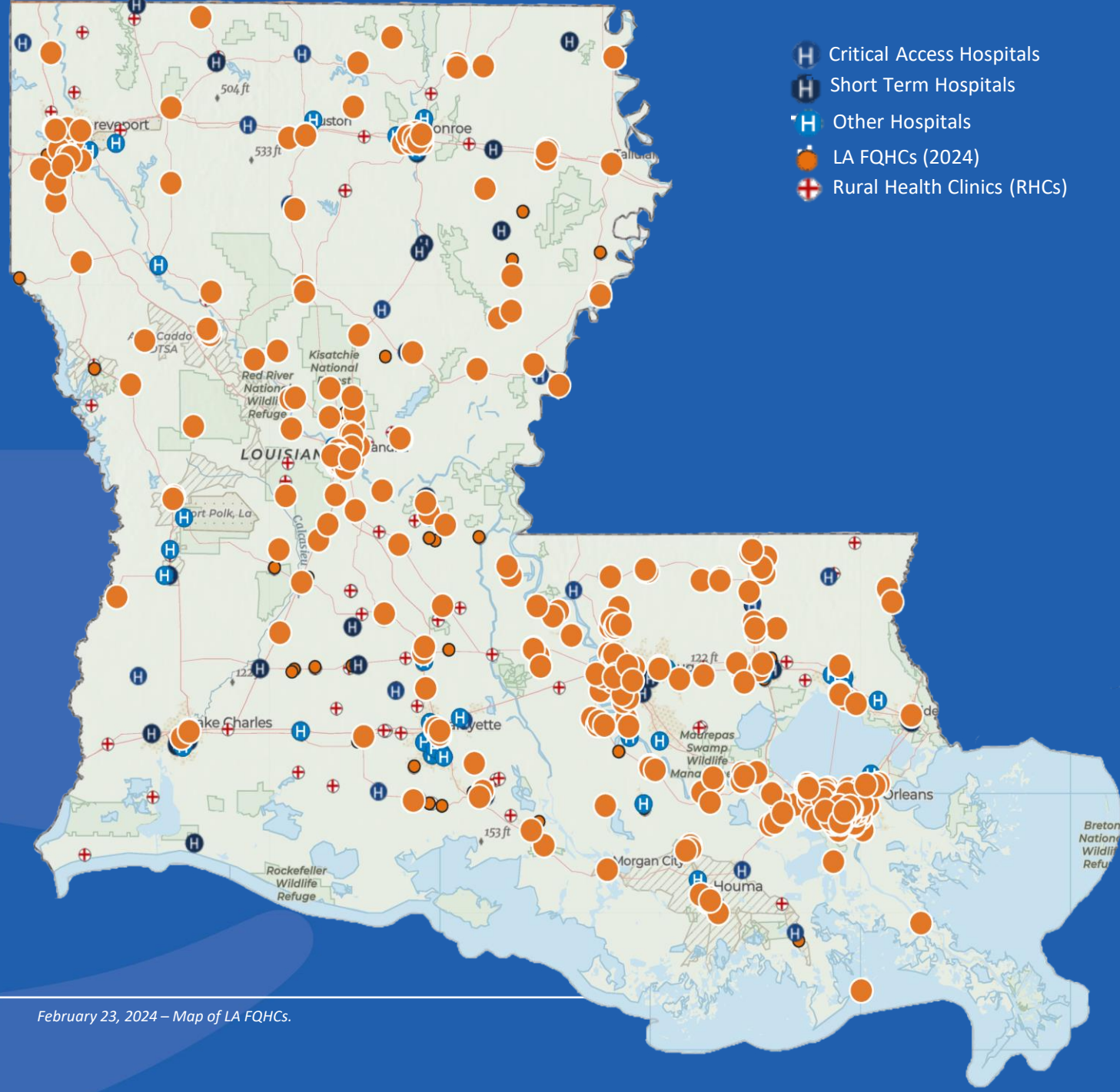
It is a membership organization of Federally Qualified Health Centers (FQHCs) and supporters committed to the goal of achieving healthcare access for all.

LPCA Serves as the leading statewide advocacy organization in support of community-based health centers and works to stress the importance of healthcare access as the foundation to building healthier communities.

LPCA

Direct efforts to ensure health centers remain viable providers of primary healthcare throughout the state & valuable partners in comprehensive healthcare delivery systems.

LA's network of health centers seek to positively influence health care policy & serve as a safety net for LA's healthcare system.



February 23, 2024 – Map of LA FQHCs.

Louisiana Primary Care Association

Continuity of Care

Navigating the Continuum

Continuity of Care: quality of care over time – cooperatively involved in ongoing health care management toward shared goal of high quality, cost-effective medical care

Quintuple Aim:

Vital Objectives:

(1) Elevating patient experience

(2) Advancing population health

(3) Managing costs

(4) Promoting equity

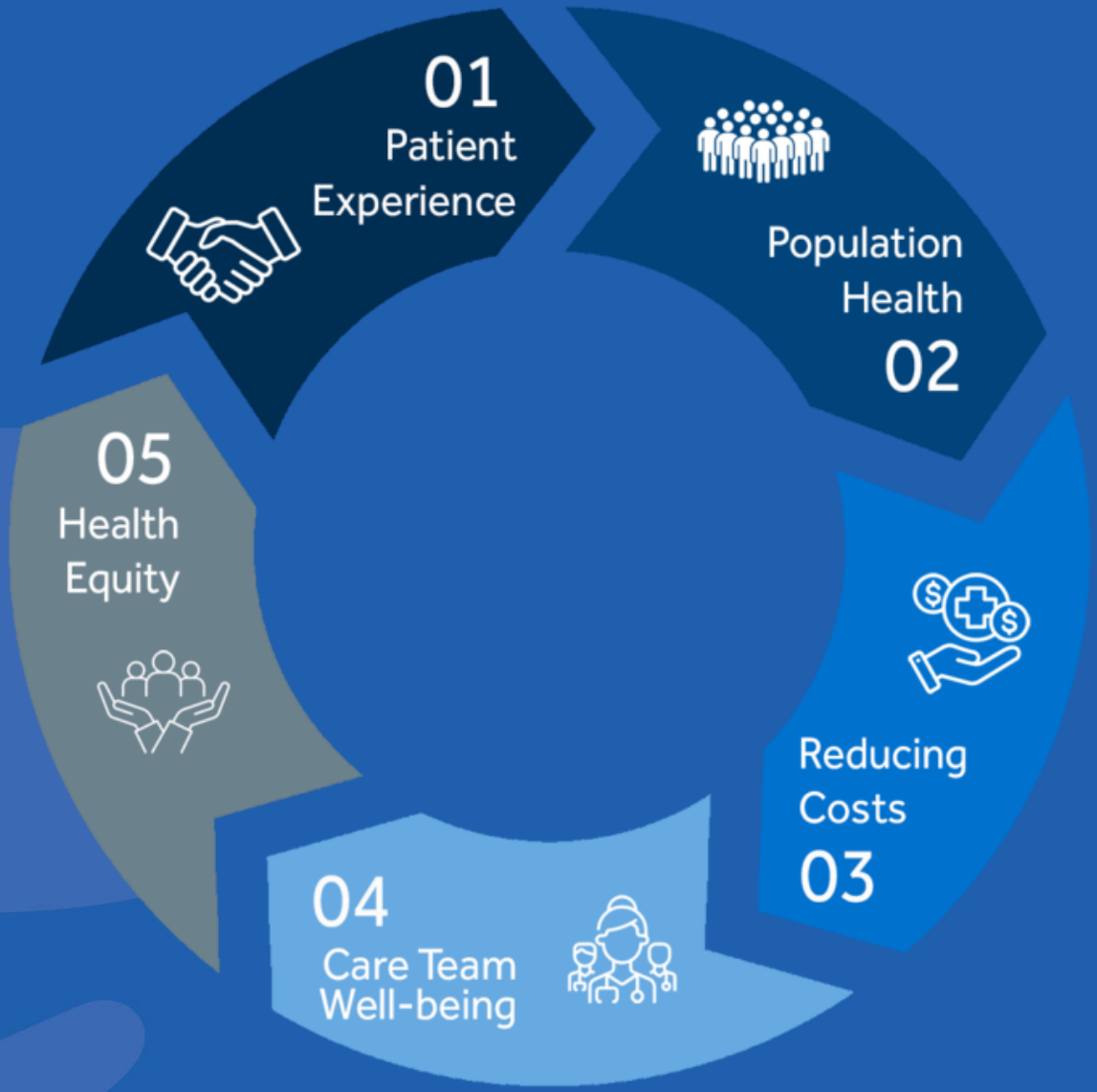
(5) Cultivating favorable work environment for healthcare providers

Navigating the Continuum

Value-Based Care Model – focuses on quality (*value*), provider performance (*care*), and patient experience (*outcome*)

Aim becomes more critical as it aligns core principles and goals of the value-based care models

Meet the 5 Dimensions → VBC Models create a *more* sustainable healthcare system



Navigating the Continuum

LPHI (formerly GNOHIE) - PelEx Collaboration

Foundationally cultivated of FQHCs in New Orleans metro region to promote care coordination and access to primary care post Hurricane Katrina

Hospital Utilization Data Exchange / Reports

EMR Integration & Notifications

Expanding – transmit ADT data

- LA FQHCs sit on the Board for PelEx (5/9)
- + Executive Director
- FQHC Membership = 21/41 (50%)

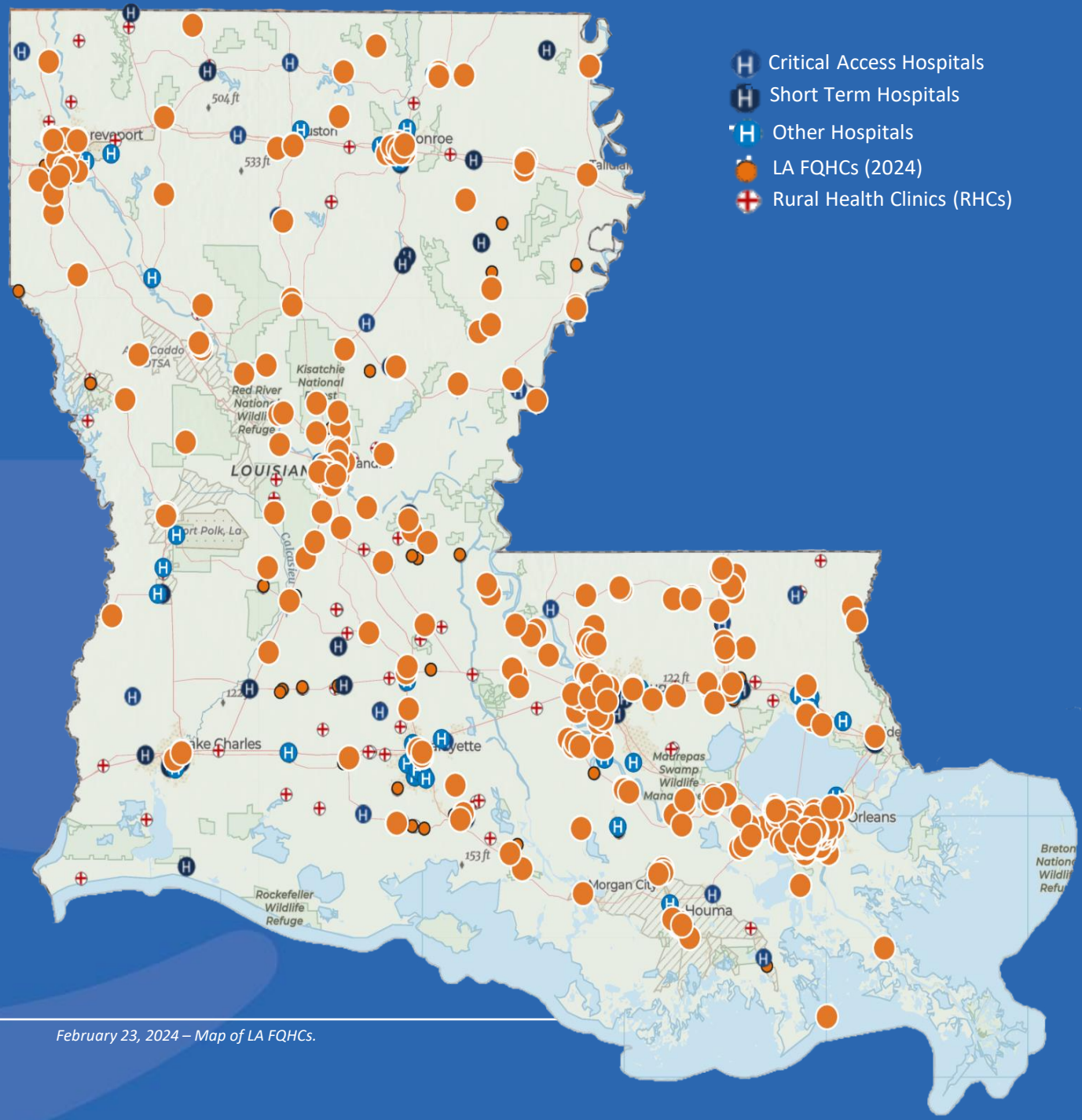
PelEX
A Health Information Exchange for All

LA FQHC's 2024

41 Member FQHCs

- 400+ Satellite Clinics
- ~500,000 patients (*UDS 2022*)

Designed around the model to reduce financial vulnerability of rural hospitals and improve healthcare accessibility for **essential services** in rural communities



February 23, 2024 – Map of LA FQHCs.

Deserts in LA

Maternity Health

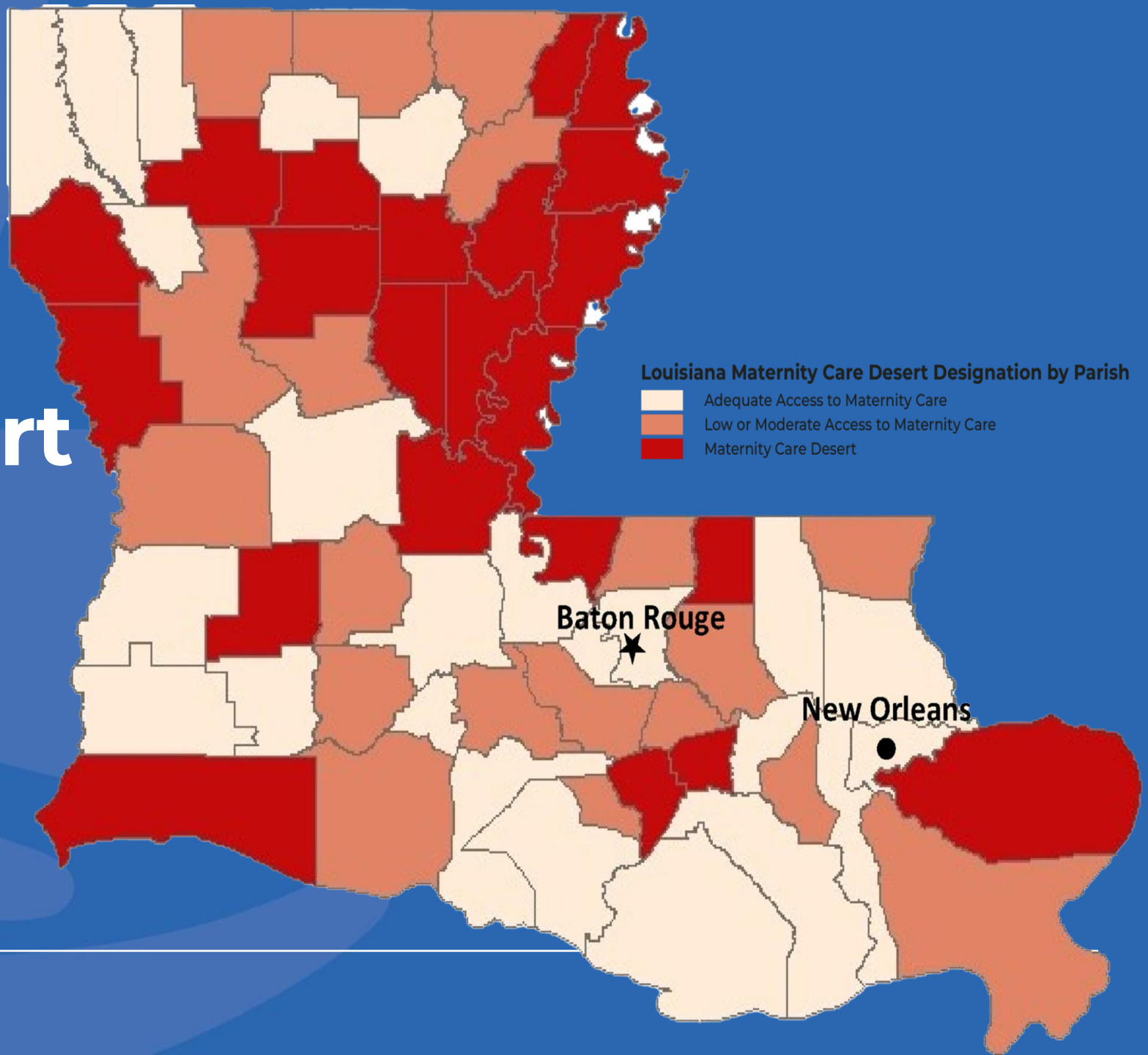
Rural vs. Urban

Healthcare Deserts

Cancer Alley

Maternity Desert

Where we stand



Maternal Care Desert Health Statistics

In Louisiana, **26.6%** of parishes are defined as maternity care deserts compared to **32.6%** of counties in the U.S. overall.

12.1% of women in Louisiana had no birthing hospital within 30 minutes.

In rural areas across Louisiana, **39.5%** of women live over 30 minutes from a birthing hospital compared to **10.9%** of women living in urban areas.

Women living in maternity care deserts traveled **3.6** times farther than women living in areas with full access to maternity care in Louisiana.

3.3% of BIPOC did not receive PNC in areas of high poverty.

Among BIPOC, those living in areas of high poverty have a **16%** increased likelihood of inadequate PNC when compared to those living in areas of low poverty.

Black women living in areas of high poverty are **1.2** times more likely to receive inadequate PNC compared to those in areas of low poverty.

Actively Pregnant

912

Pts w/ UDS Qualifying Enc

High Risk Pregnancy

298

Pts w/ UDS Qualifying Enc

Early Entry Into Prenatal Care

32%

% of Eps Entering Prenatal Program in T1

PRIMARY 80%

TOC - ED Episode

CENTERS	DENOMINATOR
Access Health Louisiana	3
DePaul Community Health Center	1

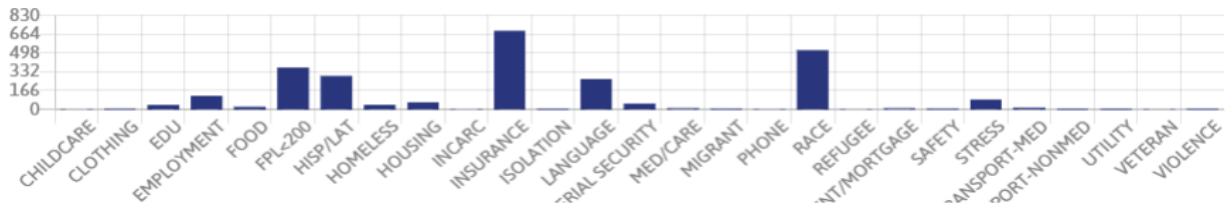
Depression Screening

78.4%

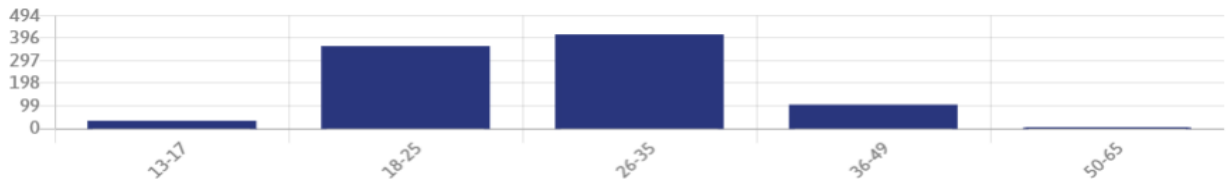
% Pts w/ Depression Screening & Follow-Up

PRIMARY 80%

SDOH



Pregnancy by Age



Pregnancy by Race

RACES	NUMERATOR
American Indian/Alaska Native	18
Black/African American	480
More than One Race	40
Other Asian	5
Other Pacific Islander	5
Unreported/Choose Not to Disclose Race	91
White	273

High Risk Pregnancy by Center

CENTERS	NUMERATOR
Access Health Louisiana	4
Baton Rouge Primary Care Collaborative, Inc.	5
CareSouth (Capitol City Family Health Center)	6
DePaul Community Health Center	73
HAART, Open Health Care Clinic	3
Iberia Comprehensive Community Health	15

High Risk Pregnancy by Race

RACES	NUMERATOR
American Indian/Alaska Native	7
Black/African American	186
More than One Race	15
Other Asian	1
Other Pacific Islander	2
Unreported/Choose Not to Disclose Race	13
White	74

Financial Class

UDS FINANCIAL CLASSES	NUMERATOR
Dual Eligible Medicare and Medicaid	1
Medicaid	225
Medicare	2
Private Insurance	44
Uninsured	11
Unmapped	16

Maternal & Child Health

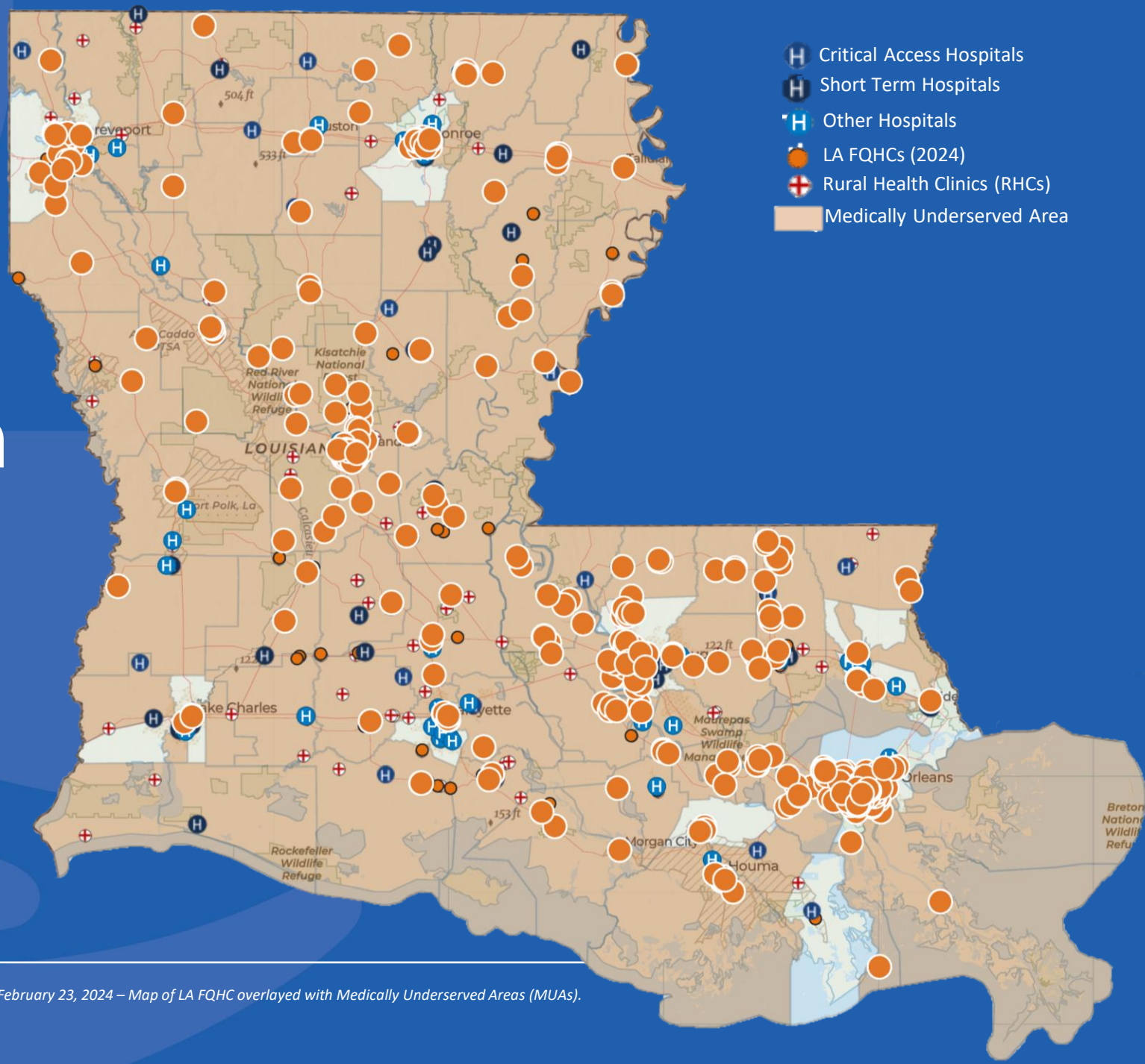
MEASURE	RESULT	NUM	DENOM	EXCL	GAP	2TGT
Early Entry Into Prenatal Care	32.0%	364	1,139	0	775	553
Low Birth Weight - UDS 7a	6.9%	12	174	16	12	0
Child Weight Assessment (CMS155v11)	77.8%	32,684	42,029	85	9,345	0
Childhood Immunization Status (CMS117v11)	15.3%	181	1,181	1	1,000	764

Maternal Health – Transitions of Care

DRVS Dashboard

Rural vs. Urban

Serve the underserved



February 23, 2024 – Map of LA FQHC overlayed with Medically Underserved Areas (MUAs).

Louisiana Primary Care Association

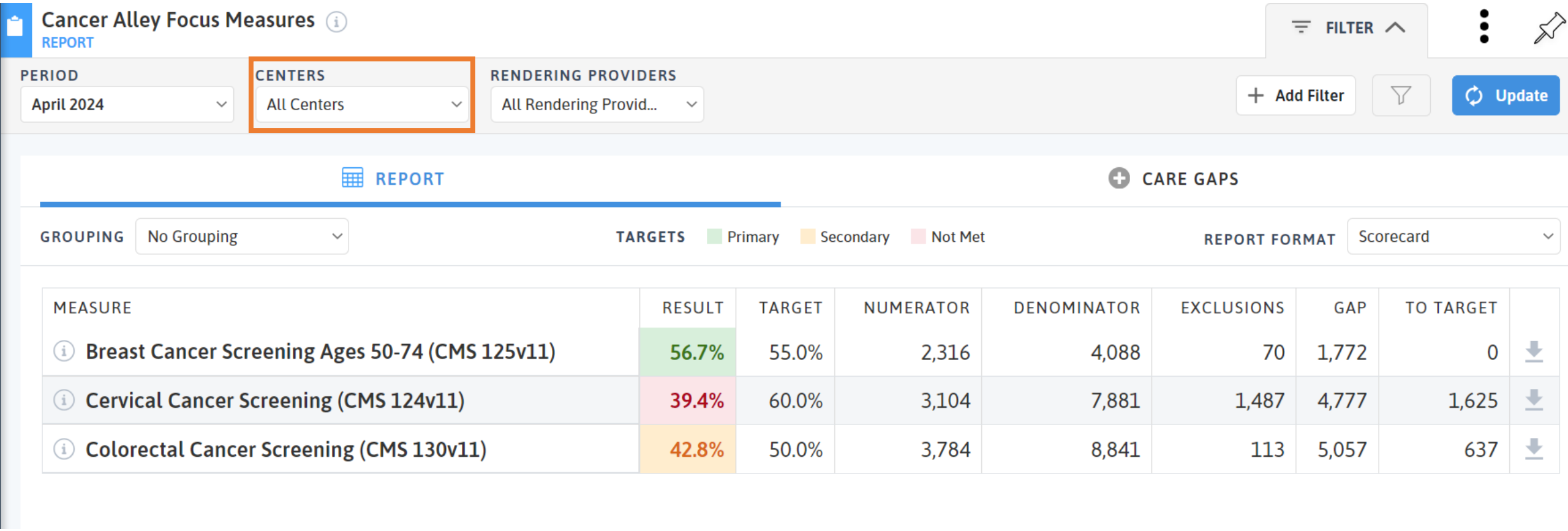
Cancer Alley – Facts & Statistics

Identified as a problem in the 1980s, Cancer Alley is the regional nickname given to an 85-mile stretch of land along the Mississippi River between Baton Rouge and New Orleans in the River Parishes of Louisiana, which contains over **200** petrochemical plants and refineries.

About **50** toxic chemicals pollute the air along the industrial stretch from New Orleans to Baton Rouge.

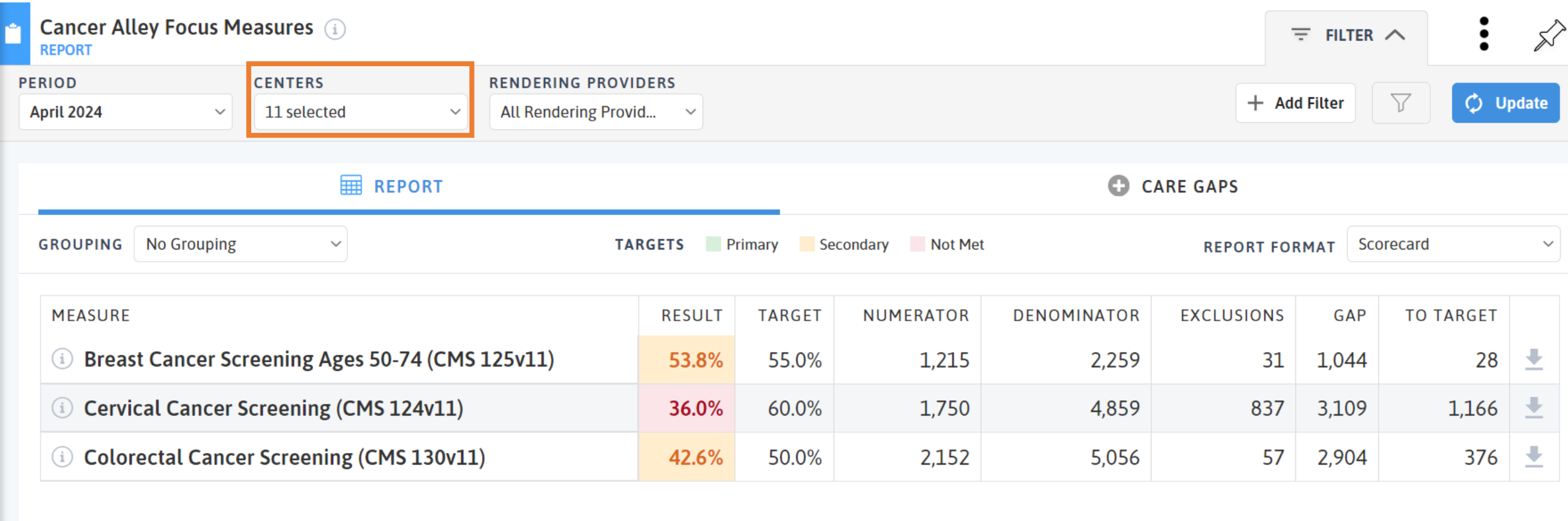
As of **2003**, the area accounted for a quarter of the nation's petrochemical production. What is not coincidental is the proximity of these plants to neighborhoods where most residents are African-American.

In the Alley, there are higher than average rates of those who have suffered and died from cancer, diabetes, and respiratory diseases. The risk of cancer in the corridor is **95%** higher than in most of the country



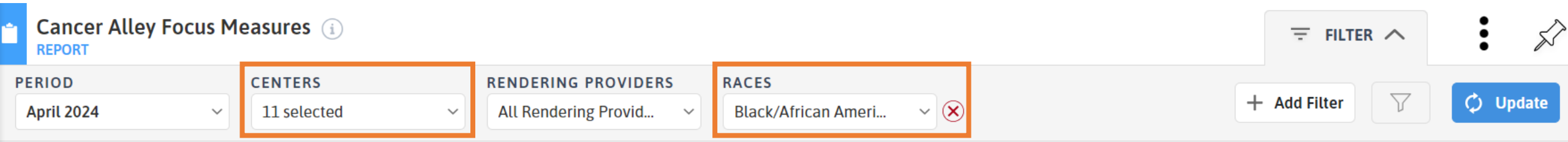
Cancer Screening – Transitions of Care

DRVS Report



Cancer Screening – Transitions of Care

DRVS Report



REPORT | CARE GAPS

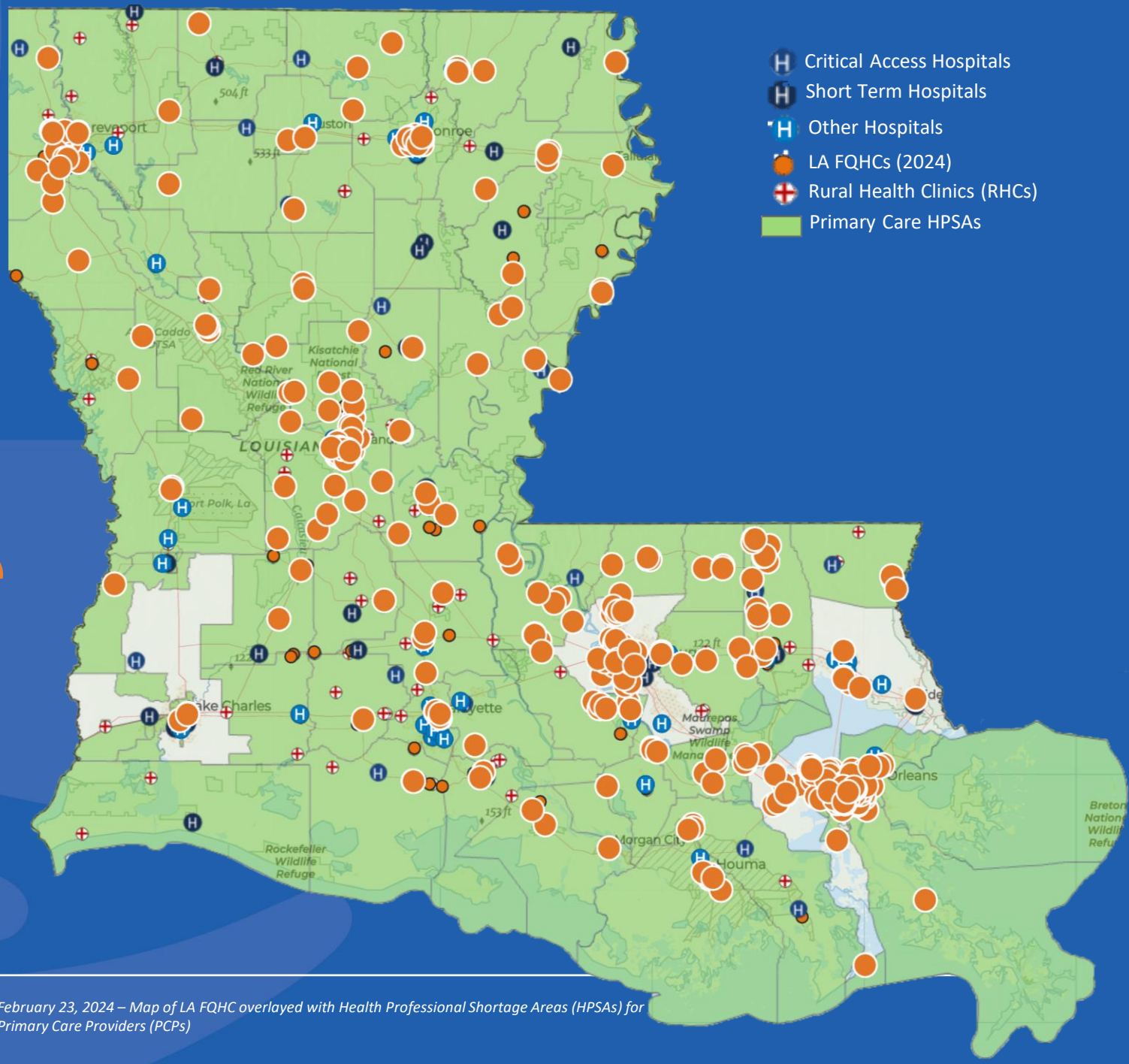
GROUPING: No Grouping | TARGETS: Primary, Secondary, Not Met | REPORT FORMAT: Scorecard

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS	GAP	TO TARGET
Breast Cancer Screening Ages 50-74 (CMS 125v11)	60.8%	55.0%	713	1,172	19	459	0
Cervical Cancer Screening (CMS 124v11)	41.3%	60.0%	996	2,413	390	1,417	452
Colorectal Cancer Screening (CMS 130v11)	40.8%	50.0%	1,066	2,612	33	1,546	240

Cancer Screening – Transitions of Care

DRVS Report

LA – HPSA
Primary Care Shortage



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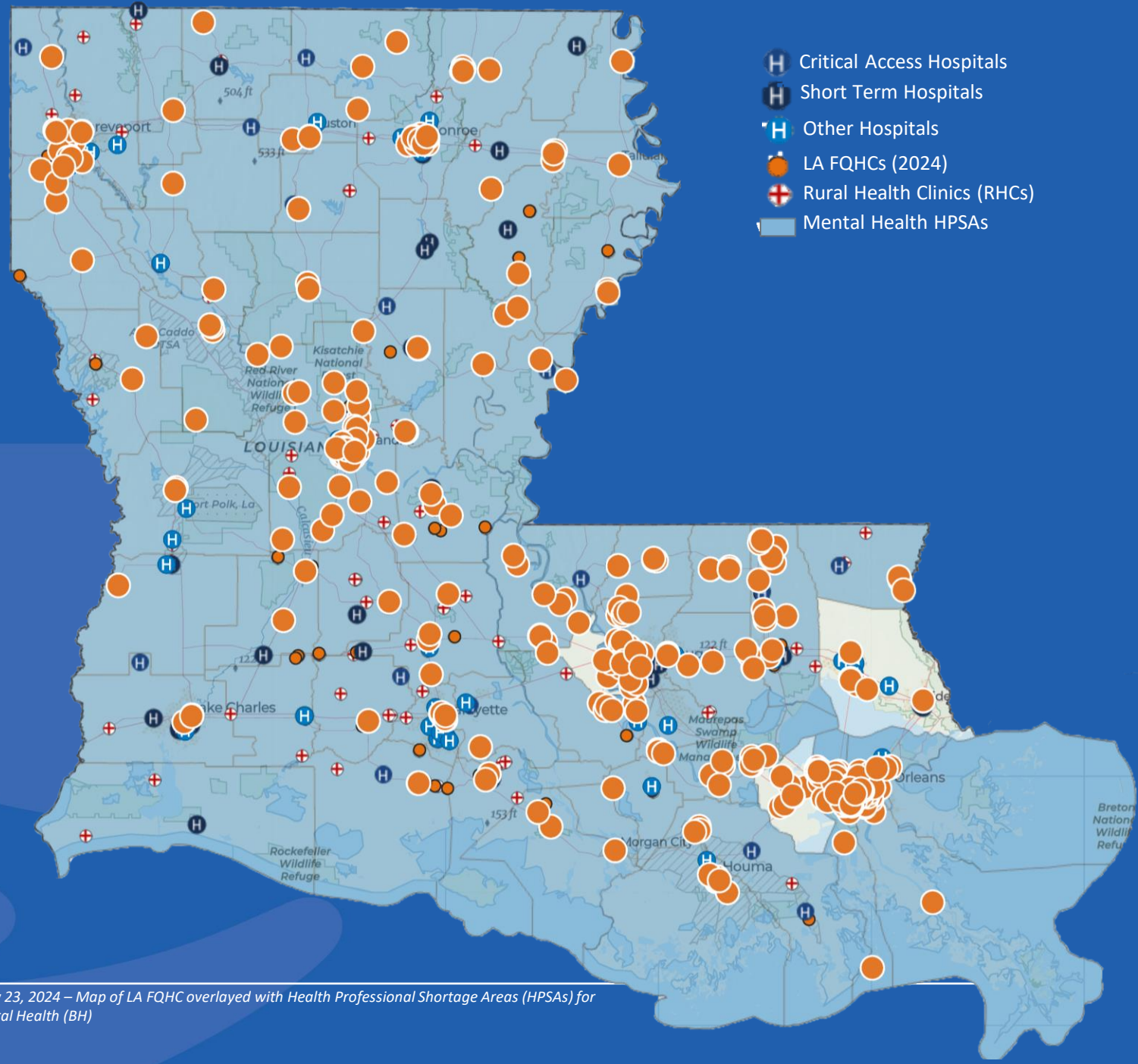
February 23, 2024 – Map of LA FQHC overlayed with Health Professional Shortage Areas (HPSAs) for Primary Care Providers (PCPs)

LA – HPSA

Behavioral Health



February 23, 2024 – Map of LA FQHC overlayed with Health Professional Shortage Areas (HPSAs) for Behavioral Health (BH)

Louisiana Primary Care Association

DRVS Tools to Support Managing ED/IPs

DRVS Tools to Support ED/IP

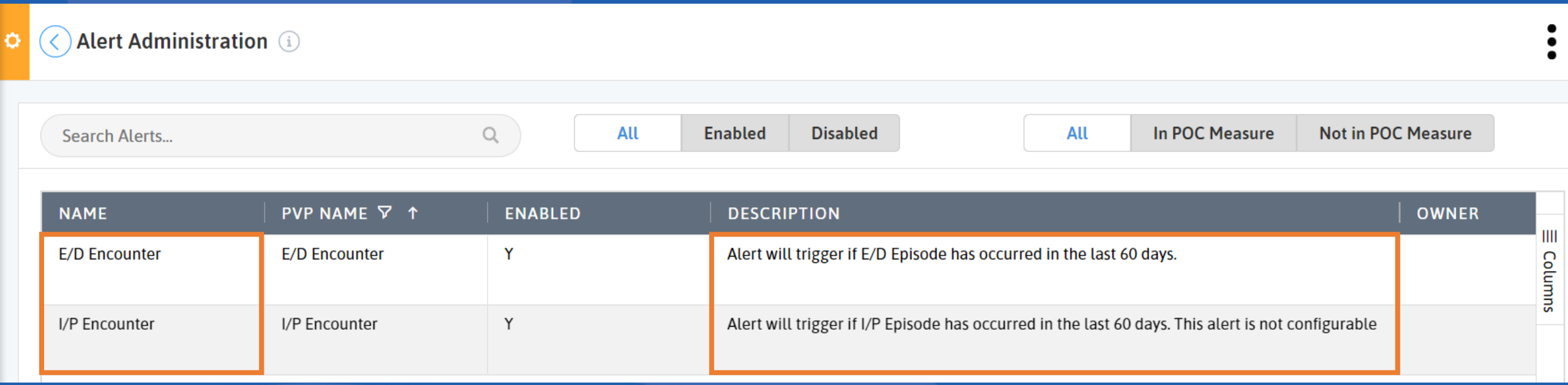
Point of Care

- ED/IP Alerts
- Pre-Visit Planning Report (PVP)
- Care Management Passport (CMP)

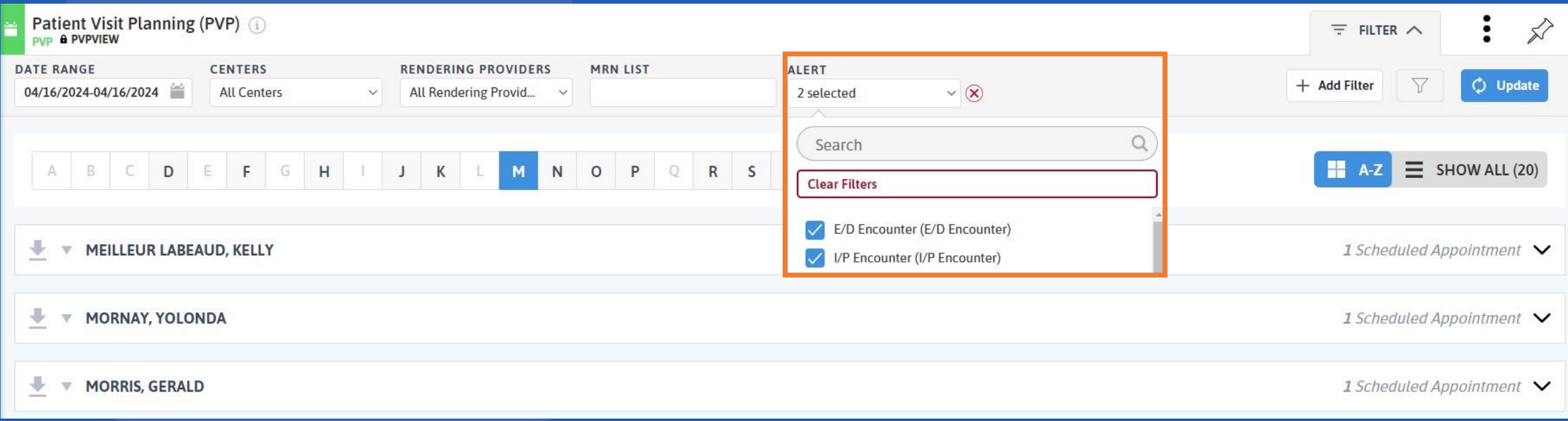
Population Health

- Measures
- Scorecards
- Dashboards
- Registries & Cohorts
- Azara Patient Outreach (APO)

POC Tools | ED/IP Alerts



POC Tools | Pre-Visit Planning Report



POC Tools | Pre-Visit Planning Report

Walk-ins

MRN: (40)

Sex at Birth: F

Lang: English

Risk: Low (4)

Portal Access: N

PCP: Brignac, Trejon

Payer: Humana Healthy Horizons

CM: Unassigned

DIAGNOSES (1)

HyLip

RISK FACTORS (1)

h/o COVID

ALERT	MESSAGE	DATE	RESULT
Pap	Missing		
Pap HPV	Missing		
Tetanus	Due 1		Due Date: 2002-04-15 | Most Recent: None
E/D Encounter	Occurred	3/21/2024	UMC
I/P Encounter	Occurred	2/28/2024	

POC Tools | Care Management Passport

Encounters (Last 5 of 9)

DATE	PROVIDER	TYPE	REASON
1/23/24	BOUIE, MELANIE	BH Tele30 | Telehealth	BH Counseling Session
10/20/23	BOUIE, MELANIE	BH Tele30 | Telehealth	1 week f/u BH Telehealth/Audio
10/9/23	BOUIE, MELANIE	BH TelAST | Telehealth	BH NP BH Telehealth/Audio
10/4/23	PRATT, COLEMAN	F/U	
9/6/23	JOHNSON, APRIL	BH ASST	Warm hand off

Risk

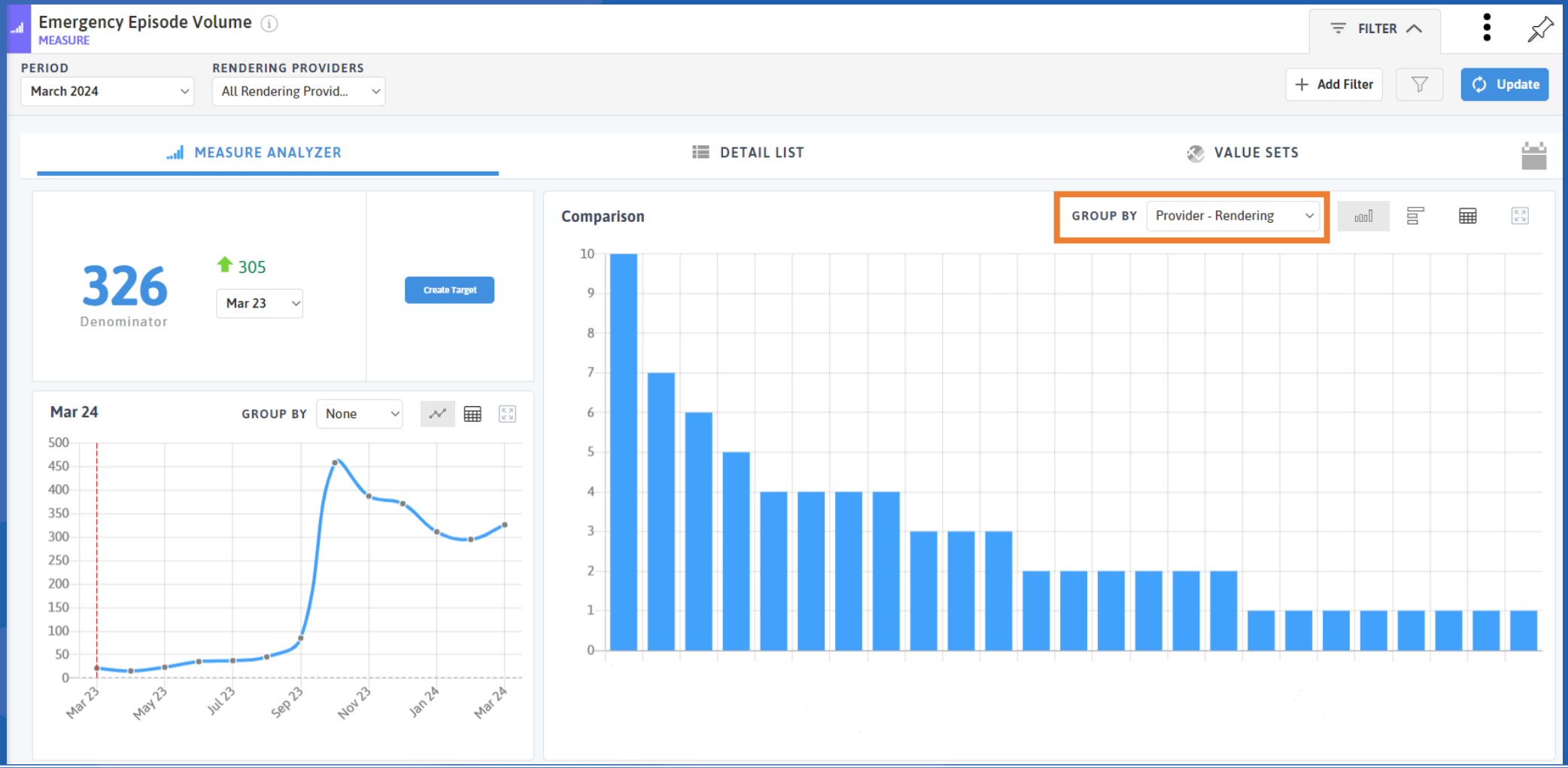
CATEGORY	CRITERIA	POINTS
Diagnoses	HIV	1.00
Behavioral Health	Anxiety	1.00
Behavioral Health	Depression	1.00
SDOH	SDOH Count 1-2	0
Labs & Vitals	PHQ-9 >= 14	2.00
Utilization	Missed Appointment Rate 25%-50%	1.00
Utilization	1-2 I/P Episodes in last 6 mos	0
Utilization	>3 E/D Episode in last 6-mos	2.00

POC Tools | Care Management Passport

I/P & E/D Utilizations (Last 10 of 15)

SOURCE	TYPE	ADMIT DATE	DISCHARGE DATE	LOCATION	DIAGNOSIS	DESCRIPTION
GNOHIE	ER Visit	4/6/24	4/6/24	EJGH	R10.9	Unspecified abdominal p
GNOHIE	ER Visit	4/1/24	4/1/24	EJGH	N39.0	Urinary tract infection, sit
GNOHIE	ER Visit	3/29/24	3/30/24	EJGH	R94.31	Abnormal electrocardiog
GNOHIE	ER Visit	3/27/24	3/27/24	EJGH	R07.9	Chest pain, unspecified
GNOHIE	ER Visit	3/17/24	3/17/24	EJGH	G89.29	OTHER CHRONIC PAIN
GNOHIE	ER Visit	2/25/24	2/25/24	EJGH	I11.0	HYPERTENSIVE HEART D FAILURE
GNOHIE	ER Visit	12/2/23	12/2/23	EJGH	B34.9	Viral infection, unspecifie
GNOHIE	ER Visit	11/29/23	11/29/23	EJGH	R11.10	Vomiting, unspecified
GNOHIE	ER Visit	11/28/23	11/28/23	EJGH	Z11.52	Encounter for screening f
GNOHIE	ER Visit	11/25/23	11/25/23	EJGH	Z11.52	Encounter for screening f

Population Health Tools | Measures



Population Health Tools | Scorecard

TOC ED Cascade
REPORT

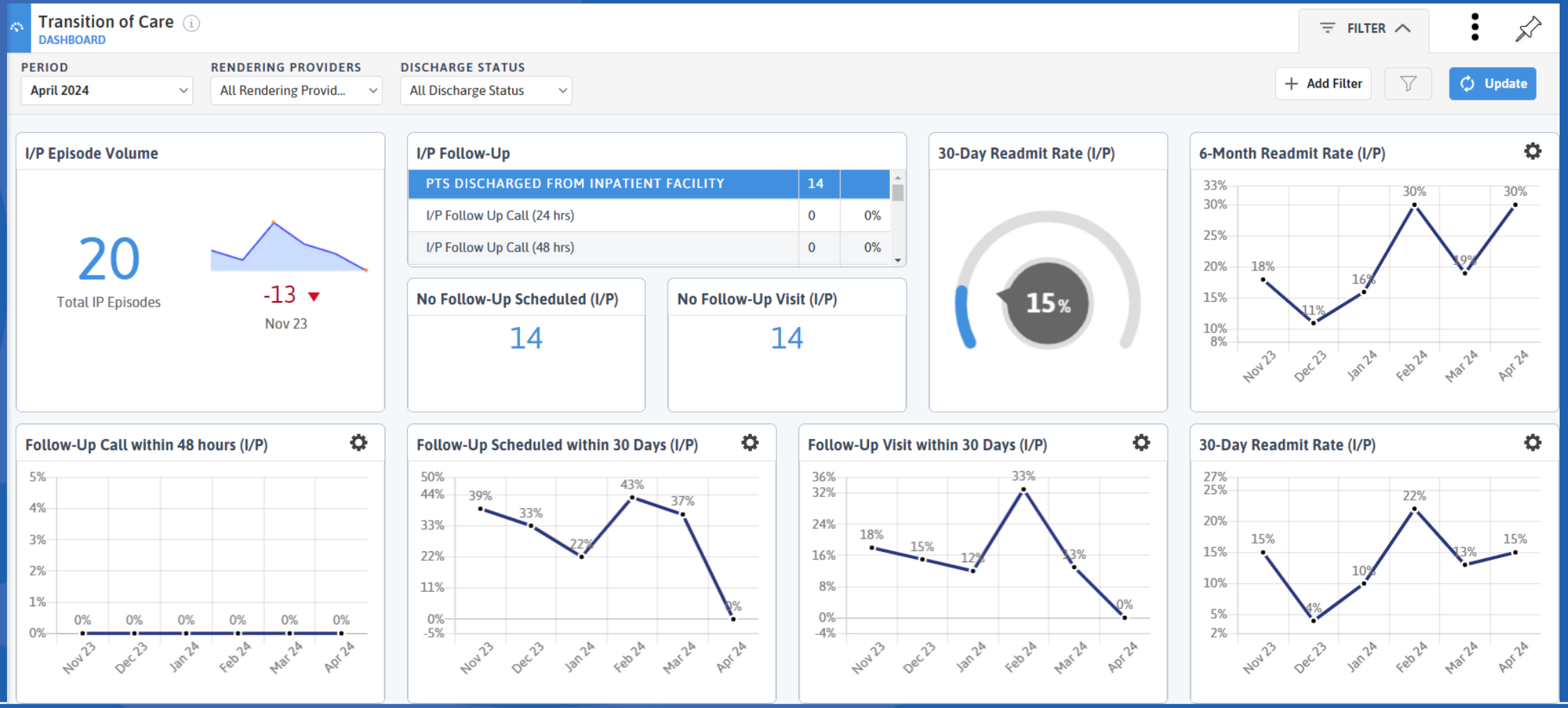
FILTER

PERIOD: April 2024
RENDERING PROVIDERS: All Rendering Provid...
Add Filter | Update

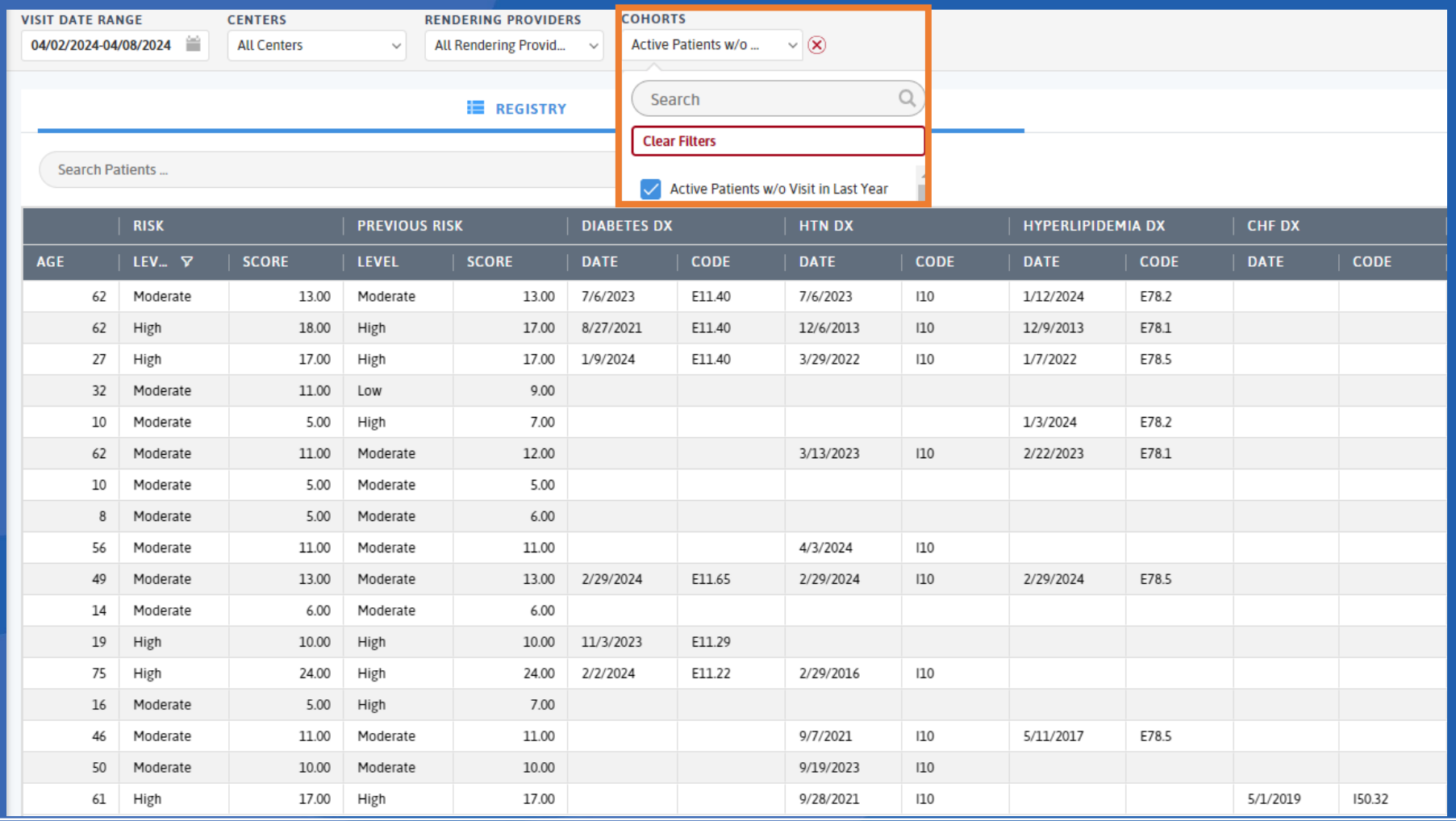
GROUPING: No Grouping
REPORT FORMAT: Scorecard

MEASURE	RESULT	NUMERATOR	DENOMINATOR
ED Follow Up Call (24 hours)	0.0%	0	161
ED Follow Up Call (48 hours)	0.0%	0	161
ED Follow Up Scheduled (48 hours)	10.6%	17	161
ED Follow Up Scheduled (7 days)	13.7%	22	161
ED Follow Up Scheduled (30 days)	13.7%	22	161
ED Follow Up Visit (48 hours)	2.5%	4	161
ED Follow Up Visit (7 days)	2.5%	4	161
ED Follow Up Visit (30 days)	2.5%	4	161
ED Readmission (30 days)	29.7%	51	172
ED Readmission (6 months)	64.5%	111	172

Population Health Tools | Dashboard

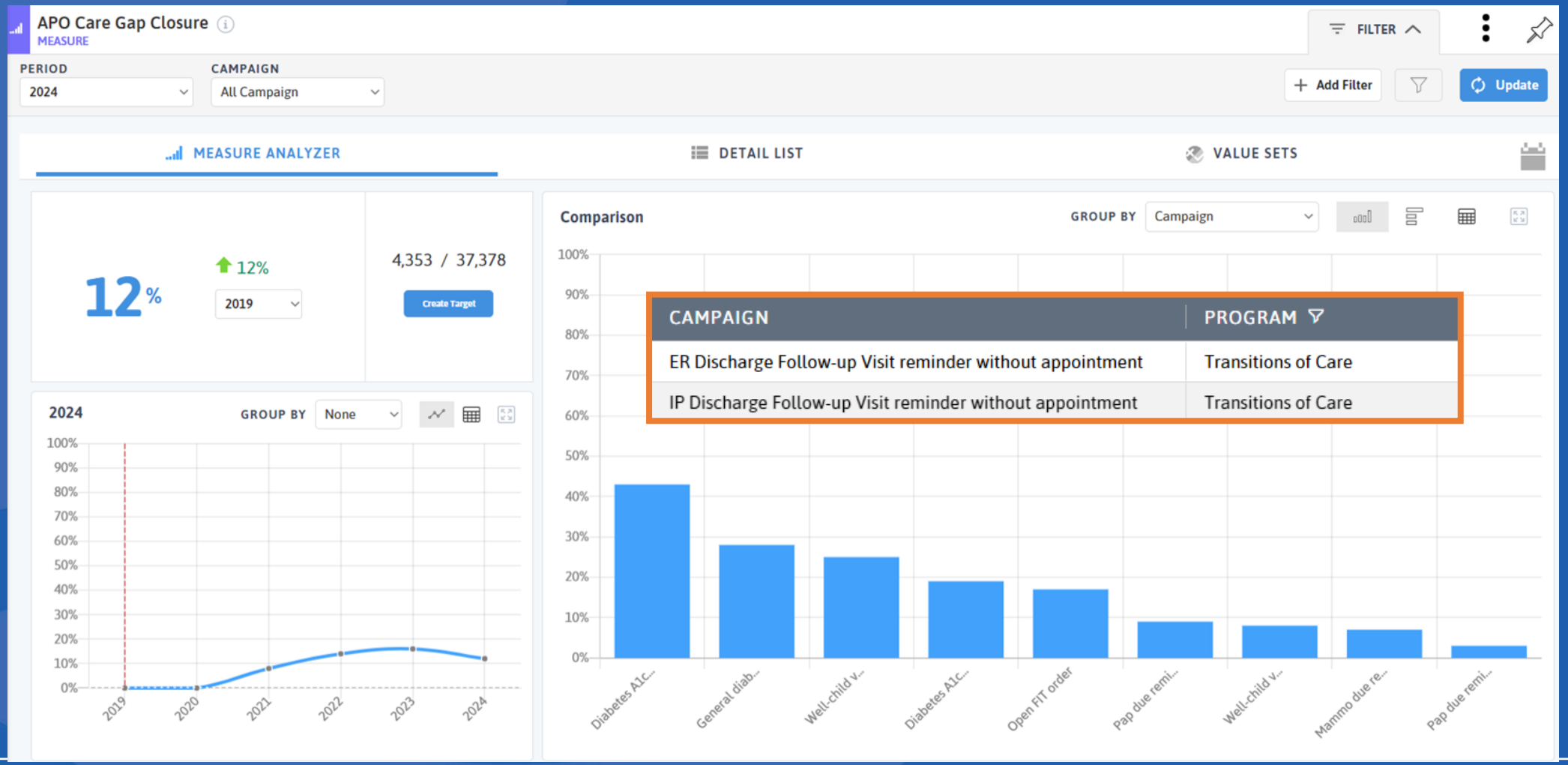


Population Health Tools | Registries



	RISK		PREVIOUS RISK		DIABETES DX		HTN DX		HYPERLIPIDEMIA DX		CHF DX	
AGE	LEV...	SCORE	LEVEL	SCORE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE
62	Moderate	13.00	Moderate	13.00	7/6/2023	E11.40	7/6/2023	I10	1/12/2024	E78.2		
62	High	18.00	High	17.00	8/27/2021	E11.40	12/6/2013	I10	12/9/2013	E78.1		
27	High	17.00	High	17.00	1/9/2024	E11.40	3/29/2022	I10	1/7/2022	E78.5		
32	Moderate	11.00	Low	9.00								
10	Moderate	5.00	High	7.00					1/3/2024	E78.2		
62	Moderate	11.00	Moderate	12.00			3/13/2023	I10	2/22/2023	E78.1		
10	Moderate	5.00	Moderate	5.00								
8	Moderate	5.00	Moderate	6.00								
56	Moderate	11.00	Moderate	11.00			4/3/2024	I10				
49	Moderate	13.00	Moderate	13.00	2/29/2024	E11.65	2/29/2024	I10	2/29/2024	E78.5		
14	Moderate	6.00	Moderate	6.00								
19	High	10.00	High	10.00	11/3/2023	E11.29						
75	High	24.00	High	24.00	2/2/2024	E11.22	2/29/2016	I10				
16	Moderate	5.00	High	7.00								
46	Moderate	11.00	Moderate	11.00			9/7/2021	I10	5/11/2017	E78.5		
50	Moderate	10.00	Moderate	10.00			9/19/2023	I10				
61	High	17.00	High	17.00			9/28/2021	I10			5/1/2019	I50.32

Population Health Tools | APO



Network Tools to Support ED/IP

Network Risk

Dashboards

Measures

Registries

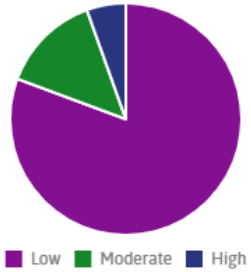
Cohorts

Network Tools | Risk

Risk Criteria Weighting

DIAGNOSES	PATIENT COUNT	PREVALENCE	% HIGH RISK	POINTS
Diabetes	35,663	11%	20%	2
Hypertension	81,879	24%	11%	2
Hyperlipidemia	68,829	21%	11%	1
CHF	3,470	1%	39%	3
Ischemic Stroke	1,543	0%	25%	1
Hemorrhagic Stroke	103	0%	18%	2
IVD	2,218	1%	21%	1
Afib	1,975	1%	31%	2
Persistent Asthma	4,943	1%	22%	2
COPD	6,741	2%	26%	2
Chronic NonMalignant Pain	22,371	7%	14%	1
Cirrhosis	824	0%	27%	2
CKD Stages 3&4	5,013	1%	20%	0
CKD Stage 5	227	0%	23%	0
ESRD	492	0%	21%	0
HIV	2,782	1%	10%	1
Chronic Hepatitis C	2,904	1%	25%	3
Cerebral Palsy	607	0%	12%	2
Physiological				

Risk Category Distribution



High Risk Patients

18,323

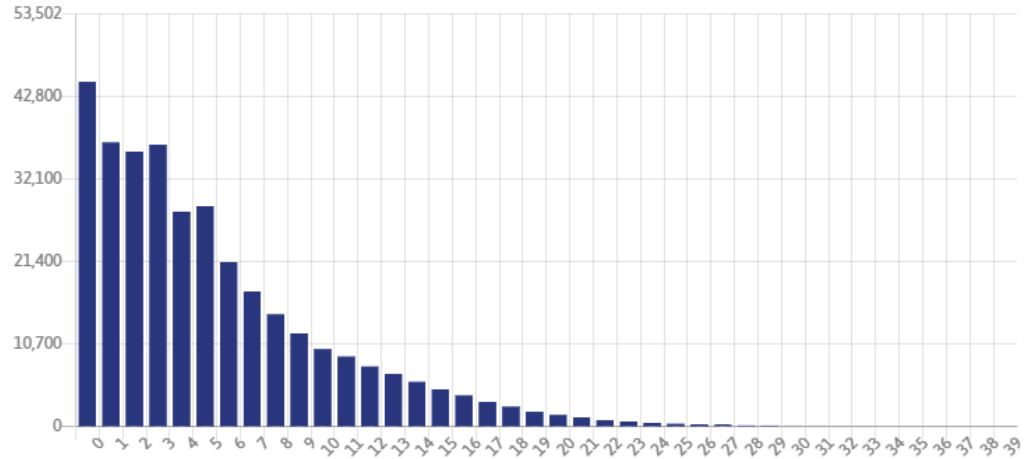
Pts w/ qualifying encounter

Total Patients

335,345

Pts w/ qualifying encounter

Risk Score Distribution



Risk Score Thresholds

Geriatric (65-149)

CATEGORY	# PATIENTS	PREVALENCE	THRESHOLD
High	1,580	5%	21.00
Moderate	3,497	11%	17.00
Low	27,292	84%	0

Adult (22-64)

CATEGORY	# PATIENTS	PREVALENCE	THRESHOLD
High	7,610	4%	17.00
Moderate	26,370	14%	11.00
Low	148,870	81%	0

Pediatric (0-21)

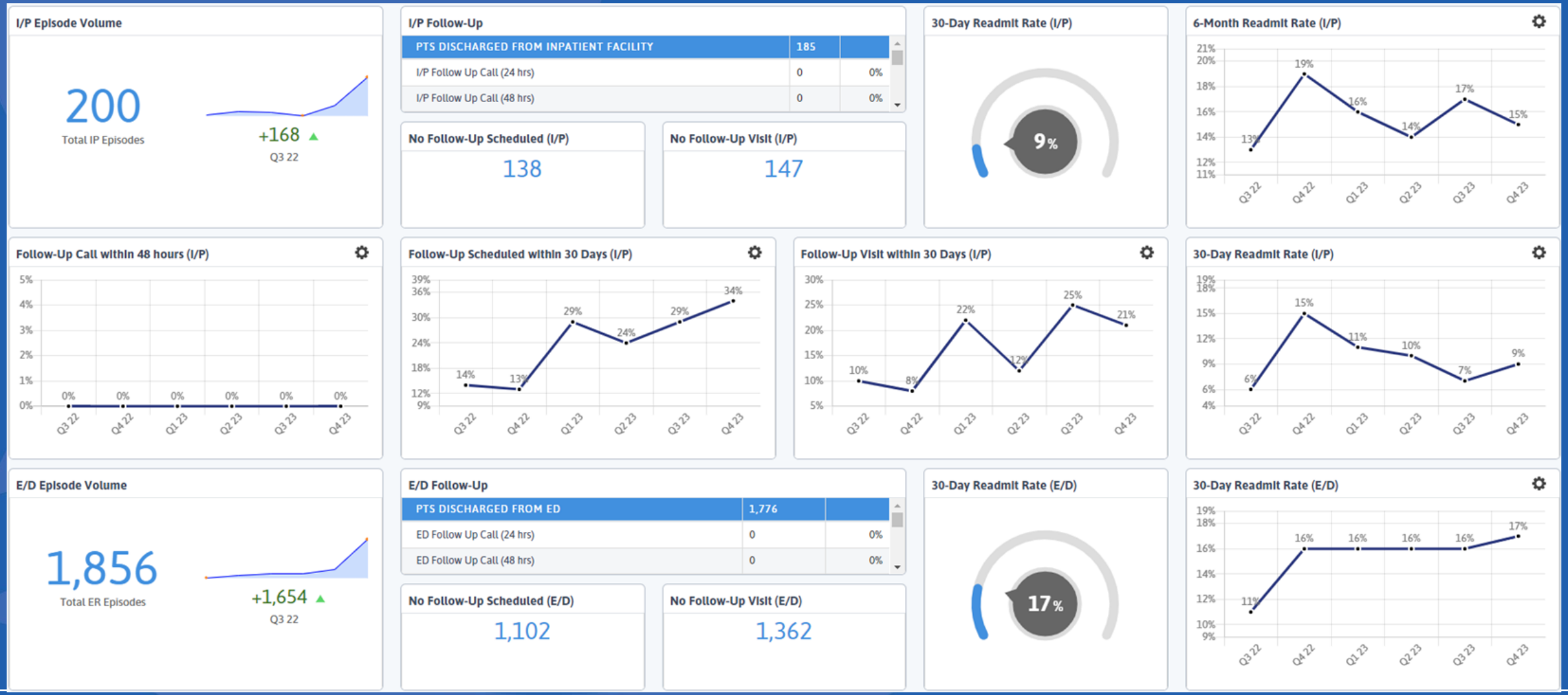
CATEGORY	# PATIENTS	PREVALENCE	THRESHOLD
High	9,133	8%	7.00
Moderate	16,703	14%	5.00
Low	94,286	78%	0

Rising Risk Patients

2,350

Pts w/ New High Risk Level

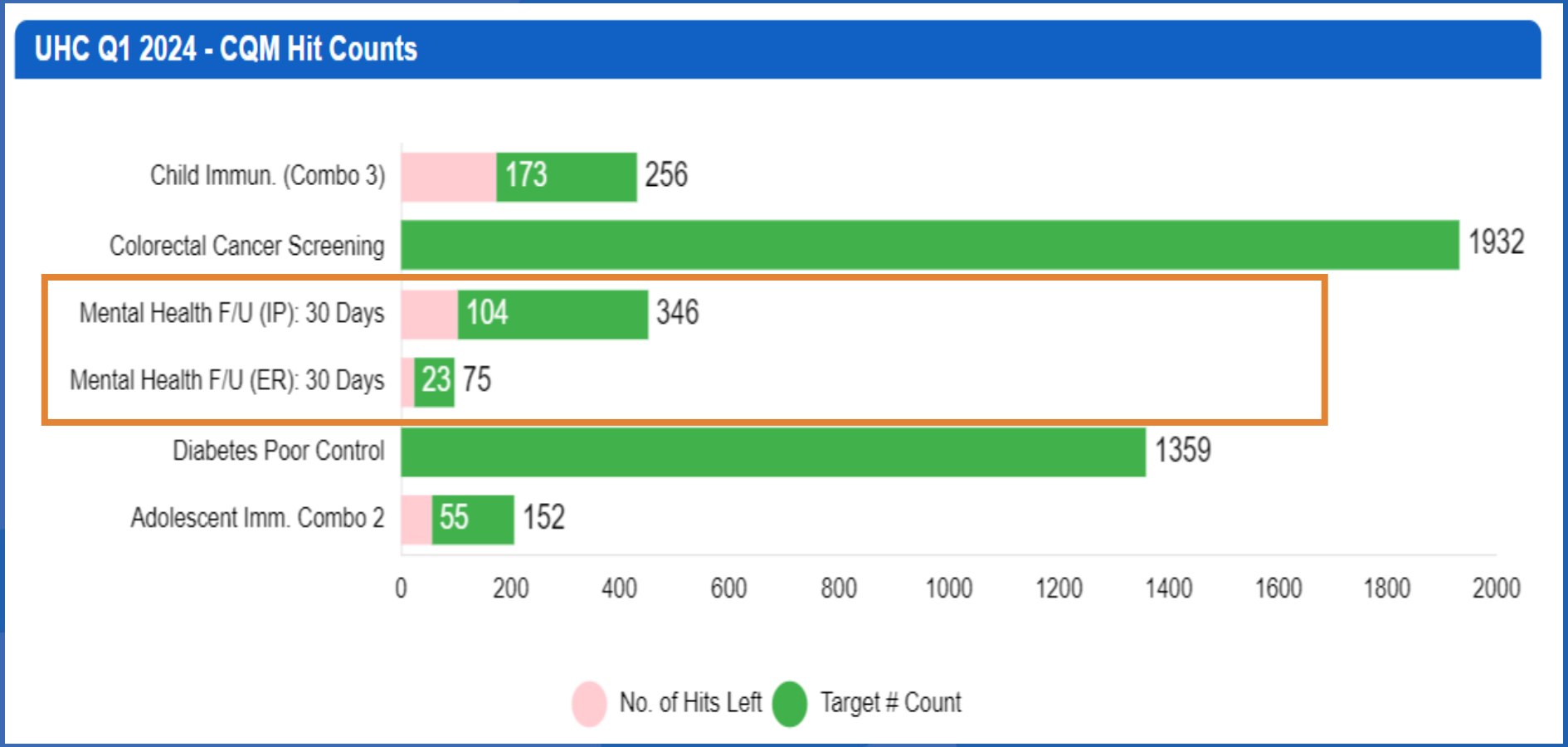
Network Tools | Dashboards



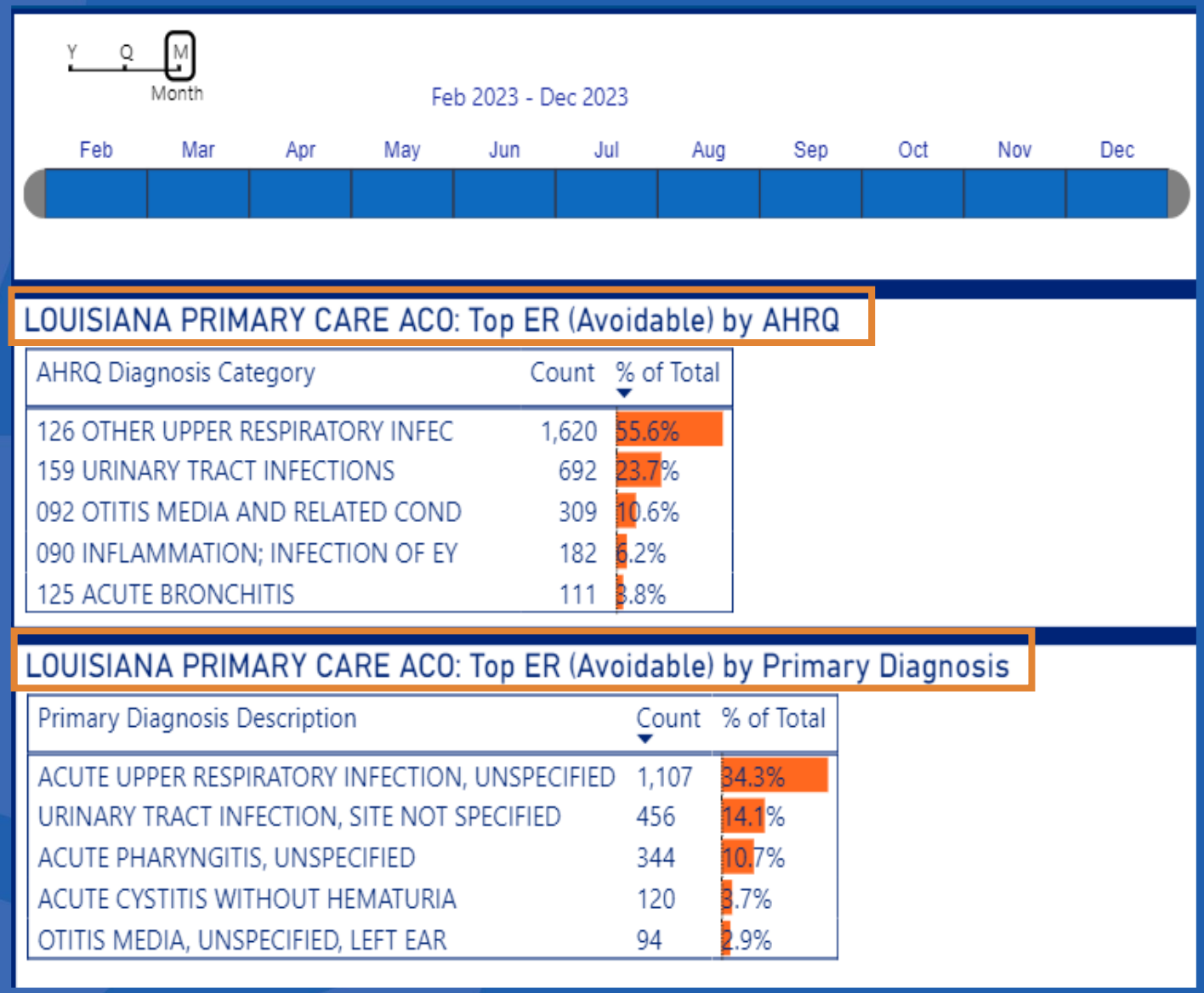
Payer Specific Data | ACO Contracts

UHC Q1 2024 - ACO Met/Unmet			
Primary	Q1 2024 Performance	Target	Met / Unmet
Child Immun. (Combo 3)	20%	63%	Unmet
Colorectal Cancer Screening	46%	39%	Met
Mental Health F/U (IP): 30 Days	36%	51%	Unmet
Mental Health F/U (ER): 30 Days	31%	45%	Unmet
Diabetes Poor Control	54%	47%	Met
Adolescent Imm. Combo 2	22%	35%	Unmet

Payer Specific Data | ACO Contracts



LPCACO
ER Avoidable



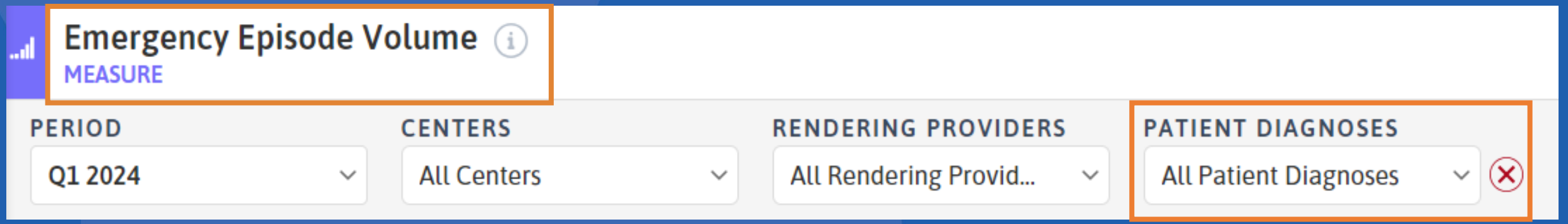
LOUISIANA PRIMARY CARE ACO: Top ER (Avoidable) by AHRQ

AHRQ Diagnosis Category	Count	% of Total
126 OTHER UPPER RESPIRATORY INFEC	1,620	55.6%
159 URINARY TRACT INFECTIONS	692	23.7%
092 OTITIS MEDIA AND RELATED COND	309	10.6%
090 INFLAMMATION; INFECTION OF EY	182	6.2%
125 ACUTE BRONCHITIS	111	3.8%

LOUISIANA PRIMARY CARE ACO: Top ER (Avoidable) by Primary Diagnosis

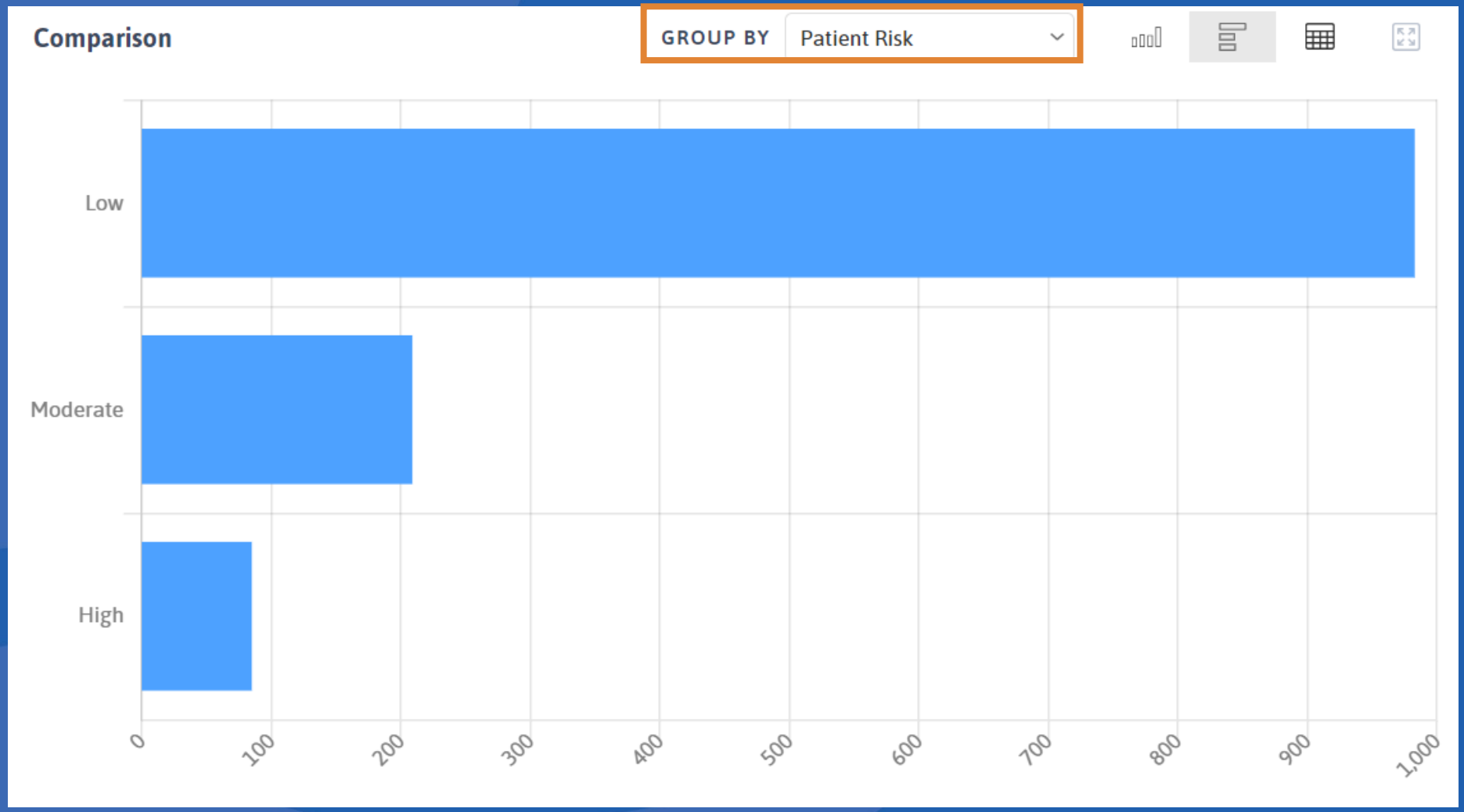
Primary Diagnosis Description	Count	% of Total
ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	1,107	34.3%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	456	14.1%
ACUTE PHARYNGITIS, UNSPECIFIED	344	10.7%
ACUTE CYSTITIS WITHOUT HEMATURIA	120	3.7%
OTITIS MEDIA, UNSPECIFIED, LEFT EAR	94	2.9%

Emergency Episode Volume Measure



- Z20.822 (170) – Contact with an (suspected0 exposure to COVID-19
- Blank (135)
- J09.9 (39) – Influenza due to identified novel Influenza A virus with other manifestations
- U07.1 (29) – Confirmed diagnosis of Coronavirus
- R07.9 (24) – Chest pain, unspecified

Emergency Episode Volume | Risk



LPCACO
IP Admissions

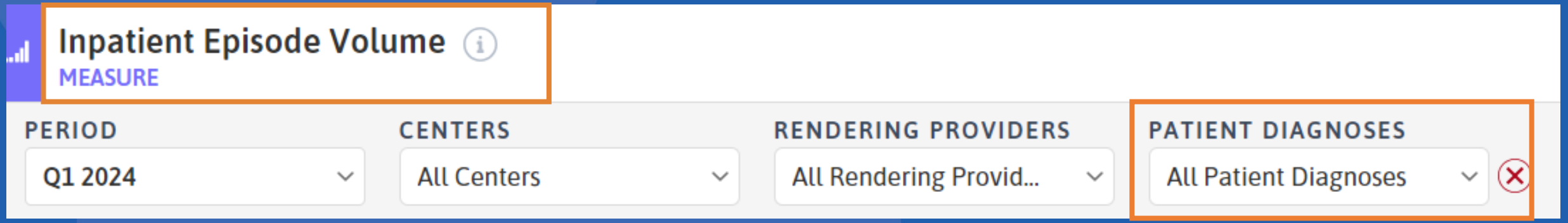
LOUISIANA PRIMARY CARE ACO: Top Total Admits by AHRQ

AHRQ Diagnosis Category	Count	% of Total
657 MOOD DISORDERS	595	14.7%
659 SCHIZOPHRENIA AND OTHER PSYCH	394	9.7%
196 NORMAL PREGNANCY AND/OR DELIV	388	9.6%
195 OTHER COMPLICATIONS OF BIRTH;	214	5.3%
RESTRICTED INFO	214	5.3%

LOUISIANA PRIMARY CARE ACO: Top Total Admits by Primary Diagnosis

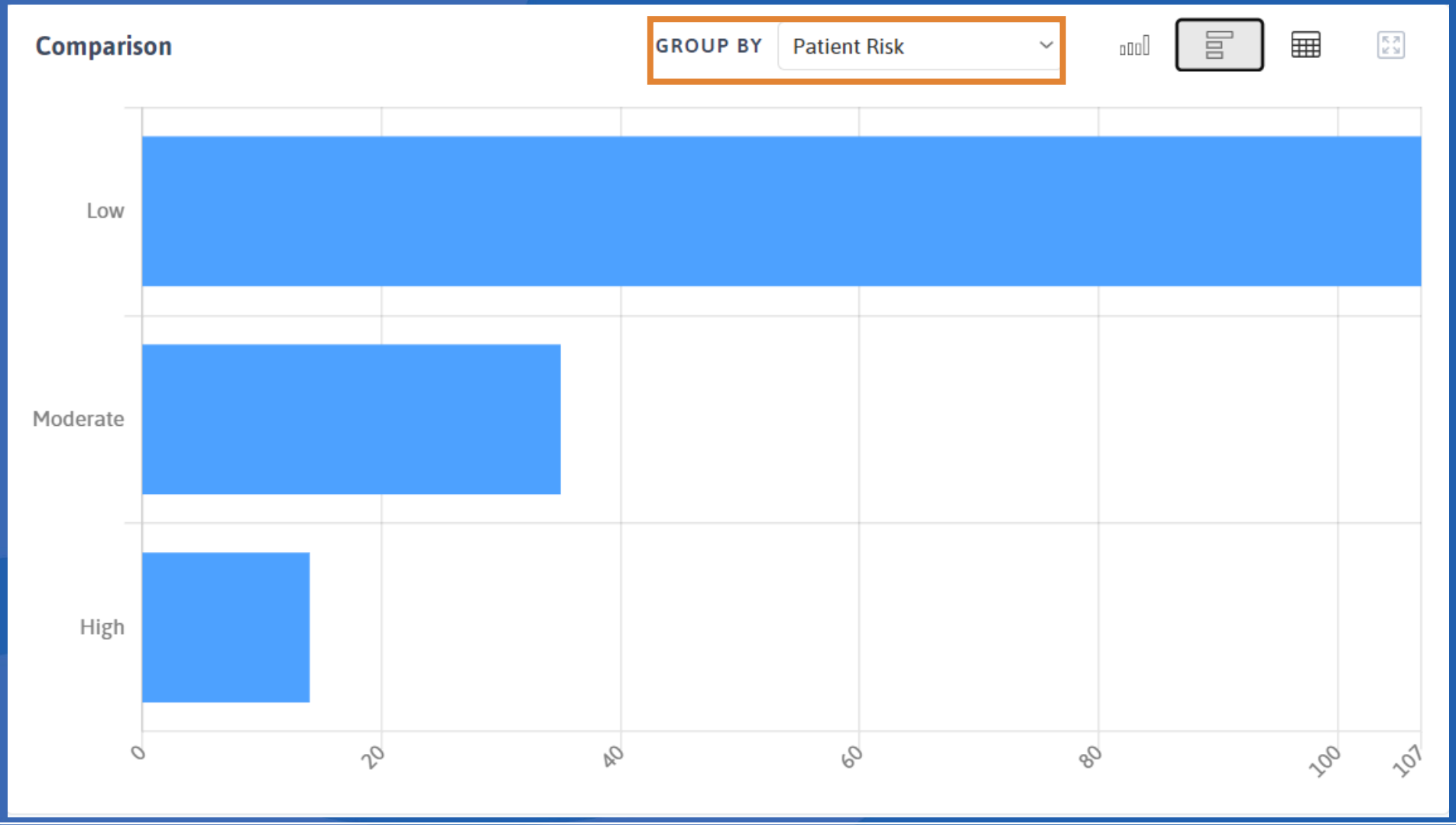
PRIMARY_DIAGNOSIS_DESCRIPTION	Count
ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	383
RESTRICTED INFORMATION	214
ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	188
MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	175
UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	158

Inpatient Episode Volume Measure



- O80 (6) – Encounter for full-term uncomplicated delivery
- I10 (5) – Essential (primary) hypertension
- O14.15 (4) – Severe Pre-Eclampsia, complicating the puerperium
- N17.9 (3) – Acute kidney failure, unspecified
- F41. 9 (3) – Unspecified Anxiety Disorder

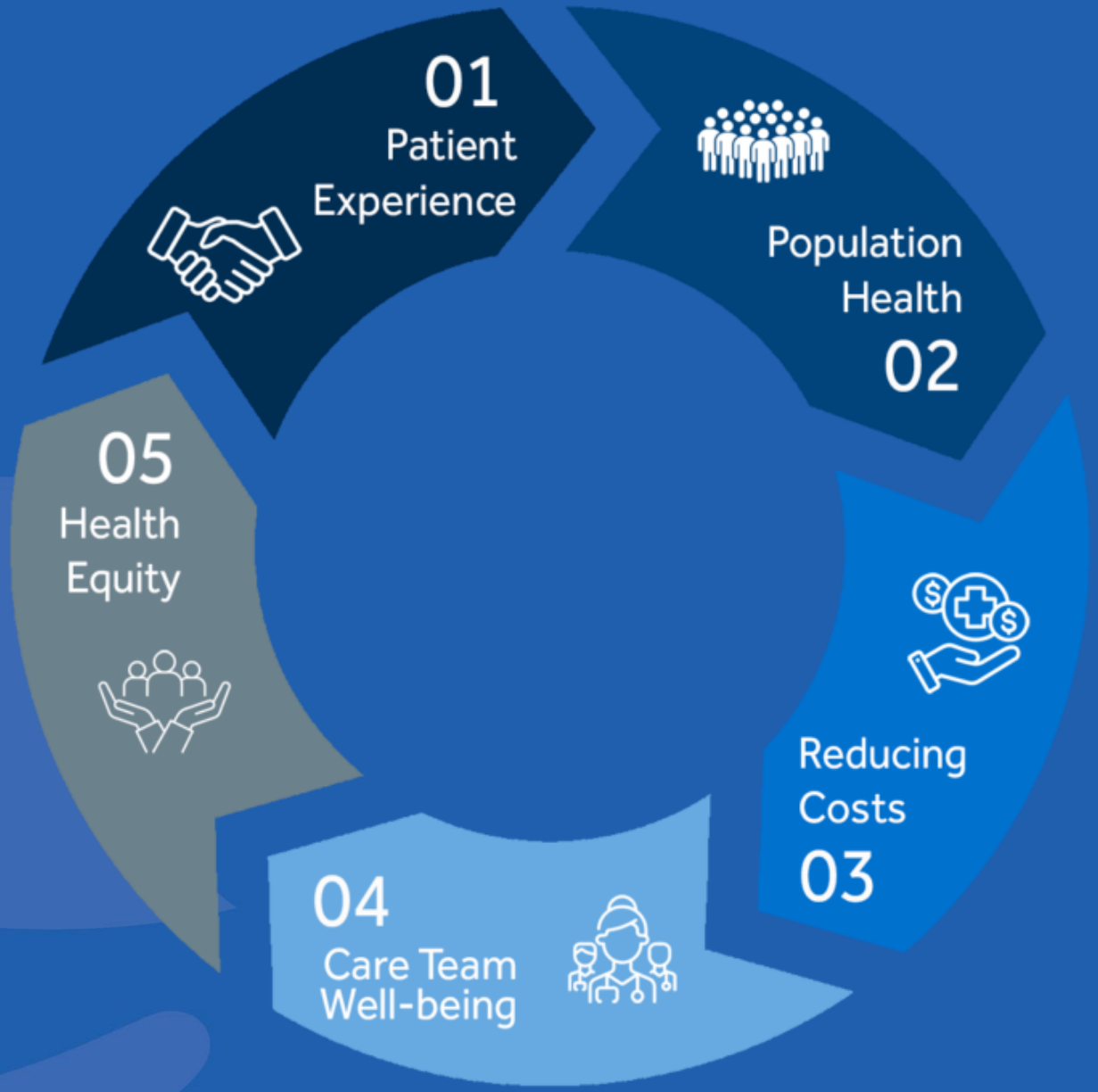
Emergency Episode Volume | Risk



Summation

Quintuple Aim

How are we supporting these goals?



Next Steps

Next Steps | LPCA Network

- Expansion of the TOC Module amongst our Health Centers
- Look further into Payer Integration
- How we're getting this information back to the centers
- Continue maximizing visibility for CHCs to utilize available tools to decrease ED/IP Utilization ~ Supporting the TOC Venture

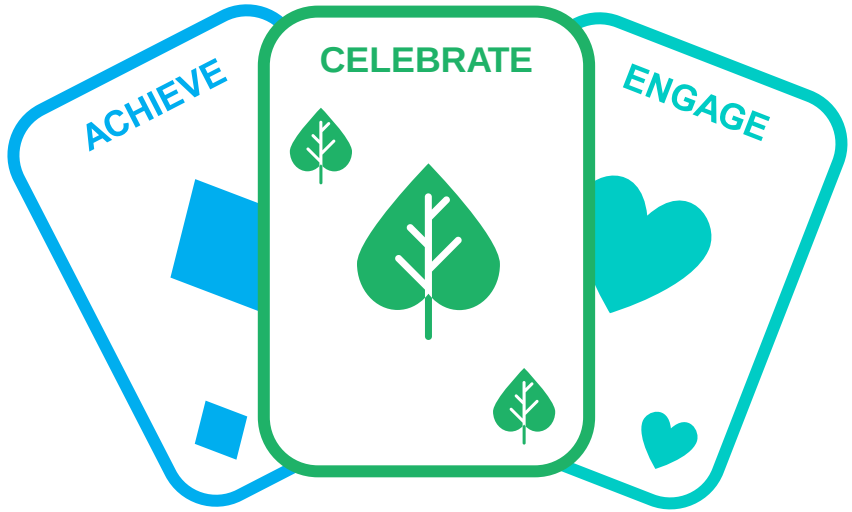
Q&A

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.

azara
ACE Program



Benefits:

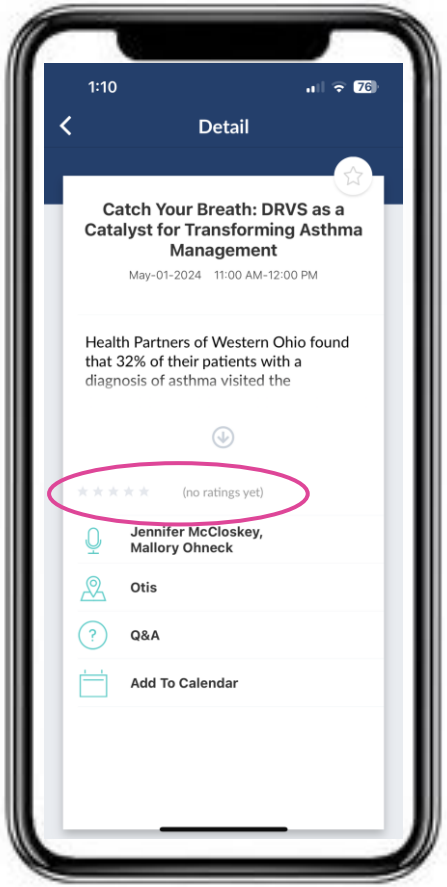
- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!

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

Provide brief feedback or ideas

Rate the session and the speaker(s)

Help us continue to improve

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Thanks for attending!