

# *Quality Data Initiative: A Collaborative Approach to Improving Outcomes*

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Montana Primary Care Association

**QDInitiative**

A Collaborative Approach to Improving Outcomes





## *Session Overview*

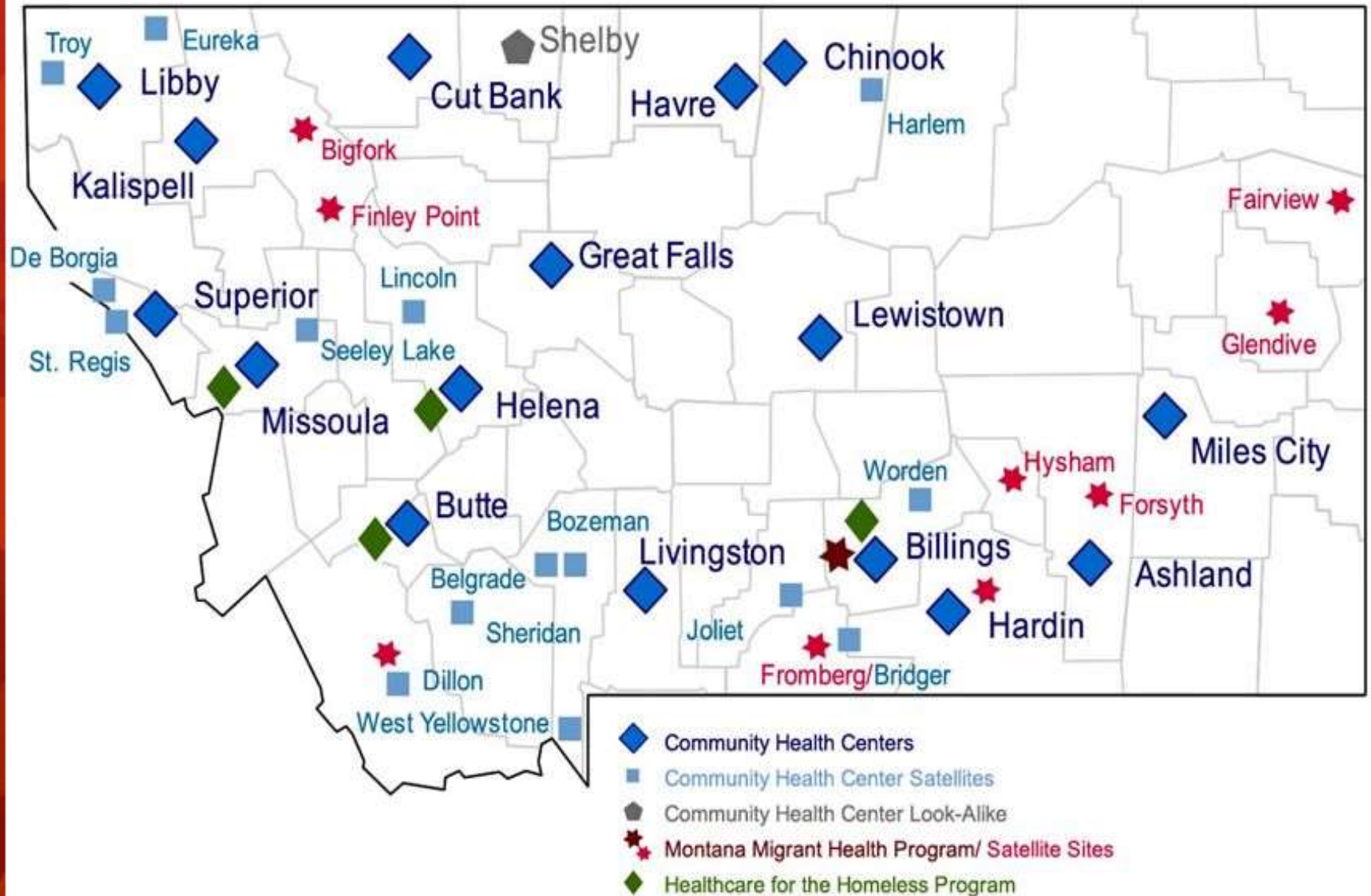
- Federally Qualified Community Health Centers
- Quality Data Initiative Goals
- Lean Six Sigma Overview
- QDI Data Transparency
- Challenges and Lessons Learned
- Next Steps and Expansion
- Q&A




## Health Centers: Paving the Road to Good Health



# Montana Community Health Centers




**HRSA**  
**Health Center Program**

Clinical Data 			
	2014	2015	2016 <sup>11</sup>
<b>Patients</b>			
<b>Medical Conditions (% of Patients with Medical Conditions)</b>			
Hypertension <sup>4</sup>	18.30%	17.69%	24.68%
Diabetes <sup>5</sup>	9.00%	9.44%	10.69%
Asthma	4.88%	5.33%	4.73%
HIV	0.42%	0.41%	0.47%
<b>Prenatal</b>			
Prenatal Patients <sup>6</sup>	933	1,176	909
Prenatal Patients who Delivered	392	563	553
<b>Quality of Care Measures</b>			
<b>Perinatal Health</b>			
Access to Prenatal Care (First Prenatal Visit in 1 <sup>st</sup> Trimester)	76.74%	80.53%	84.71%
Low Birth Weight	5.36%	6.62%	7.69%
<b>Preventive Health Screening &amp; Services</b>			
Cervical Cancer Screening <sup>12</sup>	51.07%	50.22%	48.88%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	30.48%	41.72%	46.22%
Body Mass Index (BMI) Screening and Follow-Up	42.74%	46.40%	50.62%
Adults Screened for Tobacco Use and Receiving Cessation Intervention <sup>13</sup>	70.01%	79.69%	79.83%
Colorectal Cancer Screening <sup>14</sup>	27.52%	35.51%	37.72%



## ***QDI Goals***

- Improve Outcomes
- Build Capacity
- Build a Network of Data Through Sharing and Transparency



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Health Resources & Services Administration



**HRSA**

Health Center Program

## Clinical Data



	2014	2015	2016 <sup>11</sup>
Colorectal Cancer Screening <sup>14</sup>	27.52%	35.51%	37.72%
Diabetes: Hemoglobin A1c Poor Control <sup>8</sup> (Diabetic Patients with HbA1c > 9%) or No Test During Year	29.07%	29.79%	31.40%





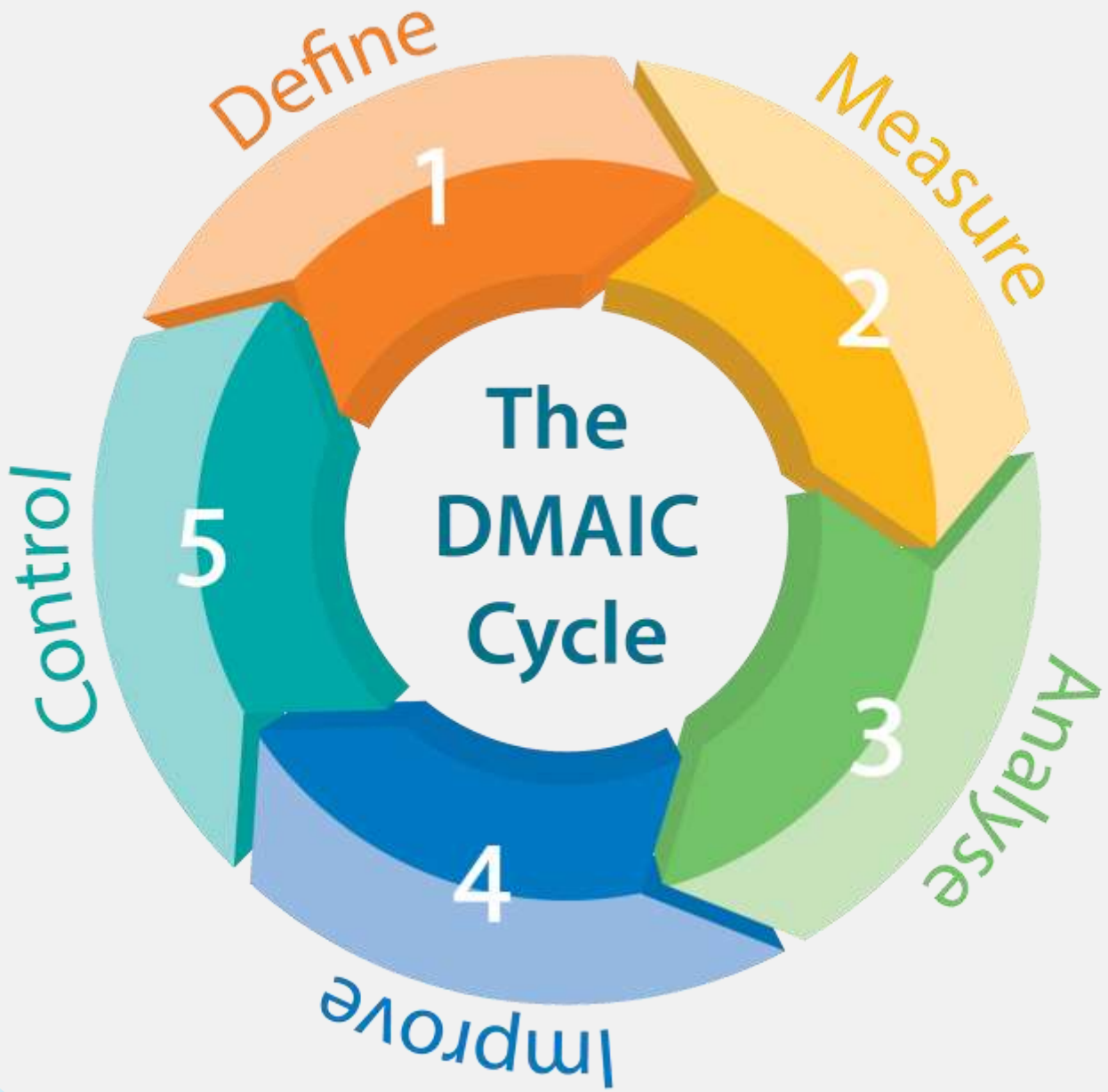
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## ***What is Lean Six Sigma?***

- Lean: creating value by minimizing waste
- Six Sigma: Reduces defects by effectively solving problems
- Lean Six Sigma: Solving problems and improving processes is faster and more efficient





## *Lean Six Sigma Tools*

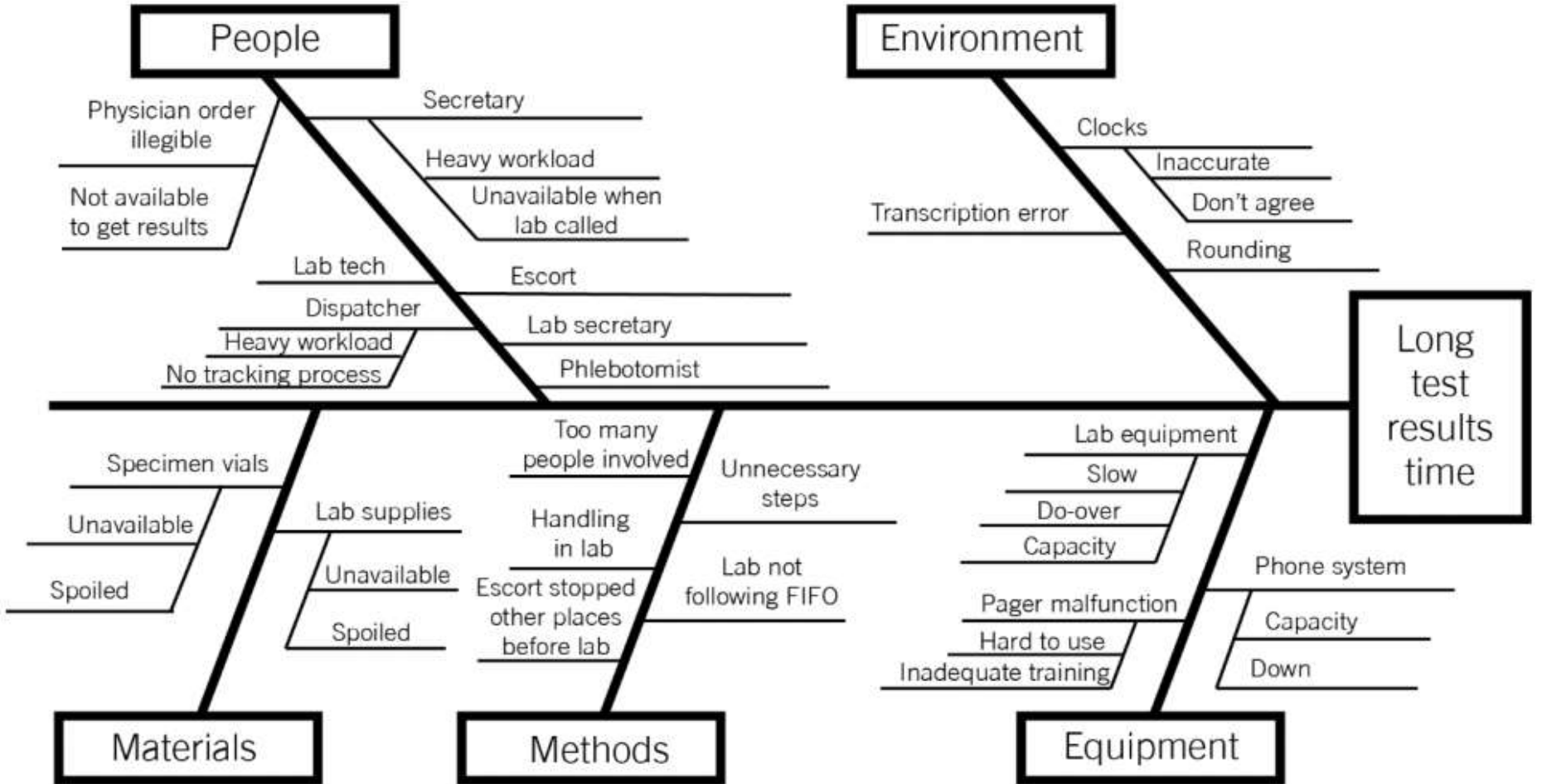
- Fishbone
- SIPOC
- Rail
- Process Flow Map
- Value Stream Mapping



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# Example: Cause and Effect Diagram

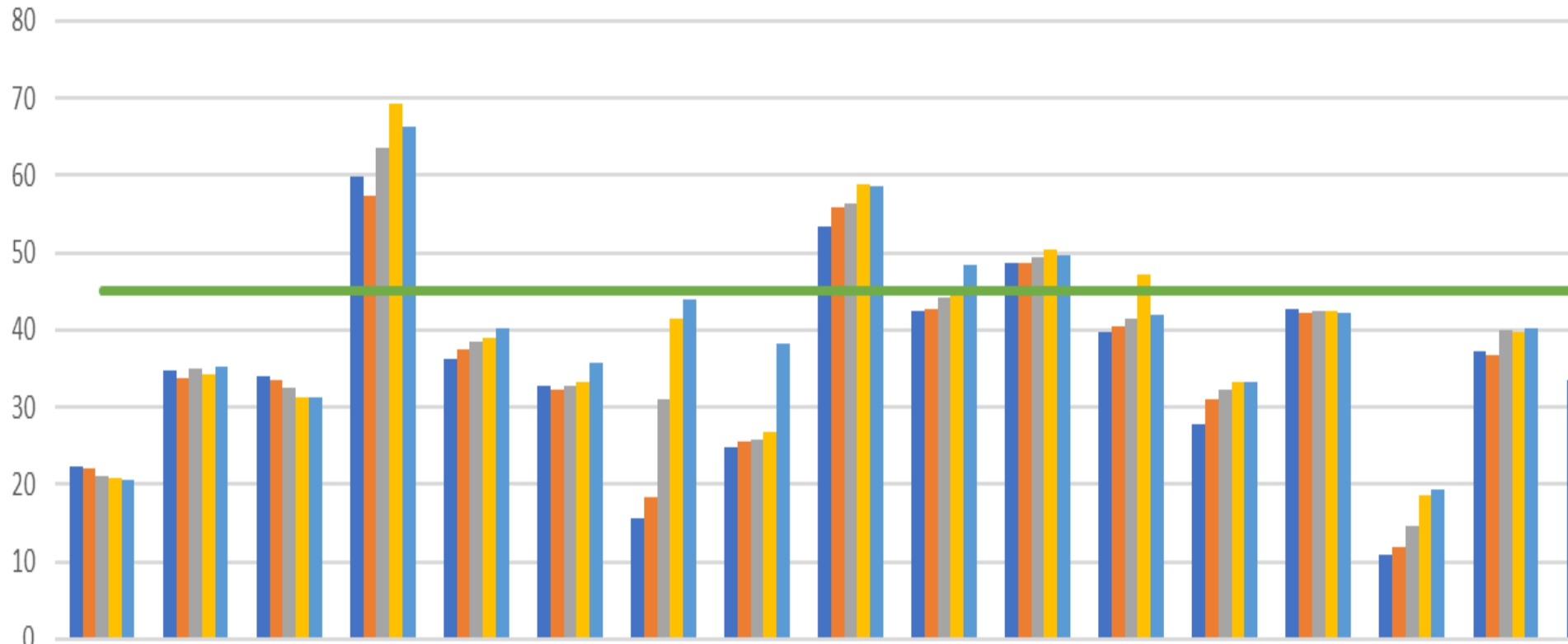




## ***QDI Goals***

- Improve Outcomes
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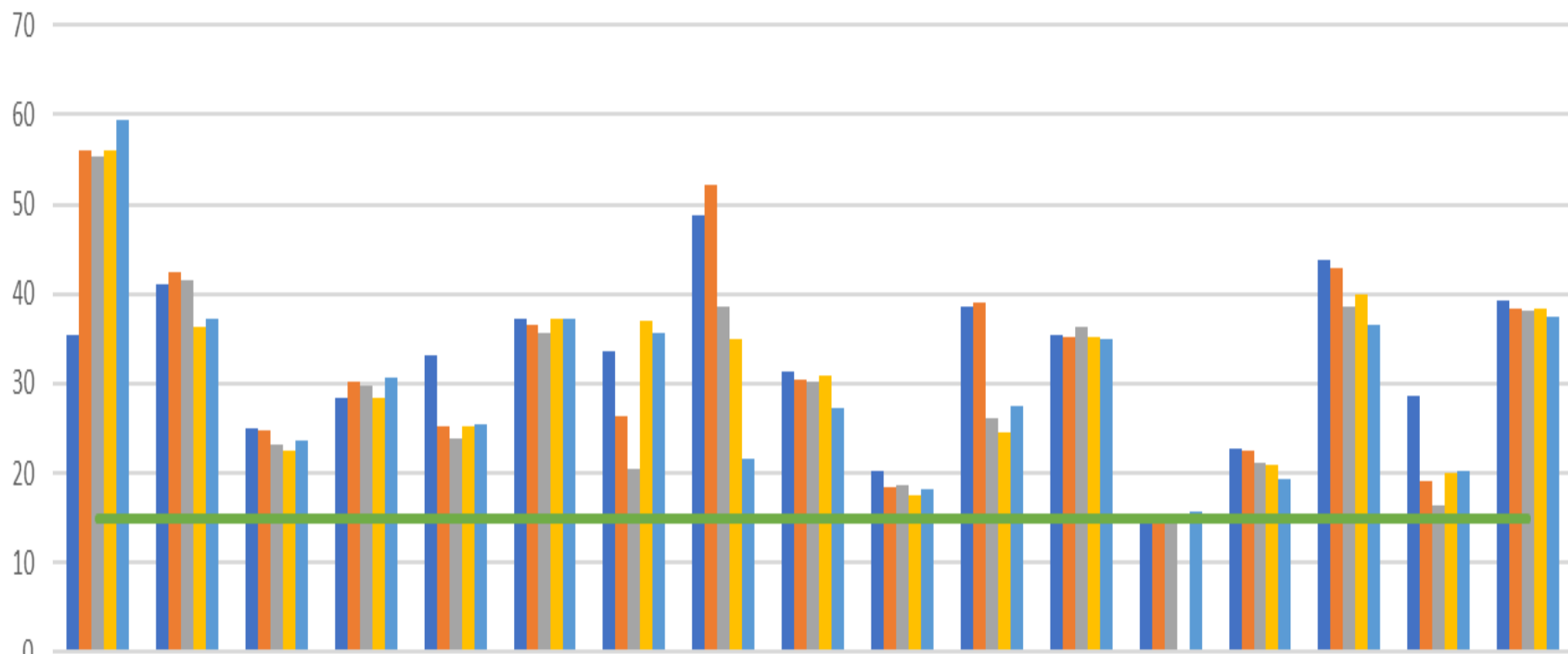
# Rolling 12 Month Data for CRCS in Pts aged 50-75



■ August 2017 CRCS %   ■ September CRCS %   ■ October CRCS %   ■ November CRCS %   ■ December CRCS %   — QDI 2020 Goal



% of Patients with >9 a1C or Untested in Past Year by Month



■ August a1C >9% ■ September a1C >9% ■ October a1C >9% ■ November a1C % >9% ■ December a1C >9% ■ QDI 2020 Goal



***You don't know what you don't know***





## ***Getting It Done***

### MPCA's Commitment to Health Centers:

- No fee
- Yellow Belt certification to participants who complete the training
- Improvement in centers' diabetic and colorectal cancer screening outcomes
- Monthly coaching calls available
- Board reports about progress



## ***Getting It Done***

### Health Center Commitment

- CEO supports the person attending the training
- CEO ensures that data will be reported monthly
- Quality Improvement Committee



## ***QDI In Practice***

- Monthly Data Reporting Calls
- Monthly Classroom Trainings
- Monthly Best Practices Webinars on Colorectal Cancer Screening and Diabetes Management
- Roadshows



## *Challenges*

- EMRs
- Staff Turnover
- Participant Engagement



## *Expansion and Future Development*

- Expanded Reporting
- Shift from individual QDI participants to QDI teams of 4





Thank You- Any Questions?

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