Improvement Strategy

10 MINUTES | OCTOBER 11TH, 2022

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Microlearning Modules

MODULES	ACTION STEPS	RESOURCES
WHAT? **WHY?** **HOW?**	1. *ENSURE* policies and procedures are in place 2. *DETERMINE* priorities 3. *SELECT* measures 4. *DETERMINE* measures for active improvement 5. *SET* S.M.A.R.T. goals 6. *UTILIZE* data dashboards 7. *ASSIGN* staff leads 8. *INITIATE* improvement activities 9. *ENSURE* timely progress 10. *MEET GOALS* and repeat steps	VTF VTF Resources

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Improvement Strategy

WHAT?

WHY?

HOW?

WHAT is a health center Improvement Strategy?

A process to effectively and routinely measure and communicate information about the quality, value, and outcomes of the health care experience and use this information to drive improved performance.

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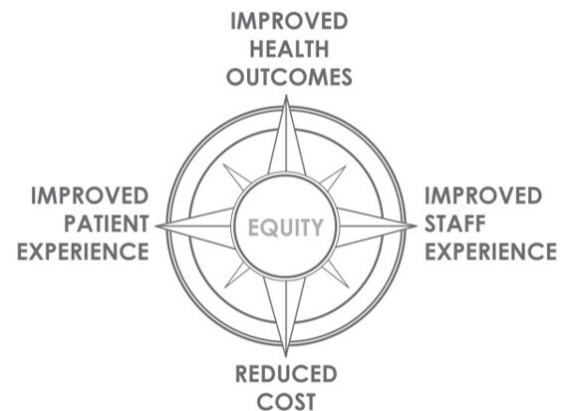
Improvement Strategy

WHAT?

WHY?

HOW?

WHY is an Improvement Strategy important to value-based care?

➤ To function as a "learning organization" engaged in continuous quality improvement, with application of evidence-based interventions and promising practices.

➤ To implement organization-wide, system-level workflow changes that are impactful, measurable, and transformative.

➤ To achieve improvements to Quintuple Aim goals

IMPROVED HEALTH OUTCOMES

IMPROVED PATIENT EXPERIENCE

EQUITY

IMPROVED STAFF EXPERIENCE

REDUCED COST

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WHAT?

WHY?

HOW?

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STEP 1

ENSURE POLICIES AND PROCEDURES ARE IN PLACE

The health center has operating procedures or processes that address the following:

✓ Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice

✓ Identifying, analyzing, and addressing patient safety and adverse events

✓ Assessing patient satisfaction

✓ Hearing and resolving patient grievances;

✓ Completing periodic QI/QA assessments on at least a quarterly basis to inform modifications in the provision of health center services

✓ Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board

For complete guide to requirements, visit: HRSA Quality Improvement/Assurance

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STEP 2

DETERMINE PRIORITIES

Align with strategic priorities and use data to inform your QI plan:

- ✓ Health center strategic plan
- ✓ Community needs assessments
- ✓ UDS data
- ✓ Payor data

Helpful Resource: [Board Oversight of Quality During COVID-19](#)

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STEP 3

SELECT MEASURES

QI plans are not JUST for UDS measures! **In addition to UDS**, consider also including measures for:

Empanelment
- 'Actual' versus 'Right' panel size

Access
- Third next available
- Continuity of care
- Appropriate schedule utilization

Care management
- Number of encounters
- Number of enrollments

Experience
- Patient experience
- Staff experience

Payor CQMs
- May be different than UDS measures
  - Attributed patients may differ from UDS patients
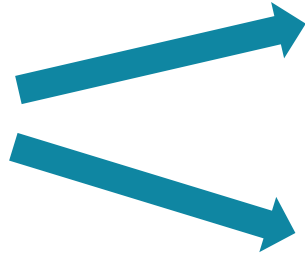 - Payor may use a different CQM

Risk management
- Occurrences
- Open referrals
- Open labs/tests
- IT security risk assessments
- Safety assessments

STEP 4

DETERMINE MEASURES FOR ACTIVE IMPROVEMENT

Divide selected measures into

Measures you will **actively work to improve**

Measures you will **monitor**

➢ Measures selected for active improvement will be the subject of data analysis and workflow development/improvement. Goals will be set, and QI methods will be actively utilized to improve performance.

➢ Measures selected to be monitored will be included on data dashboards and reports but may not have goals set or be the subject of active improvement.

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STEP 5

SET S.M.A.R.T. GOALS

SPECIFIC

MEASURABLE

ATTAINABLE

RELEVANT

TIME-BOUND

➢ Set goals for measures selected for active improvement.

➢ To help you focus your efforts and set effective and achievable goals use the **S.M.A.R.T. Goals** methodology.

Helpful Resource: CDC Develop SMART Objectives

STEP 6

UTILIZE DATA DASHBOARDS TO VISUALIZE PERFORMANCE AGAINST GOALS

Optimize your Electonic Health Record or Population Health Management System to create data dashboards.

Data dashboards help to visualize real-time, current measure performance against measure goals.

Increases transparency in data and effectiveness of performance improvement.

While quality improvement requires a team approach, assigning staff member leads helps to organize efforts:

➢ Who will be responsible for reporting/managing data dashboards?

➢ Who will be responsible for leading process improvement activities?

➢ Who will be responsible for providing progress updates at huddles/staff meetings?

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STEP 8

INITIATE IMPROVEMENT ACTIVITIES

1. Is your data complete and accurate?

2. Is there a workflow in place?

3. Use QI tools and strategies to improve performance
   - PDSA
   - FMEA
   - RCA

Document improvement activities!

Helpful Resource: IHI Quality Improvement Essentials Toolkit

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STEP 8

INITIATE IMPROVEMENT ACTIVITIES

Leverage NACHC resources available on NACHC's Docebo online learning platform

Action Guide

- Empanelment
- Risk Stratification
- Models of Care
- Cancer Screening
- Diabetes
- Hypertension
- Care Management
- Patients
- Care Teams
- Leadership

MICROLEARNING

- Empanelment
- Risk Stratification
- Models of Care
- Cancer Screening
- Annual Wellness Visits
- Transitional Care Management
- Care Management Billing and Coding
- Care Teams

PAYMENT Reimbursement Tips

- Behavioral Health Integration
- Chronic Care Management
- Annual Wellness Visits
- Medicare Telehealth Services
- Psychiatric Collaborative Care Model
- RPM & Self-Measured Blood Pressure
- Tobacco Cessation Counseling
- Transitional Care Management
- Virtual Communication Services
- Mental Health Telecommunication Services
- Sliding Coinsurance for Care Management Services

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STEP 9

ENSURE TIMELY PROGRESS

Regularly share and discuss progress on measures as a team.

- ✓ Huddles
- ✓ Staff meetings
- ✓ QI meetings

Be sure to seek input from staff members whose workflows directly impact measures.

Ensure progress towards goals is being made within timeframe determined. If progress is not being made, return to QI tools such as Root Cause Analysis to assess feasibility of attaining goal.

Helpful Resource: AMA Team Huddle Checklist

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MEET GOALS; REPEAT STEPS

When goal is met... celebrate! Acknowledge staff members and their work contributing to this improvement.

Then, either increase your goal to continue work on improving the same measure

OR

Select a new measure from the 'monitoring' list to actively focus improvement efforts on.

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