



NATIONAL ASSOCIATION OF
Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

QI TRAINING, POWERED BY



REGLANTERN

QI TRAINING: WEBINAR 2

OCTOBER 19, 2023

2:00 – 3:00 PM ET



Driving Health Center Value Transformation



Grounded in the
**Value Transformation
Framework**

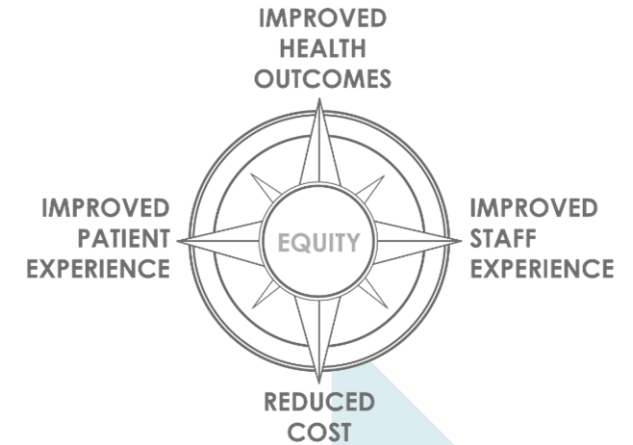


Operationalized through the
Elevate National Learning Forum

700+ Health Centers
77 PCAs/HCCNs/NTTAPs
6000+ Health Center Peers
15,000,000 Patients



Nested Quality Improvement (QI)
as part of overall systems change
QI Training



Achieving **Quintuple Aim**
Goals

Journey Map: Value Transformation

Leverage the Value Transformation Framework and Elevate:

Your transformation journey begins here!



STEP 1 - ENGAGE
Register for Elevate and participate in the **FREE** health center learning community



STEP 2 - ASSESS
Measure transformation progress using the Value Transformation Framework (VTF) Assessment



STEP 3 - PLAN
Incorporate transformation efforts into your Improvement Strategy



STEP 4 - TRANSFORM
Apply the VTF and suite of **FREE transformation tools and resources**



STEP 5 - REASSESS
Measure transformation progress over time using the VTF Assessment; monitor, adjust, and improve



Action Brief: How to Use the VTF and Elevate
Action Brief: Assess Transformation Progress

The Aging Population: Is Your Health Center Prepared?

65+ years of age fastest growing health center patient population*

36% of health center patients 45+ years of age*

- 11% - 65+ years of age
- 25% - 45-64 years of age

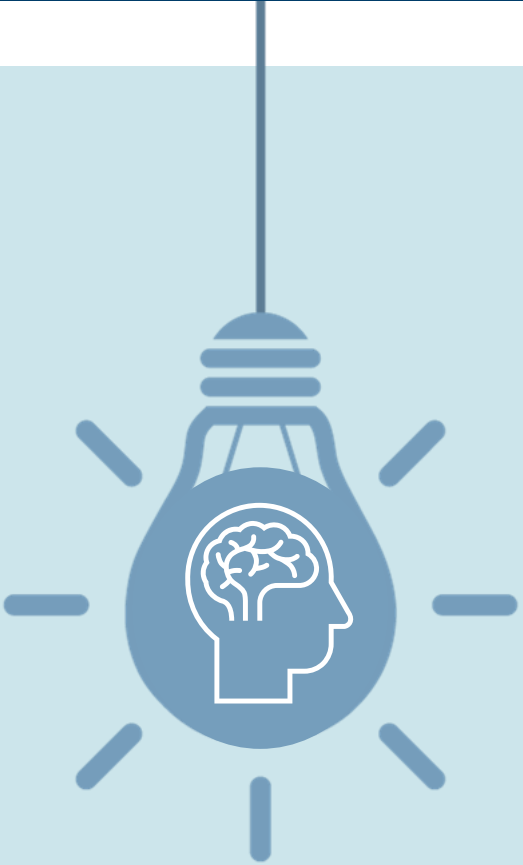
6th leading cause of death in the United States⁺

Alzheimer's kills more seniors than breast and prostate cancer combined⁺

Non-Hispanic Black and Hispanic older adults disproportionately more likely than White older adults to have Alzheimer's or other dementias⁺

* NACHC, Community Health Center Chartbook 2023. <https://www.nachc.org/community-health-center-chartbook-2023/>

⁺ Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures. Alzheimer's Dement., 19: 1598-1695. <https://doi.org/10.1002/alz.13016>



The Aging Population: Your Health Center is Part of the Solution!

Primary care providers provide 85% of first diagnosis of dementia; provide 80% of care*

Providers and care teams:

- ✓ Can address modifiable risk factors which may slow dementia progression and modify comorbid conditions
- ✓ Address safety and incorporate advanced care planning
- ✓ Achieve cost savings and help reduce rate of hospital admissions in adults 65 years and older (1.78 greater risk of ambulatory care sensitive admissions⁺)
- ✓ Generate revenue for care management and other Medicare services: Annual Wellness Visits and Advanced Care Planning

⁺ Phelan EA, et. al., Association of incident dementia with hospitalizations. JAMA. 2012 Jan 11;307(2):165-72. doi: 10.1001/jama.2011.1964.

^{*}Alzheimer's Association. 2023 Alzheimer's disease facts and figures. Alzheimer's Dement., 19: 1598-1695. <https://doi.org/10.1002/alz.13016>

QI Applied to the Aging Population

Sample QI Workplan Activity:



- 1 **Incorporate** the VTF systems approach within your health center QI strategy, as an organizing approach for all age groups, including older adults
- 2 **Assess** health center progress in 15 areas of systems change using the VTF Assessment. To access the VTF Assessment go to www.reglantern/vtf.
- 3 **Join** a national learning community (Elevate) for free training and professional development opportunities. Register for Elevate at <https://bit.ly/2023Elevate>.
- 4 **Build** capacity to provide services that provide early detection and risk reduction for dementia in combination with attention to chronic conditions and social risk: Chronic Care Management (CCM) services, Annual Wellness Visits (AWV), Advanced Care Planning (ACP). Access NACHC's suite of evidence-based Action Guides and Action Briefs.
- 5 **Bill** code and bill for additional services (CCM, AWV, ACP)
- 6 **Improve** patient health outcomes and advance toward Quintuple Aim goals



QI Training: Course Timeline

Pre-Work

Course: September 5, 2023 – December 12, 2023



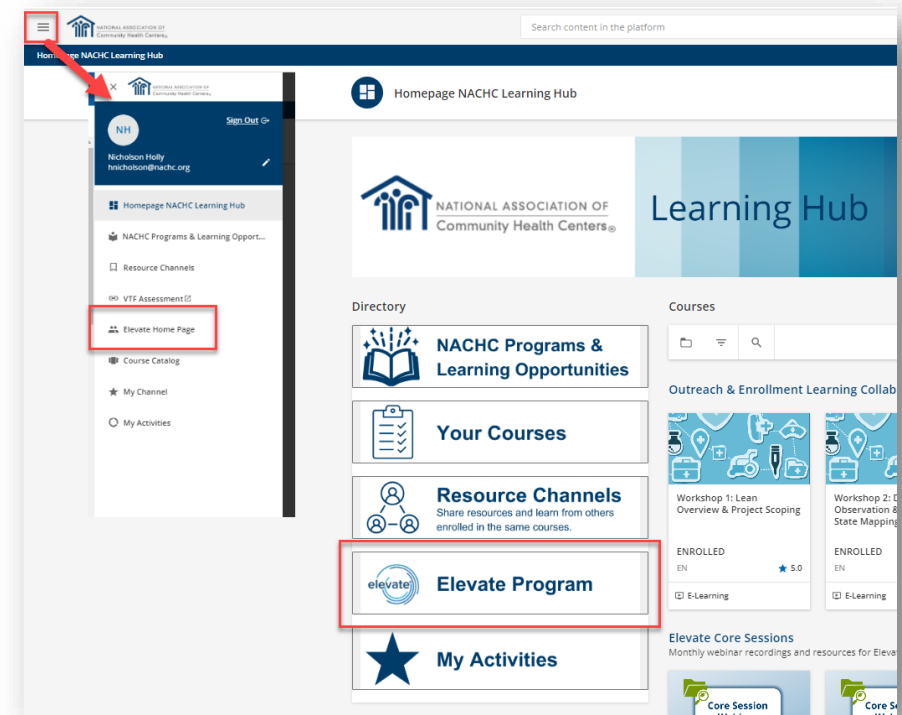
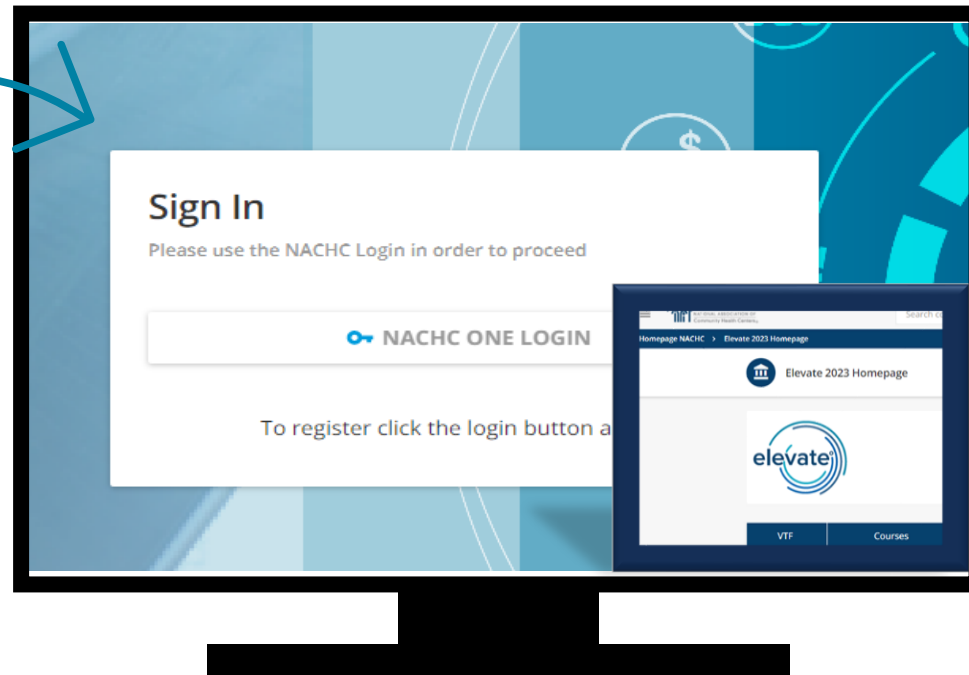


NACHC's Online Learning Hub

Session will be recorded and available in the Learning Hub

If you already have a 'NACHC One' login (the login used for NACHC conferences), use this to sign in.

*If you do not yet have a 'NACHC One' login, **register for free!***



Access NACHC's Learning Hub at <https://nachc.docebosaaS.com/learn/signin>



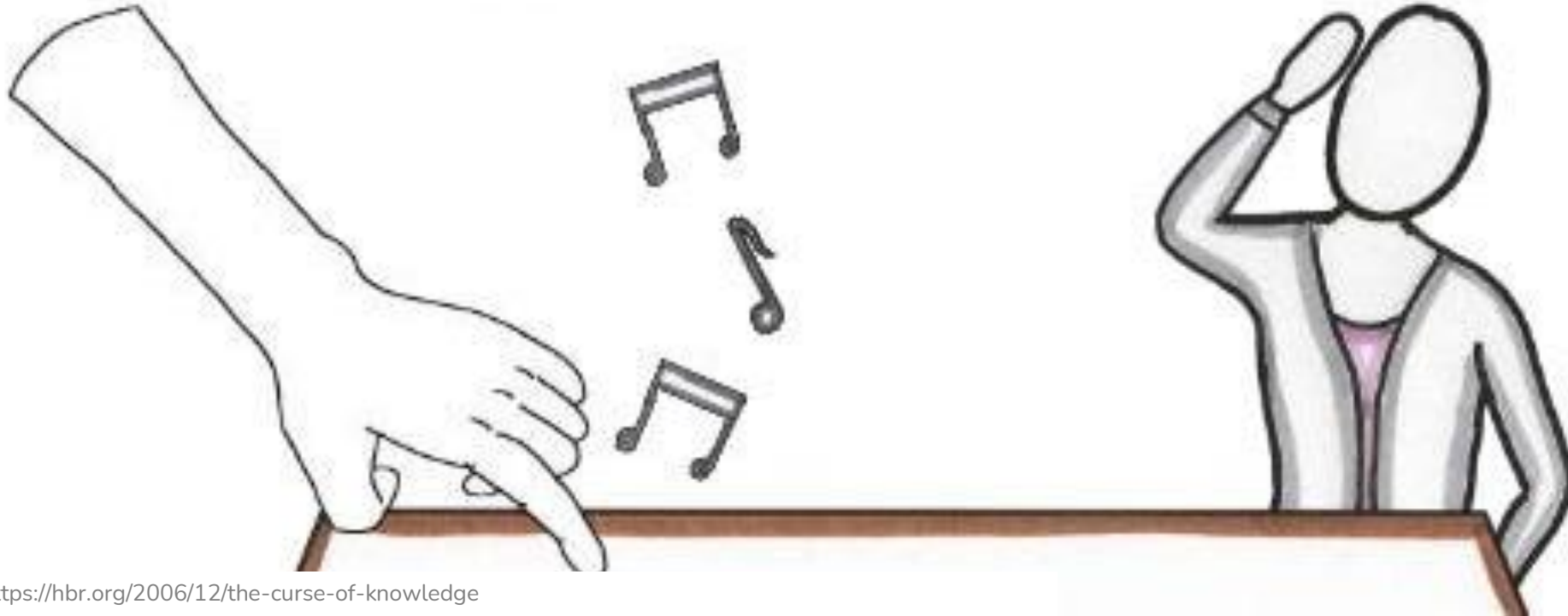
BUCKINGHAM PALACE

In loving and devoted
memory

The Curse of Knowledge

Tapper

Listener



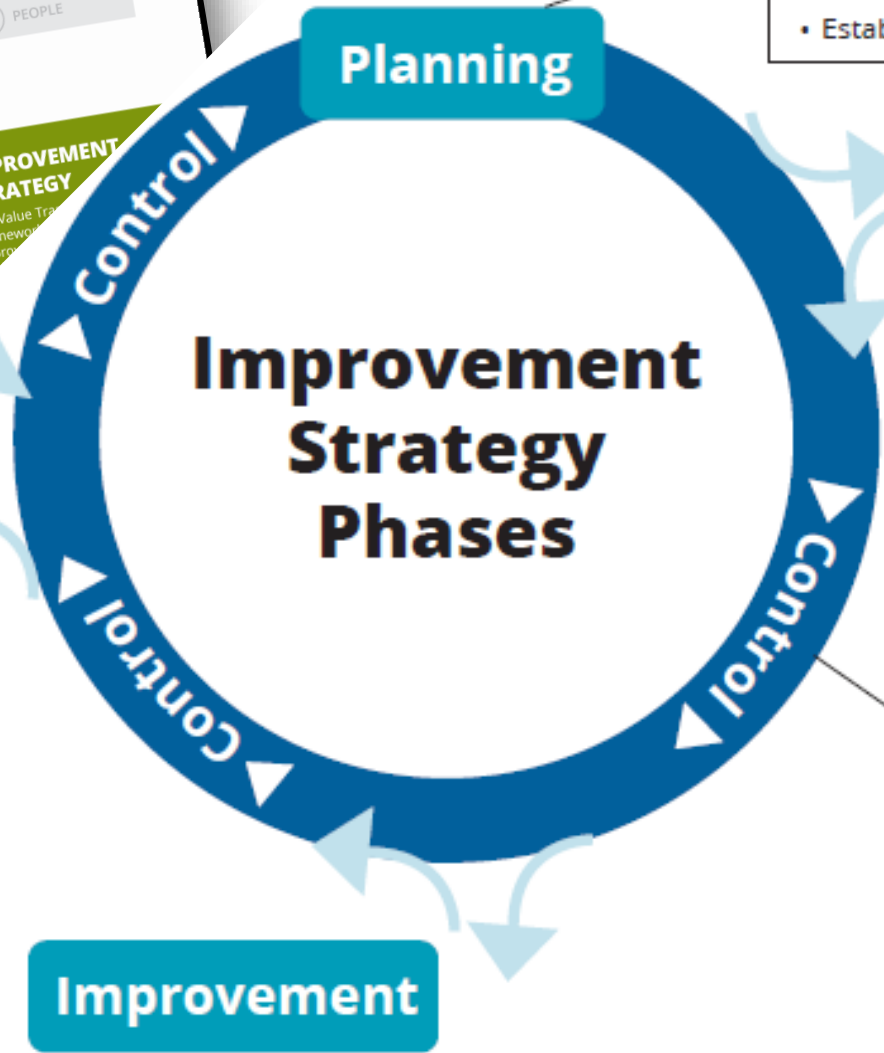
Session Objectives

1. Share communication principles to help communicate quality performance and updates throughout your health center.
2. Outline a framework for making ideas stick and making numbers count.
3. Provide criteria to evaluate current data displays and dashboards for effectiveness.

Recap: Overview

POP QUIZ!

1. What are the 4 components of a Quality Program?
2. What is 1 requirement HRSA requires in a Quality Plan?
3. What Improvement Model does your organization use?
4. Which quality measure are you working to improve?
5. What time frame are PDSAs best used for?
6. What is 1 difference between Quality Improvement and Quality Control?
7. When using a run chart, how many points are needed to establish a **SHIFT** or a **RUN**?



- Strategic planning
- Set priorities, goals, and measures
- Establish structures & processes

Improvement

- Operationalize the strategy
- Test ideas
- Scale improvements

- Measure, monitor, & maintain improvement
- Adjust, as needed, to improve performance

Assurance

- Check performance against external standards

Improvement

NACHC – VTF – Improvement Scope

1 - Learning	2 - Basic	3 - Applied	4 - Skilled	5 - Expert
<p>Health center is working toward implementing a QI plan that meets HRSA compliance standards.</p>	<p>Health center has a QI/QA plan that meets HRSA compliance standards. Health center uses periodic application of QI tools to make improvements (e.g., PDSA, FMEA, Root Cause Analysis, etc.)</p>	<p>Health center engages in quality planning and improvement, including regular use of QI tools or models to make improvements (e.g., PDSA, FMEA, Root Cause Analysis, etc.) and may include regular activities to measure, monitor, or maintain improvements.</p>	<p>Health center maintains formal quality planning structures and processes, employs a formal QI model such as the Model for Improvement, Lean Production, or Six Sigma, and builds activities to measure, monitor, and maintain improvements into daily work.</p>	<p>Health center maintains formal planning, improvement, control, and assurance activities. Health center functions as a “learning organization” engaged in ongoing continuous quality improvement (CQI) with application of evidence-based interventions and promising practices.</p>

Recap: Quality Planning

Quality Planning



- **Setting goals**
- **Defining measures**
- **Developing structures and processes**
- **Is iterative**



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

Starting with

Compliance

Action!

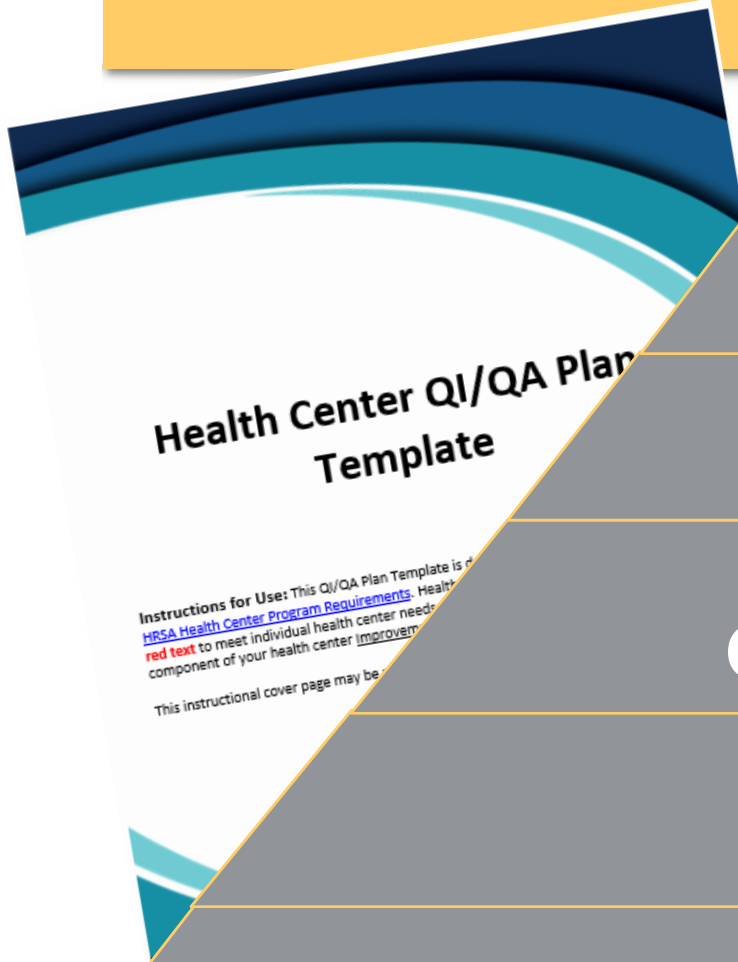
Key Leaders

Systems

Goals & Objectives

Mission & Vision

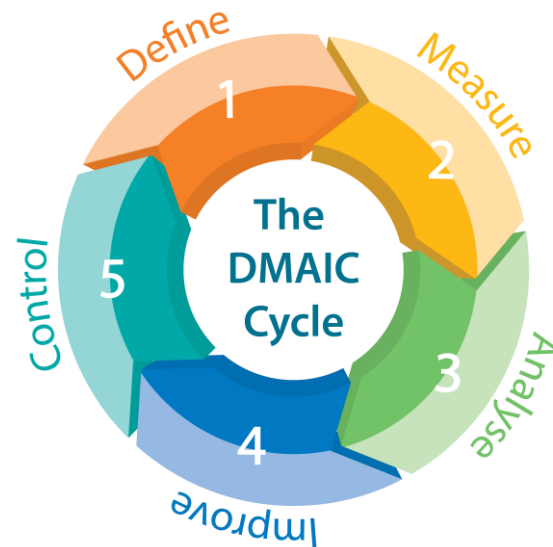
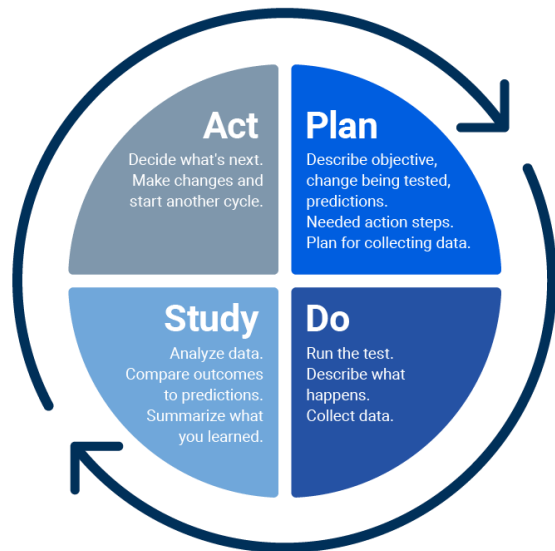
Regulatory Compliance



Policy / Program Evaluation Tool

Policy / Procedure / Area	Available	Reviewed/ Recommendations Made	Compliant
Services? (a.1.1)			
Services? (a.1.1)			
3)			
see the QI/QA program? (b.2.)			
QA program overseer including:			
ures? (b.3.1.)			
and adverse events, as			
ient satisfaction and			
olly)? (c.5.)			
se)			
d goals for the			

QI Model (PDSA, DMAIC, LEAN, KAIZEN, ETC)



Example Quality Work Plan

Data Source or Task Summary

ser
go
ere

MI Work Plan Calendar *Mission: "The mission of the MI Committee is to ensure the safety and quality of care and services provided to health center's patients."*

Frequency	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec	Owner	Method
Continuity of Care & Hospital Admitting (Ch8)														
Spot-check hospital admitting priv MOUs	2x/Year	√:				√:								
Spot-check hospital ref/follow-up documentation	2x/Year	√:				√:								
Review hospital ref/follow-up P/Ps	2x/Year	√:				√:								
QA (Ch10)														
Review QI/QA Plan	2x/Year	√:				√:								
Monitor QI/QA outcomes														
QI Committee Meeting	Monthly	√:	√:	√:	√:	√:	√:	√:	√:	√:	√:	√:		
Report on QI/QA, Pt Sat, Safety (Key Mgmt/Brd)	6x/Year	√:	√:		√:		√:		√:		√:		√:	

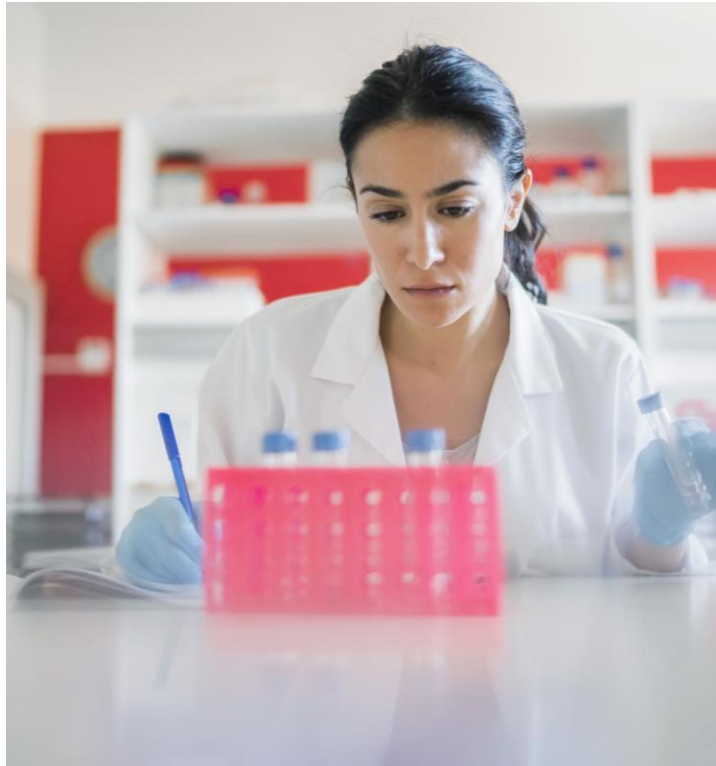
Required Tasks

Note the Frequency and Due Dates

Responsible Party by Job Title

Recap: Quality Improvement

Quality Improvement



- **Testing** ideas
- **Identifying** what works
- **Scaling** (replicating and expanding)
- Done by those **closest** to the work
- Should occur in **intervals** over time



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)

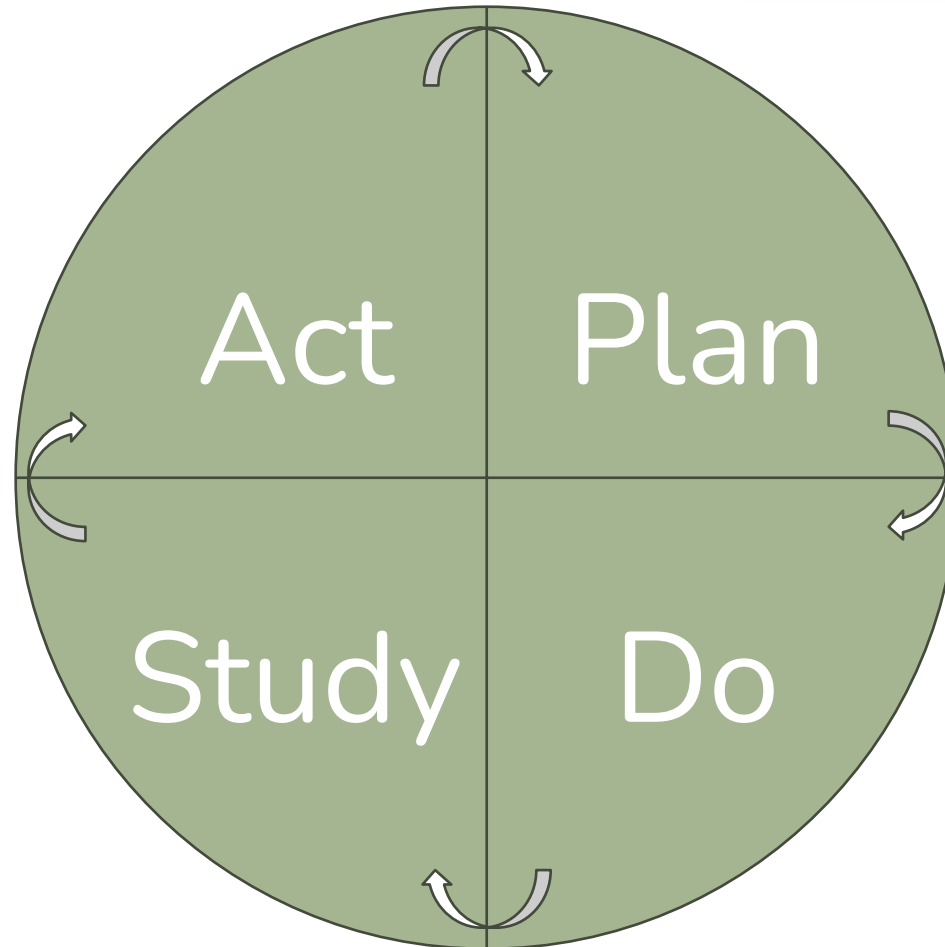


ASSURANCE
(QA)

Completing a PDSA

Based on what you learned from the test, make a plan for your next step.

Analyze the results and compare them to your predictions.



Plan the test, including a plan for collecting data.

Run the test on a small scale.

Completing a PDSA

PLAN: *Plan the test, including a plan for collecting data.*

Objective: Improve uncontrolled diabetes (A1c) control from 32.6% to 25%.

Baseline Data (Time frame, numerator, denominator, percentage):

2022, 32.6% uncontrolled, 141/432 patients with diabetes

Questions & Predictions:

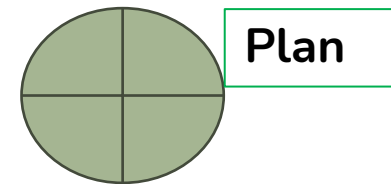
We predict that quarterly appointment reminder calls will improve patient engagement and A1c control.

Who, What, Where, When:

Find one patient with diabetes who has not been in for an appointment in three months, have Nurse Kyle call them, and schedule an appointment in the next two weeks.

Plan for collecting data:

Review appointment records and see if appointment was kept.



S.M.A.R.T. Goals

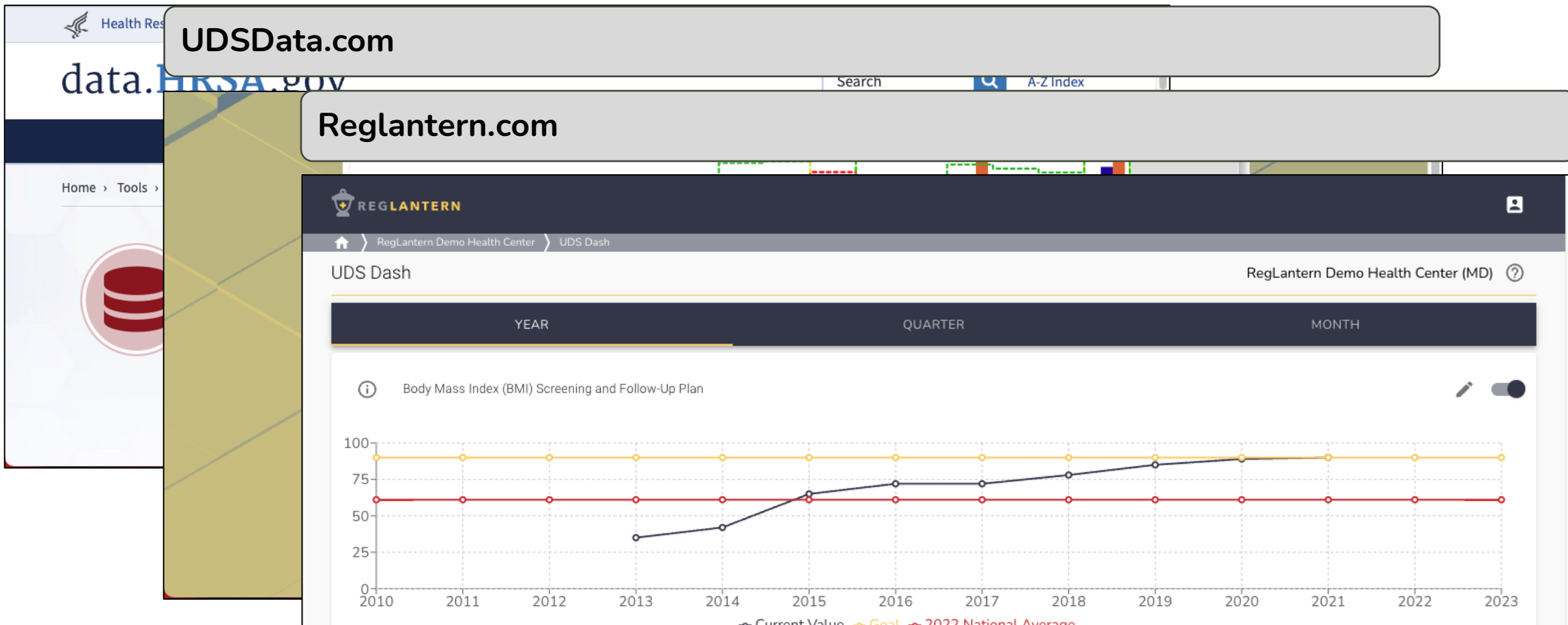
- **S:** *Specific*
- **M:** *Measurable*
- **A:** *Achievable*
- **R:** *Relevant*
- **T:** *Time-Limited*

Tools to Set Improvement Goals

Data.HRSA.gov

UDSData.com

Reglantern.com



Recap: Quality Control

Quality Control



- **Measuring** improvement
- **Maintaining** over time
- **Occurs daily** within teams
- **Adjust** as needed



PLANNING (QP)



IMPROVEMENT
(QI)

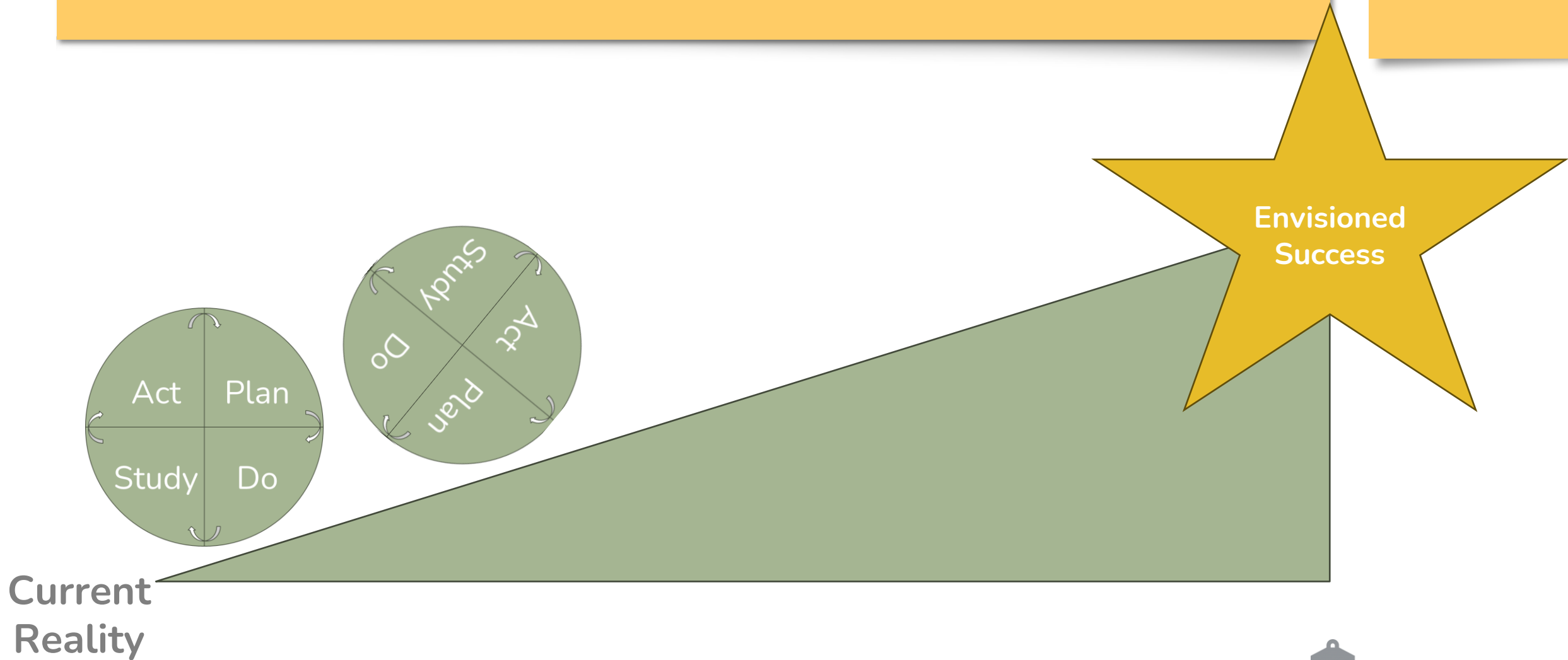


CONTROL (QC)

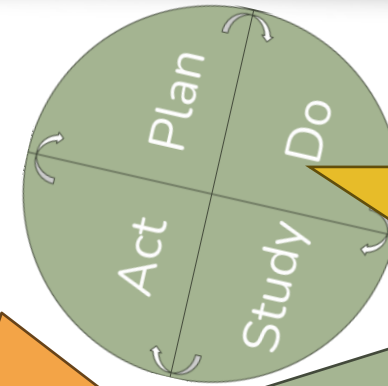
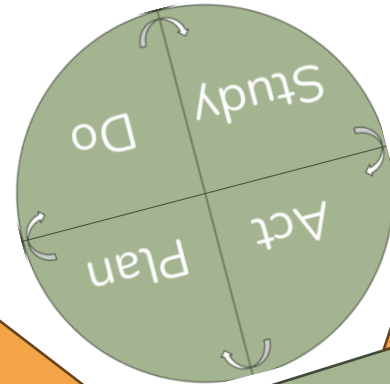


ASSURANCE
(QA)

Quality Improvement - ONLY



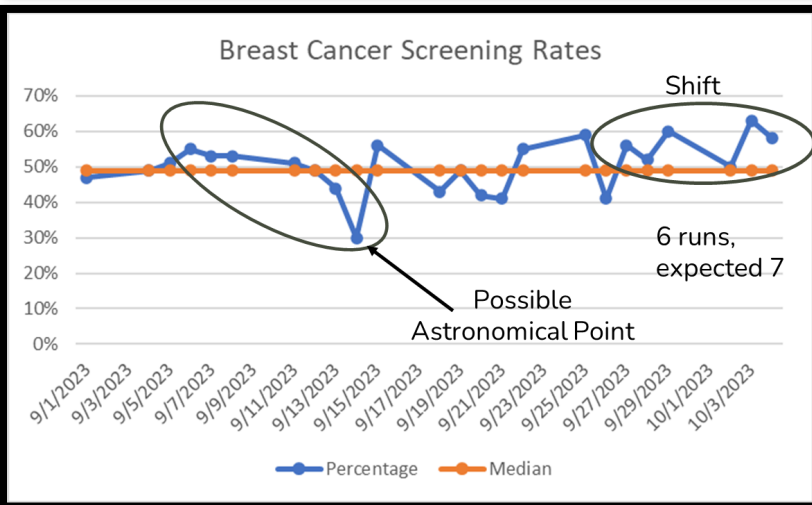
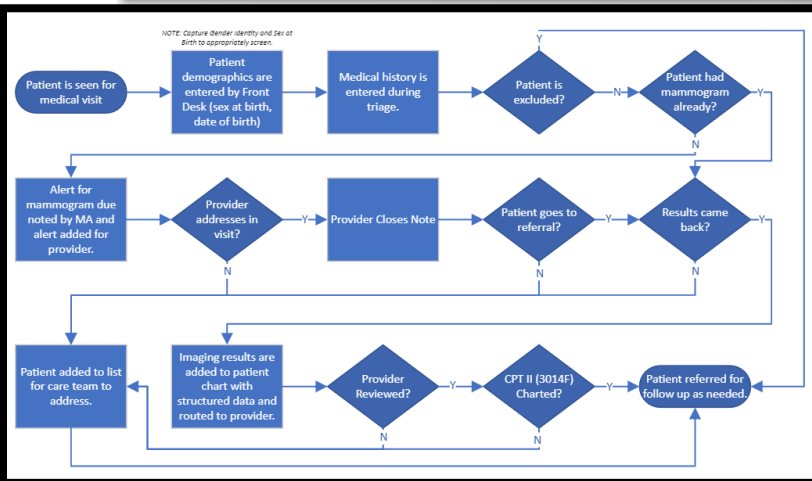
Culture of Learning with Control



Envisioned
Success

Current
Reality

Quality Control Tools



Instructions

1. Clarify the population CQM of focus
2. Review the charts and record the findings in "Audit Findings"
3. When complete, navigate to the Pivot Table tab, Refresh data and add results to a Run Chart for trending

Performance
53.6%

#	Population of Focus	Date of Service	CQM of Focus	Audit Findings
1	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Met
2	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Excluded
3	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Missed opportunity
4	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Documentation is
5	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Met
6	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Documentation is
7	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met
8	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Documentation is
9	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met
10	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Referral issues
11	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Referral issues
12	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met
13	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met
14	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Met
15	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Referral issues
16	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Met
17	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Referral issues
18	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met
19	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Referral issues
20	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met
21	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met
22	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Reporting issues
23	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met
24	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Missed opportunity
25	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met
26	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Excluded
27	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Met
28	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Met
29	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Missed opportunity
30	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Missed opportunity

EVENT. What happened? Define the problem as an *event*

9/14 was the lowest screening day in the past month.

PATTERN. What's been happening? Define the problem as a *pattern* by selecting a poor performance factor:

A downward trend was detected in the Breast Cancer Screening data.

STRUCTURE. Why is it happening? What are the tangible and intangible structures determining the results we see?

1. Fewer women had mammograms completed in the last 2 years. Why is that?
2. Several patients had the mammogram just beyond the required time frame in the past. Why is that?
3. We held a screening mammogram event for patients about this time 2 years ago, not since. Why is that?
4. We have not maintained the partnership with the local hospital to have their mobile van come. Why is that?
5. We have not clarified who will own this relationship and ensure this is scheduled.

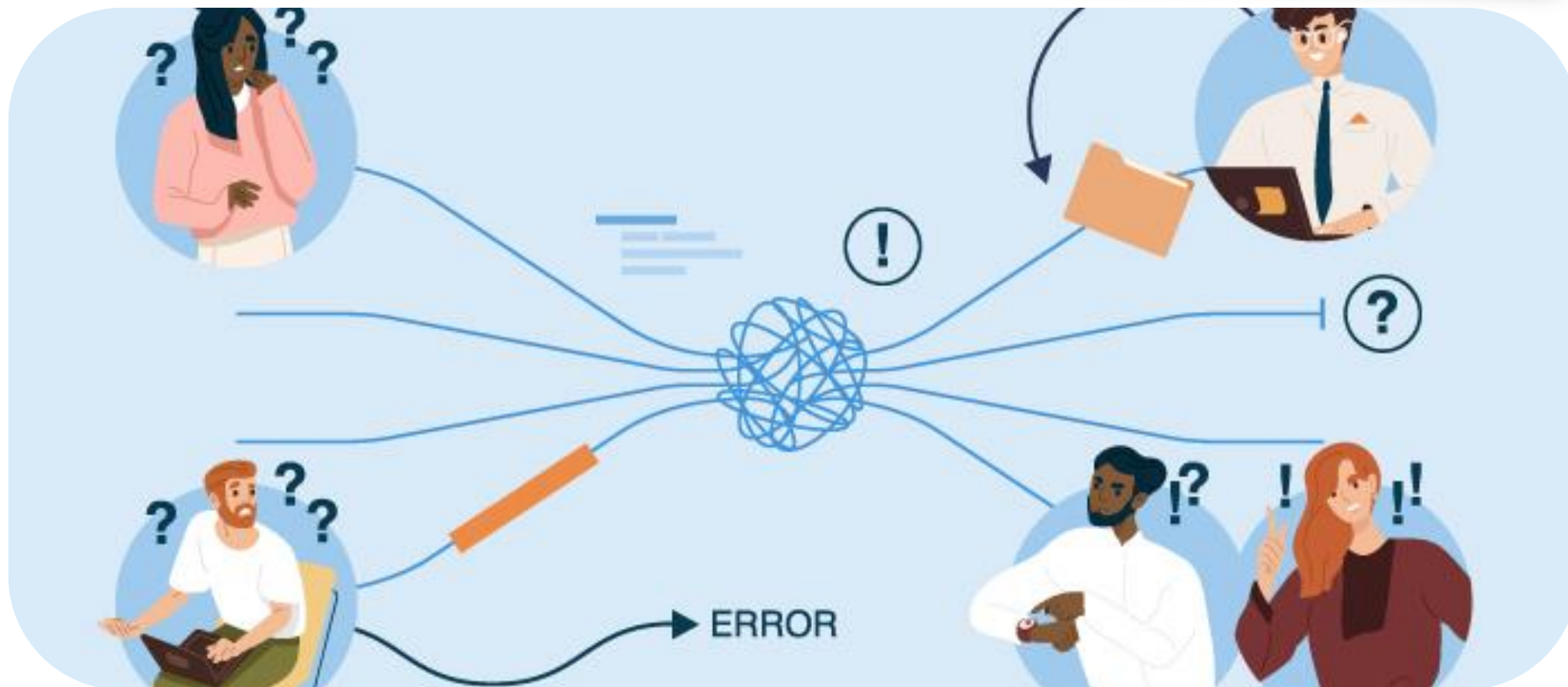
ACTION. What are the implications for action? What can you do to change the results?

- Identify the team member accountable for this relationship.
- Schedule the mammography mobile van to come to the clinic.
- Send a scheduling reminder to those patients overdue and almost due for mammograms

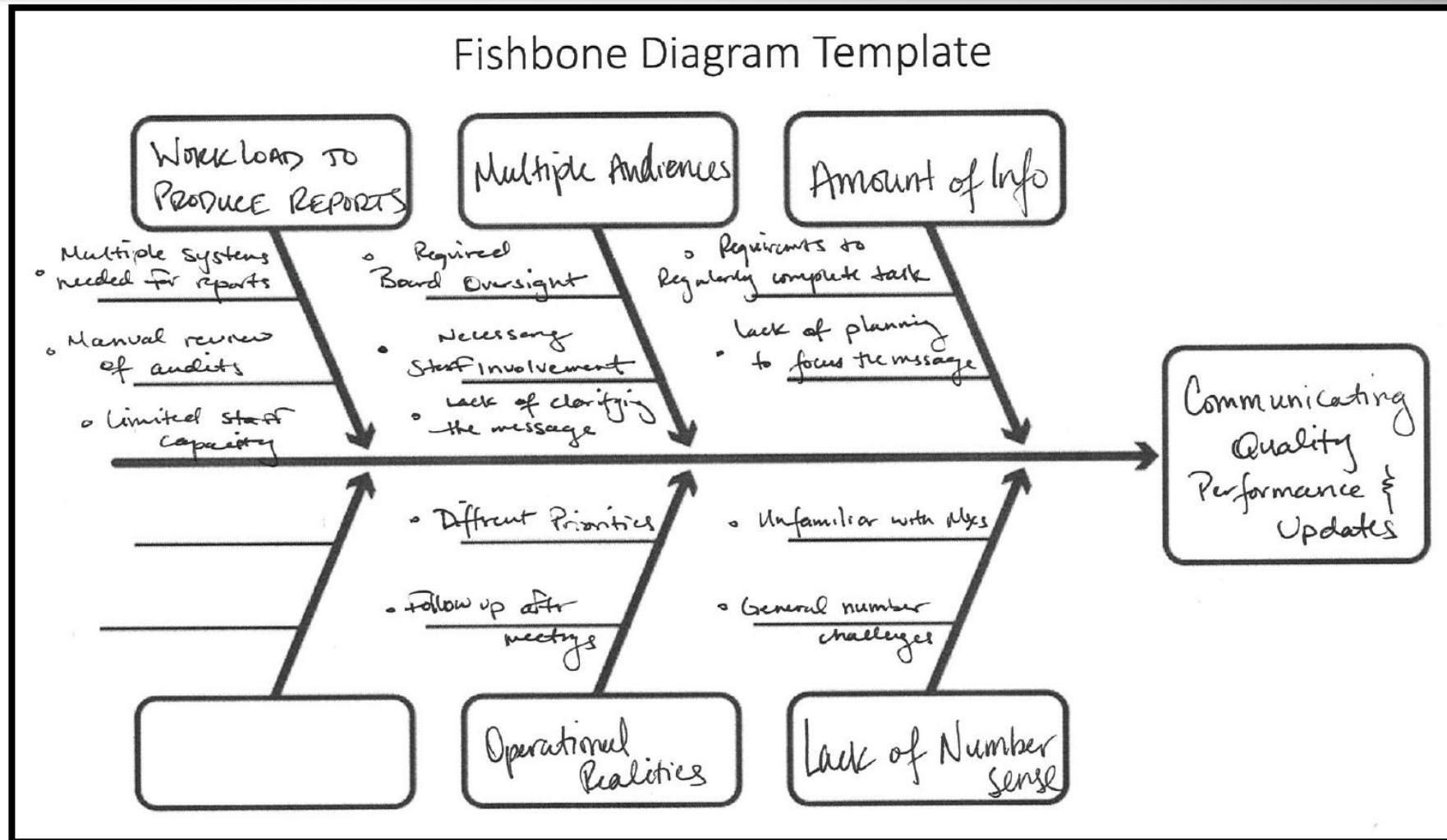


Communicating Data

Miscommunication is a Reality of Life

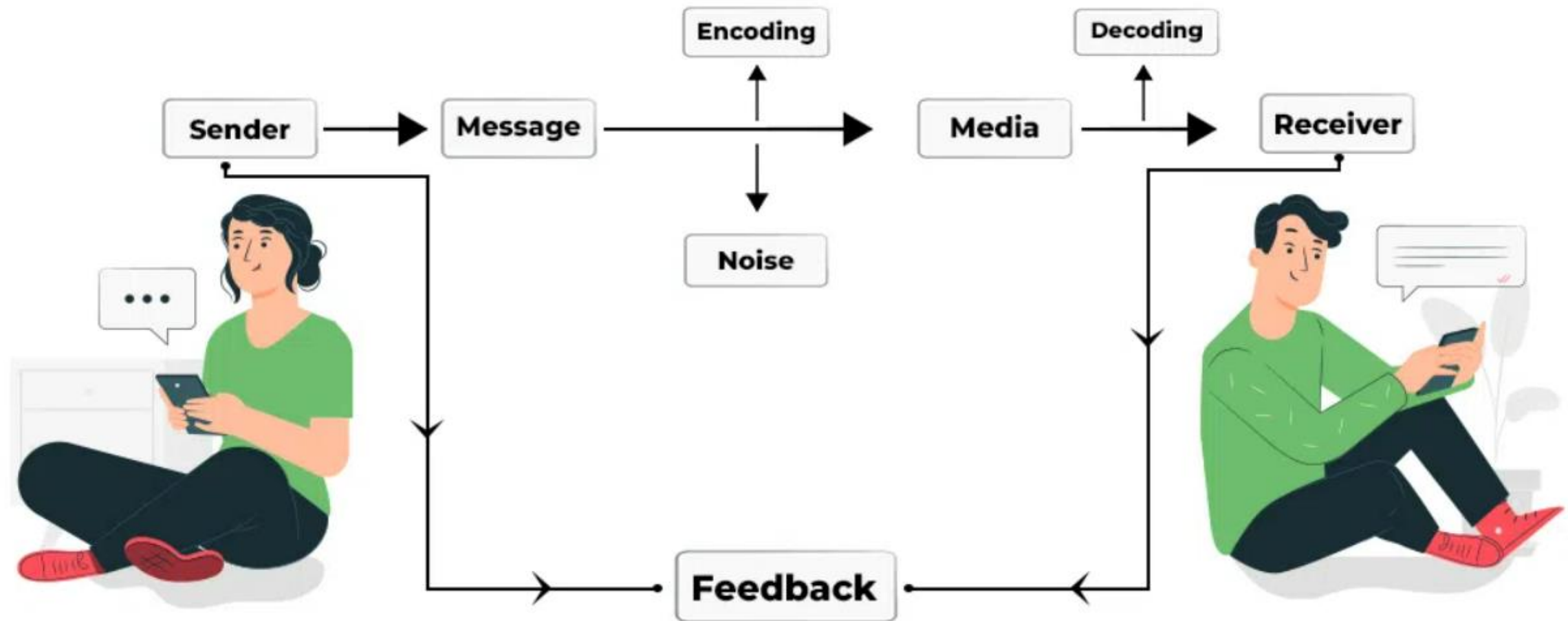


Why is communicating Quality Info so hard?





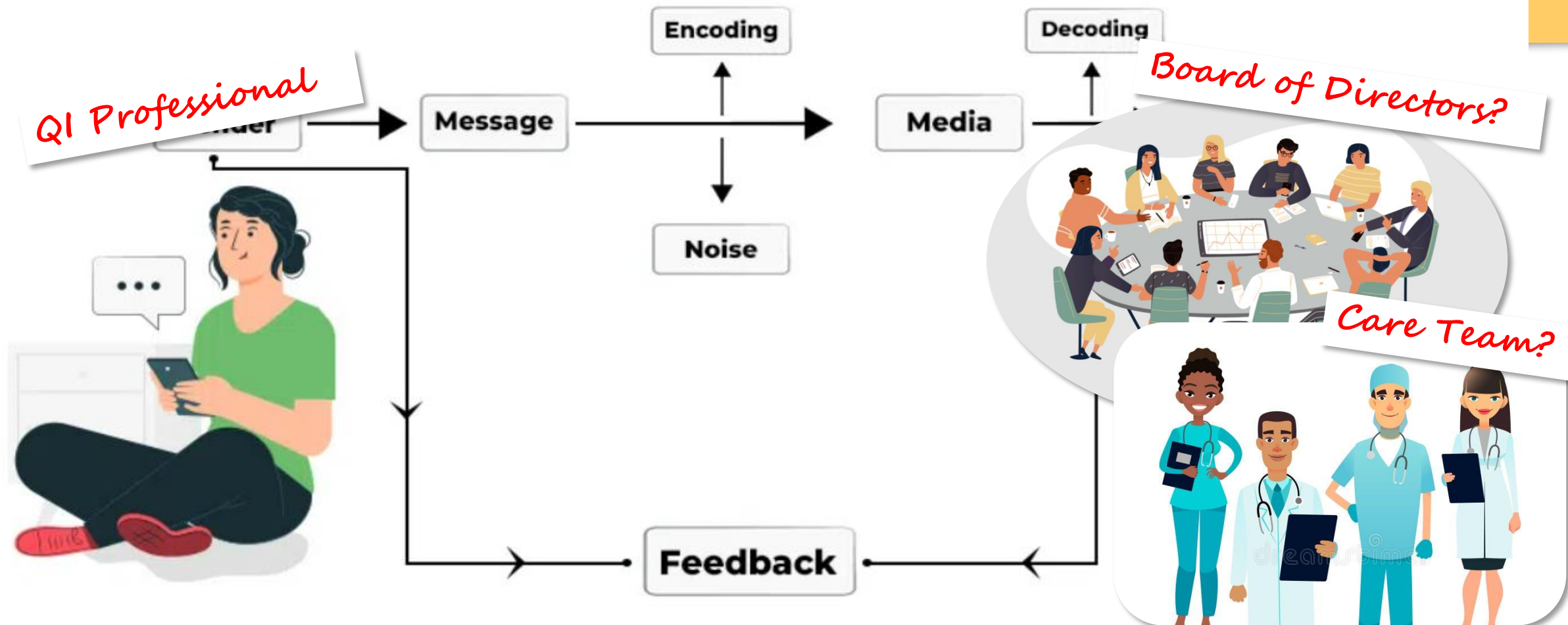
Elements of Communication Process



The Receiver or Audience



Elements of Communication Process



Engaging the Board of Directors

- What do I want them to hear?
- What feedback do I need?
- If I were in their seat what I would I want to hear/see to be able to carry out my assigned duty of governance and oversight?
- Where does the board have unique perspective to provide insight?
- Ask about what is envisioned and what success looks like.
- Keep information summarized and batched.
- Communicate why this measure matters.
- Anchor performance against a goal or benchmarks.

	Frequency	July	August	Sept	Owner	Notes
Required and Additional Services (Ch4)						
Form 5A: Check program alignment/MOUs	2x/Year	X			DCPH	
Spot-check Referral Processes	2x/Year				QIC	
Spot-check interpretation/documents in place	2x/Year				COO	
Training: Culturally-Competent Care	1x/Year	X			HR	
Clinical Staffing (Ch5)						
Evaluate Staffing Mix in relation to pt needs (panel size)	Monthly	X	X	X	DCS	
Credentialing and Privileging review	2x/Year				HR	
Form 5A: Check MOUs for Cred/Priv req'ments	2x/Year	X			DCPH	
Accessible Hours & Locations (Ch6)						
Evaluate access barriers for pts - Third Next Available by appt types	Monthly	X	X	X	COA	
Evaluate hours of ops in relation to pt needs	2x/year	X			DCPH	
Form 5B: Check alignment/updated	1x/Year	X			DCPH	
Evaluate phone system functionality	Quarterly	X			COO	Operations Group?
Coverage for Medical Emergencies (Ch7)						
Spot-check BLS site logs	2x/Year				NM	
Spot-check after-hrs info (mtg language needs)	2x/Year				NM	
Spot-check after-hrs process/logs	2x/Year				NM	
Check expiration/maintence of AED, emergency meds, fire extinguisher, oxygen	Monthly	X	X	X	NM	
Emergency preparedness training documented	Quarterly	X			COA	
Continuity of Care & Hospital Admitting (Ch8)						
Spot-check Hospital and Referral Follow-up documentation	2x/Year	X			QIC	
Hospital and ED utilization	Quarterly	X			DCPH	
Review hospital ref/follow-up P/Ps	2x/Year	X			NM	Move to HRSA compliance?
Referral Review (Referrals by Specialty and Loop Closure)	Quarterly			X	FDM	
QI/QA (Ch10)						
Review QI/QA Plan (procedure, PDSAs, outcomes to summarize)	2x/Year				DCS	
Peer Review (Conducted by LIPs, medication review, medical expense ratio)	Quarterly			X	CMO	
Pharm 340B Audit	Monthly	X	X	X	DCS	
Review 340B Pharmacy contracts (if applicable)	2x/Year				CAO	Move this to the 340B group?
Report on QI/QA, Safety (Key Mgmt/Brd)	Quarterly	X			DCS	
Patient satisfaction and comments review	Monthly	X	X	X	DCPH	
Review grievances and incidents	Quarterly	X			DCPH	
Review P/Ps for record mgmt, privacy, security	1x/Year	X			SO/PO	Move this to IT Committee?
Training: Confidentiality, HIPAA, doc security	1x/Year	X			OA	Move this to IT Committee?
PCMH: Medication List Update Report	Quarterly		X		COA	
General Consent to Treat Completion	Monthly	X	X	X	COA	
Other						
Volunteer Opportunities and current volunteer positions	Quarterly	X			HR	Move this to HR?
UDS Demographics - SOGI and FPL Status	Monthly			X	FDM	
UDS measures tracking	Quarterly	X			QIC	

Completed without Issue

Completed w/ Follow Up Plan

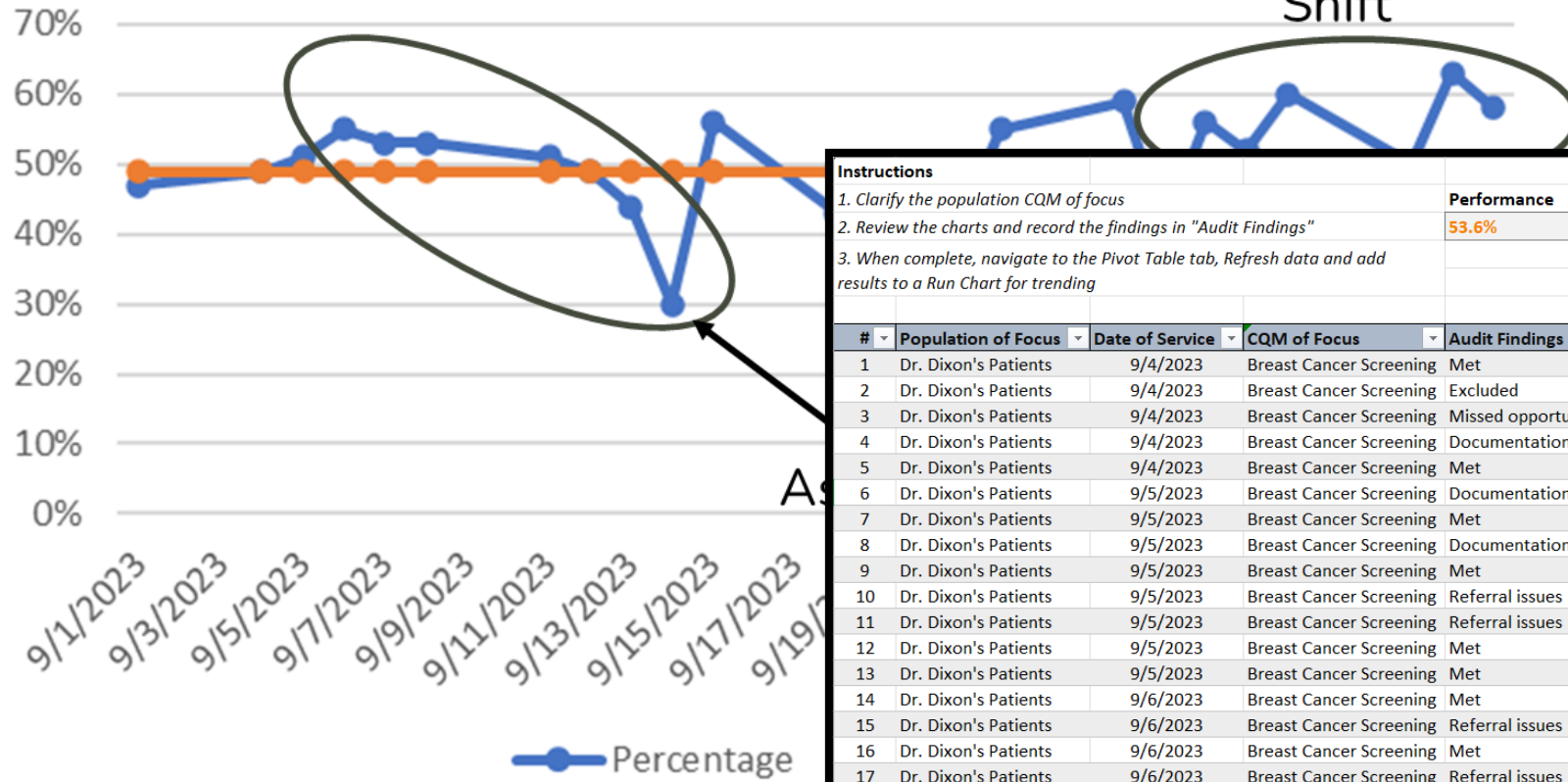
In Process

Not Started

Engaging the Care Team

- Focus on action. (Provide access to patient level detail).
- Reinforce definitions of measures – don't overlook the basics.
- Validate data to promote trust in the information.
- Invite care team members into the data validation process (i.e. small manual samples).
- Communicate why this measure matters.
- Anchor performance against a goal or benchmarks.

Breast Cancer Screening Rates



Instructions						Performance	Numerator
1. Clarify the population CQM of focus						53.6%	15
2. Review the charts and record the findings in "Audit Findings"							Denominator (without exclusions)
3. When complete, navigate to the Pivot Table tab, Refresh data and add results to a Run Chart for trending							28
							Excluded
							2
#	Population of Focus	Date of Service	CQM of Focus	Audit Findings	Other Notes		
1	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Met			
2	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Excluded	History of mastectomy		
3	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Missed opportunity during visit	No documentation in Med Hx or reminder to patient		
4	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Documentation issues	Medical history free texted in note by MA		
5	Dr. Dixon's Patients	9/4/2023	Breast Cancer Screening	Met			
6	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Documentation issues	Previous mammogram screening noted, but date not entered		
7	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met			
8	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Documentation issues	Previous mammogram screening noted, but date not entered		
9	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met			
10	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Referral issues	Referral placed in January, no results in chart		
11	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Referral issues	Referral placed in March, no results in chart		
12	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met			
13	Dr. Dixon's Patients	9/5/2023	Breast Cancer Screening	Met			
14	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Met			
15	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Referral issues	Referral placed in July, results back in August, not reviewed		
16	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Met			
17	Dr. Dixon's Patients	9/6/2023	Breast Cancer Screening	Referral issues	Referral placed in May, patient did not show		
18	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met			
19	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Referral issues	Referral ordered as "referral" instead of diagnostic imaging.		
20	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met			
21	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met			
22	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Reporting issues	Patient shows as met on report, but mammogram not in chart.		
23	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Met			
24	Dr. Dixon's Patients	9/7/2023	Breast Cancer Screening	Missed opportunity during visit	No documentation in Med Hx or reminder to patient		
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29	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Missed opportunity during visit	No documentation in Med Hx or reminder to patient		
30	Dr. Dixon's Patients	9/8/2023	Breast Cancer Screening	Missed opportunity during visit	No documentation in Med Hx or reminder to patient		

The Message

MADE to STICK SUCCEs Model

NEW YORK TIMES BESTSELLER

Why Some Ideas Survive
and Others Die

MADE



STICK

Chip Heath & Dan Heath

With ADDED MATERIAL (now extra sticky!)



A sticky idea is understood, it's remembered, and it changes something. Sticky ideas of all kinds—ranging from the “kidney thieves” urban legend to JFK’s “Man on the Moon” speech—have six traits in common. If you make use of these traits in your communication, you’ll make your ideas stickier. (You don’t need all 6 to have a sticky idea, but it’s fair to say the more, the better!)

PRINCIPLE 1



SIMPLE

Simplicity isn't about dumbing down, it's about prioritizing. (Southwest will be THE low-fare airline.) What's the core of your message? Can you communicate it with an analogy or high-concept pitch?

PRINCIPLE 2



UNEXPECTED

To get attention, violate a schema. (The Nordie who ironed a shirt...) To hold attention, use curiosity gaps. (What are Saturn's rings made of?) Before your message can stick, your audience has to want it.

PRINCIPLE 3



CONCRETE

To be concrete, use sensory language. (Think Aesop's fables.) Paint a mental picture. ("A man on the moon...") Remember the Velcro theory of memory—try to hook into multiple types of memory.

PRINCIPLE 4



CREDIBLE

Ideas can get credibility from outside (authorities or anti-authorities) or from within, using human-scale statistics or vivid details. Let people "try before they buy." (Where's the Beef?)

PRINCIPLE 5



EMOTIONAL

People care about people, not numbers. (Remember Rokia.) Don't forget the WIIFY (What's In It For You). But identity appeals can often trump self-interest. ("Don't Mess With Texas" spoke to Bubba's identity.)

PRINCIPLE 6



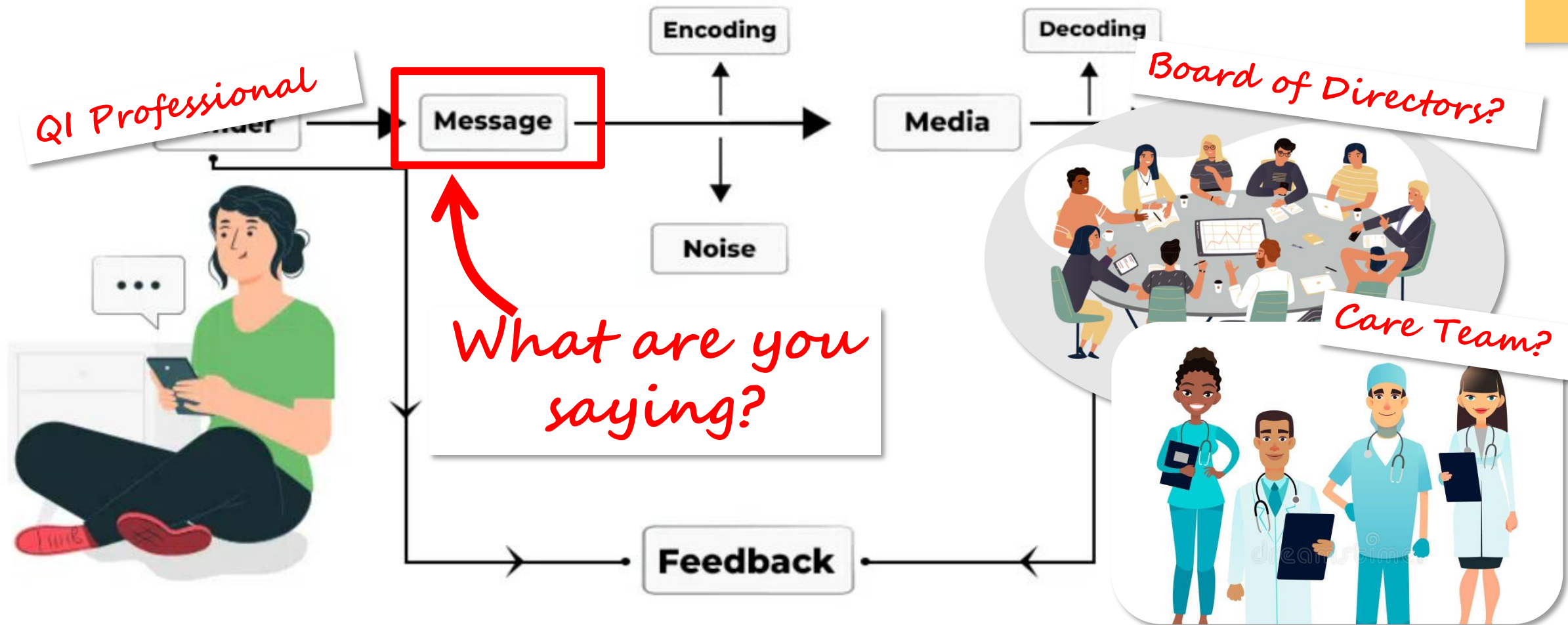
STORIES

Stories drive action through simulation (what to do) and inspiration (the motivation to do it). Think Jared. Springboard stories (See Denning's World Bank tale) help people see how an existing problem might change.

S



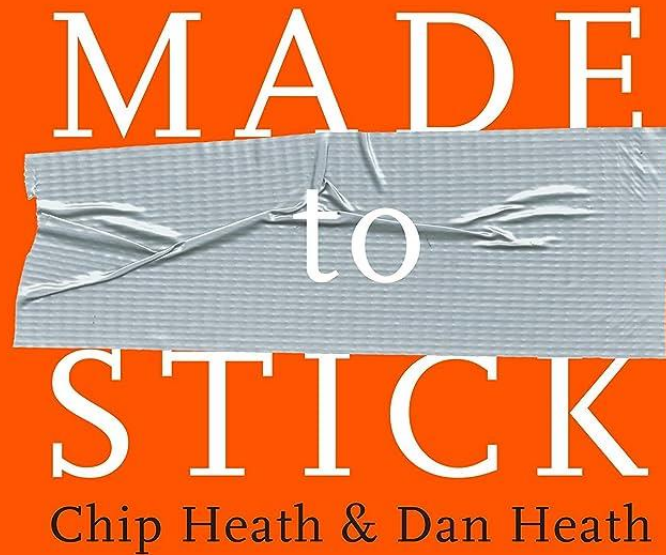
Elements of Communication Process



MADE to STICK SUCCEs Model

NEW YORK TIMES BESTSELLER

Why Some Ideas Survive
and Others Die



With ADDED MATERIAL (now extra sticky!)



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PRINCIPLE 6

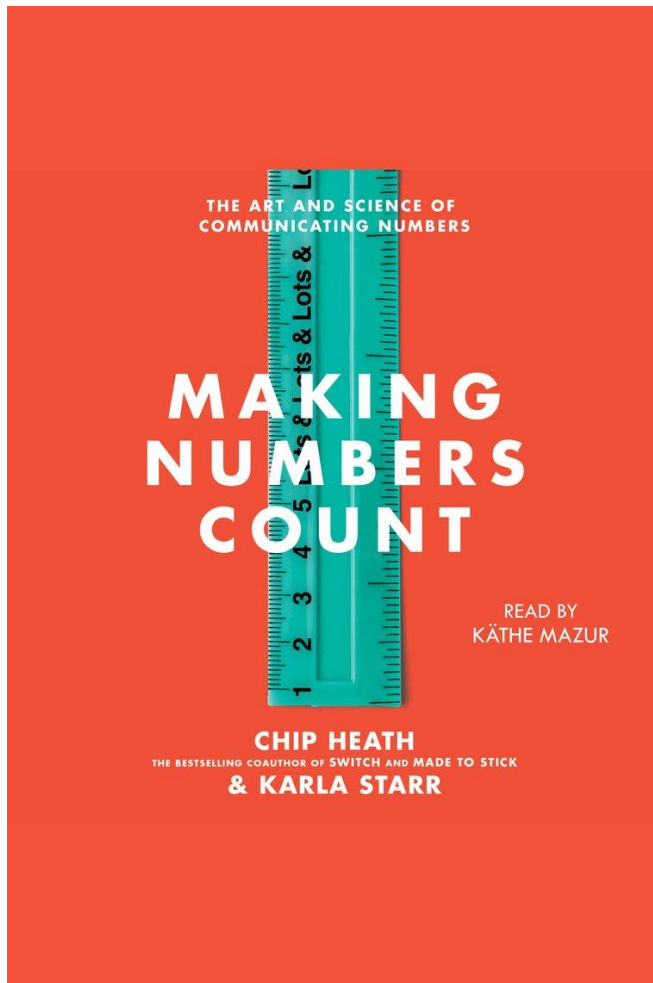


STORIES

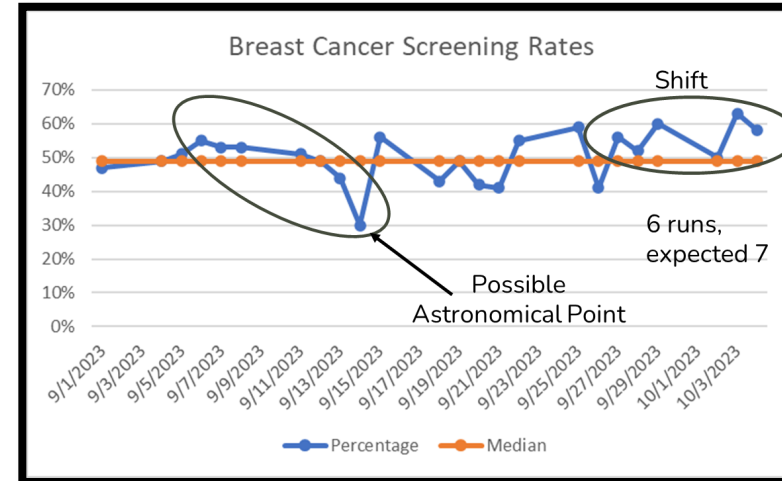
Stories drive action through simulation (what to do) and inspiration (the motivation to do it). Think Jared. Springboard stories (See Denning's World Bank tale) help people see how an existing problem might change.

S

Making Numbers Count

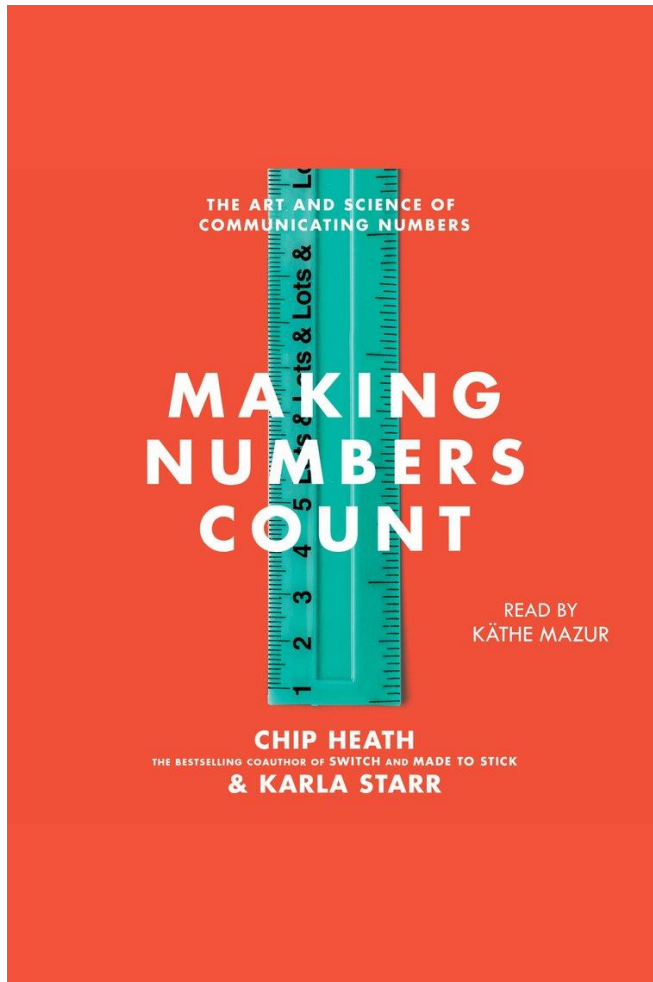


- Translate everything.



Our breast cancer screenings were decreasing, but we can now see that we have shifted above the median performance.

Making Numbers Count



- Translate everything.
- Remember - We're not great with numbers.

e.g. 1 million versus 1 billion

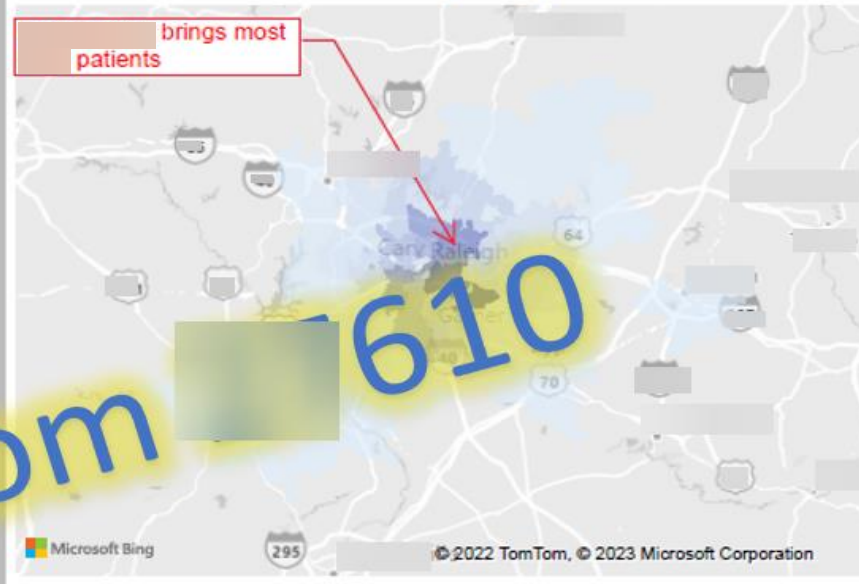
Patient Origin by Zip Code

Top Zip Codes

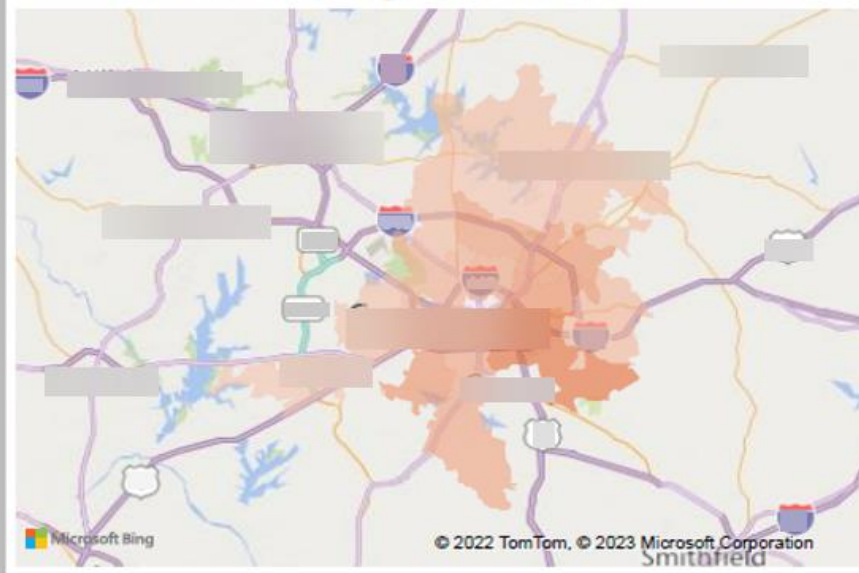
Zip Code	Patients	Percent of Total	Running Total Percent
610	751	12.9%	12.9%
604	494	8.5%	21.4%
616	461	7.9%	29.3%
606	459	7.9%	37.2%
615	389	6.7%	43.9%
603	329	5.7%	49.6%
609	310	5.3%	54.9%
612	242	4.2%	59.1%
607	217	3.7%	62.8%
529	185	3.2%	66.0%
601	183	3.1%	69.1%
545	168	2.9%	72.0%
511	136	2.3%	74.4%
587	134	2.3%	76.7%
613	134	2.3%	79.0%
591	108	1.9%	80.8%
513	88	1.5%	82.3%
597	73	1.3%	83.6%
614	65	1.1%	84.7%
526	62	1.1%	85.8%
520	59	1.0%	86.8%

1 in 8 from

Patients by Zip Code



Patients by Service Area



Form 5B Service Area Zip Codes

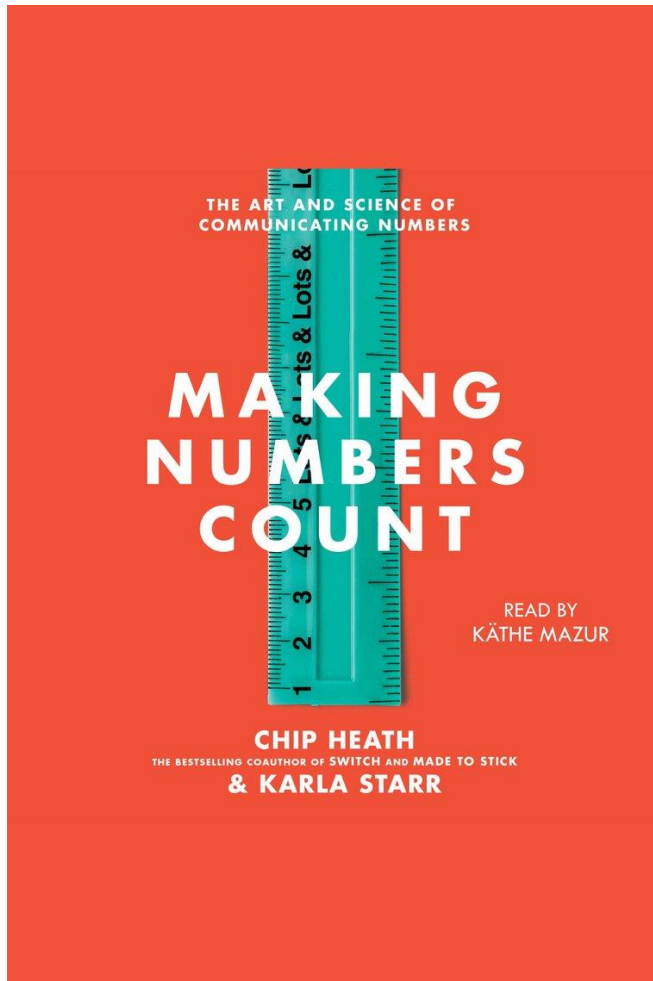
Zip Code	Patients	Percent of Total	Running Total Percent
616	461	7.9%	7.9%
615	389	6.7%	14.6%
614	65	1.1%	15.7%
613	134	2.3%	18.0%
612	242	4.2%	22.2%
610	751	12.9%	35.1%
609	310	5.3%	40.4%
607	217	3.7%	44.2%
606	459	7.9%	52.1%
604	494	8.5%	60.6%
603	329	5.7%	66.2%
601	183	3.1%	69.4%
587	134	2.3%	71.7%
545	168	2.9%	74.6%
513	88	1.5%	76.1%
511	136	2.3%	78.4%

Form 5B zip codes cover more than 75% of patients (See SVP Ch 3)

Form 5B Zips

- 511
- 513
- 520
- 526
- 529
- 545
- 587
- 591
- 597
- 601
- 603
- 604
- 606
- 607
- 609
- 610
- 612
- 613
- 614
- 615
- 616
- 502

Making Numbers Count



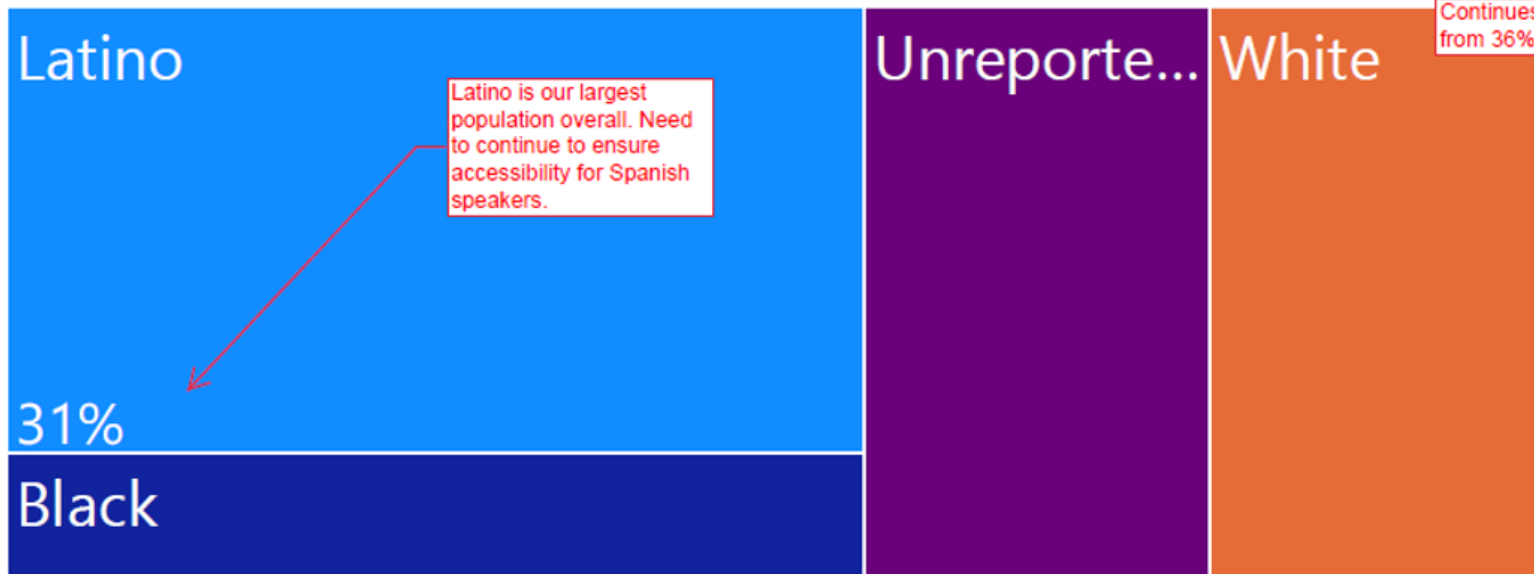
- Translate everything.
- Remember - We're not great with numbers.
- **Round generously and use concrete numbers.**

✘ 77.6894% Compliant ✘

🏆 78% Compliant 🏆

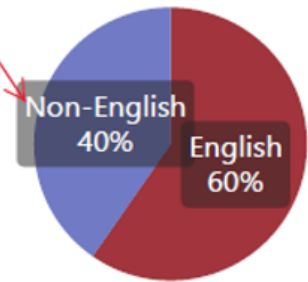
✓ About 3 out of 4 are Compliant ✓

Patients by Combined Race and Ethnicity



Patients by Language

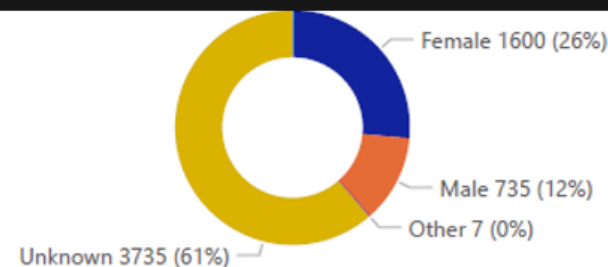
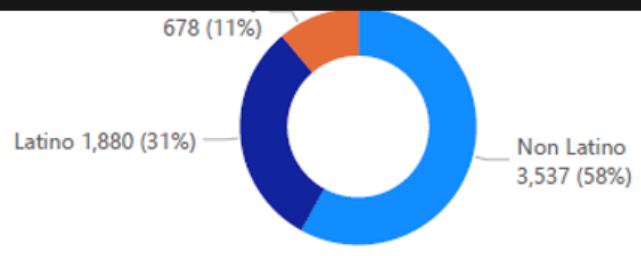
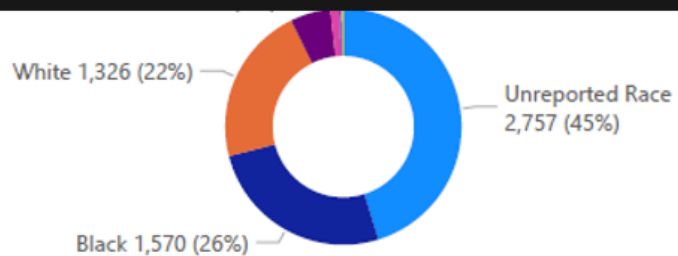
Continues to grow. Up from 36% last year.



Patients by Sexual Orientation

Bisexual 45 (1%)

**Of 15 patients
5 speak Spanish + 1 Another Language**



MADE to STICK SUCCEs Model

A sticky idea is understood, it's remembered, and it changes something. Sticky ideas of all kinds—ranging from the “kidney thieves” urban legend to JFK’s “Man on the Moon” speech—have six traits in common. If you make use of these traits in your communication, you’ll make your ideas stickier. (You don’t need all 6 to have a sticky idea, but it’s fair to say the more, the better!)

PRINCIPLE 1	PRINCIPLE 2	PRINCIPLE 3	PRINCIPLE 4	PRINCIPLE 5	PRINCIPLE 6	S
SIMPLE	UNEXPECTED	CONCRETE	CREDIBLE	EMOTIONAL	STORIES	
Simplicity isn't about dumbing down, it's about prioritizing. (Southwest will be THE low-fare airline.) What's the core of your message? Can you communicate it with an analogy or high-concept pitch?	To get attention, violate a schema. (The Nordie who ironed a shirt...) To hold attention, use curiosity gaps. (What are Saturn's rings made of?) Before your message can stick, your audience has to want it.	To be concrete, use sensory language. (Think Aesop's fables.) Paint a mental picture. ("A man on the moon...") Remember the Velcro theory of memory—try to hook into multiple types of memory.	Ideas can get credibility from outside (authorities or anti-authorities) or from within, using human-scale statistics or vivid details. Let people "try before they buy." (Where's the Beef?)	People care about people, not numbers. (Remember Rokia.) Don't forget the WIIFY (What's In It For You). But identity appeals can often trump self-interest. ("Don't Mess With Texas" spoke to Bubba's identity.)	Stories drive action through simulation (what to do) and inspiration (the motivation to do it). Think Jared. Springboard stories (See Denning's World Bank tale) help people see how an existing problem might change.	

NEW YORK TIMES BESTSELLER

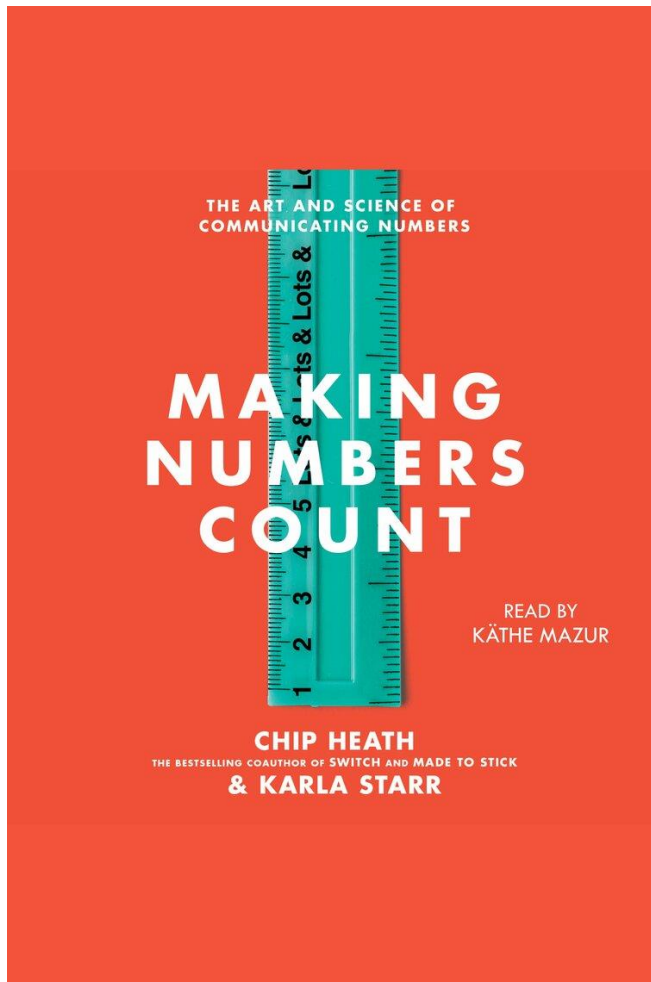
Why Some Ideas Survive and Others Die

MADE to STICK

Chip Heath & Dan Heath

With ADDED MATERIAL (now extra sticky!)

Making Numbers Count



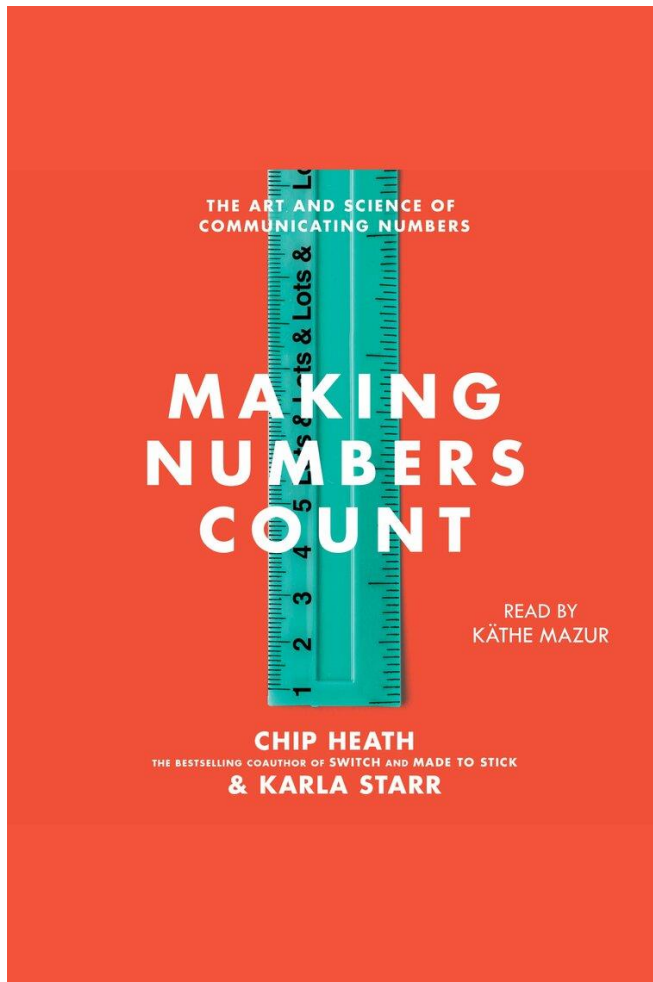
- Translate everything.
- Remember - We're not going to get it done by ourselves.
- Round generously and use common sense.
- Make it emotional.

We had, in the first seven months of the Crimean campaign...from disease alone, a rate of mortality which exceeds that of the Great Plague of London.



Florence Nightingale – 1850s

Making Numbers Count



- Translate everything.
- Remember - We're not great with numbers.
- Round generously and use concrete numbers.
- Make it emotional.
- Try converting numbers into different units (time, distance, money, pringles, etc.).

Odds of
winning
Powerball: 1 in
292,201,338

The jackpot is yours! All you have to do is think of the resident of the United States whose name is written down over there on that folded piece of paper. (Hint: they are older than age 10.)

Visit Reasons

Utilization means visits per patient

This shows the amount of chronic care we do.

This may play into 340B opportunities for [redacted].

Good to see DM patients coming almost 3/yr. This is likely why we have a good A1c control number.

BH reasons are usually high on this list for other practices.

Top Reasons by Visits

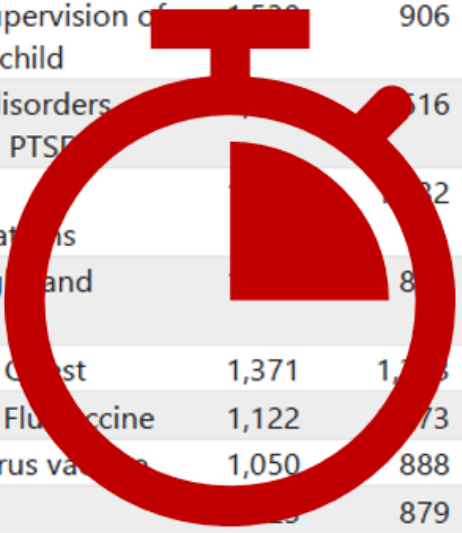
Reason	Visits	Patients	Utilization
Hypertension	2,102	1,017	2.1
Diabetes mellitus	1,745	655	2.7
Health supervision of infant or child	1,530	906	1.7
Anxiety disorders including PTSD	1,524	616	2.5
Selected Immunizations	1,430	1,032	1.4
Overweight and obesity	1,418	812	1.7
Hepatitis C test	1,371	1,313	1.0
Seasonal Flu vaccine	1,122	1,073	1.0
Coronavirus vaccine	1,050	888	1.2
HIV test	923	879	1.1

Top Reasons by Patients

Reason	Visits	Patients	Utilization
Hepatitis C Test	1,371	1,313	1.0
Seasonal Flu vaccine	1,122	1,073	1.0
Selected Immunizations	1,430	1,032	1.4
Hypertension	2,102	1,017	2.1
Health supervision of infant or child	1,530	906	1.7
Coronavirus vaccine	1,050	888	1.2
HIV test	923	879	1.1
Pap Test	907	851	1.1
Overweight and obesity	1,418	812	1.7
Diabetes mellitus	1,745	655	2.7

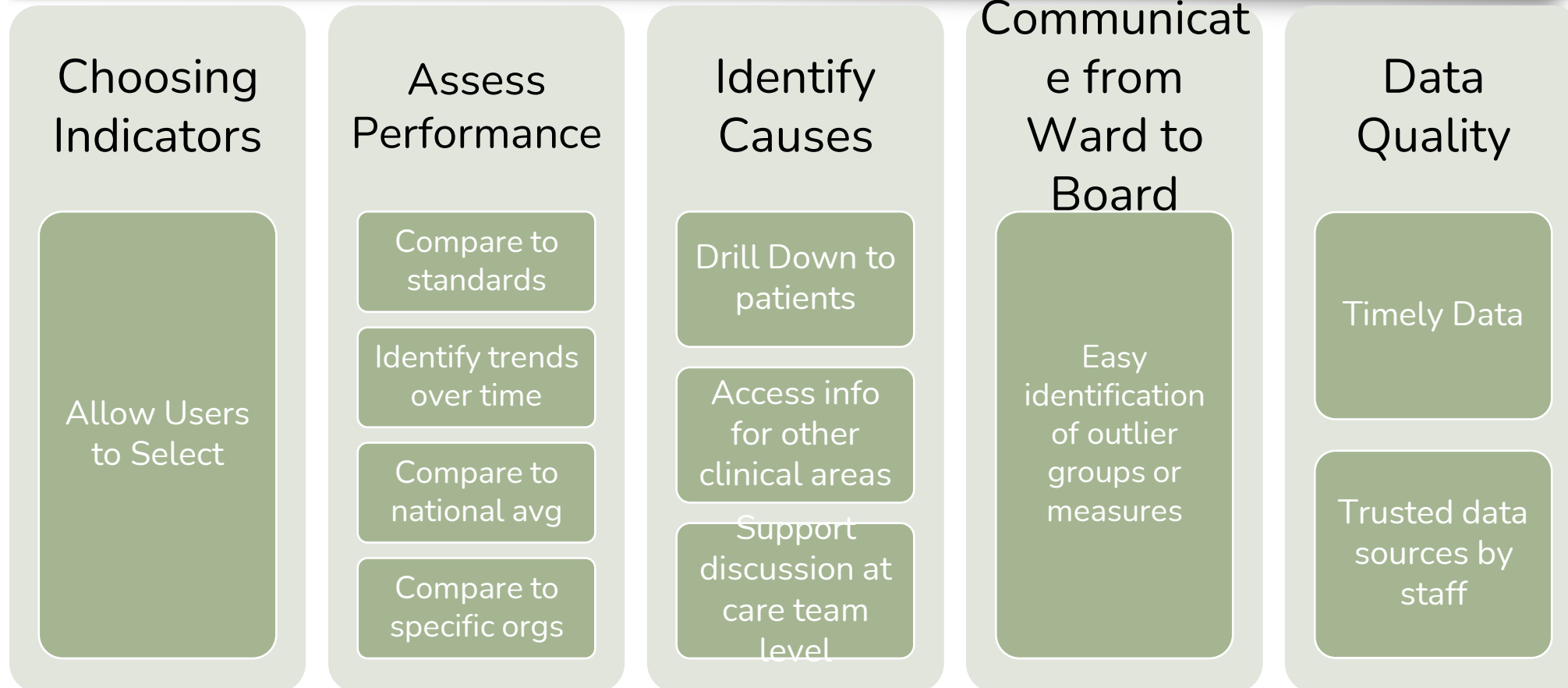
Top Reasons by Patients

Reason	Visits	Patients	Utilization
Intimate partner violence	20	5	4.0
Diabetes mellitus	1,745	655	2.7
Anxiety disorders including PTSD	1,524	616	2.5
Depression and other mood disorders	670	670	2.3
Attention deficit and disruptive behavior disorders	149	70	2.1
Hypertension	2,102	1,017	2.1
Selected perinatal medical conditions	100	52	1.9
Abnormal cervical findings	200	114	1.8
Overweight and obesity	1,418	812	1.7
Contraceptive management	892	518	1.7



Dashboard Best Practices

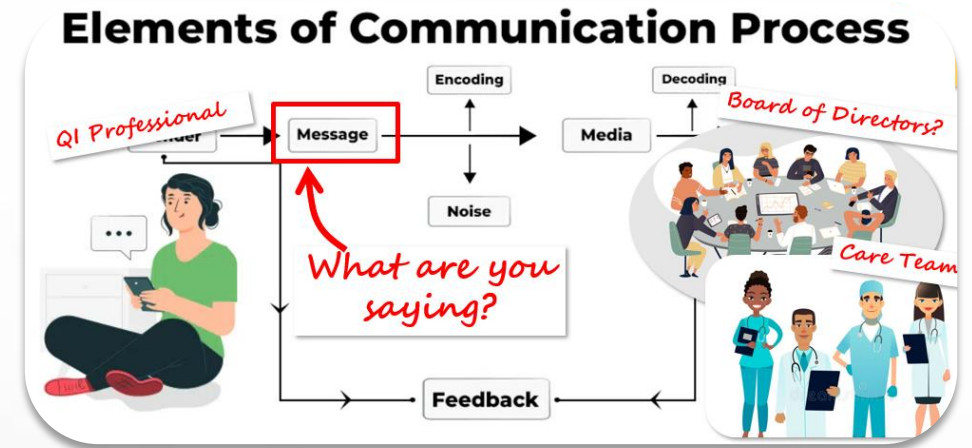
Dashboard Best Practices



Randell R, Alvarado N, McVey L, et al. "Requirements for a Quality Dashboard: Lessons from National Clinical Audits." *AMIA Annu Symp Proc.* 2020;2019:735-744.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7153077/>

You Can't Have Your Cake And Eat It Too.



December 2019

Operational Measure	2019 Goal	Benchmark	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend	Notes	
Unique Patients	60,000	↑ 65,000	95.7%	95.5%	94.7%	94.1%	93.7%	93.6%	93.9%	93.7%	94.1%	93.1%	89.9%	#N/A		1. Follow Strategic Plan	
Homeless Patients	1,995	↑	73.3%	72.5%	72.9%	72.6%	72.5%	74.2%	73.6%	74.8%	75.2%	74.8%	73.7%	#N/A		1. Verify MOB/OO pts have homeless status 2. Promote of homeless status in clinics	
Productivity: Medical (8.5 / shift)	100%	↑	98.6%	95.8%	97.4%	96.8%	96.5%	97.1%	97.3%	96.4%	95.9%	95.8%	94.2%	#N/A			
Productivity: Dental (\$1500 / \$750)	90%	↑	81.0%	87.0%	91.0%	93.0%	94.0%	91.0%	85.0%	87.0%	85.0%	80.0%	88.0%			1. DQ for Dr. Jefferson came through	
Productivity: BH (5 / shift)	100%	↑	90.2%	96.8%	94.9%	101.0%	96.3%	97.6%	97.0%	97.5%	98.7%	103.1%	98.3%	#N/A		1. Need to review goal for integrated model 2. Update shift count so that the report is	
Cycle Times: Medical	90	↓ 45	91.5	89.0	90.8	87.9	83.2	85.4	88.6	88.5	95.4	93.1	90.6				
Answered Calls	90%	↑ 90%	59.7%	68.8%	84.1%	85.5%	88.7%	88.8%	91.5%	93.0%	86.0%	91.8%	92.2%	#N/A			
Calls Ans < 1 min	75%	↑ 90%	8.0%	19.7%	50.9%	52.7%	67.5%	61.4%	69.3%	76.1%	41.7%	72.4%	76.3%	#N/A			
Call Satisfaction	90%	↑										93.2%	90.4%	90.0%	#N/A		
Appts with PCP: Medical	65%	↑						59.0%	61.0%	62.0%	63.0%	61.0%	60.0%	58.1%	#N/A		
No Show Rate: Medical	30%	↓ 15%	30.8%	31.5%	31.6%	32.5%	31.6%	31.4%	31.2%	32.4%	32.4%	32.9%	32.0%	#N/A			
No Show Rate: Dental	30%	↓ 15%	33.2%	30.6%	30.1%	30.7%	31.2%	30.9%	34.1%	33.2%	33.1%	31.2%	32.7%	#N/A		1. PDSA for RAL re: confirmation, FRA: postcard reminders	
No Show Rate: BH	25%	↓ 15%	29.5%	30.8%	26.1%	27.0%	26.4%	25.2%	26.5%	25.6%	24.0%	26.2%	22.9%	#N/A			
Referral Completion (60 days)	25%	↑	18.3%	18.5%	19.3%	19.8%	24.5%	23.7%	19.1%	22.0%	21.7%	26.9%	22.7%				
DI Completion (30 days)	25%	↑	38.8%	42.4%	42.0%	45.9%	45.5%	45.7%	44.2%	45.0%	42.2%	40.0%	33.2%				
Patient Satisfaction: Medical	90%	↑														1. Starts 1/12020	
Patient Satisfaction: Dental	90%	↑															
Web Enabled: Medical	25%	↑	30.4%	29.6%	30.8%	30.4%	31.0%	29.8%	28.9%	28.1%	27.6%	27.6%	28.5%				

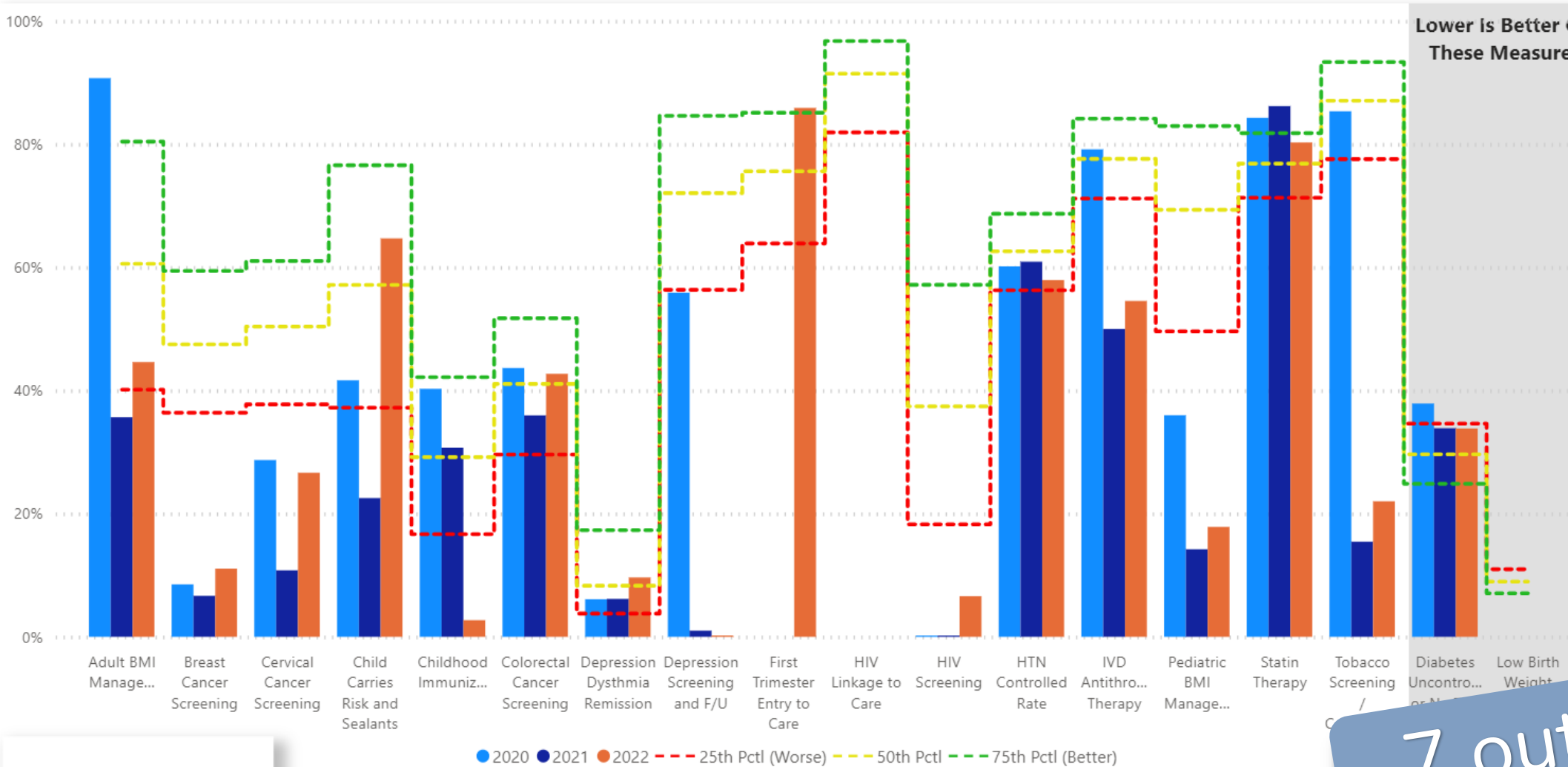
Red > 5% away Yellow <= 5% away Green >= goal

- Allow users to
- Compare to standards
- Identify trends over time
- Compare national averages
- Compare specific organizations
- Drill down to patients
- Access info about other clinical areas
- Support discussion at care team level
- Easy identification of outliers
- Trust

6.5 out of 11



Quality Measures



20

AQQ Percentile Rank

Years

Multiple selections

7 out of 11

- Allow Users to Select ✓
- Compare to standards ✓
- Identify trends over time ✓
- Compare to national averages ✓
- Compare specific organizations ✗
- Drill down to patients ✗
- Access of about other clinical areas ✗
- Support discussion at care team level ✗
- Easy identification of leaders ✓
- ... ✗
- ... ✗

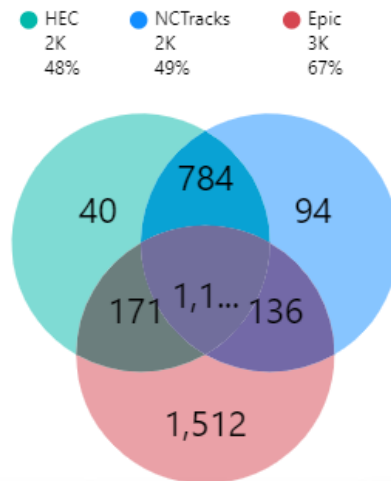
Care Management Tracking

Members and HRS

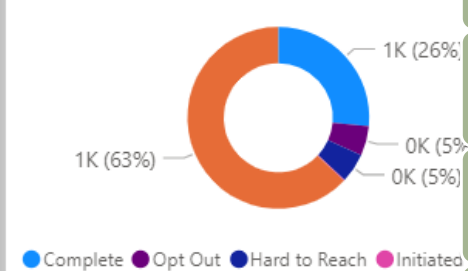
Managed Medicaid Assigned Members

PHP	Assigned	NCTracks	HEC	Epic	Has Outreach	HRS Ever	HRS Current
AmeriHealth	237	226	205	482	192	65	47
Carolina Complete	400	365	379	607	367	156	126
Healthy Blue	793	757	638	682	527	282	206
United	402	295	391	557	275	150	120
WellCare	535	513	524	633	399	202	149
Total	2,367	2,156	2,137	2,961	1,760	855	648

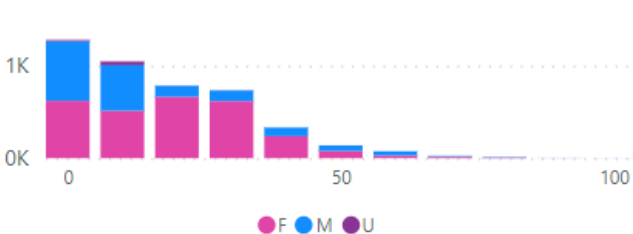
Managed Medicaid Members



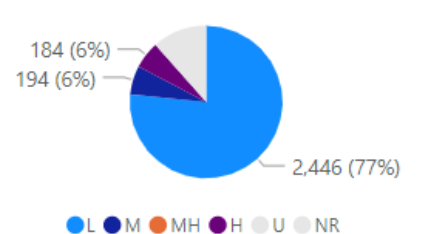
Assigned HRS Status



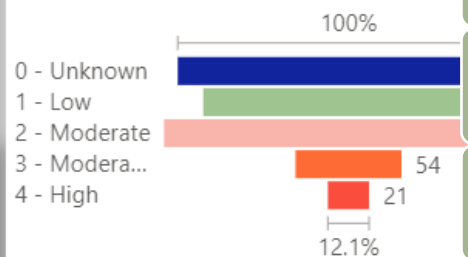
Members by Age



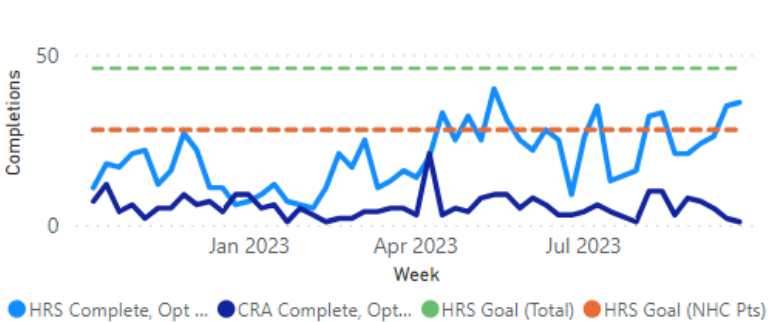
Members by PHP Risk



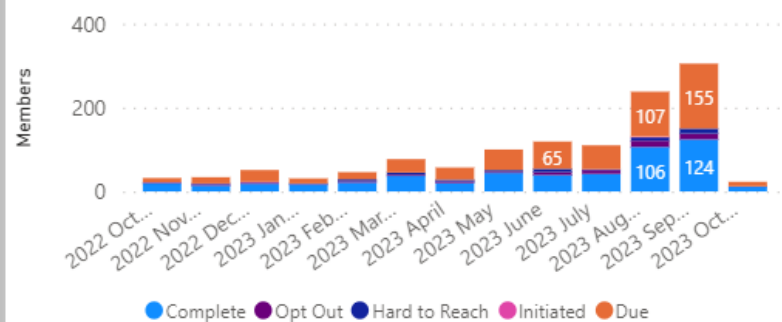
HRS Risk Level



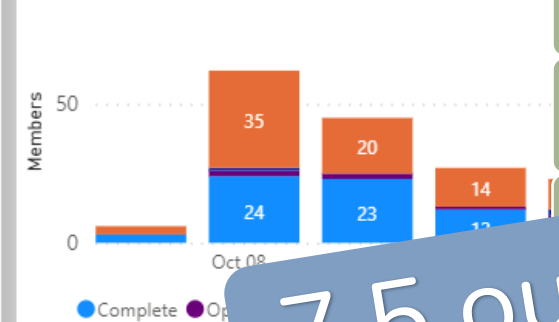
HRS and CRA Weekly Productivity



HRS Status by Last Epic Visit



HRS Status by Next Visit



- Allow Users to Select ✓
- Compare to standards ✓
- Identify trends over time ✓
- Compare to national averages ✗
- Compare specific organizations ✗
- Drill Down to patients ✓
- Access info about other clinical areas ✓
- Support discussion at care team level ✓
- Easy identification on outreach ✗
- ...

7.5 out of 11

Conclusion

RECAP

- Successful quality programs effectively communicate progress to all stakeholders from the “ward to the board”.
- Different audiences require different messages and formats.
- Make **Numbers Count** by making things Simple, Concrete and Emotionally connected as much as possible.
- Use the guidelines for effective dashboards to evaluate your data display tools.

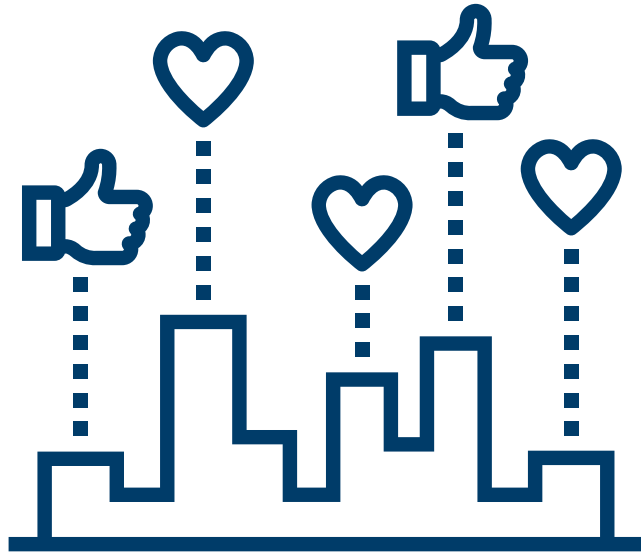
Next Steps

- Continue to work on your Improvement Cycle.
- Look ahead to your next Board QI presentation. List out 2-3 questions you will use to provoke curiosity and solicit engaged feedback.
- Prepare 1 memorable comparison to share with your cohort.
- Review a dashboard or display tool you use against the Dashboard Best Practices Checklist.

Session #4 Dates

All times are 2PM Eastern / 11AM Pacific

- **Cohort A:** October 26
- **Cohort B:** October 24
- **Cohort C:** November 2
- **Cohort D:** October 31



Provide Us Feedback



Contact Us!

The NACHC Quality Center team is here to help!

Questions on how to access online content? VTF Assessment?

Contact QualityCenter@NACHC.org