

Problem Statement

Prior to 2018, UHA lacked the necessary quality infrastructure to excel as a top performing medical group. This led to lower than expected quality performance and lack of engagement from UHA physicians in quality improvement.

Background

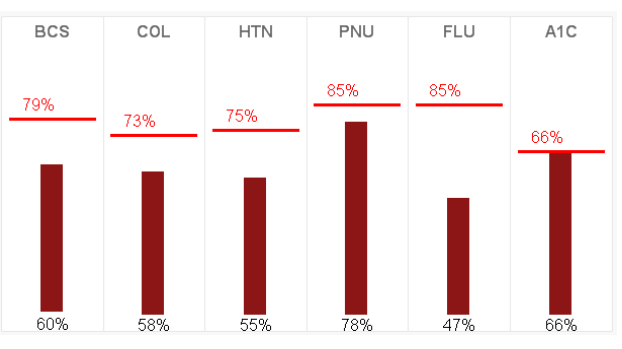
UHA was formed in 2011 with the acquisition of its first medical group. Over the next 8 years the organization expanded into 75 clinic locations and 350+ physicians. UHA's initial focus was on growth, and the development of infrastructure to perform well in population health and quality did not come into focus until late 2017. In early 2018, UHA physicians and leadership began building the quality infrastructure. UHA will continue to focus on quality as a key strategic priority through 2019 and beyond.

Target State: SMART Goal

Achieve top decile performance on a group of key population health quality measures by 2020.

Current State: Identify Target / Actual / Gap

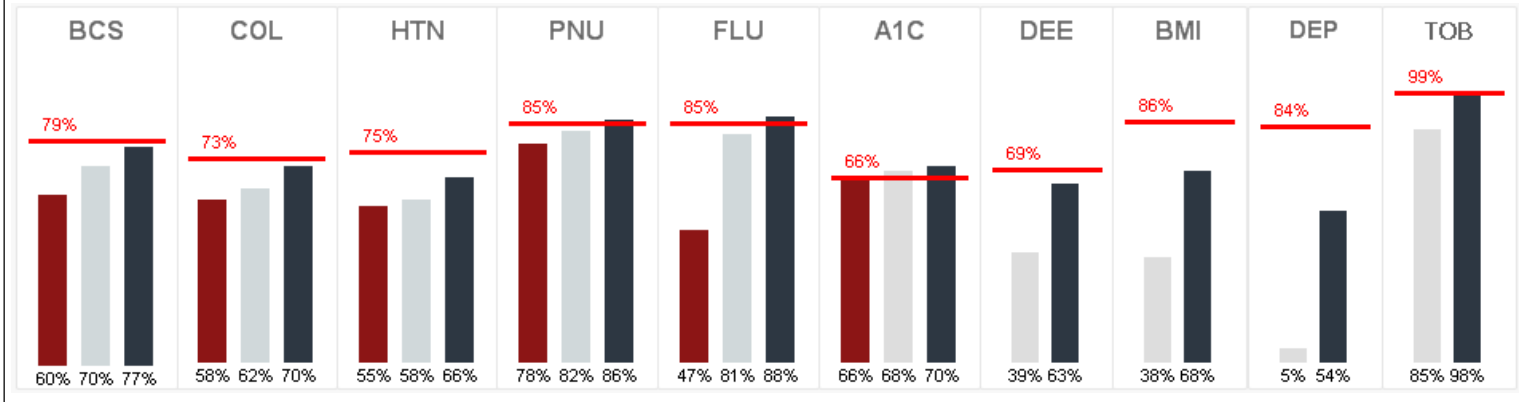
Measure		2017 Performance			Top Decile P90	Diff
		N	D	Rate		
Breast Cancer Screening	BCS	15,285	25,356	60%	79%	19%
Colorectal Cancer Screening	COL	26,855	46,405	58%	73%	15%
Hypertension: Blood Pressure Control 18 - 59	HTN	6,609	11,910	55%	75%	19%
Adult Pneumonia Vaccination Status	PNU	22,123	28,400	78%	85%	7%
Influenza Immunization	FLU	40,042	84,805	47%	85%	38%
Diabetes: Hemoglobin A1c Control	A1C	5,440	8,299	66%	66%	1%
Diabetes: Eye Exam	DEE					
BMI Screening and Follow-Up	BMI					
Depression Screening and Follow-Up	DEP					
Tobacco Screening and Counseling	TOB					



In 2017 UHA could measure performance on 6 selected quality measures. Workflows and patient outreach was not in place. Some providers were still documenting on legacy EMR systems prior to their migration onto Epic. Medical Assistants did not have consistent workflows and medical group incentives were not aligned with foundation goals.

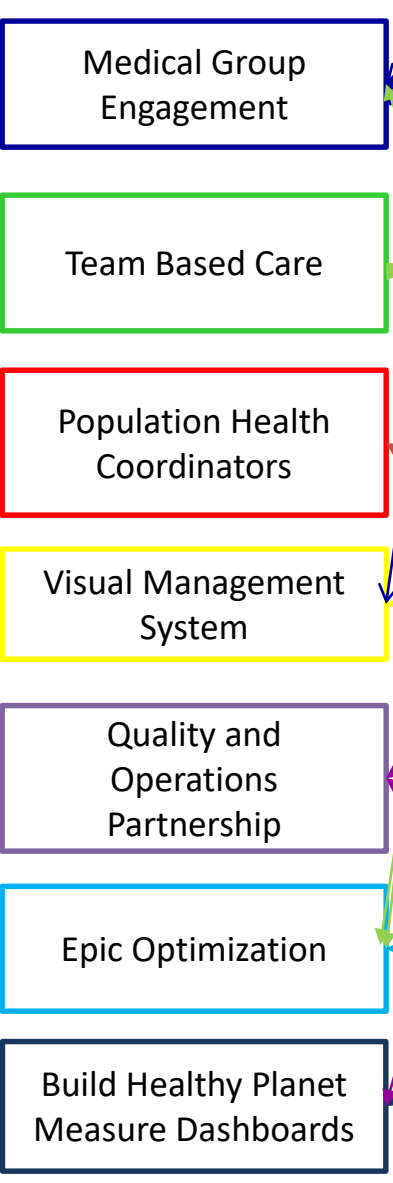
Analysis

Measure		2017 Performance			2018 Performance			2019 Performance			Top Decile P90	Distance to P90
		N	D	Rate	N	D	Rate	N	D	Rate		
Breast Cancer Screening	BCS	15,285	25,356	60%	20,766	29,654	70%	24,435	31,855	77%	79%	2%
Colorectal Cancer Screening	COL	26,855	46,405	58%	34,805	56,322	62%	42,691	61,167	70%	73%	3%
Hypertension: Blood Pressure Control 18 - 59	HTN	6,609	11,910	55%	7,678	13,264	58%	9,109	13,818	66%	75%	9%
Adult Pneumonia Vaccination Status	PNU	22,123	28,400	78%	29,427	35,878	82%	33,927	39,235	86%	85%	-1%
Influenza Immunization	FLU	40,042	84,805	47%	83,713	103,401	81%	101,276	115,518	88%	85%	-3%
Diabetes: Hemoglobin A1c Control	A1C	5,440	8,299	66%	6,675	9,779	68%	7,289	10,454	70%	66%	-4%
Diabetes: Eye Exam	DEE				4,261	10,891	39%	7,904	12,454	63%	69%	5%
BMI Screening and Follow-Up	BMI				42,712	113,665	38%	77,981	114,791	68%	86%	18%
Depression Screening and Follow-Up	DEP				6,067	115,864	5%	68,631	127,857	54%	84%	30%
Tobacco Screening and Counseling	TOB				107,260	126,025	85%	135,772	138,347	98%	99%	0.4%



2018 UHA added additional measures to the Healthy Planet dashboard and at the beginning of FY2019 the foundation and medical group aligned on the shared goal to drive performance on 11 specific quality measures.

Key Drivers



Interventions / Countermeasures

- 3) Systems: Alignment between medical group and foundation goals
- 3) Systems: Developed reporting and made visible monthly to clinics and physician site leaders
- 1) Individuals: Appointed medical directors and engaged them in performance improvement initiatives. Peer to peer physician leadership engagement. Physician participation in Clinical Excellence Leadership Training (CELT)
- 2) Procedures: Aligned medical assistant (MA) workflows with quality goals and trained all primary care MA staff
- 2) Procedures: Frequent bulk ordering efforts and MyHealth messages to engage patients in care
- 1) Individuals: Newly created position focused on outreaching to patients to ensure they receive preventative care
- 2) Procedures: Built Qlikview data reporting database to monitor performance on goals. Used data to tell stories about improvement. Provided monthly reporting to physicians
- 2) Procedures: Retrospective Chart review process cleaned up all active charts within Epic to ensure all quality data abstracted appropriately
- 2) Procedures: Multiple IT projects to crosswalk clinical coding data elements between reporting databases (i.e, Epic, Cotiviti)
- 3) Systems: Migrated all UHA clinics onto Epic to ensure consistency in documentation on a single platform
- 3) Systems: Continue to build quality measures in Healthy Planet to enable physicians to manage the health of populations
- 3) Systems: Built disease registries in Healthy Planet to better manage the health of populations

Sustain Plan

Activity to sustain	Owner	Sustain method and frequency	Report to
Team Based Care	MA Education and Operations	Annual refinement and training for MA staff. New MA onboarding process	O'Connell
Population Health Coordinators	UHA Quality	Monthly outreach to patients to close care gaps	Schwarzwaelder
Medical Group Engagement	Medical Group and Foundation Leadership	Ensure fiscal year goals continue to be aligned between the medical groups and foundation leadership	Bohman, Sankary, Deftos

Reliability Level:
 (1) Individuals: Feedback, checklists, training, basic standards
 (2) Procedures: Embedded standard work, reminders, constraints
 (3) Systems: Process design, fail safes, physical layout, built-in feedback, automated systems, concentration of responsibility

Maturity Bars:
 0: Untested idea
 1: Early tests / PDCA
 2: Multiple PDCAs
 3: Early implementation
 4: Working well in operation

Progress **Barrier**