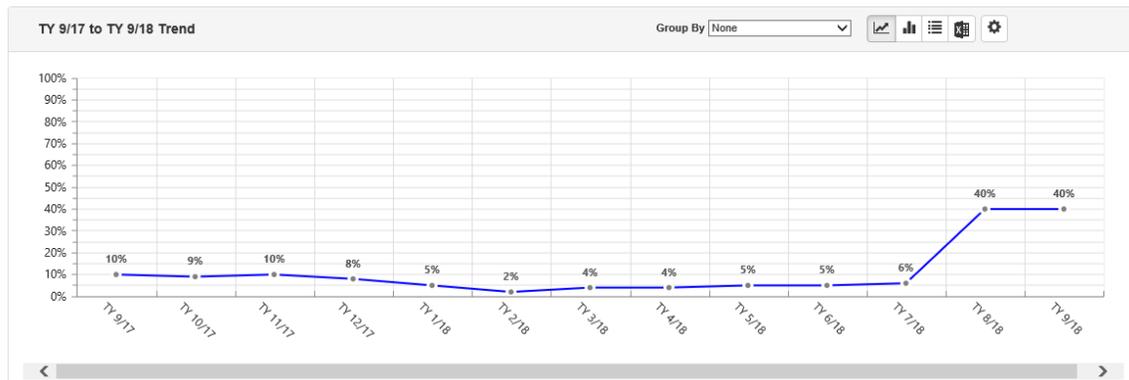


**Childhood Immunization Status PDSA Review:**

- An issue with DRVS immunization data was uncovered during the July CQF. At that time, immunization rates in DRVS did not match EHR reports for some health centers. Refer to the DRVS graph below showing a monthly data trend through September. DRVS tools like this one can be used to determine a data issue, either within DRVS or within the EHR. A jump like the one between July and August is indicative of either an extreme internal effort to improve services or a data issue. In this instance, Azara updated some immunization mappings in July, which fixed the data issue uncovered during the forum.



- Staff from First Care and PrairieStar submitted Childhood Immunizations PDSAs after the July Forum. Rhiannon Maier and Mona Broomfield provided feedback about their PDSA cycles.
  - The focus of First Care’s PDSA was to establish a bi-directional interface with WebIZ. Unfortunately, they are still waiting on KDHE/WebIZ to complete the interface. The consensus is that a change in staffing at KDHE has caused a pause in interface projects. Terri will check in with WebIZ staff to try to learn more about the backlog.
  - The goal of PrairieStar’s PDSA was to increase the percent of children immunized. They used a multi-strategy approach to work toward the goal. They sent out post cards and made calls to mothers. Their standard rooming process for children includes a review of immunizations and they are making an effort to ensure both pediatric and non-pediatric providers check immunizations during visits. Mona also reported:
    - Another clinic in Hutchinson doesn’t use WebIZ, so they have to contact them for records.
    - She checks online for new/updated CVX codes quarterly.
    - PrairieStar is considering checking on students when they register for school as an outreach activity.

**Introduction of UDS Screening for Depression and Follow-up Plan Measure:**

Refer to presentation slide 7 for a breakdown of the UDS measure definition and slide 8 for a recommended workflow.

- Heather Budd recommended always using the PHQ-9 when follow-up is warranted, as the measure requires the follow-up to be performed on the date of the positive screen. In addition to the PHQ-9, the patient can be referred to a BH professional.

**Member Best Practice Spotlight – Key Takeaways:**

- Hunter Health – Hunter’s 2017 UDS was 80.8% for this measure, an increase in 10 percentage points from 2016. Joanna Sabally reported that they are now at 91%. Hunter has integrated depression screening as part of their general intake process and have increased the number of BH professionals on staff. They follow a screening workflow similar to that in the slides (PHQ-2 screen, then PHQ-9 for follow-up). MAs perform the PHQ-2. Nurses have validated that the MAs are completing these. Prior to starting this process, the MAs received training and coaching on how to frame questions.
- PrairieStar – In 2017, PrairieStar’s UDS was 92.5% for this measure. Mona Broomfield reported that they too have increased the number of BH professionals on staff. During the morning huddle, BH staff note those patients with appointments that need screened. In addition, staff use eCW sticky notes within the patient’s chart to flag information for the BHC or provider. Communication between their clinical teams is important. There are provider and nurse “champions” that use dashboards to track the measure. One of the issues they’ve found is that industrial customers will sometimes refuse the screening.
- Hoxie – Hoxie’s 2017 UDS was 86.6%, which was an increase of 35 percentage points over 2016. Terri reported information shared by Whitney Zerr via email. Hoxie implemented a "Check-in" template that’s completed by the nurse or MA at every visit, every time. The depression screening part follows a process similar to that in the slides. The template also includes tobacco use questions and the BMI/ BMI percentile with prompts for education. They recently integrated behavioral health into our clinic and have an algorithm they use to help identify when in the process they should bring the BH providers into the exam room. They use EHR registries to track progress.
- Integration Resources – Links to information about integrated services follow. The slides also included a link to a book on integration and to training available through Cherokee Health.
  - <https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>
  - <https://www.commonwealthfund.org/publications/newsletter/2014/aug/focus-integrating-behavioral-health-and-primary-care>

**Connections Quality Forum Measures and Targets:**

- The Measures and Targets table is now complete for this cycle. As of 9/18/18, DRVS users as a whole had reached 4 Bronze targets and 1 Silver target!
- The graph on slide 18 shows that 2 of the DRVS health centers are right at the Gold target of 90% and 1 has achieved the Silver target of 85%.

**Depression Screening PDSA Cycle Planning:**

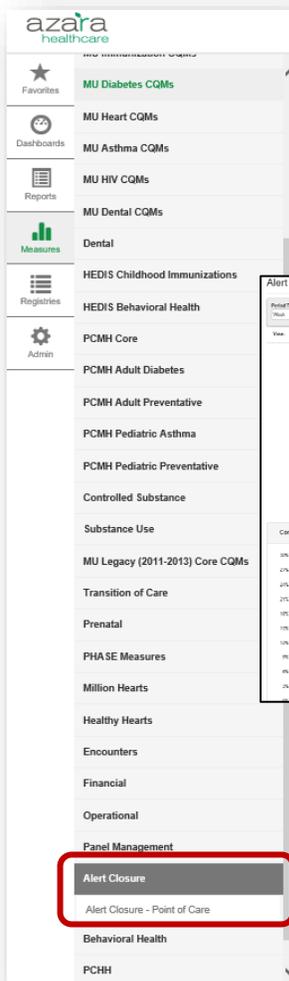
- Rhiannon Maier stated First Care is automating their process by adding a tablet for patients to use during the check-in process and changing their EHR so the PHQ-9 automatically pops up if the PHQ-2 is positive. They are currently testing the use of the tablet to complete the PHQ-2. They are trying to determine if patients are more honest when using the tablet or just skipping through the questions.

- Via Chat, Amy shared that Heartland is performing a root cause analysis to figure out why their performance is stagnating or falling off. They experienced some staff turnover and role changes, which may contribute to this. She plans to use DRVS measure validation to help pinpoint where to look. Then they will improve workflows and provide additional training as needed.

**Tools in DRVS to Manage and Improve Depression Screening:**

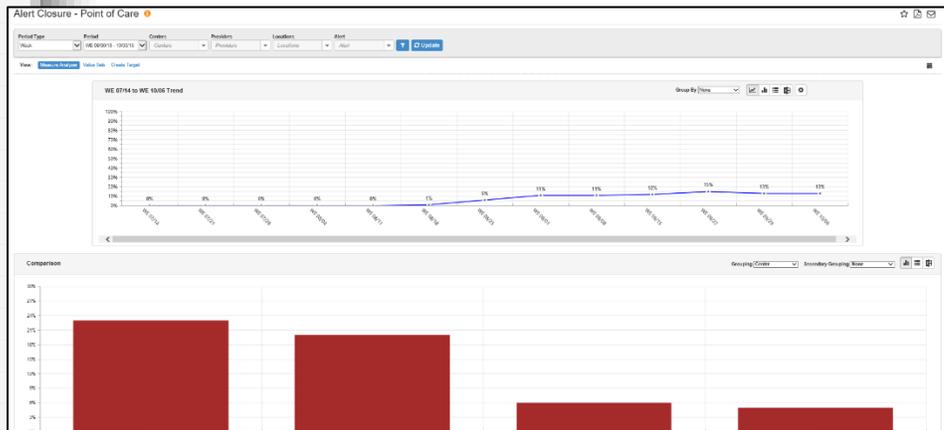
Heather Budd reviewed tools to aid improvement efforts. Refer to slides 26-43 for examples of the Patient Visit Planning report (PVP), alerts, dashboards, scorecards, and other tools in DRVS.

- Azara added a **new measure** in Release 25.0, “Alert Closure – Point of Care”.



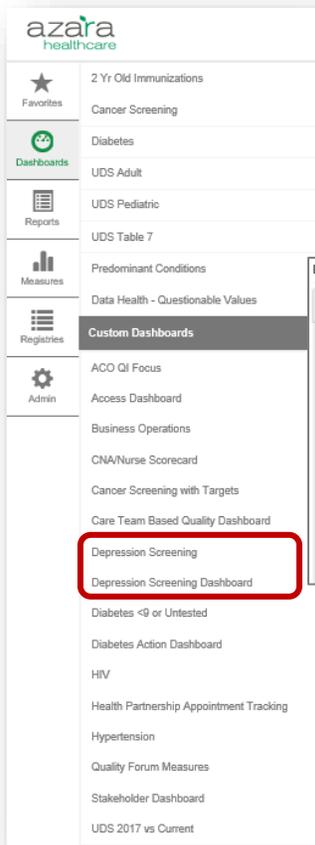
The new measure should appear toward the end of the menu of Measures as shown on the left. You will need to scroll to the bottom of the list to locate the Alert Closure measure. **Submit a support ticket to Azara [HERE](#) if you don't see this measure on your menu.**

An example of the Alert Closure – Point of Care measure follows.



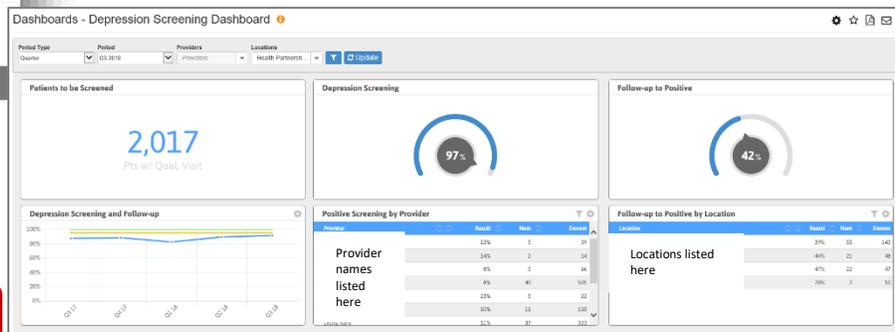
- Azara has a Depression registry, which should be included on your Registries menu. **Submit a support ticket to Azara [HERE](#) if you don't see this registry on your menu.**

- Heather shared a custom Depression Screening dashboard (slide 32). Several attendees expressed interest in gaining access to this and Terri committed to creating one for the HCCN. There are now two Depression Screening dashboards available within DRVS thanks to two health centers who created them.

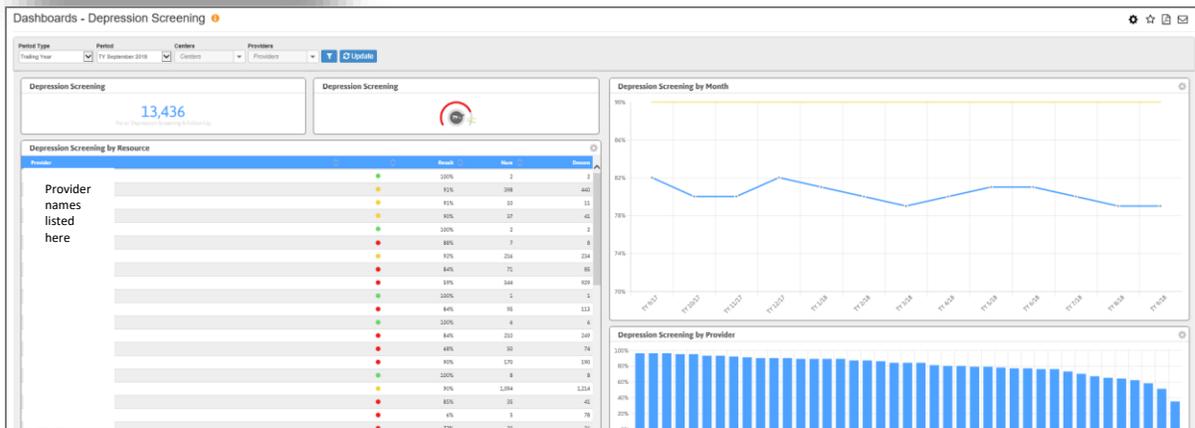


The two custom dashboards should appear midway down the menu of Custom Dashboards as shown on the left. **Contact Terri Kennedy if you cannot find these dashboards.**

An example of the Depression Screening Dashboard custom dashboard follows.



An example of the Depression Screening custom dashboard follows.



**Next Steps:**

- Review/finalize your PDSA plan with rest of your health center team.
- Email completed PDSA form to Terri Kennedy **by October 19**.
- Plan for review of PDSAs and performance at the beginning of the next Quality Forum.
- Terri will check in with WebZ staff to try to learn more about the backlog (email sent requesting meeting).
- ~~Terri will create a custom Depression Screening dashboard for the HCCN (this is complete).~~

**Meeting Participation:**

| <b>Connections Health Center</b> | <b>Attendee(s)</b>   |
|----------------------------------|--|
| <i>CHC in Cowley County</i>      | David Brazil, Melody Vaden   |
| <i>First Care Clinic</i>         | Rhiannon Maier   |
| <i>GraceMed Health Clinic</i>    | Sherry Clark, Jocelyn Gonzalez, Monica Juarez, Diane Moore, Heather Sell |
| <i>Health Ministries Clinic</i>  | Lizzet Arellanes   |
| <i>Health Partnership Clinic</i> | Maria Hensley  |
| <i>Heartland CHC</i>             | Amy Lurken   |
| <i>Hoxie Medical Clinic</i>      | Pam Popp   |
| <i>Hunter Health Clinic</i>      | Joanna Sabally   |
| <i>PrairieStar Health Center</i> | Mona Broomfield, Tad Ramage  |
| <b>Other Organization</b>        | <b>Attendee(s)</b>   |
| <i>KAMU</i>                      | Trish Harkness, Terri Kennedy  |
| <i>Azara Healthcare</i>          | Heather Budd   |

**Next Forum**

CQF Planning and Women's Cancer Screening  
November 26