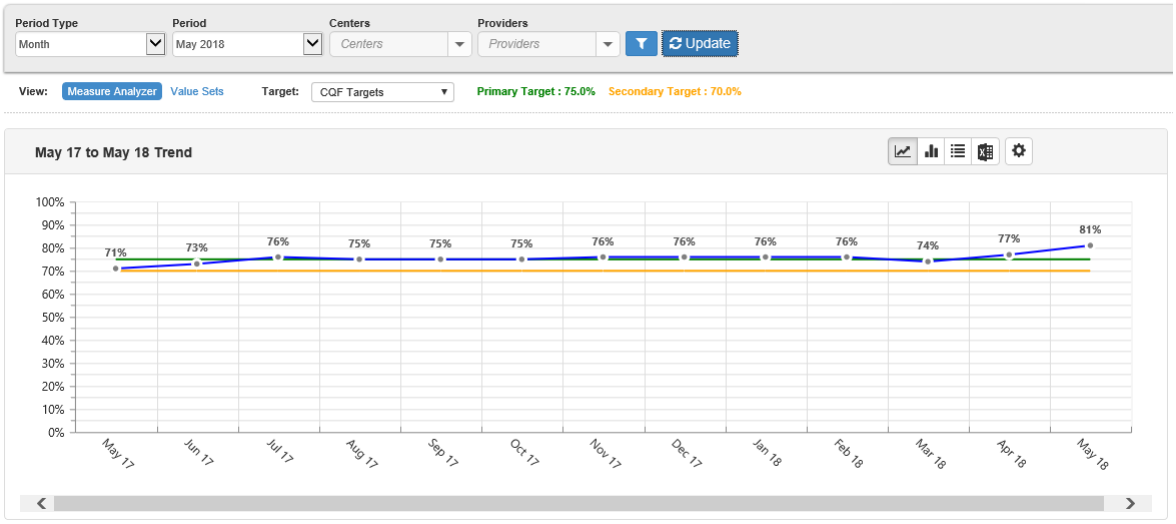
Hypertension Control PDSA Review:

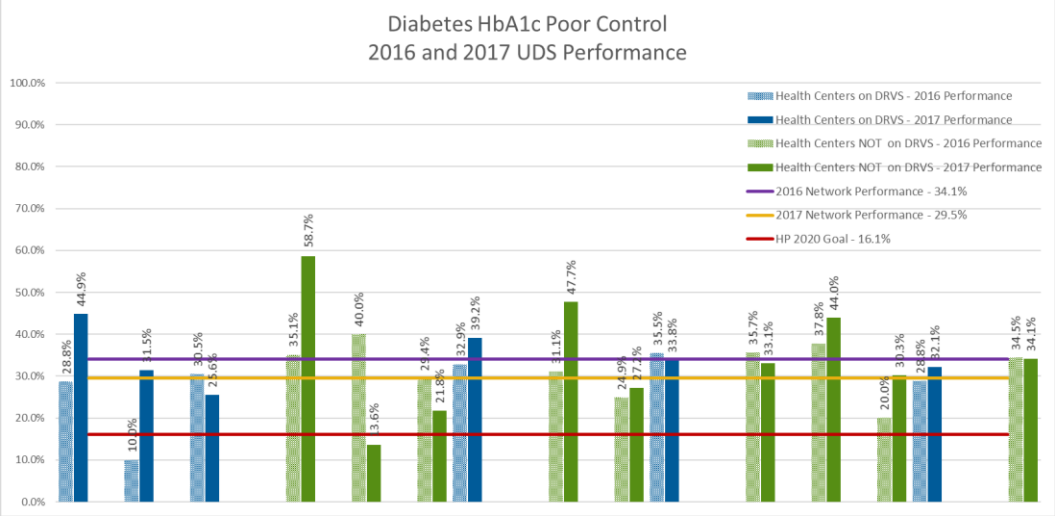
- Staff from Atchison, Heartland and PrairieStar submitted Hypertension PDSAs after the March meeting. Measure performance improved at the three health centers March to May.
- Refer to the following graph created from DRVS on 5/21/18. The graph shows improvement in the measure over the past two months for the six health centers using DRVS. Performance increased 10 percentage points over the past year.



- Amy Lurken shared how one team at Heartland went from about 50% compliance to 85% in two months. Their PDSA for the effort includes the following changes to their workflow.
    - AmeriCorps members and other staff completing intakes are asking additional questions to patients to identify transportation barriers during intakes.
    - These questions are assessed at every visit, as transportation capabilities may change frequently in our patient population.
    - During the visit, the MA is taking a left arm and right arm BP.
    - If this BP is high, the provider is alerted so they can review medications with the patient as well as lifestyle barriers to compliance.
    - The MA takes a third BP at the end of the visit, if this BP is still high, then the patient is scheduled for a nurse visit within 2 weeks.
    - If the blood pressure is high during the nurse visit, the patient is scheduled with the provider within 1 week to discuss barriers and augment any medications as needed.
    - Patients also receive a discharge planning session at the end of the visit in which the AmeriCorps member reviews the discharge summary to ensure that the patient understands their visit, any medication changes, patient education, and confirms that the patient is able to pick up the prescription that day.
    - The patient is followed-up with within 2 weeks to determine whether they were able to pick up their medications.

Diabetes A1c Control

Connections Quality Forum Measures and Goals: It is difficult to see the change from 2016 to 2017 when looking at the two UDS graphs on slide 7. The graph below combines that information to show both years side by side. In the updated graph, it is easy to see the change. This format will be used in future meetings.



Introduction of UDS Diabetes A1c Control Measure: Refer to the presentation slide 8 for a breakdown of the UDS measure definition and slide 9 for a recommended workflow.

Member Best Practice Spotlight – Key Takeaways:

- Shoes Off – Heartland has started using the "shoes off" approach, which serves as an easy reminder to the physician to perform a foot exam.
- GraceMed Partnership with the KU School of Pharmacy – In 2017, GraceMed exceeded the HP 2020 goal for Diabetes Control. It was a significant reduction from 2016 performance. Heather Sell shared that a major factor in the reduction was a partnership with the KU School of Pharmacy that started in 2017. Through this partnership, a KU professor and pharmacy student worked on-site at GraceMed a couple of hours each week. While on-site, they met with diabetic patients to educate them on the disease and give medication recommendations to the provider. This improved patient medication adherence and overall diabetic management in patients.
- Pharmacist on Loan at Heartland – Amy Lurken shared that Heartland now has a Pharmacist on "loan" through the hospital in an effort to reduce diabetic ED visits by improving diabetes control.
- Patients with Co-Morbidities – Amy Lurken asked how other health centers assist patients with co-morbidities.
    - Maria Hensley (Health Partnership) shared that their behavior health integration team focuses on diabetic patients. They ensure that the PHQ-2s/PHQ-9s are completed to see if behavioral health issues affect the patient's ability to control their diabetes.

- Heather Budd suggested adding the Alcohol Use Disorders Identification Test (AUDIT) screening. (According to www.drugabuse.gov, the AUDIT is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems.)
- Rhiannon Maier (First Care) said that their nurse closer helps by completing orders and following up with the patient after the visit. For more information on their nurse closer process, see the notes from our March meeting on Controlling Hypertension.
- Faye Miller (Atchison) shared that more focus is needed on complicated substance abuse and the effects on chronic conditions such as diabetes.
- Linda Davies (Konza Prairie) stated in Chat that the Central Kansas Foundation received a grant to support the substance abuse treatment regimen. Foundation staff recently spoke at a staff meeting. Konza has hired a LSCSW, LCAC to refer patients internally.

Diabetes Measure Requirements for OSVs: HRSA's requirement for diabetes measure and action planning was discussed. The Performance Analysis section of the Site Visit Protocol contains information about required documents. HITEQ has developed a toolkit to assist with improving diabetic outcomes.

PDSA Cycle Planning and Member Report Back:

- Faye Miller – Take a more proactive approach to medication refills by contacting patients who are due for medication refills prior to the refill date.
- Amy Lurken – Heartland is comparing barriers by care team to find trends and then target subpopulations of diabetic patients. They also plan to improve the in-house pharmacy and educate teams on insulin assistance. For instance, Humalog is much easier to get than other insulin products.

Tools in DRVS to Manage and Improve Hypertension: Heather Budd reviewed tools to aid improvement efforts. Refer to slides 29-41 for examples of the Patient Visit Planning report (PVP), Dashboards, Scorecards, Measure Analyzer, and Registries.

- DRVS has a "Glucose High" alert which triggers if a patient has an A1c >= 5.7 OR a Glucose Tolerance Test >= 140 AND <= 190 in the past year (only applies to patients 18-75 years). The alert excludes patients with pregnancy, ESRD, diabetes, pre-diabetes, or gestational diabetes. Go to the Admin console to enable the alert.

Action Items:

- Review/finalize your PDSA plan with rest of your health center team.
- Email completed PDSA form to Terri Kennedy **by June 1**.
- Plan for review of PDSAs and performance at the beginning of the next Quality Forum.

Meeting Participation:

Connections Health Center	**Attendee(s)**
Atchison CHC	Dorothy Gibson, Sarah Marlatt, Faye Miller
CHC in Cowley County	Melody Vaden
First Care Clinic	Rhiannon Maier
Genesis Family Health	
GraceMed Health Clinic	Saida Castillo, Sherry Clark, Monica Juarez, Heather Sell
Health Ministries Clinic	
Health Partnership Clinic	Maria Hensley
HealthCore Clinic	
Heart of Kansas FHC	Heather Hicks
Heartland CHC	Amy Lurken
Hoxie Medical Clinic	Pam Popp, Whitney Zerr
Hunter Health Clinic	
Konza Prairie CH&DC	Linda Davies
PrairieStar Health Center	Tad Ramage
Salina Family Healthcare	
Other Organization	**Attendee(s)**
KAMU	Trish Harkness, Terri Kennedy, Susan Wood
Azara Healthcare	Heather Budd

Next Meeting: July 23, Focus – Childhood Immunizations