



Focus on Cervical Cancer Screening

November 2017



Improving Patient Outcomes through Data



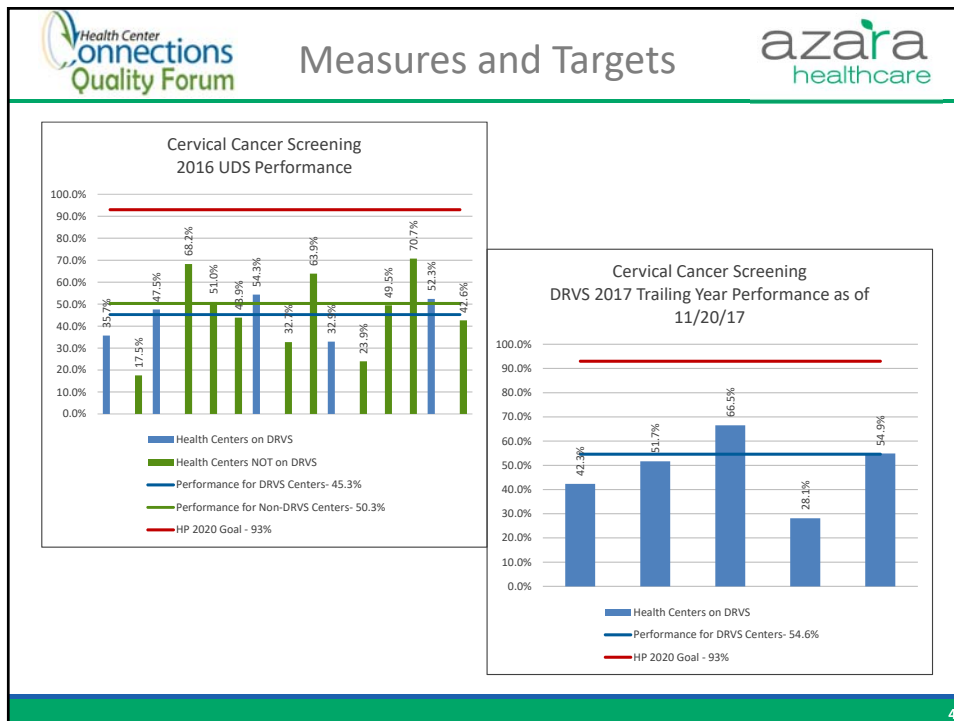
Agenda



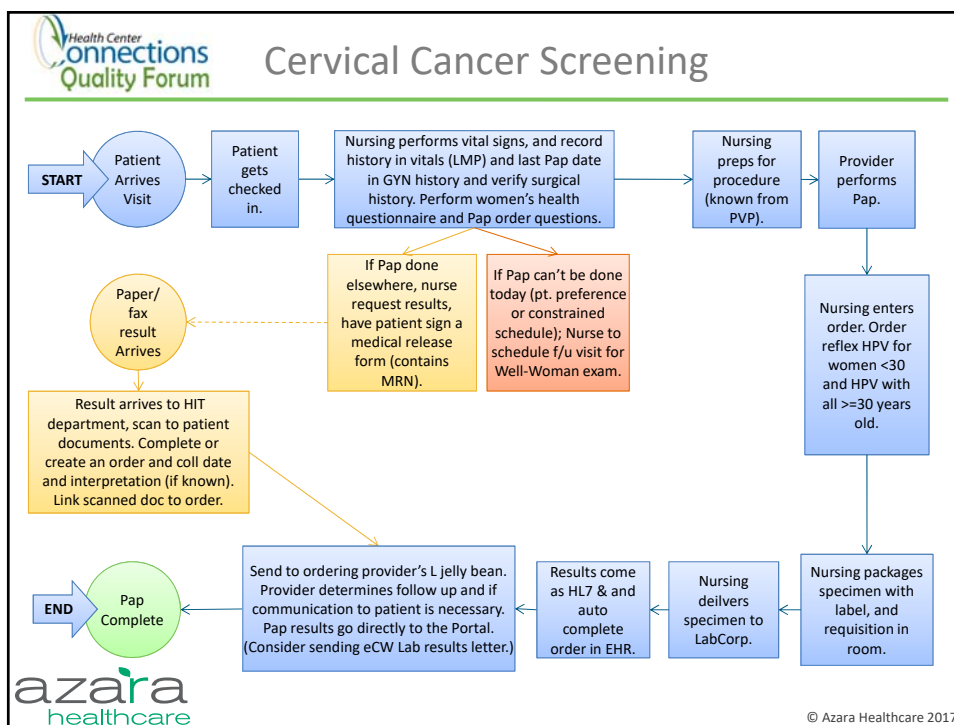
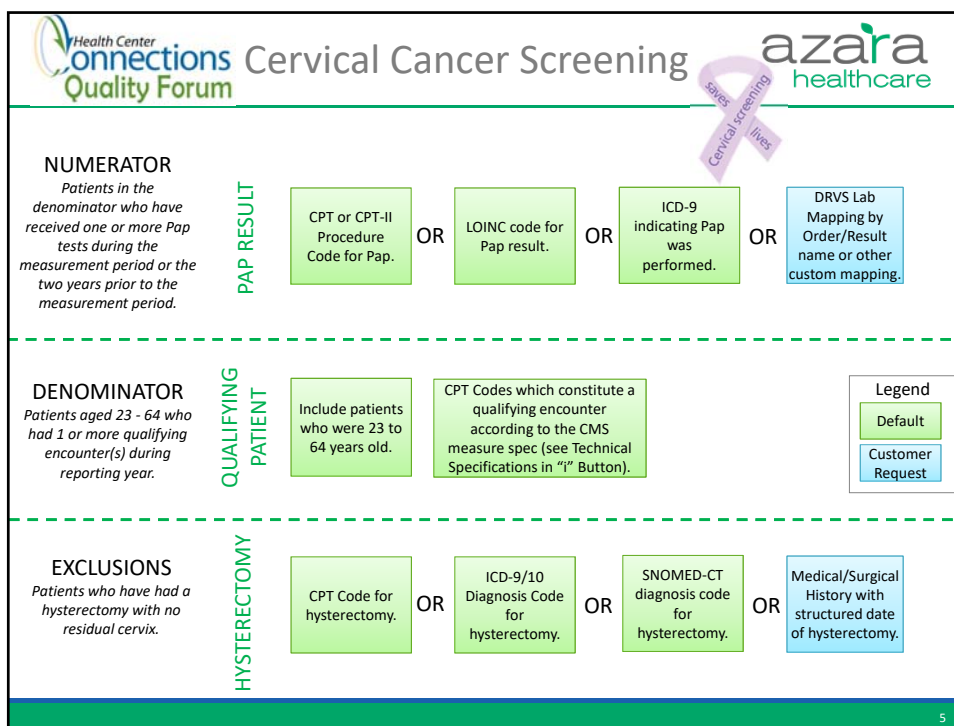
- Connections Quality Forum Measures Goals
- Introduction of Cervical Cancer Screening Measure
- CHC Best Practice Spotlight
- PDSA Cycle Planning
- CHC Report Back
- Tools in DRVS to Manage and Improve Cervical Cancer Screening

Measure	Healthy People 2020	DRVS BASELINE	Non-DRVS BASELINE	Y1 GOAL	Y2 GOAL	Y3 GOAL	Healthy People 2020
	BASELINE						GOAL
PAP	84.5%	44.1%	50.3%	40%	50%	65%	93%
Colon CA Screen							
DM A1c							
HTN Control							
Depr Screen							
Child Imms							

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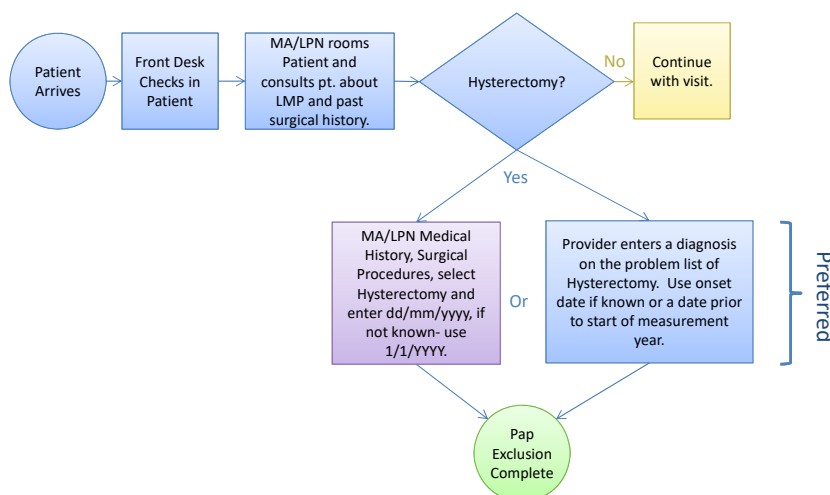
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Best Practices

- Pre-Visit Planning to identify overdue Paps
- Squeeze in Pap on any visit, if patient agrees
 - If not possible, schedule follow up Pap before patient leaves w/o copay to relieve financial barrier
- Standing orders for MA/LPN to be able to place order for Pap if due
- Scan and turn external results into structured data (enter collection date) before results go to providers, then sent results for them to review
- Order Paps for >30 year old women with HPV

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Notable Pitfalls for
Hysterectomy Documentation



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- Unstructured data capture- text fields
 - ❖ Require documentation in structured fields only, and monitor
- Workflows document the information in more than one place, leading to errors, and conflicting data
 - ❖ Clarify and simplify as much as possible, try to enter the date only in one place, use secondary documentation for awareness only
- Different documentation processes required for NEW patients
 - ❖ Continuously train staff on required workflows to avoid gaps
- History updates may not occur at chronic or acute visits
 - ❖ Every visit is an opportunity to gather data: maximize it.
 - ❖ Avoid philosophy of *"We'll collect it next time."*

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CHC Best Practice Spotlight



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- Your Colleagues Showcase Success on Cervical Cancer Screening
 - GraceMed Health Clinic – Heather Sell
 - Health Partnership Clinic – Maria Hensley

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PDSA Plan

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- What is the plan?
 - Engage in a PDSA cycle for the next 2 months.
 - Re-visit results of PDSA cycle at beginning of next Connections Forum.


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How will we get there from here?

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PDSA Planning preparation




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Common Barriers




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Internal Barriers


- **Leadership**- Translating ideas to leadership buy-in
- **Workflow**- process to record results as structured data
- **Cost of Staff** for chasing and recording results (manual)- who?
- **Need for Outreach**- coordination of Paps for due/overdue patients- who?
- **Access** to service- some internal providers perform others do not
- **Orders**- lack of standing orders
- **Lack of education** for providers, staff, patients (guideline changes)
- **Missed opportunity** at point of care / intake

External Barriers

- **Data Gap**- Results returned from outside providers not consistent
 - Lab interfaces don't exist for all labs
 - Primary Care Provider not always cc'd on results
 - Statewide HIE not yet providing
- **Patient Preference**
 - Need for patient education with cultural sensitivity
- **Cost** – Patient responsibility or Medicaid Payment limitations




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Common PDSA Interventions



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- **Workflow Re-Design and Training**
 - Process for retrieving from external organization
 - Process for documenting in the EHR (which can be captured in DRVS)
 - Process for documenting exclusions (test not needed)
- **Standing Orders for Paps by support team members**
- **Add Pap to Pre-visit Planning activities**
- **Financial Vouchers to remove \$\$ barrier**
- **Outreach to Patients**
 - Proactive use of DRVS Adult Female Primary Care Registry to identify list
 - Send letters, make calls, portal, distribute to teams, etc.
- **Schedule Open Access Pap time-** hire midwives or GYNs to staff.
- **Patient education**
 - Health Literacy
 - Cultural, ethnic, religious, fear barriers

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 Discussion 

- Concerns about continued challenges?
 - What will block your success and how can we work around it?


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Breakout Work on Pap Measure

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Pap- Women 24-64 (w/o Hx of Hysterectomy), w/ documented Pap completed within, or two years prior to the measurement year or for women >=30 with HPV co-test, Pap within 5 years of measurement year.						
Center: % Connections:						
2016 Baseline 44.1% /50.3%						
Cycle 1	Center Intervention 1				Description of Intervention:	
Intervention / Goal	Center Goal: 54%	Connections Goal: 40%	Center Actual: %	Connections Actual: %	Ensure accurate data entry for externally completed Pap Smears. Evaluate workflow and re-train based on new standard.	
Risk #1	May not currently have enough staff allocated for audits (to see if standard is being followed).					
Mitigation #1	Get buy-in from leadership to utilize a certain amount of clinical staff time to do observation audits, and use DRVS data to carefully track, and identify additional training needs.					
Risk #2	Patients may not be willing to sign HIPAA release form for health center to receive results from external provider.					
Mitigation #2	Re-educate health center staff on successful approaches to this conversation with patients. Identify someone else who can help (manager, etc.).					
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<ul style="list-style-type: none"> • Be sure to involve all levels of the organization for success • QI must play a critical role in planning and execution of HCCN work, this quality work should be strongly linked with the health center’s goals. 						
						
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Health Center **Connections** Quality Forum S.M.A.R.T Quality Goals azara healthcare



S	<ul style="list-style-type: none"> • Specific (clear, concise, tangible)
M	<ul style="list-style-type: none"> • Measurable (patients, %, cost, etc.)
A	<ul style="list-style-type: none"> • Actionable (you can define the steps, and they can be done)
R	<ul style="list-style-type: none"> • Realistic (likelihood of success is greater than 50%)
T	<ul style="list-style-type: none"> • Timed (there is an associated deadline)

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1. Review the Cervical Cancer Screening Goals
2. S.M.A.R.T characteristics of the goals- check each goal against the criteria
 - Center baseline #s to be filled out- these should come from UDS 2016 Cervical Cancer Screening Measure
 - Even if a center's numbers are above the Connections Goal, they need to set goals higher than their current performance. Individual center improvement is what will enable Connections to meet the Connections goal collectively.

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 **Share Your Plans with Peers** 

- **Report Back**
 - What Intervention(s) are you planning to try and why?
 - What barriers do you anticipate?
 - How will you mitigate them?


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Tools In DRVS to Improve Cervical Cancer Screening

- **Visit Planning Report**
- **Dashboard**
- **Scorecard**
- **Measure Analyzer**
- **Registries**

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Visit Planning



3:15 PM | Monday, November 27, 2017 Visit Reason: Annual Visit

Williams, Sena MRN: 5953112 DOB: 8/28/1982 (35 years)	Sex at Birth: F Gender Identity: Choose not to disclose Sexual Orientation: Lesbian or gay	Phone: 978-455-4930 Language: English Risk: Low	Last Phys: Portal Access: N PCP: Fitz, Renata Payer: Medicare Care Manager: Bobbi Bel
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Diagnoses (0)	Alert	Message	Most Recent Date	Most Recent Result
	PID	Overdue		
	Pap HPV	Overdue		
	Gonorrhea	Overdue		
	Hep C	Overdue		
	HIV	Overdue		
	Alcohol Screening	Missing		
	AUDIT	Overdue		
	BMI	Overdue		
	Dep Screen	Overdue		
	Drug Screening	Missing		
	Sub Use Scr	Missing		
	Tobacco Scr	Overdue		
	Violence Scr	Overdue		
	BMI	Overdue		
	Flu	Missing		
	Tetanus	Overdue		
	Inactive	Overdue		
	Dental	Overdue		

Risk Factors (0)

SDOH (0)


HOMELESS

RACE


HISPLAY

MIGRANT

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Dashboard




Dashboards - Cancer Screening 📄 📧

Period Type: Trailing Year | Period: TV November 2017 | Centers: Centers | Providers: Providers | 🔄 Update


Breast Cancer Screening



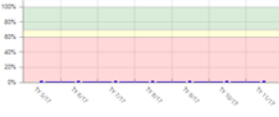
Cervical Cancer Screening




Colorectal Cancer Screening



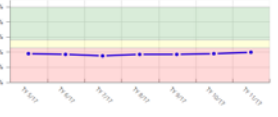
Breast Cancer Screening Trend



Cervical Cancer Screening Trend



Colorectal Cancer Screening Trend



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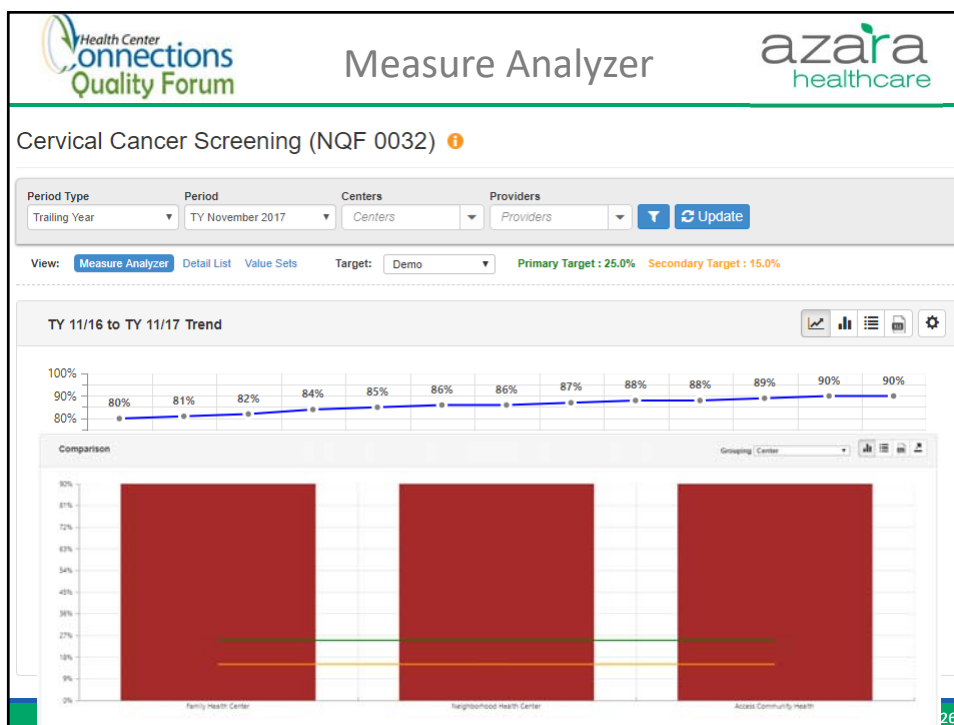
Health Center Connections Quality Forum Scorecard **azara healthcare**

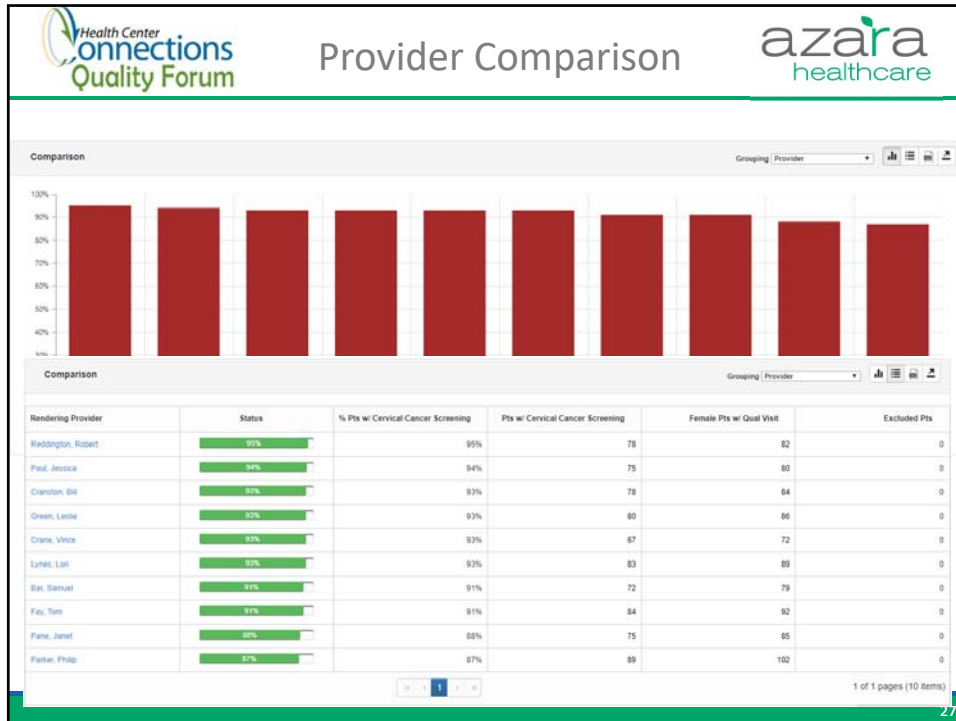
UDS - UDS 2017 CQMs ☆ 🗑️ 📄 📧

Period Type: Trailing Year | Period: TY November 2017 | Centers: Centers | Providers: Providers | Service Lines: Primary Care 📄 🔄 Update

Measure	Target	Result	Numerator	Denominator	Exclusions
Childhood Immunization Status (NQF 0030)	83.0%	83.0%	78	94	0
Cervical Cancer Screening (NQF 0032)	90.0%	91.0%	1,701	1,870	0
Child Weight Screening / BMI / Nutritional / Physical Activity Counseling (NQF 0024 modified)	66.0%	79.9%	988	1,236	233
BMI Screening and Follow-Up 15+ Years (NQF 0421w/CCDM 69v5)	63.0%	98.9%	3,987	4,032	722
Tobacco Use: Screening and Cessation (NQF 0028)	56.0%	95.9%	3,872	4,037	5
Use of Appropriate Medications for Asthma (NQF 0036)	63.0%	0.0%	0	1,899	1,894
CAD Lipid Therapy	51.0%	0.0%	0	1,968	5
IVD Aspirin Use (NQF 0068)	36.0%	0.0%	0	4,273	0
Colorectal Cancer Screening (NQF 0034)	59.0%	49.2%	70	174	951
Screening for Clinical Depression and Follow-Up Plan (NQF 0418)	29.0%	97.0%	2,034	2,097	3,217
HIV and Pregnant (UDS)	58.0%	94.4%	945	1,001	5
Hypertension Controlling High Blood Pressure (NQF 0018)	45.0%	85.6%	700	818	674
Diabetes A1c < 8 (NQF 0059 modified)	78.0%	35.3%	1,520	4,305	5
Diabetes A1c < 9 or Untested (NQF 0059)	33.0%	57.9%	2,493	4,305	0

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Health Center Connections Quality Forum **Patient Details** **azara healthcare**

View: Measure Analyzer [Detail List](#) [Value Sets](#) Target: **Demo** Primary Target: 25.0% Secondary Target: 16.0%

Name	MRN	Gender	Date of Birth	Medicaid-Number	Usual Provider	Inactive	Most Recent Enc	Most Recent Provider
Suominen, Maira	8404257	F	5/8/1965	7680933	Parker, Philip	N	12/0/2016	Paul, Jessica
Sprake, Latonya	5275870	F	6/24/1984	8739777	Crane, Vince	N	3/19/2017	Paul, Jessica
Chorlton, Tim	1496839	F	3/6/1969	1454327	Lynel, Lori	N	9/1/2017	Paul, Jessica
Schwald, Keturah	5952753	F	9/26/1961	6480439	Parker, Philip	N	3/27/2017	Paul, Jessica
Pallet, Zana	4546149	F	5/10/1987	7074738	Cranston, Bill	N	1/11/2017	Paul, Jessica
Eklis, Verna	4851200	F	1/29/1980	8324253	Paul, Jessica	N	11/9/2017	Parker, Philip
Orzel, Winnifred	7295455	F	11/11/1963	7098911	Reddington, Robert	N	5/8/2017	Bar, Samuel

Name	MRN	Gender	Date of Birth	Medicaid-Number	Numerator
Suominen, Maira	8404257	F	5/8/1965	7680933	N
Sprake, Latonya	5275870	F	6/24/1984	8739777	N
Chorlton, Tim	1496839	F	3/6/1969	1454327	N
Schwald, Keturah	5952753	F	9/26/1961	6480439	N
Pallet, Zana	4546149	F	5/10/1987	7074738	N
Eklis, Verna	4851200	F	1/29/1980	8324253	Y
Orzel, Winnifred	7295455	F	11/11/1963	7098911	Y
Ramon, Bethel	7049928	F	1/21/1976	1704499	Y

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Registries for Outreach

Registries - Primary Care: Adult Female

Start Date: 11/29/2017 | End Date: 11/27/2017 | Centers: Centers | Providers: Providers | Update


Center Name	Name	Age	MRN	Primary Payer	Next Appointment	Next Appointment Provider	Colonoscopy	FIT/FGBT	Pap Date	Pap Result	Pap Code	Mammogram
Neighborhood Health Center	Garrabrant, Savannah	37	7749381	Medicaid					3/8/2016		88174	
Neighborhood Health Center	Borucki, Patricia	66	3339071	Medicare				11/22/2017	11/22/2017		88174	
Neighborhood Health Center	Abeta, Jerica	72	5573404	Aetna				11/22/2017	11/22/2017		HPV Lab/Pap	
Neighborhood Health Center	Kosser, Melissa	40	5589997	Medicaid					11/21/2017		Pap	
Neighborhood Health Center	Maxi, Annett	39	4691268	Medicaid				11/3/2017	11/3/2017		HPV Lab/Pap	
Neighborhood Health Center	Gessford, Carla	34	8915082	Coverity				11/29/2017	11/20/2017		Pap	
Neighborhood Health Center	Craton, Alyssa	47	8037063	Aetna				11/29/2017	11/20/2017		HPV Lab/Pap	
Neighborhood Health Center	Needleman, Loli	27	2724724	Aetna				11/29/2017	11/20/2017		HPV Lab/Pap	
Neighborhood Health Center	Fabus, Mae	19	8135411	BCBS	2/13/2018	Green, Leslie			11/13/2017	11/12/2017	HPV Lab/Pap	
Neighborhood Health Center	Paltrude, Kaven	54	1337146	BCBS	11/24/2017	Paul, Jessica			9/21/2017	9/21/2017	88174	

1 of 2 pages (16 items)

Cancer Registry Created for KAMU

- Cancer Screening – Female
 - Find it under Custom Registries after selecting the Registry icon from the left navigation tabs.
 - Then scroll down to the “Cancer Screening – Female” option.
 - Includes breast, colon and cervical cancer screening related data all in one registry.



- Favorites
- Visit Planning
- Care Management
- Dashboards
- Reports
- Measures
- Registries**
- Admin

- Primary Care: Adult Female
- Primary Care: Adult Male
- Anticoagulation
- Asthma
- Depression
- Diabetes
- Flu - Adult
- HIV
- Hypertension
- Immunizations
- Opioid Measures - Alcohol Abuse Disorder
- Office Based Opioid Treatment
- Opioid Measures - Potential Misuse
- Primary Care: Pediatrics
- Social Determinants of Health (SDOH)
- Custom Registries**
- Diabetes Registry
- HIV - Viral Load
- HIV - Viral Load

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- Review your PDSA plan with rest of team at the health center, finalize.
- Fill out form with your plan and hand in to Terri Kennedy by December 4th.
- Plan for review of numbers at beginning of next Connections Quality Forum Meeting.

