Practice Orientation Meeting

Meeting Agenda

- Purpose of the Meeting
- QHP Overview
- Clinical Measures
- Utilizing the EHR
- Point of Care Workflow Suggestions
- Population Management
- Developing a Quality Committee for your practice
- Registry = Intelligent Healthcare
- Discussion/Next Steps

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Purpose of Meeting

- Discuss structure and function of QHP
- Discuss with practices what changes may need to be made to improve quality of care and, in the process, meet the targets on the current measures
- Identify practice resource needs to support the work

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QHP Overview

- What is QHP?
  - QHP is a clinically integrated physician-hospital organization, a partnership between SIH and area providers to work together to negotiate health care contracts and improve the quality of care to the patients living in southern Illinois
  - Clinical integration requires
    - a set of systems and processes to improve quality and reduce cost through education, technology, standardization and best practices
  - Clinical integration provides us with the opportunity
    - to improve materially the care for our communities, while gaining FTC-approval to collectively negotiate with payers to compensate us for doing the right thing for our patients

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QHP Overview

- What is QHP?
  - We have 278 Providers
    - 75 Primary Care
    - 108 Specialists
    - 95 Mid-levels
  - This represents ~70 Clinics/Practices
    - Includes FQHCs, SIU, SIMS, Prairie, Harrisburg and 10 Independent practices
    - Ranges in size from 1-13 providers per location
    - Covers Alexander, Clay, Edwards, Franklin, Gallatin, Hardin, Jackson, Jefferson, Perry, Pope, Pulaski, Saline, Wayne, White, and Williamson counties

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QHP Governance: Board Members

Community

1. Anad Salem, MD – President
   (Independent)
2. Clare Fadden, MD
   (Shawnee)
3. Suhail Istanbouly, MD
   (Independent)
4. Patsy Jensen
   (Shawnee Administration)
5. Larry Jones, MD
   (Harrisburg)
6. Kim Mitroka
   (CRHPC Administration)
7. Penny Tippy, MD
   (SIU)

SIH/SIMS

1. Dale Blaise, MD
   (SIMS)
2. Rex Budde
   (SIH CEO)
3. Mike Kasser
   (SIH CFO)
4. Gerald McClallen, DO
   (SIMS)
5. Jim Miller, MD
   (SIH CMO)
6. Jeff Parks, MD
   (SIMS)
7. Phil Schaefer
   (SIH VP Ambulatory and
   Physician Services)

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QHP Governance: Finance Committee

- Finance Committee Role
  - Responsible for providing oversight of the contracting and reimbursement programs of QHP
  - Oversees
    - Development and execution of QHP's contracts with health plans
    - Design and management of its incentive distribution plan
    - Overall financial operations and decisions of the organization
  - Works closely with QHP's Executive Director and Treasurer and makes critical recommendations to the QHP Board

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QHP Governance: Finance Committee

1. Dale Blaise, MD – Chair (SIMS)

2. Randy Cowart, MD (Independent)

3. Sylvia Garwin, MD (Independent)

4. Daisy Grammer (SIMS Office Manager)

5. Mike Kasser (SIH CFO)

6. Kim Lingle (SIMS Finance)

7. Gerald McClallen, DO (SIMS)

8. Shannon Rider, MD (Harrisburg)

9. Marcy Salem (Anad Salem, MD Office Manager)

10. Quincy Scott, MD (SIU)

11. Sam Stokes, MD (SIMS)

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QHP Governance: Clinical Committee

- Clinical Committee Role
  - Identifies and selects clinical programs and measures
  - Oversees the development of clinical guidelines
  - Develops multifaceted intervention approaches
  - Establishes performance targets
  - Ensures that adherence to credentialing requirements is enforced
  - Monitors the organizations' clinical performance

QHP Governance: Clinical Committee

1. Marci Moore-Connelley, MD – Chair (SIU)
2. Gerson Criste, MD (SIMS)
3. Dennon Davis, MD (SIMS)
4. Blaine Eubanks, MD (Harrisburg Primary Care Group)
5. Clare Fadden, MD (Shawnee)
6. Paula Lindner, MD (SIMS)
7. Jim Miller, MD (SIH CMO)
8. Kevin Oestmann, MD (SIMS)
9. Shelly Pierce (SIH Corporate Director Patient Relations)
10. Patrick Riley, MD (CRHPC)
11. Jeff Ripperda, MD (Shawnee)
12. Anad Salem, MD (Independent)
13. Michael Short (SIH Clinical Analyst)
14. Sharon Smaga, MD (SIU)
15. Penny Tippy, MD (SIU)
16. Mary Williams (SIMS Quality Manager)

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QHP Management/Contact Information

- Dan Skiles, Executive Director
  - Daniel.skiles@sih.net
  - 618.457.5200 x67909

- Marci Moore-Connelley, MD, Chief Medical Officer
  - connelleymd@gmail.com
  - 618.967.1185 cell
  - 618.457.5200 x67907

- Ginger Hilliard, System Business Development
  - Ginger.hilliard@sih.net
  - 618.457.5200 x67957

- Michael Short, Clinical Analyst
  - michael.short@sih.net
  - 618.457.5200 x67234

- Ann Klostermann, Office Coordinator
  - ann.klostermann@sih.net
  - 618.457.5200 x67201

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QHP Clinical Performance Measures – Year 1

REGISTRY	MEASURE	REGISTRY	MEASURE
Comprehensive Adult Diabetes Care (CDC)	HbA1c Performed Annually	**Immunizations**	Influenza Vaccine Annually (>=50 years)
	HbA1C >9 Uncontrolled or Not Done		Pneumonia Vaccine Once (>=65 years)
	HbA1C <8 Controlled		Tdap Annually (19-64 years)
	LDL Performed Annually		
	LDL Result <100	**COPD**	Influenza Vaccine Annually
	Blood Pressure Performed Annually		Pneumonia Vaccine Once
	Blood Pressure Controlled < 140/90		Smoking Assessment Annually
	Influenza Vaccine Annually		Smoking Cessation Counseling Annually
	Nephropathy Screening Annually		
	Smoking Assessment Annually	**Cancer Screening**	Breast Cancer Screening (40-69 years)
	Smoking Cessation Counseling Annually		Colon Cancer Screening (50-75 years)
			Cervical Cancer Screening (21-65 years)
Comprehensive Ischemic Vascular Disease Care (IVD)	LDL Performed Annually		
	LDL Result < 100	**Electronic Prescribing %**	Electronic Prescribing %
	Antiplatelet Therapy		
	Blood Pressure Performed Annually	**CPOE %**	CPOE %
	Blood Pressure Controlled < 140/90		
	Influenza Vaccine Annually	**Generic Prescribing %**	Generic Prescribing %
	Smoking Assessment Annually		
	Smoking Cessation Counseling Annually	**IH Registry Usage %**	IH Registry Usage %
Asthma	Influenza Vaccine Annually		
	Controller Med Prescribed Last Year		
	Smoking Assessment Annually		
	Smoking Cessation Counseling Annually		

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QHP
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Clinical Measures

- Review of how patients get into QHP registry
- HEDIS 2013 Specification Guide
- Inclusion and exclusion criteria
- Alignment with meaningful use

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EHR and Clinical Measures

- Initial Recommendations:
  - Align health maintenance protocols with QHP measures
  - Ensure clinical measures are being entered into EHR so that they can be captured in performance reports
    - **Get credit when care has been delivered**

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EHR and Clinical Measures

- Next Steps:
  - Template changes to improve workflow for addressing quality parameters
  - Pushing/Pulling of data from within the EHR
    - Reminders within the note
    - Labs within the note
    - Overdue Health Maintenance/Chronic disease reminders
    - When items are completed, pushing to the HM/protocol section of the chart, where IH will pull it from.

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EHR and Clinical Measures

- For practices with recent EHR implementation (or no EHR)
  - May choose to do paper chart review on select measures
    - Intelligent Healthcare randomly chooses 30 patients
    - 30 charts per measure per quarter
    - Manual entry into Intelligent Healthcare
    - QHP will audit 10% of these charts

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Point of Care Workflow Suggestions

- Pre-Visit Planning (PCMH)
  - Contact select patients (2-4 weeks prior)
  - Protocols for standing orders prior to office visit
  - Improved flow at office visit
- Reviewing overdue HM/Chronic Disease needs prior to office visit (day prior)
  - Run Report
    - Query from EHR
    - Use of IH Registry
  - Discuss at morning/afternoon "huddle" (PCMH)
    - Standing order protocols for staff
    - Care plans for pt review while waiting; educational handouts
    - Review with MA/nurse while rooming– standing orders
    - Review with provider at ov

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Population Management

- Taking care of patients outside of the office visit (PCMH)
- Intelligent Healthcare Reports
  - Mammogram, Colonoscopy, Diabetes, etc.
  - Frequency of reports
    - "Theme" months, i.e. Breast Cancer Awareness Month – contact pts overdue on mammogram
    - Pair with staff educational presentations
    - Development of calendar, presentations, educational materials
  - Contacting patients
    - Phone calls, letters, Pt Portal, Secure texting/email, mass voice msg from provider

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Developing a Quality Committee for Your Practice

- Purpose
  - To bring key representatives from across the clinic to work together on improving quality of care
    - Inclusion into the process
    - Front line input
    - Fresh ideas
    - Understand the "why" behind changes
    - Builds team concept
    - Improves success of implementation
  - Develop protocols/workflow changes
    - PDSA cycles
    - Roll out clinic wide after "tweaking"
  - Review IH reports, set goals, monitor effect of changes

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Developing a Quality Committee for your Practice

- Proposed Team Membership: Scheduling, Billing, Nursing, Admin, Providers

- Discussion Questions:

  - Does a Quality group already exist for your practice?
  - Does another committee exist that can become the Quality Committee with some minor changes?

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Registry = Intelligent Healthcare

- Brief look at the registry
- Plan for training on use of Intelligent Healthcare
  - Plan for which providers/staff to attend training

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Discussion/Next Steps

- What additional questions do you have about the PHO?

- What do you think the greatest challenges will be in implementing the clinical program?

- Recognizing that the PHO has finite resources, what would be the most helpful support that we can provide your practice?

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