

Creating a Culture of Quality on the North Coast

Year 1 Summary Report

Executive Summary

Serving Humboldt, Del Norte and Trinity Counties in Northern coastal California, the North Coast Clinics Network (NCCN) is a consortium of 13 community health centers (CHC) who are working to improve the health outcomes of our underserved populations. The NCCN member CHCs collectively strive to improve access to high quality medical, mental, and dental health care for all people, regardless of their ability to pay. In 2014, NCCN members provided over 222,438 visits for 58,517 patients, which is one-third of the region's population.

Since 1994, NCCN has existed to assist member clinics in their efforts to meet the needs of this community and the needs of the health centers themselves through information sharing, community education, shared administrative activities, and local, state, and federal policy and advocacy efforts. More recently, the Network has been called on by its members to provide quality improvement (QI) and data analytics support as the health care environment has shifted from a focus on volume to value. Data-driven decision making has been made possible through the implementation of electronic health records, health maintenance registries, and health information exchange systems. Likewise, health center members are participating in multiple QI efforts, including patient centered medical home recognition, Meaningful Use (MU), and Uniform Data System (UDS). Additionally in 2014, Partnership HealthPlan of California (PHC) expanded Medi-Cal managed care to 8 rural California counties, including the Network's service area, providing CHCs with access to financial resources tied to clinical and operational performance for their patient populations. While these external changes have created new opportunities for health centers, they have also necessitated that health centers significantly enhance their QI and data analytics capacity. This new environment has reinforced NCCN's key role as a leader to support QI infrastructure and growth throughout our region.



With support from the Health Resources and Services Administration (HRSA) and PHC, NCCN is able to support member health centers in achieving their identified QI priorities by building the QI infrastructure and data analytics capacity across the Network with the goal of improving the health outcomes of our communities and the satisfaction and engagement of our patient population.

In the first two quarters of 2015, the Network led an assessment and strategic planning process with the Board of Directors, CHC management teams, and health center QI staff, which highlighted the following regional QI priority areas:

- ❖ Strengthening Data Infrastructure: ongoing, consistent aggregation, analysis, and development of dashboards of network-wide patient and clinical data as a means to monitor population health trends and create data-driven opportunities;
- ❖ Sharing Best Practices: quarterly convening of key clinic health professionals and staff to share challenges, resources, and best practices and develop collaborative QI strategies;
- ❖ Creating a Culture of Quality: training, education, and technical assistance with Improvement Advisors to assist with population health metrics.

This report serves to document the progress thus far in addressing the priority areas. Through the assessment, implementation, and evaluation process, NCCN and its health center members have identified lessons learned and opportunities for continued capacity building and collaboration moving forward.

Quality Improvement and Data Analytics Assessment

The Network performed three critical assessment steps to identify and prioritize activities to strengthen the QI and data analytics capacity of NCCN member health centers:

Review of County Health Profiles

A review of the 58 county health profiles revealed that Humboldt, Del Norte, and Trinity Counties' leading causes of death for our service area were: all Cancers (52/58), Female Breast Cancer (55/58), Colorectal Cancer (48/58), Drug-induced Deaths (57/58), Stroke (57/58), and Suicide (52/58).

Crosswalk Analysis of UDS, MU, and PHC QI Program Measure Performance

A crosswalk analysis of UDS, MU, and PHC QI Program measure performance demonstrated overlap in measure prioritization and areas for improvement between member health centers. Member health center QI teams were currently focused or planning to focus on Childhood BMI-Nutrition and Physical Activity Counseling, Well Child Visits/Childhood Immunizations, Colorectal Cancer Screening, Cervical cancer screening, and A1c >9%.

Board of Directors and health center executive teams were also particularly interested in monitoring payor mix as a first step in adopting the Triple Aim, achieving the goals of the Affordable Care Act, and preparing for payment reform. Benchmarking against Healthy People 2020(HP2020)¹ and HEDIS 90th percentile² revealed that NCCN members are below industry standards in several measures: Cervical Cancer testing rates have 61% of women receiving this screening at NCCN member sites compared to 93% with HP2020, NCCN Colon cancer rates have 29% receiving necessary screenings compared to HP2020 of 70.5%, and Well Child Visits at NCCN member sites are currently at 63% compared to 83% with HEDIS 90th percentile.



¹ Healthy People 2020. U.S. Department of Health & Human Services.

<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

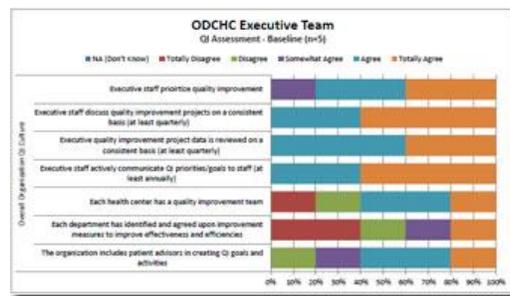
² National Committee for Quality Assurance. The State of Health Care Quality 2012.

www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality.aspx

Quality Improvement and Data Analytics Assessment

Initial interviews with Executive staff and QI teams at NCCN member CHCs consisted of a review of county health profile data, health center measure performance via Network created dashboards, internal QI plans and priorities, and data analytics capacities. Through a careful review of the data and operational capacities, CHC's reached consensus on a set of measures in which they were already working on or interested in working on as referenced above.

Additionally, the CHC teams worked with NCCN to develop a common web-based assessment tool to be used by each member organization to determine a baseline of their QI and data analytics infrastructure.³ The assessment tool was administered to executive and administrative staff as well as clinical teams throughout 13 CHC sites across the Network with a total of 195 respondents.



Key Opportunities Found Within the QI Assessment

EHR Implementation and Adoption

- 2 out of 3 Network CHC's felt satisfied with their Electronic Health Record (EHR) systems—Epic (ODCHC), NextGen (RRHC), and MetiTab (STHS).
- All Network CHC's were commonly challenged with extracting data out of their systems either due to EHR functionality, lack of internal data analytics expertise, or challenges with inconsistent work flows for input of the data.
- All NCCN Network members successfully achieved a minimum of Stage 1 Meaningful Use recognition.

Quality Improvement Infrastructure

- All Network CHC's felt that QI capacity could be improved across their organization and in all departments. While data was consistently reviewed and QI projects were regularly discussed at the executive and administrative level, health center staff felt less informed about the QI goals, priorities, and progress of the organizations in which they worked.
- Awareness of the Model of Improvement, Plan-Do-Study-Act (PDSA), and available data reports for QI projects was limited outside of established QI teams within the organizations.
- The majority of respondents felt confident that the organization would be able to improve the measures within the measurement set with a focused effort.
- The majority of respondents felt that with additional training and resource support, they would feel empowered to participate in QI projects and initiatives.

Care Team Development

- The majority of respondents felt that the organization had high functioning care teams who huddled on a daily basis and conducted preventive service chart scrubbing.
- Communication and team building were identified as areas of interest for further training and support at all levels of CHC staff, including the executive, administrative, and care team levels.

Following the interviews and baseline assessments, NCCN, its Board, and QI leads met to discuss the findings and established the following goal statement and priority area activities to guide the work moving forward:

³ The QI Assessment used by NCCN was adapted from the Institute of Healthcare Improvement's MUSIQ calculator, which assesses the contextual factors that will influence the success of a QI project.

Goal Statement: Improve Quality of Care by leading a creative, solutions-oriented approach to patient-centered health care and advancing systems of data collection and management across NCCN member community health centers.

Priority Area Activities:

- ❖ **Strengthening Data Infrastructure:** consistent collection, aggregation, and development of clinical, operational, and financial data dashboards, both through quarterly retrospective dashboards and through the exploration of a shared, real-time population health, data analytics tool, PopIQ.
- ❖ **Sharing Best Practices:** at least quarterly QI peer networking meetings and learning sessions and through active participation in community and regional initiatives to improve the health outcomes of Humboldt, Del Norte, and Trinity County residents.
- ❖ **Creating a Culture of Quality:** training and education, including improvement advisor practice coaching, for member health centers regarding QI projects and initiatives, especially as it relates to data analytics, Patient Centered Medical Home recognition, care team development, and systems transformation.

Strengthening Data Infrastructure

NCCN worked with its health center members to strengthen data analytics infrastructure through the development of a measure crosswalk, the creation, review, and discussion of quarterly dashboards, and the mapping and validation of data into PopIQ, a population health data analytics tool.

Measure Crosswalk: NCCN developed a measure crosswalk for member health centers that highlighted the various QI initiatives in which they were participating (UDS, MU, PHC QIP) and the overlap between them, providing them with a tool to effectively allocate their resources, focus their QI activities, and maximize their participation in these QI programs.

Quarterly Dashboards: NCCN developed data sheets for each member organization to track their data on a quarterly basis. Each data sheet included the measure definitions and lookback period, as well as a graphical dashboard that visually outlined their performance on the measure along with various state and national benchmarks: national UDS benchmark, California UDS benchmark, HEDIS 90 percentile benchmark, and the organizations' goals.

PopIQ: NCCN worked with its Network members and several health centers from the Alliance for Rural Community Health (ARCH) to map and validate data from their individual EHR's into PopIQ, a population health data analytics tool. PopIQ allows participating health centers to compare their measure performance with others within the PopIQ Network.

Through the various data analytics activities conducted, NCCN took away several valuable lessons and learned and identified key opportunities to further support the development of member health center data capacity to improve performance on quality indicators.

Lessons Learned

- The development of the measure crosswalk and the measure data sheets provided an educational opportunity for member health centers. Network and CHC staff engaged in a thoughtful and critical examination of each measure—its definition, its exclusions, its challenges, and the positive impacts it may have. Staff felt their data analytics skills were improved as they better understood how to dissect a measure and the importance of thinking through a data plan.
- The process of mapping and validating data for PopIQ allowed health center staff to better understand how their individual EHR systems housed data, where the data was stored, and in what way data needed to be entered in order to be retrieved. As a result of the mapping and validation process, many health center participants created standardized work flows for data entry for staff to ensure data accuracy.

- While some Network health centers have internal capacity and expertise to collect, aggregate, and review data on a consistent basis, others do not. Health centers greatly appreciated the graphical dashboards to monitor their performance and have shared these dashboards with their Board of Directors and staff and utilized them to guide their QI activities. Likewise, NCCN and its members are able to see the Network's performance on multiple data measures across a greater geographical region and strategically identify population health needs and opportunities for best practice exchange, training, and technical assistance.

Key Opportunities for Continued Work and Improvement

- All health center members reported an interest in learning how other health centers are distributing the data analytics and QI work across their organizations—who runs reports, validates the data, conducts outreach to the patients, etc. Similarly, health centers expressed a desire to learn how to maximize their utilization of eReports and other data available through PHC.
- Another area of shared interest is further training on PopIQ, specifically how to create and edit reports and dashboards for the various QI initiatives in which they participate.
- Health centers articulated a desire to share EHR templates and workflows to improve the quality of data being entered into their respective systems.
- NCCN will continue to work with its members and ARCH health centers to identify and provide needed data analytics support, such as crosswalks, fact sheets, dashboards, and educational support.

Sharing Best Practices

As a recognized and valued convener by its member health centers and the broader community, NCCN was able to successfully support the sharing of best practices across its Network and broader health care system through regular peer network opportunities.

Quality Improvement Peer Network (QIPN) Meetings: In partnership with the Health Alliance of Northern California (HANC), NCCN coordinated monthly QIPN meetings with health center QI Directors and leads to facilitate best practice sharing, strategic planning, and continuing education throughout rural Northern California. These meetings provided an opportunity to bring the local health plan to the table for continuous dialogue about QI efforts to improve data performance and health outcomes. These learning sessions provided stable communication channels to discuss timely and innovative strategies for improving quality of care in a rural environment. Discussions and best practice exchanges have included such topics as cervical cancer screening, child BMI-nutrition and physical activity counseling, and complex care management.

Maximizing the Care Team – Medical Scribes and Health Coaches: NCCN is currently working with its member health centers to explore the incorporation of medical scribes and health coaches into the care team. The Network has compiled various program models and curriculums, as well as identified several content experts who could provide technical support to health centers. NCCN has also developed relationships with several academic institutions, including the local community college, and is working with Network health centers and other health care entities to explore piloting a medical scribe program and potentially a joint medical scribe/health coach program.



Community-Based Partnerships and Collaborations: NCCN is actively participating in several community-based local, regional, and statewide collaborations, including the Chronic Pain Initiative, Immunization Taskforce, Care Coordination Committee, and the Regional Association of Consortia (RAC) Triple Aim, and Workforce Committee. As a member of these various committees, NCCN has been able to elevate the successful endeavors, lessons learned, and challenges of its rural member health centers as well as bring back promising practices from other regions to explore in our community.

Lessons Learned

- An important aspect of building an effective peer network is relationship building. The facilitation of in-person QI learning sessions with small group activities and data presentations by Network staff was a critical step to establishing a forum wherein QI staff from different health centers could find common ground, work together, and build rapport; moreover, Network staff strengthened health center staff's trust in the skills and expertise available within the consortia.
- Building on the success of in-person sessions, the Network was able to maintain relationships through monthly QIPN sessions and achieve data transparency and best practice sharing on a regional level.
- The QIPN forum created opportunities for health center staff to articulate common QI-related questions, challenges and/or innovations specific to a rural environment that the Network could elevate to health care stakeholders (National Association of Community Health Centers, California Primary Care Association, Partnership HealthPlan, etc.) in order to seek answers, strategize solutions, and/or explore potential collaborations.
- NCCN's participation in community initiatives allowed member CHCs with limited time and/or staffing resources to keep abreast of the discussions and work happening in the broader health system and to feel confident that their input and perspective was being represented.

Key Opportunities for Continued Work and Improvement

- NCCN will continue to explore any additional best- or promising practices regarding medical scribes and health coaches, along with any innovative models to maximize the health care team, within a CHC environment.
- NCCN will be working with health center members on implementing a shared North State Prevention Public Awareness Campaign across the Network in partnership with the Health Alliance of Northern California. NCCN and its members will be coordinating health awareness events, patient and staff training/educational materials, public service announcements and press releases to streamline resources and maximize our efforts to improve the health and wellness of our community members.
- Another area of interest from members is the creation of a PDSA library that highlights innovative interventions that seek to improve the well-being of patients and that are scalable in various sized health centers.

Creating a Culture of Quality

As an Area Health Education Center (AHEC), NCCN played a key role in creating a culture of quality through training and education for health center and community-based staff throughout Northern California, both independently and in partnership with numerous health care stakeholders, such as HANC, Humboldt Independent Practice Association (IPA), and PHC. The Network engaged in a variety of roles from event lead to training support, from presenter to practice coach, which successfully contributed to the training and education of hundreds of health care staff and providers throughout the region.

Training and Education

Managing Pain Safely Forum: With an audience of over 100 local health system staff and providers, this half day workshop explored the local efforts of PHC, the Humboldt IPA, and NCCN members' efforts to manage pain safely in Humboldt County. Topics included opioid issues in Northern California, rational and irrational uses of opioids, opioid tapering strategies, initiating successful patient conversations, community approaches to opioid misuse and abuse, and buprenorphine treatment for chronic pain.

Trauma Informed Care (TIC) 101: 75 individuals participated in this 90 minute webinar, which provided a basic overview of TIC, an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, especially as it relates to delivering health care to patients with chronic pain, substance abuse, and complex conditions. TIC emphasizes physical,

psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

TIC - Addressing the Health Consequences of Adverse Childhood Experiences: 49 participants from a broad array of health care and community based organizations attended this in-person session in Eureka, providing participants with strategies and tools to work with patients within a TIC framework and successfully integrate it into their daily practice.

ABC's of QI: 60 front line and clinical staff from NCCN and HANC community health centers participated in this five session web-based workshop that explored the basics of QI and provided participants time with their teams and support from Network practice coaches to develop the aims, measures, and data collection plan for their QI projects.

Improvement Advisors

Practice Coaching: Network staff meet with health center QI directors and teams on a bi-monthly basis to review health center measure performance, discuss current QI projects, explore potential strategies for improvement, and prioritize Network training, education, and technical assistance support.

Treating Patients with C.A.R.E.: To address the identified need for communication training and team building, NCCN staff became certified trainers for the Institute of Health Care Communication's (IHC) *Treating Patients with C.A.R.E.* curriculum. C.A.R.E. is an evidenced-based communication workshop that enhances individual providers' and staff members' abilities to communicate with patients—and with one another—in ways that promote health and teamwork. Through these small, team-based workshops, participants learn the C.A.R.E. concepts and share effective communication strategies with each other. Evidence has shown that patients have better health outcomes when positive interactions with staff encourage them to adhere to treatment plans and follow-up care. Patient satisfaction is also significantly enhanced when staff members communicate effectively and empathetically with patients. Likewise, staff satisfaction increases as interactions between staff become more effective. To date, NCCN has trained over 300 staff in the last 11 months and maintains an overall goal of training some 500 staff by the end of the first quarter of 2016.



Lessons Learned

- Partnership development has been a critical factor of NCCN's success in creating a culture of quality through training, education, and practice coaching. NCCN has built on its experience as a trainer, educator, and convener in order to actively engage and partner with other local health care leaders, such as the Humboldt IPA and PHC, to maximize our community capacity and reach more local providers.
- In creating a successful culture of quality, work must begin with visible Executive Level engagement. This engagement must also then be supported through a commitment of time and resources throughout the rest of the organization in order to truly integrate QI efforts into all areas of health center work.
- The role of the improvement advisor is not to lead the initiative on behalf of the organization, but rather to build the internal capacity of health center staff. This initiative has allowed NCCN to foster trusting relationships with health center staff throughout the region in order to enhance their abilities, buy-in, and confidence to improve the health outcomes of their unique patient populations.

Key Opportunities for Continued Work and Improvement

- In order to sustain a culture a quality, health center members have requested quarterly ABC's of QI and LEAN workshops for current and new staff to work on QI projects. Similarly, Network members have requested a one hour basics of QI to be available for all staff to encourage an understanding of quality

improvement for individuals who may not be regularly involved in QI projects but who are critically important to the success of the work.

- NCCN is currently working with all levels of health center staff to develop a C.A.R.E. Committee that will be charged with sustaining the momentum of the program and integrating the C.A.R.E. tenants into all aspects of the health center, including branding, onboarding, annual evaluations, staff recognition, and patient satisfaction surveys.
- De-escalation training has been a consistent theme arising from the C.A.R.E. project. Health center staff want additional behavioral management skills and techniques to verbally and non-violently de-escalate a crisis situation. NCCN has reached out to the local community college, College of the Redwoods, to explore a possible partnership in order to provide this training for CHC staff.
- An essential component of successfully improving health center performance in the variety of QI initiatives in which they are involved will be the identification and dissemination of best- and promising practices implemented by other health centers operating within a rural environment both within California and more broadly in other states. Of particular interest are successful practices regarding diabetes care, cervical cancer screening, colon cancer screening, well child visits, childhood immunizations and child BMI-nutritional and physical activity counseling.

Conclusion

NCCN and its rural health center members have long understood the importance of collaboration. With limited funding, staffing, and service support, a cooperative approach allows these health care stakeholders to effectively maximize resources and to foster positive change in their communities. Where one health center might have been challenged in its efforts to enact change, NCCN, along with our regional partners, has progressed in building an infrastructure of collective power. With this collective power, NCCN and its member health centers will continue to move forward with the aim of improving population health by strengthening data infrastructure, sharing best practices, and providing training, education and practice coaching. Through continuous evaluation and monitoring, NCCN is poised to lead regional quality improvement efforts in collaboration with Partnership HealthPlan of California to streamline operations and clinical efficiencies for member health centers and to improve patient care in our rural communities.