Kaiser Permanente in the Community: Increasing Access to Care

PHASE
Central Valley / Fresno Cohort
Trouble with Data Quality? We’ve Got a Checklist for That!

Monthly Web-based Learning Session
August 31, 2016
Program Updates & Events

1. **Upcoming Clinical “Wiresside Chats”**
   - **October 6th 12:00 – 1:00** “Hypertension: 2016 Clinical Update” with Dr. Joe Young, Kaiser Permanente
   - **October 26th 12:00 – 1:00** “A1c Control” with Dr. Lisa Gilliam of Kaiser Permanente

2. **Central Valley Cohort Learning Sessions and Updates**
   - **October 19th 12:00 – 1:00** “Readiness for Implementation” Dr. Kent Imai, Elena Acala Community Health Partnership of Santa Clara Valley
   - **September 12th 10:00 a.m. – Team Leader Call** with Jim Meyers
3. Workbook Updates – October 31st
   • Objectives #1 - #3, working towards #4
   • Roadmap: Ideas for Action and Progress
   • Data Strategy Worksheet: Selected Questions

4. Full Team Check In / Coaching Call – October 2016

5. In the Works
   • i2i Quality of Quality Data Toolkit – Webinar Training, late September, 2016
   • Designing Data Systems for Improvement – November, 2016
   • In Person Learning Session – Early December?
PHASE Central Valley/Fresno Program

A program funded by Kaiser Permanente – Northern California Community Benefit

Program Updates

UPCOMING EVENTS

Webinars:

- August 31 Webinar: 12-1pm PT – Trouble with Data Quality? We’ve Got a Checklist!

Recent Posts

- Case Studies in Data Governance Webinar 6.22.16
- July In-Person Meeting
We Want to Hear From You!

Question 1:
How far along are you on the journey to producing performance data that everyone trusts?

- Golden Valley
- Camarena
- Valley
- Livingston
- Community

Question 2:
How well does your team understand the care processes that deliver your current performance?

- Community
- Livingston
- Valley
- Camarena
- Golden Valley

PRESS *7 to Unmute – PRESS *6 to Remute
Trouble with Data Quality? We've Got a Checklist! (And other strategies/tools for HIT-enabled QI)

TMIT CONSULTING, LLC
www.tmitconsulting.com
Session Goal/Outline

**Goal:** Familiarity with - and eagerness to apply - data analysis checklist and HITEQ HIT/QI Guide and related support

**Outline**

- Discuss Data Analysis Checklist
  - Does everyone trust your data?
- Examine/discuss HIT/QI Guide
  - Are care processes driving results understood?
Data Integrity

• Where is your organization on the path to producing data that everyone trusts and can act on?
  – Working on it, long way to go
  – Making good headway
  – Good shape; focusing on using the data
**The Tool**

Available [here](#) on the HRSA/BPHC HITEQ Center

---

**CHECKLIST FOR ANALYZING PERFORMANCE MEASURE DATA**

Provided courtesy of: **TMIT CONSULTING, LLC**

[www.tmitconsulting.com](http://www.tmitconsulting.com)

[HITEQ Center](http://www.hiteqcenter.org)

---

**ARE THE NUMBERS RIGHT? (IS THERE DATA INTEGRITY?)**

<table>
<thead>
<tr>
<th>Data Integrity Category</th>
<th>Definition</th>
<th>What to Look for</th>
</tr>
</thead>
</table>
| Verifiable              | The same result can be generated from calculating the measure or numerator/denominator using different data sources. | □ Is the measure result (e.g., BP control rate) the same from EHR registry vs. population management software?  
□ When you do a chart sample from the reported data, do the numbers in individual patient records match those reported? |
| Accurate/Reliable       | Numerators and denominators are correct, and based on the measure specifications; consistent results | Documentation Issues  
□ Are data entered into proper EHR fields (e.g., are staff documenting systolic BP in the correct sequence or field vs. diastolic BP)?  
□ Are EHR data fields free of text elements |
Data Checklist - Validity

- Verifiable
- Accurate/Reliable
- retrievable
- Complete

Overview => Q&A => Examples/Discussion
Data Checklist - Meaning

- Parameter measurement
- Patient follow-up
- Progress fully measured
- Progress drivers (e.g., med use)
- Plans implemented/followed
- Reasons for failures

Overview => Q&A => Examples/Discussion
HRSA/BPHC HITEQ Center and its Guide for Improve Care Processes and Outcomes in FQHCs
• **Guide for Improving Care Processes and Outcomes in FQHCs**
  – Provides guidance and tools for conducting HIT/QI projects

• Draws from successful HIT/QI projects in many health centers and other settings.

• Following is brief introduction to applying the approach in a project
Adopt an HIT-enabled, Continuous Improvement Approach to Care Delivery:
**Prioritize to Ensure Success**

**Context:**
Organizational Imperatives

- Most important changes to strengthen organization? Staff engagement/satisfaction? Patient health/ satisfaction? Tie QI project to these.

**Planning:**
QI Project Opportunities

- Most important changes to improve target-related care processes and outcomes?

**Execution:**
QI Project Success Drivers

- Most important steps to ensure intervention success

© 2016 TMIT Consulting, LLC
To improve targeted care processes/outcomes, get:

• the right **information**
  - evidence-based, actionable... [what]

• to the right **people**
  - clinicians and patients... [who]

• in the right **formats**
  - Registry reports, documentation tools, data display, care plans... [how]

• through the right **channels**
  - EHR, patient portal, smartphones, home monitoring ... [where]

• at the right **times**
  - key decision/action ... [when]

Recommended as a QI best practice by CMS: [bit.ly/cmscdstips]
3 Key HIT/QI Questions

Regarding target-focused workflow/info flow:

• What are we currently doing?

• What *should* we be doing based on best practice to produce better processes and results?

• What changes might we make to produce better processes and results?
CDS/QI Worksheet: Answers Questions 1, 3

Workflow/info flow driving performance on target:

*Activities that are foundational to current patient-specific and population management activities and/or planned enhancements - e.g., staff training, policies and procedures, EHR tool development, etc.*

For each key driver component:
- What are we currently doing?
- What could we do better?
Hypertension Control Change Package: What *should* we be doing (for HTN)

- Change Packages help answer question 2.
- Some are organized by the same 3 performance drivers as the CDS/QI Worksheet
  - Individual Patient Supports
  - Population Management
  - Foundations
- [HCCP link](http://example.com) (also from HIT/QI Guide)
Change Concepts

- General notions that are useful in the development of more specific ideas for changes that lead to improvement

Change Ideas

- Actionable, specific ideas for changing a process

Tools & Resources

- Can be adapted by or adopted in a health care setting

Note: though HCCP is mostly specific to BP control, the concepts, ideas and tools can be adapted to other targets
In addition to HIT/QI Guide, HITEQ Center has tools/services to help health centers achieve data-driven, health IT-enabled care process and outcome improvements.

For additional information see HITEQcenter.org or contact HITEQ here.
• Q&A

• “How well does your team understand the care processes (i.e.; workflows and information flows) that deliver your current performance on the target(s)?”

• Feedback on Guide/HITEQ Center support helping with this and with identifying/implementing/monitoring data-driven, health IT-enabled enhancements?
Thanks!

SA@careinnovations.org

Meaghan@careinnovations.org