

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 “Wireside 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

Program Updates & Events

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?

www.centralvalleyphase.com



PHASE Central Valley/Fresno Program

A program funded by Kaiser Permanente – Northern California Community Benefit

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Program Updates

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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 DATA¹

Provided
courtesy of:

TMIT CONSULTING, LLC
www.tmitconsulting.com



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

Data Integrity Category	Definition	What to Look for
Verifiable	The same result can be generated from calculating the measure or numerator/denominator using different data sources.	<input type="checkbox"/> Is the measure result (e.g., BP control rate) the same from EHR registry vs. population management software? <input type="checkbox"/> 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 <input type="checkbox"/> Are data entered into proper EHR fields (e.g., are staff documenting systolic BP in the correct sequence or field vs. diastolic BP)? <input type="checkbox"/> Are EHR data fields free of text elements

Data Checklist - Validity

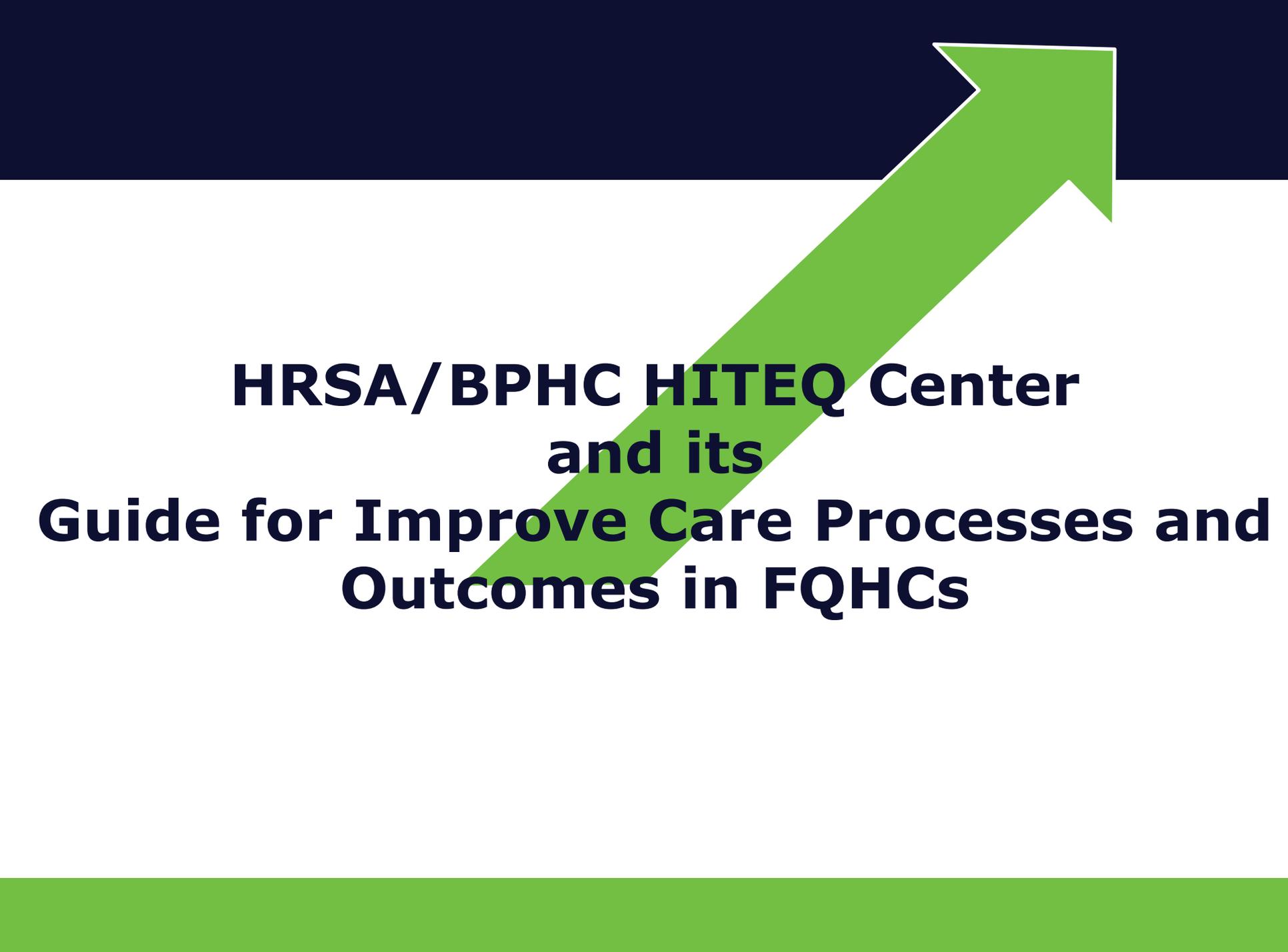
- Verifiable
- Accurate/Reliable
- Retrievable
- Complete

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

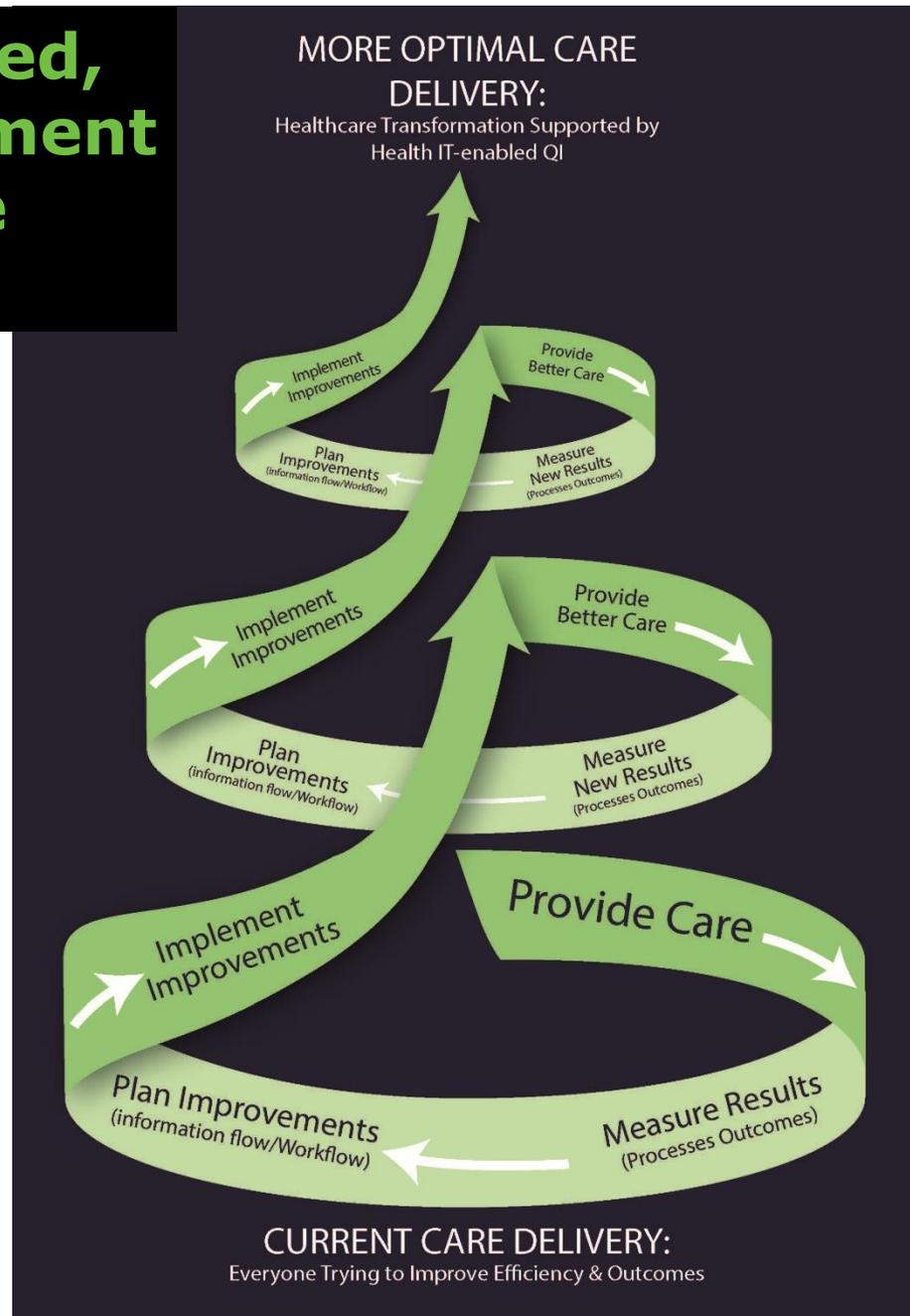


**HRSA/BPHC HITEQ Center
and its
Guide for Improve Care Processes and
Outcomes in FQHCs**

HITEQ Center HIT/QI Guide

- [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**

Planning:
**QI Project
Opportunities**

Execution:
**QI Project
Success
Drivers**

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

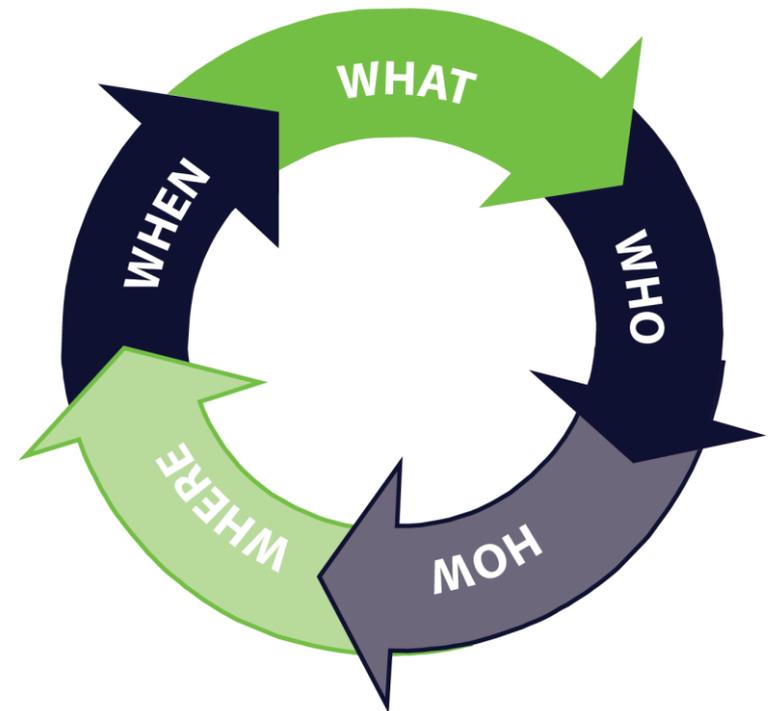
- Most important changes to improve target-related care processes and outcomes?

- Most important steps to ensure intervention success

Use CDS 5 Rights Framework

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



Recommended as a QI best practice by CMS: bit.ly/cmscdstips

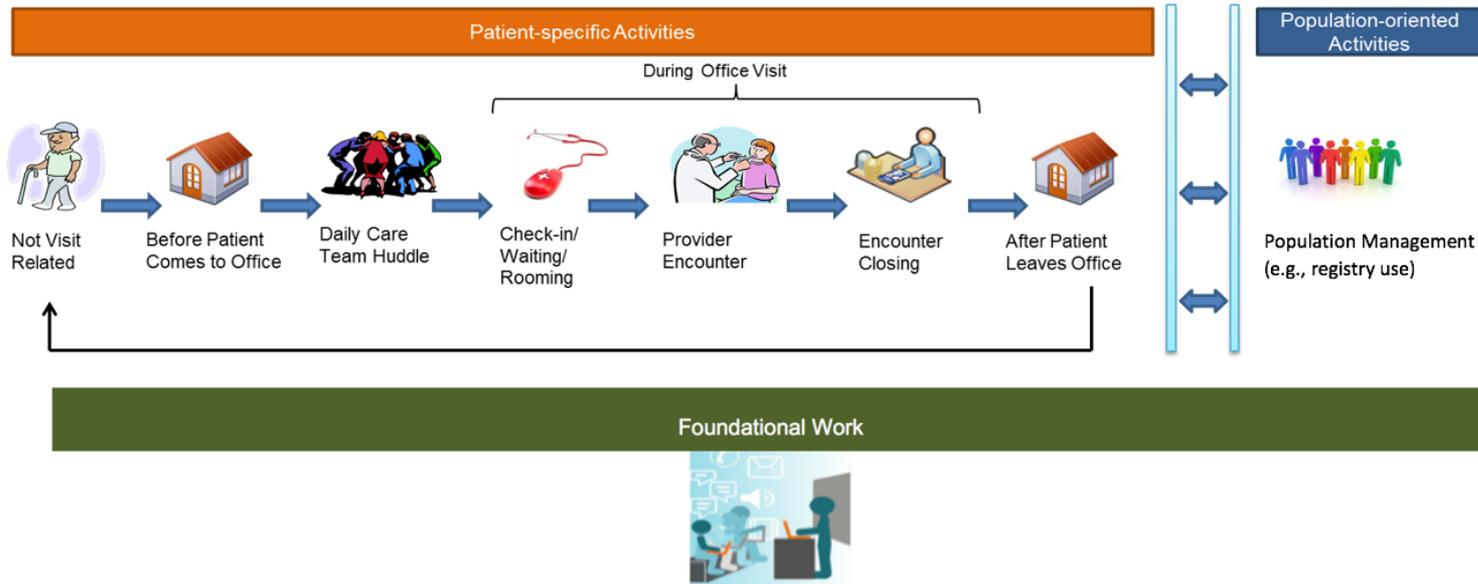
3 Key HIT/QI Questions

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:



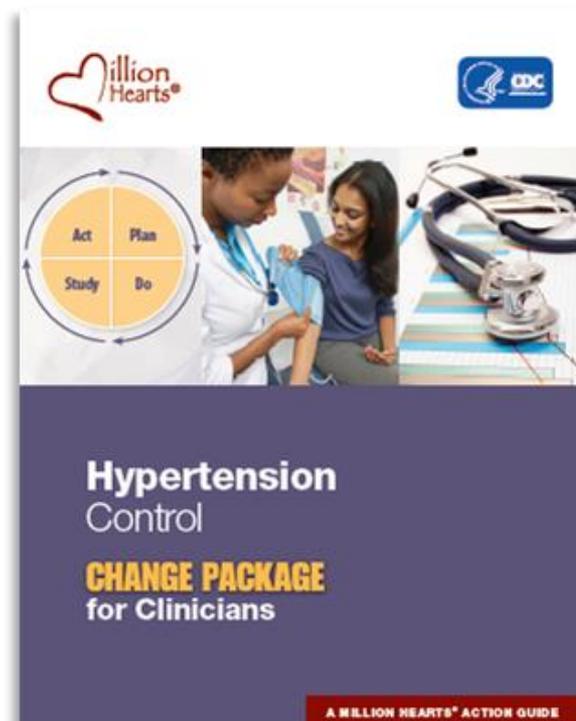
"Activities that are foundational to current patient-specific and population management activities and/or planned enhancements - e.g., staff training, policies and procedures, EHR tool development, etc."

For each key driver component:

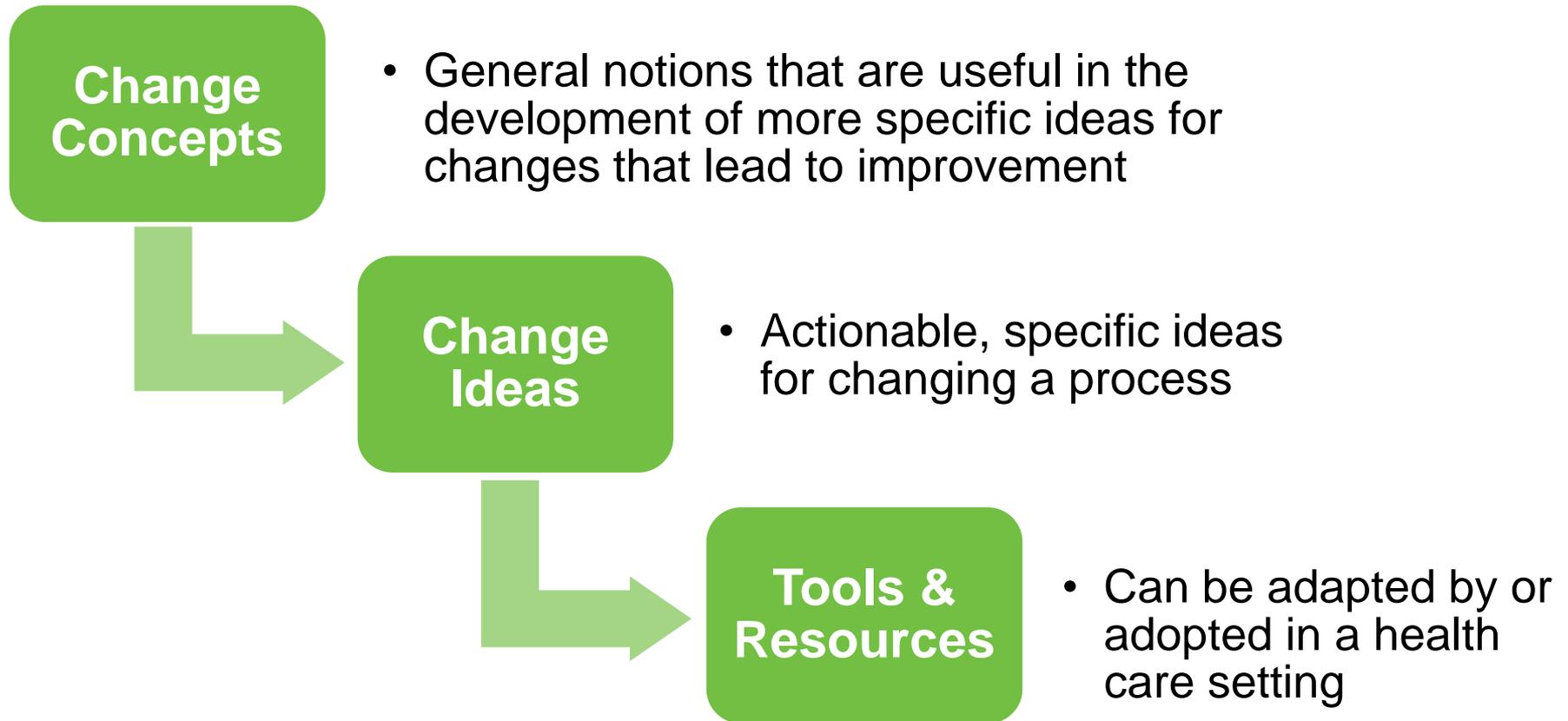
- What are we currently doing?
- What could we do better?

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](#) (also from HIT/QI Guide)



HCCP: Overview of Contents for Each Performance Driver



Note: though HCCP is mostly specific to BP control, the concepts, ideas and tools can be adapted to other targets

HITEQ Center

- 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](#).

Discussion / Conclusion

- 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!

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