1. Greater Baden Medical Services
2. La Clínica Del Pueblo
3. Mary’s Center
4. CCI Health & Wellness Services
5. Family and Medical Counseling Service, Inc.
Greater Baden Medical Services
Greater Baden Medical Services

Team Members

• Debra Apperson CRNP, Quality Director, Project Team Lead
• Nicola Henry DDS, Dental Lead
• Guadalupe Limerick, Dental Assistant
• Tameka Heard, Clinical Medical Assistant
• Dr. Tanya Morgan, Population Health
• Levyi Centeno, Patient/Community Educator ad hoc
Aims and Measures

**Project Aim:** To increase the number of children age 6-9 years of age identified with moderate to high caries risk that receive dental sealants on their first permanent molars by 10 percent in the next 12 months.

**Measures:**

- The number of children 6 – 9 years of age who complete a dental visit and are identified as moderate to high risk for dental caries each month.
- The number of children 6 – 9 years of age who are identified as moderate to high risk for dental caries and receive a dental sealant each month.
Drivers and Changes

- **Primary drivers we have identified are parent valuing dental sealant for child and providing affordable sealants for all**

- **Parent valuing dental sealant for child**
  - Waiting room education
  - Access to same day appointments

- **Affordable sealants**
  - Referring children to check Medicaid eligibility
  - Seeking funding for uninsured
Dental Sealants
Kids at Risk Age 6-9

2016
2017
YTD 2018

# Identified
Got Sealants
Learning and Challenges

• If we could do one thing differently it would be to have weekly meetings to look at real time sealants and evaluate factors affecting them getting done or reason they were not done.
  – Use our “Best Practice” from above to generate more improvement
  – Quickly identify factors impacting meeting goal and make course corrections more quickly using PDSA model
La Clinica del Pueblo – KPTA Core Team

- Marlene Fuentes, Director of Clinical Operations
- Catalina Sol, Chief Programs Officer
- Ricardo Fernandez, Chief Medical Officer
- Claudia Husni, Physician
- Kenia Garay, Patient Care Coordinator
- Palmyr Cardenas, Patient Care Coordinator
- Melanie Lugo, Care Coordinator
- Nelson Cruz, Health Educator/Navigator
- Lucy DeOliveira, Director of Nursing/CM
- Axel Reyes, Sexual Health Program Manager
Aims and Measures

AIMS

• By December 31, 2018, integrate HIV primary care into LCDP Hyattsville site, paneling a minimum of 25 patients with Dr. Husni.

• By December 31, 2018, provide culturally competent, interdisciplinary, HIV care services to Limited English Proficient (LEP) patients living with HIV at our Hyattsville site.

Measures

• Clinical Quality Measures
• # of clients
• # of visits
• $$ revenue generated
• Patient Experience
• Staff Experience
Drivers and Changes

Primary Drivers
- Clinical mentorship for physician
- Adapt HIV team workflows
- Establish scheduling rules
- HIV care training for teams
- Market services to patients

Secondary Drivers
- Provider dedicated time
- Self-study program
- Mentorship schedule
- Regulatory requirements
- Care Team roles in Hyattsville
- MD patient SDOH
- Schedule for transfers
- Rules for new to LCDF
- Other care team scheduling
- HIV 101, Resources and Benfits
- Stigma/Safe Space Behaviors
- Shadowing/coaching for non-clinicians
- DC Care team reccomm, handoff
- MD Health Department
- PCMH Patient Handout- Blue Team

Specific Ideas to Test or Change Concepts
- Relevance of training
- Monitor staff experience
- Monitor Patient Experience
Our Journey to Date

• Established planning team and carved out time in schedules for monthly meeting
• Studied and adapted HIV clinician mentorship program from Family Health Centers of San Diego
• Mapped workflows from DC site, identified staffing gaps, and developed alternate plan
• Adapted existing HIV services report to capture project aims
• Developed workflow to approach clients living in MD for transfer of services
• Integrated care team in ongoing HIV training schedules, delivered stand-alone HIV stigma/safe space training
Data – Run Chart

# of HIV patients paneled with Husni

- Days
- Goal Line

Time Period

January February March April May June July August September October November December
Learning and Challenges

• Started with Hyattsville staff only, then integrated key staff from DC site
• Exploring staff expectations and concerns key to shaping project trajectory
• Reports help to catch unexpected events
• Time and Competing Demands
We have a multidisciplinary core team made up of members with different perspectives who contribute to this project.
Aims and Measures

• Improve cervical cancer screening rates at our Prince George's County, MD site from baseline 75% to 82.5%.
  
  – Strategy: To identify, develop and implement and point of care system to identify care gaps for patients.
Drivers and Changes

Primary Drivers

• **Identification of gaps in care** - Point of Care Alerts
• **Clinical guidelines** – updated cervical cancer screening policy
• **Workflows** – mapped current workflows, will update after piloting new systems.
• **Patient Engagement** – Health Passport, outreach efforts
Data

Percent of Targeted Patients Screened for Cervical Cancer at all Mary’s Center Sites (Nov 2017 - April 2018)

Percent of Targeted Patients Screened for Cervical Cancer at Adelphi Site (Nov 2017 - April 2018)
Learning and Challenges

• If you could do one thing over, what would you do differently?
  – Creating manuals of past reports
  – Saving explanations of how initial data was pulled with along with raw data
10,000 economically disadvantaged/homeless/disabled state medical assistance coverage or uninsured
Services
Prenatal, Reproductive Health, Family Planning, (Preventive Cancer Screenings, Nutrition Counseling, Centering)
Transformation Goals

from 78% to 85%
preventive cervical cancer screenings
Patients (21-29 yrs) by July 2018

Screening Guidelines
Approved July 2017
Org. goal
Increase the percentage of patients 21 to 29 years of age who had a preventive cervical cancer screening (Cytology or PAP) within the past 3 years from 78% to 85% by the end of FY18.

Project outcome
To ensure that women beginning at the age of 21 are receiving their Pap’s every 3 years if results are normal and yearly if results are abnormal.

Primary Driver (1)
Having a more efficient way of tracking when women are due for Pap’s

Primary Driver (2)
Protocol for abnormal Pap’s to be standard for all CCI.

Secondary Driver (1)
Make sure to get results if patient received Pap smear elsewhere and Verify that each patient eligible for annual Pap gets in for an appointment.

Secondary Driver (2)
Verify the workflow for MA’s once a patient results are abnormal.

Ideas to test
Add a pop up for patient who is due for a Pap, or need results from last Pap.

Ideas to test
Work with LabCorp and i2i to receive reports on abnormal labs.

Driver Diagram
January, 2018
CCI - Cervical Cancer Screening
Greenbelt - FY2018

Goal: 85%

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<th>Dec-17</th>
<th>Jan-18</th>
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Data Management
Management Transition
Lessons Learned

- Data Management
- Huddle Reports
- Flags and Alerts
- Patient recall process
- Lab results
- Abnormal results
Who is on your core project team to support work done in the Transformation Accelerator Program?

Angela Wood, COO
Pat Grimes, NP
Wenona Posey, Clinical Office Manager
Mia Thompson, Care Coordinator
LaTasha Currie, Medical Assistant
LaDonya McClure, Billing Supervisor
Aims and Measures

FMCS Aim
To increase the number of patients receiving care at the MD site by 100% by December 2018.

FMCS Measure
To maintain a daily appointment filled rate of 80%.

Numerator: The number of filled appointment slots
Denominator: The number of available appointments
Drivers and Changes

Drivers
• Access/Appointment Availability
• Community Relationships

Changes
• Change 1: FMCS modified the medical scheduling template changing to a standard 20 minute slot for all appointments and increased the hours that we are open at the MD slot by one hour.
• Change 2: FMCS has facilitated meeting with MCO’s that we are credentialed with in MD.
• Change 3: FMCS is opening the clinic for one Saturday per month and on Mondays.
• Change 4: FMCS put a system in place for monitoring number of available appointments each month in comparison to the number of filled appointments each month.
• Change 5: FMCS is participating in numerous community outreach events to increase awareness of our service delivery package.
DATA

Primary Medical MD Slots Filled Report

**Summary**

- Slots filled rate in the AM decreased by 7% from April to May.
- Slots filled rate in the PM decreased by 15% from April to May.
- 19% more slots are being scheduled in the AM than in the PM.

### Time Slots Available and Filled (AM Blocks)

**Reporting Period:** 4/1/18-5/31/18

- **Apr AM Filled Rate:** 71/110 - 66%
- **May AM Filled Rate:** 71/120 - 59%

### Time Slots Available and Filled (PM Blocks)

**Reporting Period:** 4/1/18-5/31/18

- **Apr PM Filled Rate:** 60/110 - 55%
- **May PM Filled Rate:** 52/130 - 40%
Learning and Challenges

FMCS has learned several key lessons as a result of program changes:

1. Patients in the service area seem to prefer the corning session.
2. The addition of the later hour in the evening has not yielded additional patient volume.