



KPTA Storyboard Slides

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.

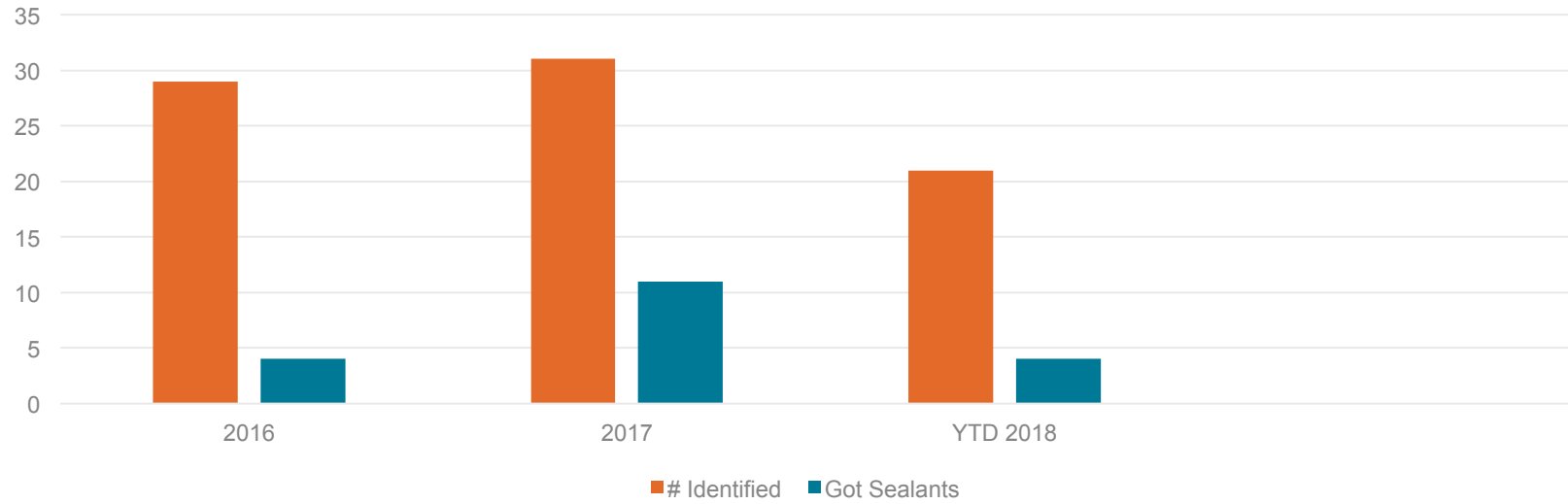
Drivers and Changes



- *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

Data

Dental Sealants Kids at Risk Age 6-9



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 CLÍNICA
DEL PUEBLO**

Storyboard KPTA Learning Session

July 24, 2018

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



**LA CLÍNICA
DEL PUEBLO**

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.

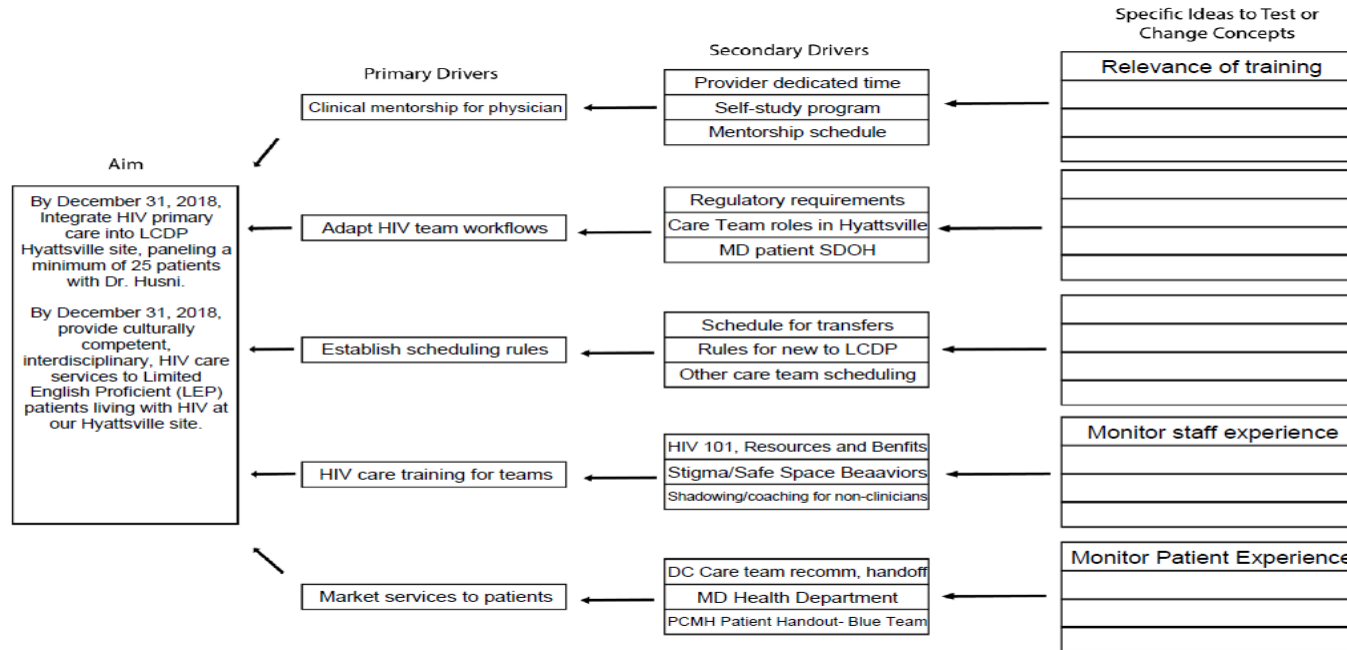
Measures

- Clinical Quality Measures
- # of clients
- # of visits
- \$\$ revenue generated
- Patient Experience
- Staff Experience



**LA CLÍNICA
DEL PUEBLO**

Drivers and Changes



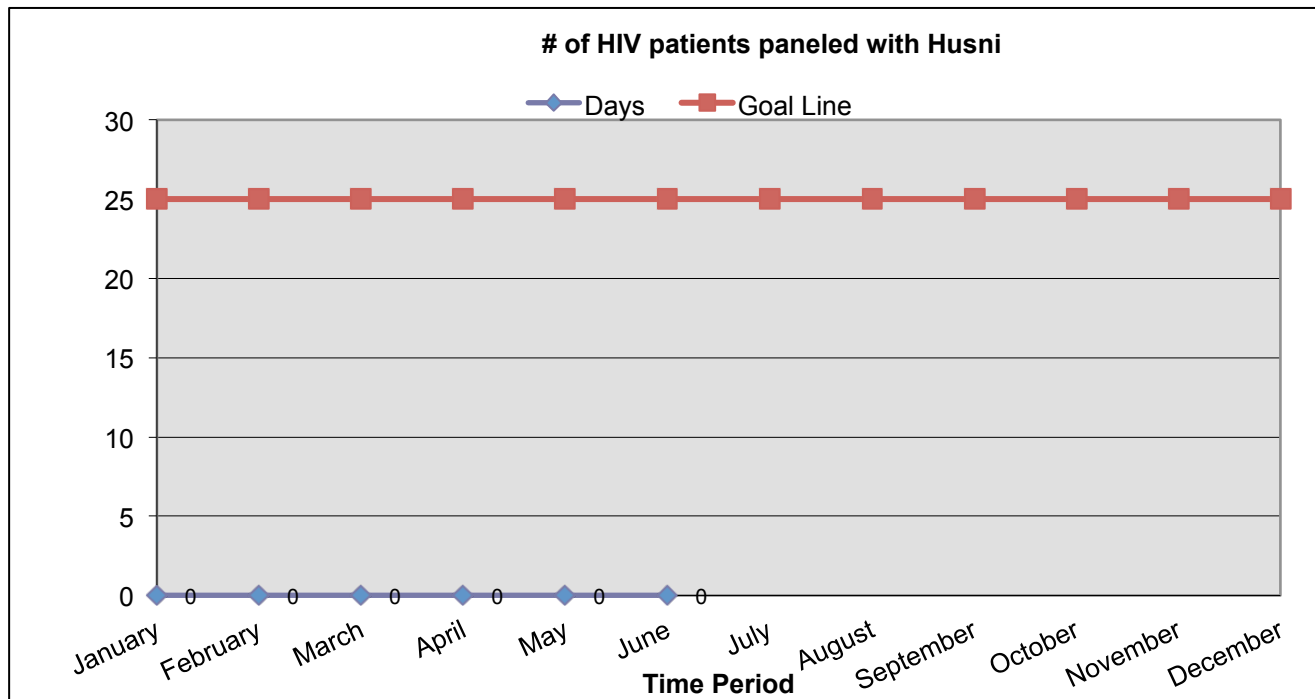
Our Journey to Date

- 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-along HIV stigma/safe space training



**LA CLÍNICA
DEL PUEBLO**

Data – Run Chart



LA CLÍNICA
DEL PUEBLO

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



LA CLÍNICA
DEL PUEBLO



CCI
CENTER FOR CARE
INNOVATIONS



Mary's
Center

Mary's Center



Ashley Harris, MD, MHS
Cancer Screening Champion



Alis Marachelian, MPH
Senior Director Community Health
Initiatives & Strategic Alliances



Dara Koppelman RN, BSN, BA
Chief Nursing Officer



Nathalie Gonzalez, MPH
Senior Manager of Quality and
Outcomes



Rosa Goyes
Associate Director Community Health
Education, Training & Research

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

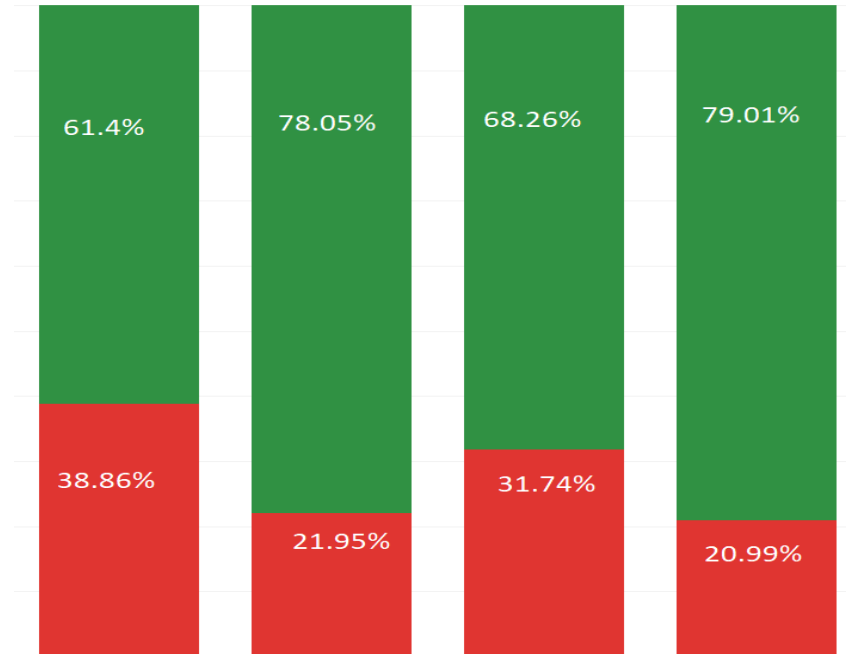


Primary Drivers

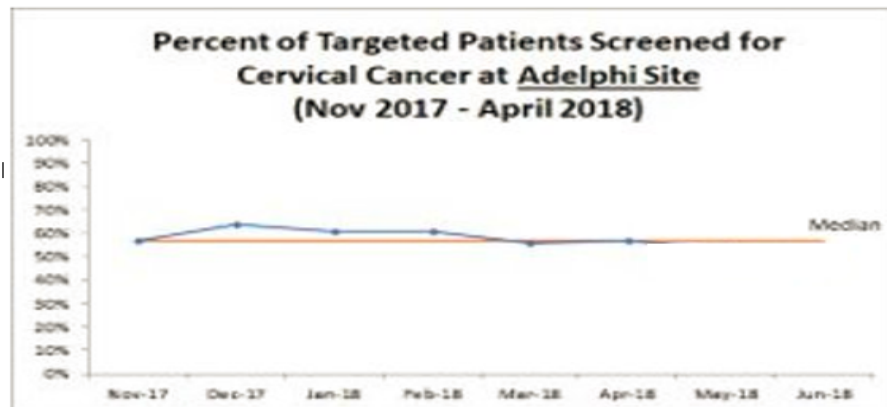
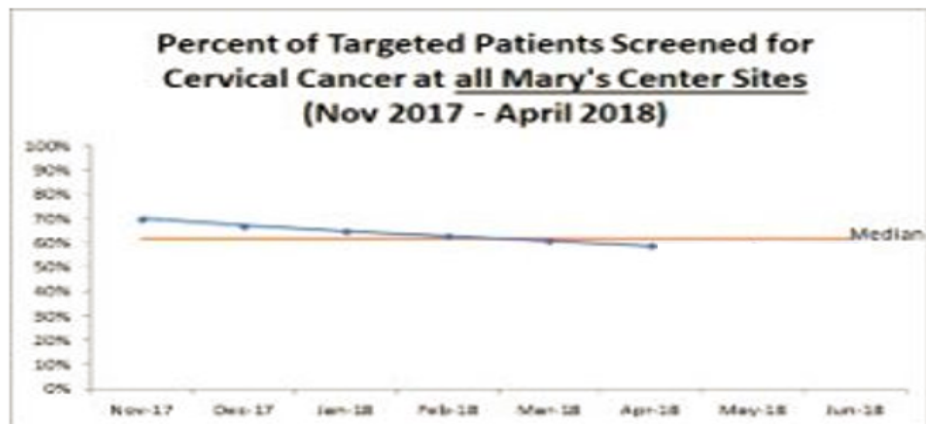
- **Identification of gaps in care**- Point of Care Alerts
- **Clinical guidelines** – updated cervical cancer screening policy
- **Workflows** – mapped current workflows, will update after piloting new systems.
- **Patient Engagement** – Health Passport, outreach efforts

Data

Jan-Mar 2018



Data



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



KPTA Storyboard

CCI Health & Wellness Services
Greenbelt

A close-up photograph of two hands, palms up, holding a white silhouette of a family consisting of a man, a woman, and two children. The background is a soft, out-of-focus light color.

10,000

economically disadvantaged/homeless/disabled
state medical assistance coverage or uninsured





Claudia Guevara
Health Center Manager

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 there 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

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.

Ideas to test

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

Secondary Driver (2)

Verify the workflow for MA's once a patient results are abnormal.

Ideas to test

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

Primary Driver (2)

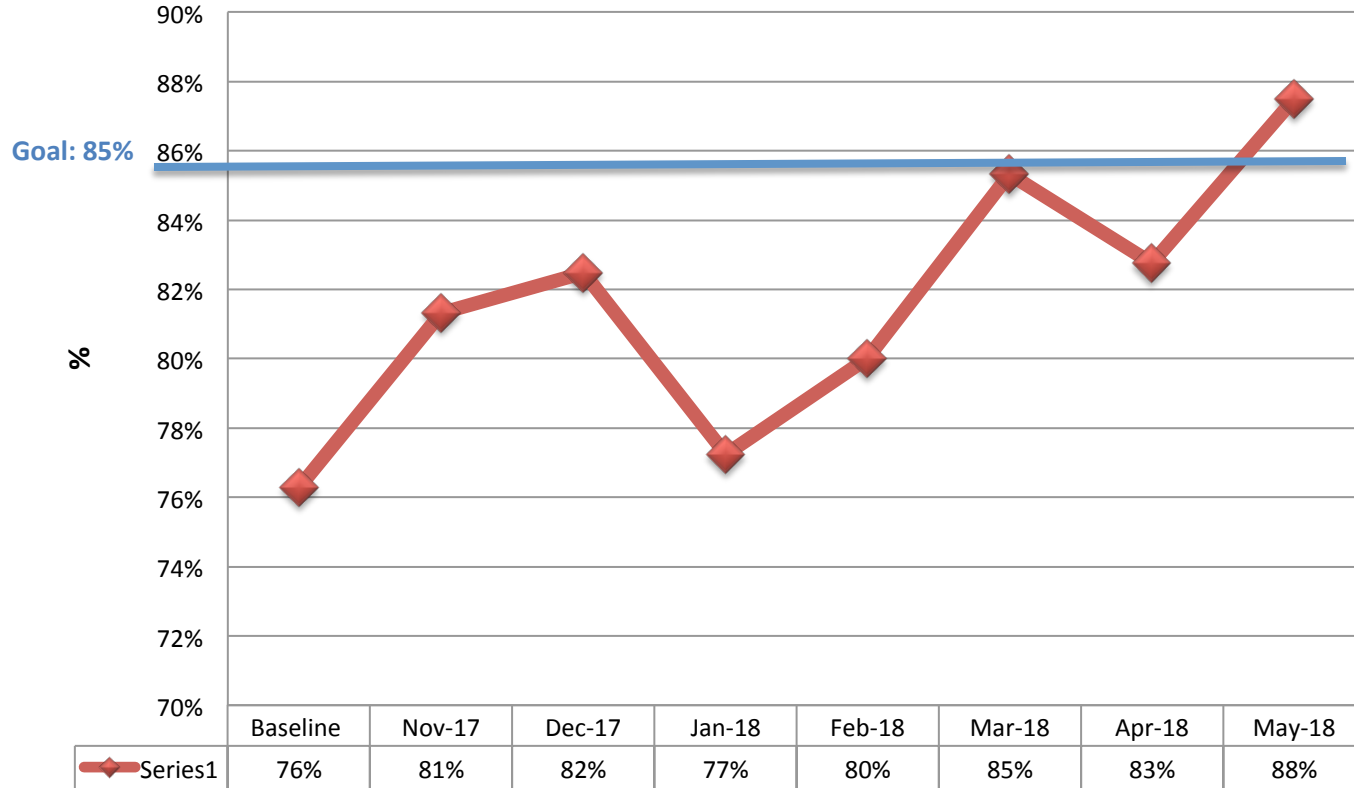
Protocol for abnormal Pap's to be standard for all CCI.

Driver Diagram

January, 2018



CCI - Cervical Cancer Screening Greenbelt - FY2018



Project
Measures

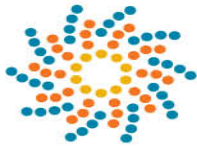
- ✓ Data Management
- ✓ Management Transition

Challenges

- ✓ Data Management
- ✓ Huddle Reports
- ✓ Flags and Alerts
- ✓ Patient recall process
- ✓ Lab results
- ✓ Abnormal results

Lessons
Learned





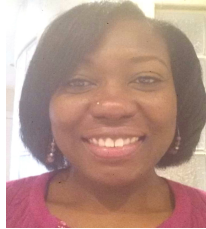
CCI
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INNOVATIONS



Family and Medical Counseling Service, Inc. (FMCS)



Angela Wood



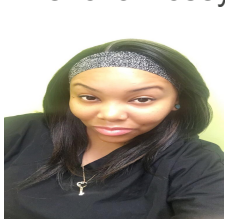
Pat Grimes



Wenona Posey



Mia Thompson



LaTasha Currie



LaDonya McClure

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

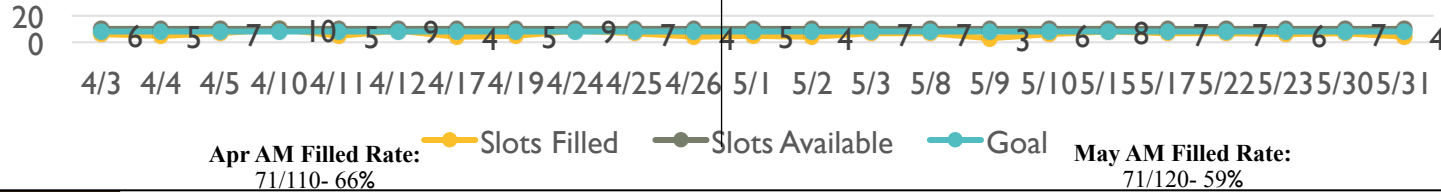
- Access/Appointment Availability
- Community Relationships

Changes

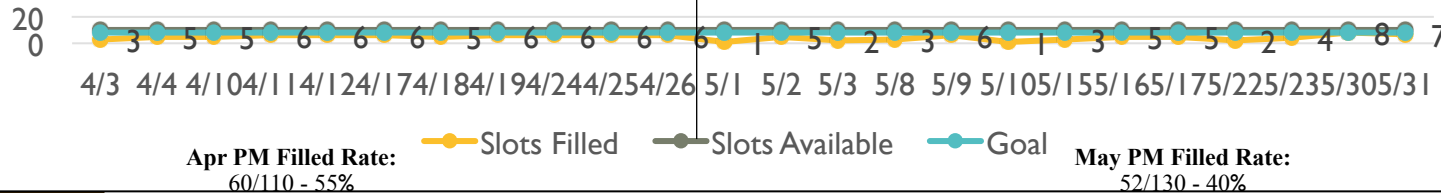
- Change 1: FMCS modified the medical scheduling template changing to a standard 20 minute slot for all appointments and increased the hours that we are open at the MD slot by one hour.
- Change 2: FMCS has facilitated meeting with MCO's that we are credentialed with in MD.
- Change 3: FMCS Change 3: 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

Time Slots Available and Filled (AM Blocks) Reporting Period: 4/1/18-5/31/18



Time Slots Available and Filled (PM Blocks) Reporting Period: 4/1/18-5/31/18



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.

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