

Hypertension, Diabetes, and Homeless/Non-homeless disparities

San Francisco Community Clinic Consortium

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Our Desired Future

- Aim: Improve on our pre-pandemic performance within 1 year of the end of the public health emergency
 - Return hypertension BP control to HEDIS 90th percentile of 71%
 - Reduce relative disparity between homeless and non-homeless patients by 10%
- Current PHASE cycle: developing, implementing, and spreading QI interventions collaboratively in our QIC
 - Utilize a sustainable framework for future collaborative work across Consortium clinics
 - Build on successes by spreading positive changes through Quality Improvement Committee
 - Recognize diversity of the patient populations we serve while understanding shared challenges

Why It's Not Possible Now

- Siloed approach to QI across clinics with widely varying levels of development and ability
- Approach we've taken to PHASE is time- and resource-intensive
- Limited technological capacity is an obstacle to tracking performance indicators

Learnings that Will Inform Our Desired Future

Bright Spots/Accomplishments

- Discussions of shared QI challenges provided clarity
- Expanding our definition of QI to include operational activities like PDSAs and patient-family engagement in addition to quality metrics

Activities We will Keep Doing Based on Learnings

- Developing and implementing future quality projects collaboratively
- Finding ways to sustain and spread our successes, such as MNHC's self-monitored blood pressure program

What Else is Possible?

- Going from sharing best practices to developing a shared approach
 - work together on efforts throughout the lifecycle, not just when it's time to share results
- QIC meetings become a place to spread successful changes and troubleshoot challenges

Benefits of Achieving Desired Future

If SFCCC had the tools and the capacity to provide more ongoing support to health center quality projects, we could:

- Improve health equity outcomes by sharing effective methods
- Provide value to clinics by sharing firsthand knowledge and technical assistance

Challenges if We Don't Move Forward with Solution

- Possibility of reverting to Quality Siloes
- Inequalities between clinics and populations likely to persist

What We Need from Our Leaders to Make it Happen

- An online electronic data platform that can display SFCCC clinical quality measures across time, demographic, other relevant variables without the need for SFCCC to collect, manage, and visualize the data
- Active and ongoing engagement on matters related to SFCCC clinical quality measure performance and SFCCC QI project (PDSA) selection & execution from leaders who have the authority to make QI decision at their clinics

Thank you!

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