PRIME
DY14 Mid-Year Data

Thursday, May 16, 2019, 12:00-1:00pm

Play recording

Agenda

Time	Topic	Lead(s)
2 min	**Welcome & Roll-Call**	Kristina Mody
10 min	**PRIME DY14 Mid-Year Data**	David Lown Kristina
45 min	**PRIME DY14 Mid-Year Member Perspectives**	ALL
3 min	Wrap Up	Kristina

Roll Call & Reminders

AHS	ARMC	CCRMC	KMC	LACHDS	NMC	RUMC	SCVMC	SFHN
Neha Gupta, Holly Garcia,	Rolando Mantilla	Karin Stryker; Nooshin Abtahi	Kevin Jenson	Paul Giboney; Irene Dyer; Christina Tickner	Anthony Leal	Corinne Matthews	Elena Tindall, Vickie Wilson;	Reena Gupta, Renata Ferreira , Rachel Stern

SJGH	SMMC	UCD	UCI	UCLA	UCSD	UCSF	VCMC
Farhan Fadoo; Jeff Slater	Kristin Gurley	Jeff Berg	Scott Thompson	Brandy Bryant	Heather Erwin	Sara Coleman	Theresa Cho

WEBINAR REMINDERS:
Chat Questions typed here will only be seen by CAPH/SNI Staff, who will repeat question and answer for group
Attendance Designate one person (PRIME manager or project lead) to speak
Contact Abby Gonzalez if you want to add other team members
Post-Webinar Please take our post-event survey!
Recordings of the webinar and slide deck posted on SNI Link

Housekeeping

Lines are muted on entry

Please mute locally & unmute to ask questions

At any time, feel free to chat your question & we will read out

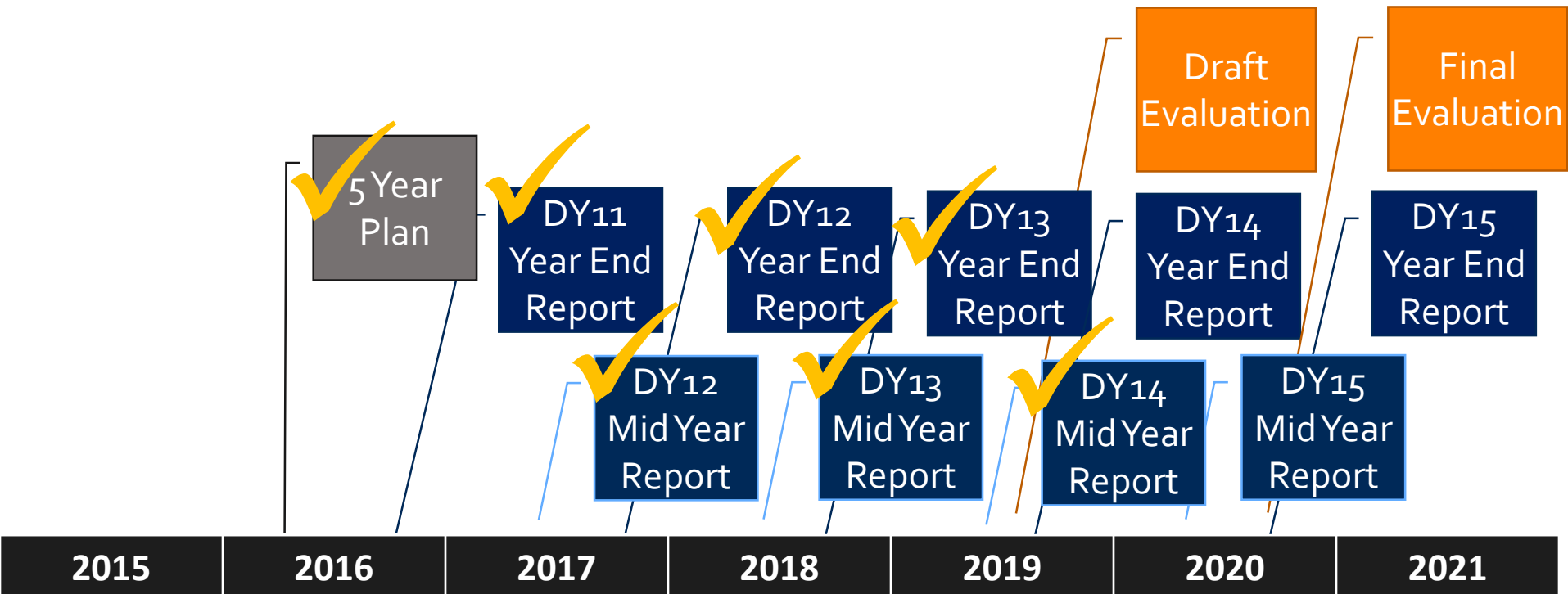Webinar will be recorded and saved on SNI Link:

PRIME Webinars

PRIME MY14 Data

PRIME current status

2015 **2016** **2017** **2018** **2019** **2020** **2021**

5 Year Plan

DY11 Year End Report

DY12 Year End Report

DY13 Year End Report

DY14 Year End Report

DY15 Year End Report

DY12 Mid Year Report

DY13 Mid Year Report

DY14 Mid Year Report

DY15 Mid Year Report

Draft Evaluation

Final Evaluation

PRIME DY14MY Resources

Available on SNI Link/PRIME/Reporting
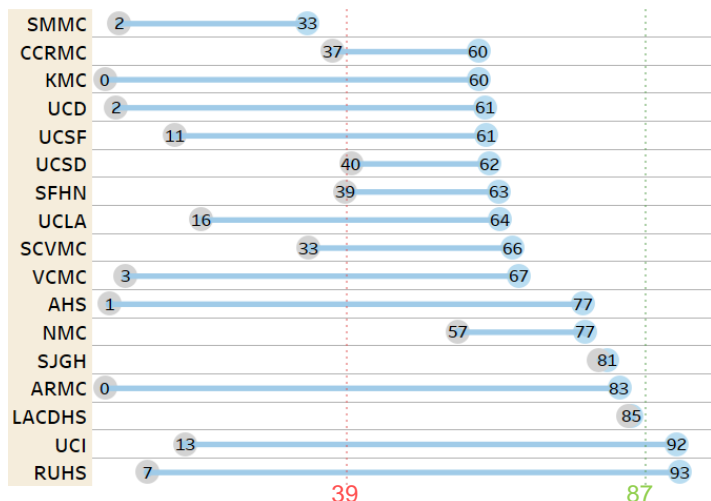
- Narrative Highlights

- Raw reports

Report caveats
- Often major narrative updates saved until Year-End reports
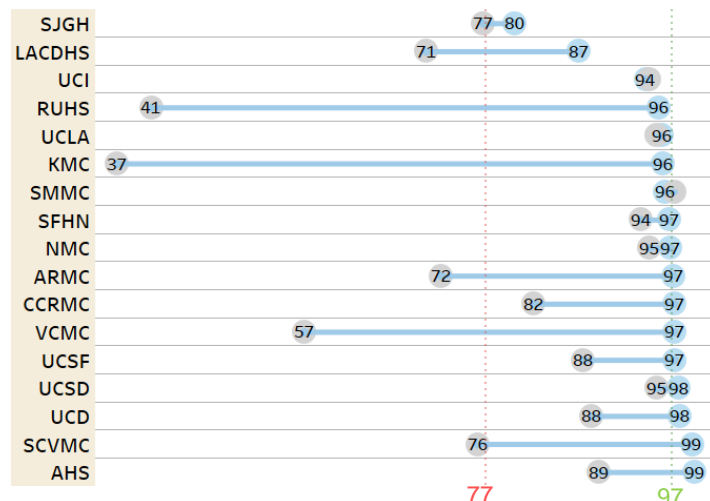- DY14 naturally includes continuation of previous work

Progress in PRIME: DY11 → DY14 MY

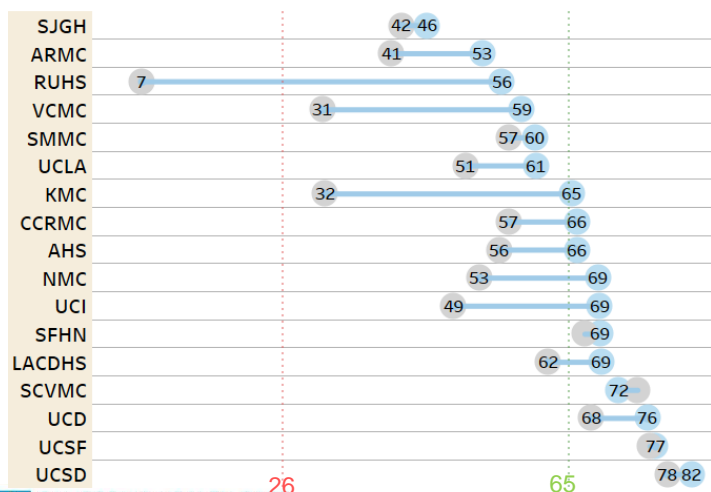● DY11 rate ● DY14 MY rate ┊ DY14 min. benchmark ┊ DY14 high perf. benchmark
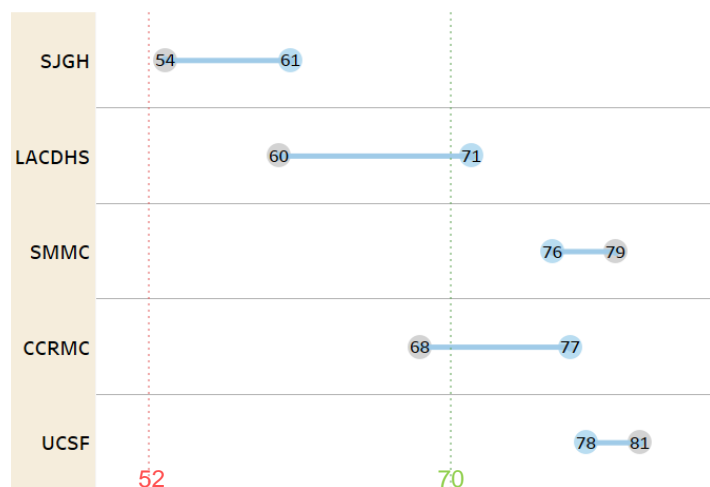
Screening for Depression & Follow-Up

Site	DY11	DY14 MY
SMMC	2	33
CCRMC	37	60
KMC	0	60
UCD	2	61
UCSF	11	61
UCSD	40	62
SFHN	39	63
UCLA	16	64
SCVMC	33	66
VCMC	3	67
AHS	1	77
NMC	57	77
SJGH	81	
ARMC	0	83
LACDHS	85	
UCI	13	92
RUHS	7	93

min. benchmark: 39   high perf. benchmark: 87

Tobacco Assessment & Counseling

Site	DY11	DY14 MY
SJGH	77	80
LACDHS	71	87
UCI		94
RUHS	41	96
UCLA		96
KMC	37	96
SMMC		96
SFHN	94	97
NMC	95	97
ARMC	72	97
CCRMC	82	97
VCMC	57	97
UCSF	88	97
UCSD	95	98
UCD	88	98
SCVMC	76	99
AHS	89	99

min. benchmark: 77   high perf. benchmark: 97

Colorectal Cancer Screening

Site	DY11	DY14 MY
SJGH	42	46
ARMC	41	53
RUHS	7	56
VCMC	31	59
SMMC	57	60
UCLA	51	61
KMC	32	65
CCRMC	57	66
AHS	56	66
NMC	53	69
UCI	49	69
SFHN	69	
LACDHS	62	69
SCVMC	72	
UCD	68	76
UCSF	77	
UCSD	78	82

min. benchmark: 26   high perf. benchmark: 65

Breast Cancer Screening

Site	DY11	DY14 MY
SJGH	54	61
LACDHS	60	71
SMMC	76	79
CCRMC	68	77
UCSF	78	81

min. benchmark: 52   high perf. benchmark: 70

DY14MY data not yet approved by DHCS. Metrics with denominator <30 were not counted in Target Met/Not Met
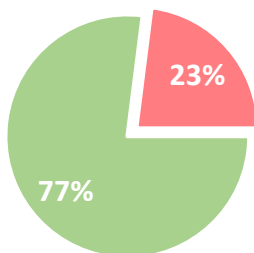
Mid-Year vs. Year End: Target Met

YE Target Met **YE Target Not Met**

P4P metrics

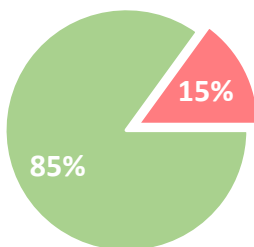| DY13MY	DY13YE	DY14MY	DY14YE
77% / 23%	89% / 11%	72% / 28%	?

All metrics

DY13MY	DY13YE	DY14MY	DY14YE
85% / 15%	93% / 7%	75% / 25%	?

DY13YE and DY14MY data not yet approved by DHCS. Sub-rates are counted as unique metrics.
Metrics with denominator <30 were not counted in Target Met/Not Met
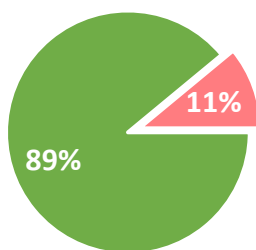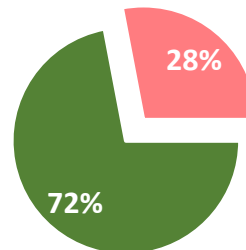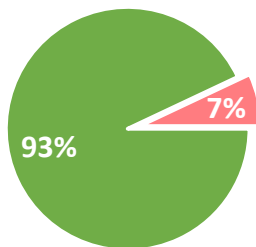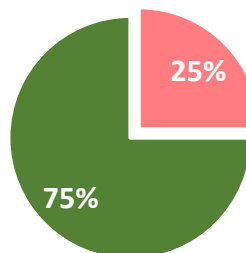
By System: All Metrics v. DY14 Target Met

DPH that met DY14 target
DPH that did not meet DY14 target

By % Metrics

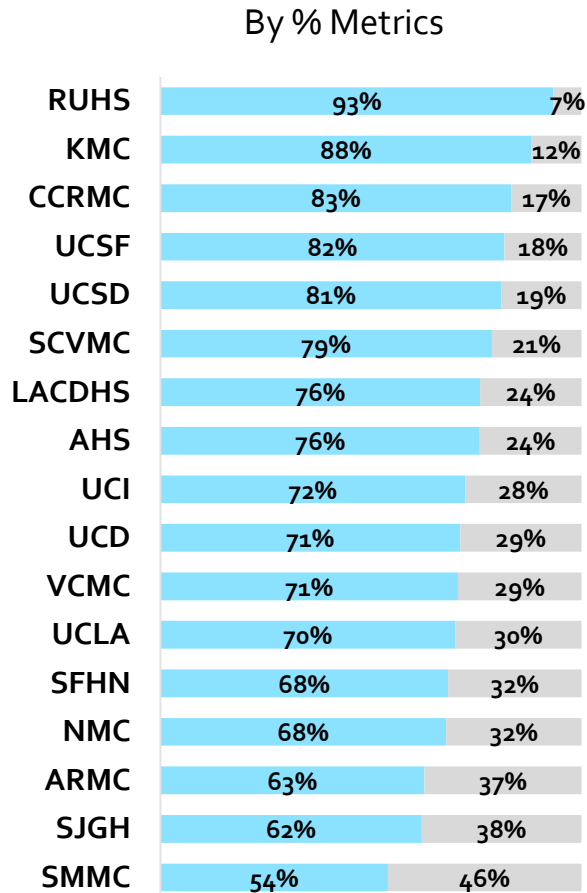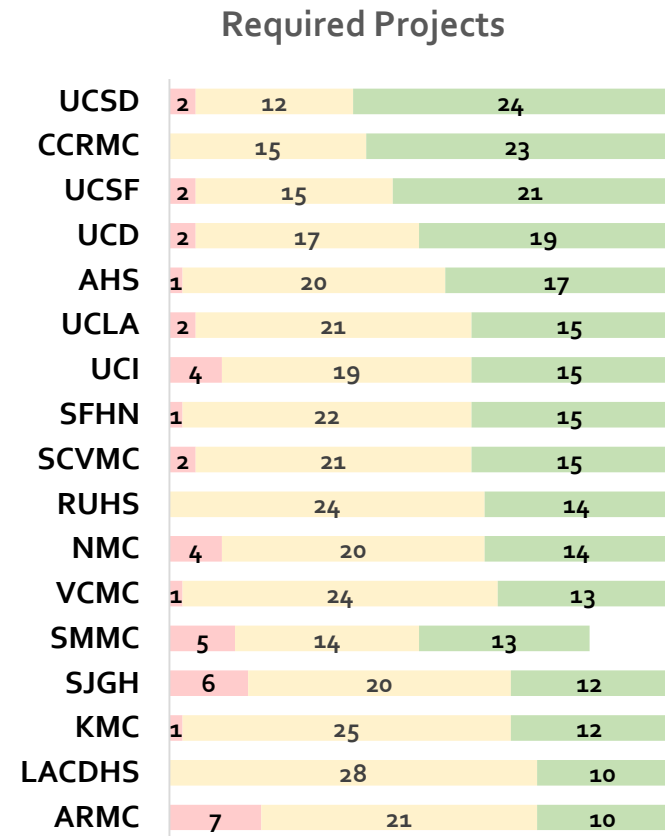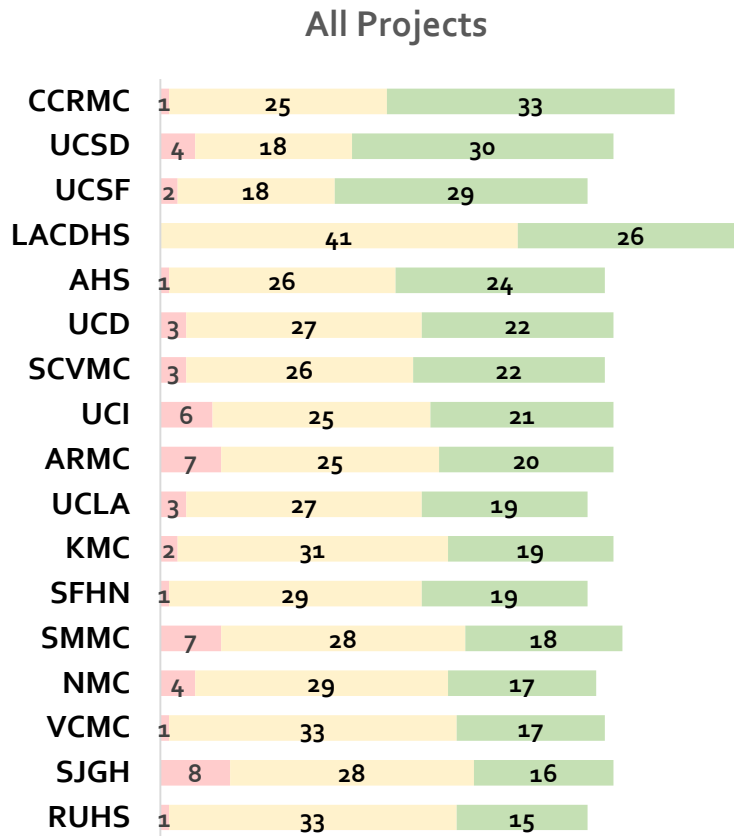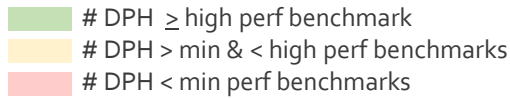| System	Met	Not Met
RUHS	93%	7%
KMC	88%	12%
CCRMC	83%	17%
UCSF	82%	18%
UCSD	81%	19%
SCVMC	79%	21%
LACDHS	76%	24%
AHS	76%	24%
UCI	72%	28%
UCD	71%	29%
VCMC	71%	29%
UCLA	70%	30%
SFHN	68%	32%
NMC	68%	32%
ARMC	63%	37%
SJGH	62%	38%
SMMC	54%	46%

By # Metrics

System	Met	Not Met
LACDHS	60	19
RUHS	56	4
CCRMC	55	11
KMC	52	7
UCSD	51	12
UCSF	49	11
SCVMC	48	13
AHS	44	14
UCLA	42	18
UCI	42	16
UCD	42	17
VCMC	41	17
SFHN	41	19
NMC	38	18
ARMC	37	22
SJGH	36	22
SMMC	27	23

DY13YE and DY14MY data not yet approved by DHCS. Sub-rates are counted as unique metrics.
Metrics with denominator <30 were not counted in Target Met/Not Met

CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

By System: P4P Metrics v. DY14 Bmarks

- █ # DPH ≥ high perf benchmark
- █ # DPH > min & < high perf benchmarks
- █ # DPH < min perf benchmarks

All Projects

System	< min	> min & < high	≥ high
CCRMC	1	25	33
UCSD	4	18	30
UCSF	2	18	29
LACDHS		41	26
AHS	1	26	24
UCD	3	27	22
SCVMC	3	26	22
UCI	6	25	21
ARMC	7	25	20
UCLA	3	27	19
KMC	2	31	19
SFHN	1	29	19
SMMC	7	28	18
NMC	4	29	17
VCMC	1	33	17
SJGH	8	28	16
RUHS	1	33	15

Required Projects

System	< min	> min & < high	≥ high
UCSD	2	12	24
CCRMC		15	23
UCSF	2	15	21
UCD	2	17	19
AHS	1	20	17
UCLA	2	21	15
UCI	4	19	15
SFHN	1	22	15
SCVMC	2	21	15
RUHS		24	14
NMC	4	20	14
VCMC	1	24	13
SMMC	5	14	13
SJGH	6	20	12
KMC	1	25	12
LACDHS		28	10
ARMC	7	21	10

DY13YE and DY14MY data not yet approved by DHCS. Sub-rates are counted as unique metrics.
Metrics with denominator <30 were not counted in Target Met/Not Met

By Metric (P4P in Req. Projects): # of DPH

Legend:
- # DPH ≥ high perf benchmark
- # DPH > min & < high perf benchmarks
- # DPH < min perf benchmarks
- # DPH that met DY14 target
- # DPH that did not meet DY14 target

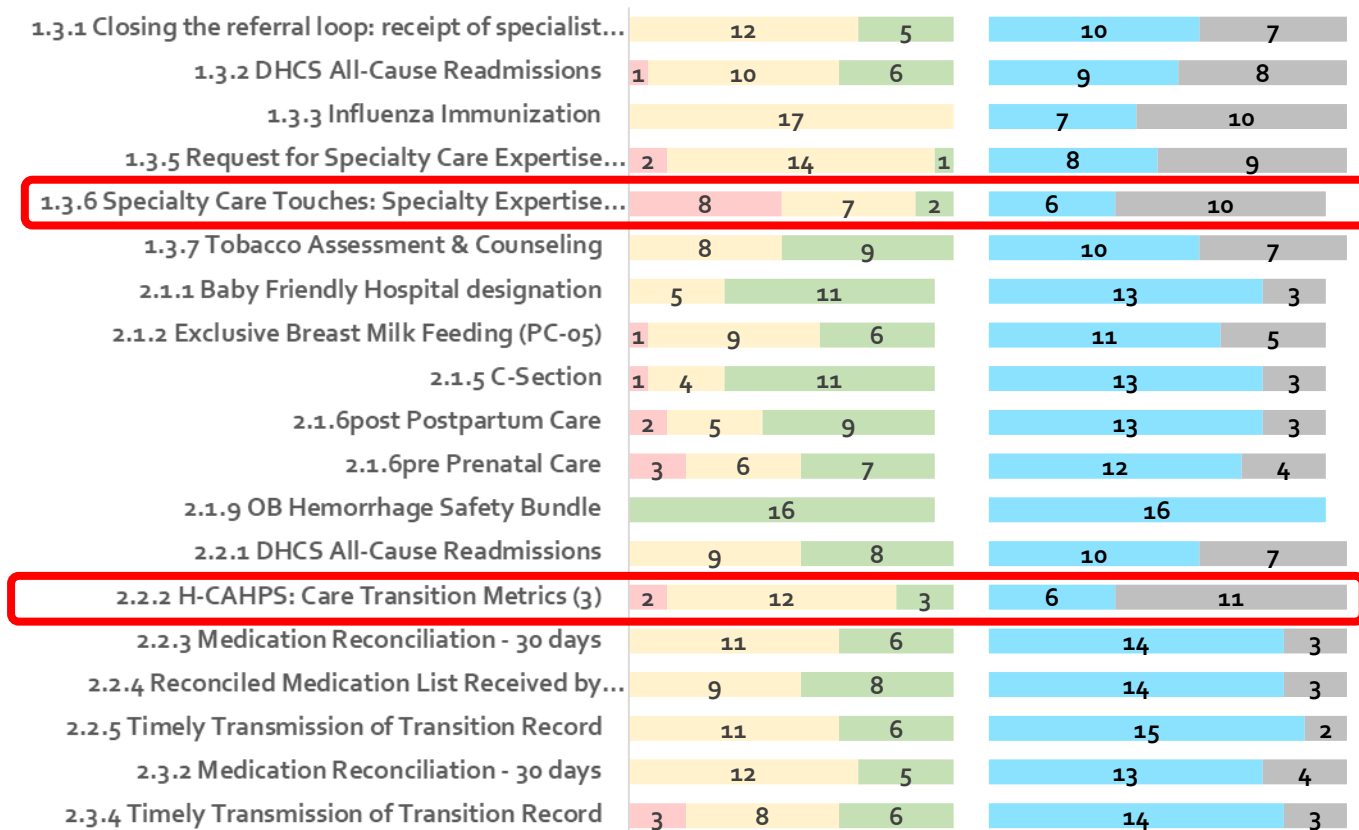| Metric	# DPH ≥ high perf benchmark / > min & < high / < min			# DPH met DY14 target	# DPH did not meet
1.1.1.afull Alcohol & Drug Misuse (SBIRT)		11	6	11	6
1.1.3.d Diabetes: HbA1c Poor Control (>9.0%)	2	15		16	1
1.1.5.f Screening for Depression & follow-up	1	14	2	15	2
1.1.6.t Tobacco Assessment & Counseling		9	8	11	6
1.1.7fu Depression Remission or Response for...	1	13	3	10	7
1.1.7rem Depression Remission or Response for...	3	9	5	10	7
1.1.7resp Depression Remission or Response for...	1	10	6	11	6
1.2.1.afull Alcohol & Drug Misuse (SBIRT)		11	6	11	6
1.2.10 REAL &/or SO/GI disparity reduction		13	4	11	6
1.2.11 REAL Data Completeness	1	5	11	16	1
1.2.12.f Screening for Depression & follow-up	1	13	3	15	2
1.2.13 SO/GI Data Completeness	2 1	14		15	2
1.2.14.t Tobacco Assessment & Counseling		9	8	11	6
1.2.2 CG-CAHPS: Provider Rating	1	12	4	9	8
1.2.3.c Colorectal Cancer Screening		6	11	15	2
1.2.4.d Diabetes: HbA1c Poor Control (>9.0%)	2	15		16	1
1.2.5.b Controlling Blood Pressure		7	10	13	4
1.2.7.i IVD: Use of Aspirin or Another...		12	5	11	6
1.2.8 PQI #90	6	10	1	9	8

DY13YE and DY14MY data not yet approved by DHCS. Sub-rates are counted as unique metrics.
Metrics with denominator <30 were not counted in Target Met/Not Met

By Metric (P4P in Req. Projects): # of DPH

Legend:
- # DPH ≥ high perf benchmark
- # DPH > min & < high perf benchmarks
- # DPH < min perf benchmarks
- # DPH that met DY14 target
- # DPH that did not meet DY14 target

Metric	< min	> min & < high	≥ high		Met DY14	Did not meet DY14
1.3.1 Closing the referral loop: receipt of specialist...		12	5		10	7
1.3.2 DHCS All-Cause Readmissions	1	10	6		9	8
1.3.3 Influenza Immunization		17			7	10
1.3.5 Request for Specialty Care Expertise...	2	14	1		8	9
1.3.6 Specialty Care Touches: Specialty Expertise...	8	7	2		6	10
1.3.7 Tobacco Assessment & Counseling		8	9		10	7
2.1.1 Baby Friendly Hospital designation		5	11		13	3
2.1.2 Exclusive Breast Milk Feeding (PC-05)	1	9	6		11	5
2.1.5 C-Section	1	4	11		13	3
2.1.6post Postpartum Care	2	5	9		13	3
2.1.6pre Prenatal Care	3	6	7		12	4
2.1.9 OB Hemorrhage Safety Bundle			16		16	
2.2.1 DHCS All-Cause Readmissions		9	8		10	7
2.2.2 H-CAHPS: Care Transition Metrics (3)	2	12	3		6	11
2.2.3 Medication Reconciliation - 30 days		11	6		14	3
2.2.4 Reconciled Medication List Received by...		9	8		14	3
2.2.5 Timely Transmission of Transition Record		11	6		15	2
2.3.2 Medication Reconciliation - 30 days		12	5		13	4
2.3.4 Timely Transmission of Transition Record	3	8	6		14	3

DY13YE and DY14MY data not yet approved by DHCS. Sub-rates are counted as unique metrics.
Metrics with denominator <30 were not counted in Target Met/Not Met

Themes

How can we keep what's working, working well?

- Reinforcing best practices by standardizing protocols/standing orders, documentation/templates/ scripts, and staff/provider trainings; peer-to-peer review

What can we optimize?

- Pop health platforms → more targeted, better outreach
- Staff roles & working to top of license
- Pre-visit planning; outreach & screening; scheduling

What can we spread?

- BH: integration, co-location, screening tools
- Collaborative care model
- Technology: eConsult; clinic/care team dashboards
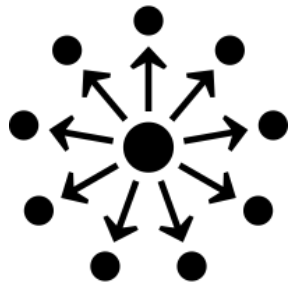
Themes Member examples

- **VCMC** developed quick reference sheets to better assist staff and providers with key documentation & care areas (1.1)

- At **CCRMC**, nurses do peer-to-peer review on BF practices to reinforce and sustain training (2.1)

- **AHS** primary care teams developed standing orders for MAs to order FIT tests, and conduct outreach calls to patients, and close care gaps during intake (1.2)

- **UCSD** engaged a multidisciplinary group including pharmacists, pharmacy technicians, physicians and nurses to standardize medication reconciliation process (2.2)
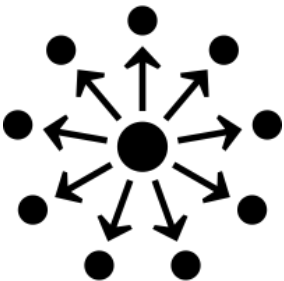
- **SMMC** pharmacy is expanding collaborative care models for patients with a goal to have a pharmacist in every primary care clinic by DY14 YE (1.2)

Member Perspectives: DY14 MY

Please keep your updates to **2.5 minutes** to allow **all 17** members to share!

SNI will help timekeep

Colorectal Cancer Screening in Ventura County

- Improved access to colonoscopy, especially for patients with positive FIT tests.
- Clinic staff can now distribute, process, and result FIT tests.
- Removed barriers related to patients required to go to the lab.
- Launched Flu-FIT fairs

VENTURA COUNTY
AMBULATORY CARE

UCLA Health
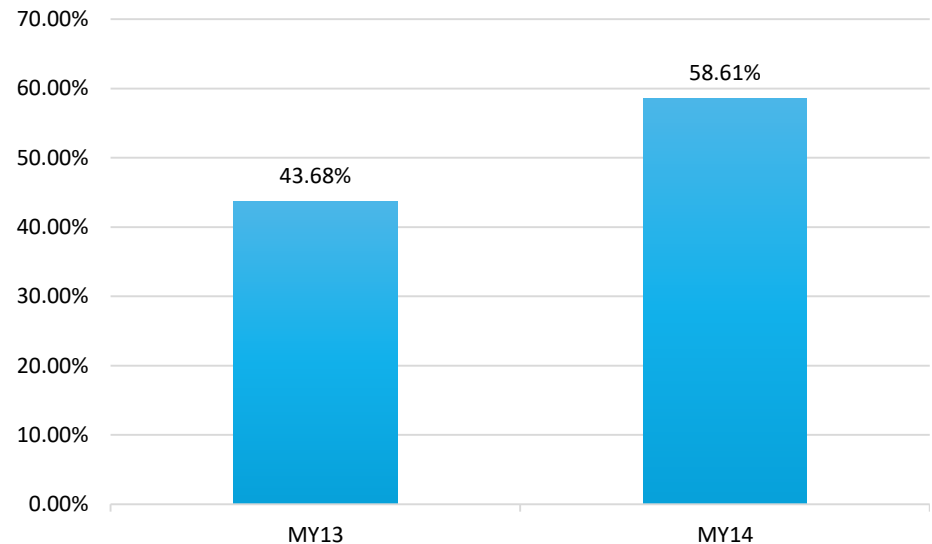
2.1.6a Prenatal Care – Unexpected:

- "geneticists/genetic counselors" do not qualify as "other prenatal care practitioner" despite increasing birth rates for women ages 35 to 54 years

▲ Increase in pregnancy age across nation

Between 2007 and 2017, the birth rate by women in advanced maternal age increased:
- 35-39 years (47.6 to 52.3)
- 40-44 years (9.6 to 11.6)
- 45-54 years (0.6 to 0.9)

Note: Birth rates refer to the total number of births per 1,000 women in each age group
Source: Child Trends

1.1.5.f/1.2.12.f Screening for Depression & Follow-up – Unexpected:

- Tapping into already existing improvement projects within our Behavioral Health team
  - Epic-integrated Behavioral Health Checkup Tool
- Defining and laying out workflow for screening and follow-up to ensure correct capturing of actual practice
- Rate increased significantly – DY13 Underperforming to DY14 MY Overperforming (+40% increase)

UC Davis Health

- Tobacco Assessment and Counseling for specialty care at Cancer Center

- Pilot program for MAs to pend quit line referral orders after documenting status – natural extension to assist specialty providers

- Number of tobacco treatment referrals from cancer center increased 5-7x

- Over half of the referrals were pended by MAs

- Average contact rates are higher at UCDH (57% compared to UC avg of 39%)

- Adopted team-based model from Alameda Health System

- We plan to disseminate to our primary care network and other specialties

San Joaquin General Hospital

- Colorectal Cancer Screening-Trending very nicely

- Tobacco Cessation Counseling- Falling behind

UC San Diego Health

- Biggest/Unexpected Change: Influenza Immunizations
  - DY14 MY: from 63.51% (8439/13288) to 76.46% (9756/12759)
  - From chart review and cross validation with SDIR, discovered self reported vaccines not showing in EMR

1.3.3 - Influenza Immunization

Score	Numerator	Denominator
85.03%	14,863	17,479

Score Over Time – *Score over time for this group*
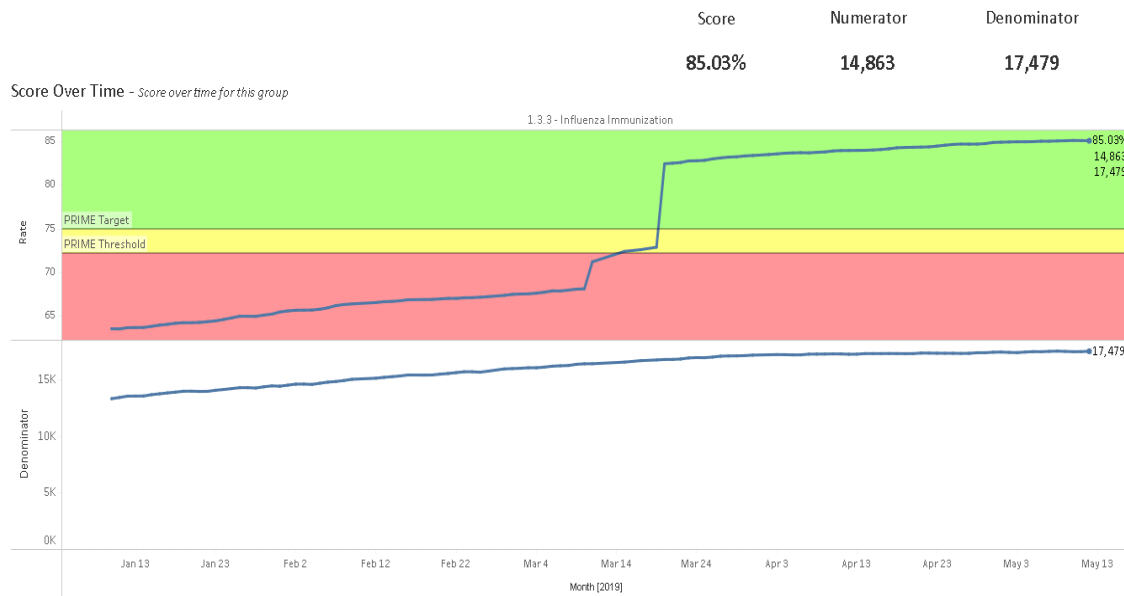
- MyChart entries stored in same repository as Care Everywhere but a different record type
- Found issue in Epic Hyperspace where self-report date of immunization wasn't showing unless tied with a completed visit
- MyChart Bulk mssg sent out to 45k pts for self report/refusal of vaccine

Natividad Medical Center

- Importance of dedicating time for data/metric performance analysis
  - Why are certain cases not falling into the numerator?
    - Problem with report vs. problem with performance

- Must have engaged line staff with dedicated time for implementing metric-specific performance improvement process changes based on data/metric analysis

- Unexpected improvement: Met targets for all 3 SBIRT metrics when the targets were updated

Kern Medical Center

PRIME Exclusive Breast Feeding Rate
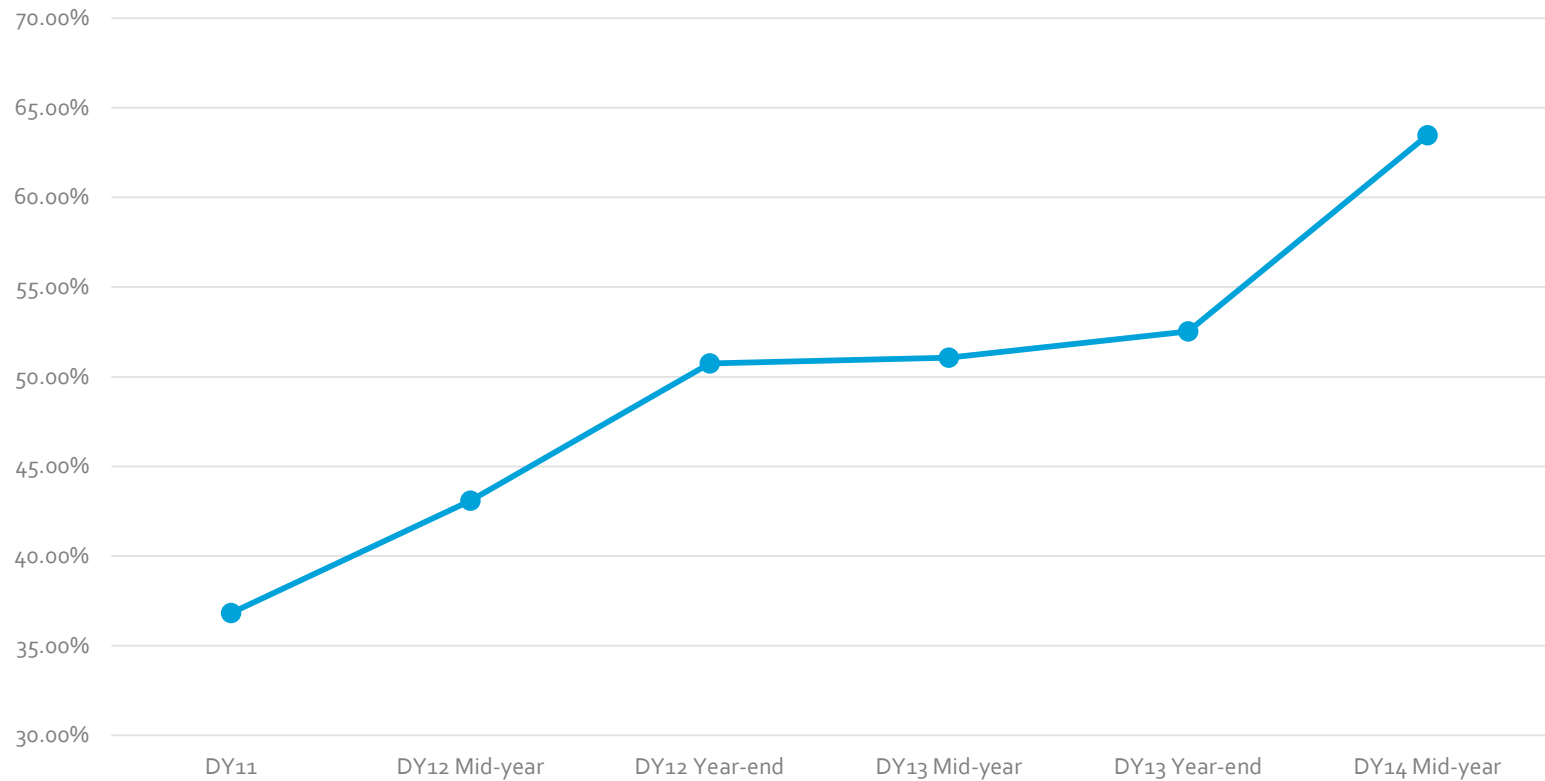
Los Angeles County Dept. of Health Services

Progress:

- Influenza vaccination (67% to 80%)
- Reconciled Med List received by discharged patients (81% to 99%)

Regressing: (each by 1-2 percentage points)

- Disparity reduction (Colon CA screening in African American patients)
- Controlling Blood pressure
- Readmissions
- Post-Partum visits
- H-CAHPS

San Mateo Medical Center

Depression Screening

- Screening rates:
  - July 2018: 23.56%
    - 2 clinics
  - Current: 34.73%
    - 4 clinics

- Intervention- Spread!
  - In order to ramp up our screenings we spread to two other clinics
  - The challenge was different clinics refer to different mental health entities.
    - ➢ On-call Behavioral Health clinician dedicated to depression screening warm hand-offs
    - ➢ Behavioral Health clinician located within Primary Care clinic
  - We adjusted workflows and thresholds for referrals and warm handoffs

Contra Costa County Health Services

- Created an outreach tool in EHR to populate the list of patients overdue for their hemoglobin A1c tests, and capability for bulk lab ordering and sending letters and emails.

- This flu season 3% more flu shots were given than the prior year and the number of flu shots administered in specialty clinics were doubled by providing flu shots at all specialty clinics, provider and nurse education, and outreach and reminders.

- Implemented a self-scheduling tool for cervical cancer screening.

- Improved the c-section rate by enforcing the use of labor assessment progress checklist in order to reduce the provider variability, and by retrospective chart review and providing feedback to the providers.

- Added the suicide risk assessment tool in electronic health record, offered certificate training and familiarized providers and staff on where to find this tool in EHR.

San Francisco Health Network

Most improved

SBIRT/Depression Screening

- Full implementation of BHVS (Behavioral Health Vital Signs)

- Went from about 3,800 patients screened (SBIRT brief) in DY13YE to 9,800 in DY14 MY

Least improved

PQI#90

- Spent first half of the year doing data deep-dives

- Discovered top contributors are Heart Failure, COPD/Asthma, and Diabetes

- Struggling to find meaningful improvement strategies

WRAP UP

Poll Disparity Reduction webinar

POLL TIME!

1. Would your equity lead/s for the PRIME disparities project disparity benefit from a deep dive webinar on progress and challenges in the PRIME disparity reduction project?
   a. Yes
   b. Not at this time

2. If yes, what specific issues would you like to cover?

3. Our disparity reduction lead is
   a. PRIME Manager
   b. Other (write in)

Resource alert!
SNI did an overview of the PRIME disparities projects in a November 2017 webinar

PRIME/QIP Express

- Sent 5/15/19
  - **Let us know if you didn't receive**
- Frequency = 2nd week of the month
- Includes PRIME & QIP
  - Policy & reporting updates
  - Deadlines
  - Webinars/workshops
- Will be posted on PRIME and QIP SNI Link pages
- **Open to feedback as we optimize!**

Quality Leaders Awards

AWARD CATAGORIES:

- TOP HONOR
- AMBULATORY CARE REDESIGN
- DATA DRIVEN ORGANIZATION
- PERFORMANCE EXCELLENCE

ABOUT THE AWARDS:

For more than 20 years, CAPH/SNI has delivered the QLAs to recognize outstanding initiatives across California's public health care systems. The awards highlight forward-thinking and innovative approaches to improve care and advance population health.

Awards are presented at the CAPH/SNI Annual Conference on December 4-6 at the Paradise Point Resort in San Diego.

APPLY NOW!
safetynetinstitute.org/qla
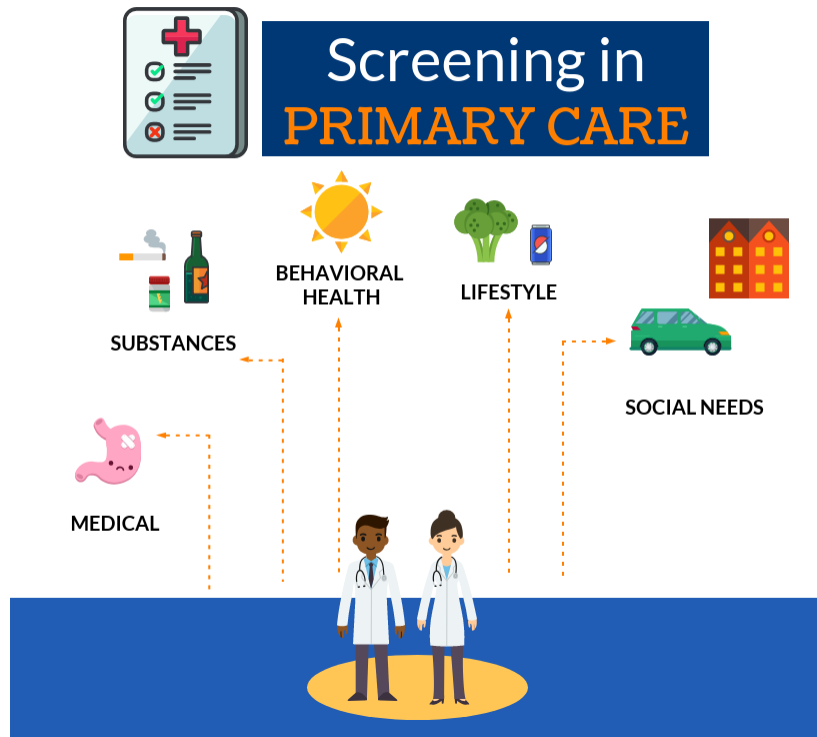
DEADLINE TO APPLY IS AUGUST 31, 2019

Save the date!

CAPH/SNI Annual conference is Dec. 4-6 San Diego

http://safetynetinstitute.org/qla

Care Delivery Workshop Recap

Screening in
PRIMARY CARE

SUBSTANCES

BEHAVIORAL
HEALTH

LIFESTYLE

SOCIAL NEEDS

MEDICAL

- Focused on operational improvements for screening and acting on medical, BH, and social needs

- Helpful resources for:
  - Social needs screening & partnerships
  - BH training
  - Intake optimization

- [SNI Link/Care Delivery/Workshops](#)

Upcoming Dates

May 23 (12-1): QIP Leads Webinar

May 31 (Sacramento, CA): DHCS PRIMEd Learning Collaborative Meeting

June 13 (12-1): PRIME/QIP Office Hours Webinar

June 24 (12-1): QIP Leads Webinar

M	T	W	Th	F
May				
20	21	22	23	24
27	28	29	30	31
June				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

July = summer holiday
No PRIME/QIP Office Hours / QIP Webinar
Next office hours = Thursday, August 8 (12—1)

Share Your Feedback

How did we do?

What did you learn?

Do you have suggestions for future topics or content?

PLEASE COMPLETE OUR POP-UP SURVEY