

Disclaimer

There are no conflicts of interest or restrictions related to this presentation or materials. Premier Healthcare Strategies makes no claim, guarantee or promise of any kind about the accuracy, completeness or adequacy of the content of the presentation and expressly disclaims liability for errors and omissions in this content.





Biography

- Founder and Principal RN consultant of Premier Healthcare Strategies, LLC
 - Create practice transformations through improve workflows, efficiency, and revenue
 - Promote efficient staffing to include role delineation
 - Facilitate workshops, provide education, training, mentoring, and preceptorship programs
 - Develop policies, procedures, standards and perform mock surveys to meet guidelines and accreditations
- Certified as Six Sigma Green Belt, Nurse Executive (r) and Practice Management (r)
- National speaker, Infection Control Practitioner, and Mock surveyor
- Other Experiences
 - Clinical Specialist for Orthopedics and Surgical Services
 - Practice Executive for Cardiology
 - Nursing Director for more than 70 ambulatory clinics
 - Legal Nurse Consultant





Who Makes Up Our Community?







Our Community

Key Metrics are Essential For Our Community Health





Overview

In today's healthcare environment, the overall health of individuals is declining. This presentation "Unlocking your Organization's Potential – Keys to Improved Patient Outcomes" will explain the rationale of focusing on quality metrics and how to capture those outcomes. Care coordination with role delineations will help guide a direct focus on those in need within the community.





"It's All About the Patient"

....T. Nygaard, MD

- Place your patients first!
- The Quality of Care that you demonstrate, leads to meeting the needs of your patients.
- Quality of Care helps determine the efficiency of your facility.





Scenario

A 55-year-old African American female, Ms. Anthony, fell in the parking lot at her local grocery store. Another customer approached her to offer her assistance. Ms. Anthony was not able to move, she had dyspnea (shortness of breath), her skin was cool to touch, and she was diaphoretic (sweaty and clammy). The assistant called 911. Upon their arrival, the paramedics assessed the patient and transported her to the emergency department.





What Happened Next....

Upon her arrival to the ED, Ms. Anthony's vital signs were obtained and assessed by the attending provider. During the assessment, the provider checked for range of motion in all four extremities. Ms. Anthony remained alert and oriented. No further tests, evaluation, or follow-up was ordered or done. Ms. Anthony was then discharged home.





Audience, what is missing in this story? Where do you start by improving/eliminating issues associated with this situation?





Objectives

1. Describe patient quality metrics essential within community health care.

2. Identify quality initiatives within an ambulatory setting that helps promote positive patient outcomes and lower costs.

3. Explain the value of a team approach in care coordination.



VCHA Vision

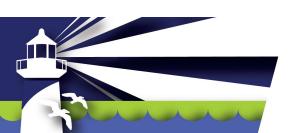
"The Virginia Community Healthcare Association's vision is for the Commonwealth of Virginia to have the healthiest population in America."





Quality

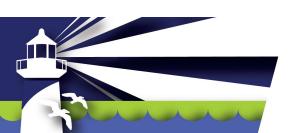
- The term "Quality" is one of the hottest topics in healthcare today. Healthcare systems are increasingly focused on improving outpatient quality metrics to achieve better clinical outcomes.
- Quality is required for a healthy population.
- Quality of care boosts the bottom line.





What is "Quality"

- Quality is defined as tools to help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure that are associated with the ability to provide high-quality health care or those related to quality goals.
- Quality and Safety go hand in hand.





Quality in Ambulatory Care

• Successful value-based care models incorporate quality.

• Generally, value-based care programs result in higher overall patient satisfaction.

• Value-based care models center on patient outcomes and how well healthcare providers can improve quality of care.





Why Use Quality Metrics

- Promotes the use of scarce resources
- Aligns the delivery of needed services
- Provides essential information to patients, healthcare providers, vendors, and health care plans
- Improves customer satisfaction
- Identifies areas for improvement
- Tracks overall quality of services





Types of Quality Measures

- Structure
- Process
- Outcome
- Patient-reported
- Resource
- Composite





How to Measure Performance

NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used performance measurement tool in health care.





Key Performance Indicators

• A healthcare Key Performance Indicator (KPI) or metric is a well-defined performance measure that is used to observe, analyze, optimize, and transform a healthcare process to increase satisfaction for both patients and healthcare providers alike.

• KPI's help quantify the achievement.





Categories of KPIs

- Clinical (Providers, staff, and patients)
- Financial
- Facility
- Patient Outcomes





Resources for Selecting Metrics

• Healthy People 2030

NCQA/HEDIS measures

CDC website





Leading Health Indicators Healthy People 2023

- Access to Health Services

- Mental Health

- Clinical Preventive Services

- Nutrition, Physical Activity, Obesity

- Environmental Quality

- Oral Health

- Maternal Infant/child Health

- Reproductive and Sexual Health





HEDIS Quality Measures - 2023

New Community-Related Metrics which focus on health equity are race/ethnicity stratifications including gender identity.

- Race/ethnicity
- Affirming Gender-Relevant Care





Additional New HEDIS Measures

- Oral Evaluation Dental Services
- Topical Fluoride for Children
- Deprescribing of Benzodiazepines in Older Adults
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes
- Social Need Screenings and Intervention





HEDIS Ratings vs Star Ratings

• <u>HEDIS</u> Measures – are managed and defined by the NCQA and applies to essentially everyone in the healthcare space.

• <u>Star ratings</u> - are managed by CMS and apply to Medicare Advantage plans.





How to Select Quality Metrics

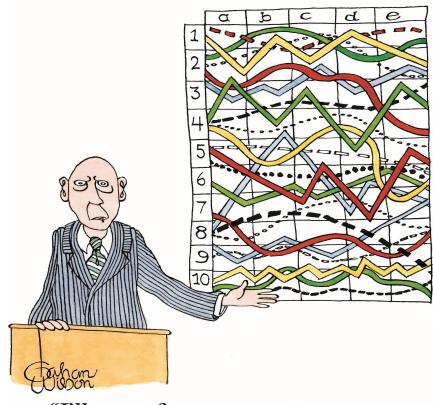
Quality measures are determined by the nature of the problem and the desired goal(s) for improvement.

- Relevant to your practice and patient population
- Address perceived or known gaps in care
- Align with practice goals
- Align with national or regional initiatives such as Merit-Based Incentive Payment System, payers
- Are important to patients





Advancing health equity starts with how we measure quality results



"Ill pause for a moment so you can let this information sink in."





Domains of Healthcare Quality

The metric/project should focus on at least one of the six domains of Healthcare Quality

- Safe
- Effective
- Timely
- Efficient
- Equitable
- Patient-Centered





KPI - Clinical Quality

Clinical Quality Measure (CQMs) can be measures of processes, experiences and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care.





Clinical Quality Metrics

- Helps reduce medical errors
- Lowers costs
- Lessens clinician burden
- Promotes efficient and effective care





Scenario cont. – Clinical Observations

So, Ms. Anthony fell in a parking lot! What clinical areas were not noted to be addressed in the ED?

- Medical errors No notation of history and assessment including falls risk
- Costs What costs incurred with ED visit?
- Medical conditions Current medical conditions not noted
- Efficient and effective care Lab work was not done, current state of living conditions and transportation were not noted. Ms. Anthony was not accompanied by anyone to the ED. She left walking.



Facility KPIs

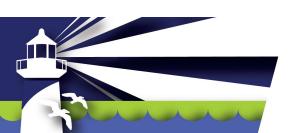
Determine how your facility is doing overall. Facility (KPIs) may include:

- Patient Acquisition Cost
- Length of Stay
- Ambulatory Patient Volume
- Patient Wait Time
- Patients Per Hour
- Number of Missed Appointments
- Average Number of Patient Rooms in Use at One Time



Facility Observations in Scenario

- How long did Ms. Anthony wait to be seen in the ED?
- When was her last primary care appointment?
- Does she have routine visits with her primary care?
- Were lab results available to be reviewed in the ED and her practice?
- Is there someone in the primary care office responsible to ensure the patient has routine visits?





Financial KPIs

- Costs to acquire a new patient
- Facility, staffing, and service expenses
- Productivity
- Other





Financial Costs of Scenario

- Transportation
- ED visit
- Length of Stay
- Provider and Staff costs
- Lack of follow up by case manager and medical practice
- Other





Next Steps in Scenario

- Determine appropriate diagnosis
 - Risk for falls
 - Diabetes
 - Episode of hypoglycemia. Older adults are more likely to have episodes of hypoglycemia which lead to fall-related events and fractures. Guidelines for treatment should emphasize prevention of hypoglycemia and avoid intensive glycemic control. This will help reduce and hopefully prevent ED visits.

Difference in Financial Burden

For patients with diabetes, after adjusting for age and sex differences, average medical expenditures among people are 2.3 times higher than expenditures of patients without diabetes.





KPIs for Patient Outcomes

- Mortality
- Readmissions
- Safety of care
- Effectiveness of care
- Patient experience
- Timeliness of care
- Efficient use of medical imaging





Risks for Diabetes

In the scenario, Ms. Anthony information needed for adequate assessment should include:

- Type 1 or Type 2 diabetes diagnosis
- . Genetics
- . Diet and weight
- . Lifestyle choices
- . Ethnicity





Scenario – cont.

- 1) Is Ms. Anthony diabetic?
- 2) What was the rationale for her fall? Was she hypoglycemic?
- 3) Did she have to be readmitted?
- 4) Was there sufficient imaging and lab work in the ED?
- 5) How was her experience in the ED?
- 6) Was her ED visit shared with her primary care provider?





Quality Metric Example

"Persons with diagnosed diabetes whose a1C value is greater than 9%"

Healthy People 2023 Metric





Diabetes

- Prevalence
- Diagnosed and Undiagnosed
- Prevalence in Seniors
- New Cases





Recognize Disparities

- Rates of diagnosed diabetes in adults by race/ethnic background are
 - 14.5% of American Indians/Alaskan Natives
 - 12.1% of non-Hispanic blacks
 - 11.8% Hispanics
 - 9.5% Asian Americans
 - 7.4% non-Hispanic whites





Other Disparities

• The odds of overweight/obese people having diabetes is nearly 1.5 times than those which have normal BMI.

• Those with hypertension had nearly 2.6 times higher odds of having diabetes than those who were not.





Expenditures

Lack of diabetes management results in

- Increased out-of-pocket expenses for patients
- Extra prescription costs
- Increased office visits
- Increased ED visits
- Additional medical issues

Did you find that some of these issues were a result of Ms. Anthony's fall and treatment?



Value-Based Care and Quality Metrics

• Value-Based Care is associated with your KPIs and ties providers and staff to results from services rendered

Value-Based Care links reimbursement with quality of care





- The promise of VBC is predicated on prevention, by helping patients avoid new conditions and manage existing ones through individual outreach and population health initiatives.
- However, prevention is difficult to measure because it is difficult to identify negative outcomes that were avoided, and the benefits take time to materialize and may not produce short-term savings.





Key Indicators to Value-Based Care

- Cost Reduction
- Increased Patient Satisfaction
- Overall reduction in medical errors
- Promotes healthy society
- Suppliers will align prices with patient outcomes
- Keeps patients informed
- Promotes healthy habits





Common Challenges

It's not easy! Practices and community health centers are being plagued with:

- Increased operating costs
- Insufficient reimbursement rates
- Unfilled staff positions
- Multiple tech platforms and limited patient insights
- Other challenges





Get Ready – Get Set – GO!





Recommendations

• Know written guidelines for metrics selected

Start with two-three metrics

• Validate the data is credible





Hardwire your Process

- Perform a periodic review of the medical records.
- Consider use of claims-based data.
- Individual chart reviews provides additional information.
- Daily schedule of the providers solidifies documentation of outcomes.
- Notify providers and staff of any identified gaps in care.
- Review quality metrics at least monthly.





Other Recommendations to Promote Positive Patient Outcomes

- Create a visual report.
- Compare rates to network or benchmarks.
- Use available personnel and resources.
- ACO models and insurance payers lead to an increased focus on in-house metrics and care use of allotted funds.
- A team-based approach facilitates communication and minimizes waste.
- Clinical staff to provide a systematic chart review prior to each visit.



Limitations in Achieve Desired Results

- Limitation of practices to compare results
- Lack of resources in the community
- Improving quality of preventive care may be costly and time consuming, especially with vendor-based programs
- Disengaged staff
- Lack of training and follow through in metrics
- Lack of data integrity





Is all of this work worth it? Then, "Show Me the Money!"





Diabetes Management

- One in 11 Americans overall and one in five age 65 or older have been diagnosed with either Type I or Type II Diabetes.
- In 2020, there were more than 130 million adults living with diabetes or prediabetes.
- In 2017, costs of diabetes was \$327 B; \$237 B was for direct medical costs and \$ 90 B related to decreased productivity.
- Projected that the costs of diabetes in 2030 will exceed





It's Not Just Diabetes

- Diabetes is only one of the many chronic diseases that increase healthcare expenses.
- Providing routine screenings in community health screenings can help identify other potential health concerns.
- Another example is a falls risk assessment.





Costs of Falls

- Each year about \$50 billion is spent on medical costs related to non-fatal fall injuries.
- \$754 million is spent related to fatal falls.

Non-fatal falls

- \$29 billion is paid by Medicare.
- \$12 billion is paid by private or out-of-pocket payers.
- \$9 billion is paid by Medicaid.
- As Americans age, the number of fall injuries and the cost to treat these injuries are anticipated to rise.



Reduce/prevent falls

- Create a falls risk program.
- Complete a falls risk screen/assessment to help identify patients who are at risk for falls.
- Implement an educational plan for patients at risk.
- Include a team approach.
- Involve the family and care givers.
- Follow-up on the completion of assessments.





The Value of a Team

A team approach creates a better patient-centered, coordinated, and effective health care delivery system.

Promoting a Care coordinated team approach will lead to:

- Improved quality
- Improved patient health
- Reduction in costs





Team-Based Care Coordination

• High functioning teams retain core principles for true collaboration.

• Team values must align through honesty, integrity, discipline, creativity, shared goals, clear roles, trust, effective communication, and measurable processes and outcomes.





Advantages of Care Coordination

A team approach in care coordination offers many potential advantages.

- Expanded access to care (more hours of coverage, shorter wait times)
- More effective and efficient delivery of additional services that are essential to high-quality care
- Improved patient education, behavioral health services, self-management support, and care



Potential Barriers to a Team Approach

- Lack of patient participation
- Reimbursement
- Leadership
- Regulatory barriers





Teamwork

• Communication and teamwork skills are essential for providing quality health care according to the patient safety experts.

• Effective collaboration by healthcare teams can improve patient outcomes, prevent medical errors, improve efficiency and increase patient satisfaction.







"I'm going to bombard you with graphs until you agree with me."





Be That Innovator!

- Don't hesitate to jump into unknown territory
- Surround yourself with a powerful team
- Be your brand
- Focus on what you know
- Set yourself apart from the competition
- Avoid those areas that distract you
- Everything begins with an innovation.





THANK YOU!



Premier Healthcare Strategies, LLC

P. O. Box 12180

Lynchburg, Virginia. 24506

Premierhealthcarestrategies.com

Pmoore@premierhealthcarestrategies.com

434-610-7891







References

- 1. <u>https://www.aamc.org/advocacy-policy/aamc-research-and-action-institute/whats-value-value-based-care</u>
- 2. https://diabetes.org/about-us/statistics/about-diabetes
- 3. https://finmodelslab.com/blogs/blog/ambulatory-surgical-center-kpi-metrics
- 4. https://health.gov/healthypeople/custom-list?list=odphps-leading-health-indicators-lhis-custom-list
- 5. https://health.gov/healthypeople/objectives-and-data/about-objectives
- 6. https://healthpayerintelligence.com/news/how-quality-fits-into-value-based-care#:~:text=Quality%20is%20an%20innate%20feature,provider%2C%20payer%2C%20an d%20patient.
- 7. https://insightsoftware.com/blog/25-best-healthcare-kpis-and-metric-examples-for-2023-reporting/#:~:text=A%20healthcare%20Key%20Performance%20Indicator,patients%20and%20healthcare%20providers%20alike.
- 8. https://mmshub.cms.gov/about-quality/new-to-measures/what-is-a-measure
 - https://qualitynet.cms.gov/outpatient/oqr



References – cont.

- 9. https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/quality-measures.html
- 10. https://www.ahrq.gov/patient-safety/settings/ambulatory/tools.html
- 11. https://www.ajmc.com/view/improvement-of-outpatient-quality-metrics-in-a-limitedresource-setting
- 12. https://www.cdc.gov/falls/data/fall-cost.html
- 13. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures
- 14. https://www.healthcatalyst.com/insights/top-7-healthcare-outcome-measures
- 15. https://www.healtheconnections.org/improving-ambulatory-clinical-quality-measurement/





References – cont.

- 16. https://www.indeed.com/career-advice/career-development/how-to-measure-quality
- 17. https://www.ncqa.org/
- 18. https://www.indeed.com/career-advice/career-development/how-to-measure-quality
- 19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6248152/
- 20. https://www.ncqa.org/
- 21. https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/
- 22. https://www.oakstreethealth.com/value-based-care-explained-and-benefits-682193#:~:text=Increased%20patient%20satisfaction%3A%20Quality%20of,patient%20satisfaction%20with%20healthcare%20plans.
- 23. https://www.wolterskluwer.com/en/expert-insights/ndnqi-measures-aim-to-improve-healthcare-safety-and-quality
- 24. vcha.org



