Southern Nevada Community Health Center Quality Improvement Narrative May 2020

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Quality Improvement

The Health Center's patient satisfaction survey has launched and is now available in both English and Spanish. Patients will have the opportunity to complete the survey via tablet while in the exam room as their appointments are ending or as they check-out. We also have the capacity to email and text patients a link to the survey to complete later if they do not wish to while in the Health Center. This survey will inform our decisions when it comes to the patient experience as we strive for continuous improvement.

A medication error occurred in the Sexual Health Clinic when a patient was given the wrong medication and the patient's medical record was not accurately documented in eClinicalWorks. No harm came to the patient as a result of this medication error. The provider and medical assistants treating the patient were made aware of the error and a root cause analysis is underway, the results of which will be relayed to Health Center staff to eliminate/reduce medication errors from occurring in the future.

The Health Center received two resignations from providers. The Health Center has two offers of employment out to an APRN, who will fill a psychiatric nurse position, and a physician. The recruitment process to fill these positions is in progress.

The Heath Resources and Services Administration (HRSA) Federal Tort Claims Act (FTCA), a medical malpractice program that increases the availability of funds to health centers to provide primary health care services, is currently accepting applications for coverage for calendar year 2021. FTCA reduces or eliminates health centers' malpractice insurance premiums and allows more health center dollars to be available for:
- Increasing the number of patients served;
- Increasing enabling services like case management and health education;
- Reducing financial, geographic, and cultural/linguistic barriers to care; and
- Implementing and expanding programs such as quality improvement/assurance and risk management and other appropriate section 330-funded activities

The Health Center is in the process of applying for FTCA. The deadline is July 13, 2020.

HRSA has implemented changes to the Uniform Data System (UDS) for calendar year 2020. HRSA cites the changes as a way "to support efforts across the federal government that standardize data collection and reduce reporting burden for entities participating in federal programs with data reporting mandates." Performance measures have been updated to improve alignment with other quality improvement programs, including the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP). These changes will be reflected on our 2020 UDS annual report to be submitted February 2021.

The following performance measure changes have occurred:
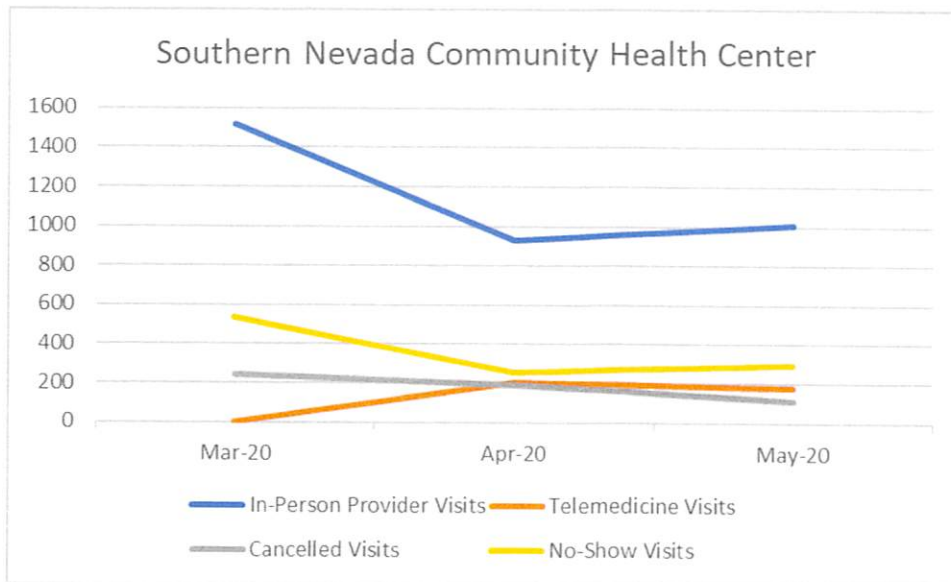- Retiring the Asthma Measure: Use of Appropriate Medications for Asthma

- o The asthma measure is no longer being updated by its measure steward, the National Committee for Quality Assurance. As a result, when new asthma medications are approved for use they are not reflected in the electronic clinical quality measures (eCQM) specifications. This asthma measure was also retired from the Healthcare Effectiveness Data and Information Set (HEDIS) and is no longer endorsed by the NQF.
- Adding the Depression Remission at Twelve Months Measure
  - o The addition of the Depression Remission Measure at 12 Months eCQM will provide data on how health centers are helping patients reach remission and further support national efforts to improve the population's mental health.
- Revising the HIV Linkage to Care Measure
  - o This measure will be modified to change the follow-up treatment timeline from 90 days to 30 days and the observation period of first ever HIV diagnoses to 1 December of the prior year and 30 November of the reporting year.
- Adding the HIV Screening Measure
  - o HRSA is one of the lead federal agencies in the 'Ending the HIV Epidemic' Initiative and is building upon the following key strategies: diagnosing, treating, preventing, and responding. Approximately 1.1 million people are living with HIV in the U.S.; 15% of them are unaware that they are infected. The addition of the HIV screening eCQM will further support efforts to promote early detection and care HIV in health center patients.
- Adding Data on Prescriptions for Pre-Exposure Prophylaxis (PrEP)
  - o Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medication to prevent HIV infection and is used by people who are at high risk of being exposed to HIV. This measure will capture data on patients prescribed combinations of emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) during the reporting year for PrEP.
- Adding International Classification of Diseases (ICD)-10 Codes to Capture Human Trafficking and Intimate Partner Violence (IPV)
  - o HRSA is aware that human trafficking and intimate partner violence are serious public health issues and complex social determinants of health (SDOH) that can affect a wide range of health and quality of life outcomes. Addressing SDOH is a HRSA objective to improve the health and well-being of health center patients and the broader community in which they reside.
- Adding the Breast Cancer Screening Measure
  - o Breast cancer is the most common cancer in women and the fourth leading cause of cancer death in the U.S. There is substantial geographic and demographic variation in breast cancer death rates suggesting that there are social and structural factors that affect breast cancer mortality. Preventive screening through timely access to mammograms can lead to early detection, better treatment prognosis, and has the potential to reduce health disparities.
- Adding a Question to Appendix D: Health Center Health Information Technology (HIT) Capabilities
  - o Appendix D will include a new question to support tracking how health centers are optimizing HIT and accessing Prescription Drug Monitoring Programs (PDMPs) or have them integrated into health information systems such as Health Information Exchanges, electronic health records (EHR) systems, and/or pharmacy dispensing software (PDS) to streamline provider access controlled substances prescription data.
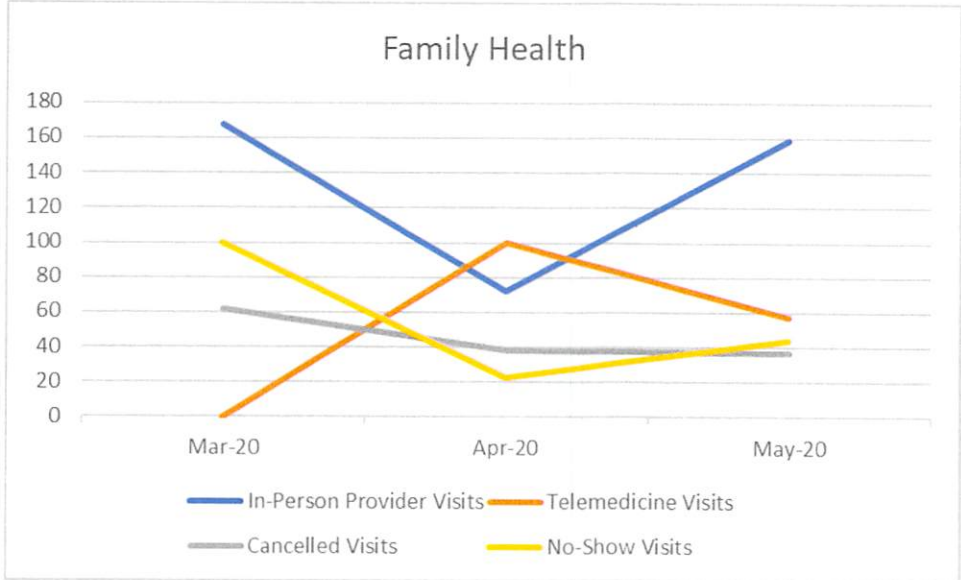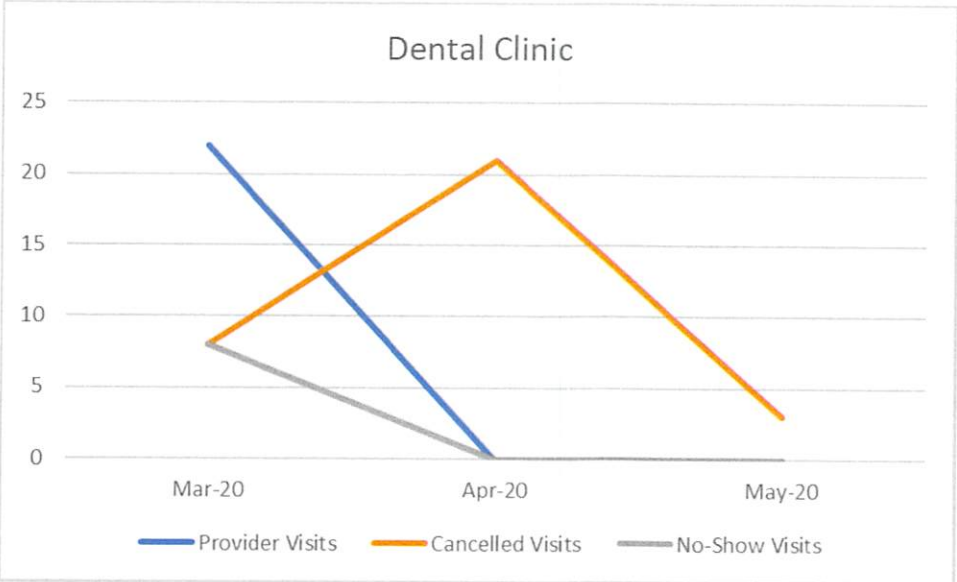
- PDMPs are effective tools for reducing prescription drug abuse and diversion. Improving provider utilization and access to real-time data have demonstrated meaningful results in reducing over prescribing of medication. Currently, 49 states, the District of Columbia, and Guam have created and are operating PDMPs that collect information from dispensers and report information to authorized users.
- Revising Questions in Appendix D: Health Center Health Information Technology (HIT) Capabilities
  - The CMS program commonly known as Meaningful Use has changed. Questions in the appendix regarding Meaningful Use have been revised accordingly to respond to this change. In addition, the current question regarding standardized screener(s) for social risk factors that are used by health centers has been revised to gain a better understanding of how this information is being used in the primary care setting.
  - CMS has made changes to the Medicare and Medicaid EHR Incentive Programs that will now be known as the Promoting Interoperability programs. To align with these changes, revisions have been made to questions regarding Meaningful Use.
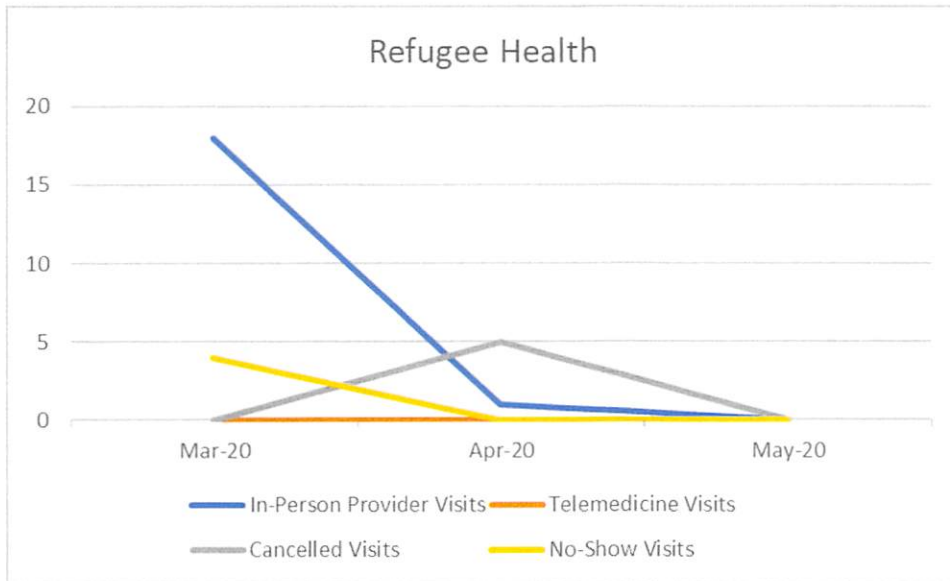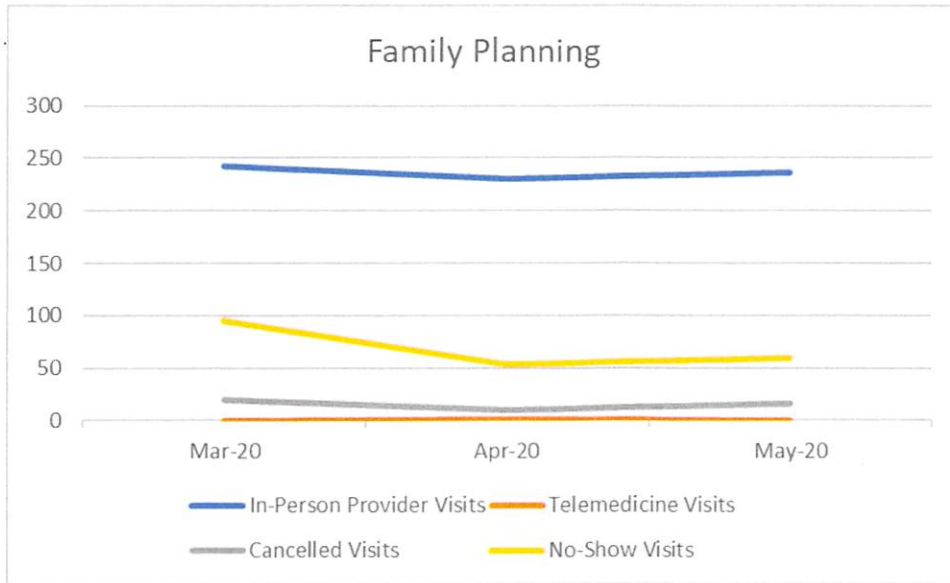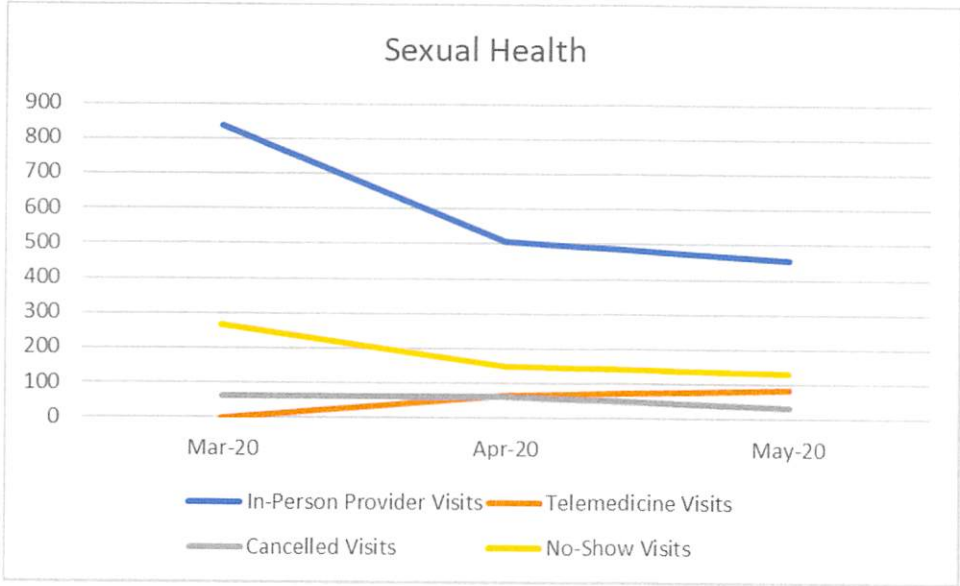
Health Center Visits

The Health Center had 1,593 scheduled patient appointments in May 2020, a nearly 1% increase over the month prior and the first increase in visit volume since the COVID-19 pandemic began in March. Of our scheduled patients, 74.58% kept their appointments, 2.91% more than the month prior; there was a 6.91% cancellation rate, a decrease of 5.19% over the month prior and a 18.52% no-show rate, an increase of 2.3% over the month prior. Telemedicine saw 182 patients — 15.32% of patient visits, a 10.78% decrease over the month prior.

Cancellation rates were highest among Family Health and Ryan White at 33.64% and 18.18%, respectively. The no-show rate was highest among SHC Uninsured and Ryan White at 28.81% and 20.68%, respectively.

Dental Clinic

Legend: Provider Visits, Cancelled Visits, No-Show Visits

Family Health

Legend: In-Person Provider Visits, Telemedicine Visits, Cancelled Visits, No-Show Visits

Family Planning

Legend: In-Person Provider Visits, Telemedicine Visits, Cancelled Visits, No-Show Visits

Refugee Health

Legend: In-Person Provider Visits, Telemedicine Visits, Cancelled Visits, No-Show Visits

Ryan White

Chart legend:
- In-Person Provider Visits
- Telemedicine Visits
- Cancelled Visits
- No-Show Visits

Sexual Health

Chart legend:
- In-Person Provider Visits
- Telemedicine Visits
- Cancelled Visits
- No-Show Visits

eBO Report Summary: May 2020

Southern Nevada Community Health Center	Provider Visits		Cancelled Visits		No Show Visits		Telemedicir			
							Audio Visit		Televisi	
ental Clinic	0	0.00%	3	2.73%	0	0.00%	0	0.00%	0	0.0
ımily Health	159	15.81%	37	33.64%	44	14.92%	41	22.91%	16	8.9
ımily Planning	237	23.56%	16	14.55%	60	20.34%	0	0.00%	0	0.0
ʲan White	156	15.51%	20	18.18%	61	20.68%	27	15.08%	8	4.4
ᴵC Insured	238	23.66%	18	16.36%	45	15.25%	12	6.70%	34	18.9
ᴵC Uninsured	216	21.47%	16	14.55%	85	28.81%	5	2.79%	32	17.8
ʲuthern Nevada Health District	0	0.00%	0	0.00%	0	0.00%	1	0.56%	3	1.6
Totals	**1006**	**100.00%**	**110**	**100.00%**	**295**	**100.00%**	**86**	**48.04%**	**93**	**51.9**

ʲrcent of scheduled patients who cancelled	6.92%
ʲrcent of scheduled patients who no showed	18.55%
ʲrcent of scheduled patients who cancelled ıd no showed	25.47%