

In the Beginning....



(there's always one)



Too Big to Fail?



Never too Big to Fail: Embrace the mismatched socks

Annoying?



Or cool?



QI was challenging when we were small
and we could communicate easily...



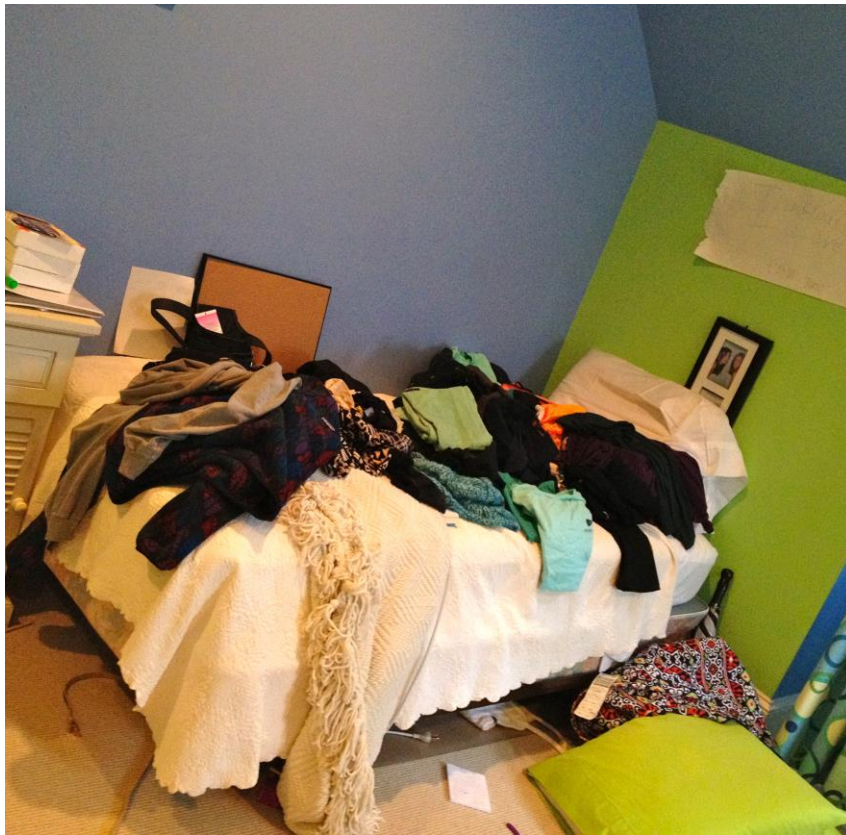
But we have grown....
We really are too big to fail



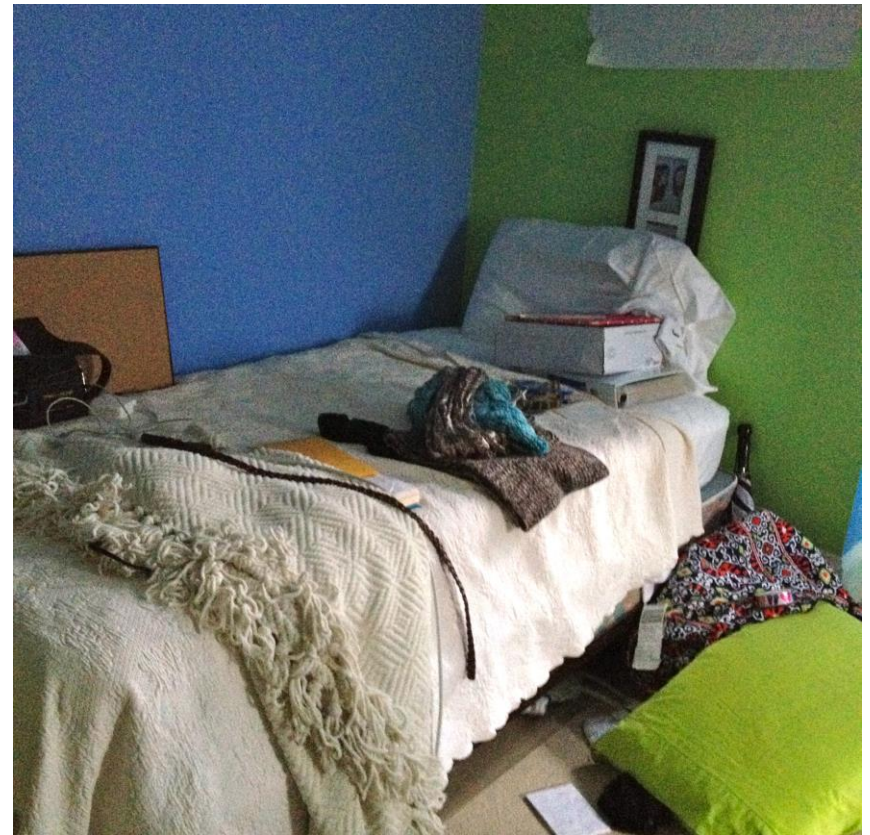
- You have to ask for help.
- You have to let them help you.

Feedback: Public Shaming Works

“I am going to be showing this to 200 people.”

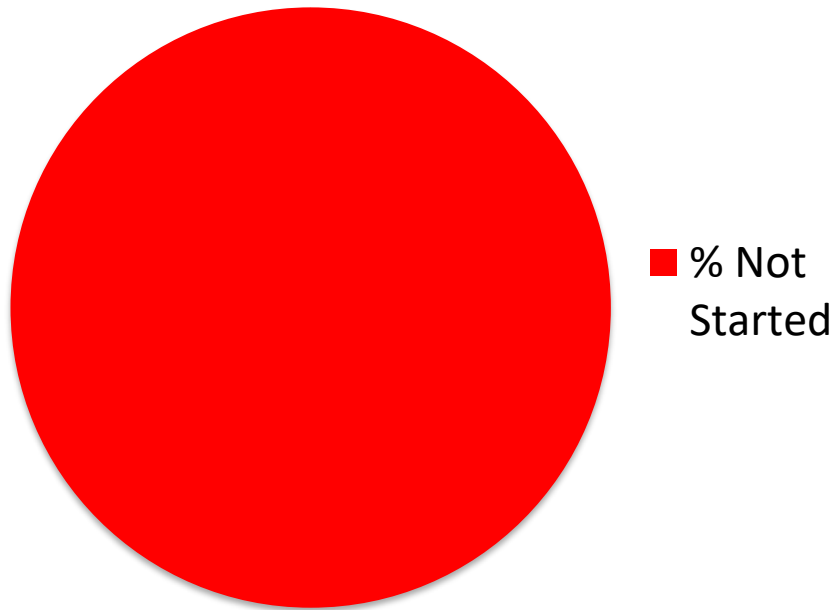


.....one hour later

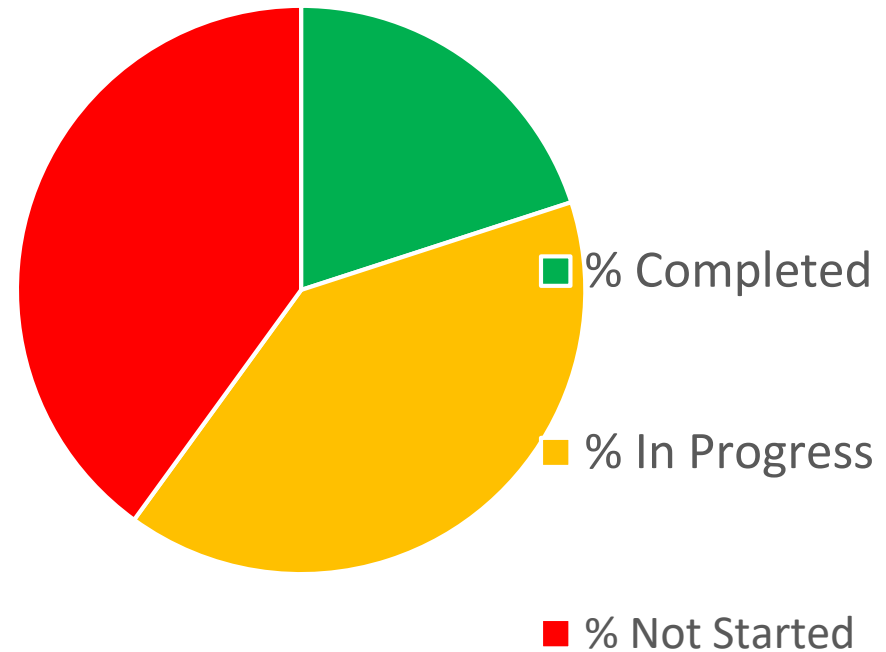


Public shaming works

Dr. Alexander HPV rates before public shaming



6 months after public shaming



Rewards also help



Screenings

2010: ZERO developmental screening done/
billed

2014: 2,567 screening codes in the Rock Hill
1330 in the Fort Mill Office—
= 3897 total

This brought in an additional \$27, 279

(and improved our care)

(enough to help pay a part time counselor?)

96127: Emotional Health Screen

- \$42,837.75 billed in 2017
- using \$7 per screen to estimate—so really more
- (enough to pay a full time counselor)

At least you have help

(after many PDSA cycles)



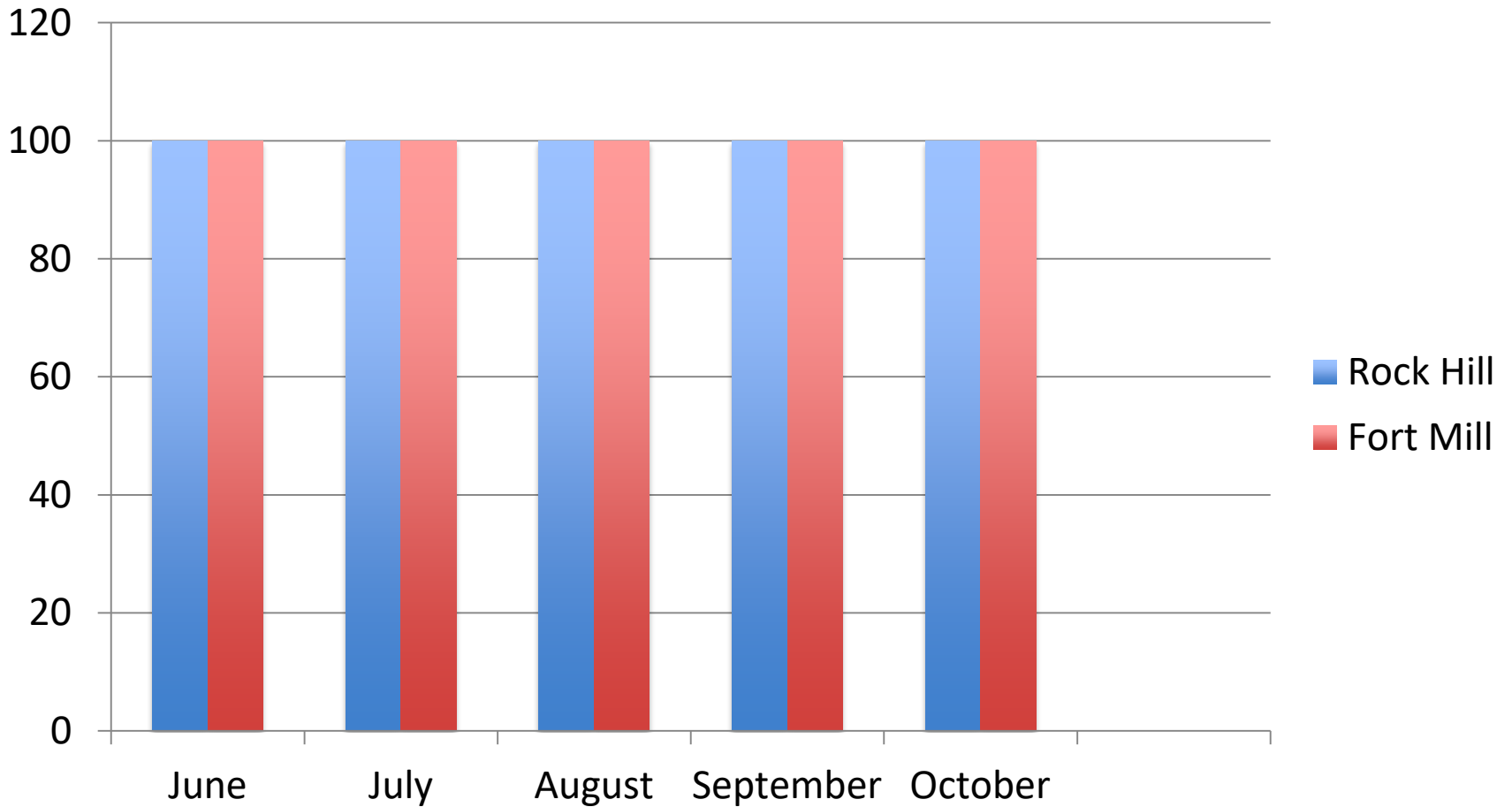
(also after many PDSA cycles)



It is too much to ask to separate
whites from darks...



96110 or 99420? Does it really matter?



Traditional techniques are not always most efficient....



New people bring new ideas:

If your shirt is all wrinkly,



You can squirt this stuff on it and the wrinkles go away! Who knew?





WOW!

Hope for the old guys?



Hope for the old guys: Dr. Hansen reviewing a PSC-Y



For Laundry and QTIP

- Public Shaming Works.
- Embrace the white towels and the gray ones too.
- Embrace the mismatched socks.
- Sometimes your way is not the best way.
- There is hope for the old guys.
- If it gets to the drawer, you win.
- Don't worry too much about folding. Put up with some wrinkles or use some Downy. Get over it.
- There is always more laundry.

And there is always hope....

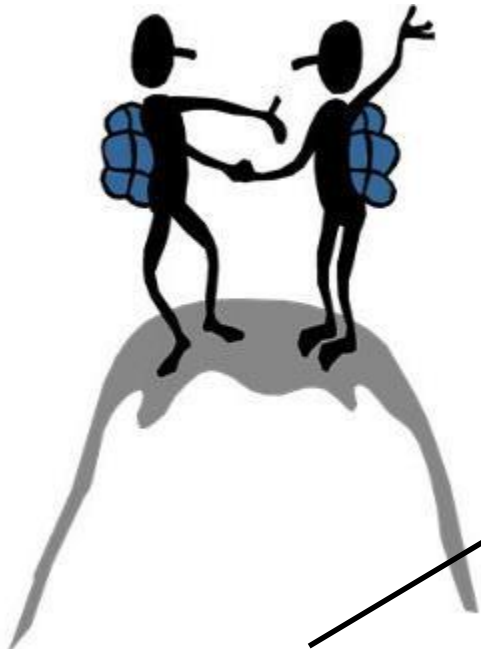


AIM, MEASURE, CHANGE
then do it again...and again and
again

More examples of QI projects

(Remember, your goal is
improvement, not perfection)

Repeated Use of PDSAs for Implementation



Improve BMI coding and discussion of 5210

DATA

Test of screen utilization

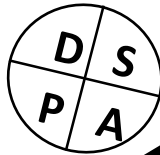
Cycle 1: What is our baseline?



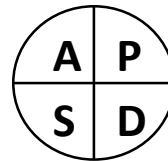
Cycle 2:



Cycle 3:



Cycle 4:



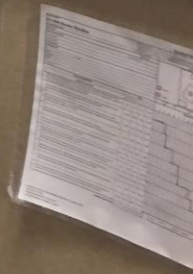
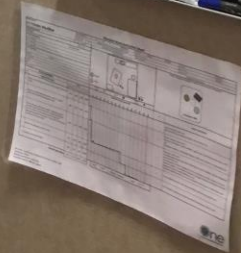
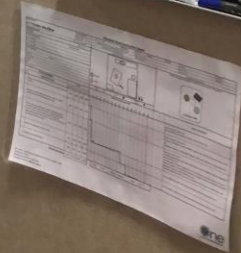
Incorporating 5210 questionnaire, BMI codes, RH office

| Date | Provider | MRN/age | BMI billed | In note | 5210 mentioned |
|--------|----------------|---------------|------------|-----------|----------------|
| 10/7 | Alexander | 9yr/1870425 | Yes | No | Yes |
| 10/7 | Baker | 13yr/1064404 | Yes | Yes | (sort of?) |
| 10/7 | Bui | 18yr/1435071 | No | Yes | (sort of?) |
| 10/7 | Baker | 4yr/3837167 | Yes | Yes | No |
| 10/7 | <u>Goodbar</u> | 7yr/2480572 | No | In VS/no? | (sort of?) |
| 10/7 | Alexander | 17yr/349957 | No | No | No |
| 10/6 | W-B | 3yr/4139654 | Yes | In VS/no? | No |
| 10/6 | <u>Goodbar</u> | 3yr/4097339 | No | In VS/no? | No |
| 10/6 | Edwards | 11yr/14041751 | Yes | Yes | Yes |
| 10/6 | Edwards | 6yr/3077962 | Yes | Yes | Yes |
| Totals | | | 60% | 50% | 30% |

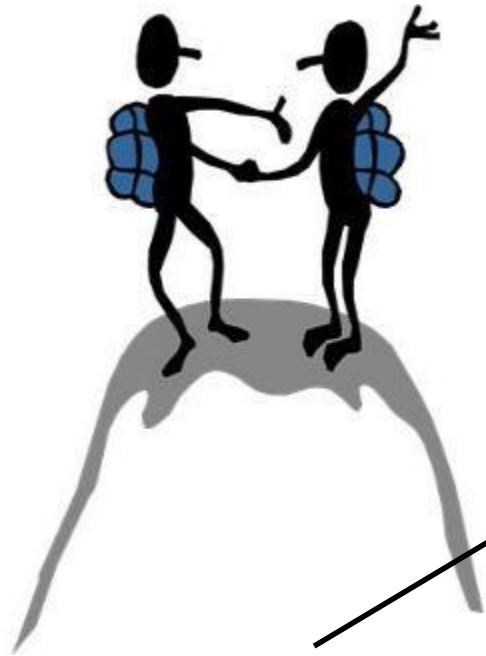


TRANSFORMATIVE OPERATIONS

| | AVG Sched | AVG Actual | Mon: Jan Sched | Mon: Jan Actual | Tu: Feb Sched |
|--------------------------|-----------|------------|----------------|-----------------|---------------|
| MILEAGE | | | | | 18 |
| Alexander | 30.2 | 27.9 | | | 4 |
| Baker | 29.9 | 28 | | | 10 |
| S. Brown | 23.4 | 21.4 | | | 32 |
| Bui | 30.4 | 29.3 | | | 31 |
| Davis | 28.8 | 24.6 | | | 23 |
| Edwards | 21 | 20.3 | | | 18 |
| Goodbar | 19.6 | 17.4 | | | 29 |
| Hansen | 30.4 | 28.8 | | | |
| Ofoma | 11.4 | 11.1 | | | |
| Osterberg | 31.0 | 29.2 | | | |
| Mulhee | 27.6 | 27.5 | | | 28 |
| Mobile Attendance | AVG 10.2 | | 18 | | |
| | MTD 12/31 | | | | |

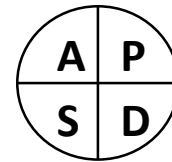


Repeated Use of PDSAs for Implementation

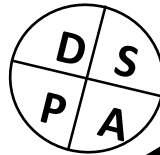


Improve BMI coding and discussion of 5210

DATA



Cycle 4:



Cycle 3:



Cycle 2: Show to **EVERYONE** at huddle (public shaming): ask medical assistants to help code

Cycle 1: What is our baseline?

Test of screen utilization

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| | | | | | |
|-------|---------|------------|------------|------------|--------------------------|
| 10/27 | Bui | 16/1650230 | Yes | Yes | Yes |
| | Hansen | 4/389/7281 | Yes | No | <u>No(discusseddiet)</u> |
| | Hansen | 14/8458066 | Yes | No | <u>yes</u> |
| | Brown | 15/1484147 | Yes | Yes | <u>yes</u> |
| | Brown | 7/4926902 | Yes | No | Discussed diet |
| | Hansen | 5/4250335 | No | No | Discussed diet |
| | Edwards | 14/4921000 | Yes | Yes | Yes |
| | Edwards | 8/2170682 | Yes | Yes | Yes |
| | Baker | 9/1993243 | 2/3 | Yes | Yes |
| | W-B | 13/4305471 | 2/3 | Yes | <u>yes</u> |
| | | | 90% | 60% | 70% |

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- ① Make sure to pull Diagnoses into note.
- ② Include "counseling nutrition" 2713
- ③ Link BMI, counseling with Preventive billing code

Managing for Daily Improvement Metrics



One More Quality Improvement Example!

- Improving our system's "Asthma Appropriate Care" was set as an aim by our hospital system (Carolinas Healthcare).
- Asthma Appropriate Care includes
 - Flu vaccine every year
 - Routine assessment of asthma control and severity (and documentation)
 - Prescribing controller inhalers for patients with persistent asthma

1) ASSESSMENT OF
CONTROL



2) FLU VACCINE

3) APPROPRIATE USE
OF CONTROLLER
MEDICATIONS



QCC Appropriate Care - Metrics By Group
By Network By Group By Disease State
Last Refresh Date : 11/29/2010 1:08:09 PM

CPN

ROCK HILL PEDIATRIC ASSOCIATES

| Asthma | | |
|----------------------|-------------------|----------------|
| Total Sample Audited | # Audits Included | Approp. Care % |
| 49 | 42 | 19.0 % |

| Disease | Metric Name | Total Sample Audited | # Audits Included | # Audits With Appropriate Care | Appropriate Care % |
|---------|---|----------------------|-------------------|--------------------------------|--------------------|
| Asthma | Assessment of Daytime/Nighttime Symptoms | 50 | 42 | 22 | 52.4 % |
| Asthma | Controller Medication for Persistent Asthma | 50 | 42 | 42 | 100.0 % |
| Asthma | Influenza Vaccine | 50 | 42 | 15 | 35.7 % |

Are you kidding?

ROCK HILL PEDIATRIC ASSOCIATION

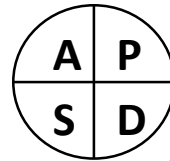
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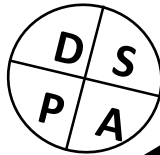


**Improve Asthma
Appropriate Care
to 80%**

DATA



Cycle 4: clinical assistants will Document asthma control



Cycle 3: Ask Health Maintenance Questions, every asthma visit



Cycle 2: Document flu vaccine/offer every visit, every time (MDI board)



Cycle 1: Measure baseline and present to group

**Test of
screen
utilization**

Are you kidding?

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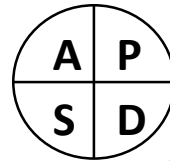
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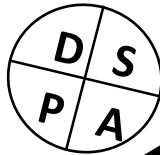


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Cycle 1: Measure baseline and present to group

**Test of
screen
utilization**

The Dreaded Health Maintenance Tool: (“what?? You mean we’re supposed to USE that?”)

| Pending Expectations + Add | | Present - July 2016 | | | | <input checked="" type="checkbox"/> Show satisfiers | Sort by: <input type="text" value="Status"/> |
|---|------------------------------------|-------------------------------------|--------------------------|-------------------------|--|--|--|
| Asthma - Spirometry or PFT <i>Medium</i> Due 7/27/2015 Q 1 year(s) | Cancel Permanently | Performed Elsewhere | Postpone | Refused | Spirometry | | |
| Asthma - Influenza Vaccine <i>Medium</i> Not Due Until 8/1/2015 Seasonal | Cancel Permanently | Postpone | Refused | | | Last Satisfied By: TABRON , LA VONDA 2/19/2015 | |
| Asthma - Assessment of Symptoms 5-11 Years Old <i>Medium</i> Not Due Until 1/21/2016 Q 6 month | Cancel Permanently | Performed Elsewhere | Postpone | Refused | Assessment of Symptoms Powerform | Last Satisfied By: EDWARDS , MARTHA MCGAVIC MD 7/21/2015 | |
| Asthma - Action Plan <i>Medium</i> Not Due Until 5/19/2016 Q 1 year(s) | Cancel Permanently | Performed Elsewhere | Postpone | Refused | Reviewed Action Plan | Last Satisfied By: BUI , HONG T MD 5/19/2015 | |

DAILY HUDDLE



Symptoms (wheeze, cough, dyspnea):

- Less than or equal to 2 days/week
- Greater than 2 days/week
- Throughout the day

FEV1 (Forced Expiratory Volume):

- Greater than 80%
- 60-80%
- Less than 60%
- Not assessed

Nighttime Awakenings:

- Less than or equal to 2x/month
- 1-3x/week
- Greater than or equal to 4x/week

Short Acting beta-agonist use for symptom control:

- Less than or equal to 2 days/week
- Greater than 2 days/week
- Several times per day
- Not assessed

Interference with normal activity:

- None
- Some limitation
- Extremely limited
- Not assessed

Exacerbations requiring oral systemic corticosteroids:

- 0-1x/year
- Greater than or equal to 2x/year
- Not assessed

Asthma Level of Control

**According to the Assessment of Symptoms above, the patient has the following level of control:
Right click in the white to view the NHLB Guideline reference document.
The Level of Control should NOT be changed unless medically indicated.**

- Well Controlled
- Not Well Controlled
- Very Poorly Controlled

Recommended Treatment

The stepwise approach is meant to assist, not replace, clinical decision-making required to meet individual patient needs.

- Maintain current step. Regular f/u 1-6 months to maintain control. Consider step down if well controlled for at least 3 months.
- Step up 1 step. Re-eval in 2-6 wks. Consider alternative treatment for side effects.
- Consider short course of oral systemic corticosteroids. Step up 1-2 steps. Re-eval in 2 weeks. Consider alternative treatment for side effects.

Assessing symptoms

| SEVERITY CRITERIA | | INTERMITTENT | MILD PERSISTENT | MODERATE PERSISTENT | SEVERE PERSISTENT |
|-------------------|---|---|--|--|--|
| Impairment | Symptoms | ≤ 2 days/week | > 2 days/week, not daily | Daily | Throughout the day |
| | Nighttime awakening | < 5 yo: 0 ≥ 5 yo: ≤ 2 /month | < 5 yo: 1-2 /month ≥ 5 yo: 3-4 /month | < 5 yo: 3-4 /month ≥ 5 yo: > 1 /week | < 5 yo: > 1 /week ≥ 5 yo: Often 7 /week |
| | SABA use* | ≤ 2 days/week | > 2 days/week, not daily | Daily | Several times/day |
| | Interference with activities/ normal play | None | Minor | Some | Extreme |
| | Lung function** (≥ 5 years old) • FEV ₁ or PEF | Normal FEV ₁ between flare-ups > 80% predicted | > 80% predicted | 60-80% predicted | < 60% predicted |
| Risk*** | Exacerbations requiring oral steroids | 0-1 /year | < 5 yo: ≥ 2 /6 months ≥ 5 yo: ≥ 2 /year | < 5 yo: ≥ 2 /6 months ≥ 5 yo: ≥ 2 /year | < 5 yo: ≥ 2 /6 months ≥ 5 yo: ≥ 2 /year |

KEY FEV₁: forced expiratory volume in 1 second

PEF: peak expiratory flow

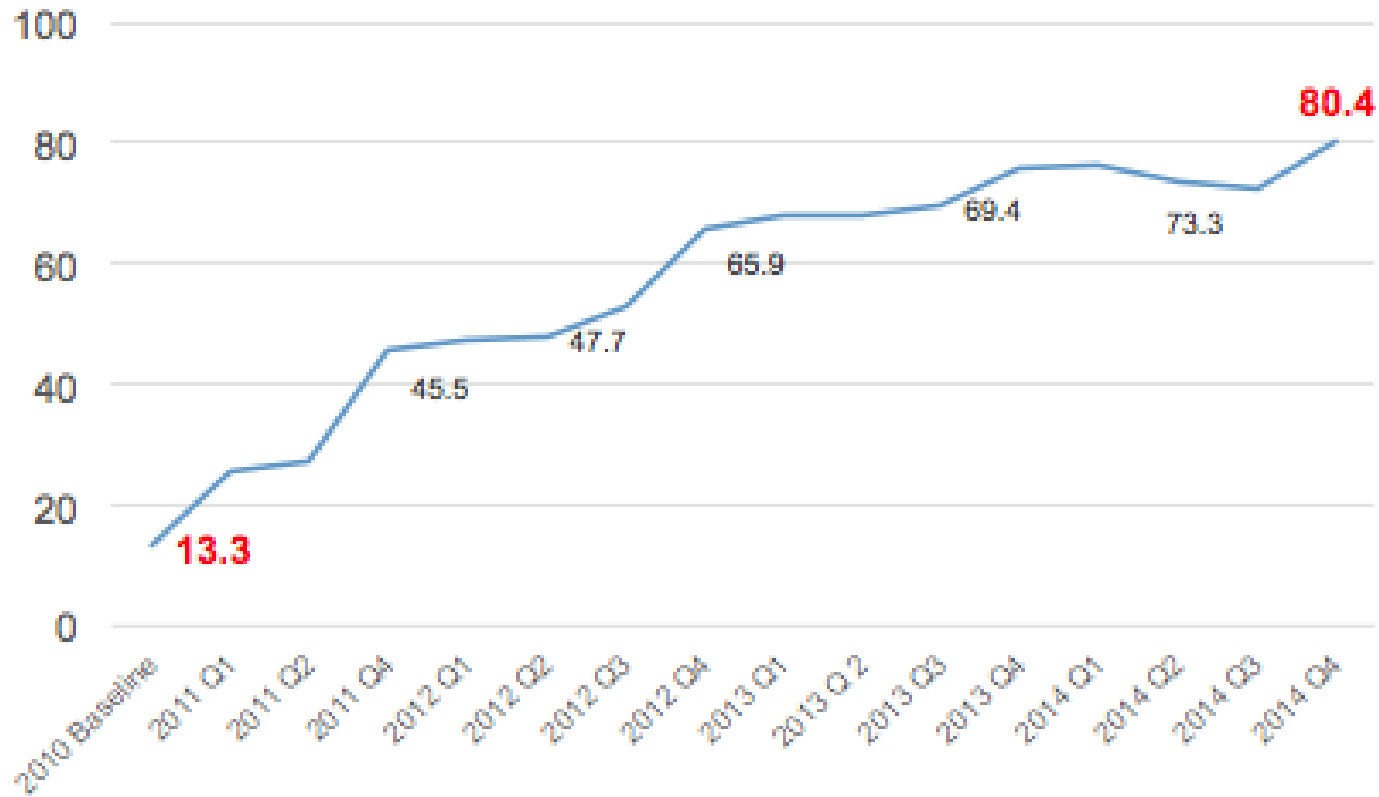
SABA: short-acting inhaled beta₂-agonist

* Criterion applies to symptom control, not prevention of exercise-induced bronchospasm. ** Spirometry is the preferred objective measure for assessing lung function. Peak flow meters can be used as an alternative when spirometry is not available. *** In general, more frequent and intense exacerbations requiring urgent care, hospitalization, or ICU admission indicate greater underlying disease severity. Additionally, children less than 5 with ≥ 4 wheezing episodes in the past year, and with risk factors for persistent asthma, may be considered the same as patients who have persistent asthma, regardless of impairment level.

Other policy changes to support improving asthma care

- 1) Refill rescue inhalers: 0-1 only.
- 2) Educated patients to come in for more frequent asthma recheck visits.
- 3) Encourage patients bring medications, every visit.
- 4) Had clinical assistants call patients to ask about control and update information/schedule visits.

Asthma Appropriate Care Performance



Too Big to Fail



Whether your practice is huge or tiny, getting everyone on board with QI is not only imperative for YOUR success, it is imperative to improve patient outcomes.