

# Moving forward with AMH

- Overview of IHA
- Committee structure
- Clinical Quality Improvement Committee membership

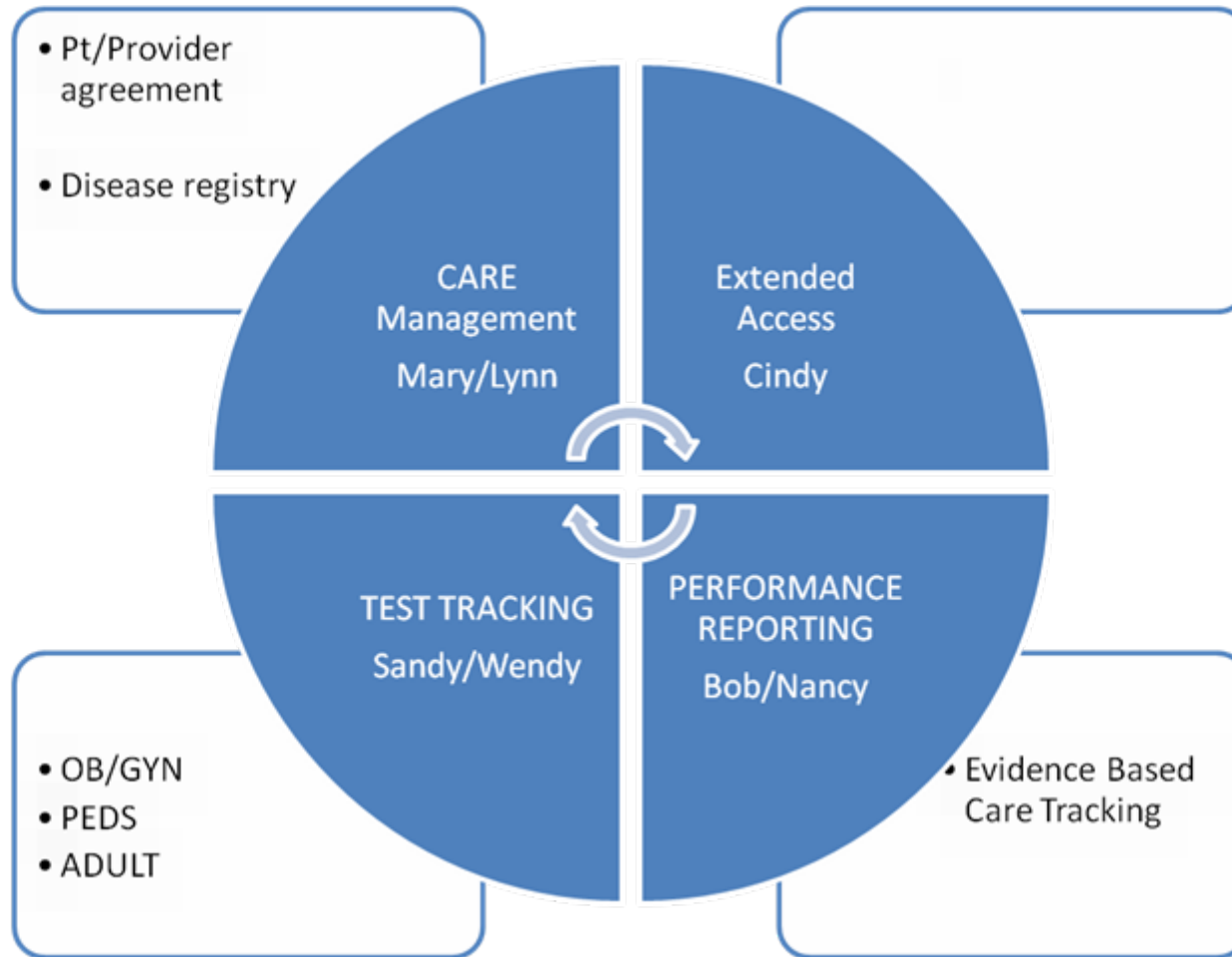


# Guiding Principles

- Develop an infrastructure that will allow for sustainment.
- Involve leadership across the organization to assist with selection and implementation of initiatives.
- A selection of key competencies for all offices to move forward on: Registry, Test Tracking and Advanced Access.
- Utilize LEAN processes for moving forward.



# Advanced Medical Home Implementation Task Forces



# Additional Initiatives

GUR

- Bonnie Delor
- Quality Performance group

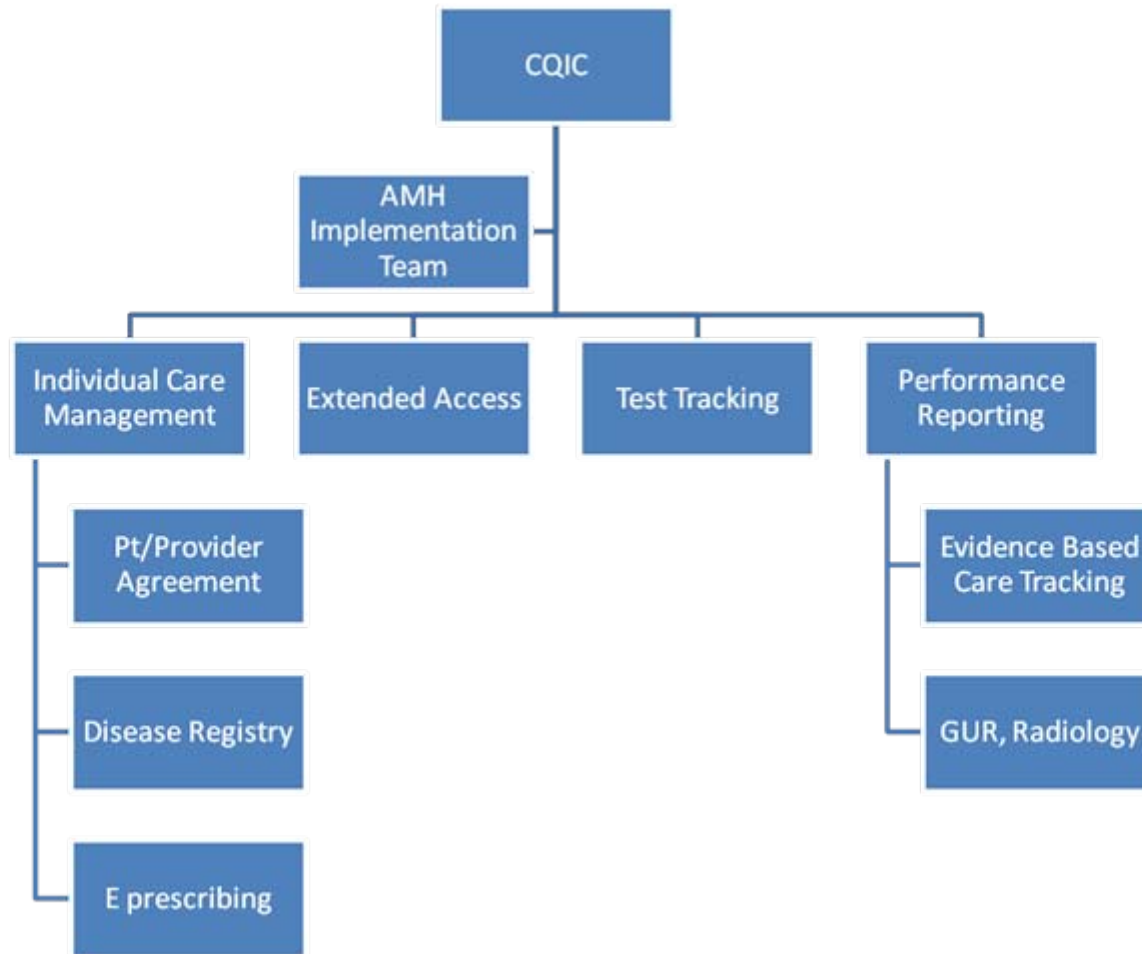
Eprescribing

- Chris Holda/Sandy Talbott

Radiology

- Mary Durfee/Steve Thiry
- Quality Performance group

# Advanced Medical Home Work Structure



# ACHIEVING CONSENSUS

- 1. Clinical Quality Improvement Committee**
  - Establishes priorities which are approved by the Board
  - Discusses and approves recommendations of AMH Implementation Team
  - Discusses and approves recommendations of Work Groups
  - Quarterly Board Presentations
- 2. Office Site Visits**
  - Build relationships; establish trust
  - Explain changes
  - Resolve concerns
  - Obtain valuable feedback to incorporate into plan
- 3. Disseminate Information Through Committee Structure**
  - Practice managers
  - Nursing leadership
  - Office meetings
  - Division meetings for providers
- 4. Be Inclusive – Improving care in an office requires a change in process that affects the work of every person in the office**

# ADVANCING ACCESS

	Week hours	Evening hours	Morning hours	Weekend hours	Nurse triage service	Tracking supply and demand	Walk-in hours	3rd available	Access maintenance	Live phone answering	Phone answer during lunch	Phone Access Hours	Total
June 2007	3.72	2.07	1.41	1.79	3.66	2.00	2.59	2.55	2.52	2.55	2.72		27.59
July	3.76	2.07	1.48	1.83	3.69	2.28	2.59	2.69	2.55	2.55	3.00		28.48
August	3.72	2.14	1.48	1.83	3.79	2.28	2.66	2.83	2.72	2.69	3.21		29.34
September	3.72	2.17	1.52	1.79	3.76	2.45	2.62	2.86	2.86	2.66	3.10		29.52
October	4.00	2.07	1.62	2.00	3.93	2.76	2.79	3.10	3.00	2.86	3.21		31.45
November	3.86	2.10	1.59	1.97	3.90	2.86	2.66	3.10	2.90	2.86	3.28		31.07
December	4.10	2.00	1.59	1.97	3.90	2.93	2.72	3.10	2.86	2.93	3.24		31.34
January 2008	4.00	2.10	1.55	1.93	4.03	3.00	2.72	3.14	2.79	2.97	3.38		31.62
February	3.97	2.10	1.66	1.93	4.31	3.24	3.07	3.28	3.14	2.83	3.76		33.28
March	3.97	2.17	1.57	1.93	4.33	3.33	3.07	3.40	3.30	2.83	4.17		34.07
April	3.90	2.20	1.57	2.07	4.30	3.80	3.10	3.57	3.63	3.17	4.27		35.57
May	4.07	2.27	1.60	2.10	4.43	3.93	3.13	3.57	3.77	3.37	4.40		36.63
June	4.10	2.32	1.55	2.06	4.19	4.00	3.10	3.48	3.84	3.00	4.39	2.77	38.81

Each metric has a scale of 1-5 with 5 being "best" access.  
The total any office can achieve is 60 starting with June (55 prior).

Total increase from June 07-June 08 11.22

	June 07	Sept 07	Dec. 07	Mar 08	June 08	Difference between June 07 and June 08
Percent of offices answering phones during lunch	38%	48%	55%	87%	97%	59%
Percent of offices that have a live person answer phones	31%	41%	52%	43%	45%	14%
Percent of offices that have started Advanced Access	45%	55%	55%	67%	84%	39%
Percent of offices only have 3 days or less for 3PE	28%	34%	41%	47%	55%	27%

# 2007 PRIORITIES

Category	Measure	Target goal	YE '05	YE '06*	Data review CC Data / Lakshmi - SJ CHF*	Means & Methods
<b>1. Disease Management</b> <i>Improve rates to &gt; 90%</i>	Diabetes	Increase % HbA1c Control < 7	N/A	44.06%	CC Data / Lakshmi - SJ CHF*	<ul style="list-style-type: none"> <li>▫ Planned Care Visits - Track Action Steps</li> <li>▫ SN monthly report f/u</li> <li>▫ IHA Disease Registry</li> </ul>
		Increase % HbA1c Control < 9	88.69%	72.03%		
		Increase % Diabetic LDL screen control	70.06%	63.71%		
		Improve Retinal Eye exam rates	57.25%	73.04%		
	CAD	Improve CAD LDL Screen	93.45%	90.32%		
		Improve CAD LDL Control <100	70.06%	63.71%		
	Asthma Care	Improve appropriate use of meds-adult	88.69%	84.74%		
	CHF - Readmission rates	SJ CHF Program data				
<b>2. Preventive</b> <i>Improve rates to &gt; 90%</i>  <i>Improve rates to &gt; 95%</i>	Cervical Cancer screen	Improve Cervical CA screen %	86.29%	86.96%	CC Data	▫ SN monthly report f/u
	Breast Cancer screen	Improve Breast CA screen %	84.04%	82.30%		
	Well Child Visits	Improve Well Child rates	94.08%	71.58%		
	Child Immunization Status	Improve Immunization rates	95.38%	93.52%		
<b>3. OB - PreNatal / Postpartum</b>	Prenatal Visit	Improve rates - 1st visit within 1st Trimester	85.05%	86.42%	CC Data	▫SN detail report f/u - Shared file
	Postpartum Visit	Improve rates - visit within 56 days post-partum	85.05%	86.42%		▫Scheduling process
<b>4. Pharmacy</b>	Pharmacy GUR % $\geq$ 70%	Overall GUR % $\geq$ 70%	58%	66%	BCN Data	▫ Identify outliers/ Pharmacist meetings
		Improvement in drug class opportunities				▫Detailing sessions all offices - divisional
<b>5. Utilization</b>	ER / UR visits	260 visits / per 1000	X	New	New CC Efficiency Program	▫Tracking of new measure/ education
	Radiology Efficiency (MRI/CT)	Improve services/ 1000 per year	X	New		▫ CT QI meeting
<b>6. MM QI Education</b>	Provider understanding of plan reporting/ data /MM projects	Improve IHA provider awareness of HEDIS reports/ MM projects to impact clinical process change/ improvements	X			▫ST / LM provide sessions at OP at offices

\* In 2006 - scores represent the new weighted payment - if provider scores were below listed targets- scores did not count; and if at or above the threshold, the scores counted as 100%.



# 2008 PRIORITIES

2008 Initiatives	Current State	Desired State	Barriers to Achieve
<b>Patient/Caregiver Agreement</b>	LEAN pilot is trying various tools.		
<b>Extended Access/Open Access</b>	Open Access—in some offices After hours care (in process) Self-care.net	Access – phones/rewards/hours of operation/after hours	Incent expansion of hours/email—comp committee and insurers.
<b>Patient Tracking/Registry Functions</b>	Recall registry MC.com implementation High risk patient ID We have the ability to recall	Working the registries real time, ? develop protocols; ? centralizing functions	Inconsistent utilization of the RN role Accountability for role functions
<b>E-prescribing</b>	Eprescribing—no formulary connection yet	RX HUB	
<b>Performance reporting at the organizational, divisional, practice and provider level</b>	MC.com Plan report cards online for some plans	Access to specific screens in Managed Care.com that are reviewed regularly by each provider	
<b>Individual Care Management</b>	GDM project in OB LEAN project in AAFP Planned care visits approx 25% implementation		
<b>Test Tracking and follow-up</b>		Electronic reminders on follow-up test results.	



# SUSTAINING CHANGE

- Program manager
- Learning Collaborative
- Build infrastructure
- Develop and track desired metrics
- Collaboration between medical management and I.T.
- Align compensation structure
- Align management incentives



# BARRIERS

- Resources, resources, resources
  - Project Manager
  - Training – IHA University
  - The SE Michigan and National Economy
    - Decreased Visits in 2008
- System interfaces with multiple institutions
- EMR vendor limitations



“That Was Easy!”

