



# Plan for Today's Session

## Review Data Governance Takeaways

- Lessons learned
- How is *your* data governance?



*10 minutes*

## Review Action Work from Last Session

- Takeaways
- Celebrate what is working
- Identify common challenges
- Brainstorm improvements/ ideas to address challenges



*20-25 minutes*

## Selecting Improvement and Setting a Goal

- Introduce SMARTIE Goals
- Share Action Work to Complete before the Next Session



*15 minutes*

# Since our last session...



**You joined a SME session focused on Data Governance, which focused on:**

- Prioritizing and resourcing data opportunities.
- The people, processes & technology orchestrated to maximize the value of data to an organization.
- Improve data quality, increase data literacy, maximize data access

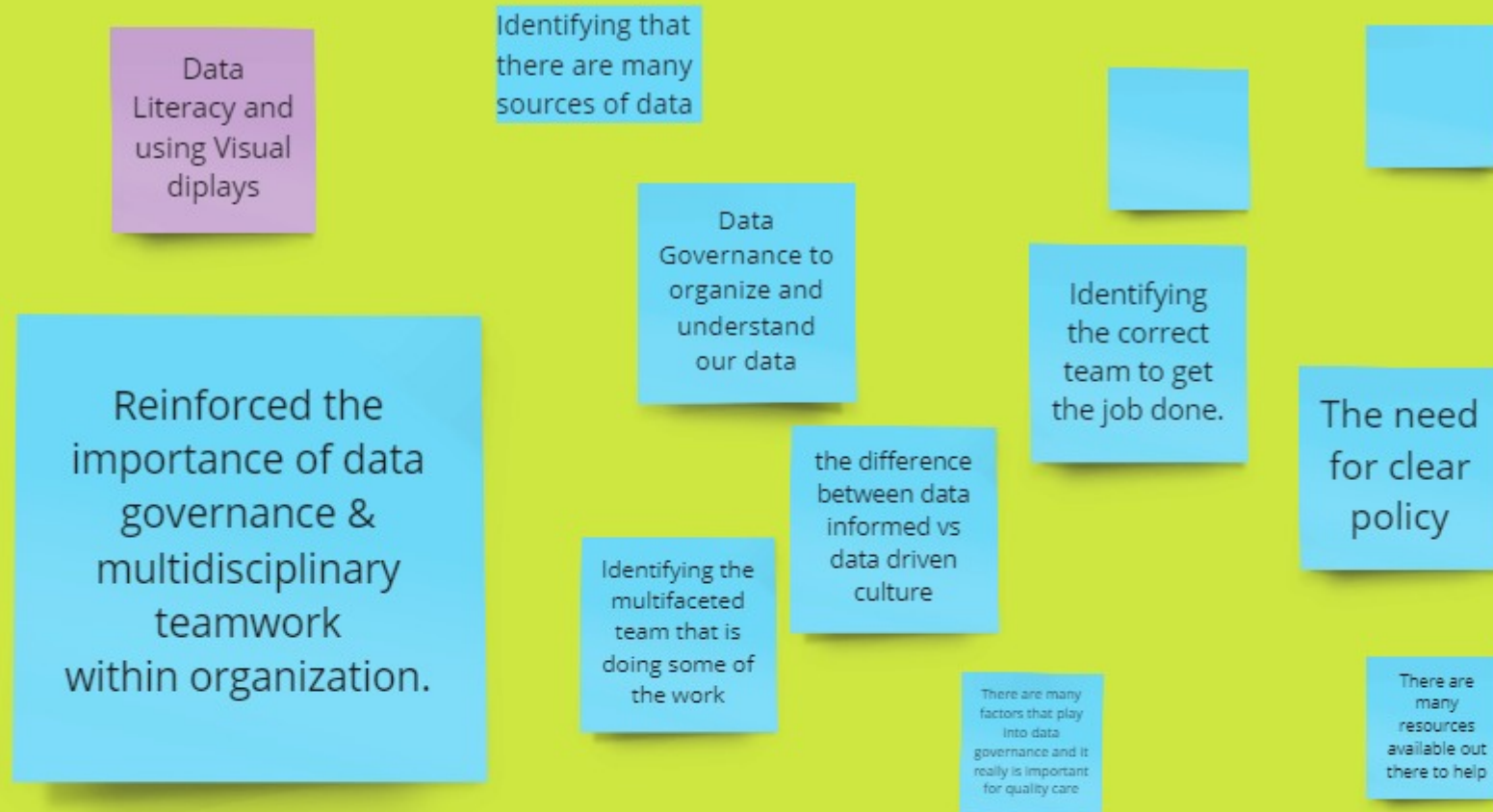


**You have completed Action Work:**

- Complete first 5 Preparation steps in eCQM Implementation Checklist found on eCQI resource center.
- Access Measure Specifications
- Study your current process, keeping in mind the problem statement crafted in session 1 and the specifications reviewed in session 2.
- Identify one specific component where patient records ARE meeting the measure specifications.
- Identify one specific component where the patient records are NOT meeting the measure specifications.



## Lessons Learned from Data Governance Session

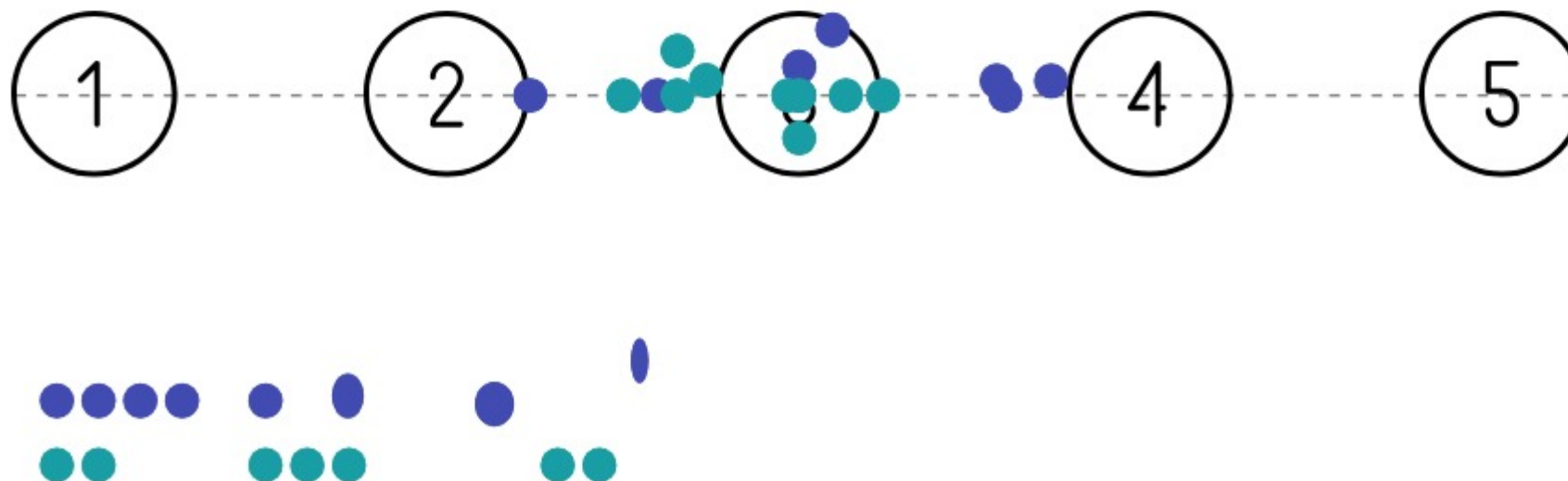


Take a moment to think about one thing that stuck with you from the **data governance SME session** on July 13.

Drag a sticky to the left, then jot your takeaway or thoughts in it.



After the session, how would you rate **your clinic's data governance**?



1. Take a moment to think about your clinic's data governance related to this measure.
2. Grab a dot from the bottom and drop it on the number line to the left.
3. 1= We don't have any data governance ; 5=Our data governance impeccable, consistent, and widespread.

# What did you learn from your action work?

Grab an emoji from the bottom of this box and drop it on your answer.



Grab an emoji from here, drop it on a circle above.



We reviewed screening tool and choose to update tool/screening process



Other thoughts? Write them in a sticky above.

## Are there questions that arose from your action work?

We asked questions about specific barrier, F/U plan after positive screen.

What's the purpose of the measure specific code sets? Are these to be integrated into our EMRs in some way?

the deep dive into the specific codes was confusing

What counts for follow up?





# Successes in Meeting Clinical Quality Measure

Select a sticky and type one success directly into the sticky. To do this, double click on the sticky and start typing.

Meeting the measure when patients come in for annual physical/ well visit.

identifying who is due for the screening by scrubbing and following the workflow to screen and document appropriate follow up per the workflow

Already performing PHQ9s as part of standard annual workflow

Screening and follow-up is exceptionally high for our MAT patients

every annual physical/ well visit

We are doing well with actually performing the screening for the appropriate patients. In fact, we are probably over screening.

Completing the screen/"real work", not capturing due to EHR tasks (ie totaling score or clicking prompt for F/U plan)

Screening and follow-up is happening during new patient visits, well visits and routine follow ups

We always follow-up when a patient is positive

Knowledge depression screen must completely annually.

Our team is accurately completing the screening for depression & follow-up during well visits.

Screening at qualifying encounters

PHQA has been implemented for pediatric well visits and is being used more frequently in our 12-18 age group, improving compliance from 60% to 80% in that age group already

We are performing the screening just not properly documenting the intervention

Adding the measure to our pre-visit planning guide to review at huddle and close the gaps during the day (all sites)

We are ensuring patients are being screened.

Here, we will **group common issues** that you submitted into sets.

Here, we will come up with **ideas to address** this set of issues





# New Tool from Data Governance Session: Data Strategy Worksheet



How can the data strategy worksheet be helpful as you continue to work on this measure?





## Action Work Before Session 4

1

Select an improvement that you will try out to improve your performance on this measure

- Clearly define the improvement you'll try
- Explain how this improvement addresses the problems laid out in your problem statement and process review.
- Explain how the improvement takes into account the external environment.

2

### Draft Your SMARTIE Goal

- Your SMARTIE goal will spell out the goal of the improvement outlined.
- It should tie directly to the other work you have done so far.



Meaning, you want to set a goal related to the problem statement you wrote, areas where patients are not meeting the measure, and improvement selected.

In your health center, discuss possible improvements to address problems/challenges identified.

Decide what improvement you'll try

Work through SMARTIE goal action plan worksheet with your team.

Document selected improvement and related SMARTIE goal in SMARTIE goal worksheet. Complete the rest of the worksheet.

Email your SMARTIE Goal Action Worksheet to [UDSRAPID@jsi.com](mailto:UDSRAPID@jsi.com) Session 4.



<b>Strategic</b>	Reflects an important dimension of what your organization seeks to accomplish.
<b>Measurable</b>	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
<b>Ambitious</b>	Challenging enough that achievement would mean significant progress; a “stretch” for the organization.
<b>Realistic</b>	Not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.
<b>Time-Bound</b>	Includes a clear deadline.
<b>Inclusive</b>	Brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.
<b>Equitable</b>	Includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

## Examples

We will improve the documentation of follow up plan for pts with positive depression screen by creating guidance on the **valid follow-up plan documentation options** and training 50% of care teams on it by Nov. 1, 2023.

We will increase the rate of screening in visits that are not well visits/ annual physicals by providing screening by iPad (in English and Spanish) in the rooming process. We will test this process by Oct. 1, 2023 in at least one clinic site, and collect feedback from those involved.

## ? Why is a SMARTIE Goal Important?

- By incorporating an equity and inclusion component to your SMART goals (to create a SMARTIE goal), you can make sure your improvement activities specifically include equity and inclusion.
- By establishing these goals, you are setting a focus for your improvement and measurement by which you'll know if you have achieved what you wanted.



Any change we seek to make to address the issues with have identified and improve outcomes on our measure is beholden to the ENVIRONMENT that each of us are operating within.



Enter the PEST Analysis (policy, economic, social and technological). A PEST analysis lets us assess major external factors that influence operations in order to better adapt to the environment and be more successful. As described by the acronym, those four areas are central to this model.

### Policy



### Economic



### Social



### Technological



Remember, we are thinking about these in how they impact your clinic, your patients, your providers, your care teams, and your referral partners **related to this clinical quality measure specifically.**



**We have been focused on your internal process and information, but there are external factors that impact this measure as well! A PEST Analysis helps us consider those factors.**

Policy	Economic	Social	Technological
<ul style="list-style-type: none"><li>• Potential changes to policy that impact care, reimbursement, etc. related to the measure.<ul style="list-style-type: none"><li>• <i>Think CMS, HRSA, licensure, insurers</i></li><li>• <i>Also, changes in what "counts" for a given measure.</i></li></ul></li><li>• Policy changes at local, state, and national level.</li><li>• Stability of governing bodies at the local, state, and federal level.</li><li>• Public Health Emergency (PHE) and other related policy.</li></ul>	<ul style="list-style-type: none"><li>• Economic circumstances including growth or recession.</li><li>• Employment rates.</li><li>• Financial/ monetary stability (e.g., inflation).</li><li>• Changes in economic conditions of the area (jobs, housing, etc.).</li><li>• Interest rates.</li><li>• Availability of funds.</li></ul>	<ul style="list-style-type: none"><li>• Demographics.</li><li>• Lifestyle factors.</li><li>• Socioeconomic trends.</li><li>• Social perspectives or perceptions.</li><li>• Effects of advertising, influencers, or role models.</li><li>• Literacy.</li></ul>	<ul style="list-style-type: none"><li>• Innovation in delivery or structure.</li><li>• New tools or software to support process.</li><li>• Access to technology/ digital divide.</li><li>• Pricing and structure of technology.</li></ul>



**Remember, we are thinking about these in how they impact your clinic, your patients, your providers, your care teams, and your referral partners **related to this clinical quality measure specifically.****