



Plan for Today's Session

Review July Activities

- Data Governance Session



10-15 minutes

Review Action Work from Last Session

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



10-15 minutes

Peer Sharing of Tools

- Tools that were useful in reviewing your processes

- *10-15 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:

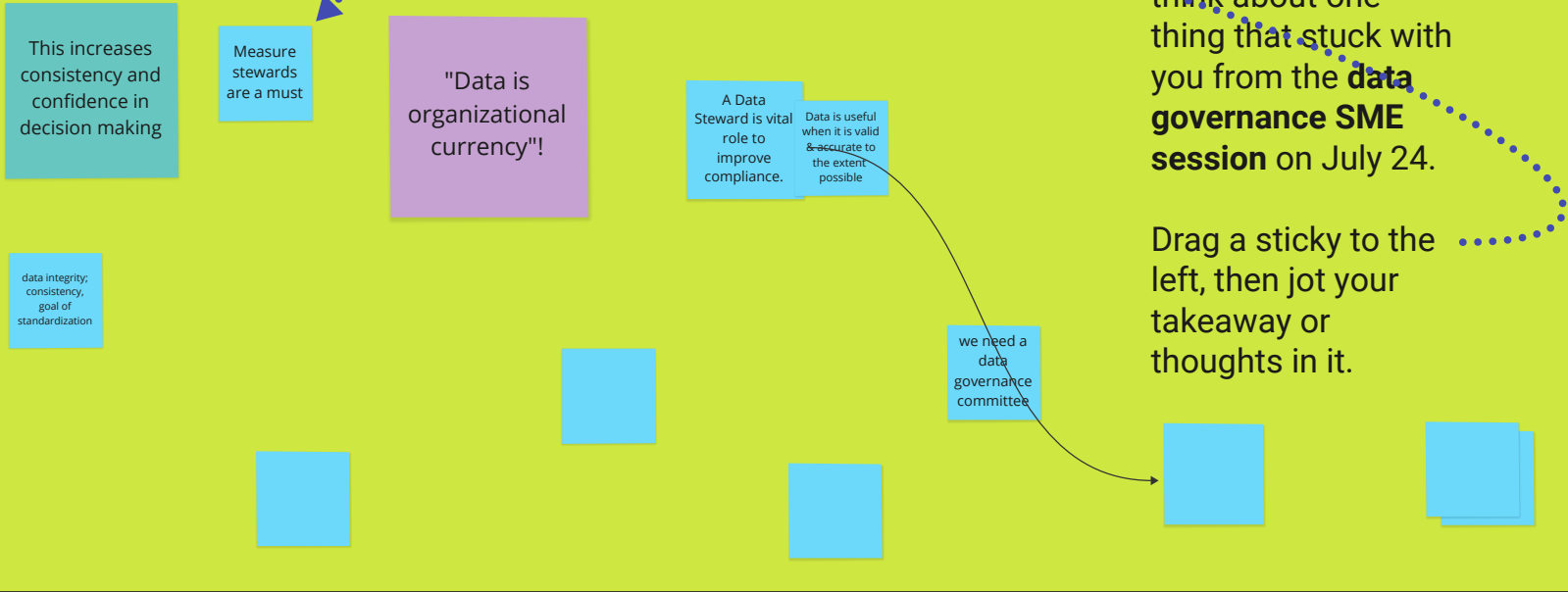
- Prioritizing and resourcing data opportunities.
- The people, processes & technology orchestrated to maximize the value of data to an organization.
- Improve data quality, increase data literacy, maximize data access



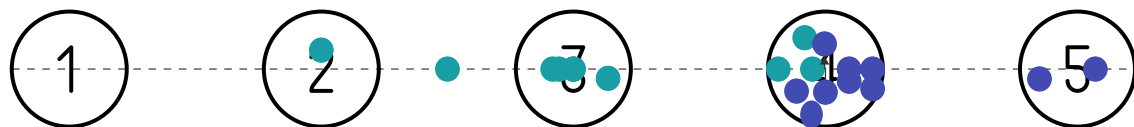
You have completed Action Work:

- Complete first 6 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



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



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

New Tool from Data Governance Session: Data Strategy Worksheet

Data Requirements

Data Quality

Integration

Analysis

Access

Data Governance

Granularity

Stage and Store

Privacy

Versioning and Retention

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

Reviewing Past PAP compliance and confirm results are pulling on reports as we have had an issue with a reference lab and pulling loinc

screening different age groups & missing screening in the process

Missed opportunities when the patient visit is not well visit



What did you learn from your action work?

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

How to access the detailed measure

That we need to update our process

What specific codes are required.

We didn't complete this action work.

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



I learned things about our process that I didn't know!	

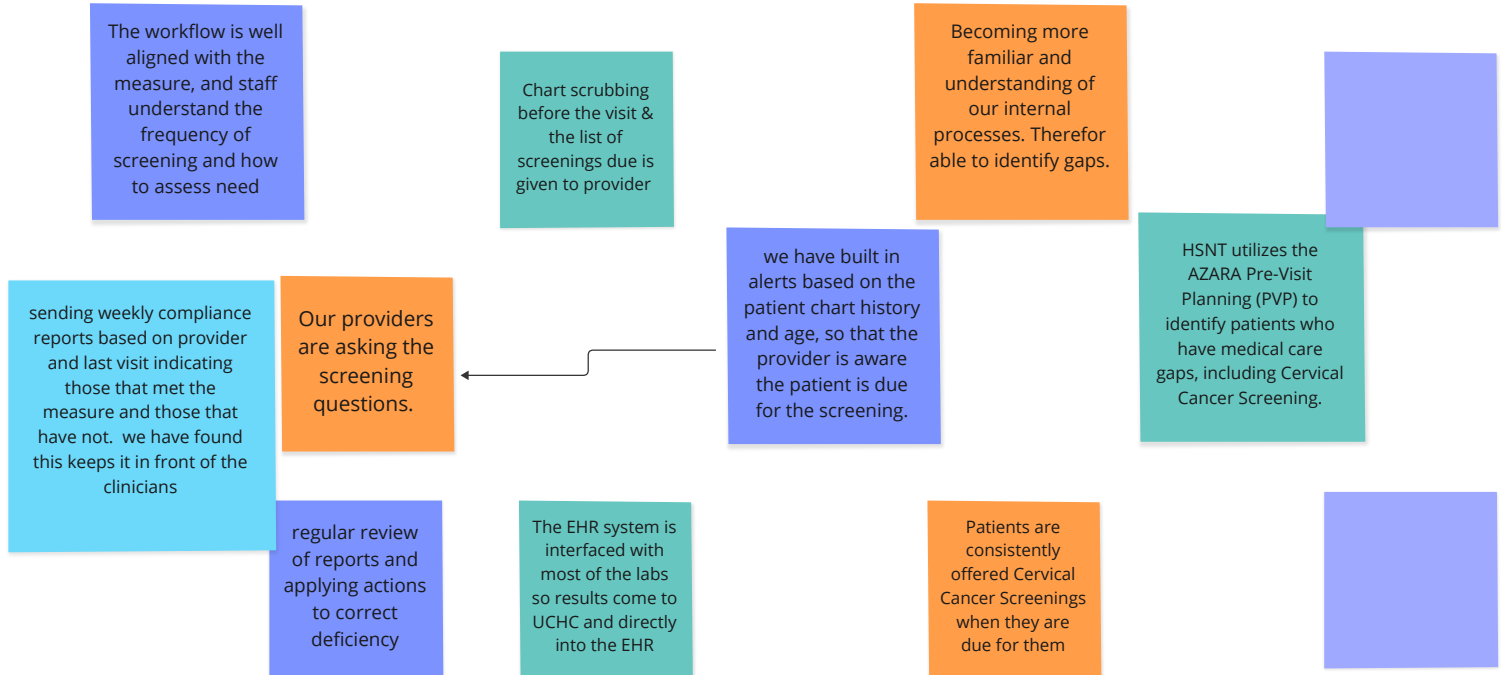


Other thoughts?
Write them above.

Are there questions that arose from your action work?

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.

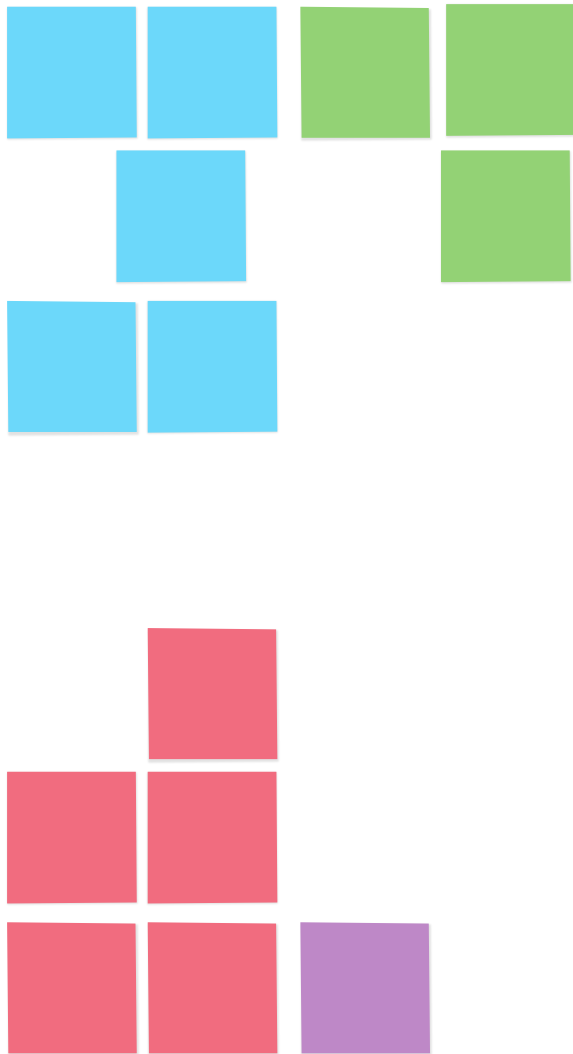


Areas Where Patients are NOT Meeting the Measure

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

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

Outside Screenings	Internal Referrals	Historical Screening Documentation	Patients refusal/no shows/personnel unable to offer screening
<p>obtaining results for compliant pts that had services with outside providers</p> <p>Pt's ability to remember their own medical history</p> <p>Getting scanned documents to pull as structured data for specialty providers</p>	<p>patient comes in for a visit and the provider gives them a referral to GYN, but the patient may not follow through with the appointment - it could mean more time off from work</p>	<p>confirming that results are properly documented and pulling on reports</p>	<p>We have a high number of no shows for women's health appointments</p> <p>Missed appointments for screening & also missed opportunities when patients come for other reasons to the clinic</p> <p>Language barriers/cultural barriers/patients only seeking urgent/walk in services</p> <p>Patient refusal</p>
<p>logging into reference labs and pull reports available from outside sources</p> <p>Interface with local hospital, Mapping with Azara-DRVS to capture scanned documentation already on file</p>	<p>Referral staff can follow up on internal referrals before closing them out</p>	<p>run report and HIM staff to link to order and transcribe manually</p> <p>codified process to be documented by designated users</p>	<p>Increasing patient engagement through outreach messages & by other means may increase the screening rates</p> <p>"GET IT DONE" on visit regardless of visit type</p> <p>Use patient navigators to follow up on patients who cancelled or no-showed PAP appointments</p>





Peer Sharing



Azara and Population Health Tools

Many of you shared that you used Azara or another population health tool to examine your process around this measure.

What would you share with peers about that process? What was helpful? What modules or reports did you use? Any personalization?



What else?

What other questions do you have for the group? Is there anything else you would like to share?



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 Session 4.

Strategic	Reflects an important dimension of what your organization seeks to accomplish.
Measurable	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
Ambitious	Challenging enough that achievement would mean significant progress; a “stretch” for the organization.
Realistic	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.
Time-Bound	Includes a clear deadline.
Inclusive	Brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.
Equitable	Includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

Examples

In the next 6 months, our health center will ensure that screening rates will improve from 47% to 60%. This will be achieved through workflow clarifications paired with staff training and the formation of a follow-up team, with a focus on inclusivity and equity by ensuring follow up in the form of education and referrals are available for all patient including those who lack transportation or need care in a language other than English.

? 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.