





## 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 or in your
- Interaction between health center tools and measure specifications

 10-15 minutes

## Selecting Improvement and Setting a Go

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

 15 minutes

Staff Are  
doing well  
with the  
PHQ 9's

# 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

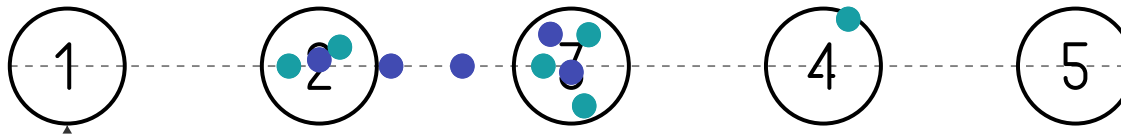


Take a moment to think about one thing that stuck with you from the **data governance SME session** on July 24.

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

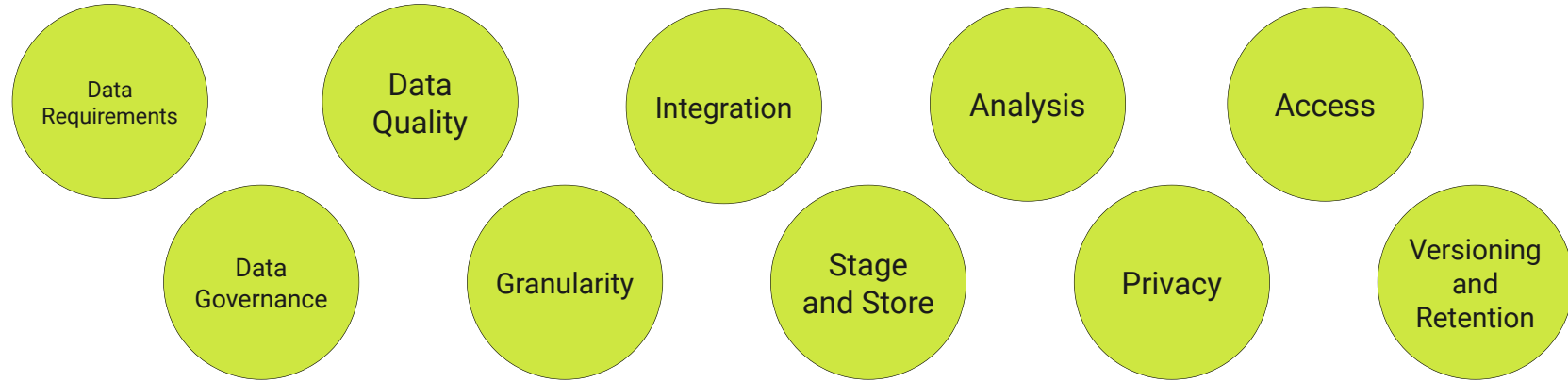


## After the session, how would you rate your clinic's data governance?



- 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



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



We have some issues in mapping so working on integration will be helpful

this is something that we can use to check in on how we are doing. A tool to keep us accountable

helps us think about all of the parts of the process and id where issues might be

Integration with Value Set Authority Codes

# What did you learn from your action work?

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

Four circular options for feedback, each with an emoji:

- Blue circle:** How to access the details of the meeting specs. (Green thumbs up emoji)
- Green circle:** That we need to update our processes. (Green thumbs up emoji)
- Purple circle:** What specific capabilities are required. (Green thumbs up emoji and lightbulb emoji)
- Orange circle:** We didn't complete this action work. (Downward pointing hand emoji)

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



A 2x4 grid of yellow squares for dropping the feedback options. A vertical arrow points from the bottom-left square to the 'THOUGHTS?' section below.



Other thoughts?  
Write them above.

# Are there questions that arose from your action work?

Five teal squares arranged in a grid-like pattern for dropping questions.

# 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.

Regularly  
screening PHQ9  
per our  
policy/procedure

We are fortunate enough to use EPIC as our EHR vendor who ensures we are up to date with any updates and requirements for our quality measures, we are excluding the correct patients and that was consistently confirmed with our patients.

PHQ 9  
smart form  
usage

We needed to check to make sure that our EHR was up to date as we were not sure if there was a correct update for the PHQ tools and how that data was handled

our EMR, EPIC, has the correct PHQ tools for us to use and does an excellent job tracking it in our UDS Dashboards.

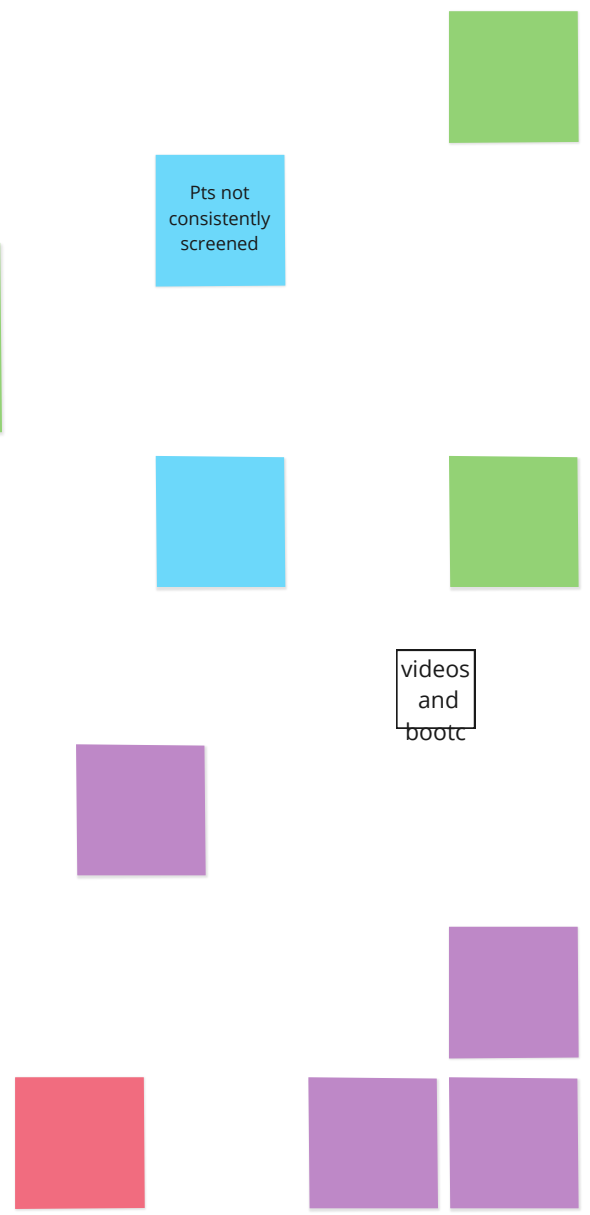
One component we found to be well aligned is the appropriate use of standardized screening tools and in more detail, that these tools are correctly formatted/documented in our EHR according to the eCQM specifications.

# 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

Missed Opportunities	Scored Screening not Attached to Visit	Lack of standardized documentation for Follow Up	Depression Screening vs. Depression Remission
<p>Clinical staff state there is not always time to complete screenings due to # of patients on the schedule.</p> <p>meeting measure specifications for patients with appointments, but sometimes is overlooked for walk-in patients.</p> <p>Using kiosk helps increase screenings and documentation but at times care teams don't see result until after patient leaves. Not great when result is abnormal.</p>	<p>Some patients are receiving screening according to the encounter note, the results are not being documented correctly, if at all.</p> <p>We found that if a screening was done prior to a visit, via a patient portal for example, the screening was not always appropriately attached to the "UDS Yes" visit once it occurred, therefore we are/were not getting credit for screenings that were done.</p> <p>challenges over who 'owns' this data and the tasks, so starting with data governance</p>	<p>MAs losing the papers and not inputting screenings which were completed into the EHR</p> <p>Documentation of referral and/or documenting the follow up plan in structured data if no medication or referral</p> <p>We are not consistently documenting follow up when PHQ9 score is high</p> <p>Our health center is not consistently documenting follow-up (sometimes it's not being done, sometimes it's not documenting in a way where we are getting credit for it).</p>	<p>Some participants are concerned about the impact of screening measure on remission measure- particularly those using PHQ-2 at all visits.</p> <p>Mental health providers not seeing clinical value in PHQ-9 for patients receiving depression treatment are reluctant to administer the PHQ-9, but PCPs see it as mental health providers' responsibility</p> <p>understanding how screening impacts remission and the index event for bh patients only</p>
<p>Pop-up reminders and screenshots training and education. Using Azara for eligible encounters.</p> <p>Switch from paper to verbal PHQ2-&gt;9 administered while taking vitals; "mental health vitals"</p> <p>Assign screening to specific discipline for reporting, referral and follow up</p>	<p>our system is including visits for non medical/psych providers so our numbers are off. once the reports do not seem accurate, there is less trust in them</p> <p>training to our providers/scribes/ anyone else in the patient charts to look for the indicators we have set so they know where to go and how to do it</p>	<p>Working with encounter plans to capture the follow up</p> <p>Creating a smartlist pop-up with options for followup when score tallies to 10</p> <p>Create order sets based on Dx.</p>	<p>Create a hard stop on signing notes if no follow-up documented for high PHQ9</p> <p>get clearer guidance. measure specifications are not clear and leave room for error</p> <p>Improve our ability to share data on screening rates according to service area, and engage staff in conversation about their numbers</p>



videos and bootc



# Peer Sharing



## Numerator Coding

At the last session, we reviewed the **coding requirements for the follow-up requirement** of the depression screening and follow up measure.

We saw that all of the follow-up required SNOMED codes. Which caused concerns!

We have spoken to a couple of experts who have confirmed in **most EHRs, the structured data fields are mapped to SNOMED codes on the backend**. Refer to your EHR's quality measure guidance to confirm!

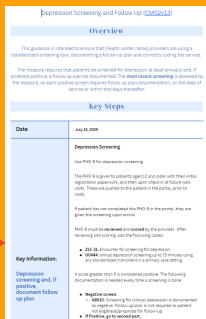


## Reference Card or Coding Cheat Sheet

	Completed - last 7 years	Reviewed
<b>WOMEN'S HEALTH:</b>		
Breast Cancer Screening (BCS)	Ages 50-70 who had a mammogram within the last 27 months (Oct 17 - Dec 17)	Order using codes: Z12.31 & Z20.02 Updates in health maintenance with date of mammogram (must have results) "BCS results" documented & reviewed
Cervical Cancer Screening (CCS)	Ages 21-65 who were screened for cervical cancer with any of the following: • 30-64: Cervical Cytology in last 3 years • 30-64 PAP in last 5 years • 30-64 Cervical Colposcopy (in last 5 years)	Updates in health maintenance with date of Pap Smear (must have results) "CCS results" documented & reviewed
Chronic Disease Management (CDM) (DMM)	Ages 65-70 who received an osteoporosis screening Ages 67-69 who had a Bone Density or started medication therapy within 6 months of fracture	CDM team review if history of fracture (update one done in previous 23 months) Order using codes: W05.1 & W7000
Chlamydia Screening in Women (CS)	Ages 25-29 sexually active women who were tested for chlamydia	Order labs
<b>PHYSIATRIC HEALTH:</b>		
Weight Assessment and Counseling (WAC)	Ages 13-17 with documented BMI Parameters, Counseling for Nutrition, (and) Counseling for Physical Activity	BMI Documented & 302P Counseling Z Code & 302P Nutrition 27E.3 & 9A312 (with HANDOUT) Physical Activity 271.82 & 6D447 (with HANDOUT)
Childhood Immunization Status (CIS) & Immunizations for Adolescents (IMA)	By age 2 - received ALL of the following: • DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep A, 3 Tetanus, & 2 Polio By age 13 - received ALL of the following: 1 Tdap, 1 Meningococcal, & 1 Human Papillomavirus	Document all immunizations in record regardless of where they received it HPV series needs to be completed by 13th birthday
<b>OTHER/GENERAL HEALTH:</b>		
Depression Screening (DSF)	Ages 12+ who were screened for depression and had follow up plan if positive (includes prenatal and postnatal patients) If PHQ-2 is positive use PHQ-9 Ages 12-17 use one paper form and scan into chart	Submit code: G0444 & Z13.31 - "Depression Screen Negative" or "Positive Depression Screening" Follow-up plan: Medications, Referrals, Mental Health Patient Education
Screening and Cessation Intervention	Have a documented cessation plan if tobacco user (Cessation plan can include medication)	Non-User: 0902 User: 0903 & 0905

You can create a reference sheet of your own – we have created an example here: [https://www.cmya.com/design/DAQLZtMbiAU/35hfrn3KasWmIrk7qL9w/edit?utm\\_content=DAQLZRmbiAU&utm\\_campaign=designshare&utm\\_medium=link2&utm\\_source=sharebutton](https://www.cmya.com/design/DAQLZtMbiAU/35hfrn3KasWmIrk7qL9w/edit?utm_content=DAQLZRmbiAU&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton)

In this health center, selecting the follow up plan (order) adds the SNOMED code, and the other codes here help with VBC/ HEDIS version of this measure



## 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?





## 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

In the next 6 months, our health center will ensure that 95% of patients with a positive screen receive an appropriately documented follow-up plan within 30 days of positive screen. 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.