



Lake County Tribal Health
Modern Medicine  Personalized Care

Best Practices, Workflows & Initiatives

How our teams strengthen GPRA performance and provide the best quality care possible.

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LAKE COUNTY TRIBAL HEALTH CONSORTIUM

Lake County Tribal Health Consortium



**NORTHERN
CA**
Location

**FQHC /
TRIBAL**
Organization

4
Clinical sites

20,000
Patient
population

NEXTGEN
EHR platform

Quality and EHR Teams Make Measure Workflows Work in Practice

01 Design together

Quality and EHR teams translate measure requirements into practical workflows for staff.

02 Test for GPRA credit

Together, we test each workflow and confirm IHS-approved codes populate correctly so eligible care receives GPRA credit.

03 Approve, launch, and train

Every workflow is tested and approved before launch. Once approved, our team will train all supporting staff.

04 Reinforce every year

Training is provided for new hires, whenever workflows change, and annually as a refresher. Monthly Audits for provider teams to ensure workflows are still being following and implemented with in the teams.

Fresh Data. Clear Focus. Stronger Teams.

01 Start with fresh data

Utilize EHR/internal reports for the most up to date data. Review this data the first week of October. This allows the quality team to gather more information on how to approach this current GPRA year.

02 Focus support wisely

Identify the measures that remain hardest for your organization/provider teams to reach. Those are the best opportunities for extra coaching, outreach, and a focused monthly challenge.

03 Plan with purpose

Build a focused 12-month calendar in advance. When possible, align measures with awareness months—such as colorectal cancer screening in March and breast cancer screening in October—to reinforce patient education.

04 One goal builds confidence

Teams can feel overwhelmed when every measure competes for attention. One shared priority makes the next step clear, and a friendly monthly challenge invites every staff member to contribute.

12-MONTH CHALLENGE CALENDAR

One Measure. One Month. One Shared Goal.

OCT—
MAR

OCT

**Breast
Cancer
Screening**

NOV

**Influenza
Vaccines**

DEC

**Influenza
Vaccines**

JAN

**Dental
Measures**

FEB

**Tobacco
Cessation**

MAR

**Colon
Cancer
Screening**

APR—
SEP

APR

**Cervical
Cancer
Screening**

MAY

**DM Eye
Exam
Challenge**

JUN

**DM Eye
Exam
Challenge**

JUL

**All
Diabetic
Measures**

AUG

**Childhood
BMI**

SEP

**Adult & Child
Immunizations**

October–September • Monthly GPRA measure of focus

Four Steps to Launch the Challenge

01 Choose one measure

Select one GPRA measure to focus on for the month. Prioritize this care gap that needs extra support, and connect it to an awareness month when that timing can strengthen education and outreach.

02 Set a clear team goal

Turn the measure into a clear aim statement: state the goal, the target percentage, and the deadline. A simple shared goal helps every role see how their work moves the result.

03 Start with fresh data

We utilize population health data within our EHR to confirm the baseline and identify patients who need outreach, education, scheduling, or documentation support. Each provider team receives a patient list of patients currently not meeting the specific measure.

04 Encourage progress

Review the rate and patient list at least weekly. Share progress in huddles, recognize effort along the way, and adjust support early so the team can finish the month strong.

Care Teams Make GPRA Measures Achievable

BEFORE THE VISIT

- **Team leads:** Prepare Huddle Reports the day prior and identify which patients are due for the measure of focus.
- **Scrub charts:** Check other EHR systems for care measures that may have completed elsewhere.
- **Prep needs:** Identify and highlight care gaps and any outstanding orders to address during their upcoming appointment.

AT THE POINT OF VISIT

- **Medical assistant:** Utilize the prep done by the team leads. Confirm with the patients if care gaps have been completed elsewhere and educate on the purpose of this measure.
- **Complete or arrange care:** If the patient agrees, place the orders, complete test or schedule f/u appointment.
- **Document care:** Retrieve records and use EHR team workflows to document completed care. Notify provider if patients need further education. Most measures are standing orders in our organization.

Preparation makes GPRA measures achievable!

Outreach Calls Turn Patient Lists Into Visits

1

IDENTIFY

Use the monthly measure-aligned list to identify patients who may be due.

2

PREPARE

Assign outreach and teach staff why the measure matters so they can educate patients.

3

CONNECT

Use automated campaigns or direct team calls to explain the need and schedule patients.

4

DOCUMENT

Record contacts, appointments, and follow-up; keep unresolved needs visible.

Outreach calls are especially beneficial—automated or team-led, they turn patient lists into action.

We Meet Patients Where They Are

LCTHC extends the pathway to care beyond a single clinic doorway.

01 Mobile care

Walk-in care at community locations brings services closer.

02 Transportation support

Transportation assistance removes barriers to visits.

03 Multiple sites

Countywide medical, dental, pediatric, behavioral health, pharmacy, and outreach services.

04 Visit channels

Face-to-face and phone services offer more ways to connect.



Mobile care brings services into the community.

Close the Loop. Celebrate the Team.



Celebrate the team

Celebrate provider teams and individuals whose effort helped close the most care gaps. Every contribution matters.

1

Share progress and impact

At the end of the challenge, show whether the team reached the aim statement, how many care gaps were closed, and how the quality score improved.

2

Make every win visible

Post and email the results so staff can see their impact. Recognize winning teams and MAs with incentives and thank everyone who helped encourage patients to complete this screening.

3

Learn, improve, and begin again

Hold a short debrief: celebrate what worked, identify one area of possible improvement, and carry that learning into the next monthly challenge.