



Alaska Tribal GPRA Pilot Project

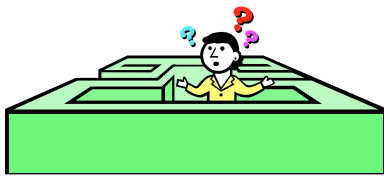
**Best Practices & Relationship
to Improving Patient Care**

In the Headlines....

- Betsy Lehman – died from a chemotherapy overdose
- Willie King – had the wrong leg amputated
- Ben Kolb (age 8) –died during a minor surgery after a drug mix-up.
- Sarah Smith* – died of cervical cancer at age 23 without ever receiving a pap smear
- 1998 Institute of Medicine (IOM) - The Committee on the Quality of Health Care in America was appointed to identify strategies for achieving a substantial improvement in the quality of healthcare delivered to Americans.

*Name changed

- In order to know where you are going and what needs to be done to get there you need to know where you are....





Alaska GPRA Pilot Project

Best Practices

- Measure of the Month
- Monthly Updates
- GPRA Awards
- Data Quality Audits for EHR
- Engaging non-RPMS sites in GPRA reporting
- Best Practice Vignettes
- Alaska Best Practices Conference
- Case Study: Kodiak Area Native Association

- Calendar set by GPRA participating sites
- Measures are those which are difficult to meet or which are of particular interest to sites (these are not always national measures)
- Often tie to national health month celebrations (ex: Alcohol Awareness Month)

Alaska GPRA Pilot Project Team
May 2011 Measure of the Month

Controlling Blood Pressure: Diabetic and IHD

December 1st, 2010 is
World AIDS Day!

[World AIDS Day Information](#) (click link)

[World AIDS Day Information # 2](#) (click link)

Did you know?*

-An estimated 56,300 Americans are newly infected with HIV each year

-There are approximately 1.1 million Americans living with

Comprehensive CVD

(GY2011 YTD through January, 2011)

Condition	Percentage
Hypertension	35.0%
Diabetes	13.3%
Heart Disease	27.5%
Stroke	11.1%
Kidney Disease	9.9%

... More Resources

- [American Indian and Alaska Native Heart Disease and Stroke Fact Sheet](#) — This Web page lists facts and statistics about heart disease and stroke among American Indians and Alaska Natives. It also provides links to publications on how to reduce your risk.
http://www.cdc.gov/DHDP/library_aln.htm
- [American Indian and Alaska Native People: Be Active for Your Heart!](#) — Heart disease is the leading cause of death for American Indians and Alaska Natives. This Web site offers insight about how to keep your heart healthy by staying active and explains the benefits of staying active, ranging from weight loss to strengthening your heart and lungs.
- [http://hp2010.nhlbi.nih.gov/FactSheets/active.htm](#)
- [American Indian and Alaska Native People: Keep the Harmony Within You — Check Your Blood Pressure!](#) — Being aware of your blood pressure is vital to preventing stroke, heart disease, kidney disease, and blindness. The information in this fact sheet includes tips on how to lower your blood pressure through healthy eating and physical activity.
- <http://hp2010.nhlbi.nih.gov/FactSheets/blood.htm>
- [American Indian and Alaska Native People: Treat Your Heart to a Healthy Celebration!](#) — Proper diet is an important part of keeping your heart healthy. This fact sheet provides information about the health of the heart. It offers a list of foods, as well as ways for preparing it: beef, fish, corn, and rice are all tasty examples of a healthy diet.

[Heart Health](#) — This site offers information for health professionals about the health of American Indian and Alaska Native women's health. It substance abuse, cardiovascular disease, and access to health care.

[CHW/index.cfm](#)

This is an information portal to information about the health of Alaska Natives. Topics include cancer, diabetes, heart disease, and

Measure of the Month Info For Providers/Coordinators/Data Entry

(Note: these instructions are for traditional Roll & Scroll RPMs.
EHR specific "cheat sheets" coming soon...)

HOW DO I ENTER COMPREHENSIVE CVD CARE?

- See the Clinical Cheat Sheet — Sections on Education and Depression. Labs etc. are in the [Clinical Cheat Sheet](#).
- [Click here to view the entire Clinical Cheat Sheet](#).
- Note: this cheat sheet is a little outdated but Alaska GPRA Team is working on updating the most recent GPRA logic as well as inst

WHAT ABOUT REFUSALS?

- Refusals are entered using the REF (mnm) Sheet)
- Effective with the start of the 2009 Fiscal Year reason - will no longer count toward meeting measures. ([click here for Dr. Karol's letter](#))
- Alaska GPRA Pilot Project encourages site an active risk management tool and to ens

Measure of the Month Info For Providers/Coordinators/Data Entry

HOW DO I FOUND OUT WHO HASN'T HAD COMPREHENSIVE CVD CARE?

Run a patient list report using CRS (instructions below)
YOU MUST HAVE THE BIG2Z Patient Lists RPMS SECURITY KEY TO RUN THIS REPORT

Here are the keystrokes from the IHS Main Menu:

GPRA (or BGP)

C111

RPT

NTL

LST

S: (to select)

39: (double check this — Comprehensive CVD-Related Assessment should be # 28)

Q: (to quit this menu)

2: for Active IHD Patients 22+ Without Comprehensive CVD Assessment

A - for All Patients

3: For Report Period, use the GPRA Year of July 1 - June 30

2011

Do you want to change your Current Report Dates? N

Baseline: 2000

<enter> past Community Taxonomy

<enter> past Beneficiary group

Select report option and complete remaining steps as you normally would for any report

[Click here for Additional information on creating patient lists](#)

Monthly Updates

- Provide month over month and year over year results for each measure.
- Year over year slides go three years back

Alaska Aggregate
QY 2011 - 3rd Quarter
2011 GPRA DATA THROUGH MARCH, 2011

The GPRA 2011 year and in June 30, 2011 and the data listed below is a year to date update. You have 12 months to reach the goal. This is a snapshot in time so you can track your progress throughout the GPRA year. This will be updated each month as we approach the year end, and the final numbers will be run and reported on July 30, 2011. For actual numbers from your site, please see the data tables tab.

Sites included in the Alaska Aggregate: AHSU - Metlakatla, ANMO/SCF, APIA, ASNA, BBANC, CATG, CAHC(TCC), EAT, KANA, KIC, Matilaga, and YKHC

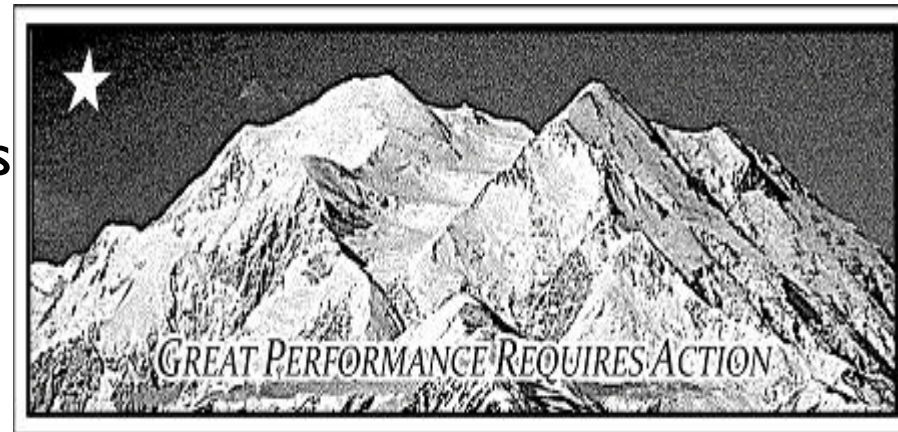
National GPRA Measures	AK Agg QY2011 3rd Qtr	Alaska / National Goal	Goal Met?	
			Yes	No
Prior Ovarian Control (should be below goal)	8.6%	19.4%	X	
Ideal Glycemic Control	41.0%	30.2%	X	
Blood Pressure Control	36.6%	35.0%	X	
Ugile Assessment	68.0%	63.3%	X	
Nephropathy Assessment	27.9%	51.0%		X
Refropathy Assessment	35.6%	50.1%		X
Control of Oral Accidents	18.9%	23.0%		X
Dental Sealants *	10515	14273		X
Topical Fluoride - # of Patients *	10458	11063		X
Infant - Adult 65+	24.7%	25.5%		X
Pneumonia - Adult 65+	93.4%	79.3%	X	
Childhood Immunizations - Active 18M pig No.	72.3%	74.6%		X
Map Screen	73.3%	56.7%	X	
Mammogram	62.8%	46.0%	X	
Colorectal Cancer Screen	66.7%	36.7%	X	
Tobacco Cessation	13.1%	23.7%		X
FAB Prevention	38.8%	51.7%		X
PHVD Screen	33.6%	52.8%		X
Depression Screen	45.3%	51.0%		X
Comp. CVD - All Assessments	20.7%	33.0%	X	
Control - My Screen	25.3%	23.6%		X
Total Met or Not Met			8	12

*Dental Sealants and Topical Fluoride goals are QY10 final numbers.

GPRA Year	2011	2010
2011	1.1%	48.3%
2010	1.1%	47.3%
2009	1.1%	47.3%
2008	1.1%	47.3%
2007	1.1%	47.3%
2006	1.1%	47.3%
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GPRA Awards

- Celebrates both large and small successes
- Award levels for % of measure targets met as well as for greatest increase in % from previous year and highest measure performance for individual measures
- Every site in Alaska receives some recognition for their efforts
- Thank you gifts for key individuals at each site
- **G**reat **P**erformance **R**equires **A**ction



Data Quality Audits in EHR

- Standard data quality audits done by comparing paper charts and RPMS records
- Now, looking more deeply in EHR and comparing to NDW exports
- Looking for coding anomalies or inconsistencies
- Also look in notes for specific measures to see if important information is being recorded there versus entered onto appropriate tab in EHR
- Beta testing process on one site in AK
- Intent is to share with all I/T/U GPRA sites as a Best Practice

Engaging Non-RPMS Sites

- THOs which do not use RPMS want to participate in GPRA reporting
- Working with NDW to develop options on how will be able to capture GPRA data using a Data Mart model
- ANTHC Board directs that ANMC be able to report GPRA data with new Cerner system
- Will Beta test process in 2012 on one site in AK
- Will coordinate w/OIT on their efforts to address this reporting gap
- Intent is to share with all I/T/U GPRA sites as a Best Practice

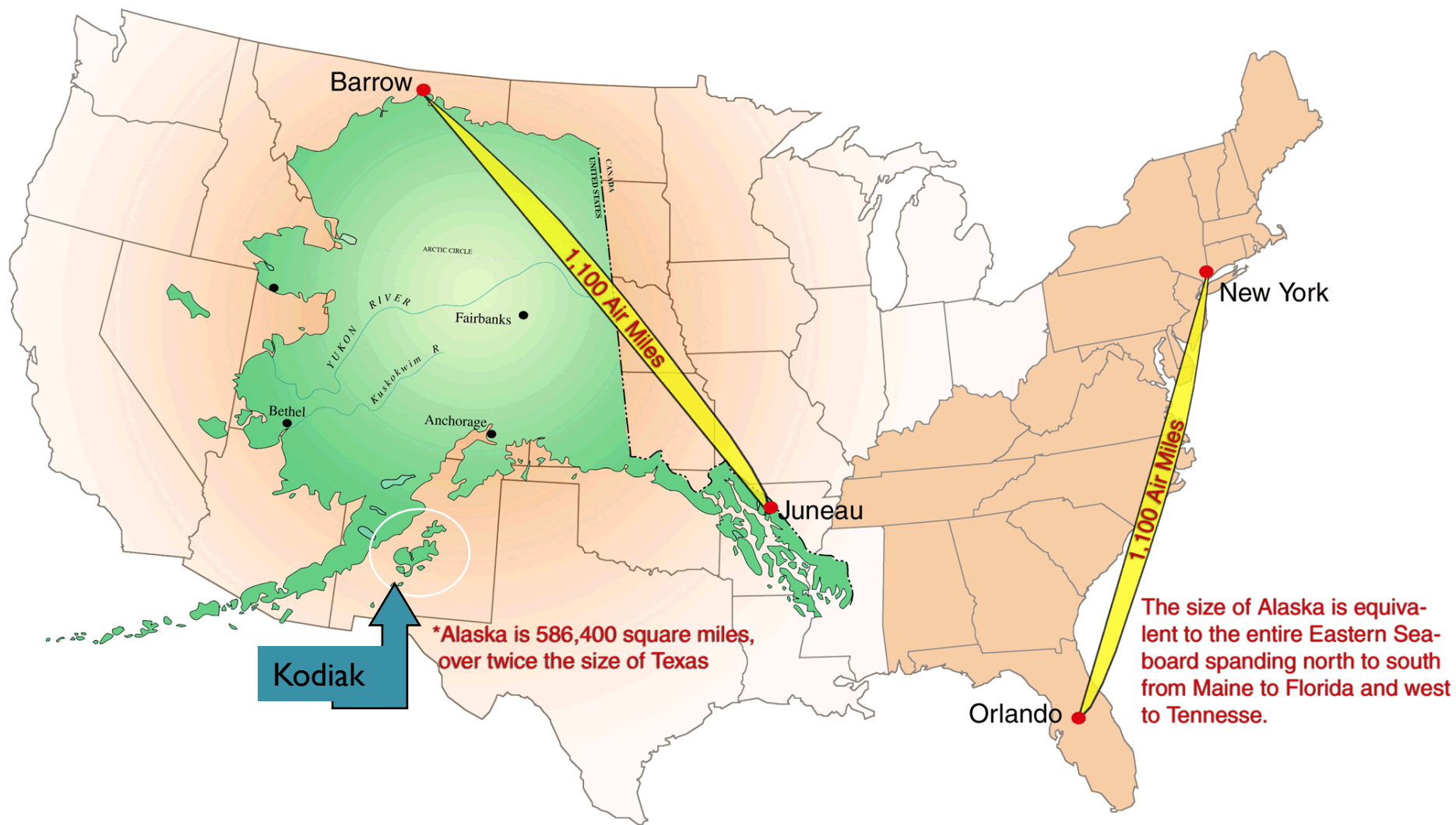
Best Practice Vignettes

- Creating digital stories to share best practices across Alaska
- Typically short – about 3-5 minutes – with some offered as a series
- Also working on video vignettes for GPRA 101 and other staff training options
- First series in development – EHR reminders
 - Working in conjunction with Kodiak Area Native Association whose use of reminders made a huge difference in performance and overall patient care
- Will be available to download for use by all GPRA I/T/U sites

Alaska Best Practice Conference

- Annual forum for Alaska GPRA sites to share & spread Best Practices to other GPRA teams
- FY2011 dates: August 31st -September 1st
- 3 tracts: Clinical, Health I/T, Leadership
- Will include supplemental RPMS training requested by GPRA sites: for 2011, will be iCare
- Will include an extra day for a RPMS/CRS/GPRA hands-on clinic with one-on-one tech support available for conference participants; September 2nd, 2011
- Will demonstrate new technologies to address current issues
- Will include discussion of national measures & ideas for improving GPRA future measures & performance

SIZE AND DISTANCE COMPARISON



CASE STUDY:

Kodiak Area Native Association



Kodiak Area Native Association

- Kodiak Island is Alaska's Emerald Isle and the 2nd largest island in the United States
- Home to the Alutiiq people
- Very limited road system – most travel is by plane or boat. Travel can be severely curtailed due to weather conditions.
- Main KANA clinic is located in the town of Kodiak but smaller clinics located in villages of Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie and Port Lions
- Village clinics staffed by Community Health Aides and supported by clinicians based in Kodiak

- Services provided: (at main clinic)
 - Out Patient Care
 - Laboratory
 - Pharmacy
 - Contract Health
 - Well Child and Women's Health
 - Diabetes Management
 - Immunizations
 - Chronic and Preventative Care
 - Village Travel
 - ANMC Specialty Clinic Coordination
 - Village CHAP Support
 - Dental
 - Behavioral Health Services



Challenges of the past:

- Doctors in “crisis mode” : If not dealing with emergencies then often gone for village travel, on leave etc. Makes it extremely difficult to do preventive care
- Retaining staff talent
- Resistance to change – status quo is much less stressful
- Loopholes in monitoring
- And then there's the weather.....



Ground Work: The Beginning

- Implementation of RPMS Electronic Health Record
 - 2008 – present
 - Up to date problem lists, providers and nurses proficient in using day to day functions
- Technical Assistance located in the clinic: January 2009
 - Immediate help available to fix problems, tweak programs, answer questions and keep everyone happy.
- Adequate provider to patient ratios: 1:600 as of February 2009
 - Frequent village travel
 - Movement from “crisis mode”
- “The Visit” – August 2009 GPRA Presentation – staff walked away with one simple goal - *improve* clinical care and performance

Improving Chronic and Preventive Measures

- What Didn't Work:
 - Providers do everything
 - No education on why questions were being asked or changes being made
 - Lack of understanding = unmotivated clinicians, technicians, coders, and patients
 - Patient distrust
 - Multiple data entry screens



Improving Chronic and Preventive Measures

- What Worked:
 - Empaneling patients – improves care and increases patient satisfaction
 - Reminders – allows the providers to quickly see who is due for what
 - iCare – key to Population Management
 - Team Care Approach – takes the load off the provider and allows for specialized answers/training necessary to meet patient needs
 - Case Management – “If we are providing better care for the patients we do see – what about the ones we need to see?” Make sure folks aren’t lost in the system.
 - System Changes – clearly designate who does what and when to improve efficiency and quality.
 - Communicating changes (and the reasons for them) to patients and the community.

EHR Reminders

RPMS-EHR SPILLANE, JAMES D

User Patient Tools Help Refresh Clear

PRIVACY PATIENT CHART RESOURCES

Demo Patient 999999 01-Jan-1998 (12) M Visit not selected SPILLANE, JAMES D Orders, Robert P Visit summary (Brief) Postings WAD

NOTIFICATIONS REVIEW VITALS CC / PROBS POV WELLNESS IMMUNIZATIONS MEDS LABS ORDERS SUPERBILL NOTES

Active Problem List

Problem	Date
Acute Bronchitis	08-Sep-2008
ALCOHOL DEPENDENC...	19-Mar-2009
chronic halitosis	23-Mar-2009
Colonoscopy, repeat 10 yr...	13-Jan-2010
coughing phlegm	14-Feb-2010
cut finger	21-Sep-2009
cut finger	17-Sep-2009
DIABETES	20-Feb-2010
Diabetes Education	19-Mar-2010
Diabetes Education	19-Mar-2010
Diabetes Education	19-Mar-2010

Medication List

Medication	Status	Issue Date
SMZ/TMP 200...	DISCONTINUED	15-Jun-2010

Lab Orders

Lab Order	Status	Date
GLUCOSE, FAS...	COMPLETE	12-Feb-2009 13...
	COMPLETE	12-Feb-2009 13...
	COMPLETE	12-Feb-2009 10...
	COMPLETE	12-Feb-2009 13...

Available Reminders

View	Action	Due Date	Last Occure...	Pri...
Available Reminders				
Due				
Lipid Profile Male		09/07/2008	09/07/2007	
DM Foot Exam		12/01/2008	12/01/2007	
DM Microalbumin		02/12/2010	02/12/2009	
HepB Ped Immunization		DUE NOW	03/30/2010	
DM DENTAL Screen		03/13/2010	03/13/2009	
Applicable				
Not Applicable				
All Evaluated				
Other Categories				

Appointment/Vi...

Appointment/Vi...	Date
ONDERS (RX T...	19-Apr-2010 14...
Behavioral health	03-Feb-2010 1...
Nurse-Telephone	02-Feb-2010 1...
Nurse-Telephone	15-Jan-2010 1...
PHARMACY	04-Dec-2009 1...
ONDERS (RX T...	16-Oct-2009 1...
Nurse-Telephone	24-Jul-2009 15...
NIEBLER (RX T...	13-Jul-2009 15...
ANMC	11-Jan-2010 1...
Unknown	04-Jan-2010 1...
Unknown	01-Jan-2010 1...

Reminders

Reminder	Date
DM DENTAL Screen	13-Mar-2010 08:00
DM Foot Exam	01-Dec-2008 12:00
DM Microalbumin	12-Feb-2010 13:17
HepB Ped Immunization	DUE NOW
Lipid Profile Male	07-Sep-2008 12:14

Adverse Reactions

Agent	Reaction	S...
SULFACETAMIDE		V...
BEE STINGS		V...
ASPIRIN		V...
PENICILLIN	AGITATION	V...
AMOXICILLIN	ALOPECIA;ANORE...	V...
IBUPROFEN	ANAPHYLAXIS	V...
LISINAPRIL	COUGHING	V...

Alerts

Crisis Alert	Date
ADVANCE DIRECTIVE	12-Feb-2008 11:38
CLINICAL WARNING	24-Jan-2008 12:21
PAIN AGREEMENT	30-Sep-2009 13:43
PAIN AGREEMENT RESCIN...	29-Sep-2009 15:22

Onders PCP

Total Patients = 263

Patient List Last Updated: Feb 02, 2010 06:25 PM

by ONDERS, ROBERT P

Properties

Patient List Flags Reminders Reminders Aggregated **Natl Measures** Natl Aggregated Diagnostic Tags Care Mgmt

Copy Patient(s) Layout



National Performance Measures data from CRS 2009 current as of: Apr 10, 2010 02:09 AM

	Active DX Tags	Alcohol Screen Females 15-44	Depressio n: Diagnosis Only 18+	Depressio n: Screening Only 18+	Depressio n: Screening or Diagnosis 18+	IPV/DV Screen Females 15-40	Colorectal Cancer Screen 51-80	Colorectal Cancer Screen 51-80: FOBT/FIT	Mammogr am Rates 52-64	Pap Smear Rates 21-64
Smoker (P)	YES	YES	YES	YES	N/A	N/A	N/A	N/A	N/A	YES
Smoker (P)	YES	NO	YES	YES	YES	N/A	N/A	N/A	N/A	YES
Obese (P)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Smoker (P)	YES	NO	YES	YES	YES	N/A	N/A	N/A	N/A	YES
Smoker (P)	N/A	NO	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A
Smoker (P)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Smoker (P)	N/A	NO	NO	NO	N/A	N/A	N/A	N/A	N/A	N/A
Smoker (P)	YES	NO	YES	YES	YES	N/A	N/A	N/A	N/A	YES
Asthma (P); Smoker (P)	YES	NO	YES	YES	YES	N/A	N/A	N/A	N/A	YES
Asthma (P)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Asthma (P); CVD ASR (P); HTN (P); Smoker (P)	N/A	NO	NO	NO	N/A	N/A	N/A	N/A	N/A	N/A
Asthma (P); Obese (P)	YES	YES	YES	YES	N/A	N/A	N/A	N/A	N/A	YES
CVD ASR (P)	N/A	NO	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A

Ready.

Current Layout: System Default | Selected Rows: 1 | Visible Rows: 263 | Total Rows: 263

Engaging the Community

- Behavioral Health, Dietitian etc. on hand during patient visit to answer questions, provide training etc.
- Health Fairs – GPRA presentations, share the data – the challenges and successes – make it personal!
- Culturally Specific Brochures / Educational Materials
- Salmon Run – encouraging healthy behaviors while getting to know community members in a non-clinical setting

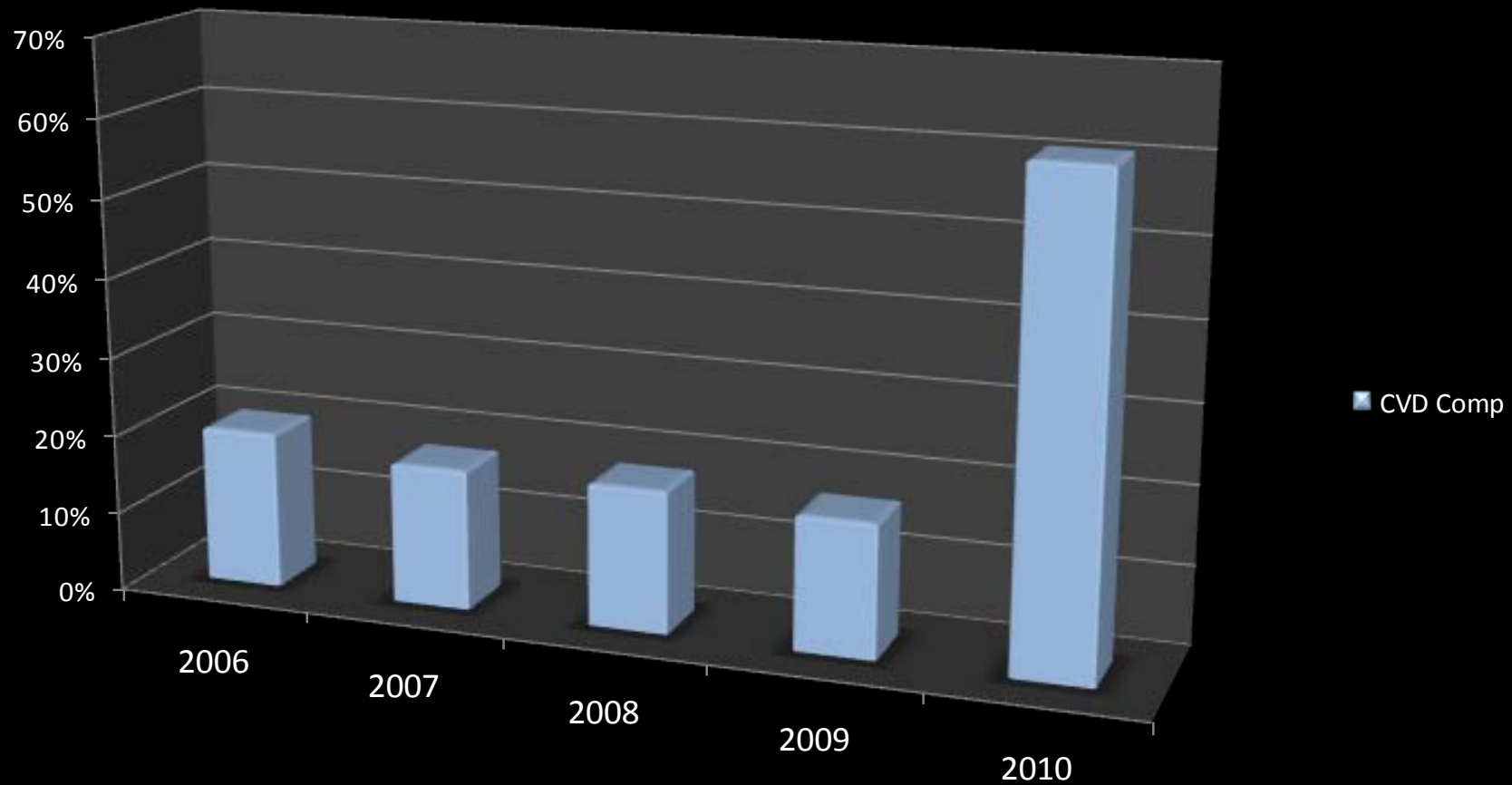


It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.

-Sir William Osler

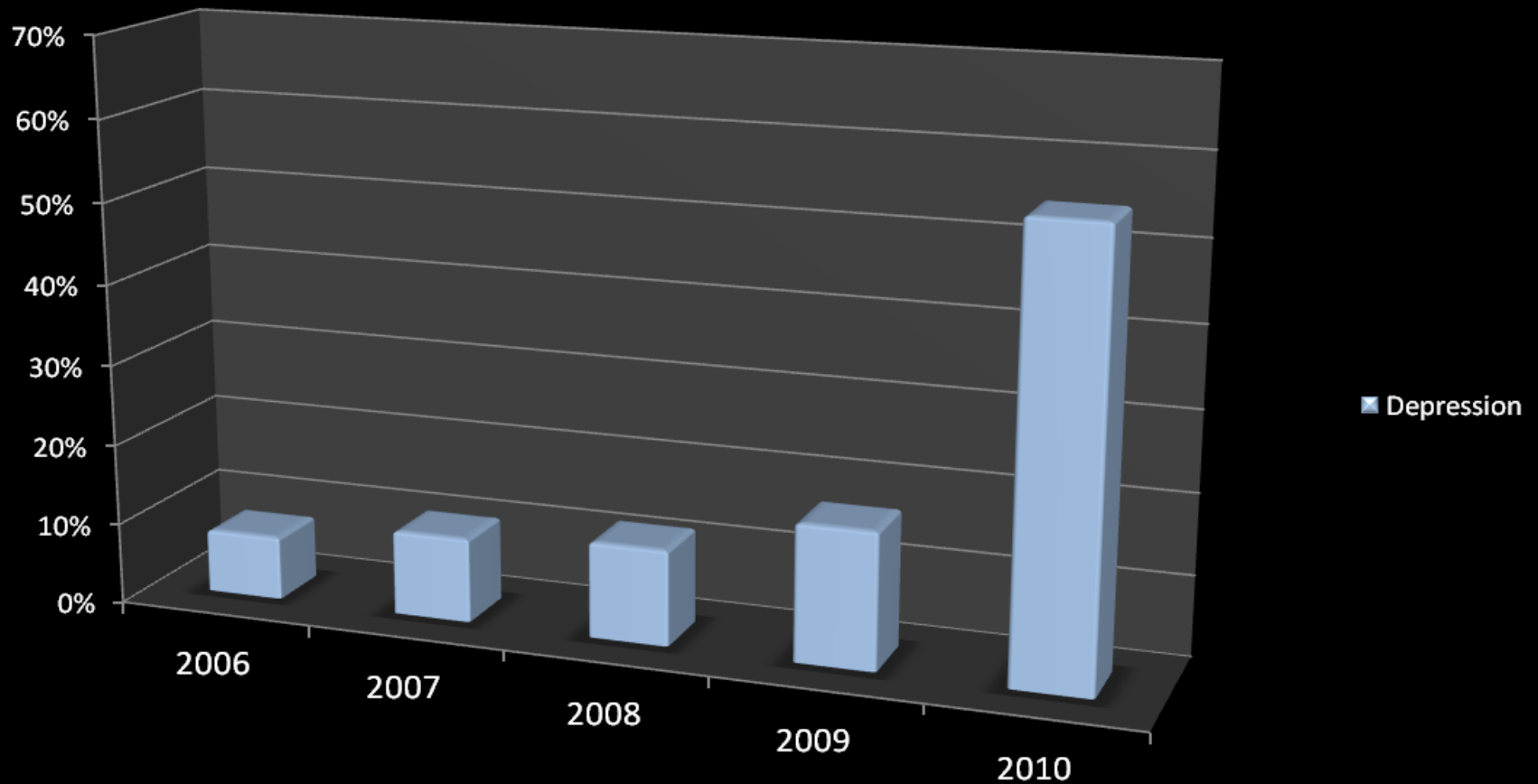
RESULTS!!

Comprehensive Cardiovascular Disease Assessment



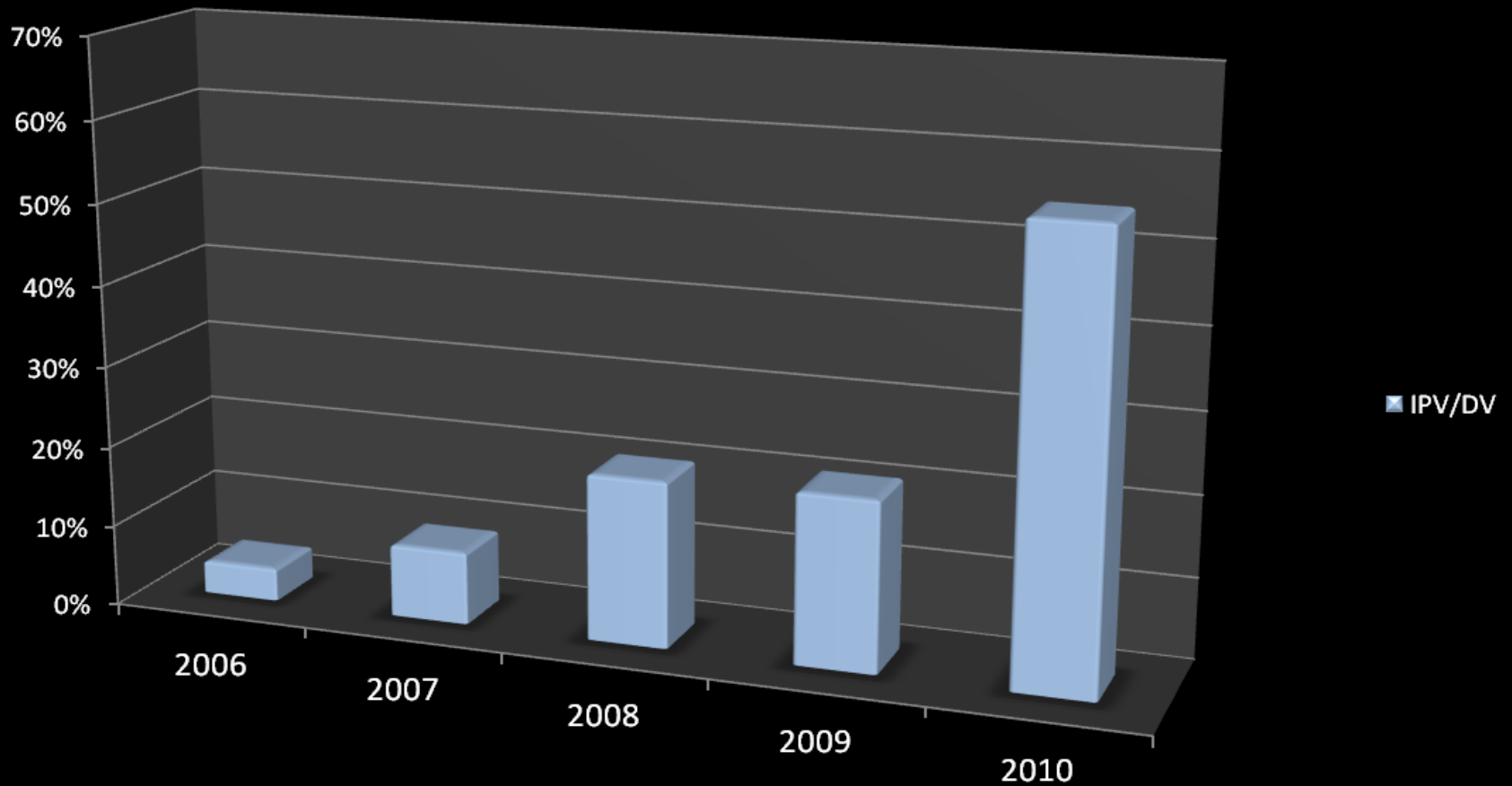
RESULTS!!

Depression Screening Rate



RESULTS!!

Intimate Partner/Domestic Violence Screening Rate



RESULTS!!

- 100% of GPRA Measures Met in 2010
- On target to meet 100% of GPRA Measures in 2011
- KANAK is First THO to Receive GPRA Summit Award in Alaska!

Alaska GPRA Tribal Pilot Project's Ultimate Objective: *Healthier Communities!*

