QUALITY CARE AND GPRA

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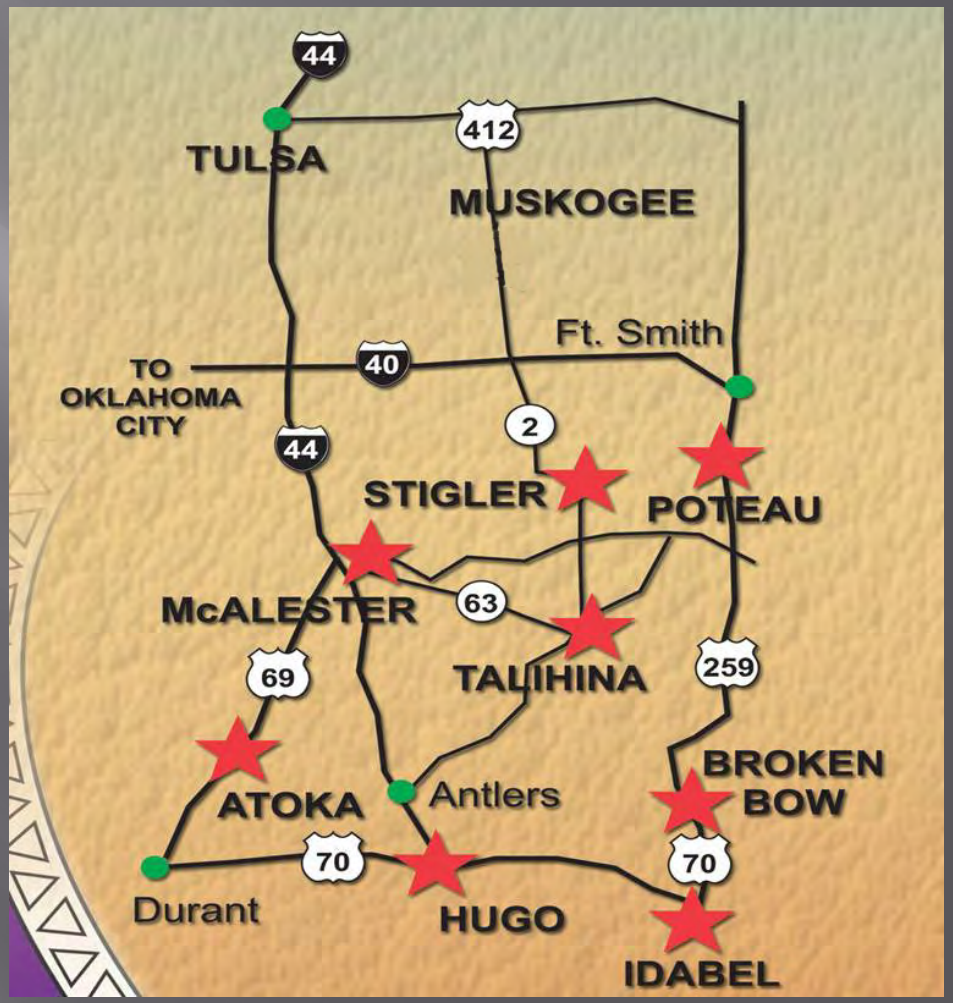
Choctaw Nation Health Services

CNHSA ORGANIZATIONAL/GEOGRAPHIC STRUCTURE

10.5 Counties/ 12 Council Districts

Approximately 15,000 square miles

Area Size Comparison – State of Vermont



Choctaw Nation Health Care Clinics

CNHSA Hospital

Built 1999
145,361 sq. ft.

McAlester Clinic

Built 2007
44,807 sq. ft.

Stigler Clinic

Built 2004-2005
12,000 sq. ft.

Poteau Clinic & Refill Center

Refill Center built 2007
11,755 sq. ft.

Clinic built 1995- Remodeled 2005
18,999 sq. ft.

Atoka Clinic

Built 2008
11,000 sq. ft.

Hugo Clinic

Built 1977
Remodeled 2010
9,225 sq. ft.

Broken Bow Clinic

Built 2007
6,281 sq. ft.

Idabel Clinic

Built 2005
57,000 sq. ft.

CNHSA FACILITIES

- **GPRA small sites <5000 patient population:**
  - Atoka Clinic 2061
  - Stigler Clinic 3105
  - Hugo Clinic 4069
  - Talihina Hospital 4963

- **GPRA large sites >5000:**
  - McAlester Clinic 7989
  - Idabel/Broken Bow Clinic 6714
  - Poteau Clinic 6930

True Data

- RPMS Registration Error Report
  - Check for errors in addresses and communities
- Invalid data entries
  - Check for missing information
    - Dates, phone numbers, etc.
  - Deceased patients
    - Oklahoma Death Registry online

True Data

- Patients with Diabetes
  - Confirm that patients with Diabetes have actually been diagnosed as Diabetic
  - Correct those entered in error
  - Joint effort with HIM, DM Educator, Medical Staff and Nursing
- Prenatal HIV screen
  - Verify patients on this list are pregnant

True Data

- Women's Health
  - Mammogram
    - Check past surgical history regarding Mastectomy
  - Pap
    - Check past surgical history regarding Hysterectomy

Improving Patient Care Made Simple (IPCMS)

- The *Improving Patient Care Made Simple* (IPCMS) Project was designed and piloted in the Oklahoma City Area of the Indian Health Service. This model reduced the reporting burden while adopting the key components of IPC such as empanelment, care team concept, working to the highest level of licensure, medical care home, etc. This simplified format made it more appealing to join the IHS *Improving Patient Care* initiative
- The Choctaw Nation Health Services was one of the first sites to use this simplified approach to improve patient outcomes and services

Benefit of Care Teams/Medical Home

- Patients know their provider, and can depend on seeing the same provider at each of their medical appointments
- Providers know their patients and their medical history better which results in more efficient, improved care

Using Data to Drive Improvement

- iCare and CRS can be used to generate reports that can help identify areas needing improvement
- Data can be used to identify errors in documentation
- Sharing data with staff motivates teams to do better and helps to identify best practices

iCare/CRS

- Report data and share with staff weekly/monthly as an alternative to quarterly reporting
  - This usually requires a staff member at each facility to be an "expert" in the use of iCare, CRS and Excel

How We Use Data

- Example
  - In September 2011 we observed a decline in the Pneumovax Performance Measure for one of our care teams, therefore we made it a focus area for the month of October
    - Using iCare a patient list was generated to identify those who were due for the vaccine
    - Primary Care receptionist contacted patients

Example

	May	June	July	August	September	October	November	December	January	February	March	April
Green Care Team		90.3%	88.7%	89.2%	88.2%	96.1%	96.2%	97.5%	96.2%			
Target	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%

Max Packing

- Through IPCMS and Max Packing we have involved other disciplines (Pharmacy, Dental, Radiology, Optometry etc.) using a team approach to improvement
- New employees oriented to GPRA and its importance and trained to perform at these standards
- Max Packing uses every patient contact to collect GPRA data
  - Historical Services, Clinical Reminders, etc.

Max Packing

- Using iCare and CRS
- Created panels of patients depending on when they will be in the facility for Primary Care visits
  - Panels created:
    - Today's patients
    - Tomorrow's patients
    - This week patients
    - Next week patients
- Panels utilized by Dental, Optometry, and Radiology to fill no-show & cancelled appointments
  - Staff members from these departments are able to pull in patients that are already in the clinic or will be on the same day as the open appointment

Max Packing

- In March 2012 the Dental Department filled 20 no-show appointments with patients in the clinic for primary care appointments
- Radiology and Optometry Departments are also using the lists to fill no-show and cancelled appointments
- DM Educator and Dietician are using lists to work patients in while they are in the clinic

Friendly Competition

- Federal/Tribal/Urban Facilities compete against each other across the Oklahoma City Area
  - Annual awards ceremony
- Choctaw Nation local awards
  - Awarded for top performers within the 7 facilities
- IPC Teams
  - Competition between care teams

Leadership Support

- GPRA needs to be prioritized as an internal benchmark for quality by leadership
- GPRA measures should be embraced as a measurement for quality of care
- GPRA data should be regularly available and utilized

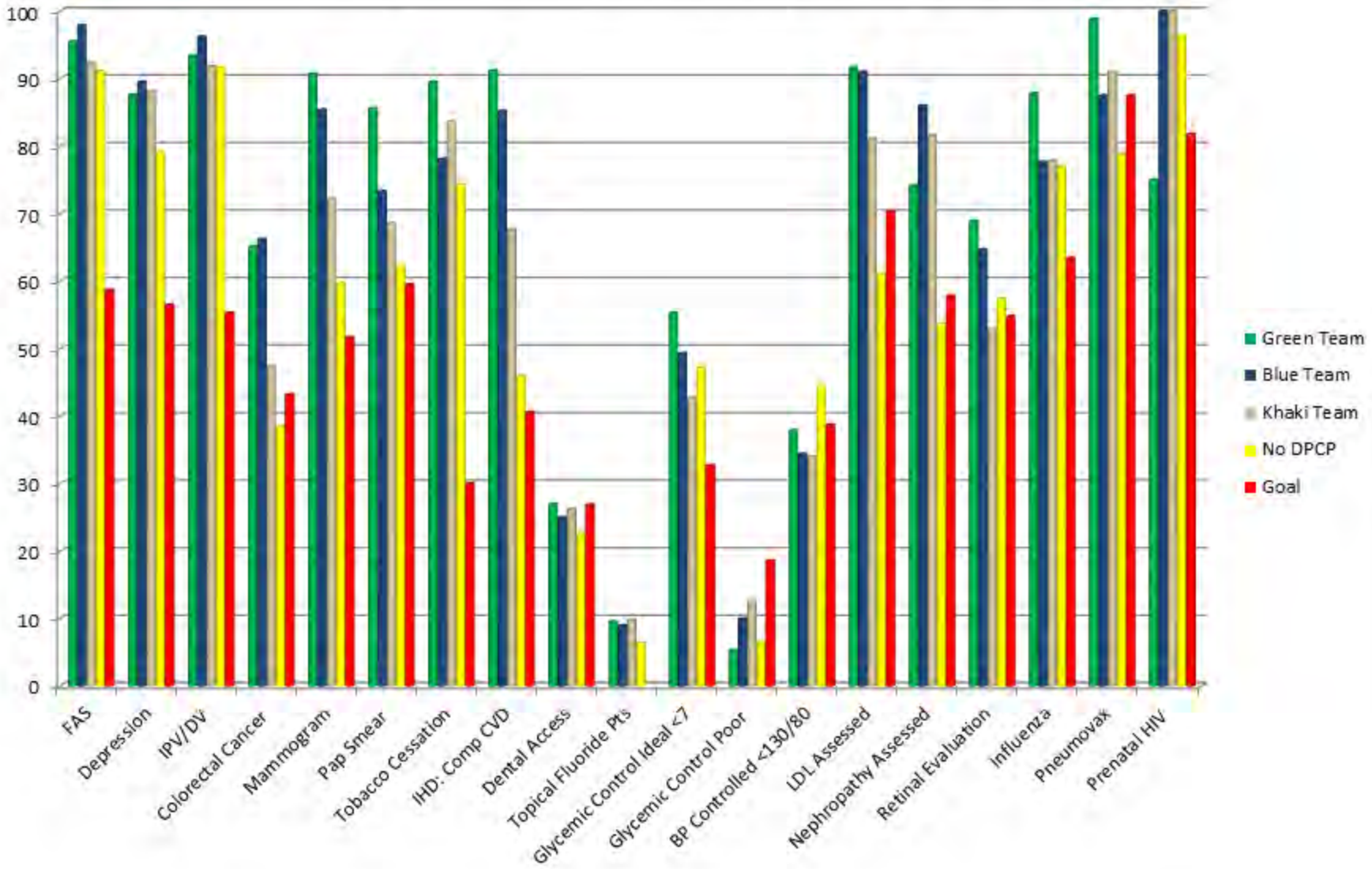
Choctaw Nation Health Services

National Measures (GPRA) Performance Summary - Facility Comparison

GY 2012 - QUARTER 3 Report Ending March 31, 2012

Measure	Atoka	Hugo	Idabel and Broken Bow	McAlester	Poteau	Stigler	Talihina Facilities	CNHSA Overall
DIABETES								
Poor Glycemic Control	11.7%	10.0%	14.5%	***8.9%***	10.7%	14.2%	10.2%	11.7%
Ideal Glycemic Control	***50.8%***	47.8%	37.9%	45.8%	45.5%	41.3%	43.1%	44.7%
Controlled BP <130/80	33.5%	25.0%	30.9%	***35.0%***	30.2%	28.3%	31.1%	31.3%
LDL Assessed	74.3%	75.7%	60.3%	***76.7%***	68.6%	72.9%	76.3%	72.1%
Nephropathy Assessed	55.9%	52.8%	58.6%	***67.3%***	57.0%	57.1%	50.4%	57.3%
Retinopathy Assessed	40.8%	49.8%	***62.2%***	48.2%	40.9%	52.5%	48.6%	51.2%
DENTAL								
Access to Services	12.9%	20.2%	***25.6%***	18.7%	17.7%	20.4%	19.9%	23.2%
IMMUNIZATIONS								
Influenza 65+	62.5%	66.4%	77.1%	78.6%	71.1%	***87.4%***	73.2%	75.3%
Pneumovax 65+	87.5%	84.5%	94.2%	88.2%	86.1%	***96.8%***	84.4%	88.6%
Childhood Immunizations	75.0%	72.3%	87.3%	77.1%	80.6%	82.3%	***88.0%***	84.1%
PREVENTION								
Pap Smear Rates	60.8%	***68.0%***	58.2%	67.4%	64.7%	67.9%	61.2%	65.6%
Mammogram Rates	61.4%	70.2%	70.2%	***72.8%***	72.4%	64.8%	64.5%	72.4%
Colorectal Cancer Screening	53.7%	***59.9%***	57.7%	50.5%	59.6%	44.9%	50.4%	55.2%
Tobacco Cessation	***95.9%***	49.0%	46.2%	54.4%	40.4%	52.6%	45.1%	55.7%
FAS Prevention	69.2%	66.6%	63.9%	70.1%	68.7%	***71.9%***	68.2%	68.4%
DV/IPV Screen	68.0%	65.4%	62.6%	***68.9%***	67.6%	67.7%	66.6%	66.9%
Depression Screen 18+	62.7%	61.0%	61.4%	61.6%	59.6%	***63.7%***	57.3%	62.7%
IHD:Comp CVD Assessment	77.8%	59.9%	60.3%	64.4%	57.4%	***79.4%***	60.6%	73.2%
Prenatal HIV Screening	55.6%	94.4%	93.5%	***96.1%***	93.6%	91.1%	90.9%	94.3%
Key to Color Coding	Not Met =		Within 1% =		Met=		Benchmark=	

IPC Team Comparison May 2012



Questions??

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