Key steps for quality performance improvement

**QUALITY PERFORMANCE IMPROVEMENT** occurs at the clinic level. Some practices have the benefit of a centralized quality improvement team who can help identify opportunities and interventions, but real improvement requires that clinic staff engage, execute and sustain these initiatives.

In Group Health’s owned and operated clinics, many performance improvement tools are used to engage and inform clinic staff. These include the use of centralized visual systems with quality and performance metrics, daily care team huddles to coordinate care for complex patients, electronic medical record (EMR) alerts to inform the care team of potential gaps in care, EMR “SmartPhrases” to facilitate follow-up treatment recommendations, and clinical dashboards that allow care teams to monitor their performance over time.

As a clinic manager, nurse supervisor or physician leader, how do you create an environment that supports sustainable performance improvement in your clinic? Here are **three key steps** for an effective approach to quality performance improvement in a clinic: Define the Opportunity, Engage the Team, and Sustain the Improvement.

**STEP 1: Define the Opportunity**

In order to define an opportunity for improvement, start with the measure data and then get input from key staff on possible ways to improve.

Imagine that you are a clinic manager who has identified an opportunity to improve your clinic’s **NCQA HEDIS® measure** for colorectal cancer screening. Your goal is to move the measure an additional 5% to reach the national 90th percentile, and this means engaging up to 100 patients to close their screening care gap.

*continued on page 3*
Home Infusion Provided by CVS/Coram

GROUP HEALTH IS PARTNERING WITH CVS/CORAM to offer home infusion services to members currently receiving certain specialty medications in hospital outpatient infusion settings. Member participation in this program is voluntary.

BENEFITS TO THE PATIENT

- **Convenience:** Your patient would not have to travel to a health care facility to receive infusion therapy.
- **Affordability:** Most patients have lower out-of-pocket costs when medications are administered in the home.
- **Safety:** Coram has one of the best documented safety records in the industry, with an adverse reaction profile substantially below published rates.

BENEFITS TO THE PROVIDER

- **Care coordination:**
  - Initial clinical assessment by pharmacist
  - Coverage and benefits verification
  - Specialty nursing staff to train patient and/or caregiver and assess patient during infusion
  - Continuous communication between patient, physician, and other members of the care team

VALUE OF CARE PROVIDED BY CVS/CORAM

- Knowledgeable care teams led by pharmacists and supported by infusion-trained nurses who are experts in the conditions and therapies they help manage and are available to patients 24 hours a day, seven days a week.
- Accredited by The Joint Commission as a home infusion provider.
- Demonstrated outcomes:
  - <1% catheter complication rate
  - <5% all-cause readmission rate (national average is 18.4%)
  - 96% member satisfaction (Press Ganey)

ALIGN WITH INDUSTRY STANDARD

- Programs facilitating home care services have been widely adopted by health plans including most nationally recognized plans, such as Aetna and UnitedHealth, and locally, Regence.
- Government-funded programs have also recognized the value of home infusion services. The Medicare Home Infusion Site of Care Act of 2015 (S. 275/H.R. 605) has bipartisan representation and aims to align the Medicare benefits to support coverage of home infusion.

CONTACT

To enroll your patient in home infusion services with CVS/Coram, please call 844-242-0677; Monday–Friday 7 a.m. to 8 p.m. Central.
Key steps for quality performance improvement

After receiving input from some of your staff, you identify a few potential improvements: a) generate a list of patients who are due for the screening and ask the medical assistants to do outreach, b) engage the clinic teams to proactively identify patients and make screening referrals during their visit, and c) partner with the laboratory services provider to stock and distribute fecal immunochemical tests (FITs).

STEP 2: Engage the Team

In order to successfully engage the team, you must establish awareness and alignment around the improvement initiatives.

Continuing from the example above, as the clinic manager it is vital that you make everyone aware of the goal for the measure, explain why improving the measure is important to the clinic and patients, and describe how the individual employees can contribute to the improvement work. Good forums for these types of conversations can be weekly leadership team meetings, team-specific huddles, and monthly staff meetings.

Next, it is important to confirm that everyone is aligned with the changes. Front-line supervisors are a good resource for assessing how supportive their staff is for an improvement initiative as they observe the day-to-day work environment and talk with the employees. This is a key strategy for validating employee feedback and encouraging them to remain engaged throughout the change process.

STEP 3: Sustain the Improvement

The keys to sustaining improvement are accountability and monitoring.

Create accountability in the teams by defining a process measure for the improvement initiative. For example, a process measure for the outreach done by Medical Assistants may be the number of patients contacted, or, even better, the number of screening exams completed.

Once a process measure is identified, monitor that measure regularly along with the quality outcome measure you are trying to improve. A visual system that publicly displays the key measures is a powerful tool for sustaining change when staff and leadership commit to keeping it current and discussing the progress on a regular basis.

The Quality Performance Improvement Spotlight is a recurring series of articles that focus on practical strategies for developing a successful performance improvement infrastructure in primary care and specialty care practices. If you have questions or would like more information, please contact Daniel Heindel, MPA, Quality Consultant at heindel.d@ghc.org.

KPS Medicare Supplement plan now under Group Health Options, Inc.

Group Health Options (GHO) has assumed KPS contracts as of January 1, 2016.

Coverage for KPS Medicare Supplement members will continue; the only change is that the contract has simply been rebranded and is now processed under the GHO name. ID cards for these members indicate the Medicare Supplement, and are GHO branded. Please note these are not Medicare Advantage members, and therefore should not be denied access since these members may see any Medicare-approved provider. Thank you for your assistance with our transition for these members.

Questions? Contact the Provider Assistance Unit at 888-767-4670.

NEW FORMS LINK ON PROVIDER SITE

Group Health has updated the provider site to include a link titled “Forms” on the left navigation column under Resources. Please click on the Forms link to show all forms available on our site. Email us at provider.services@ghc.org if you have questions.
HEDIS® Medical Record Review Season: February–May 2016

The 2015 Quality ratings demonstrated that Group Health continues to be the leader in delivering high quality medical care and health plan coverage. Based on strong performance on Healthcare Effectiveness Data and Information Set (HEDIS) measures, Group Health was rated in the top 10% of Medicare Advantage plans in the country and among the top 25% of commercial health plans in the country on National Committee for Quality Assurance’s (NCQA) Health Insurance Plan Ratings 2015–2016.

Group Health was also recognized as the top performing medical group and the top performing commercial plan in Washington State on Washington Health Alliance’s 2015 Community Checkup. We look forward to maintaining this position through working with our provider partners on quality improvement initiatives including the use of the Planned Care Exception Reports and Cascade Dashboard, patient outreach and education, and sharing medical information.

From February through mid-May 2016, Group Health will be conducting HEDIS medical record reviews on members enrolled in a Group Health plan and members enrolled in the KPS Federal Employee Health Benefit (FEHB) plan in 2015 to measure practice compliance with certain HEDIS measures. Our medical record reviewers will be contacting your office to schedule an on-site visit, request remote access to your electronic medical record system (preferred), or request that medical records are faxed or mailed. We appreciate your assistance in providing access to the medical information as requested. Your prompt response will ensure that Group Health’s HEDIS measures accurately represent the high quality of care that you provide to our members.

Please contact Susie Jorgensen, Medical Record Review Manager at jorgensen.s@ghc.org or 206-448-6468 if you have any questions.

New lab reports from Group Health medical centers in Spokane

Group Health is internalizing lab services in Spokane medical centers.

Starting in March, providers will see a different report for Group Health patients who receive lab services at Group Health medical centers. Providers will receive reports from Group Health through EPIC’s Care Everywhere application.

Group Health patients seeking care from contracted providers may continue to receive lab services from PAML, and providers will continue to receive those reports from PAML (no change).

Sample Group Health lab report

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Result Values</th>
<th>Reference Ranges</th>
<th>Units</th>
<th>Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIC ACID</td>
<td>5.6</td>
<td>2.5–6.0</td>
<td>MG/DL</td>
<td></td>
</tr>
<tr>
<td>SODIUM</td>
<td>135</td>
<td>135–145</td>
<td>MG/L</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>5.1</td>
<td>3.5–5.2</td>
<td>MG/L</td>
<td></td>
</tr>
<tr>
<td>CHLORIDE</td>
<td>100</td>
<td>97–106</td>
<td>MG/L</td>
<td></td>
</tr>
<tr>
<td>CARBON DIOXIDE</td>
<td>30</td>
<td>26–32</td>
<td>MG/L</td>
<td></td>
</tr>
</tbody>
</table>

Interpretation: H-High L-Low A-Abnormal HI-very High HL-very Low JA-very Abnormal

Diagnosis Code(s) provided: 192.2

Performing Laboratory

Group Health Lab (800-643-4786) - Seidman, Kim M MD

15405 E. Norcross, KAY B. SEATTLE WA 98108 206-391-4545

All tests performed at GHC AOC Lab unless otherwise indicated.
Cervical Cancer Screening Guideline updated

Group Health’s Cervical Cancer Screening Guideline has been reviewed and updated.

**UPDATED RECOMMENDATIONS**

- The preferred screening method for women aged 30 years or older is now co-testing with Pap and HPV every 5 years. Previously, Pap testing every 3 years was the preferred screening method for women in this age group.

- For women ages 21 through 29 years, Pap testing every 3 years remains the preferred screening method.

- Group Health has adopted the 2012 American Society for Colposcopy and Cervical Pathology (ASCCP) Updated Consensus Guidelines for the management of Pap and HPV test results and follow-up colposcopy results. Providers are encouraged to refer directly to the ASCCP guideline for detailed guidance.

- The major changes in Pap follow-up recommendations are that women ages 21 through 24 are now managed less invasively than in previous recommendations.
  - ASC-US results no longer reflex to HPV for women under age 25.
  - ASC-US or LSIL results no longer initially warrant a colposcopy, but instead require repeat cytology at 12 and 24 months.

- Screening with HPV testing only is not recommended for women of any age.

**UPDATED PATIENT EDUCATION MATERIALS**

- Pap test brochure
- Well visit schedules—women aged 18–64

**Questions?**

David Grossman, MD, MPH, Medical Director, Population and Purchaser Strategy, grossman.d@ghc.org

Avra Cohen, RN, MN, Guideline Coordinator, Clinical Improvement & Prevention, cohen.al@ghc.org

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Clinical Pearls are short, straightforward clinical recommendations you can integrate into your practice.
ASCVD primary and secondary prevention guidelines updated

Group Health’s guidelines for the primary prevention and secondary prevention of atherosclerotic cardiovascular disease (ASCVD) have been reviewed and updated with new recommendations.

SUMMARY OF GUIDELINE RECOMMENDATIONS

Primary Prevention of ASCVD

• Routine cholesterol screening is recommended every 5 years for men ages 35–79 and women ages 45–79 who are at low risk for CVD. For patients at moderate risk, screening is recommended every 2–4 years. Annual screening is recommended for patients at high risk.

• Patients with diabetes aged 40 or over should already be taking a statin so are not part of the screening population. Annual LDL monitoring is recommended for these patients.

• Statin therapy is recommended for patients at high CVD risk (>10% over 5 years) calculated using the Group Health–customized version of the Framingham calculator. Shared decision making is recommended when considering statin use for patients at moderate CVD risk (5–10% over 5 years). Statins are not recommended for patients at low CVD risk.

• The majority of patients who are taking statins for primary prevention of ASCVD should be initiated on moderate-intensity statins, defined as those lowering LDL cholesterol on average by an average of 30–49%.

• NEW IN THIS UPDATE: The LDL target for primary prevention is now <100 mg/dL. (Previously, it was <130 mg/dL.) Increasing statin dosing should be considered if patients are not meeting LDL targets.

• For patients who are intolerant or have contraindications to statins, stop the statins.

• NEW IN THIS UPDATE: For patients who are at high CVD risk (>10%), are aged 40 or over with diabetes, or have LDL >190 mg/dL, ezetimibe may now be considered. (Previously, ezetimibe was not an option for primary prevention.)

Secondary Prevention of ASCVD

• The majority of patients with ASCVD should be initiated on high-intensity statins, defined as those lowering LDL cholesterol on average by at least 50%.

• NEW IN THIS UPDATE: The LDL target for secondary prevention is now <70 mg/dL. (Previously, it was <100 mg/dL.)

NEW IN THIS UPDATE: For patients who are not able to achieve an LDL target on maximally tolerated doses of formulary statins or who have intolerance or contraindications, ezetimibe is now recommended as a first-line treatment. (Previously, it was a third-line option for statin-intolerant patients.)

NEW IN THIS UPDATE: PCSK9 inhibitors (alirocumab) may now be prescribed by, or in conjunction with, a cardiologist, as an option for ASCVD patients who are not able to achieve an LDL <100 mg/dL on maximally tolerated doses of high-intensity statin plus ezetimibe, or who have a documented contraindication or intolerance to statins. (Previously, PCSK9 inhibitors were not available.)

Questions?
David K. McCulloch, MD, Medical Director, Clinical Improvement, mcculloch.d@ghc.org
Avra Cohen, RN, MN, Guideline Coordinator, Clinical Improvement & Prevention, cohen.al@ghc.org

> READ THE PRIMARY PREVENTION GUIDELINE
> READ THE SECONDARY PREVENTION GUIDELINE
PHARMACY NEWS

Group Health Drug Formularies

THE GROUP HEALTH DRUG FORMULARIES are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee. You can find the Formulary Decision Highlights from the most recent P&T Committee meetings at provider.ghc.org.

Group Health has six formularies:
The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

To view the Group Health formularies:
• On MyGroupHealth for Providers—go to provider.ghc.org and click on “Drug Formulary” in the left hand navigation.
• On ePocrates—go directly to www.epocrates.com and register free of charge.

If you have questions about formulary status of a drug or prior authorization, please contact our Pharmacy Help Desk toll-free at 800-729-1174 or by fax toll-free at 866-510-1765.

INDIVIDUAL & FAMILY / SMALL GROUP  MEDICARE  FEDERAL EMPLOYEE HEALTH BENEFIT  LARGE GROUP

Closed Design  Closed Design  Open Design  Open Design  Closed Design  Open Design

Two tiers:  Three tiers*:  Five tiers:  Five tiers:  Two tiers:  Three tiers:
• Preferred generic  • Preferred generic  • Preferred generic  • Preferred generic  • Preferred generic  • Preferred generic
• Preferred brand  • Preferred brand  • Generic  • Preferred brand  • Preferred brand  • Preferred brand
PLUS:  PLUS:  • Preferential  • Preferential  • Preferential  • Non-preferred  • Non-preferred
• Preventative  • Preventative  • Oral oncology  • generic & brand  • generic & brand
• Oral oncology  • Oral oncology  • Medical benefit  PLUS:  • Non-preferred  • Non-preferred
• Medical benefit  • Medical benefit  • Specialty  • specialty  • Specialty

PLUS:  PLUS:  PLUS:  PLUS:  • Preventative  • Preventative  • Preventative  • Preventative
• Oral oncology  • Oral oncology  • Oral oncology  • Oral oncology
• Medical benefit  • Medical benefit  • Medical benefit  • Medical benefit

Five tiers:  Five tiers:  Five tiers:  Five tiers:  • Non-preferred  • Non-preferred  • Non-preferred  • Non-preferred
generic & brand  • generic & brand  • generic & brand  • generic & brand
• Preferred specialty  • Preferred specialty  • Preferred specialty  • Preferred specialty
• Non-preferred specialty  • Non-preferred specialty  • Non-preferred specialty  • Non-preferred specialty

*Newly offered for 2016. Additional formulary information available at MyGroupHealth for Providers.
Save these dates

Continuing Medical Education information is available at MyGroupHealth for Providers

2016 BEST APPROACHES IN PRIMARY CARE
April 11–14, 2016
Sheraton, Kauai, Hawaii
To Register: https://cmetracker.net/GHC/Catalog
Contact: Maria Cardenas-Anson cardenasanson.m@ghc.org

RHEUMATOLOGY FOR PRIMARY CARE
Friday, April 29, 2016
Cedarbrook Lodge, SeaTac, Washington
To Register: https://cmetracker.net/GHC/Catalog
Contact: Christopher Scott scott.cj@ghc.org

ACTIVITY, SPORTS, AND EXERCISE MEDICINE: FACT, FICTION AND EVIDENCE
Thursday, May 12, 2016
Group Health Headquarters Seattle, Washington
To Register: https://cmetracker.net/GHC/Catalog
Contact: Christopher Scott scott.cj@ghc.org