2023 CLINICAL QUALITY MEASURES (CQM), PERFORMANCE IMPROVEMENT (PI) GOAL UPDATES AND SUSTAINABILITY PLANS

Key

- **Green – Goal Met**
- **Orange – Close to goal**
- Yellow – Also a PI Goal

CLINICAL QUALITY MEASURES (CQM)

CQM updates

- We have met 7/18 (39%) of our annual goals and are close to meeting the goal on an additional two measures, IVD: use of Aspirin and controlling high BP.
- Of our three PI measures, we are continuing two into 2024.

Maternal and Child Health	Q4 YTD	2023 Goal
Childhood Immunization Status	**10%**	**25%**
Dental Sealants (ages 6-9 Years)	**91%**	**50%**
Early Entry into Prenatal Care	**58%**	**80%**
Low Birthweight	**7% (2/26)**	**<9%**
Weight assessment & counseling for nutrition & Physical Activity (Pediatric population)	**79%**	**73%**
Disease Management	**Q4 YTD**	**2023 Goal**
IVD: Use of Aspirin/Other Antiplatelet	**85%**	**87%**
Statin Therapy for Prevention/Treatment of CVD	**85%**	**85%**
HIV Linkage to Care	**80% (4/5)**	**100%**
Depression Remission at Twelve Months	**6%**	**11%**
Screening and Preventive Care Measures	**Q4 YTD**	**2023 Goal**
Height and Weight Assessment and Health Counseling	**45%**	**65%**
Breast Cancer Screening	**42%**	**72%**
Cervical cancer screening	**53%**	**60%**
Colorectal cancer screening	**30%**	**40%**

Depression Screening and Follow-Up Plan	47%	75%
HIV Screening	74%	73%
Tobacco use: screening and cessation intervention	71%	70%
Chronic Disease Management	Q4 YTD	2023 Goal
Controlling high blood pressure	60%	65%
Diabetes: HbA1c poor control (>9%) [inverse]	30%	32%

ADDITIONAL HCH PRIORITIES

Additional HCH priorities	Q4 YTD	2023 Goal
Lab Notifications	38%	60%
Referral Tracking (% complete)	26%	40%
SDH Ask Rate	68%	70%
Suicide assessment follow up rate	9%	85%
Advance Care Planning	5%	5%
FLU: adult vaccination rates	30%	45%
Care management (with care plan)	97%	75%
Prescribing antibiotics for URI and acute bronchitis	100%	100%
Hospitalization f/u	61%	65%
Reduce Time to Third Next Available	BC: 13 WB: 15 F: 21 Avg: 20	Reduce by 5%
Client Experience	R: 92% S: 88%	93%

Additional priorities updates

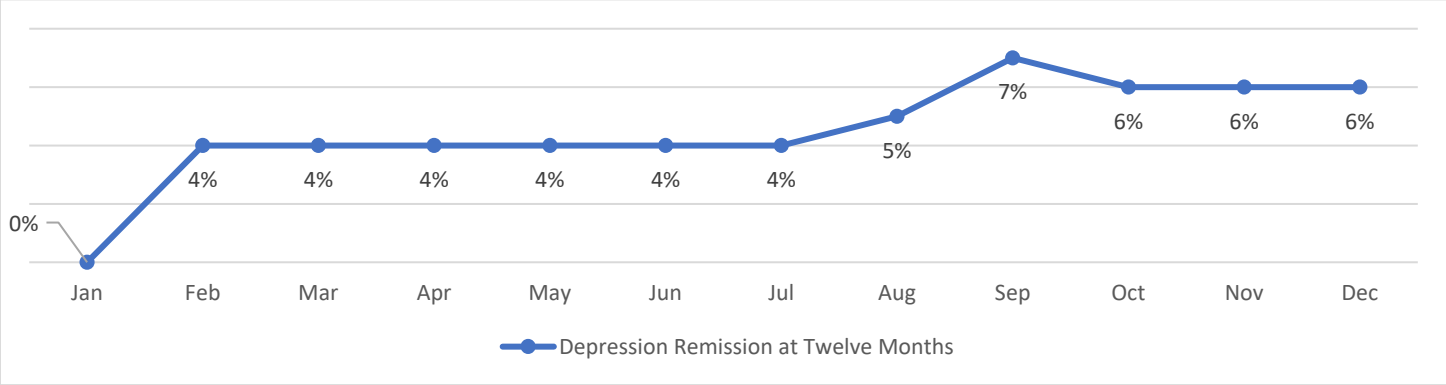
- Continued work on additional (non-PI measures) priorities.
  - Lab notifications – working on reminding providers on the how to do this and the role of other providers with frequent labs who may not notify in the traditional way (e.g. MAT)
  - Referral tracking – ongoing work on referrals and prioritized risk management goal
  - SDH ask rate – continued focus on how to remind staff these are due
  - Suicide assessment – meeting with BH on how to increase rate and raise issues
- Additional priorities (PI measures)
  - We have met 4/7 goals (57%) and are close to meeting two additional goals of SDH ask rate and client experience.

2023 PI GOALS UPDATES & SUSTAINABILITY PLAN

We met 40% of our goals. In quarter 4 we focused on closing out and building sustainability plans.

DEPRESSION REMISSION AT TWELVE MONTHS

Current: 6%; Goal: 11%



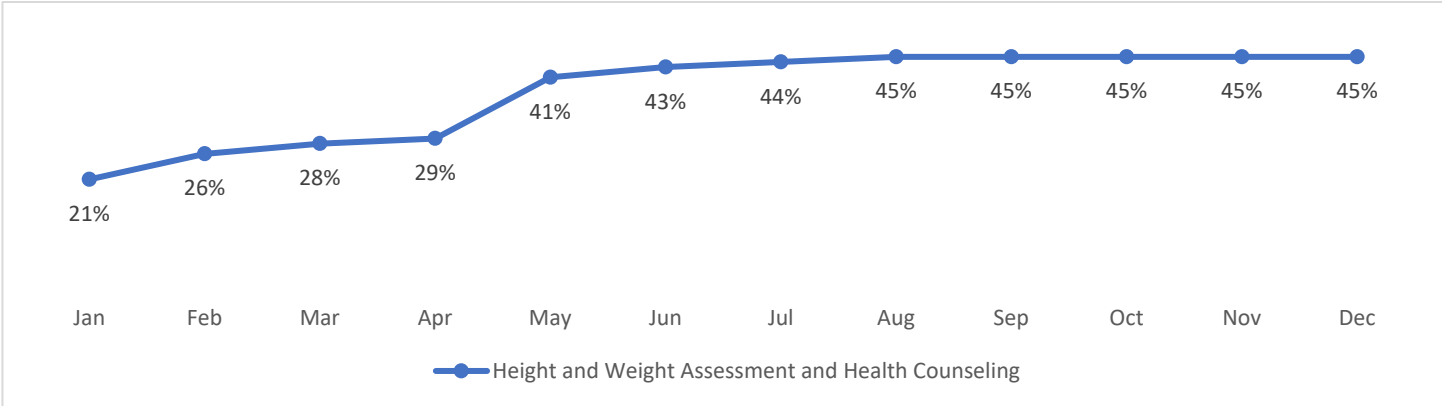
Recap of 2023 efforts:

- Quality Tab view improvements (e.g. including more behavioral health focused measures within the EHR Quality Tab)
- Connecting and sharing best practices with local health care centers working on this goal, and warm-hand off PDSA to therapists.

Next steps: **Continuing this goal into next year**. Connecting with Behavioral Health staff to learn about successes impacting the percent increase seen over the last quarter.

HEIGHT AND WEIGHT ASSESSMENT AND HEALTH COUNSELING

Current: 45%; Goal: 65%



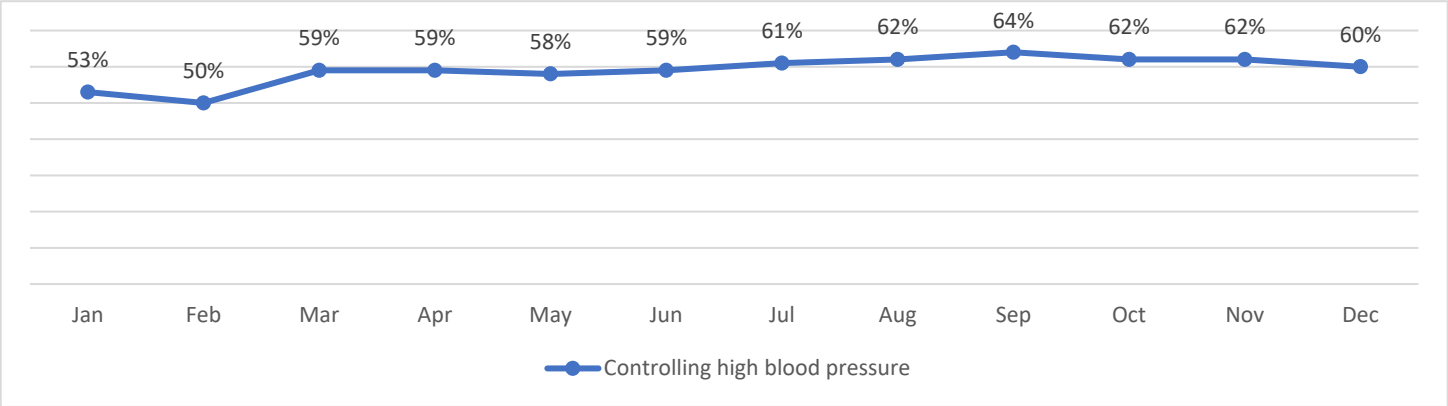
Recap of 2023 efforts:

- Health at Every Size (HAES) Training for medical and behavioral health providers.
- Visual HAES reminder cards, documentation provider emails (x3), discussions at provider meetings (x2), equipment installation, order set development for follow up component.

Next steps: The Agency will **continue to track this measure as a CQM and collaborate with staff if a downward trend occurs greater than 5%.** Performance Improvement worked with frontline staff on visual reminders as an intervention to measure potential improvements in the month of December (saw a .5% increase). This has also been added to the "medical team reminder" list so that it is reinforced at team meetings, huddles, etc.

CONTROLLING HIGH BLOOD PRESSURE

Current: 60%; Goal: 65%



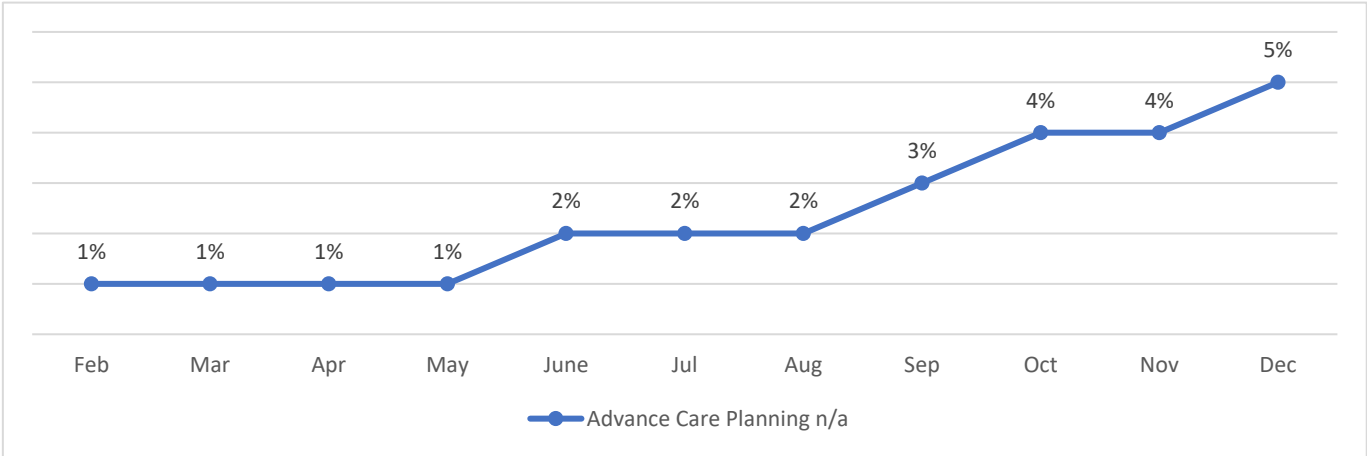
Recap of 2023 efforts:

- Developed visual aids with best practices in preparing a client for accurate blood pressure reading.
- EHR sticky note reminders for those that may benefit from combination therapy, disparity literature review and recommendations for evidence-based integration of mindfulness and stress reduction to the Hypertension Control group.

Next steps: **Continuing this goal into next year**.

ADVANCE CARE PLANNING

Current: 5%; Goal: 5%



Recap of 2023 efforts:

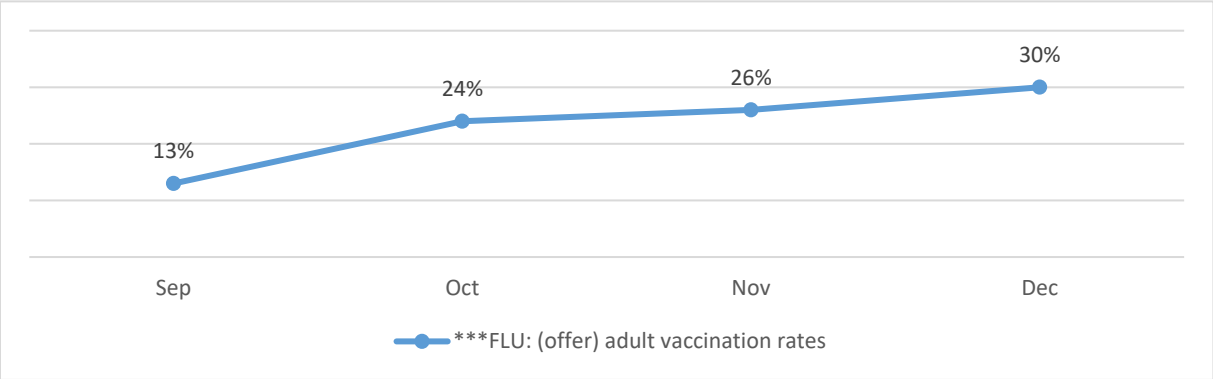
- Development and implementation of a Standard Operating Procedure,

- Advance Directive Lunch and Learn for Providers, Trainings for Medical Provider
- Emailed reminders and goal setting with medical providers and case managers to practice and improve on conversations before the end of the year for skill building and comfort.

Next steps: **PI will continue to track this measure as a CQM**. We've seen tremendous success, having started the year at 1%. The SOP for medical and case managers will continue to serve as a reference and be updated regularly. The Advance Directive Lunch and Learn content was recorded as a reference for staff on the Agency's Learning System platform.

FLU ADULT VACCINATION RATE

Current: 30% (offer rate); 28% (admin rate); Goal: 45%



***Recap thus far*:**

- The Agency held our annual flu and coat drive in October, providing 350+ flu vaccines to clients.
- Representatives from every department and site volunteered to be "flu vaccine champions," engaging and motivating their teams to offer and connect clients to receive a flu vaccine and sharing reminders and resources via multiple communication avenues.
- In the month of December, staff began to document more accurately, capturing the offer rate in addition to the administered rate.
- The flu champions meet monthly to discuss challenges and successes in their departments and offer peer-to-peer suggestions and support.

***Next steps*:** PI will continue to engage with the flu champions though the end of flu season.

PRESCRIBING ANTIBIOTICS FOR URI AND ACUTE BRONCHITIS

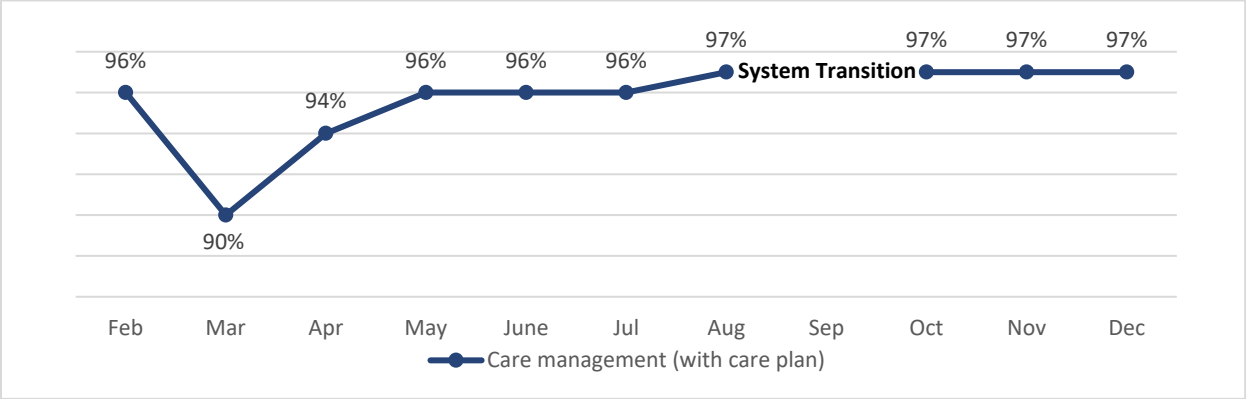
Maintained 100% for 2023

***Recap of 2023 efforts**:* The medical providers have been solid in this measure for the entire year, demonstrating appropriate prescribing practices. The PI Department trained medical providers on the use of the Azara data platform to review provider level and other stratified metrics surrounding prescribing practices. The training was recorded and is assigned to oncoming providers.

Next steps: Performance Improvement will continue to monitor and report on this measure for the Joint Commission. The Senior Medical Director at Fallsway will serve as the antimicrobial stewardship champion going forward.

CARE MANAGEMENT (WITH CARE PLAN)

Current: 97%; Goal: 75%

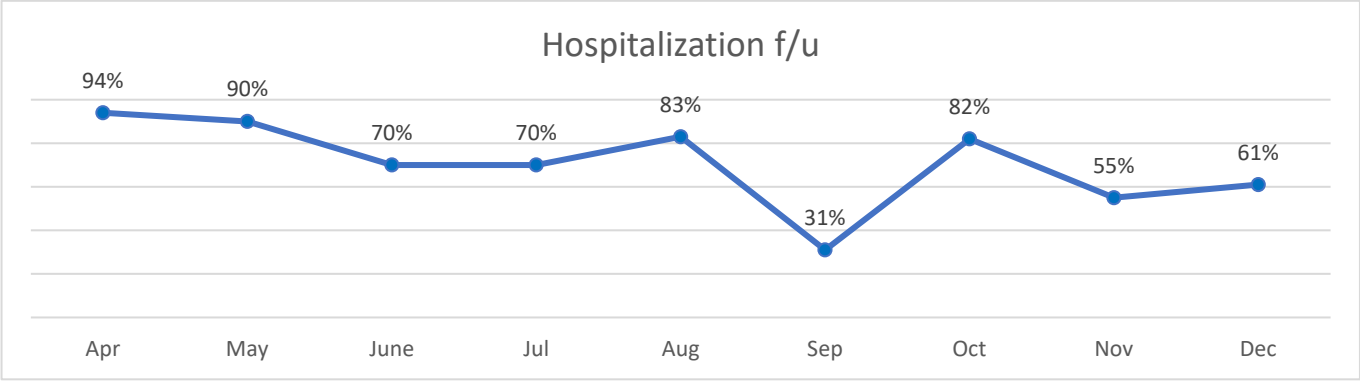


***Recap of 2023 efforts**:* Created report to monitor and review care plan numbers. The PI Department interviewed two champions per 3 departments about best practices in developing and implementing care plans and shared their video interviews department and Agencywide.

***Next steps*: Performance Improvement will continue to monitor this measure for NCQA**. The Agency accomplished this goal early in the year and sustained the gains throughout. The "NCQA Dashboard" is being finalized by the Health Informatics Department so the measure can be monitored, and the PI team can report on how we are doing as a patient centered medical home. Additional focus on printing care plans will continue into 2024.

HOSPITALIZATION FOLLOW UP

Current: 61%; Goal: 65%



***Recap of 2023 efforts**:* The subcommittee created a reliable report for tracking and management of hospital discharges, a standard operating procedure for reference, and system improvements including text macros and text message outreach for efficiency.

Next steps: The subcommittee discussed a sustainability plan in October. A well-established process to utilize a weekly report is in place by the call center and MDPCP nurses to conduct hospital follow-up. In recent months, ***the measure fell significantly showing gaps in the system when responsible nursing staff are on leave***. Nursing leadership is working to address such gaps in addition to revising the report's parameters to streamline the process. **The Performance Improvement Department looks forward to building off this work in 2024 with the hospital readmission goal**.

REDUCE TIME TO THIRD NEXT AVAILABLE APPOINTMENT

Current: Baltimore County: 13, West Baltimore: 15, Fallsway: 21; Goal: Reduce by 5%

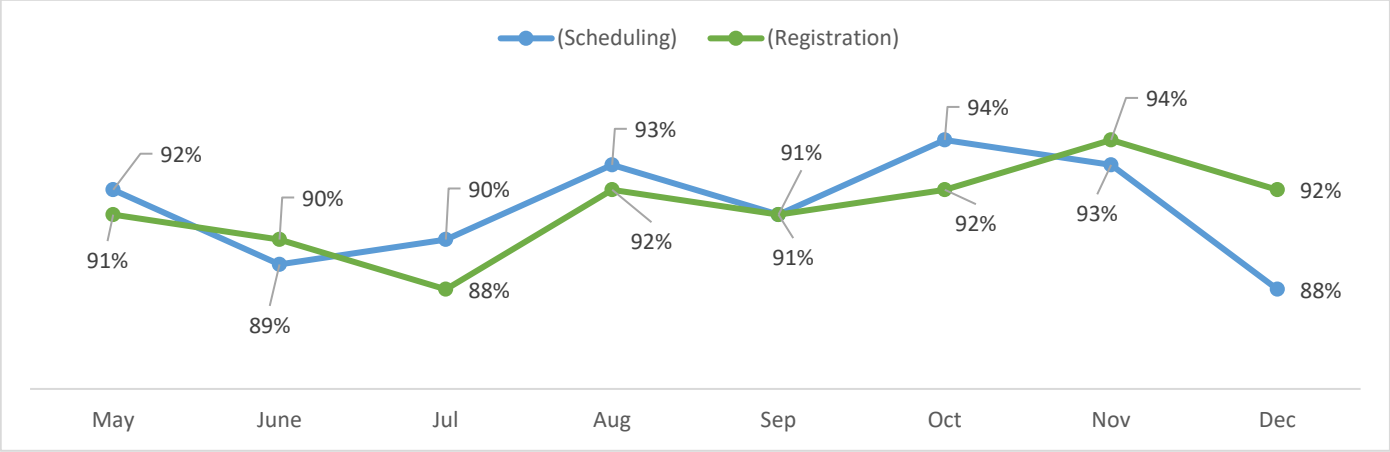
Department	2023 Goal	2023 YTD Average
HCH - Baltimore County	**12**	13
HCH - West Baltimore	**19**	15
HCH-421 Fallsway	**23**	21

Recap of 2023: Throughout the Fall, the team members performed chart reviews on 60 clients across three providers with the largest panels. These clients had medical appointments scheduled outside of the 30-day goal for the medical team. The team identified documentation challenges as well as concerns with scheduling based on clinical relevance and timeliness, which were subsequently presented to medical and scheduling leadership. Leadership worked to perform outreach and reschedule as needed. The team plans to meet again via the standing Access Meetings per department to discuss the sustainability of these chart reviews and the second phase of the PDSA that includes outreach to chronic no shows and cancellations to free space as able.

***Next steps*: Client access remains an Agency priority moving into 2024**. The quality department will continue to work with Operations staff and leadership to ensure the appropriate availability of appointments and access for clients.

CLIENT EXPERIENCE

Current: Registration: 92% and Scheduling: 88%; Goal: 93%



***Recap of 2023 efforts**:* The team developed and implemented improvements with line structure and signage, signaling of availability of representatives with paddles, a communications jam board session, and data collection of call interference at the West Baltimore community site.

***Next steps*:** The subcommittee developed a sustainability plan that includes the maintenance of visual cues to reduce noise level in the registration area. The team is also rolling out a visual light cue system (red = unavailable; green = available) per customer service representative desk as a next step in this change intervention. The Operations and PI Team will continue to monitor the client satisfaction metrics from post-visit surveys, the Operations leadership communicating the monthly % in team meetings and acting if there is a downward trend.