

Chief Medical Officer's Report

SEPTEMBER 23, 2019

DATA FROM 12 MONTHS PRIOR TO ONE MONTH AGO

Recruitment and Staffing



Announcements and Updates

Current vacancies

- Saluda – filled with floaters and Dr. Grate (2 days per week)

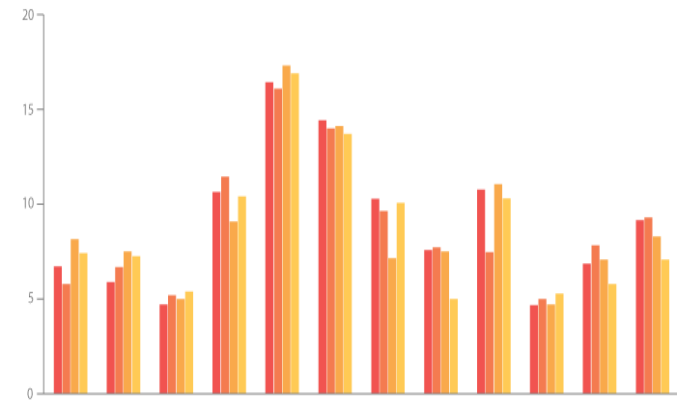
Upcoming Vacancies/Resignations

- Dr. Jon Berbin, McCormick, **January 2020 to 30-31 hours per week**

Recruiting/Plans

- **Dr. Haresh Baxi, now filling in for Dr. Polanco on maternity leave, and will fill in for Dr. Jenkins for the same**
- **Dr. Christine Chard, now working at HTP**
- **Rachel Robinson, FNP now working between HTP and TCC**
- **Sarai Graves, PA doing well as full-time PRN floater**
- Bilingual FNP student interested in Saluda Jan 2020 – offer being considered, **but we have other options, too**
- Residents interested from MCFM; 1-2 for 2020; 1-2 for 2021
- Regular FP and Peds recruitment meetings

Production Highlights



Overall for month

- Last month's FP patients per day: 11.8 ↓
- Last month's Peds patients per day: 12.2 ↓

“Real” Range – 8.8 to 17.0 patients per day

- Notables
 - **All this is Epic side effect (week 3-6 on system)**
 - Most productive provider this month was **Dr. Grate in Saluda!**

Quality/Population Health



Patient-Centered Medical Home (PCMH)

- All sites certified except Hometown and the Village
- TCC renewal due January 2020
- **Other sites renewal (check-in) April 2020**
- Duties for PCMH switched over to Director of QI and Population Health
- **Process started for TCC, monthly meetings**

Meaningful Use

- Re-evaluating once Epic in place

Population health

- Received award from Molina for “most gaps closed”
- Work continues through strong effort from Director of QI and Population Health

Clinical Quality Metrics – now by handout

Controlled Diabetes	62.1%	62.6%	Worsening	60%	TRUE	Mild decrease
Uncontrolled Diabetes	27.1%	27.0%	Worsening	20%	TRUE	Tiny decrease
Hypertension Control	58.3%	58.0%	Improving	60%	FALSE	Mild increase
Cervical Cancer Screening Rate	39.6%	39.8%	Worsening	35%	TRUE	Slight decrease
Breast Cancer Screening Rate	55.4%	55.7%	Worsening	60%	FALSE	Slight decrease
Colorectal Cancer Screening Rate	43.3%	43.5%	Worsening	47%	FALSE	Slight decrease
2 Year Old Vaccination Rates	21.6%	22.3%	Worsening	30%	FALSE	Mild decrease
Appropriate Asthma Meds	55.5%	56.5%	Worsening	80%	FALSE	Moderate decrease, again
CAD Patients on Anti-Lipid Therapy	74.8%	75.9%	Worsening	80%	FALSE	Mild decrease
Adolescent Well-Care Visits	34.0%	36.1%	Worsening	50%	FALSE	Moderate decrease
Well-Child Visits, Age 3-6 yrs	54.8%	55.5%	Worsening	60%	FALSE	Mild decrease
Well-Child Visits, 6 before 15 months	49.3%	49.6%	Worsening	55%	FALSE	Slight decrease
Depression Screening Rates	49.0%	49.5%	Worsening	30%	TRUE	Mild decrease
Diabetic Eye Exams	18.0%	19.4%	Worsening	30%	FALSE	Moderate decrease
Diabetic Kidney Screening	62.8%	63.8%	Worsening	80%	FALSE	Moderate decrease

Notes on Quality Metrics



- Everything (except BP control) is worse
- Data is only from old Allscripts system, so only through 7/22/19
- Epic-itis? Training, distraction, other
- Report error found in Diabetes method – suspect 12/2018 and on

Quality Improvement Committee

Meeting scheduled for 8/6/19 was cancelled due to Epic conversion, then

Scheduled for 9/24/19, which ends up being organizational meeting, so

We are gonna try for October!

Compliance

Peer review

Spring 2019 presented tonight.

Patient Satisfaction Survey

October 2018 presented tonight

HR Dept tasked with sending out a new survey – draft version out for review

Dismissals for the month

1 for this month – noncompliance, no shows, rude and insulting behavior

Delinquent notes

All Allscripts notes were completed the week of Go Live

New cycle to be monitored, post-Epic

Peer Review



Methods

- Completed twice per year
- Every provider reviews 10 charts of a peer provider
- Specialty reviews specialty (FM→FM, Peds→Peds)
- 10 charts in the same general time frame
- Reviews and results are kept confidential and reviewed by CMO
- Results requiring action items are communicated directly to provider and director of department
- Summary of results presented to both QI Committee and to the board of directors

Peer Review



Areas of focus

- History pertinent to Chief Complaint
- Diagnosis consistent with history and exam
- Medical decision-making process apparent
- Appropriate diagnostic tests
- Standard abbreviations
- Appropriate consultations
- Appropriate treatment
- Follow-up scheduled
- Medication and allergy lists updated
- Relevant health education presented

Peer Review



End result of review

- Compliance with medical standards
 - Yes, No or Reservations
- Comments regarding management, outcomes, issues, concerns and general negative or positive impressions
- Chief Medical Officer review and recommendations
 - General email about general issues
 - Directed email or conversation with department head about specific findings
 - Action items including more frequent reviews and/or additional training

Peer Review – Spring 2019



Results

30 providers reviewed

Providers non-compliant with standards of care and documentation = 0

Providers with no issues found at all = 12

Risk Management



Meeting August 20, 2019

Primary objective: Routine meeting, bimonthly assessment

Risk Assessment done during the meeting

Three quarterly risk assessments for the year so far

Discussion:

Reviewed incident report – no significant trends

Provider coding training done and possible clinical staff coding training. Plans to review basics at med staff breakout.

Procedure for peer confirmation of meds administered implemented

Facilities and billing staff not able to attend for updates on prior conversations

Still working on reporting for power failures

Investigating reporting tools in Epic for auditing

Some fleet vehicles now with trackers

Risk Management



Risk Management Goals

- Risk Management Plan ✓
- Risk Management Committee ✓
- Current risk assessment ✓
- Quarterly risk assessments – 3 now completed ✓
- Annual Risk Management Report ✓
- Risk Management Training plan developed and implemented – in progress

Patient Satisfaction Survey CY2018



Really no excuse, but reasons for delay:

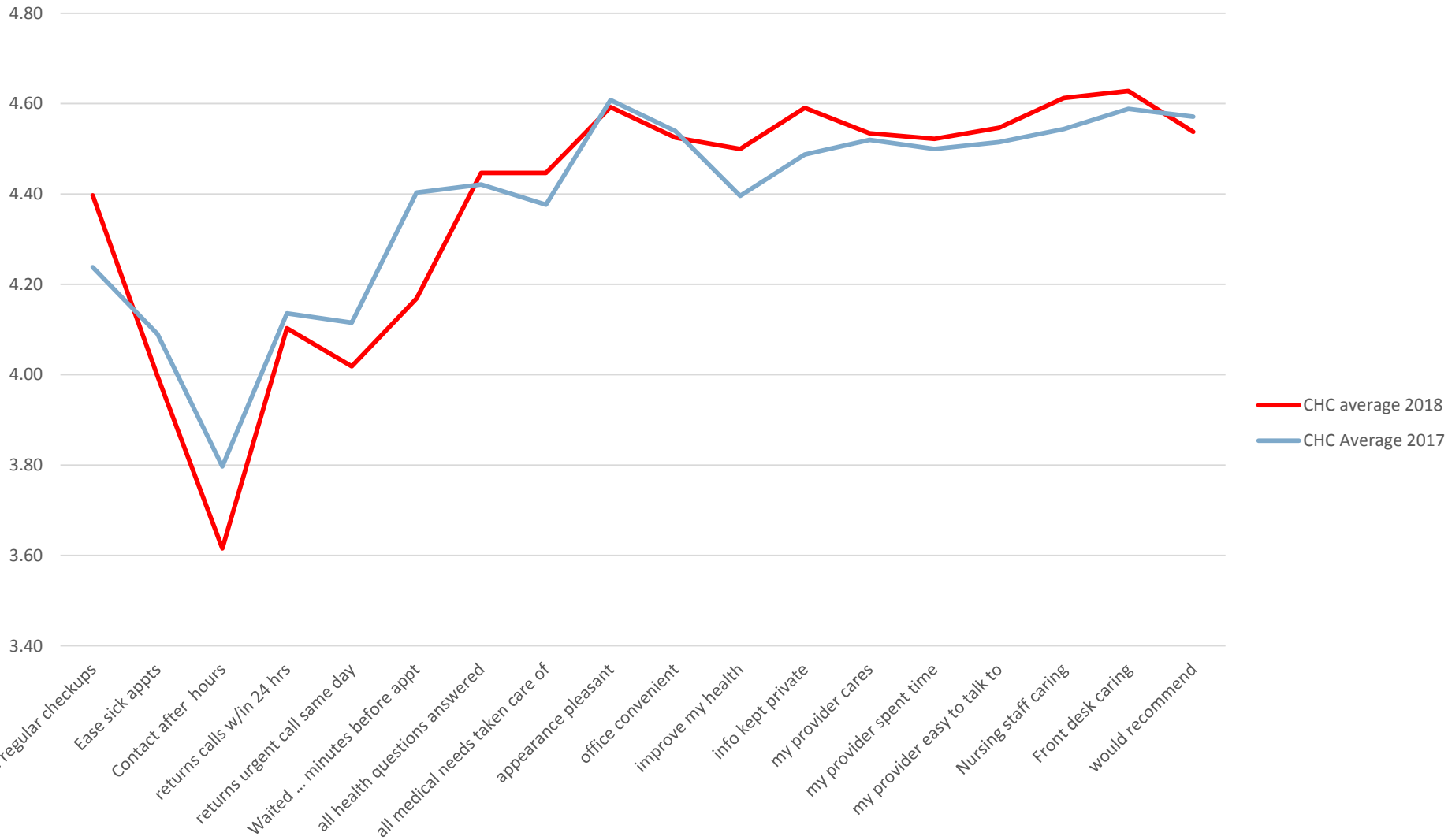
- Delay of implementation – departure of QIC
- Delay of tablatore – PCMH
- Delay of presentation – Epic and other “busy-ness”

Pediatrics and Uptown not included in survey

2019 survey and revamping of whole process is underway

Patient Satisfaction Survey 2018

CHC Average 2018 vs 2017



Patient Satisfaction Survey 2018

The dips – AKA on call, schedule and phones

Rank	Description	Level
1	Ease of afterhours call	3.62
2	Access to sick appointments	4.00
3	Staff returns urgent calls quickly	4.02
4	Staff returns all calls within 24 hours	4.10
5	Wait time before appointment	4.17
6	Access for regular checkups	4.40

Patient Satisfaction Survey 2018

Site by Site

Village higher than average on access, some don't like the parking situation

Saluda higher than average on all but wait time and “all medical needs taken care of”. English patients with a little more trouble with access and not quite as pleased with office compared to Hispanic patients.

Pendergrass FHC very much above average on all but pleasant office appearance (before or during makeover)

McCormick pretty much average across the board

Patient Satisfaction Survey 2018

Site by Site

Calhoun Falls below for call access, returning calls and provider cares but above average for all others

LC4 below average for every data point, including “would recommend” and especially low for getting sick visits – but before now stable and productive providers

Lakelands mixed with low point on afterhours call but high points on sick visits and office calling back

Ridge Spring mostly average with low point on sick visits and returning office calls. English patients with more trouble accessing office but happier in general, while Hispanic patients didn't have as much trouble with access, but overall not as pleased with office and staff

Patient Satisfaction Survey 2018

Takeaways:

Afterhours access continues to be an issue, even after including all sites in one call group

Patient care does not seem to be an issue anywhere but at LC4 and maybe in the Hispanic population at Ridge Spring

Scheduling and **access** seem to be problems at Ridge Spring and LC4, but both have gone through changes since survey

Calling the patient continues to be a challenge that doesn't seem to change much but Lakelands and PFHC seem to be doing it right

Action Items

Credentialing and privileging

- **none**
- New Behavioral Health Coordinator/Counselor to be presented next month