

Chief Medical Officer's Report

APRIL 22, 2019

DATA FROM 12 MONTHS PRIOR TO ONE MONTH AGO



Recruitment and Staffing



Announcements and Updates

Current vacancies

- Pediatrician for HTP – immediate need
- Provider for TCC (physician or APP) – immediate need

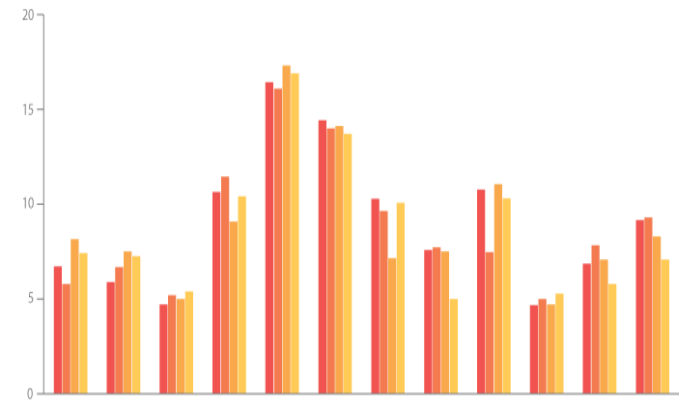
Upcoming Vacancies/Resignations

- Dr. Deborah Grate, Saluda, June 2019 to part-time
- Dr. Jon Berbin, McCormick, October 2019 to part-time
- Dr. Lee Goldstein, Village FP (gyn), July 2019

Recruiting/Plans

- LT pediatrician starting HTP 4/22 for call and office
- Pediatrician candidate just interviewed this past week
- Bilingual FNP student interested in Saluda Jan 2020
- Part-time PA for PRN work only
- 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: 15.5 ↓
- Last month's Peds patients per day: 18.6 ↑

“Real” Range – 11.4 to 20.6 patients per day

- Notables
 - Highest producer was **Bonetti** at TCC
 - **Lakelands average increased 1ppd over the last 3 months**

Quality/Population Health



Patient-Centered Medical Home (PCMH)

- Uptown FP now certified, TCC level 3 until Jan 2020
- Organization-wide certification follows, then TCC
- Next check-in scheduled for 4/25/19 – for CFFP, LFP and LC4

Meaningful Use

- Successfully Submitted Stage 2 for 2016
- Unsuccessful in 2017 and 2018 (portal and messaging)
- Will re-evaluate once EHR conversion done in July 2019

Population health

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

Quality Improvement Committee

January 25, 2019 Quality Improvement Committee Meeting

Staffing updates to Quality Department

Approval of November 30, 2018 minutes

Discussion regarding distribution of patients in Medicaid and Medicare Managed Care organizations

Discussions and plan for increasing:

- Child BMI percentiles – presentation by Director of Clinical Support to clinical staff
- Chlamydia screenings – standing orders, methods to present the need for the testing





Reminder that HEDIS chart chase season is here and to whom to send the chart requests

Next meeting March 22, 2019

Quality Measures



Control of diabetes (A1C levels)

		Where we are	Where we want to be
	Great (< 8)	70.0%	>60% 
	At goal! (>9)	21.1%	<22% 

Both continue to improve nicely

Quality Measures

Control of hypertension (blood pressure)

Where we are

Where we want to be



Lost goal

55.9%

60% **X**

Flat from last month



Quality Measures



Cervical cancer screening (Pap tests)

Where we are

Where we want to be



At goal

38.9%

35%



Gained the ground lost last month

Quality Measures



Breast cancer screening (mammograms)

Where we are

Where we want to be



Improving
steadily

54.9%

60%



**Big increase again from last month,
getting closer to goal**

Quality Measures

Colon cancer screening (colonoscopies)

Where we are

Where we want to be



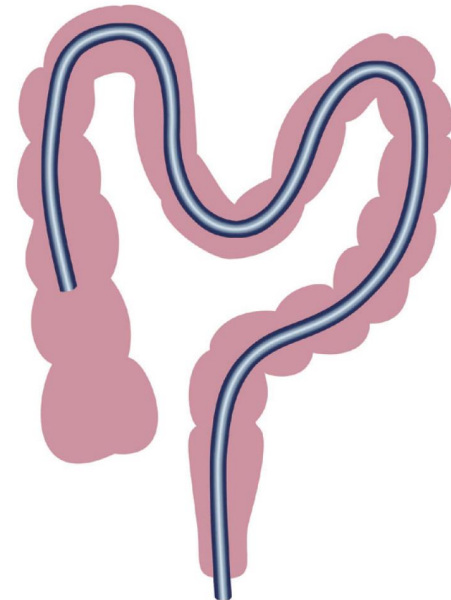
Approaching
goal

43.4%

47%



Slight decrease from last month



Quality Measures



Vaccination rates (children)

Where we are

Where we want to be



Still a ways to go

20.0%

30%



Big increase from last month
Taking flu shots out = 68%

Quality Measures



Appropriate meds for persistent asthmatics

Where we are

Where we want to be



Not there yet

61.0%

80%



Small increase from last month

Quality Measures



CAD (heart) patients on lipid lowering therapy

Where we are

Where we want to be



Close to goal

74.6%

80%



Mild decrease from last month

Quality Measures

Adolescent well-care visits, age 12-21



Where we are

Where we want to be



Steady

41.4%

50%



Slight increase from last month



Quality Measures

Well-child visits, children 3-6 yrs old



Where we are

Where we want to be



Getting closer

57.0%

60% 

Another increase from last month
Slowly approaching goal

Quality Measures

Well-child visits, total of 6, before 15 months

Where we are

Where we want to be



Steady

49.1%

55% 

Small decrease from last month



Quality Measures



Depression screening, all patients 12+

Where we are

Where we want to be



Past goal

44.6%

30% 



Nice increase from last month

Quality Measures



Diabetic Eye Exams

Where we are

Where we want to be



Slow improvement

19.7%

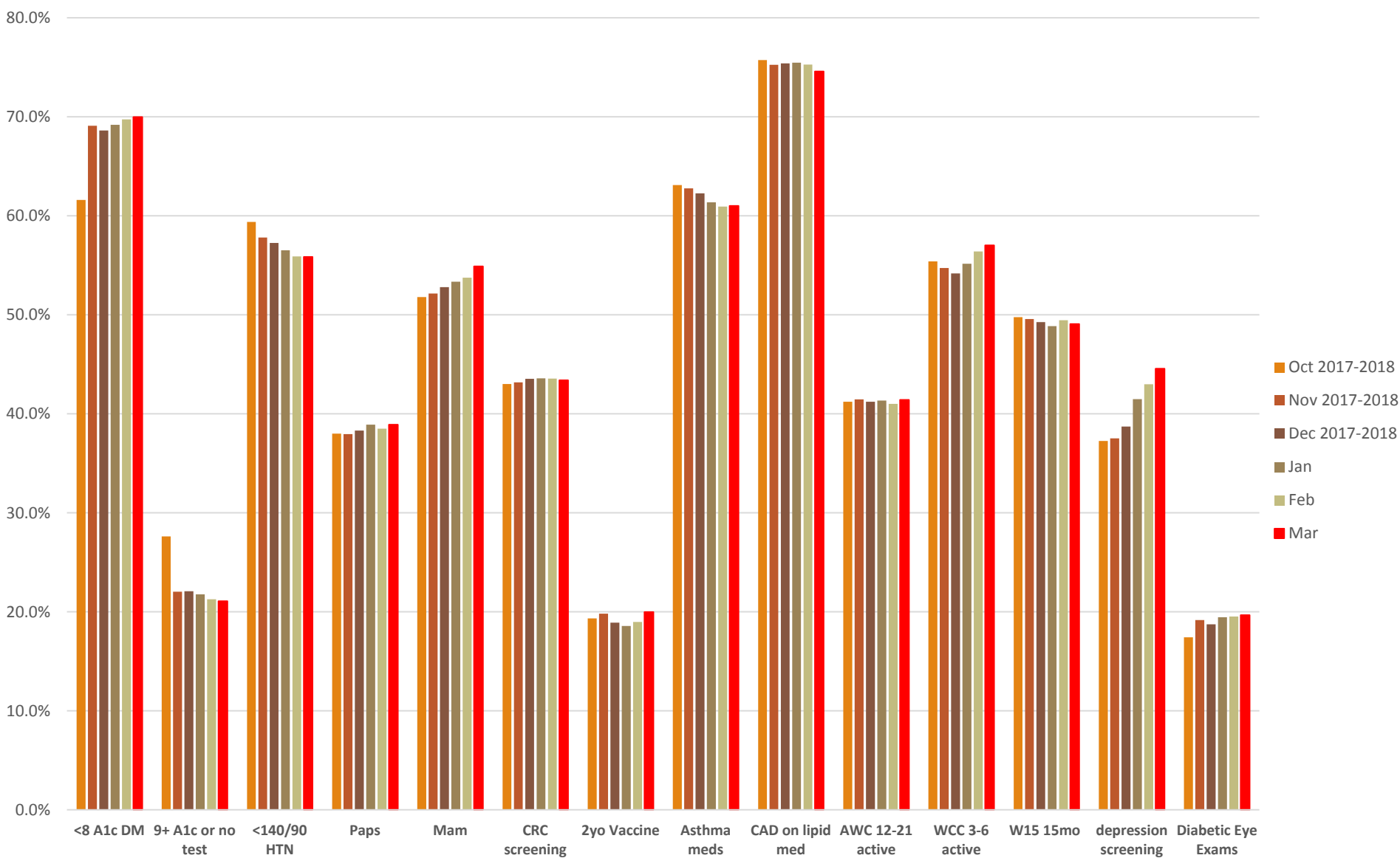
30%



Small increase from last month



Quality Measures Graph



Compliance

Peer review

Presenting tonight

Patient Satisfaction Survey

Received from sites and tallied, to be presented in coming months

Ready to send out a new survey – investigating options

Dismissals for the month

0 for this month

Compliance

Delinquent notes

New perpetrator – 12 → 13

Provider emailed, along with Director, **this time warning of payroll delay**

Policy stated in email, will be monitoring closely

Peer Review



Methods

- Completed twice per year
- Every provider reviews 10 charts of a peer provider
- FM reviews FM (and Gyn)
- Peds reviews 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 – Fall 2018



Results

27 providers reviewed

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

Providers with no issues found at all = 14

Peer Review – Fall 2018



Issues found from most prevalent to least:

1. Med and allergy lists not obviously up to date
2. Missing documentation of patient education
3. Follow-up plan not plainly documented
4. Use of non-standard abbreviations
5. History and review of systems missing or lacking
6. More discussion needed in Assessment and Treatment Plan areas
7. Consult not done when might have been needed
8. Medically-specific questions of diagnosis and/or treatment plan

Peer Review – Fall 2018



Action items:

- No increased rate of review for any provider*
- General email regarding the top few findings, mostly concerning medicine and allergy lists, patient education documentation and patient follow-up plans
- Specific targeted emails to individuals regarding: standard abbreviations, documenting more complete information in History and/or Assessment and Treatment areas
- Specific emails to individuals regarding the few clinically-specific items that were found
- One APP with rather consistent mild deficiencies – will notify both the APP and the supervising physician for attention to regular reviews

*New NP/physician agreements now dictate an increased chart review process for all APPs

Risk Management



RMC meeting April 16, 2019

Primarily reviewed the Risk Assessment Tool with identified risks, including likelihood and impact of each risk

Reviewed format of draft Risk Management Report

Reviewed Risk Management goals

Next meeting June 18, 2019

Risk Management



Annual Risk Assessment Report

- Purpose – identify most serious risks and mitigating strategies
- Process – key staff from all departments provide input and the few most significant risks are targeted with specific action plans
- Reporting – report presented to the QI Committee and the Board of Directors

Risk Management



Annual Risk Assessment Report

4 most significant risks selected

Improper coding and/or documentation by providers

Risk – audits, financial

Actions – provider training and education, in-house audits, reporting and analysis of coding habits to providers

Audit process in place by June 1, reports to providers regarding coding

Risk Management



Annual Risk Assessment Report

Medication and vaccine errors, in-office and pharmacy

Risk – patient safety, waste of resources, reputation

Actions – staff training and education, policy and procedures for checks and balances, institute med admin error report, separate tracking

Med error form by June 1, tracking procedure by August 1

Pharmacy is reporting regularly. Will inquire about tracking procedure.

Risk Management



Annual Risk Assessment Report

Power and network failure

Risk – loss of patient care services, pharmacy services, revenue, increased hazards, communications failure

Actions – Many strategies in place (generators, backups, emergency lighting, network outage triggers). More robust tracking procedure may help identify more consistent problems.

Regular tracking and reporting implemented by June 1

Risk Management



Annual Risk Assessment Report

HIPAA/confidentiality violations

Risk – divulging personal information gained without consent, punitive damages, legal actions

Actions – Many policies in place. Regular staff education and training will be planned. Routine audits with reporting will help identify issues. Investigate optimal security measures with implementation of Epic EHR.

Regular reporting implemented by June 1

Risk Management



Annual Risk Assessment Report

Other issues were identified, but with less impact or less likelihood

These other issues are still listed in report

These other issues will still be considered in quarterly assessments

Lastly, under inquiry:

MedTrainer is mandatory annual training but need reporting from system

Incident reports are submitted regularly but no regular reporting

Risk Management



Risk Management Goals

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

Credentialing and Privileging Renewal FY2020

Anderson, Casie, FNP	Hinkle, Veronica, FNP	Patterson, Jennifer, FNP
Batson, Ashley, PharmD	Holmes, Joshua, MD	Platt, Cheryl, PNP
Berbin, Jonathan, MD	Jenkins, Ashley, MD	Polanco Zacarias, Viarda Licelot, MD
Bonetti, Juan, MD	Johnson-Bailey, Melanie, MD	Price, Nicole, PNP (LT)
Bridges, David S., MD	Krakowiak, Joseph, MD	Reinholz, Christian, MD
Brigman, Shelly, MD	Lyons, Richard, RPh	Reynoso, Clarissa, MD
Buchanan, Taylor P., PharmD	Lewis, Dante, MD (LT)	Simons, Locke, MD
Carson, Megan, PA	McCaslan, Johnathan Christopher, PA	Stanley, William, PA
Cooper, John "Jack", PharmD	McDaniel, Ashley, PNP	Storey, Alice, PharmD
Dahlberg, Dori, FNP	McGarity, Brandy, PNP	Sutherland, Arthur, RPh
Dahlberg, Jason, MD	Medina Jimenez, Alejandra, PA	Watkins, Leanne, FNP
Gary, Shavonda, PharmD	Mellette, Dominic, PharmD	Whitehead, Tommy Scott, PA
Goldstein, D. Lee, MD	Minick, Sarah L., PharmD	Wiggins, Ashley, MD
Grate, Deborah J., MD	Monson, Gail, RNC WHNP	Witt, James, RPh
Griggs, Rachel, FNP	Neeley, Christina, MD	Wulfekotte, Brenda, FNP
Hammett, Jo, FNP	O'Dell, Angela, FNP	Zimik, Elcy, MD

Action Items

Credentialing and privileging

- Dr. Dante Lewis to start at Hometown Pediatrics as LT provider on 4/22/19
- Entire list of providers