Quality

Your Role as a CHC Board Member

Cheryl Gildner
Compliance Manager
Ingham Community Health Center
What is quality in a health center?

- Quality in a health center is often viewed as clinical outcomes.

- Quality should include many areas and processes that all contribute to improved clinical outcomes and efficiency.
Why is quality important in a health center?

- Aside from the obvious desire to provide the best care possible
- Quality is one of the components of the 19 HRSA Health Center Requirements
- Quality is driving payment reform
HRSA 8. Quality Improvement/QA Plan

Requirement:

Health center has an ongoing Quality Improvement/QA program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:

- a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;
- periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall:
  - be conducted by physicians or by other licensed health professionals under the supervision of physicians;
  - be based on the systematic collection and evaluation of patient records; and
  - identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.

(Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2))
Quality Improvement/Assurance Plan

- QI/QA assessments must be conducted (e.g., assessments of the appropriateness of service utilization, quality of services delivered, the health status/outcomes of health center patients) on a regular basis.
- The health center must have a clinical director, who may be full or part time staff, and should have appropriate training/background (MD, RN, MPH, etc.), as determined by the needs/size of the health center.
Quality Improvement/Assurance Plan

- The clinical director must have clear responsibility, along with other staff as appropriate, for conducting QI/QA assessments/activities.
- The plan includes methods for measuring and evaluating patient satisfaction.

- The health center must have clinical information systems in place for tracking/analyzing/reporting key performance data related to the organization’s plan.
- The findings of the QI/QA process are used to improve organizational performance.
CMS – Value Based Care

- Better Outcomes
- Lower Costs
- Improved Clinician Experience
- Improved Patient Experience
What are the Pieces?

- The quality & finance connection.
- Patient satisfaction surveys.
- Clinical outcomes.
- Provider satisfaction.
What should I be looking for?

- The climate
  - Is everyone educated and on board?

- The plan.
  - Is it inclusive of all aspects of operations?
  - Is it updated and how often?
  - Are there adequate resources to carry out the plan?

- The outcomes.
  - What are the trends?
  - How/when/where and with whom is the information shared?
  - How will this information be used for improvement?
What types of information?

- Utilization, hours of operation, no show, appointment type; how does this match with needs assessment
- Populations and disparities (diagnosis, age, gender, race)
- Financial – rejected claims, collections rates, visit data, cost per patient
- Clinical outcomes based on standards, audits, established goals
- Patient satisfaction including care and treatment, access, facilities, locations
It’s All About the Data!

- Make sure someone is producing, monitoring and acting on.
- So much data! Pick priorities and work toward goals. We now have so much data it is hard to stay focused.
- Validate!!! Is someone making sure the data is accurate?
- Samples attached.
THANK YOU

Questions/Comments?