Innovations in Community Healthcare
Submitted to the Illinois Community Health Foundation
By Chicago Family Health Center
January 15, 2016

Project Summary

Chicago Family Health Center (CFHC) respectfully requests $16,600 to support the rollout of our new Quality Improvement & Patient Safety (QI) department. This newly created department will allow CFHC to usher in a new level of superior care at our five sites on the south and southeast sides of Chicago. During its first year of operation, the QI department will work with the Clinical Education (CE) department to focus on reducing the cost burden to CFHC and local hospitals by addressing measures relating to chronic illness. These efforts are part of our project aimed at advancing chronic disease management for our patients.

At CFHC our vision is that we will become the provider of choice for comprehensive primary healthcare by achieving excellence in quality, access for all who seek care and the improvement of the health of the communities we serve by utilizing innovative health solutions. Using this as a guide, CFHC implements a patient-centered medical home model where we strive to serve the needs of our patients in a proactive, comprehensive manner. In the current competitive climate, however, this has meant allocating additional resources to direct patient care, resulting in fewer resources available for innovative quality and performance improvement activities. As we continued to grow, CFHC leadership recognized the need for a robust QI department that will usher in a new level of care, safety, and cost savings.

In response to this need, CFHC created the QI department. The QI department consists of a Director of Quality and Patient Safety, Practice Transform Coordinator, Compliance Risk Manager, QI Analyst, and QI Coordinator. Collectively, this group will work to improve medical

outcomes and reduce the cost burden to the organization and local hospitals. Illinois Community Health Foundation funds will go to directly support the QI department's efforts to address the burgeoning number of chronic illness cases CFHC is seeing by paying for the work of a new QI Analyst.

Project Narrative

Statement of Need

Throughout the last 38 years, industry and business have yet to return to the far south and southeast sides of Chicago. CFHC continues to expand care for these vulnerable residents who struggle under the effects of an unemployment rates nearly triple that of the City of Chicago as a whole. These communities experience numerous barriers to accessing high quality healthcare services. As a result, they experience significant health disparities. Surveying CFHC patients, approximately 2,752 have diabetes, 4,811 have hypertension, 1,964 have asthma, 532 have heart disease and many of these patients experience disease-related depression. Roughly 10% of CFHC's patients have diabetes and 16% have hypertension. The number of patients that we have been caring for with uncontrolled chronic conditions increased in 2014. In that year alone, CFHC diagnosed over 250 new patients with heart disease, which was the highest number of new diagnoses in over five years, over 1,400 new cases of hypertension, and nearly 915 new cases of diabetes.

In response to this, CFHC is in the process of putting in place the QI infrastructure needed to maximize chronic disease outcomes. This effort will be spearheaded by our new Director of Quality & Patient Safety, Rebecca Baker-Karr, under the leadership of our Chief Operations Officer, Dee LaGioria, and Chief Medical Officer, Dr. James Valek.

Project Objectives

CFHC is working to expand its targeted efforts to improve the health status of patients with chronic conditions. Currently, CFHC utilizes three primary tools to improve chronic disease outcomes: (1) CareSentry, (2) Peer Review, and (3) Track and Recall. These are described further below.

- CareSentry: This is point-of-care software designed to integrate with CFHC's NextGen system. CareSentry tracks and monitors the standards of care received by every patient, giving their Provider a simple, colored coded summary. It serves as a checklist of preventive care, to anticipate the patient's future needs and address them in the context of the visit. This is especially important for patients with chronic conditions.
- Peer Review: Every other month, CFHC Providers audit ten charts for documentation accuracy and standards of care. Results shared at relevant Task Force meetings, including Pediatric Health, Behavioral Health, Dental Health, Women's Health and Adult Health. CFHC also ties Provider performance to their incentive payments.
- Track and Recall: Using customized reports in NextGen, CFHC's QI Coordinator partners with Medical Assistants (MA) to scan patients in need of assessments. The MA contacts patients to conduct screenings via phone and/or recalls them to the health center for overdue services. This is activity is in the pilot stages.

In order to improve our efforts, CFHC proposes to achieve the following goal from March 1, 2016-March 1, 2017:

Goal: Chicago Family Health Center will centralize and expand the QI department to implement innovative performance interventions to improve the health outcomes of patients and reduce the cost burden to the organization and local hospitals.

- Objective 1: CFHC's COO will centralize and hire a robust Quality Improvement department, including a new 1.0FTE Quality Improvement Analyst by April 2016.
    - Action 1: CFHC's new Director of Quality and Patient Safety will actively recruit and hire a qualified Quality Improvement Analyst by April 2016. This individual will have a minimum of three to five years of experience working as an analyst in a health care setting. Training will commence immediately.
- Objective 2: CFHC's Director of Quality and Patient Safety will launch systematic track and recall of diabetic and hypertensive patients for necessary screenings and/or treatments by July 2016.
    - Action 1: The Director of Quality and Patient Safety will partner with the Quality Improvement Coordinator to develop report templates, schedules and processes to implement tracking and recalling of diabetic and hypertensive patients that need services. This planning process will be completed by June 2016.
    - Action 2: The Quality Improvement Coordinator will follow the processes developed in Action 1 to distribute the patient registries to the Health Educators or other available staff to begin outreach to patients in need of services. This process will launch July 2016.
- Objective 3: CFHC's Director of Quality and Patient Safety will implement an inclusive quality improvement structure that has input from and oversees improvements in all CFHC departments.
    - Action 1: The Director of Quality and Patient Safety will identify key staff members who will act as chairs of the Medical Advisory, System of Care, EHR/HIM, P&T,

Patient Safety, and Administrative Quality Oversight committees and assist each committee with creating a charter by the February 29, 2016.

- Action 2: The Director of Quality and Patient Safety will begin meeting with the newly formed committees by March 31, 2016.
- Action 3: The Director of Quality and Patient Safety and each committee will begin reviewing data and making recommendations by April 30, 2016.

Plan of Operations

Funds will be used to launch CFHC's new Quality Improvement Department. CFHC recently hired a new Director of Quality and Patient Safety, Rebecca Baker-Karr, who will oversee the creation of the department, its development and implementation of all data gathering procedures, quality improvement efforts, and safety improvement efforts at CFHC. Ms. Karr Becki is a registered nurse with an MBA from Keller School of Management. She has an extensive career in nursing with a focus on clinical education, quality, and risk management.

Ms. Karr will spearhead the development of the QI department. She has already put together a Performance Improvement Plan and is forming the committees necessary to drive change. The QI department has the responsibility for the overall coordination of team activities and coordination and facilitation of related educational requirements. The coordination of team activities includes mechanisms for data collection, data display, and report preparation to support measurement and assessment. The department may also provide support to any clinic site or department that may need assistance in developing, monitoring, and reporting of PI activities.

CFHC proposes to achieve the following metrics from March 1, 2016-March 1, 2017:

Goal: Chicago Family Health Center will centralize and expand the Quality Improvement department to implement innovative performance interventions to improve the health outcomes of patients and reduce the cost burden to the organization and local hospitals.

- Metric 1: CFHC will maintain cost efficiencies despite increase in access to care.
    - Baseline: $189 (FY2015 Financials, MIP Software)
    - Proposed Change: $190 (March 2016-March 2017 Financials, MIP Software)
- Metric 2: CFHC will experience a decrease in average monthly emergency department visits.
    - Baseline: 290 (Quarters 1 and 2 2015 MHN Connect reports)
    - Proposed Change: 250 (2016 and Q1 2017 MHN Connect reports)
- Metric 3: CFHC will improve the percentage of diabetic patients 18-75 years (type 1 or type 2) who had hemoglobin A1c > 9.0%.
    - Baseline: 61.29% (2014 UDS, EHR)
    - Proposed Change: 67% ((2016 UDS, EHR averaged with January-March 2017).
- Metric 4: CFHC will improve the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90).
    - Baseline: 63.08% (2014 UDS, EHR)
    - Proposed Changes: 67% (2016 UDS, EHR averaged with January-March 2017).

Project Evaluation

The QI department is responsible for collecting and analyzing all of the data. The improvement model consists of three fundamental questions and a Plan-Do-Study-Act cycle to test and implement changes.

PDSA Model for Improvement		
What are we trying to accomplish?		**Setting Aims** An aim is a written statement summarizing what the health center team hopes to achieve. It includes time-specific, measurable goals.
How will we know that a change is an improvement?		**Defining Measures** Measures tell us whether a change we've made actually leads to improvement. Measurement should be designed to accelerate improvement, not slow it down.
What change can we make that will result in improvement?		**Testing the Change** All improvement requires changes, but not all changes result in improvement. We will choose changes that seem most promising, and then test them in specific practice settings with specific patient populations.

PDSA Model for Performance Improvement	
PLAN • Objective • Questions and predictions (why) • Plan to carry out the cycle (who, what, where, when)	**DO** • Carry out the plan • Document problems and unexpected observations • Begin analysis of data
STUDY • Complete analysis of data • Compare data to predictions • Summarize what was learned	**ACT** • What changes are to be made? • Next cycle?

The organization's on-going collection and monitoring program covers a multitude of variables including clinical, financial, operational, as well as patient and staff satisfaction.

Data collection activities will be based on priorities set by the organization's leaders. Leaders will consider the populations served by the center as well as high risk, high volume and

problem prone activities which occur. Requirements for data collection imposed by funding sources and legal/regulatory agencies will also be included, when appropriate. The data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement.

Sustainability

CFHC is committed to sustaining the implementation of the project beyond the grant year. The implementation and growth of the QI department will be spearheaded by Ms. Karr under the leadership of the Chief Operations Officer, Dee LaGioia, and the Chief Medical Officer, Dr. James Valek. Collectively, these three individuals have a combined total of more than 50 years of leadership and quality improvement experience that they bring to this project. In addition to their expertise, the Board of Directors and CEO have identified QI as a strategic priority and are also committed to this program.

CFHC will also commit to sustaining the funds needed for the project to continue beyond the grant year. One of the most effective ways that sustainability will be ensured is that the activities described above will, over time, decrease the overall costs of care for CFHC patients. This will be coupled with maximizing billing Medicaid, Medicare and other insurance plans for services rendered. CFHC will also employ a robust, comprehensive plan that aims to produce diverse revenue streams and project sustainability: 1) leveraging existing and new relationships to increase funding through foundation and corporate support; 2) maximizing Medicaid revenue through ongoing client enrollment and continued advocacy for the ACA; 3) identification of government funding, including local, state and federal sources; and 4) continued expansion of

other sources of revenue including individuals and special events. Through these efforts, coupled with cost-savings, CFHC anticipates continuing the project beyond the contract period.

Innovations in Community Healthcare Budget & Budget Narrative
Chicago Family Health Center

Expenditure Category	Description	Total Amount Required	Amount Provided by Applicant/Others	Amount Requested from Grant
Personnel	1.55FTEs	$106,350	$91,900	$14,450
Fringe Benefits	Insurance; retirement; comp. @ .21	$22,334	$20,184	$2,150
Office Supplies	Notebooks; pens; etc.	$3,000	$3,000	$0
Printing	Educational materials.	$5,000	$3,000	$0
Technology	Computers; phones; etc.	$3,000	$3,000	$0
Education Materials	Manuals; copyright materials.	$3,000	$3,000	$0
Staff Development and Training	Onboarding costs.	$3,000	$3,000	$0
Other	Overhead; indirect costs.	$24,366	$24,366	$0
Total Expenses:		$170,050	$151,450	$16,600

Narrative

Personnel ($14,450) **$106,350**

- Chief Operating Officer ($126,000 @ 10%) $12,600
- Director of Quality and Patient Safety ($75,000 @ 30%) $22,500
- Quality Improvement Coordinator ($45,000 @ 25%) $11,250
- Quality Improvement Analyst ($50,000 @ 30%) $15,000
- Manager of Clinical Education ($75,000 @ 60%) $45,000

Fringe Benefits ($2,150) **$20,184**

Includes health, dental and vision insurance, disability, unemployment, 401K match and more at 21%.

Office Supplies ($0) **$3,000**

Includes office supplies needed to carry out the program, including notebooks and pens for patients to track eating and exercise habits.

Printing ($0) **$5,000**

Includes costs of printing education materials for the clinic ($2,000), education classes ($2,000) and posters/flyers promoting CFHC education services ($1,000). Clinic materials would be distributed at all well-visits for patients with diabetes and/or hypertension.

Technology ($0) **$3,000**

Includes costs associated with hiring new staff including desktop computers, phones and licenses ($2,000). It also includes the costs of

integrating educational materials and videos into CFHC's EHR system and potential technology needed for education classes ($1,000).

Education Materials ($0) **$3,000**
Includes the costs of appropriating copyrighted education materials, including group class instructor manuals, participant notebooks, etc.

Staff Development ($0) **$3,000**
Includes on-boarding costs for new staff and new and ongoing training for staff to lead and implement educational programming. This will also include any external training services that are needed to better utilize CareSentry.

Other ($0) **$24,366**
Includes overhead and indirect costs such as utilities, depreciation, bad debt, etc.