

**CHICAGO FAMILY HEALTH CENTER'S FINAL REPORT TO
THE ILLINOIS COMMUNITY HEALTH FOUNDATION**

Project Description

On behalf of the communities served by Chicago Family Health Center (CFHC), thank you for your generous support of our new Quality Improvement and Patient Safety department. This department has allowed CFHC to usher in a new level of superior care at our five sites on the south and southeast sides of Chicago. CFHC has achieved the following progress as of December 31, 2016:

Goal 1: 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 Chief Operating Officer will centralize and hire a robust Quality Improvement department, including a new 1.0FTE Quality Improvement Analyst by April 2016.

Achieved: CFHC hired an extremely qualified candidate to fill the Quality Analyst role; her first day at CFHC was June 27, 2016. CFHC was unable to fill this position by April 2016 due to the challenges associated with finding a qualified candidate who has experience working in a Federally Qualified Health Center (FQHC) setting. CFHC's far south side location also served as a barrier to securing candidates. CFHC interviewed a total of seven candidates for this position and made two offers to other candidates who declined the position due to these issues before Ms. Shalonda Smith-Latimer accepted the position.

Ms. Smith-Latimer is immensely qualified for this position and brings more than 20 years of healthcare and project management experience to her new role. Prior to joining CFHC, she worked at Family Health Network as the Quality Improvement Manager. In this role, she conducted all aspects of HEDIS/medical evaluation studies, including data collection, analysis and reporting, and implemented all quality improvement strategies across the FHN network. Prior to that, she worked at WellCare Health Plans Inc., where she analyzed HEDIS data and worked with providers to help them improve in metrics requiring growth. Ms. Smith-Latimer also worked in a variety of project management and analyst roles at Blue Cross/Blue Shield of Illinois for 15 years.

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.

Achieved: CFHC has launched a track and recall of diabetic and hypertensive patients. The launch of the system was delayed due to the challenges encountered hiring for the Quality Analyst position. The position was not filled until June 27, 2016 instead of April, making it difficult to reach the initial deadline of July 2016. CFHC was able to begin track and recall activities by September 2016. Care gap reports are generated monthly and involve comparing reports provided by insurance providers with CFHC's data to identify gaps in patients' care. This

report is used by the Care Coordination Department to identify which patients to reach out to regarding their care. As part of developing a strong system for track and recall, CFHC has also expanded the Care Coordination department to 24.0FTE to facilitate outreach to patients who have gaps in their care. The Care Coordination Department is comprised of two components, a clinical team and a non-clinical team. Their primary outreach tool utilized by this team are robust phone calls. Non-clinical care coordinators are required to make a minimum of 105 phone calls per week and contact at an average of 34 patients. Medical care coordinators do not have a set number of contacts per week; instead the number of contacts that they must make is based on the complexity and severity of the patients on their current case load.

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.

Achieved: CFHC launched a new comprehensive, organization-wide Quality Improvement structure and plan. As part of these activities, the Director of Quality and Patient Safety, Ms. Rebecca Baker-Karr, created a new Quality Improvement committee structure, recruited key staff members to chair each committee, and charged each committee with creating a charter by February 29, 2016. The new quality structure includes: Integrated Care, System of Care, Electronic Health Records/Health Information Management, Pharmacy & Therapeutics, Accreditation, Patient Safety, Policies and Procedures and Administrative Quality Oversight committees. These committees report up the overarching Performance Improvement Committee. Following this, Ms. Baker-Karr began meeting with the newly formed committees, and each committee began reviewing data relevant to their committees and making process improvement recommendations by April 30, 2016. The Quality Improvement structure has been included as Attachment 1.

CFHC is becoming a data rich organization that implements program improvements based on collected data. Current initiatives include expanding employee input through a new Performance Improvement Committee structure that brings all elements of the organization together under one Quality Improvement structure; revising and improving the peer review process for the medical, behavioral health, and dental departments; sharing key indicators with all staff (e.g., cycle time, weekly capacity, and no-show rate) on a monthly basis; and drawing from new sources of data. Data is used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement. All data is reviewed by multiple committees and subcommittees who are composed of staff from all departments (e.g., facilities, medical, financial, dental, and scheduling/call center) and all managerial levels (e.g., managers and executives). All committees and subcommittees meet monthly. Data is also reviewed by the Board of Directors every other month. In addition to this, employees who are not committee or subcommittee members receive regular quality and accreditation readiness updates electronically (e.g., First Friday newsletter and Quality Management news blogs). QI also engages Public Affairs/Communication as committee members on the Performance Improvement and Accreditations Readiness committees to help facilitate a free flow of information throughout the organization regarding quality and accreditation.

The Program and Quality Assurance Committee of the Board is responsible for the annual evaluation of the appropriateness and effectiveness of the Quality Improvement Program described above. The Performance Improvement Committee evaluates goals, objectives and overall effectiveness. After evaluation, the Performance Improvement Committee and Quality Improvement plan is amended or revised as appropriate to reflect improvements and changes implemented to support a continued effective process. In addition, results of Performance Improvement Committee efforts are evaluated against their objectives. Annually departments evaluate their monitoring results in relation to the goals set and plan for upcoming year's quality improvement activities. This report is presented to the Performance Improvement Committee and forwarded to the Board of Directors via the Program and Quality Assurance Committee.

Goal 2: 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)
 - In Progress: CFHC was able to maintain a cost per patient of \$186 in FY2016 (July 1, 2015 through June 30, 2016), the most recent year that CFHC has audited financial information for.

- 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)
 - In Progress: CFHC has seen a decrease in the number emergency department visits, decreasing from 290 to 116 in November as a result of the efforts of our Care Coordination Department and their work to ensure that patients visit their primary care doctor within seven days of being discharged from the emergency department. Care coordinators are required to make a minimum of 105 phone calls per week and reach an average of 34 patients per week regarding health related issues including emergency room discharges.

- 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).

- *In Progress*: Preliminary 2016 UDS data from November indicates a significant increase to 74% as a result of the efforts of the Quality Improvement Department and Care Coordination Department. The Quality Improvement Department worked to develop the data and the templates that the Care Coordination Department uses in their track and recall efforts. Care coordinators call patients in order to make sure that they are medication compliant and up to date on their treatment plans. Each care coordinator is responsible for making at least 105 calls a week and contracts an average of 34 patients per week.
- 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)
 - *In Progress*: Based on a preliminary UDS run of 2016 data, CFHC is at 56%. The main reason that this indicator dropped is that the medical assistants are inconsistently capturing this information. In response to this, CFHC's newly created Clinical Education Department has been working to provide training and resources to the medical assistants to ensure that they are recording this information in the electronic health records system in an accurate and consistent manner. These efforts include the development of a new medical assistant handbook, small group training in groups of one to three with a registered nurse from the Clinical Education Department, annual competency skills testing, and several power point trainings.

CFHC Quality Program Structure

June 2016

