



Health Care Plans- Fundamentals

Bob Hoch MD,MPH
BPHC All Grantee Meeting
June 22,2005



Health Care Plan Definition- BPHC

- “Outline of plans related to identified community health needs/issues as well as quality improvement activities within the practice... The health care plan can and should be used as an ongoing monitoring and evaluation tool”

PIN 2004-01



Purpose

- BPHC Requirement
- Clinical Strategic Plan
- Drive Clinical Quality Improvement



BPHC- Health Care Plans Expectations

- Major health-related goals and objectives for each life-cycle/population
- Improving performance, quality, and outcomes
- Eliminating health disparities



BPHC Expectations- cont

- Retention and recruitment
- Participation in Health Disparities Collaboratives
- Unresolved clinical issues from PCER, NGA



Purpose

- BPHC Requirement
- Clinical Strategic Plan
- Drive Clinical Quality Improvement



Elements

- Problem/Need Statement
- Goals/Objectives
- Key Action Steps
- Expected Outcome
- Data, Evaluation and Measurement
- Comments
- Timeframe



Problem/Need Statement

- Broad description of major issues
- Tie into/flow from project description
- Relate to identified target populations
- Quantifiable where possible
- Address disparities, performance improvement, specific public health priorities, collaborative sustain and spread



Goals and Objectives

■ Goals

- Broad expression of desired future
- Address identified needs or problems
- Long term focus

■ Objectives

- Descriptions of desired outcome
- Identify acceptable level of performance or criteria for evaluation
- Can be short or longer term



Key Action Steps

- Major activities needed to accomplish objective
- Critical actions to obtain result/outcome
- Refer to specific goal/objective



Expected Outcome

- Expected result that denotes successful completion of objective
- Measurable
- Time-limited
- Doable with available resources
- Refer to specific goal/objective



Data, Evaluation and Measurement

- Identifies
 - source of data
 - evaluation method
 - Measurement

Used to evaluate progress toward an objective
- Refers to specific goal/objective



Person/Area Responsible

- Identifies person by job title or operational area
- Should be at management level
- May delegate activity but not responsibility
- Refers to specific goal/objective



Dimensions for Objectives/Outcomes

- Structure- Availability of Service/Process
- Process- Provision of Service/Process
- Outcome- Quality of Service/Process



Data Sources for Objectives

- PMS/EMR
- State DPH
- PCA's/PCO's/CN
- MCO's
- Staff/Board anecdotes



Benchmarks for Outcomes

- External
 - Health Disparities Goals
 - MCO's
 - Year 2010
- Internal
 - Historic
 - Consensus



Health Care Plan Develop Process

- Review current goals/objectives
- Examine available data for opportunities for improvement
- Brainstorm alternative interventions
- Prioritize options
- Identify data elements
- Develop measurement plan



Responsibilities- Theory

- Leadership-
 - Vision
 - Resources
- Management-
 - Coordination
 - Implementation
- Staff
 - Daily operations



Responsibilities- Practice

- Leadership-
 - Problem/Need Statements
 - Goals
- Management-
 - Objectives
 - Outcomes
 - Data Plan
- Staff-
 - Action Steps



Alignment

- Strategic Plan
- Quality Plan
- Departmental Operations
- Performance Reviews
- Daily Operations
- Compensation Plan

1.PROMOTES HEALTHY PEOPLE 2010 GOALS THROUGH PREVENTIVE SERVICES

Problem/Need: To improve the health of our community and reduce patient's morbidity and mortality by preventing common clinical conditions, detecting cancers and other serious conditions at the earliest stage and managing chronic diseases proactively to reduce negative outcomes. Utilize Healthy People 2010 Leading Health Indicators.

Goal/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
Goal A: Maintain and modify, as needed primary prevention efforts to prevent potentially serious clinical conditions.					

Goal/Objective	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
Goal A: Maintain and modify, as needed primary prevention efforts to prevent potentially serious clinical conditions.					
A1. Use quality improvement methodology to develop, implement and modify pediatric immunization practice per Healthy People 2010	A1a. Expand the use of the Medtrac immunization registry to cover all pediatric patients in the agency.	A1a. Maintain pediatric immunization rate for two year olds at or above the goal of 90%.	A1a. Immunization rates as demonstrated in immunization registry, PCC minutes.	A1a. Pediatric Managers and Site Executive Directors.	A1a. Pediatric immunization rates for FY 04 were 93%.

Goal/Objective	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
A3. Reduce the initiation and prevalence of smoking in the pediatric and adult population.	A3a. Maintain and modify, as needed smoking assessment as component of routine anticipatory guidance on pediatric physical exams and on selected sick and follow-up visits.	A3a. Screen at least 80% of adolescents to identify those at risk for smoking and provide intervention to decrease the risk.	A3a. Smoking assessment and intervention rates as demonstrated in peer review and quality audit data.	A3a. Department managers, Site Medical Directors and Corporate Medical Director.	A3a. As part of routine health maintenance 94% of adolescents were screened for tobacco use and 80% of those screening positive had documentation of counseling.

Goal/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
B1. Detect breast and cervical cancer at an early stage to reduce the risk of poor outcome.	B1d. Review individual provider performance on breast and cervical cancer screening and include in annual performance reviews and in the provider performance compensation plan.	B1d. Increase rate of completion of Pap smears and Mammography as recommended until reach goal of 90%.	B1d. Pap and mammogram rates as demonstrated in quality audits, peer review data registry reports, annual performance reviews and provider compensation reports.	B1b. Quality Data coordinator, Site Medical Directors and Corporate Medical Director.	B1d. In FY 04 the pap smear rate for HHSI was 87% and the mammogram rate was 87%. Individual provider results are included in the provider compensation plan.

1. IMPROVING PERFORMANCE, QUALITY AND OUTCOMES

Problem/Need: To Improve Clinical services through the implementation of agency wide Quality Assessment and Improvement activities so as to improve quality of care and patient/staff satisfaction.

Goal/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
Goal B: Maintain and improve the systematic approach to quality measurement to identify new opportunities for improvement and monitor success on current improvement efforts					

Goal/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
<p>B1. Identify and measure priority clinical outcomes to improve clinical care in keeping with Healthy People 2010 focus areas.</p>	<p>B1a. Continue to measure key preventive health outcomes in each clinical area to include: immunization rates at 24-30 months, well child visit rates, pap smear rates, mammography rates, physical exam rates in adults</p>	<p>B1a. Identify benchmarks and goals for each measure and improve rate by 5% per year or maintain at goal as measured annually; 90% for immunizations, 85% for well child care, 80% for pap smears, 75% for mammograms, 80% for adult physicals.</p>	<p>B1a. Quality audits and registry reports demonstrate rates as expected.</p>	<p>B1a. Site Medical Directors and Corporate Medical Director</p>	<p>B1a. Quality audit results for FY 04 reveal the following results all above goal; 24-30 month immunization rate-93% well child visit rate-98% pap smear rate-87% mammography rate-87%</p>

	<p>B1b. Continue to measure chronic disease outcomes in support of collaborative activities and spread to include: asthma severity rating, controller use in moderate/severe asthma, Hemoglobin A1c rates, average HgbA1c, self management goals, diabetic lipid screening</p>	<p>B1b. Identify benchmarks and goals for each measure and improve rate by 5% per year or maintain at goal as measured annually; 85% for asthma severity, 75% for asthma controller use, 90% for HgbA1c rates, < 7.0 for average HgbA1c, 70% for self management, 75% for lipid screening.</p>	<p>B1b. Quality audits and registry reports demonstrate rates as expected.</p>	<p>B1b. Site Medical Directors and Corporate Medical Director</p>	<p>B1b. Quality audit results for FY 04 reveal the following results all above goal; Asthma severity rating- 96% Asthma controller rate- 100% HgbA1c rate – 87% Lipid screening rate- 91%</p>
--	--	---	--	---	---

Goal/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation and Measurement	Person/Area Responsible	Comments
	B1c. Utilize clinical outcome data as component in provider compensation system	B1c. Outcome data to determine 10% of performance compensation	B1c. Provider compensation reports demonstrate structure as expected.	B1c. Corporate Medical Director	B1c. Provider compensation plan includes 30% of performance component based on quality outcome measures, patient satisfaction and institutional commitment survey.



Development Issues

- Timeframe
- Review existing plan
- Grassroots involvement
- Iterative process
- Final coordination
- Board approval



Monitoring

- Keep “off the shelf”
- Establish into regular schedule
- Integrate into existing structure
- Make part of “regular” work
- Maintain Leadership/Board review

I-B. Departmental QAI Projects

Measure	JCA HO area (s)	Responsible department (s)	Site(s)	Reporting frequency	Reported to	Reporting person	Month(s) reported
Asthma clinical measures	PE/T X/ CC	Fam Practice, Pedi, Women's Health	G	Semi-annually	Pt Care Committee	Site Medical Director	May, Nov
Controlled substance treatment -- contracts and random urine screens	PE/T X/ CC	Fam Practice, Pedi, Women's Health	G	Quarterly	Pt Care Committee	Site Medical Director	Feb, May, Aug, Nov
Increase #of pts. Served	CC, TX	Med Specialities	G	Annually	Quality Steering Committee	Site Medical Director	Jan.
Monitor need for charts stored off site	IM	Medical Records	G	Semi-annually	Quality Steering Committee	Director of Operations	May, Nov
Monitor chart availability	IM	Medical Records	G	Semi-annually	Quality Steering Committee	Director of Operations	May, Nov
Increase % of BHSI pts with signed Case Mgmt Plans	CC	Social Services	G	Annually	Quality Steering Committee	Director of Admin.	Jul.
Increase health knowledge of youth involved in groups	CC/ PF	Social Services	G	Annually	Quality Steering Committee	Director of Admin.	Oct.

III. Quality Assessment Activities

Measure	JCA HO area (s)	Responsible department (s)	Site(s)	Reporting frequency	Reported to	Reporting person	Month(s) reported
Review of Incident Reports Summaries	LD	Admin	H H SI	Annually	Quality Steering Committee	Executive Directors	Feb
Review of Patient Complaints Summary	RI	Admin	H H SI	Annually	Quality Steering Committee	Executive Directors	Feb
Review of Operation Problem Reports Summary	LD/E C	Admin	H H SI	Annually	Quality Steering Committee	Executive Directors	May,
Patient satisfaction surveys	RI	Admin	H H SI	Semi-annually	Quality Steering Committee	QAI Data Coordinator	Jan, Jul
Employee satisfaction survey	HR/L D	Admin	H H SI	Annually	Quality Steering Committee	QAI Data Coordinator	Aug
Employee turnover	HR/L D	Admin	H H SI	Annually	Quality Steering Committee	Dir. of Human Resources	Feb
Quality Report Card	PE	Admin	H H SI	Semi-annually	Quality Steering Committee	QAI Data Coordinator	May, Nov
Patient satisfaction surveys	BH	Behavioral Health & NCS	H H SI	Semi-annually	Quality Steering Committee	BH & NCS Directors	May, Nov

**IV. Quality Control
Activities**

Summary reports are presented to the EOC & Safety Committee Semi-annually

Measure	JCA HO area (s)	Responsible department (s)	Sit e(s)	Responsible person(s)
Check of expiration dates on culture media	TX	Internal Med., Urgent Care	H H SI	Int. Med Nursing Mgr, Urgent Care Provider Mgr
Sterilized equipment sealed and dated.	IC	Urgent Care	H H SI	Urgent Care Provider Manager
Check of expiration dates on sample medications	TX	Internal Med., Family Prac., Pedi, Ob/Gyn &WH, BH	H H SI	Department managers
Monitor specimen and medication refrigerator temps	IC	Lab, Clinical Depts, and Dental	H H SI	Lab Director, Nursing Managers and Dental Director
Controls on urine dipsticks	PE	Lab and Nursing	H H SI	Lab Director and Nursing Managers
Controls on pregnancy test and occult blood test	LAB	Lab and Women's Health	H H SI	Lab Director and Women's Health Nursing Manager
Spore testing of autoclaves	IC	Nursing and Dental	H H SI	Urgent Care and Women's Health Nursing Managers, and Dental Director

V. Life Safety Monitoring

Summary reports are presented to the EOC & Safety Committee Semi-annually

Measure	JCA HO area (s)	Responsible department (s)	Site(s)	Responsible person(s)
Sprinkler system	EC	Operations	H H SI	Director of Operations
Parking lights	EC	Operations	H H SI	Director of Operations
Radiation exposure	EC	Dental	H H SI	Dental Director
Environment of Care Monthly Checklists	EC	All	H H SI	Dept. Managers
Check emergency kits	PE	Nursing	H H SI	Nursing Managers
Medical Equipment Preventive Maintenance	EC	Nursing, Lab and Safety Committee	H H SI	Lab Director and Nursing Managers
Alarm system	EC	Operations	H H SI	Directors of Operations
Disaster drills	EC	Operations	H H SI	Directors of Operations
Emergency lights	EC	Operations	H H SI	Directors of Operations

Jul	Aug	Sep	Oct	Nov	Dec
	Prim. Care <i>Controlled subst.</i>			Prim. Care <i>Controlled subst.</i>	
				Prim. Care <i>Asthma</i>	
Women's Health <i>HIV couns. preg. Women</i>					

Internal Medicine <i>Diabetes meas.</i>					
			Internal Medicine <i>Lipid screening</i>		
			Internal Medicine <i>2 IDs injections</i>		
	Lab <i>Labs to providers</i>			Lab <i>Labs to providers</i>	
	Lab <i>Distrib. To charts</i>			Lab <i>Distrib. To charts</i>	