QUALITY MATTERS FROM THE INSIDE OUT

Aaron E. Henry Community Health Services Center, Inc

April 3, 2019
CHCAMS
QI Workgroup
AARON E. HENRY COMMUNITY HEALTH SERVICES CENTER, INC.

Clarksdale Clinic - 1980

Batesville - 1999

Tunica Clinic - 1985

M J Edwards - 2014
OTHER LOCATIONS

- Quitman School Base
- Tunica School Base
- Coahoma County School Base
- 2 MMU
AARON E. HENRY COMMUNITY HEALTH SERVICES CENTER, INC.

- Originated in the Rural Mississippi Delta
- 4 Free Standing Clinics
- 3 School Base Sites
- 2 Medical Mobile Units
  - 2 Dentists
  - 3 Family Medicine
  - 9 FNPs
  - 2 Internal Medicine
  - 1 Optometrist
  - 1 LCSW, 1 LMSW
  - 1 RD
- Patient population - 15,182
- A snapshot of our population:
  - 91% African American
  - 6% White
  - 3% Other
OUR MISSION

The mission of the agency is to improve the health of people in the Mississippi Delta and delta hills communities by increasing access to integrated, comprehensive primary and preventive health care, and related services while promoting economic development.
Diabetes Best Practices
AIM & Key Measures

- **AIM**: Aaron E. Henry CHSC, Inc. will redesign its clinical practice and health care system to:
  - increase patient access to evidence based quality care and provide improved care to patients living with diabetes
  - implement strategies that will encourage patients to take an active role in their medical care to ensure optimal health.
- This will be accomplished by implementing the components of the Chronic Care Model to obtain the following measures for improvement:
  - 16.2% of DM patients will have a HgbA1C value >9 on their last reading
  - 80% of DM patients will have a self management plan
  - 80% of DM patients will have assessment for medication adherence/reconciliation
  - 40% of DM patients will have an annual dilated eye exam
  - 50% of DM patients will have an annual comprehensive foot exam.
BEST PRACTICES

Team Based Care - provider, nurse, lab tech, front desk, dietician/nutritionist, CHW, SW, pharm MD
- Expanding the role of the team
- Reinforcing the integration of evidence based guidelines
- Intensification of medication therapy by review and making changes - provider or recommendation of the pharmacist

Huddles - discuss and prepare a plan of care with the team concerning the patient
- Interdisciplinary team
- Daily - team sets the time
- Proactive team assesses what is needed prior to the pt’s office visit
**BEST PRACTICES**

- **Self-Management** - encourage patients to become more involved in their care.
  - Goal setting with patients
  - Healthy Lifestyles
  - Patient education-disease process and complications
  - CHW self management support

- **Medication Adherence** - Morisky Scale
  - Simple assessment tool to address adherence
  - Integrated into EHR

- **Standing Orders** - lab testing/HgbA1C as designated in the standing orders.
  - Bi-annual every 6months or quarterly
  - Performed in clinic or processed for reference lab
STANDING ORDERS

- Purpose: These guidelines are to provide guidance for health professionals working with standing orders.

- Policy: Under these standing orders, designated clinic staff will provide a lab requisition for blood testing for direct submission to the Quest Lab.
STANDING ORDERS CONT.

DIABETES
- HgbA1c - If < 7.0 every 6 mos
- HgbA1c, if > 7.0 every 90 days
- Lipid Panel, 1/year
- Foot Check, 1/year
- Dental Exam, 1/year referral
- Vision Exam, 1/year referral
- Urine Microalbumin 1/year
- CBC, 1/year
DIABETES POOR CONTROL-HGBA1C ≥9
QUALITY IMPROVEMENT

- Quarterly data
- Drill Downs performed by AEH MSQII-2 team
- Staff training for EHR
- Workflow adjustment
PARTNERS

- MSDH
- MSDH-MSQII-2 Cohort
- BC3 Technologies
- University of MS Pharmacy
- Contex Media Health-educational videos
- Accent Health
- Patient Point
- Novo Nordisk