



Photo: J Hopewell

Quality and Meaningful Use in Migrant Care

Session 7: Orientation to Migration Health

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Disclosure Statement

- **Faculty:** Ed Zuroweste, MD
- **Disclosure:** I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas






Objectives

- Why is Quality important in M/CHCs?
- Why is it important to know “Migrant Specific” Quality Data?
- How to “think out of the box” to create QI program objectives for mobile patients
- Know and understand our patient population and “reach out” to the community to tap all resources.

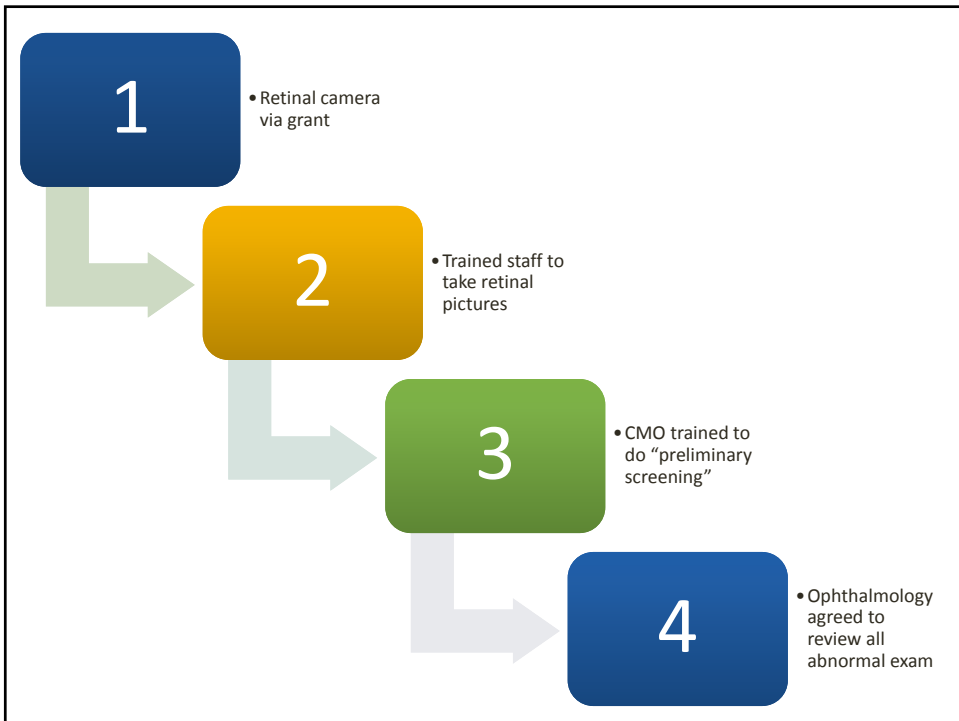
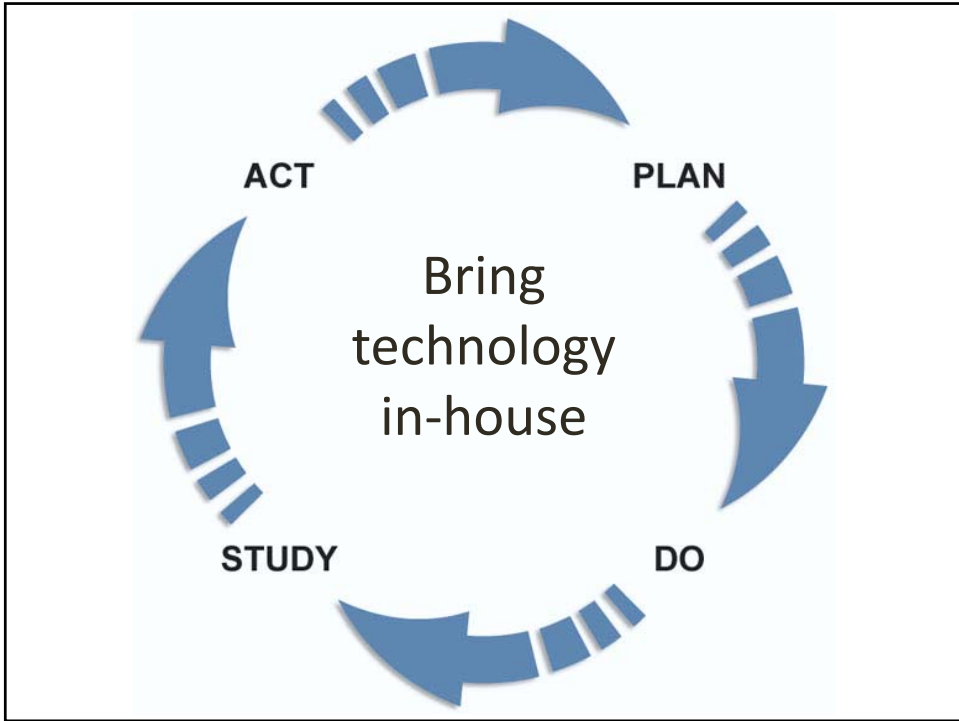
Photo: E Zuroweste

Quality Improvement Best Practice #1

Retinal exams for DM patients...



Scarce ophthalmology + Expensive & inconvenient for patients = Poor Outcomes



Results Measure

~10% → ~90%

What is Quality Improvement?

“However beautiful the strategy, you should occasionally look at the results.”

Winston Churchill



Data Data Data



Meaningful Data

- Accurate
- User friendly
- Rapid
- Consistent
- Retrievable with multiple variables
- Able to search for migrant patients and other subgroups of patients

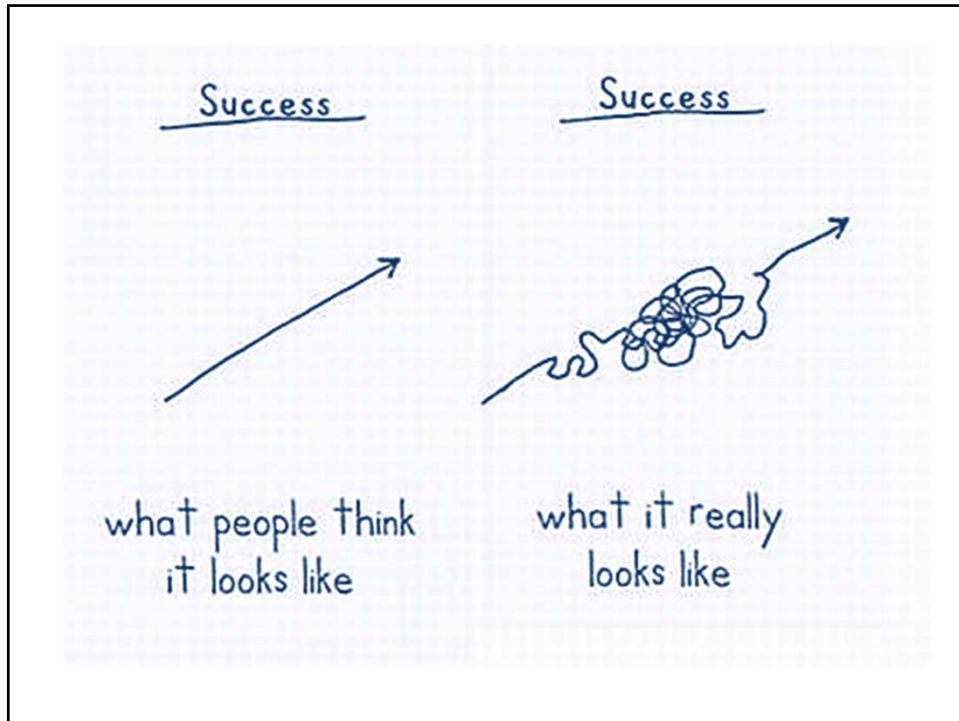


Use Data to Promote Change/Improvement



Accurate Data is your friend!

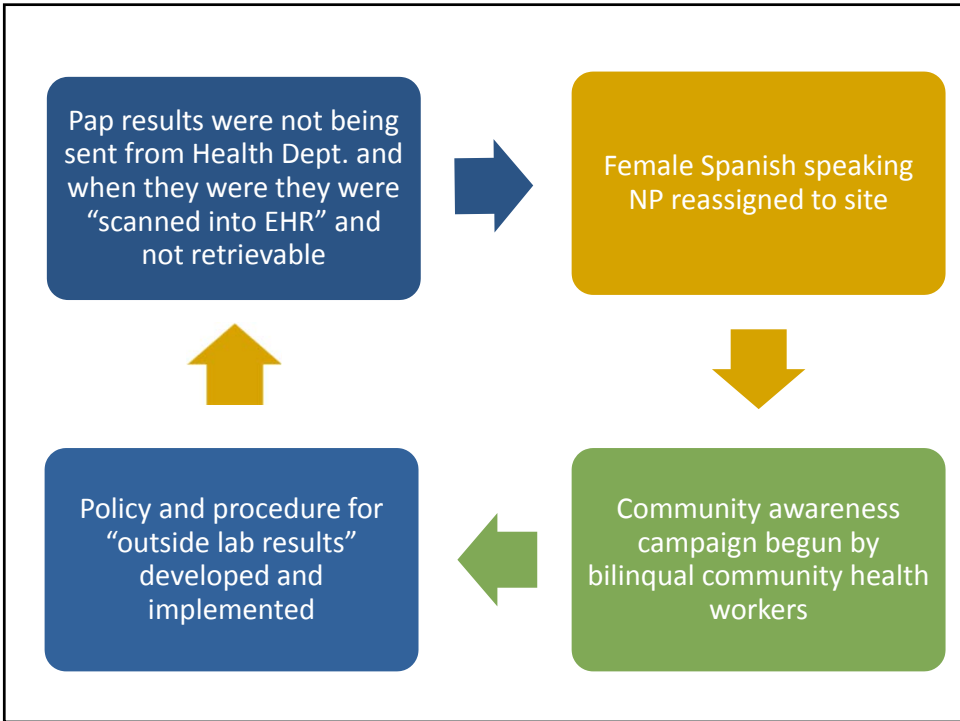
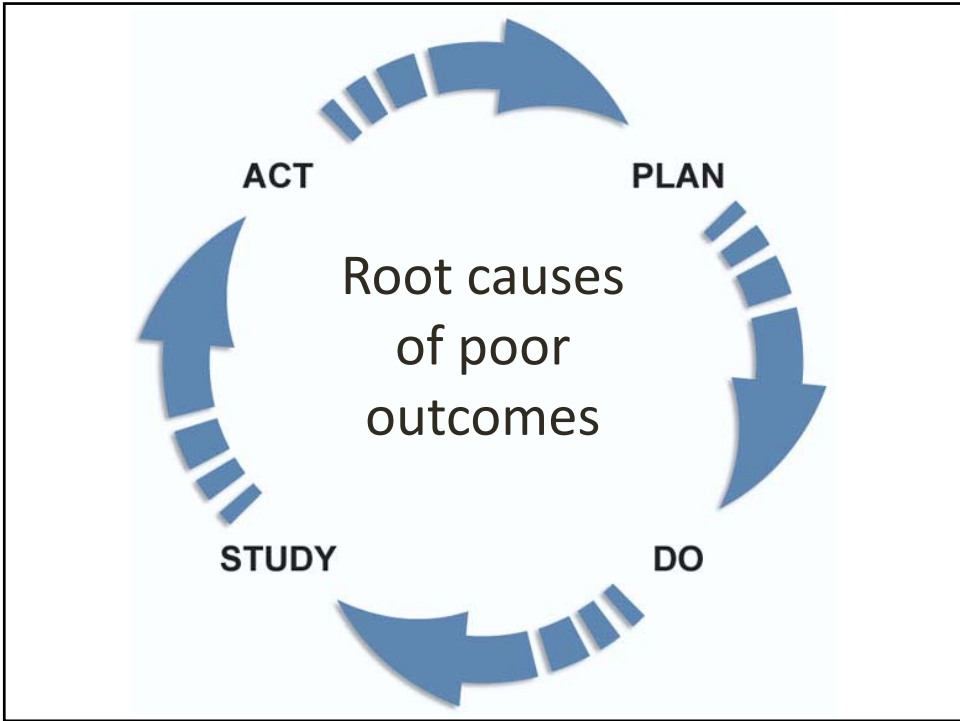
- Good analysis is key
- When you see areas that need improvement DO SOMETHING !
- Decide on intervention
- If intervention improves outcome—institutionalize
- If interventions do not improve outcome—try again
- Should be aggregate but also clinician/team specific
- Display the data for all staff, BOD and community



Quality Improvement Best Practice #2

Cervical cancer screening...





Results Measure

~20% → **~50%**
...in one year

16 Required Clinical Performance Measures

*See HRSA NAP website and UDS
Manual for measure details,
exclusions, and sampling
methodology*

Health Outcomes and Disparities

Percentage of diabetic patients whose HbA1c levels are < 7 percent, < 8 percent, ≤ 9 percent, or > 9 percent

Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90

Percentage of births less than 2,500 grams to health center patients

Outreach/Quality of Care Indicators

Percentage of pregnant women beginning prenatal care in first trimester

Percentage of children who have received age appropriate vaccines on or before their 3rd birthday

Percentage of women age 21-64 who received one or more tests to screen for cervical cancer

Percentage of patients age 2 - 17 who had a visit during the current year and who had Body Mass Index (BMI) documentation, counseling for nutrition, and counseling for physical activity during the measurement year

Outreach/Quality of Care Indicators

Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented

Percentage of patients age 18 years and older who were queried about tobacco use one or more times within 24 months

Percentage of patients age 18 years and older who are users of tobacco and who received (charted) advice to quit smoking or tobacco use

Outreach/Quality of Care Indicators

Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year

Percentage of patients age 18 years and older with a diagnosis of Coronary Artery Disease prescribed a lipid lowering therapy (based on current ACC/AHA guidelines) during the measurement year

Outreach/Quality of Care Indicators


Percentage of patients age 18 years and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), and who had documentation of use of aspirin or another antithrombotic during the measurement year

Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test)



Photo: E.Zuroweste

Migrant Specific Clinical Measures




Migrant Specific Clinical Measures

Percent of migrant patients \geq 18 years of age with blood pressure \geq 140/90 who are successfully referred for care.

Calculation: Farmworker patients seen outside of the clinic setting with documented BP of \geq 140/90 who are 1) referred for care and 2) are seen by a provider/Total farmworker patients seen outside of the clinic setting with documented BP of \geq 140/90.

Photo: www.earldotter.com

Migrant Specific Clinical Measures



Percent of registered farmworker patients who receive pesticide prevention education

Calculation: Farmworker patients with documented pesticide prevention education/Total registered farmworker patients.

Migrant Specific Clinical Measures

Percent of migrant women who have documented screening for sexual violence during the measurement year



Photo: Alan Pogue

Migrant Specific Clinical Measures

Percent of migrant patients ≥ 12 years who have documented tobacco use status during the measurement year (This is now one of the 16 required core clinical measures)





Peer Review

- Clinicians with equal privileges can review each other despite training
- Objective measures is preferred method of review
- Builds teamwork and consistency of quality care
- Should review high risk; high volume, adverse outcomes; poor performance measures
- Use results to improve care
- Use results as component of clinician yearly evaluation

Peer Review Audit Form

Quarter 2013-03 Audit Date 8/7/10 Clinician Reviewed E Zuroweste Topic Diabetes Mellitus
 Reviewer C Kugel Pt Name _____ ID _____ Visit Date _____

1. Were there an appropriate number of visits in the past year (2 if well controlled A1C <7.0 or 4 if A1C >7.0)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Were there an appropriate number of HbA1c measurements in the past year (2 A1c per year if A1c <7.0 & no treatment changes, or at least 3-4 A1c in past year if A1c >7)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Was there an assessment for nephropathy in the past year with appropriate follow-up including:			
3a. Was urine albumin/creatinine measured in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3b. Was an eGFR measured in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3c. Was there appropriate treatment plan (e.g. blood pressure, glycemic control, and ACE or ARB addressed) if ACR>300 or eGFR <60?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Was a lipid profile performed in past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4a. If LDL >100, was it addressed (i.e. considered med change) & followed up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Was hypertension managed appropriately (e.g. If SBP>130 or DBP>80 was it addressed, medication change considered, and follow-up given)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Please Explain all N/A Answers
 Provider Comments: _____

Total Findings _____ Which Items? _____ Concurring Opinion: _____
 # _____ Agree with finding, action taken if necessary _____
 # _____ Disagree with finding, reason _____
 Provider Sign-Off _____ Date _____
 Medical Director Sign-Off _____



- Clinician productivity should always be evaluated within the larger context of clinical and financial quality outcomes
- Future trends toward payment based on quality not quantity of care

Productivity vs Quality

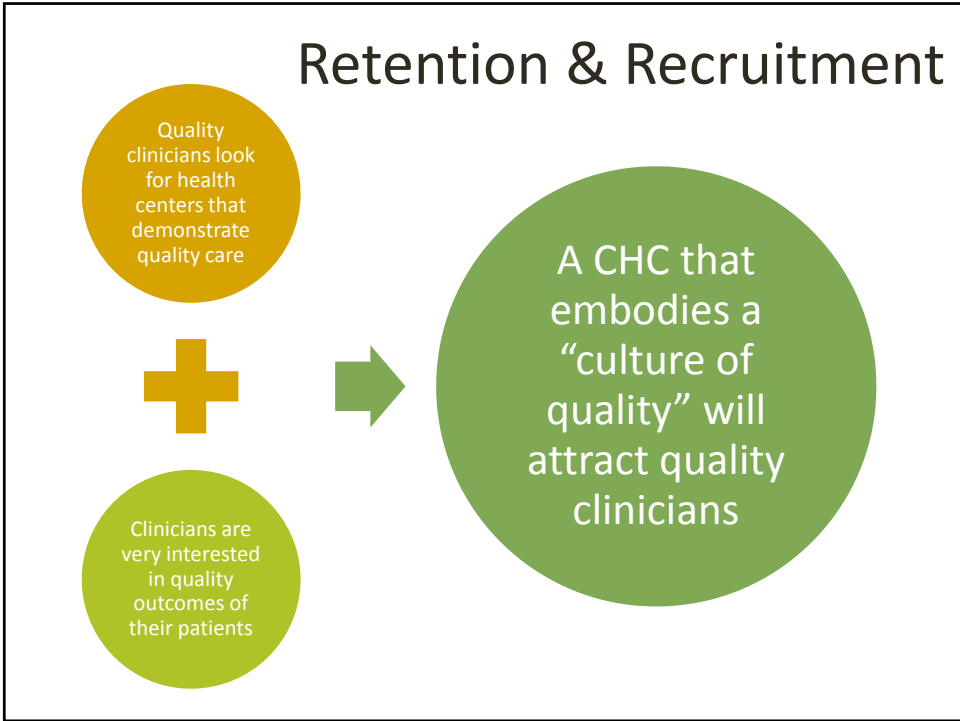
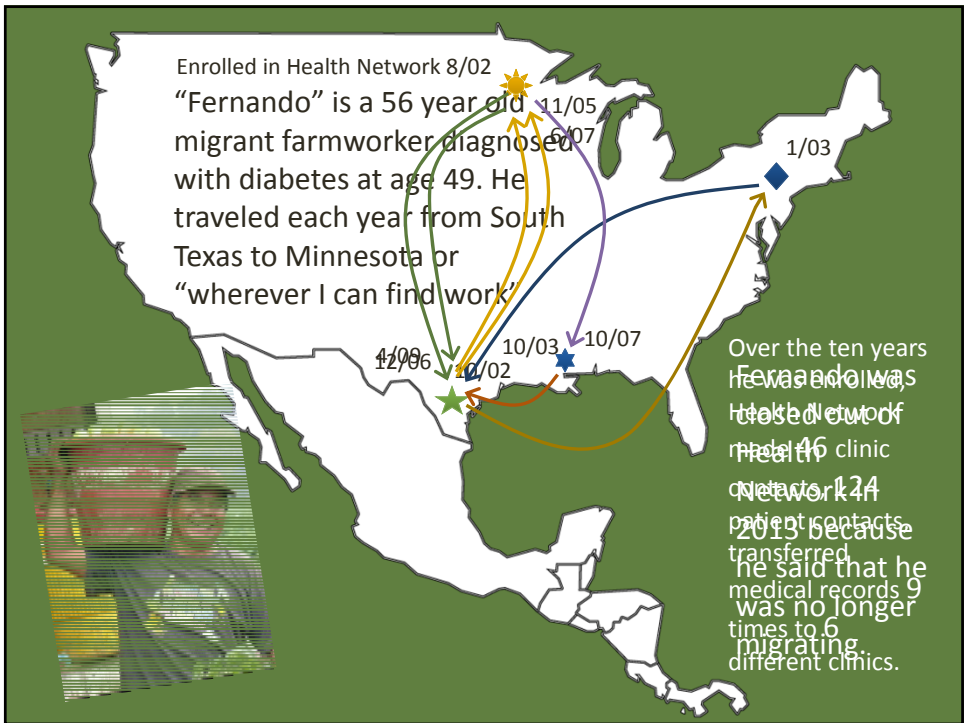
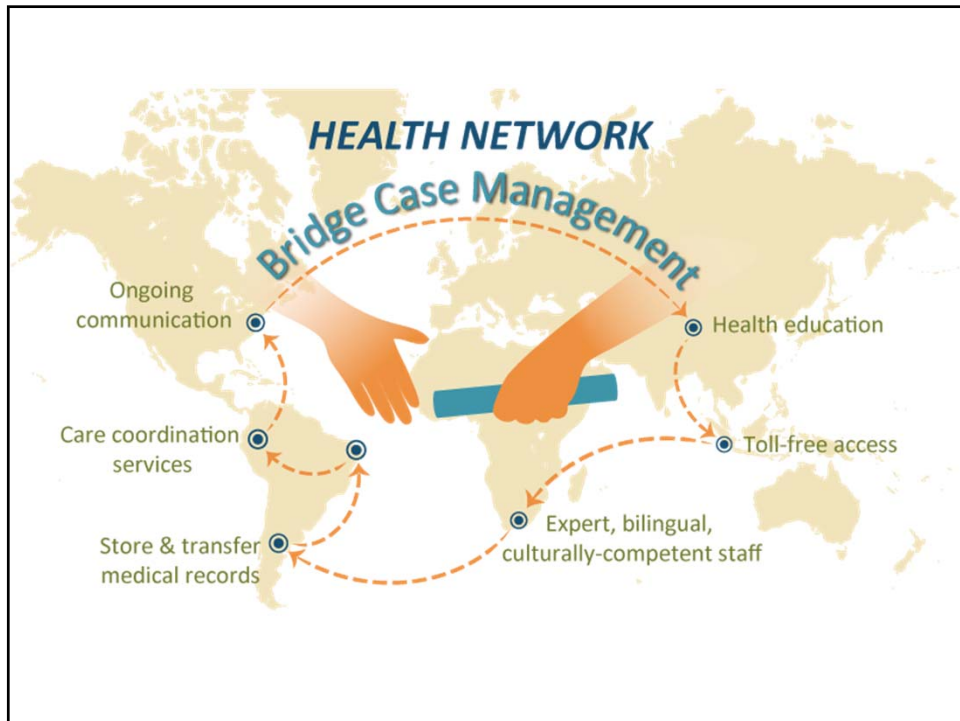
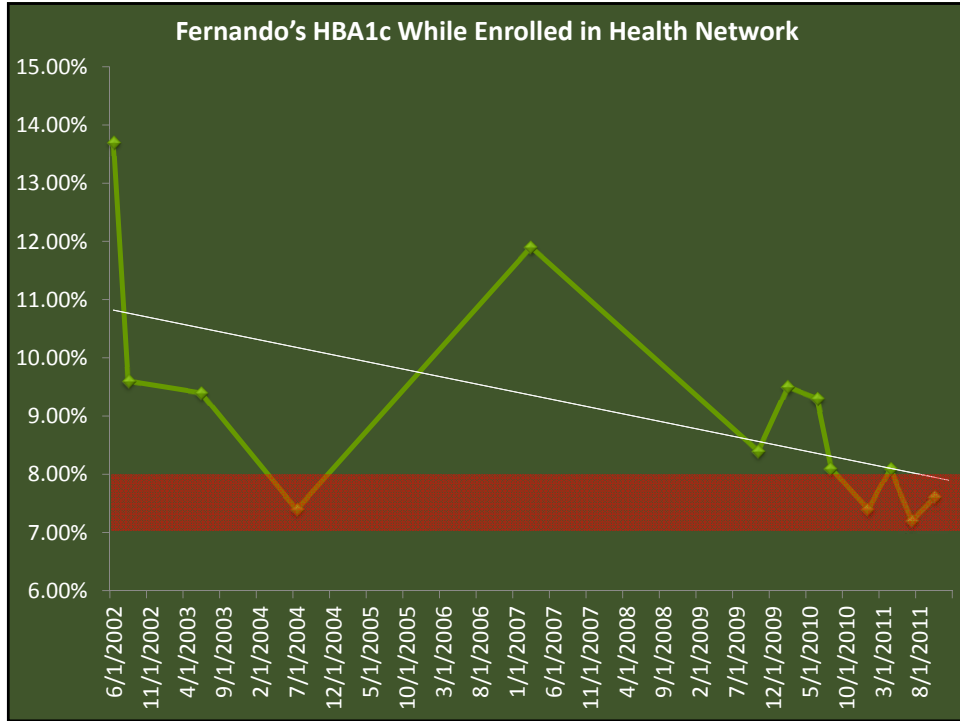




Photo: Kate Bero

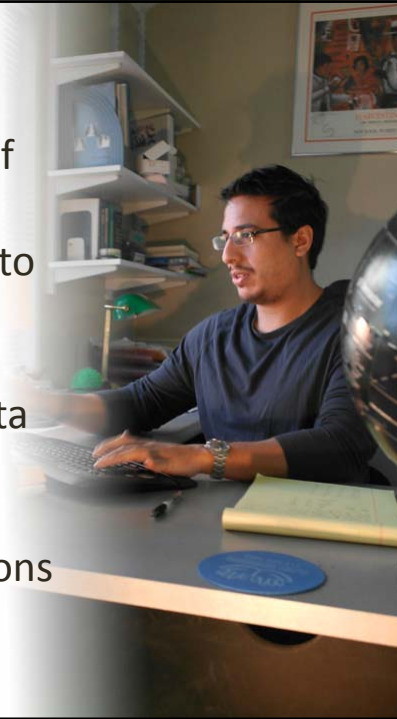
- Most of what determines a “good outcome” lies outside the health center
- Work with community leaders/organizations
- Needs assessments; patient surveys; outreach
- Identify barriers/develop multipronged approach to resolve





Health Network

- Helps to assure continuity of care
- Outcome treatments equal to that among geographically stable populations
- Clinicians have access to data from other health centers
- Model for management of diseases in mobile populations



Contact



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