

Carolina Health Centers, Inc.
 Quality Improvement Committee Meeting
 February 28, 2023
 Minutes

TEAMS MEETING

Members Present:

√	Locke Simons, CMO, Chair	√	Jason Dahlberg, MD- Chief of Fam Med
√	Terri Woodrome, DQPH, Co-Chair	A	Juan Bonetti, MD-Chief of Peds
√	Natasha Johnson, EHR Clinical Specialist	√	Sarah Rudder, FNP, CFFP
√	Nikki Richard, RN, DOCS	A	Cheryl Platt, PNP, TCC
√	Derek Bannister, PA of FM	√	Lisa Gilmer, Revenue Cycle Mgr
A	Jessica Brock, PA of Peds	√	Pam Battle, Lab Coordinator
A	Erika Dorn, Peds Nurse Mgr	√	Lisa Ronan, RN Case Manager
√	Brenda McDonald, Referral Specialist-MFP	√	Jeralynn Mills, PSR Coord, VFP
√	Amanda Salter, RN, PFHC	√	Shulundia Moore, PSR Coord, LC4
√	Jessica Jacobs, MA, DOBH	A	Vivan Poroj, PSR,UFP
√	NaToya Leverette, Pop Health Spec	√	Rosario Marquez, PSR, SFP
√	Lisa Warren, RN, RSFP		

QI Committee Strategic Planning

CHC’s Quality Improvement Plan (QIP) is a comprehensive program used to assess clinical quality and risk issues on continuous basis. The goal of the QIP is to objectively and systematically monitor and evaluate the health center’s service performance, as well as potential risks incurred in the implementation of all services. This includes resolving problems, addressing deficiencies, and improving clinical care.

- I. The meeting was called to order by Woodrome at 12:33 pm.

- II. Announcements, introductions, staffing updates
 - A. Simons stated the following new Providers are at CHC:
 - 1. Ally Hale, PA – LC4, Ryan Brown, PNP- TCC, Alison Peeples, FNP – TCC (PRN), and Amanda Wolton, PA – Float

- III. Role was taken and is reflected above

- IV. Approval of Minutes – Meeting minutes from 10/25/23 were approved by Ronan and a second by Mills.

- V. Grant Requirements - Woodrome discussed Hypertension Remote Patient Monitoring Grant
 - A. Recently received an order got 100 more cuffs
 - B. Stats on how many cuffs have been distributed – 994 patients given (not counting the same patient twice)
 - C. Discussed cuffs that have not been brought back in – spreadsheets have been distributed to offices for follow-up appointments and device returns.

VI. Other Follow/Up

A. Simons discussed Clinical Quality Metrics report (see below)

1. Rudder, FNP asked “Is there a way to exclude patients who have diabetes but not managed by us?”
 - a. Simons answered unfortunately “No, patients that are assigned to us – still are counted in our numbers”
 - b. Woodrome “But at the Health Plan Level - the care follows the patient – so if the other practitioner does an A1c it counts.

B. Simons discussed Peer Review Fall 2022 (see Below)

The meeting was adjourned at 12:56 pm

The next meeting is April 25, 2023 at 12:30pm.

Terri Woodrome

Terri Woodrome

Director of Quality Improvement and Population Health

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	19.7%	19.4%	Worsening	20%	TRUE	Small increase
Hypertension Control	62.9%	63.4%	Worsening	60%	TRUE	Mild decrease - again
Cervical Cancer Screening Rate	49.1%	49.2%	Worsening	35%	TRUE	Small decrease
Breast Cancer Screening Rate	63.6%	63.4%	Improving	60%	TRUE	Small increase
Colorectal Cancer Screening Rate	53.5%	53.1%	Improving	47%	TRUE	Mild increase
2 Year Old Vaccination Rates	21.4%	21.6%	Worsening	30%	FALSE	Small decrease
Well Child Visit 3-21	53.8%	52.9%	Improving	55%	FALSE	Big increase - again
Well-Child Visits, 30 months		44.8%	Worsening	50%	FALSE	Report issues - fixing
Depression Screening Rates	68.2%	71.7%	Worsening	60%	TRUE	Moderate decrease
Diabetic Eye Exams	25.9%	26.9%	Worsening	30%	FALSE	Moderate decrease
Diabetic Kidney Screening	59.3%	59.2%	Improving	80%	FALSE	Small increase
HIV screening	48.7%	48.4%	Improving	30%	TRUE	Small increase
Reporting issue with WCV 30 report Otherwise fairly regular monthly variability						

Peer Review Methods

- Twice per year
- Every provider reviews 10 charts of a peer provider
- Specialty reviews specialty (FM↔FM, Peds↔Peds)
- Same general time frame
- Reviews and results are confidential and reviewed by CMO
- Results requiring action items are communicated directly to provider and director of department
- Summary of results presented to both QI Committee and to the board of directors

Areas of focus

- History pertinent to Chief Complaint
- Diagnosis consistent with history and exam
- Medical decision-making process apparent
- Appropriate diagnostic tests
- Standard abbreviations
- Appropriate consultations
- Appropriate treatment
- Follow-up scheduled
- Medication and allergy lists updated
- Relevant health education presented
- Billing review

End result of review

- Compliance with medical standards
 - Yes, No or Reservations
- Comments regarding management, outcomes, issues, concerns and general negative or positive impressions
- Chief Medical Officer review and recommendations
 - Email to every provider summarizing results
 - Directed email or conversation with department head about specific findings
 - Action items including more frequent reviews and/or additional training

Peer Review Fall 2022

Results

- 36 out of 39 providers reviewed, 1 reviewer left, 1 reviewer never completed, 1 provider used too rarely
- Providers **non-compliant** with standards of care and documentation = 0
- Providers passing with **Reservation** regarding standards of care = 0
- Providers with no issues found at all = 14

Issues found from most prevalent to least:

1. Coding issues – mixed, but mostly under-coding
2. Missing documentation of patient education
3. Med and allergy lists not obviously up to date
4. Documenting appropriate follow-up
5. Specific clinical suggestions/concerns
6. Proper diagnosis tied to history and physical
7. History in note related to complaints
8. Documenting medical decision making

Action items:

No increased rate of review for any provider

- Email to each provider with the summary of PR findings, including any specific clinical items that were identified
- General email will go out, addressing most common findings and some easy solutions
- Will continue to work on providing coding resources and feedback