



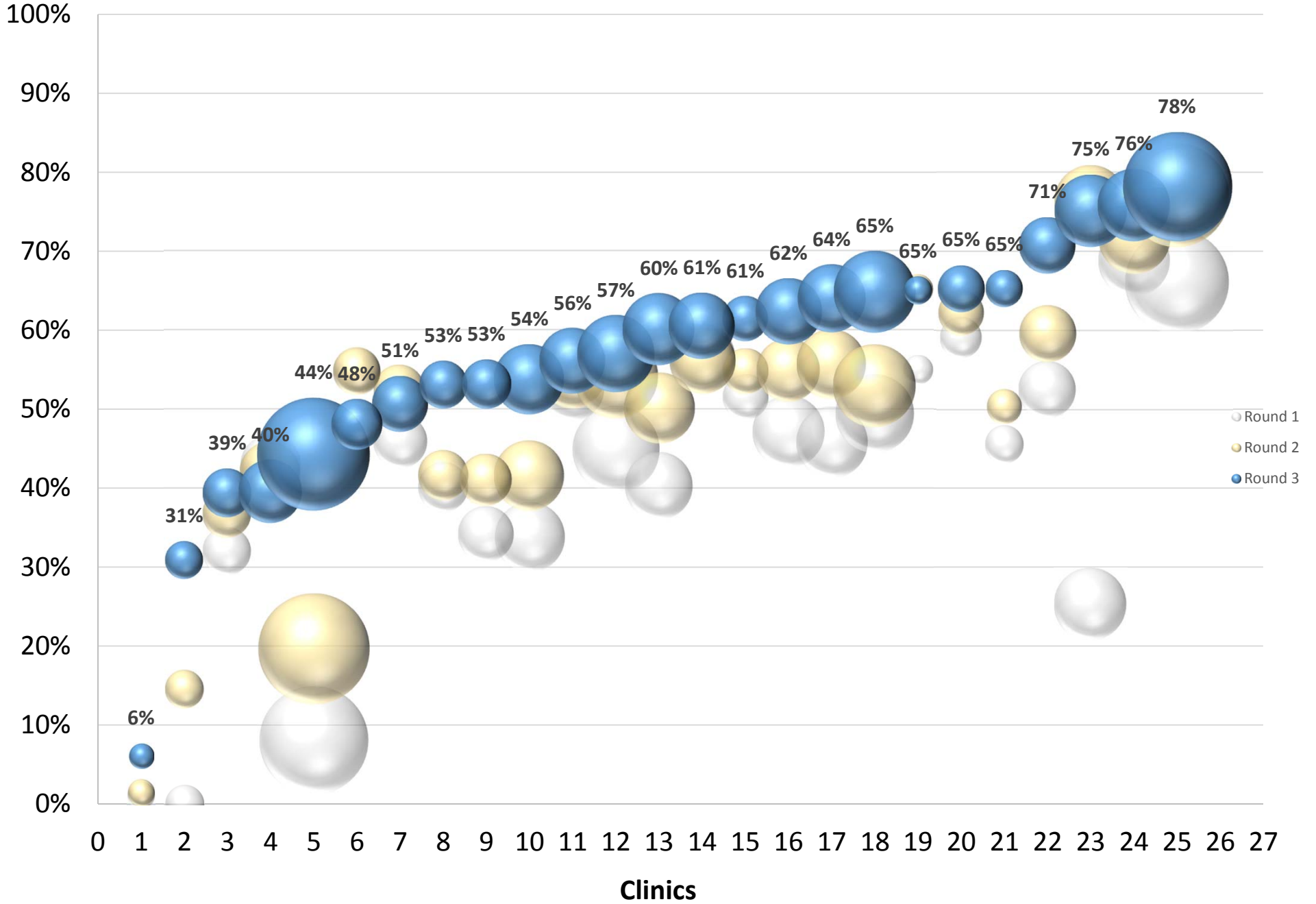
Partnership for a Healthy Nebraska

Nebraska FQHC Cancer Screening Project Summary

July 2017

Bob Rauner, MD, MPH

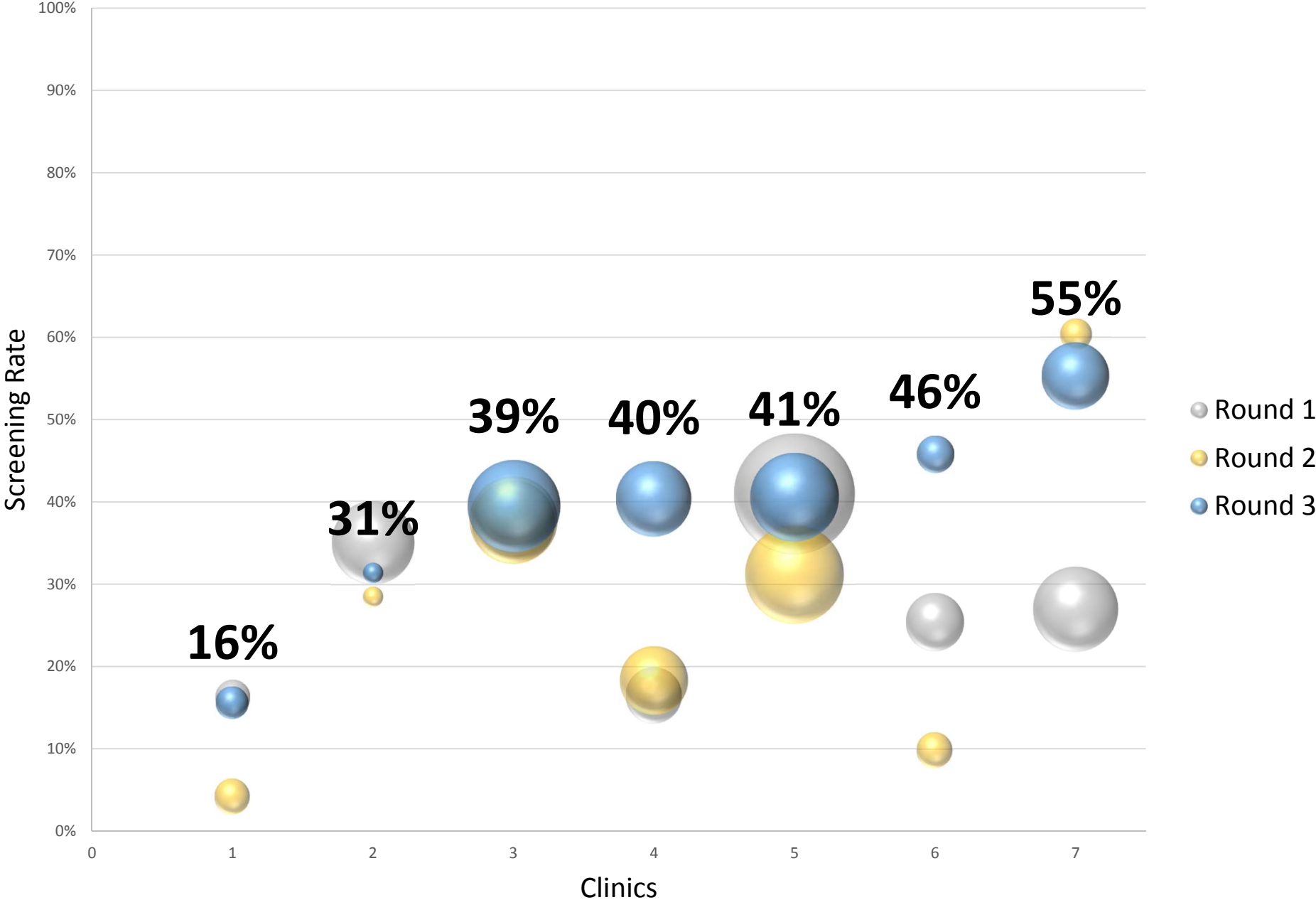
COLORECTAL CANCER SCREENING - ROUND 3 DATA



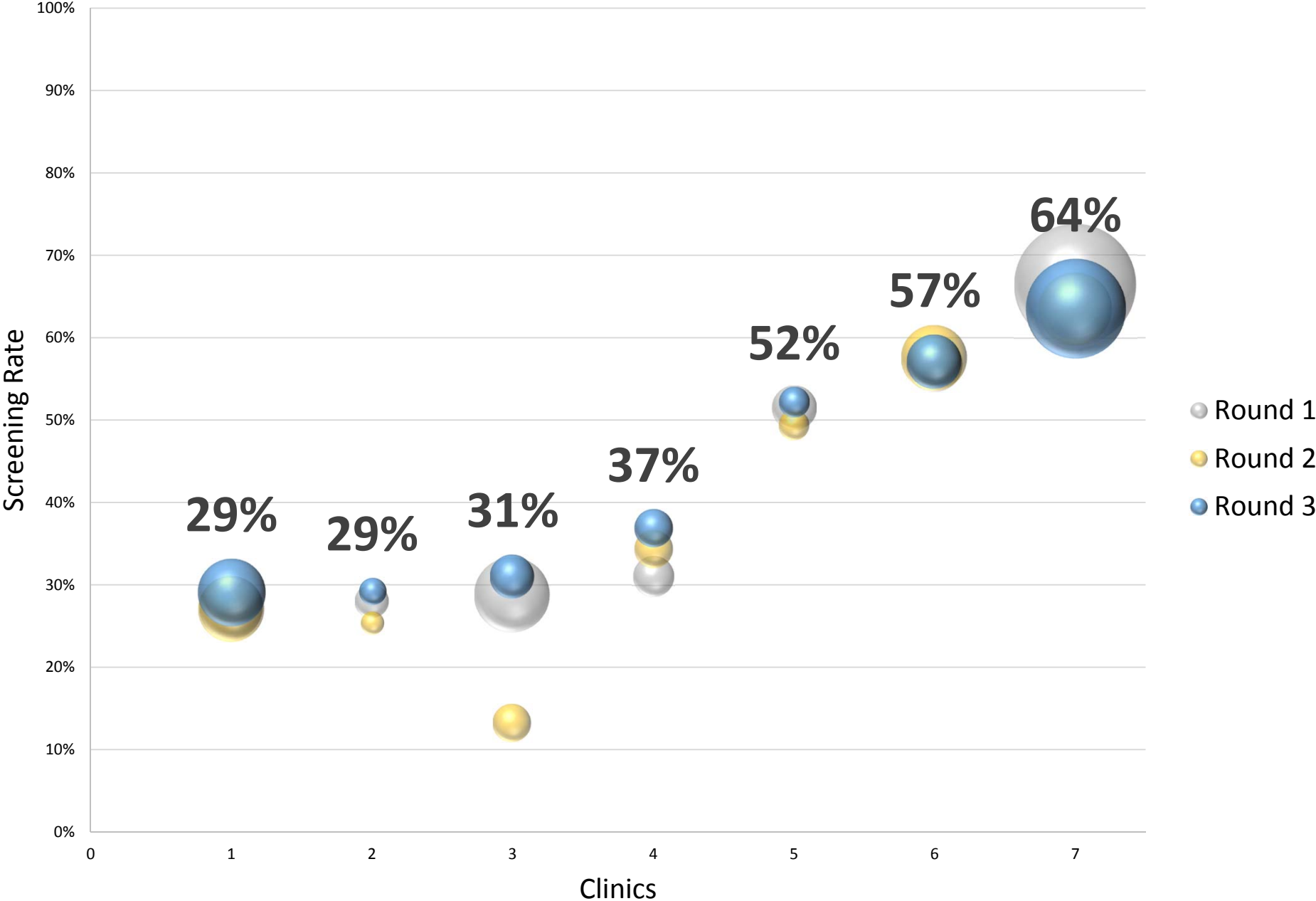
Take Home Lessons

1. Staff Turn Over Kills Quality Improvement
2. The Importance of Understanding the Numerator and Denominator Problems for Quality Improvement
3. Reasonable Timelines for Quality Improvement Projects

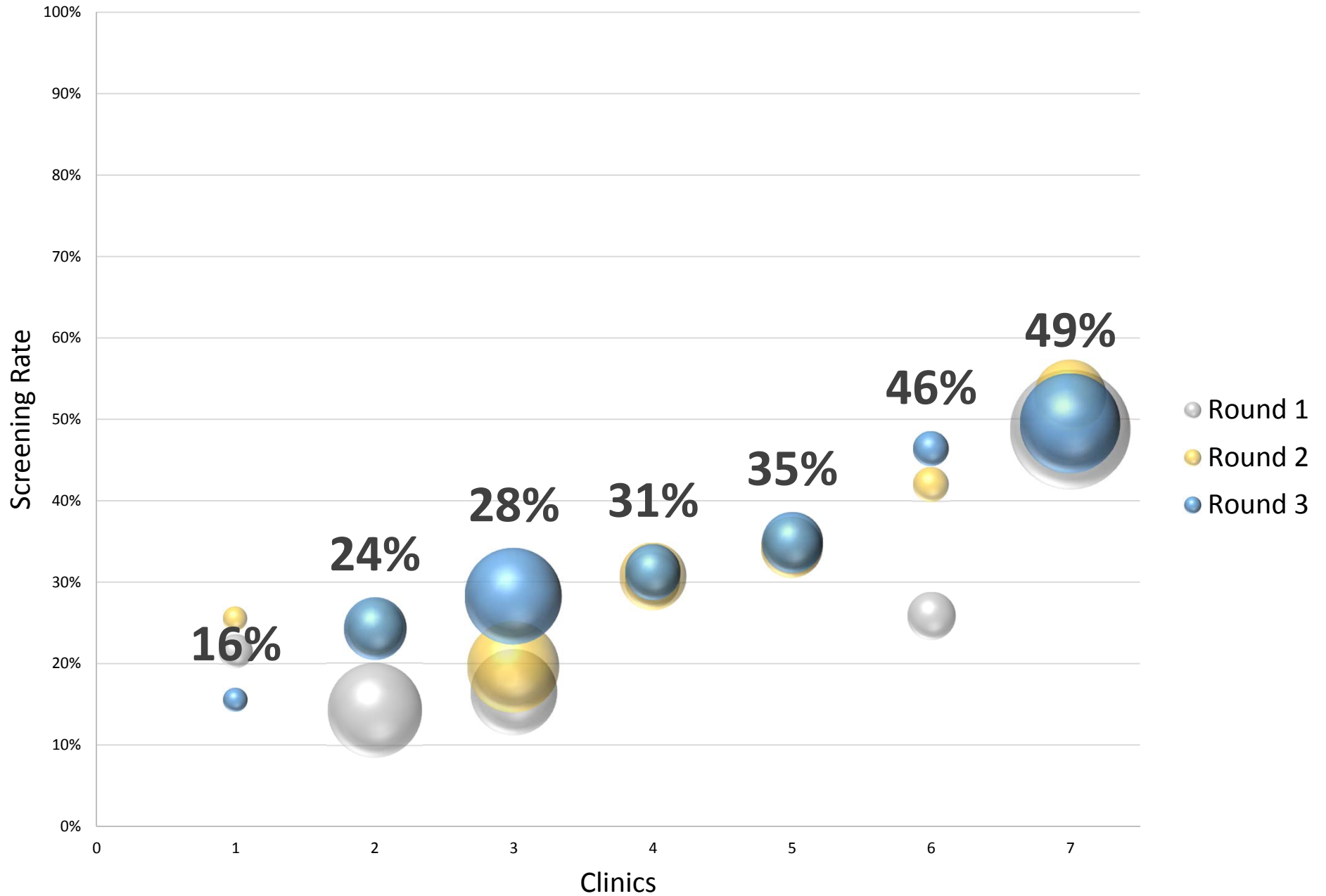
2017 FQHC Breast Cancer Screening Rates



2017 FQHC Cervical Cancer Screening Rates



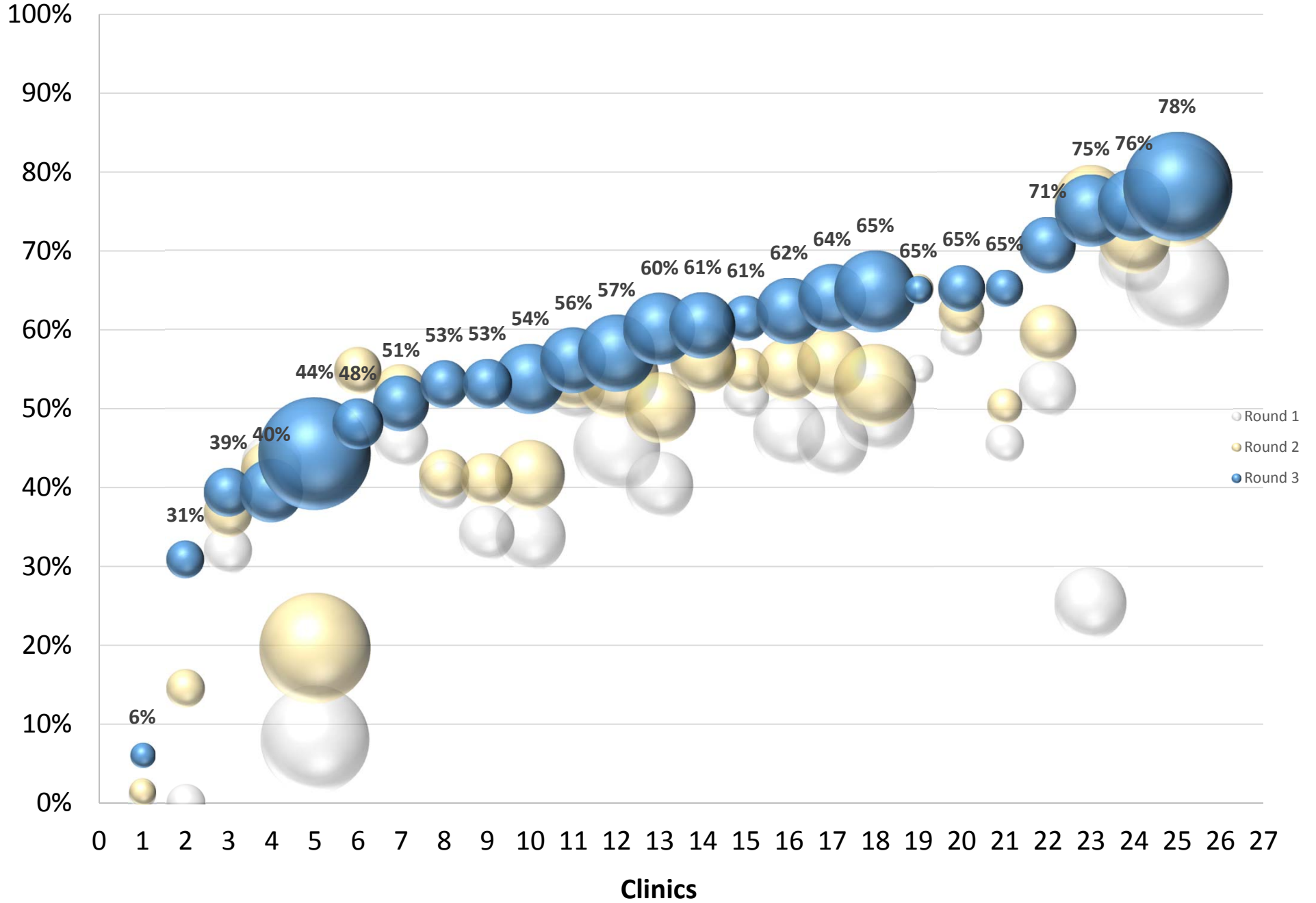
2017 FQHC Colorectal Cancer Screening Rates



Take Home Lessons

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COLORECTAL CANCER SCREENING - ROUND 3 DATA



Numerator and Denominator Reporting

Quality Reporting

Breast Cancer Screening
Last 27 Months

2 Year
3 Year
All Active

UDS Reporting

Breast Cancer
Screening
Last 27 Months

Calendar Year

Numerator vs. Denominator Fixes

- Numerator Fixes
 - Did we ask if they had a mammogram?
 - Is it in the patient's chart?
 - Is it in the right section of the chart?
 - Is it recorded in a structured format (titled and dated)?
 - Does our EHR report pull numbers accurately?

Numerator vs. Denominator Fixes

- Denominator Fixes
 - How do we define our population?
 - Calendar Year?
 - Rolling 24 months?
 - Rolling 36 months?
 - All active patients? (Gold Standard, but takes active maintenance.)

**The First Step in Population Health is
Defining Your Population!**

Report Timelines

12 Months

12 Months

This Calendar Year

Rolling 24 Months

Rolling 24 Months

Rolling 36 Months

All Active Patients

Numerator and Denominator Reporting

Quality Reporting

Breast Cancer Screening
Last 27 Months

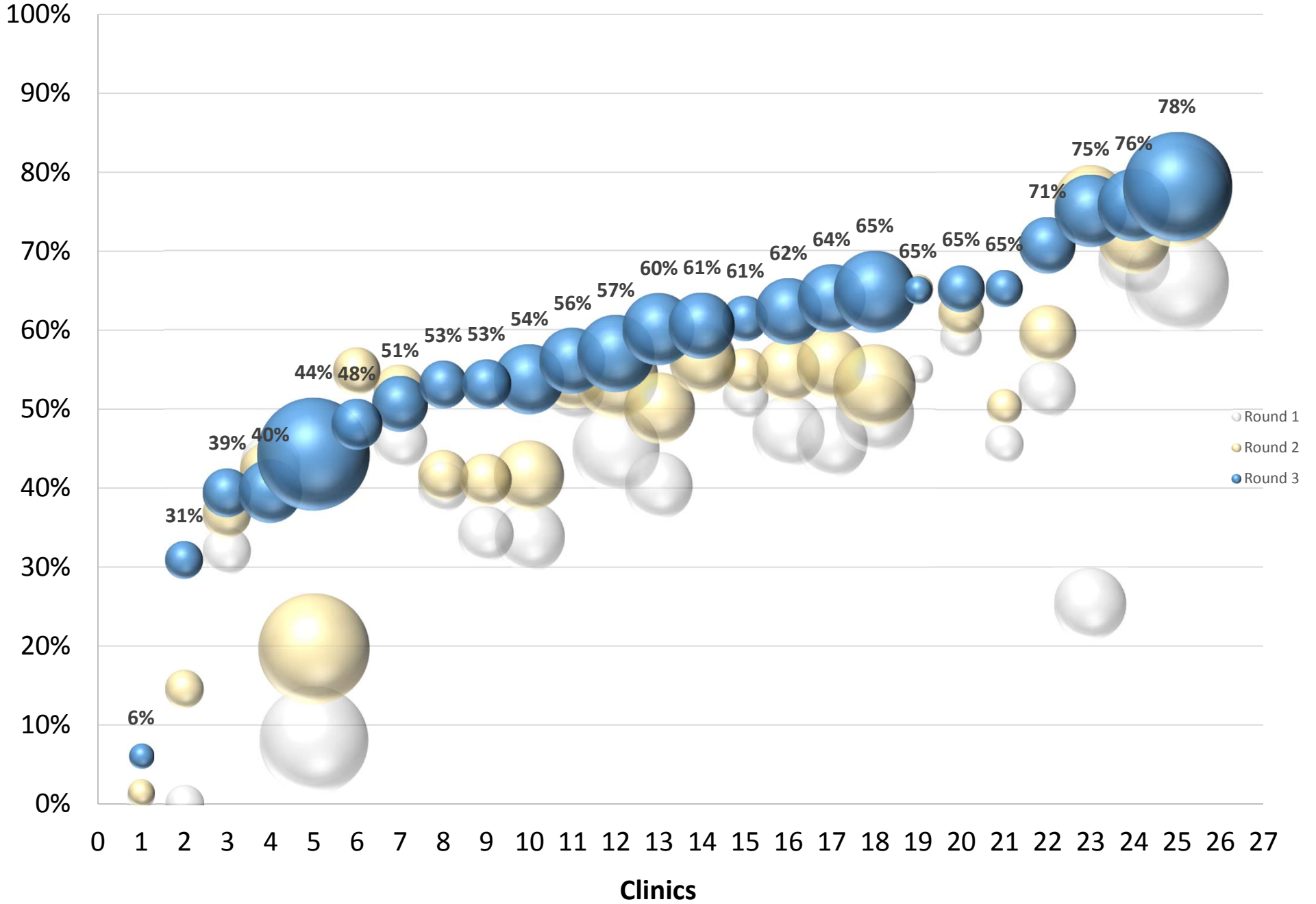
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COLORECTAL CANCER SCREENING - ROUND 3 DATA



Secondary Benefits

- Other Value-Based Purchasing, PCMH, ACO Initiatives Use These Same Measures
- Medicare Shared Savings Program
 - Breast Cancer Screening
 - Colorectal Cancer Screening
- BCBS Total Cost of Care Contract
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Colorectal Cancer Screening
- Consistent with other statewide efforts

Some Clinic Lessons

- Targeted Reminders to Patients Who Were Already Given FOBT Kits (Potentially Better Use of Funds)
- Incorporate With Other Items (e.g., Annual Birthday Reminder or Wellness Visits)
- Radio Likely Not Worth the Cost
- Cross Sector Collaboration (e.g., work with Public Health Department, Ethnic Community Centers)
- Help With Funding, Especially Colonoscopy

Other Considerations

Socioeconomic Disparities Make a Bigger Impact on Outcome than Process Measures

Colon Cancer Screening Acts Like an Outcome Measure, So Explains Why FQHC Rates Are Much Lower than Independent or Health System Clinics

Associations Between Community Sociodemographics and Performance in HEDIS Quality Measures: A Study of 22 Medical Centers in a Primary Care Network

Jianhui Hu, PhD¹, Michelle Schreiber, MD¹, Jack Jordan, MS¹, Diane L. George, DO², and David Nerenz, PhD¹

American Journal of Medical Quality
1–9

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Table 3. Correlations Between Henry Ford Medical Group Primary Care Clinics' Performance on Selected HEDIS Measures and Their Neighborhood Sociodemographic Characteristics.^a

HEDIS Measure	Household Income	% Below Poverty	% High School Graduate	% Unemployment	Race: % Black
Process measures					
Colorectal cancer screening	0.56*	-0.52*	0.47*	-0.52*	-0.39 [†]
Cervical cancer screening	0.27	-0.16	0.05	-0.18	-0.31
Breast cancer screening	0.29	-0.23	0.13	-0.21	-0.28
Comprehensive diabetes care—LDL screening	0.47*	-0.57*	0.42 [†]	-0.60*	-0.47*
Comprehensive diabetes care—HbA1c testing	0.01	-0.07	0.17	-0.05	0.09
Outcome measures					
Comprehensive diabetes care—LDL control (<100 mg/dL)	0.44 [†]	-0.40 [†]	0.05	-0.51*	-0.71***
Comprehensive diabetes care—HbA1c poor control (>9%)	-0.53*	0.42 [†]	-0.18	0.51*	0.58*
Blood pressure control (<140/90)	0.52*	-0.53*	0.27	-0.65**	-0.72***

Abbreviations: HbA1c, hemoglobin A1c; HEDIS, Healthcare Effectiveness Data and Information Set; LDL, low-density lipoprotein.

^aBold italic formatting indicates significant results at $P < .05$.

*** $P < .001$. ** $P < .01$. * $P < .05$. [†] $P < .10$. Results were adjusted using Benjamini and Hochberg procedure.

What Next?

- This Type of Quality Improvement Project Should Be a 2 Year Project, Not a 6 Month Project
- Clinics That Do It Well Have Dedicated Funding for Quality Improvement (Care Coordinators & Quality Data Roles)
- Clinics That Do It Well Include the Whole Office, Including Front Desk and Billing Staff
- We Are Working With DHHS To Hopefully Make Future Grant Funding for Quality Improvement Takes These Into Consideration

Questions?

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