

CARING FOR OUR COMMUNITY LIKE FAMILY

Primary Care Quality Update

Long Nguyen, DO

Agenda



Quality Metrics



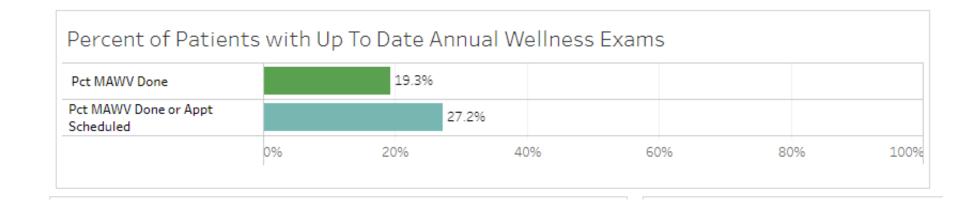
Care Pathways



Strategic Incentive Plan



Medicare Annual Wellness Visits (AWV)





Patients Are First- Panel Based Measures

Disease Management (5 measures)

- Diabetes A1c control
- Diabetes BP control
- Diabetes Retinal Exam
- Diabetes Kidney Health
- HTN BP control
- Depression-PHQ9 utilization

Preventive Management (6 measures)

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening
- Childhood Immunization Status



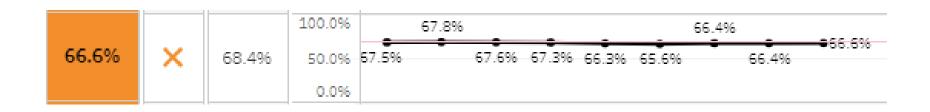
Diabetes Care- A1c of less than 9.0

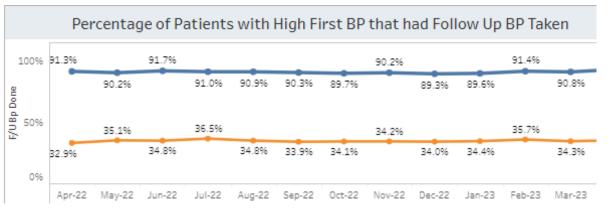
+11,620 patients with diabetes in our clinic network

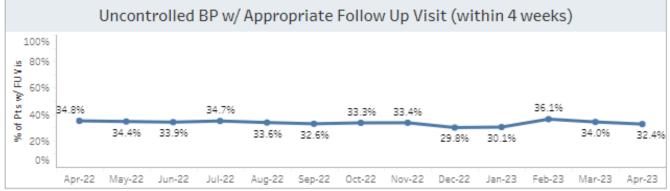
July: 74.7% → March: 75.6%

(Goal 74.7%)

Hypertension









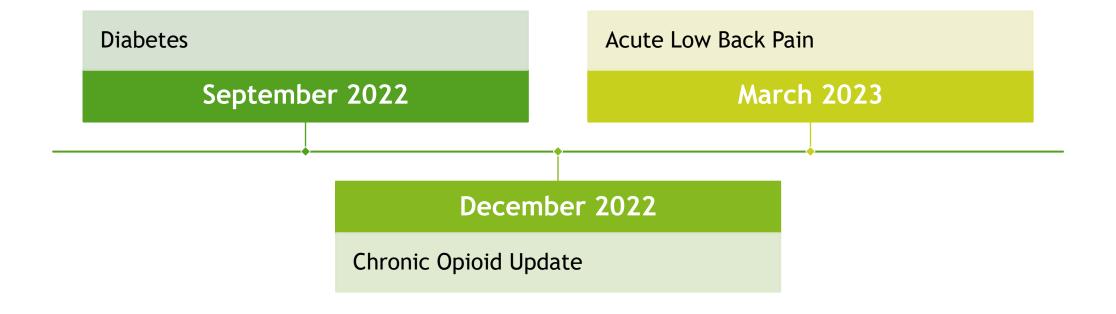
Breast and Colon Cancer Screening

Progress:

- Breast Cancer screening
 - July 70.2% → March 70.6 (Goal 77.4%)
- Colon Cancer screening
 - July 69.5% → March 69.8 (Goal 72.6%)





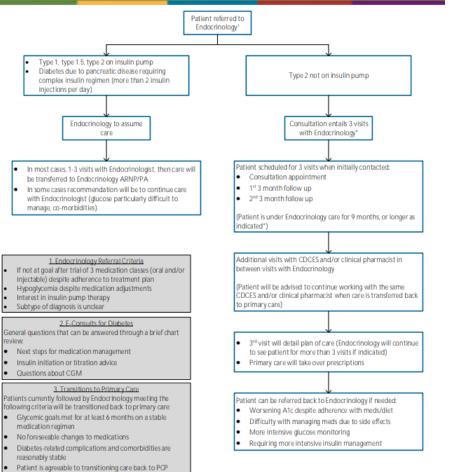


Diabetes Care Pathways

UW Medicine | VALLEY MEDICAL CENTER Ambulatory Care Pathway: Newly Diagnosed Diabetes 1. Provider/RN Follow Up Visit Newly diagnosed patients should have a Diabetes visit with an RN Care Manager as soon as possible (Recommended within 2 weeks of notifying patient). Newly diagnosed patients should have a visit with a provider Provider adds diabete Within 2 weeks if A1c is ≥ 7 to problem list In 3 months if A1c is <7 RN or Health Facilitator will screen patient for social determinant of health Result forwarded to RN Care Manager 2. Orders to be pended by RN Glucometer, test strips, lancets Complete referral to Care Injection supplies (if needed) Management Referral to Clinical Pharmacist and/or Lifestyle Medicine for Diabetes Education Referral to Ophthalmology RN notifies patient of new RN associates diagnosis with pended diagnosis Schedule follow up visits *Newly Diagnosed DM* Smartset under with the RN and the construction Provider¹ RN pends orders per DM Diagnosis Order Set² RN Follow Up Visit Provider Follow Up Visit Support and education Refer to Medications for Glucometer use Diabetes Ambulatory Care Discuss medications as needed Follow up with provider after 3 months, sooner if indicated Refer to Chronic Diabetes Management Ambulatory

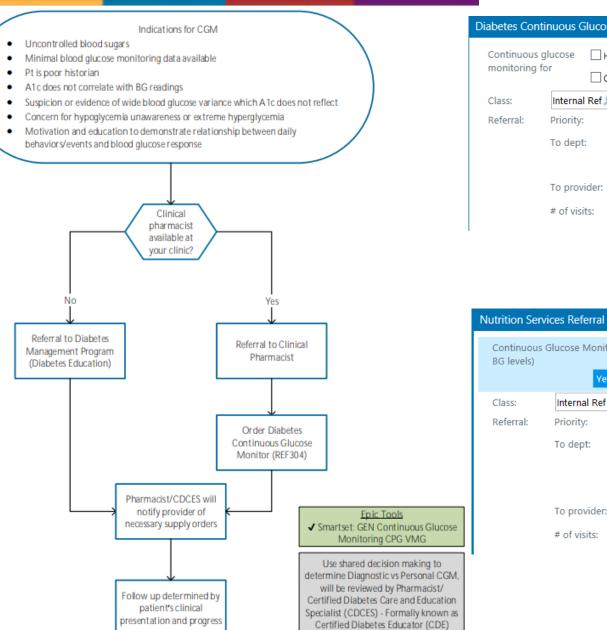
Care Pathway

UW Medicine | VALLEY MEDICAL CENTER Ambulatory Care Pathway: Transitions to Endocrinology





Ambulatory Care Pathway: Continuous Glucose Monitoring (CGM)



Diabetes Conti	✓ <u>A</u> ccept	🗶 <u>C</u> ancel		
monitoring for		HbA1c not at target □Therapy change □ Recurrent hypoglycemia □ Pregnancy Other		
Class:	Internal Ref			
Referral:	Priority:	Routine Propert STAT		
	To dept:	VMC LIFESTYLE MEDICINE LIFESTYLE MEDICINE RENTON HIGH	ILANDS	
		LIFESTYLE MEDICINE TIME SQUARE		
	To provider:	₽ •		
	# of visits:	4		

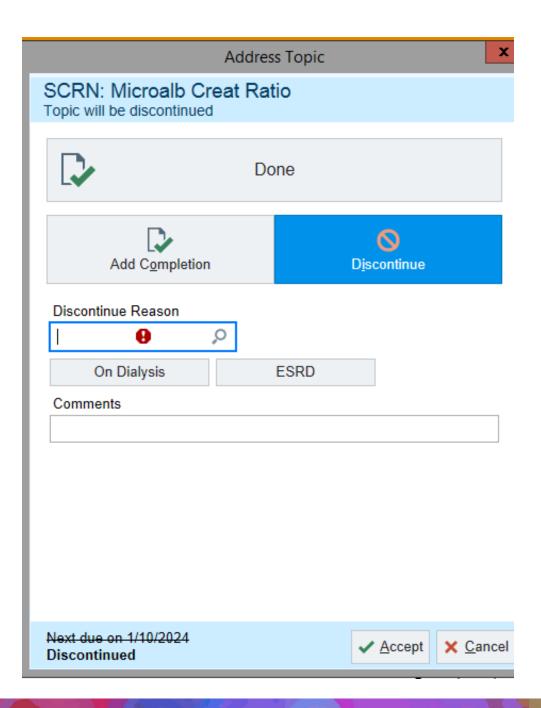
								·
Continuous (BG levels)	_			asive tool us	ed within	n the prog	gram to educate non-comp	liant patients abou
Clara.	Yes		ts					
Class:	Internal Ref	,0						
Referral:	Priority:	Routine	Routine	Urgent	STAT			
	To dept:	VMC LIFESTYLE IV	> VMC LIF	ESTYLE MEI	DICINE	LIFESTYL	LE MEDICINE COVINGTON	
			LIFESTY	LE MEDICIN	E MAPLE	VALLEY	LIFESTYLE MEDICINE REN	ITON HIGHLANDS
			LIFESTY	LE MEDICIN	E TIME S	QUARE	VMC RADIATION ONCOLO	OGY
	To provider:		٥	Q				
	# of visits:	6						

✓ Accept X Cancel

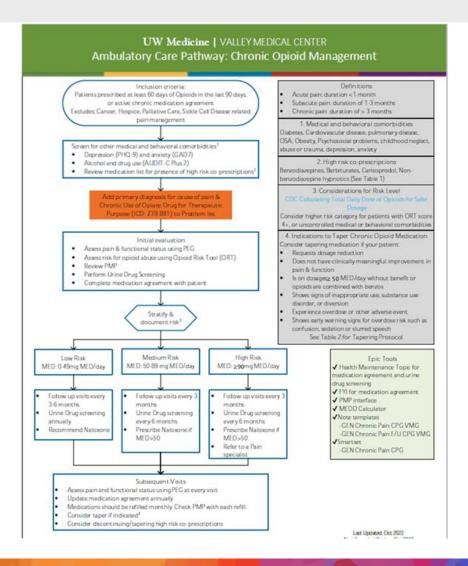
Diabetes Smartset is Live

GEN Diabetes Mellitus Type 2 CPG VMG≈	
- Chronic Diabetes Management Care Pathway	
▼ Orders	
Labs	Click for more
Labs - Future 3 Months	Click for more
Labs - Future 6 Months	Click for more
▶ MyChart —	Click for more
▶ Referrals	Click for more
▼ Supplies	
▶ Supplies	Click for more
CGM Supplies	Click for more
▼ Medications	
▶ Metformin	Click for more
▶ GLP-1RA	Click for more
▶ DPP-4i	Click for more
▶ SGLT2i	Click for more
▶ TZD —	Click for more
▶ SU —	Click for more
Insulins - Basal Analog	Click for more
Insulins - Intermediate Acting	Click for more
Insulins - Prandial	Click for more
Insulins - Premixed	Click for more
▶ Hypoglycemic Therapy	Click for more
Other Medications	Click for more
▶ Immunizations	
▼ Level of Service	
New Patient	Click for more
Established Patient	Click for more
	Click for more
▼ Patient Instructions	
▶ Patient Instructions	Click for more

▼ Supplies	-
Blood Glucose Test Kit Panel	
insulin syringe,safetyneedle 1 mL 31 gauge x 15/64" Syringe Normal, R-0, Please provide brand as covered by insurance, Diagnosis code E11.9	
☐ insulin syringe-needle U-100 1 mL 31 gauge x 15/64" Syringe Normal, R-0, Please provide brand as covered by insurance, Diagnosis code E11.9	
pen needle, diabetic 32 gauge x 5/32" Needle Normal, R-0, Please provide brand as covered by insurance, Diagnosis code E11.9	
▼ CGM Supplies	_
✓ Dexcom G6 CGM Panel	
✓ blood-glucose meter,continuous (DEXCOM G6 RECEIVER) Misc Use to check glucose using Dexcom G6 sensors daily. Normal, Disp-1 each, R-0	
✓ blood-glucose sensor (DEXCOM G6 SENSOR) Device Use to check glucose daily. Change every 10 days. Normal, Disp-9 each, R-3	
✓ blood-glucose transmitter (DEXCOM G6 TRANSMITTER) Device Use to check glucose with Dexcom G6 sensor daily. Change every 90 days. Normal, Disp-1 each, R-3	
✓ FreeStyle Libre CGM Panel	
✓ flash glucose scanning reader (FREESTYLE LIBRE 2 READER) Use as directed for continuous glucose monitoring Normal, Disp-1 each, R-0	
✓ flash glucose sensor (FREESTYLE LIBRE 2 SENSOR) Use as directed for continuous glucose monitoring Normal, Disp-6 kit, R-3	
✓ blood sugar diagnostic (FREESTYLE PRECISION NEO STRIPS) Strip 1 strip by NOT APPLICABLE route daily as needed Use to check blood glucose using Freestyle libre 2 READER daily as needed. Normal Disp-100 strip R-3	



Chronic Opioid Update



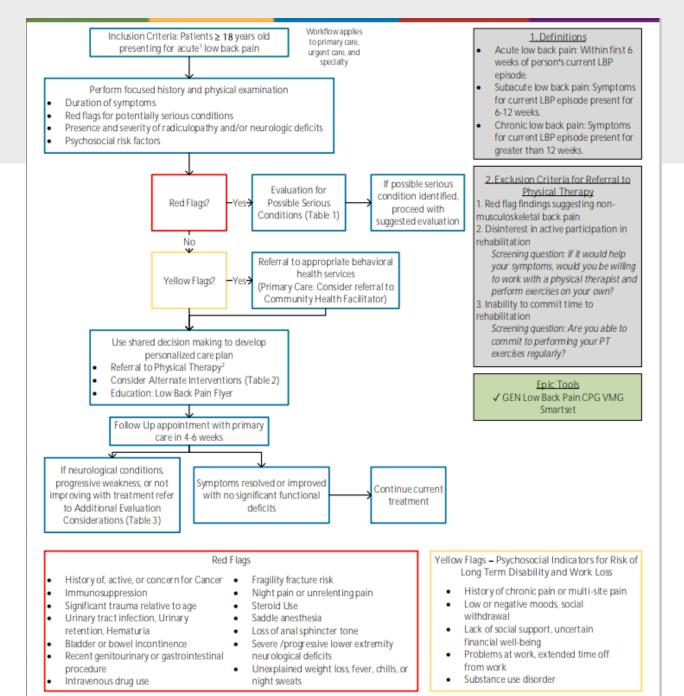
<u>CPG - Ambulatory Care Pathways Toolkit library</u> (sharepoint.com)

Referral resources
Narcan resources
Updated chronic opioid medication agreement



Low Back Pain

GEN Low Back Pain CPG VMG ≈ - Low Back Pain Care Pathway ▼ Orders Labs Click for more ▶ Imaging Click for more ▼ Medications ▶ NSAIDS Click for more Muscle Relaxants Click for more ▼ Referrals ▶ Referrals Click for more **▼** Patient Instructions **▼** Patient Instructions Low Back Pain; Treating & Prevention (English) ▼ Level of Service ▼ New Patient Office / outpatient visit, new patient, level 2 [99202] Office / outpatient visit, new patient, level 3 [99203] Office / outpatient visit, new patient, level 4 [99204] Office / outpatient visit, new patient, level 5 [99205] **▼** Established Patient Office / outpatient visit, established patient, level 2 [99212] Office / outpatient visit, established patient, level 3 [99213] Office / outpatient visit, established patient, level 4 [99214] Office / outpatient visit, established patient, level 5 [99215]



Asthma Action Plan

UW Medicine

Date:							
My name	DOB						
My provider	Clinic	& phone number					
_	ms are: nes a week		☐ Daily & often				
Green Zone: Doing	g Well						
How I feel:	Breathing is good – No cough or wheeze – Can work Peak flow meter(more than		nt				
Control medicine(s)	Medicine How muc	h to take	When and how often to take it				
Physical activity	Use Albuterol/Levalbuterolpuffs, 15 min						
Yellow Zone: Cautio	on						
How I feel:	Some problems breathing – Cough, wheeze, or tight Peak flow meter to to						
Quick-relief medicine Control medicine(s)	uick-relief medicine(s) Albuterol/Levalbuterol puffs,						
	er within 20 – 60 minutes of the quick-relief treatmer THEN follow the instructions in the RED ZONE and						
Red Zone: GET HE	ELP NOW!						
How I feel:	Lots of problems breathing – Cannot work or play – Peak flow meter(less than 5		etter – Medicine is not helping				
Take quick-relief med	dicine NOW! Albuterol/Levalbuterol puf	rs,	(how often).				
	ly if you have any of these danger signs: Trouble wa e blue • Still in Red Zone 15 minutes after taking qu		ness of breath				
Emergency Contact	Name	Phone (
Education related to use of i	inhalers and spacers provided to patient, as well as additional asth	ma resources. Internal Use Only:	Scan page 1 only. Patient to keep original.				

My Asthma **Action Plan**

How to best inhale (breathe in) when using a metered-dose inhaler (MDI), dry powder inhaler (DPI) vs. nebulizer



Inhaling the right way is important when using these different kinds of medicines.

Scan the QR code to see how-to videos.

Asthma Resources

- · American Lung Association videos, education lung.org/asthma
- Asthma Care Quick Reference nhlbi.nih.gov/ files/docs/quidelines/asthma_grq.pdf
- · Free support through Lung HelpLine at 800.LUNGUSA
- · Visit a respiratory therapist for one-on-one help

Content adapted and photos from the American Luna Association Asthma Action Plan

WEValley

UW Medicine VALLEY MEDICAL CENTER

How to use your inhaler and spacer







2. Shake the inhaler for 5 seconds.



3. Attach to spacer and take cap 4. Breathe OUT all the way.





5. Close lips around mouthpiece. 6. Press down here.





7. Breathe in SLOWLY, DEEPLY.



8. Hold your breath for 10 seconds if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5 - 9.



9. Rinse with water and SPIT OUT.

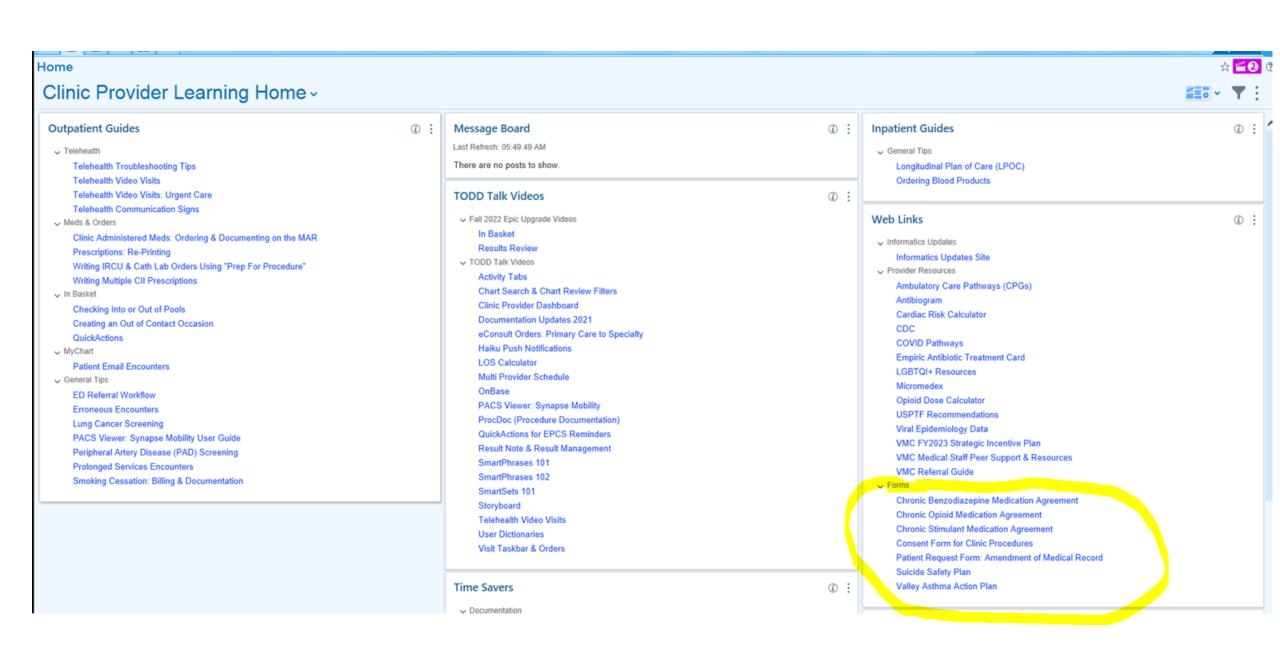


Form: 87-8696 Rev. 1 03/2023

MY ASTHMA ACTION PLAN

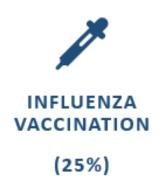
Page 1 of 2

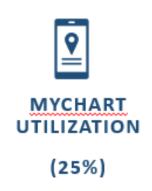
Patient Label



Strategic Incentive Plan FY23









Strategic Incentive FY23

https://tableau1/#/views/VMGProviderIncentivesMeasureDetail/ByDivision-ProviderIncentiveSummary?:iid=3

Influenza Administration/Counseling- Target 80%

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
7,932	21,874	34,429	45,207	54,848	62,475	70,375	71,124
10,388	26,085	40,009	51,947	63,166	72,368	82,642	83,425
76.496	83.9%	86.1%	87.0%	86.8%	86.3%	85.2%	85.396

MyChart Utilization- Target 60%

Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
9,423	20,675	30,988	40,919	49,865	57,930	65,832	72,546	79,993	81,889
13,664	27,710	39,869	51,321	61,686	70,832	79,597	87,028	95,461	97,574
69.096	74.696	77.796	79.796	80.8%	81.8%	82.7%	83.496	83.8%	83.996



Strategic Incentive FY23

Provider Communication- Target 82.3% top box OR reflections completion

To participate in the reflective activity option:
Complete Q1 AND Q2 reflections on **by February 28, 2023.**Complete Q3 AND Q4 reflections between **April 21, 2023- August 31, 2023.**https://www.surveymonkey.com/r/YV37YYQ

https://tableau1/#/views/VMGProviderIncentivesMeasureDetail/ProviderReflections?:iid=3

					Submission For Fiscal Qtr		
Epic Assigned Clinic				Heisenberg	Q1 (July-Septembe = ;	Q2 (October- December)	C
CARDIOLOGY CLINIC	,		127991	Yes	1		
	SIMCOE, COURTNEY L	Physician Assistant	124334	Yes	1	1	
CASCADE PRIMARY CARE	HALLOWELL, MATTHEW	Physician	126633	Yes	1	1	
	MADEJA, JENNA N	Physician	117638	Yes	2	1	
	NGUYEN, DINA TUYETLOAN D	Physician	105758	Yes	1		
	ROMO, TREVOR D	Physician Assistant	124811	Yes	1		

Strategic Incentive FY23

Well-Being

Q1 and Q2: Submit one Well-Being reflection by February 28, 2023

Q3 and Q4: Submit one Well Being reflection between April 21, 2023- August 31, 2023.

Provider Well-Being Measure survey: https://www.surveymonkey.com/r/K8KWDTQ

<u>Tableau Report to view completion</u> <u>https://tableau1/#/views/VMGProviderIncentivesMeasureDetail/ProviderWellBeing?:iid=1</u>



THANK YOU!









April 20:

VMG Provider Meeting

May 10:

Primary Care Provider Meeting

