

CARING FOR OUR COMMUNITY LIKE FAMILY

Primary Care Quality Update

Long Nguyen, DO

Agenda



Quality Metrics

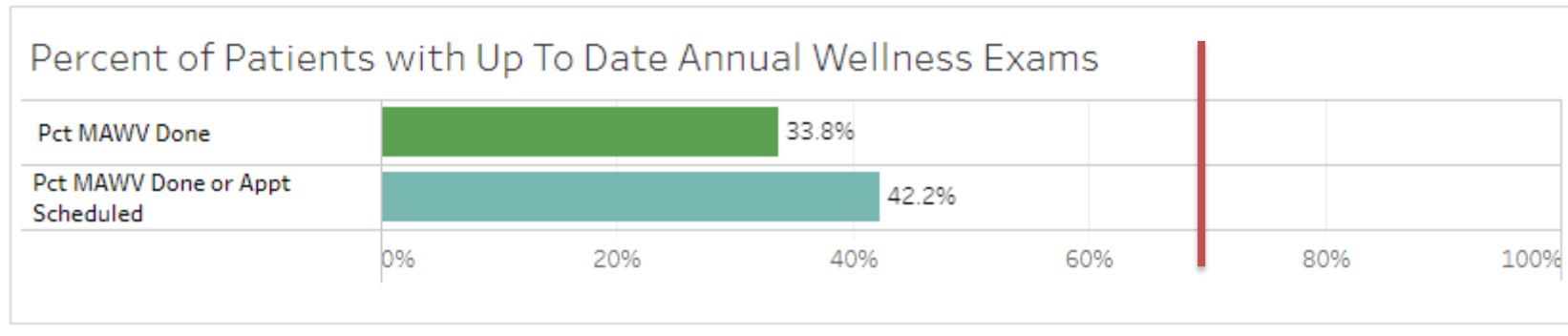


Care Pathways



Strategic Incentive Plan

Medicare Annual Wellness Visits (AWV)



Goal: 70% by end of 2023

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

We improved in all 4 categories in FY23

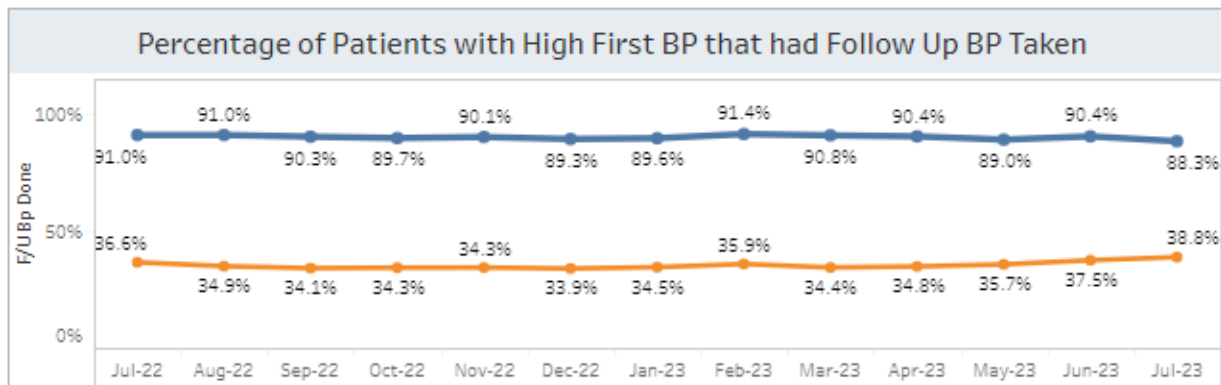
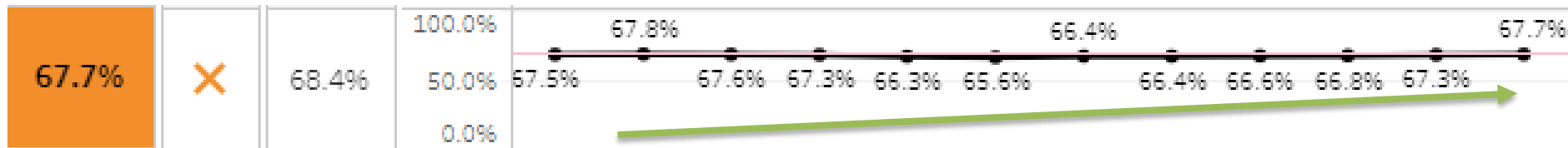
Diabetes Care- A1c of less than 9.0

+11,800 patients with diabetes in our clinic network

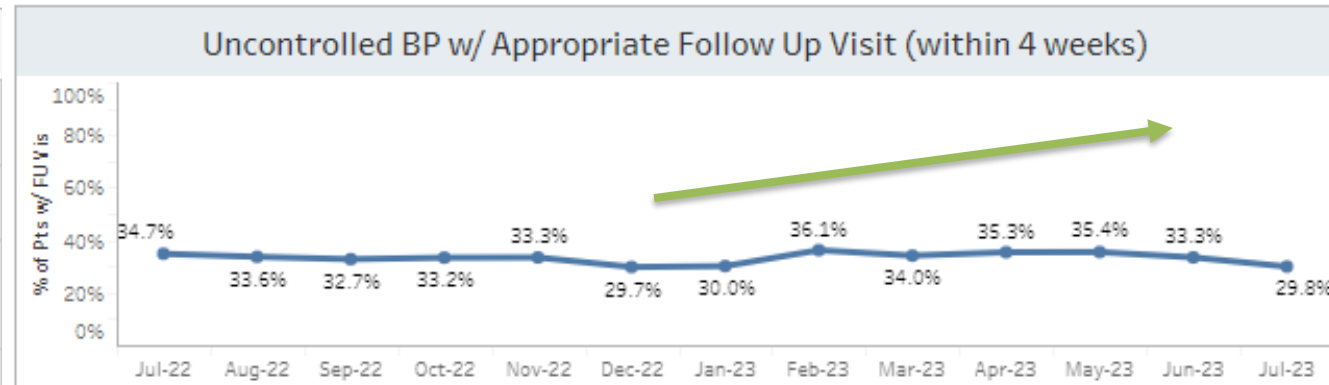


July: 74.7% → June: 75.8%
(Goal 74.7%)

Hypertension: Goal BP < 140/90



Visit Based - Patients whose first blood pressure was high (see chart above) and had a second blood pressure taken at the same visit. (patients w/ current period visits only)
 Orange line shows of those who had a second blood pressure taken, how many were in control



Percentage of patients with the most recent blood pressure NOT at target who had a follow up appointment in 4 weeks (2 to 8 weeks counted).

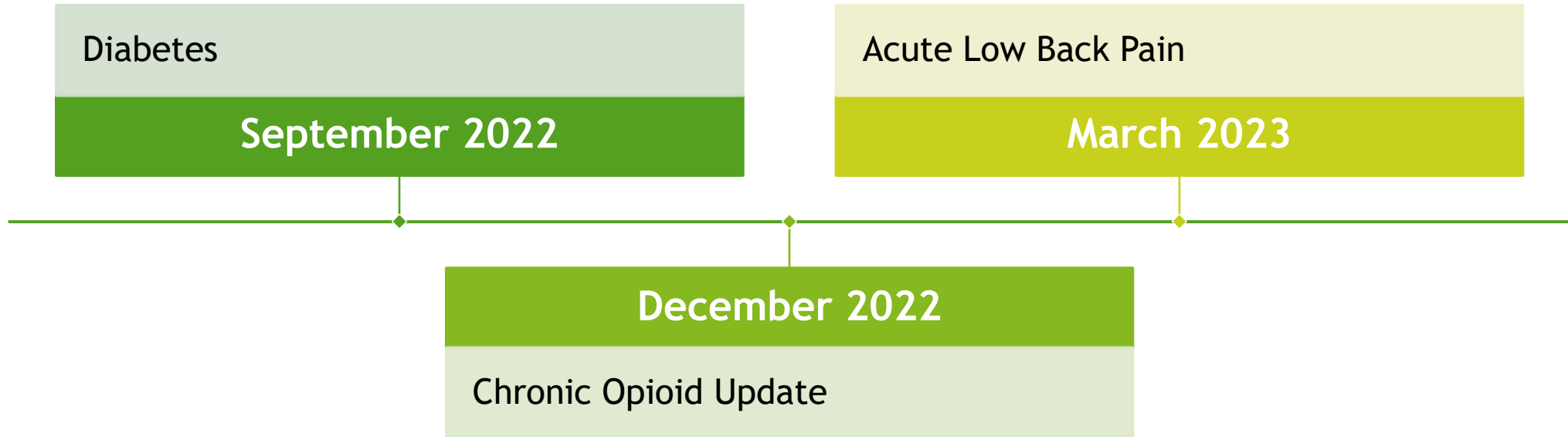
Breast and Colon Cancer Screening

Progress:

- Breast Cancer screening
 - July 70.2% → June 70.8% (Goal 77.4%)
- Colon Cancer screening
 - July 69.5% → June 70.0% (Goal 72.6%)

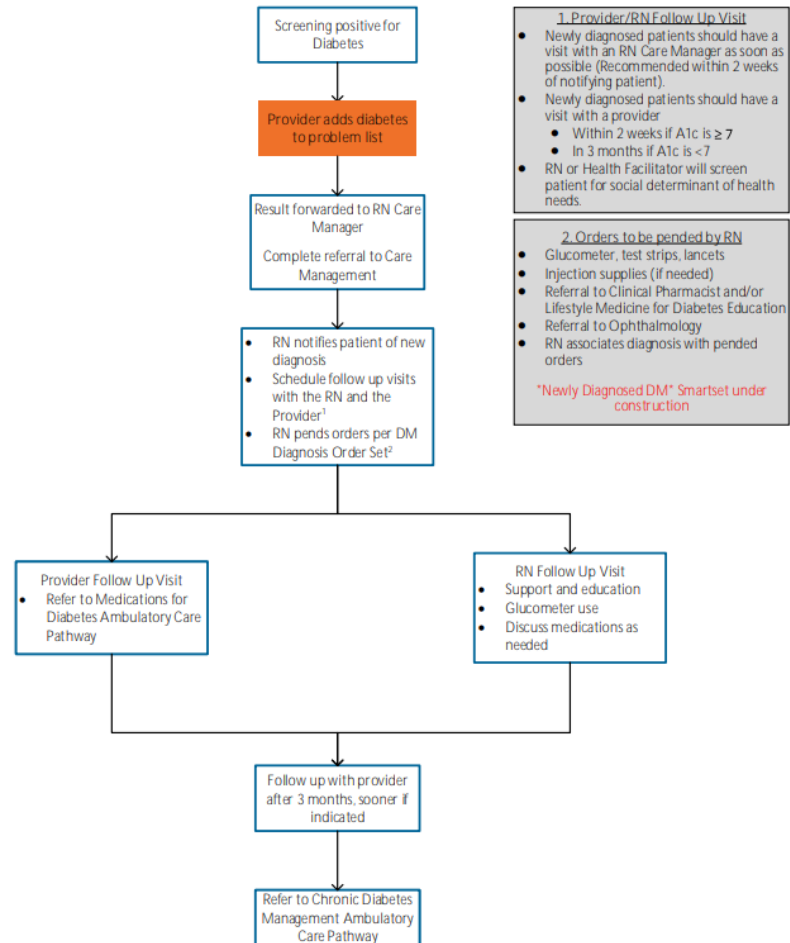


Care Pathways

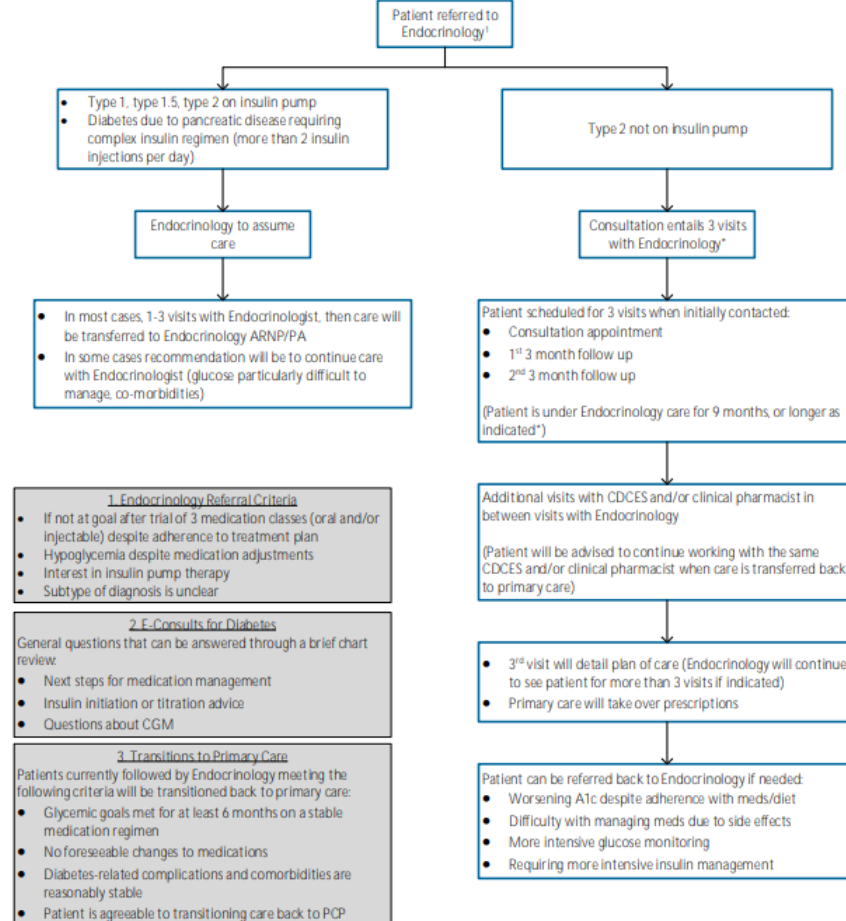


Diabetes Care Pathways

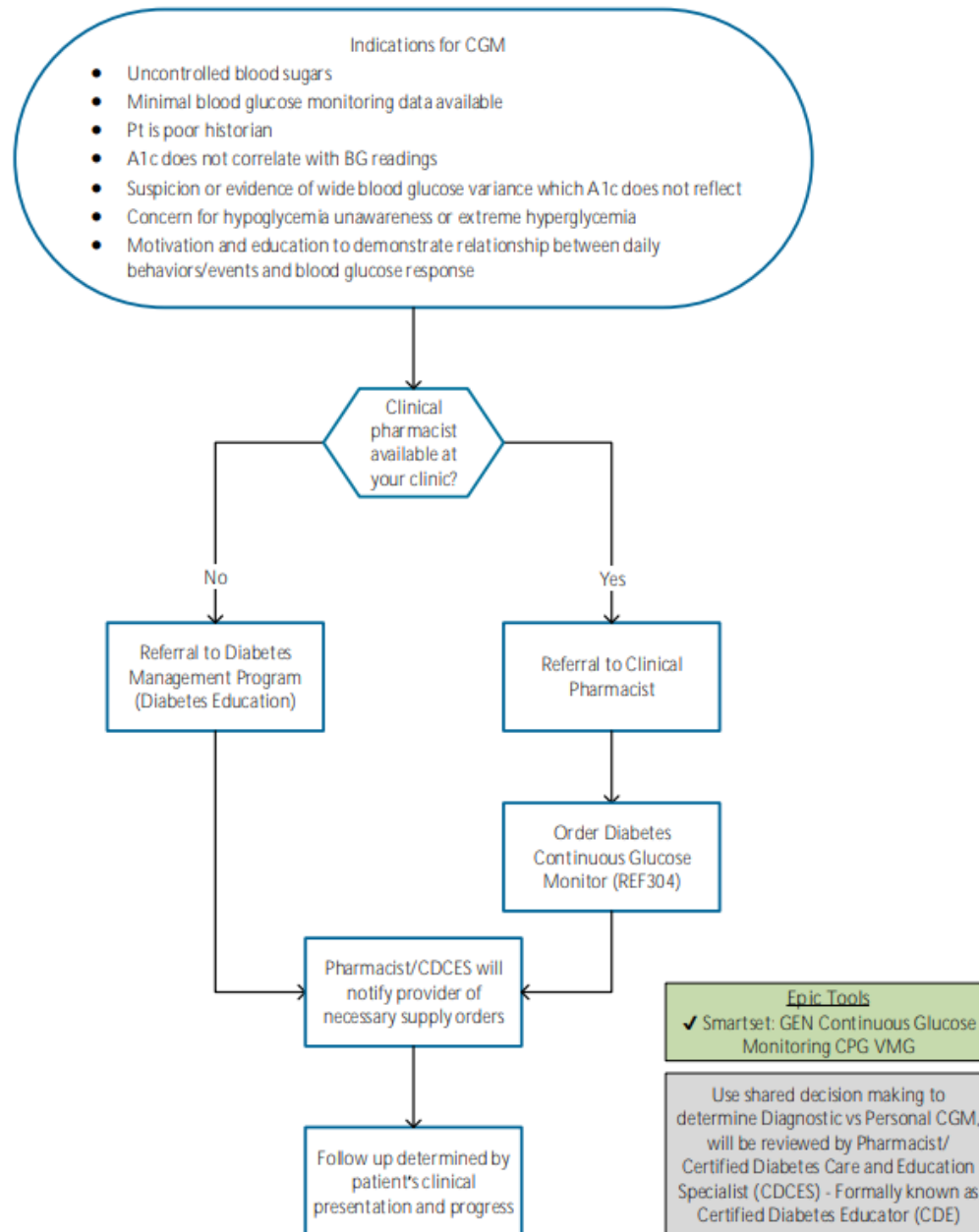
UW Medicine | VALLEY MEDICAL CENTER Ambulatory Care Pathway: Newly Diagnosed Diabetes



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



Ambulatory Care Pathway: Continuous Glucose Monitoring (CGM)



Diabetes Continuous Glucose Monitoring

✓ Accept ✗ Cancel

Continuous glucose monitoring for ☐ HbA1c not at target ☐ Therapy change ☐ Recurrent hypoglycemia ☐ Pregnancy

☐ Other

Class:

Referral: Priority:

To dept:

To provider:

of visits:

Nutrition Services Referral

✓ Accept ✗ Cancel

Continuous Glucose Monitor Device (A short term, non-invasive tool used within the program to educate non-compliant patients about their BG levels)

Class:

Referral: Priority:

To dept:

To provider:

of visits:

Diabetes Smartset

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](#)

▼ Patient Instructions

- ▶ Patient Instructions [Click for more](#)

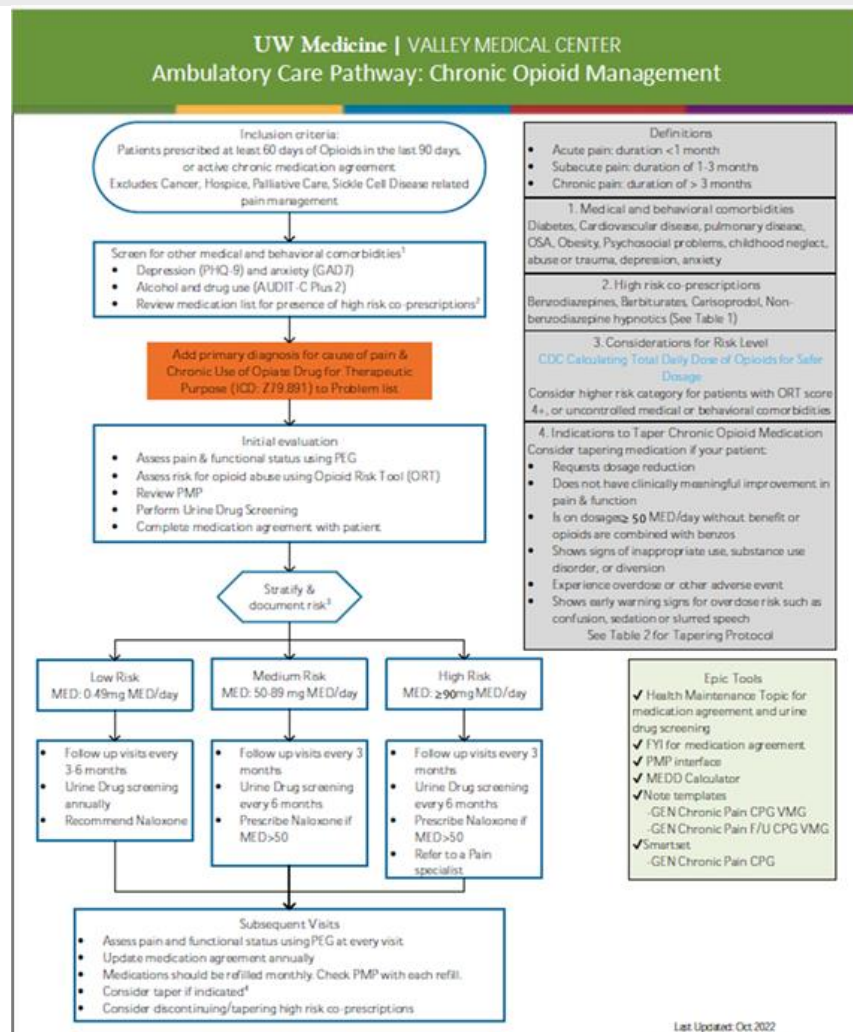
▼ Supplies

- ☐ 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



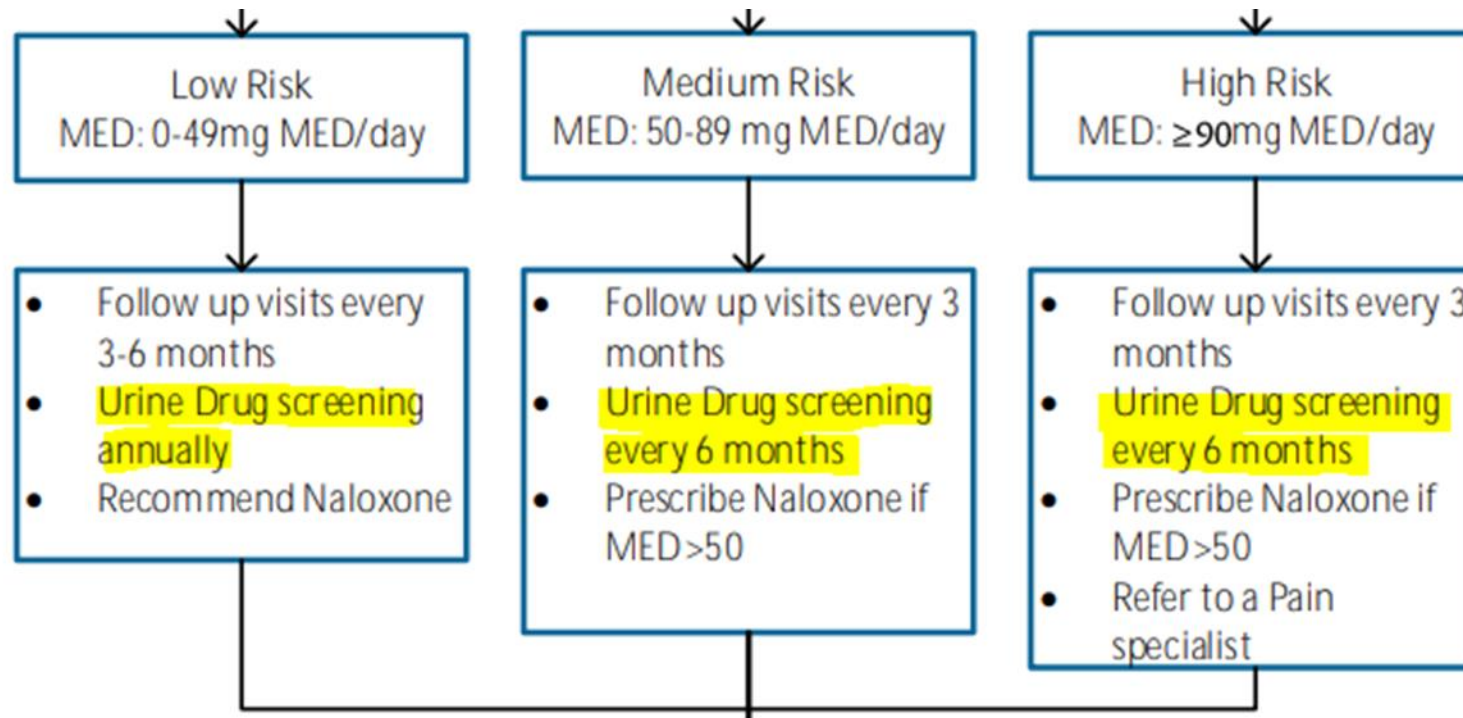
[CPG - Ambulatory Care Pathways Toolkit library \(sharepoint.com\)](https://sharepoint.com)

Referral resources

Narcan resources

Updated chronic opioid medication agreement

Chronic Opioid Management Safety: Urine Drug Screening



Urine Drug Screen Options in Epic

- PAIN MANAGEMENT PANEL 3
- DRUG SCREEN PANEL, URINE
- PAIN MANAGEMENT PANEL 4 RFLX



NEW: POCT URINE DRUG SCREEN

POCT Urine Drug Screen

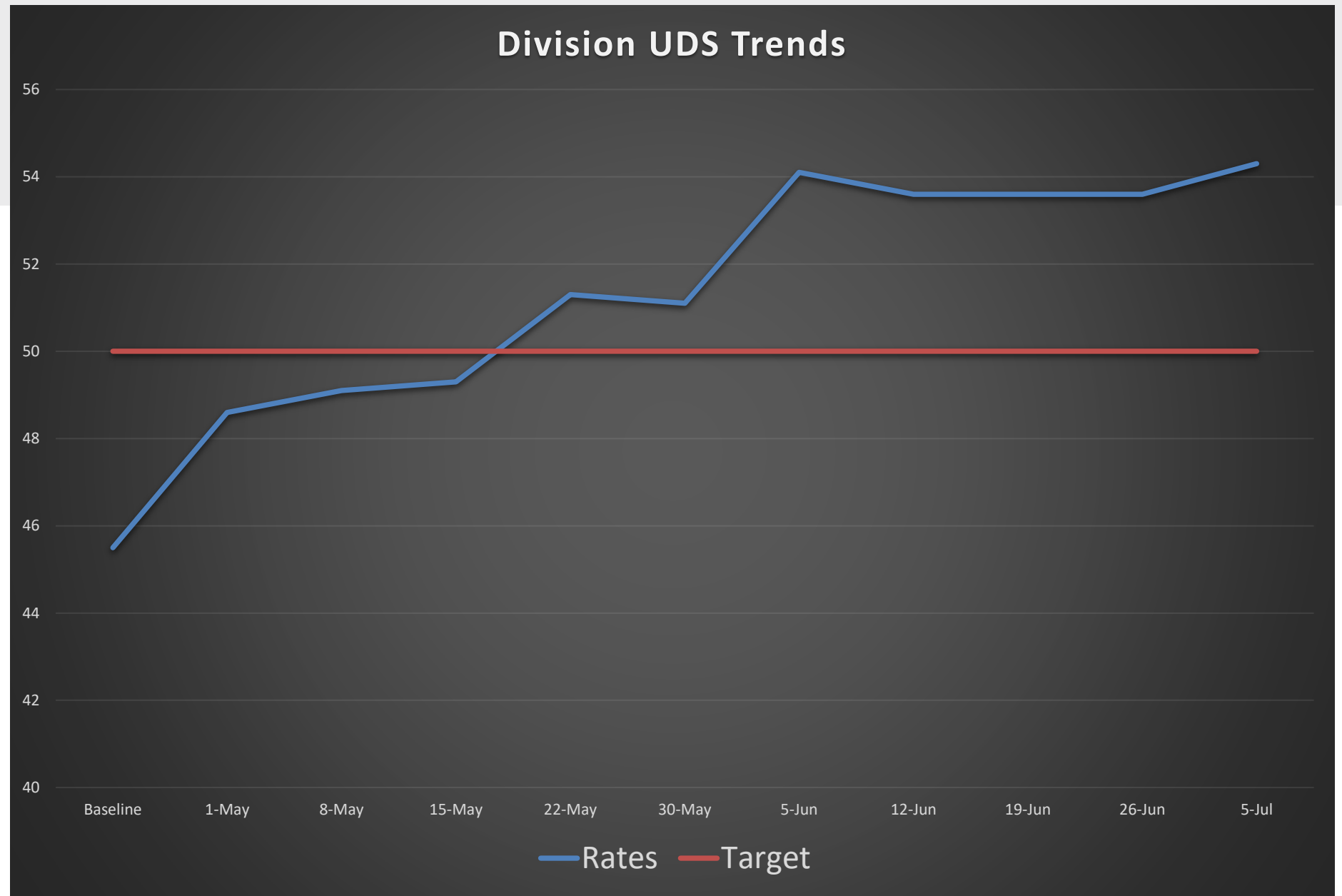
- Okay to use as UDS for chronic use of opiate drug for therapeutic purpose.
- Please use your best clinical judgement to determine if POCT UDS is appropriate and safe for your patient.
 - Considerations: risk level based on MED/day or ORT score, UDS or PDMD history, limitations of the POCT, cost.
 - We are responsible for understanding the limitations of the POCT and to complete a detailed reflex drug screen if results are unexpected.

POCT Urine Drug Screen FAQs

- Do you happen to have the list of items that the POCT drug test will test?
 - Tests for amphetamine, barbiturates, buprenorphine, benzodiazepines, cocaine, MDMA (ecstasy), methamphetamine, morphine, methadone, oxycodone, phencyclidine (PCP) and cannabis.
 - Does not test for fentanyl
- Is the Epic order available to all PC clinics? [Yes](#)
- What's the cost to the patient if not covered by insurance? [The POCT 12 panel Test is a patient cost of \\$37.00](#)
- How long does it take to run the POCT test? [5 minutes](#)
- If the POCT test is performed in the clinic and the provider wants to send a urine drug test to the lab that same day, can this be done on the same sample? [Yes](#)
- Will the result check off HM item? [in progress](#)

The percent increase for Urine Drug Screen for the overall division was **19.3%**

The average percent increase for Urine Drug Screen across the division was **23.4%**



NEW: Acute to Subacute Pain Transition Note Template

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Subacute Pain Assessment

Subjective

Joe B Test has transitioned or is expected to transition from acute pain to subacute pain.

{GUIDANCE -

<1 month = acute pain, 1-3 months = subacute pain, 3+ months = chronic pain 22112}

Location/Description of current pain: ***

Observed/Reported effect on function or pain control with opioid medication: ***



MEDD: None

PEG	Score:	
During the past week:		
What number best describes your pain on average		
What number best describes how pain has interfered with your life		
What number best describes how pain has interfered with your general activity		

Last PHQ-9 score (if available):

Last GAD-7 score (if available):

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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)

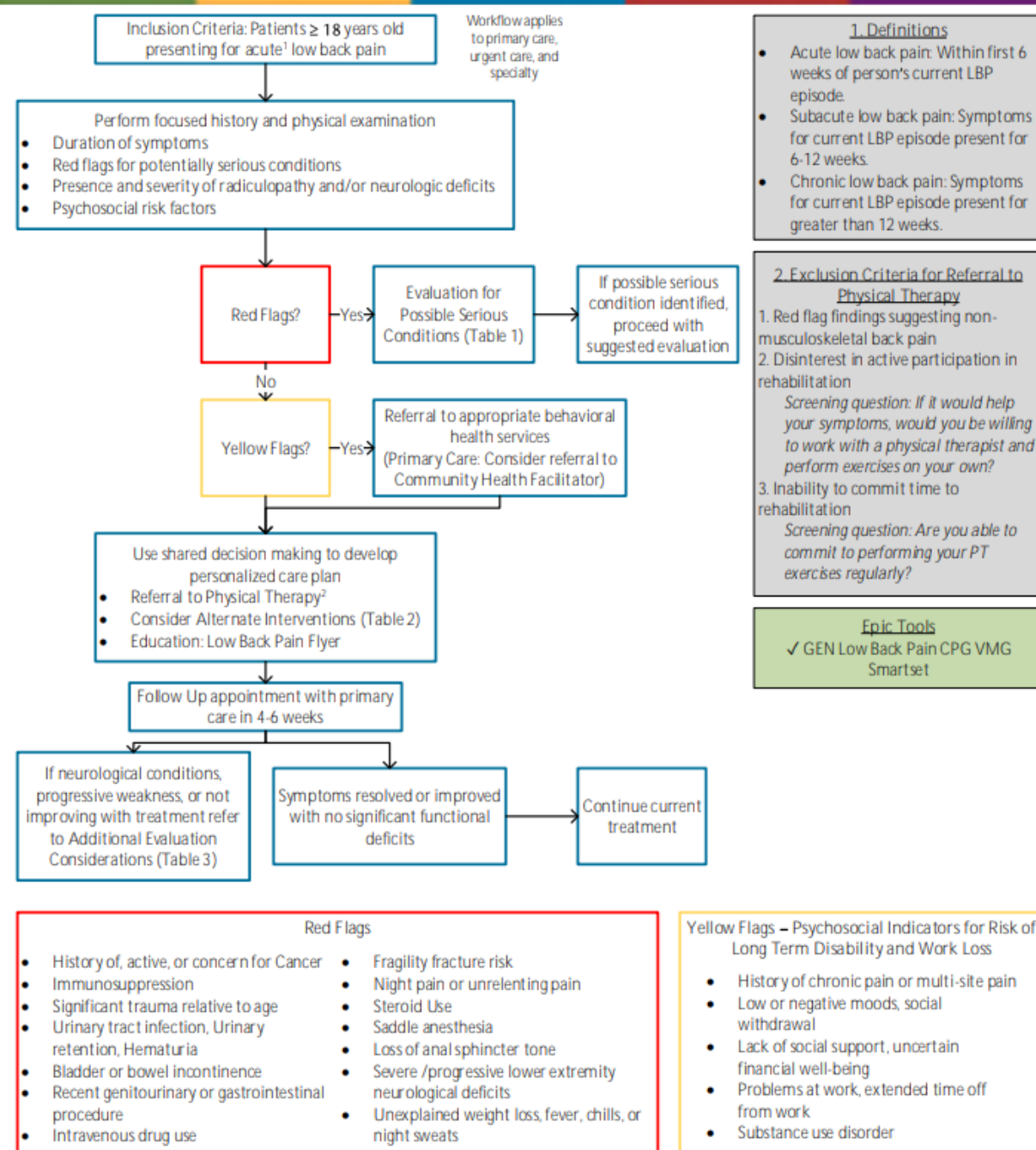
▼ Level of Service

▼ 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]



Low Back Pain- Patient Education

Understanding, Relieving & Treating Low Back Pain



More than 80% of people in the United States experience an episode of low back pain during their lives. Most cases of low back pain can be linked to muscle strain, injury or overuse. A smaller percent of low back pain can be caused by more specific conditions of the spine that your doctor can diagnose and explain further.

The good news

Most low back pain resolves with self-management without long-term functional impact.

50% of back pain resolves within 1 week

Up to 80% resolves within 8 weeks

Where can you get help?

You have options! Reaching out to one of the following when you notice pain will help get you feeling better faster.

Doctor/Clinic

Nurse line • Send a message
Video visit • Appointment

Physical Therapist

Appointment

What can help?

- Stay active by gradually progressing toward your normal level of activity as tolerated.
- Avoid prolonged bedrest, sitting, driving, bending, heavy lifting and twisting in the early stages of pain.
- Gentle exercise for mobility and stretching of the muscles of the legs and back early on can help decrease the severity, duration and recurrence of low back pain. Try the suggested exercises on the back of this sheet. Avoid exercises that increase your pain.
- Apply ice to lower back for 10 – 15 minutes every 1 – 2 hours—ice is helpful in reducing pain and muscle spasm.
- Try short term, over the counter pain relievers like Tylenol or Ibuprofen.
- Get good sleep and reduce stress.
- Use good posture while sitting, lifting and sleeping.
- Wear supportive shoes which can align your legs, knees and back and help reduce shock while walking or running.
- Once the severity of pain has decreased, you can help prevent recurrence with a regular exercise program that includes strengthening your abdominals, back and hips.

Check back with your care team after 4 – 6 weeks, or sooner if you have questions or concerns. Keep them in the loop!

When to seek emergency assistance:

- You experience weakness in your legs
- You develop a fever
- You have difficulty controlling your bladder or bowels
- You are unsteady on your feet



Education video

valleymed.org/lowbackpain

Knee to Chest Stretch

2 x 30 second hold, 2x/day



Using your hands, slowly pull one knee toward your chest until you feel a gentle stretch in your lower back.
*Can also perform pulling both knees toward your chest at the same time.

Tip: Make sure to keep your back relaxed and flat on the ground during the stretch.

Lower Trunk Rotation

10 repetitions, 2x/day



Keeping your back flat, slowly rotate your knees down toward the floor until you feel a gentle stretch, repeat to the other direction.

Tip: Make sure that your back and shoulders stay in contact with the floor.

Piriformis Stretch

2 x 30 second hold, 2x/day



Crossing your ankle over the opposite knee, pull your knee toward your opposite shoulder until you feel a stretch in the buttocks.

Tip: Do not allow your back to twist or bend excessively during the stretch.

Sleep Positions



Lying on Your Back



Lying on Your Side



Use the Google Translate app for your language

Available in Epic for AVS
Search: Low Back Pain in Smart text

Strategic Incentive Plan FY24



PATIENT EXPERIENCE
Provider communication
(reflection/ performance)



QUALITY
Tobacco cessation



ACCESS
Mychart Utilization



WELL-BEING
Reflection Activity

 [FY24 Strategic Incentive.pdf](#)

 [FY24 Strategic Incentive Plan FAQ.pdf](#)

 [FY24 Patient Experience Incentive Plan FAQ.pdf](#)

FY2024



Quality Improvement:

THANK YOU!



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