Care Coordination Quality Improvement Grant

Chris Singer, MAN, RN, CPHQ, Chief Operating Officer

Health Care Homes Learning Days
APRIL 9-10, 2019
Strengthening the wellbeing of the community through health care for all.
CHARACTERISTICS

- Largest Minnesota FQHC
- Over 37,000 unduplicated patients seen annually
- 40% remain uninsured
- Large percentage of non-English speakers
- Large percentage of low health literacy
- Patient population with high insecurity in food, housing, transportation, legal services, and access to other community resources
CCQI PROJECT TEAM

CCQI Team

• Pat Swanson, Clinical Champion
• Shawna Hedlund, Health Start Program Director
• Lynn Ogawa, Health Care Home Director
• Lynn Janssen, Care Coordinator Supervisor
• Jonathan Bender, Data Analyst
• Emma Weiss, Project Coordinator
• Patient Advisory Committee
CCQI PROJECT GOALS

• Implement NowPow, a community resource “e-prescribing” platform

• Integrate NOWPOW with EMR

• Develop and maintain directory of community resources

• Measure community referrals and related health outcomes
NowPow connects people to high quality community resources to help address their chronic health and social conditions or just stay well. From stress management to smoking cessation, fitness classes to family planning, NowPow makes it easy to leverage knowledge into action.
# WORK PLAN

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsibility</th>
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<tbody>
<tr>
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<td>To develop clinical processes that assure effective coordination with community resources.</td>
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**Quarter 1: 12/01/2017-02/28/2018**

- Develop CCQI workgroup.
  - Coordinate Quality and School-based Teams
  - Partner with School Nurses and the Professional Learning Community
  - Recruit patient participants

<table>
<thead>
<tr>
<th>Build understanding of community resources, roles and maintain resource lists.</th>
<th>12/01/2017</th>
<th>02/28/2018</th>
<th>CCQI workgroup</th>
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</thead>
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**Quarter 2: 03/01/2018-05/31/2018**

- Develop systems and infrastructure supports for bi-directional communication.
  - NowPow integration into GE Centricity.
  - Staff training on NowPow e-prescribing and closed loop communication with patient and community resource.

<table>
<thead>
<tr>
<th>03/01/2018</th>
<th>05/31/2018</th>
<th>IT Manager &amp; EMR Specialist</th>
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**Quarter 3: 06/01/2018-08/31/2018**

- Test systems and infrastructure for full implementation.
  - Conduct PDSA cycles using NowPow at 9 school-based sites during summer hours.
  - Collect feedback on number of referrals prescribed and referrals completed.

<table>
<thead>
<tr>
<th>06/01/2018</th>
<th>08/31/2018</th>
<th>QI Team Community Partners St. Paul Public Schools</th>
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**Quarter 4: 09/01/2018-11/30/2018**

- Integrate system at all school-based sites.
  - Pilot NowPow at 9 school-based clinics.

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<tr>
<th>05/01/2018</th>
<th>05/31/2019</th>
<th>QI Team</th>
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- Measure effectiveness of community linkages
  - Number of community resources registered in NowPow
  - Measure referrals prescribed via NowPow, referrals completed
  - Measure percent of active HealthStart patients who have received a referral for a community resource

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<thead>
<tr>
<th>09/01/2018</th>
<th>05/31/2019</th>
<th>Data Analyst</th>
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PARTNERSHIPS

- NOWPOW
- St. Paul Public Schools
- IT relationships
ACCOMPLISHMENTS

• Developed master list of community resources across organizational system
• Identified new community partners to come into NOWPOW resource listing for external benefit
• Data infrastructure developed to collect and follow up on resource insecurities
• Invigorated staff engagement around community health integration
BARRIERS TO SUCCESS

- IT implementation and integration between NOWPOW and the EMR was greatly delayed.
- Challenges to staff capacity
- New market for technology led to reduced partnership
- Data collection not able to be performed until final quarter
SUSTAINABILITY AND SPREAD

• Plans underway to spread across full organizational system

• IT infrastructure now in place for continued design improvement

• Data capabilities in population health focus areas infinite
FINAL QUARTER PLANS

• Collect data!

• Review plan for sustainability and spread across other programs

• Evaluate project process improvement