

THE CENTER FOR WELLNESS



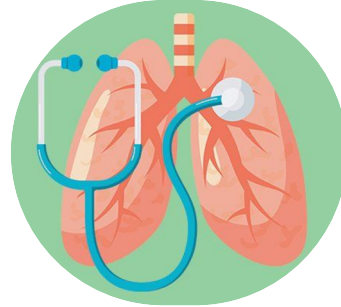
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azara
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INTRODUCTION

Welcome to April!

In this month's newsletter, the Quality department will highlight asthma awareness and the recommendations to improve. The implementation plan for our data platform DRVS will be discussed as well. As a reminder, due to COVID-19's continued presence, it is important to ensure patients exercise precaution and lead a healthy lifestyle especially as it pertains to the heart. Because many health centers have opened up their facilities, it is important to remind people to schedule appointments with their providers to ensure quality health.

Now, more than ever, it is important to perform screenings for various health measures as awareness has encouraged people to seek out help and resources.

In addition, with vaccinations widely available, we encourage people to get vaccinated when possible.

ASTHMA FACTS

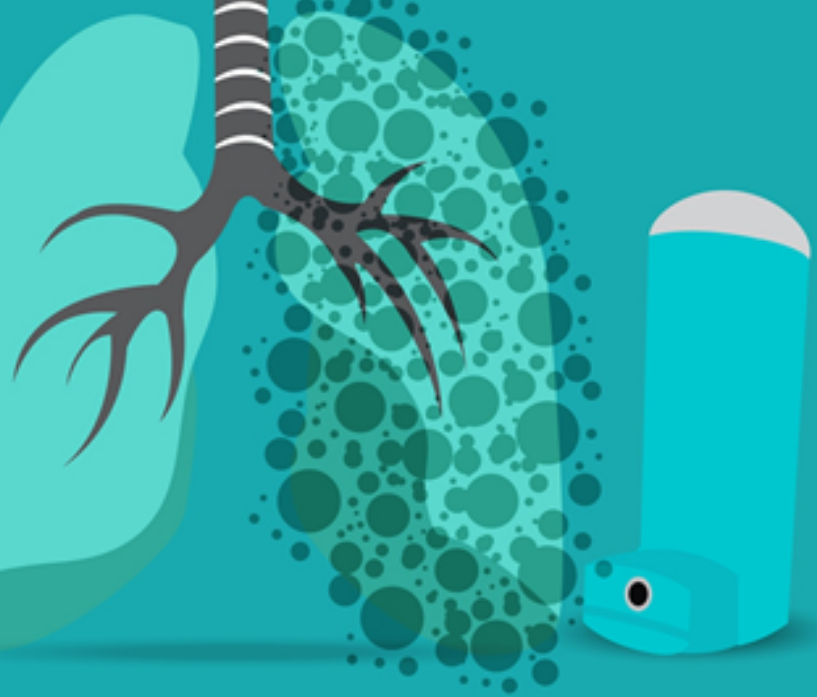
Approximately 25 million Americans have asthma. This equates to about 1 in 13 Americans, including 8 percent of adults and 7 percent of children. Of those Americans, about 20 million U.S. adults age 18 and over have asthma. It is more common in adult women than adult men and is the leading chronic disease in children. Currently, there are about 5.1 million children under the age of 18 with asthma.

Effective Asthma treatment includes:

- Monitoring the disease with a peak flow meter
- Identifying and avoiding allergen triggers
- Using drug therapies including bronchodilators and anti-inflammatory agents

- Developing an emergency plan for severe attacks.
- Medications
 - Inhaled Corticosteroids
 - Immunotherapy or allergy shots





NATIONAL ASTHMA AWARENESS MONTH

HEDIS GUIDELINES

HEDIS Tips: Medication Management for People with Asthma

Guidelines are the same from last April 2021

MEASURE DESCRIPTION: The percentage of patients 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. Patients are in the measure if they met at least one of the following during both the measurement year and the year prior.
 - At least one ED visit with asthma as the principal diagnosis.
 - At least one acute inpatient

claim/encounter, with asthma as the principal diagnosis.

- At least 4 outpatient or observation visits on different dates of service, with any diagnosis of asthma and at least 2 asthma medication dispensing events for any controller medication.
- At least 4 asthma medication dispensing events for any controller medication or reliever medication.

HOW TO IMPROVE PERFORMANCE

- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present. Ex: wheezing during viral upper respiratory infection and acute bronchitis is not “asthma.”
- Educate patients on use of asthma medications and importance of using asthma controller medications daily.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.



INTRODUCING DRVS

April is an exciting month for many reasons! We are officially rolling out our organization-wide data platform training and implementation sessions for Azara DRVS.

DRVS is a trusted population health management platform that combines Clinical, Claims, Practice Management and ADT information. This user friendly platform also provides quality improvement solutions for single health centers, networks, and multi-state groups of safety-net providers. It will enable HJAHC to collect, organize, and present data seamlessly. In addition, it will equip the organization to quantitatively document the value and quality of the care we deliver in order to meet our care goals.

We will be creating users for HJAHC staff weekly based on the cohort groups we have divided everyone into. Below, our strategy for implementation will be detailed. We anticipate our training will conclude in December when all staff are integrated on to our platform

Time Frame of Training /Implementation: April 2022 to December 2022

- **Users will be created for training to begin the 3rd week of April. Refer to the timeline on the next page which will snapshot April and May only.**

All cohorts will be notified in advance before their training is to begin.

HOW DOES AZAR

The system pulls data from Athena, our HIE and in
aggregation and sorting

What FEATURES does DRVS offer?

- Patient Visit Planning
- Normalized and Validated Data Access
- Provider Dashboard and Performance Trending (PCMH, UDS, HEDIS, P4P, and other clinical quality initiatives)



How can DRVS benefit us?

- Increased Quality Performance
- Help Identify Best Practices and Benchmark for personal Improvement
- Care Management (Support case managers and care activities)
- Population Health Management (Replace manual chart review)

How should

- Daily Pre Visit
- Leverage data
improvement
overall health
- Utilize to track
need of outr
- Automate ac
organization
initiative dat

***These are just a FEW of the ways
DRVS will be aid care teams.

ZARA'S DRVS WORK?

In the future payor claims data to provide a complete picture of patient data.



How do I use DRVS?

Use it to track or coach your team on the quality of care rendered and the health of patient panels. Track and manage patients in real-time, reach for overdue care, get access to your team and patient-level UDS and clinical data points.

What should YOU expect from DRVS?

The intent of DRVS is not to replace the function of Athena or change workflows, rather DRVS should be used to enhance organizational, team and individual performance through access to more informed clinical data at your hands.

After training, what do I do?

- Use PVP feature to guide morning Huddles
- View and drive down your own clinical scorecards
- Access data for special programs and grants
- Identify needs of patients who require outreach or follow up.

QUALITY GOALS

Ensuring that asthma measures can be satisfied, we are collaborating and utilizing all our resources to ensure our patients receive quality care. Providers, clinical staff and the Quality team are among our primary resource we use in satisfying asthma measures.

In addition, as variants of COVID-19 are present, Henry J. Austin Health Center efforts are continuing to be focused on responding to our patient population needs in COVID-19 testing, providing vaccinations and booster shots.



SCORECARD

Henry J. Austin Health Center's monthly scorecard highlights or year to date (YTD) performance on 14 of our priority quality measures on an organizational level.

The scorecard is a fundamental aid to drive and monitor quality improvement at Henry J. Austin Health Center.

Measure Type	Program	March	April
Breast CA	UDS	41.1%	40.8%
Cervical CA	UDS	47.5%	47.9%
Childhood immunizations (fully)**	UDS	16.6%	16.6%
Colorectal CA	UDS	18.9%	20.3%
Hypertension	UDS	34.6%	35.6%
<i>Diabetes</i>	<i>UDS</i>	<i>52.6%</i>	<i>50.2%</i>
HIV (Screening)	UDS	37.1%	37.7%
IVD	UDS	91.2%	90.7%
Adult BMI	UDS	54.2%	54.2%
Depression (Follow-Up)	UDS	71.0%	71.0%
Pediatric Dental Sealants	UDS	N/A	N/A
Statin Therapy	UDS	86.1%	86.1%
Tobacco Use	UDS	69.5%	70.5%
Pediatric BMI & Counseling	UDS	65%	65.9%

Scorecard Key

Measure type - UDS ** Childhood Immunization for children who turned 2 only

CONTACT US



RONALD JEAN

Director Quality
Improvement

609-297-6006



UZO ACHEBE

Quality Improvement
Assistant

609-297-6036



RITU DOIJAD

Quality Improvement
Data Analyst

609-297-6009



SMITA GHAN

Quality Improvement
Practice Facilitator

609-297-3202

QUOTE OF THE MONTH

"Asthma is treatable"

HENRYJAUSTIN.ORG/QI-DATA-REQUEST/

