Using Data for Improvement

Southcentral Foundation

Presenters: Steve Tierney, Mike Hirst, Kiatcha Benson
Objectives

- Explore How Nuka Uses Data to Determine Performance Levels
- Recognize How Nuka Utilizes Data for Improvement
- Discuss Responses When Data Shows Unacceptable Performance
Vision
A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission
Working together with the Native Community to achieve wellness through health and related services
Shared Responsibility
We value working together with the individual, the family, and the community.

We strive to honor the dignity of every individual.

We see the journey to wellness being traveled in shared responsibility and partnership with those for whom we provide services.

Commitment to Quality
We strive to provide the best services for the Native community.

We employ fully qualified staff in all positions and we commit ourselves to recruiting and training Native staff to meet this need.

We structure our organization to optimize the skills and contributions of our staff.

Family Wellness
We value the family as the heart of the Native community.

We work to promote wellness that goes beyond absence of illness and prevention of disease.

We encourage physical, mental, social, spiritual, and economic wellness in the individual, the family, the community, and the world in which we live.
Operational Principles

**Relationships** between customer-owner, family and provider must be fostered and supported

**Emphasis** on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)

**Locations** convenient for customer-owners with minimal stops to get all their needs addressed

**Access** optimized and waiting times limited

**Together** with the customer-owner as an active partner

**Intentional** whole-system design to maximize coordination and minimize duplication

**Outcome** and process measures continuously evaluated and improved

**Not** complicated but simple and easy to use

**Services** financially sustainable and viable

**Hub** of the system is the family

**Interests** of customer-owners drive the system to determine what we do and how we do it

**Population-based** systems and services

**Services** and systems build on the strengths of Alaska Native cultures
How SCF approaches work

- Focus on people
  - Not condition/disease
- Integrated work units that collaborate
- Data organized and segmented for accountability
- Architecturally redesigned to reflect reorganization
- Embedded Improvement Staff
- Office visit no longer only means of interaction
Data Management

Keys to Success
Keys to Success

- Centralization of data (Data Marts)
- Defined methodologies
- Segmentation/ Longitudinal Analysis/ Benchmarks
- Highly trained analysts
- Communication between IT/ IM/Clinical/Business
- Passive vs. active data entry
- Easy to use, cost effective, secure tools
- Tying data collection and analysis to strategic objectives and process improvement
Immediate Focus

- Web-based reporting
- Empanelment based
- Population health
  - Prevention, screening, condition/disease management, utilization
- Action lists with customer-owner contact information
  - Customer-owner and disease centric
- Published methodologies for each report
- Management and decision support tools
  - Evidence-based practice
Data Management

Approach
Improvement & Measurement

Linked To Objectives

Planning Linkages
The Corporate Strategic Plan is linked and communicated all the way through the organizations through division, committee, and department annual plans and the annual employee evaluation system.

Annual Plans

- **Mission, Vision**
  - Planning Time Horizon: 10-20 years

- **Corporate Goals (aka Key Points)**
  - Planning Time Horizon: 5-10 years

- **Corporate Objectives**
  - Planning Time Horizon: 3-5 years

- **Corporate Initiatives**
  - Planning Time Horizon: 1-3 years

- **Work Plans**
  - Planning Time Horizon: 1 – 12 months

- **Employee Performance Action Plans**
  - Planning Time Horizon: 1 year

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<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
<th>Measurement Definition</th>
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<tbody>
<tr>
<td>OPE2-C-001</td>
<td>Data Mgt Processes</td>
<td>Improve organization performance through standardized data management process, procedures and reporting.</td>
<td>a. % of Data Mgt Metrics with a completed Measurement Rules Template b. % of Published Metrics linked to Corporate Initiatives</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Respond Person: Mike Hirst (Data Analysis)</td>
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<table>
<thead>
<tr>
<th>WP Status</th>
<th>Work Plan</th>
<th>Process Measurement Definition</th>
<th>Process Measurement Target</th>
<th>Resp Person</th>
<th>Resp Committee</th>
<th>Internal Partners</th>
<th>External Partners</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Modified</td>
<td>Data Mgt Maintenance: Annual Review &amp; Updates to all measures with HEDIS methodologies.</td>
<td>Methods &amp; Benchmarks</td>
<td>100% of HEDIS Methods &amp; Benchmarks Updated</td>
<td>Janice Conrads</td>
<td>Mike Hirst</td>
<td>Data Analysis &amp; Tracking Committee</td>
<td>Process Improvement Committee</td>
<td>03/01/10 (Q2)</td>
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<tr>
<td>Modified</td>
<td>Develop a process and policy for prioritization of data management needs. Prioritization will be segmented down to the department level.</td>
<td>Written Policy</td>
<td>Approved by the Data Analysis &amp; Tracking Committee and the PI Committee</td>
<td>Mike Hirst</td>
<td></td>
<td></td>
<td></td>
<td>10/01/10 (Q1)</td>
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<tr>
<td>Modified</td>
<td>Develop Data Analysis Curriculum &amp; Provide Instructors for the SCF Quality Management Course.</td>
<td>Developed Curriculum and Available Instructors</td>
<td>Curriculum developed and Approved by Course Coordinator and at least 1 Instructor Who Will Teach at least 2 Courses.</td>
<td>Mike Hirst</td>
<td></td>
<td>David Penn</td>
<td></td>
<td>10/01/10 (Q1)</td>
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<tr>
<td>Modified</td>
<td>Develop Performance Improvement Metrics for Behavioral Health Clinics and Programs</td>
<td>Number of Metrics on SCF Data Mail</td>
<td>10 or More</td>
<td>Mike Hirst</td>
<td>Jazze Matzear</td>
<td></td>
<td></td>
<td>10/01/10 (Q1)</td>
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Tab Based Functionality
# Segmentation of Data

## Southcentral Foundation HEDIS Diabetes Eye Exam Scores

**HEDIS Scores for the Period Ending 11/13/2010**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Clinic</th>
<th>Team</th>
<th>Provider</th>
<th>Numerator</th>
<th>Denominator</th>
<th>% Screened</th>
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<tbody>
<tr>
<td>SCF</td>
<td>Family Medicine</td>
<td>1 East</td>
<td>JAMES, DAVID M</td>
<td>38</td>
<td>51</td>
<td>74.5 %</td>
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<td></td>
<td>1 West</td>
<td>KANTOR, LINDA L, ANP</td>
<td>29</td>
<td>36</td>
<td>80.6 %</td>
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<td></td>
<td></td>
<td>2 East</td>
<td>LINFIELD, JANA L</td>
<td>16</td>
<td>19</td>
<td>84.2 %</td>
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<tr>
<td></td>
<td></td>
<td>2 West</td>
<td>NORRIS, KENNETH J</td>
<td>15</td>
<td>43</td>
<td>34.9 %</td>
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<tr>
<td></td>
<td></td>
<td>3 East</td>
<td>WRIGHT, TAMRA J</td>
<td>26</td>
<td>45</td>
<td>57.8 %</td>
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<tr>
<td></td>
<td></td>
<td>3 West</td>
<td></td>
<td></td>
<td></td>
<td></td>
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2009 HEDIS Medicaid Percentiles: 50th %: 55.36 | 75th %: 62.3 | 90th %: 70.8
Comparison Charts to Identify Best Practices

Diabetes Eye Exam (20 or More Diabetic Patients)
Corporate Data Over Time

SCF Diabetes Eye Exams

- SCF Score
- HEDIS 50th
- HEDIS 90th

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<td>49.4</td>
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Provider Performance Over Time

Historical Measure Scores

Comprehensive Diabetes Care - Eye Exams - LINFIELD,JANA L

- Score
- HEDIS 50th
- HEDIS 90th

% Score:
- Feb: 44
- Mar: 41.7
- Apr: 37.5
- May: 50
- Jun: 39.4
- Jul: 54.5
- Aug: 57.2
- Sep: 42.5
- Oct: 47.6
- Nov: 58.1
- Dec: 38.4

Year:
- 2009
- 2010
# Condition Centered Action List

## Diabetes Action List

### Links to Documentation:
- Report Methodology
- Data Resolution/Error Correction Process

### Diabetic Patient Status as of Week Ending: 3/13/2009

<table>
<thead>
<tr>
<th>HRCN</th>
<th>Patient</th>
<th>New Diabetic (&lt; 90 Days)</th>
<th>Sex</th>
<th>Age</th>
<th>HBA1C Result</th>
<th>HBA1C Date</th>
<th>Must Recent LDL Result</th>
<th>LDL Date</th>
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<tr>
<td>72048</td>
<td>Abbasi, Darren</td>
<td>No</td>
<td>M</td>
<td>71</td>
<td>5.8</td>
<td>2009/01/13</td>
<td>67</td>
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<td>42457</td>
<td>Abell, Frederick</td>
<td>No</td>
<td>M</td>
<td>67</td>
<td>6.3</td>
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<td>12916</td>
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<td>M</td>
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<td>19202</td>
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<td>No</td>
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<td>84893</td>
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<td>61328</td>
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<td>19492</td>
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<td>2008/03/31</td>
<td>64</td>
<td>2008/03/31</td>
</tr>
</tbody>
</table>

**Total Diabetic Patients: 47**
Questions?
Feedback?
For More Information

Please contact:
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Southcentral Foundation
907-729-8608
esrisaneha@scf.cc

Or log onto our website at www.scf.cc/nuka