

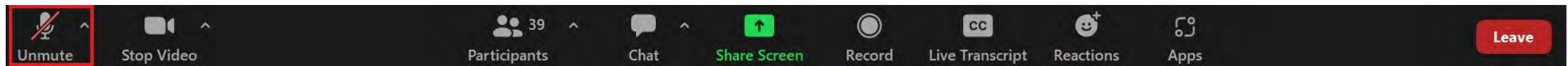


**HHOI Final
Webinar
(Wave 2 Sites)**

June 23, 2023

Welcome and Logistics

- Welcome
- Please mute yourself when not talking
- Turn on video (if able)
- Chat in your name, organization, and role



Agenda

Time	Item	Presenter
12:00 PM	Welcome and Logistics	Shari Bolen, MD, MPH
12:04 PM	Review Key Driver Diagram and SMART AIM	Aleece Caron, PhD
12:05 PM	HHOI Data Review	Shari Bolen, MD, MPH
12:10 PM	Storyboard Presentations	QI coaches QIP clinics Aleece Caron, PhD
12:50 PM	Next Steps/Wrap Up	Aleece Caron, PhD Shari Bolen, MD, MPH

Select Project Team Members

Case Western Reserve University at The MetroHealth System

PI: Shari Bolen,
MD, MPH



PI: Aleece Caron,
PhD



University of Cincinnati

PI: Sandra Regan,
PhD



The Ohio State University

PI: Randy Wexler,
MD, MPH



Quality Improvement Coaches

Caroline Carter,
MS, LSW, BCC

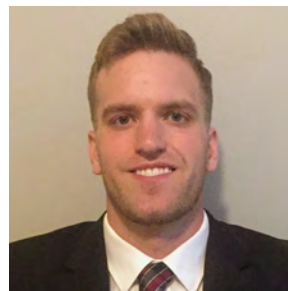


Marty Williams,
MHSA



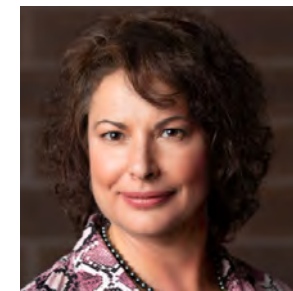
Data Scientist

Jordan Fiegl,
MS



Case Western Reserve University Project Management Leads

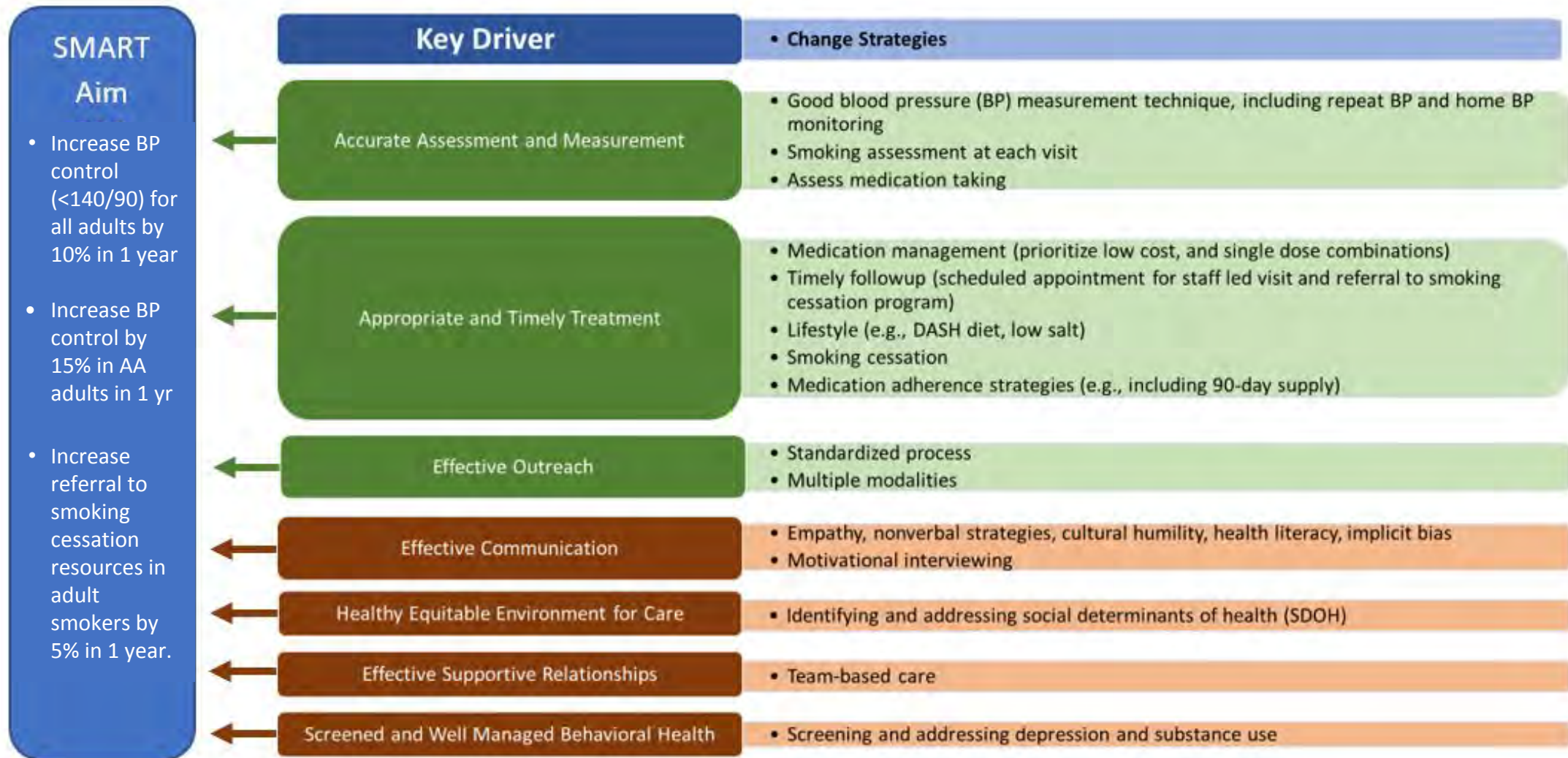
Stephanie Kanuch,
MEd



Cathy Sullivan,
MS, RD



Key Driver Diagram and SMART AIM



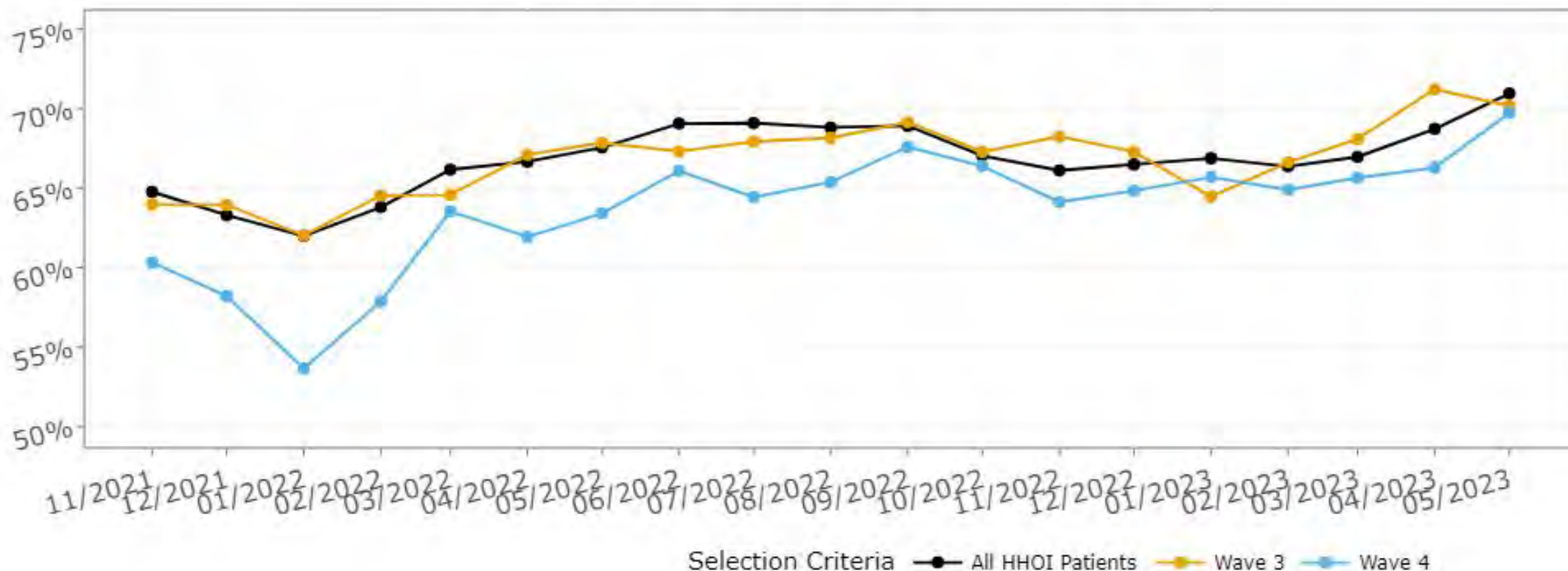
HHOI Data Review

Shari Bolen, MD, MPH

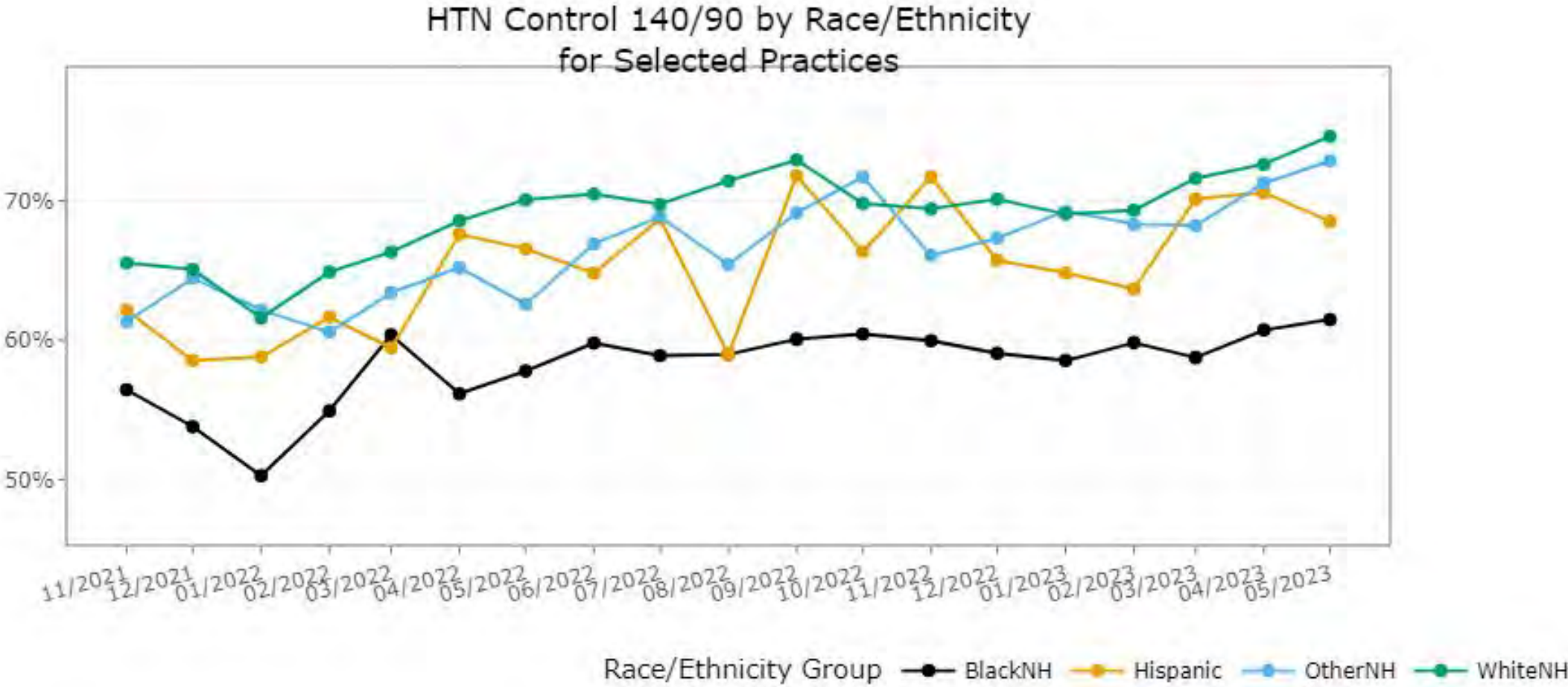


Percent of hypertensive adults under BP control

My Practice(s) vs All Practices for HTN Control 140/90

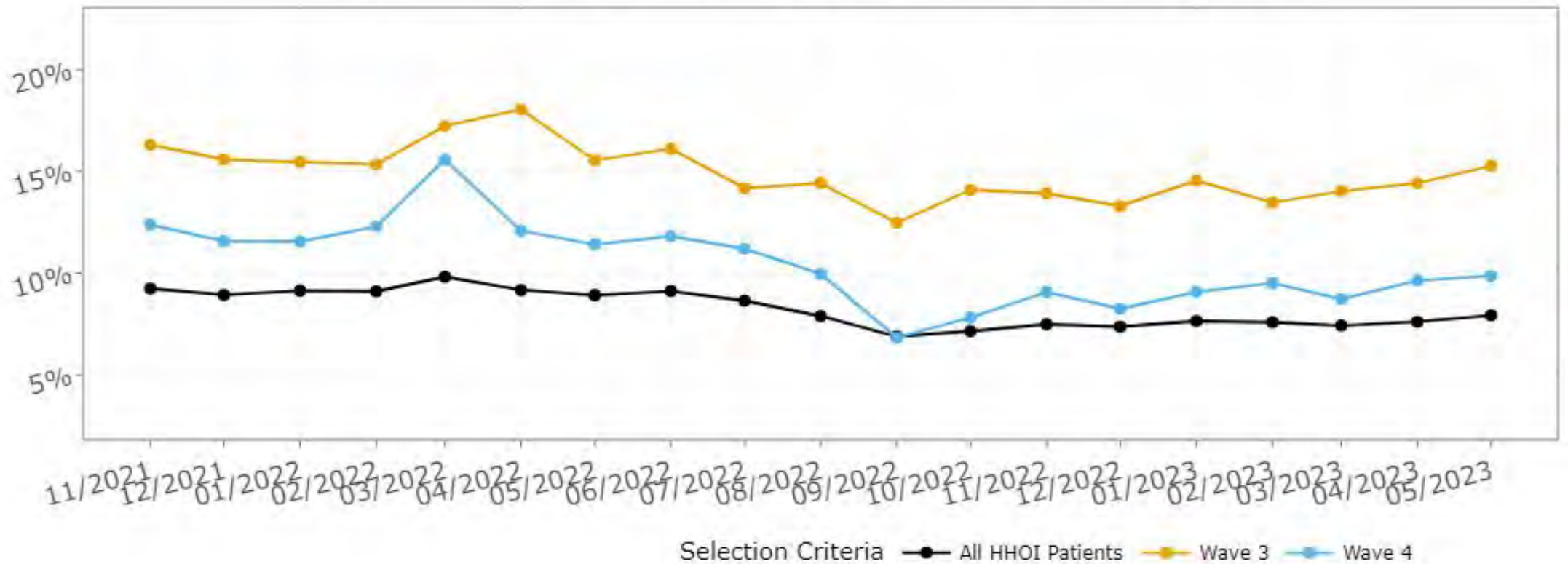


BP control by race and ethnicity



Percent of smokers connected to resources for smoking cessation

My Practice(s) vs All Practices for Connected to Cessation Resources



Storyboard Presentations

Aleece Caron, PhD

Caroline Carter, MS, LSW, BCC

Marty Williams, MHSA



Breakout Room Assignments

room	facilitator	practice	practice	practice
1	Marty Williams	ACRMC Georgetown	UC West Chester	OSU Morehouse
2	Caroline Carter	CVS Boardman	CCF Southpointe	
3	Joe Daprano	Lake Health	UT CCC and Falzone	OSU Carepoint East
4	Deb Cohen	Care Alliance	The Centers	VA Akron
5	Manoj Singh	MH IM & Resident Clinic	MH State Road	
6	Soni Regan	OSU Worthington	OSU New Albany	UC Milford

Reminder to facilitators: Please record break out session

If you are not assigned to a room you may choose any room



**The Ohio State
University Martha
Morehouse**

Team Members

Jared Moore

Natalie Lee

Aaron Friedberg

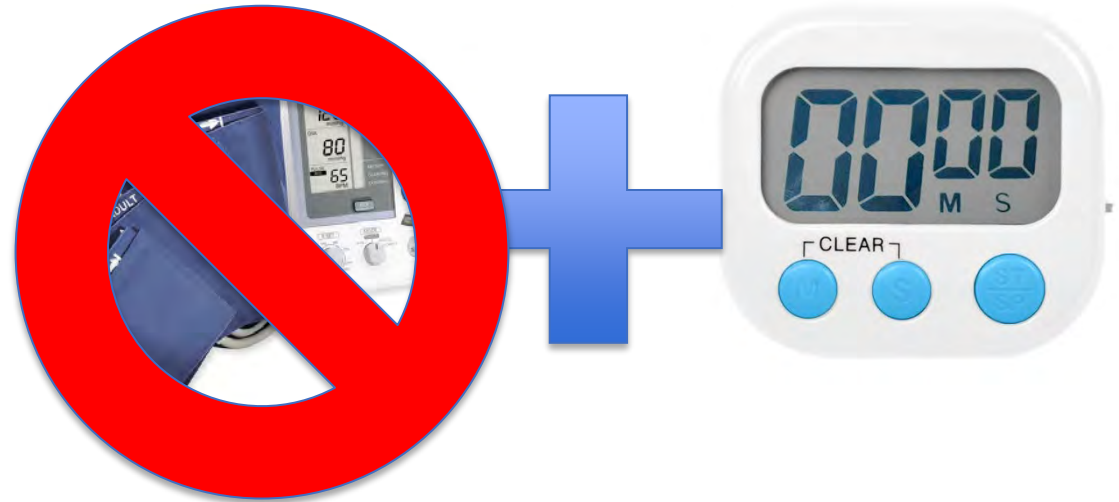
Learning from testing

- Most interesting test of change/PDSA that you have run since start of QIP
- Repeat BP Check Plan



Learning from testing

- Most interesting test of change/PDSA that you have run since start of QIP
- Repeat BP Check Plan



Learning from testing

- Most interesting test of change/PDSA that you have run since start of QIP
- Repeat BP Check Plan



Which Process Measures were most effective?

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

Sources:
 1. Pickering, et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals. Part 1: Blood Pressure Measurement in Humans. *Circulation*. 2005;116: 697-716.
 2. Handley, J. The importance of accurate blood pressure measurement. *The Practitioner Journal*/Summer 2008/Vol. 13 No. 3 51

This 7 simple tips to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at: <http://www.ama-assn.org/donors/johns-hopkins/blood-pressure-resources>

Updated December 2019
 © 2019 American Heart Association. All rights reserved.

TARGET:BP | **AMERICAN HEART ASSOCIATION** | **AMA**

USE CORRECT CUFF SIZE
 Cuff too small adds 2-10 mm Hg

DON'T HAVE A CONVERSATION
 Talking or active listening adds 10 mm Hg

EMPTY BLADDER FIRST
 Full bladder adds 10 mm Hg

PUT CUFF ON BARE ARM
 Cuff over clothing adds 5-50 mm Hg

SUPPORT ARM AT HEART LEVEL
 Unsupported arm adds 10 mm Hg

SUPPORT BACK/FEET
 Unsupported back and feet adds 6 mm Hg

KEEP LEGS UNCROSSED
 Crossed legs add 2-8 mm Hg

UPDATED OCTOBER 2022

Guide to Accurate In-Office Blood Pressure Measurement



Key steps for proper blood pressure (BP) measurements

Step 1: Properly prepare the patient

1. Have the patient relax, sitting in a chair (feet on floor, back supported) for > 5 minutes.
2. The patient should avoid caffeine, exercise, and smoking for at least 30 minutes before measurement.
3. Ensure the patient has emptied his/her bladder.
4. Neither the patient nor the observer should talk during the rest period or during the measurement.
5. Remove all clothing coverin the location of the cuff placement.
6. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.

Step 2: Use proper technique for BP measurements

1. Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically.
2. Support the patient's arm (e.g. resting on a desk).
3. Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum).
4. Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used
5. Either the stethoscope diaphragm or bell may be used for auscultatory readings.

Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension

1. At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings.
2. Separate repeated measurements by 1-2 minutes.
3. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate Systolic Blood Pressure (SBP). Inflate the cuff 20-30 mmHg above this level for an auscultatory determination of the BP level.
4. For auscultatory readings, deflate the cuff pressure 2 mmHg per second, and listen for Korotkoff sounds.

Step 4: Properly document accurate BP readings

1. Record SBP and Diastolic Blood Pressure (DBP). If using the auscultatory technique, record SBP and DBP as onset of first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number.
2. Note the time of most recent BP medication taken before measurements.

Step 5: Average the readings

- * Use an average of ≥ 2 readings obtained on ≥ 2 occasions to estimate the individual's level of BP.

Step 6: Provide BP readings to patient

- * Provide patients the SBP/DBP readings both verbally and in writing.

Reference

Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMA/PCNA Guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on clinical practice guidelines. *Hypertension*. 2018;71(6):1269-1324. doi: 10.1161/HYP.0000000000000666

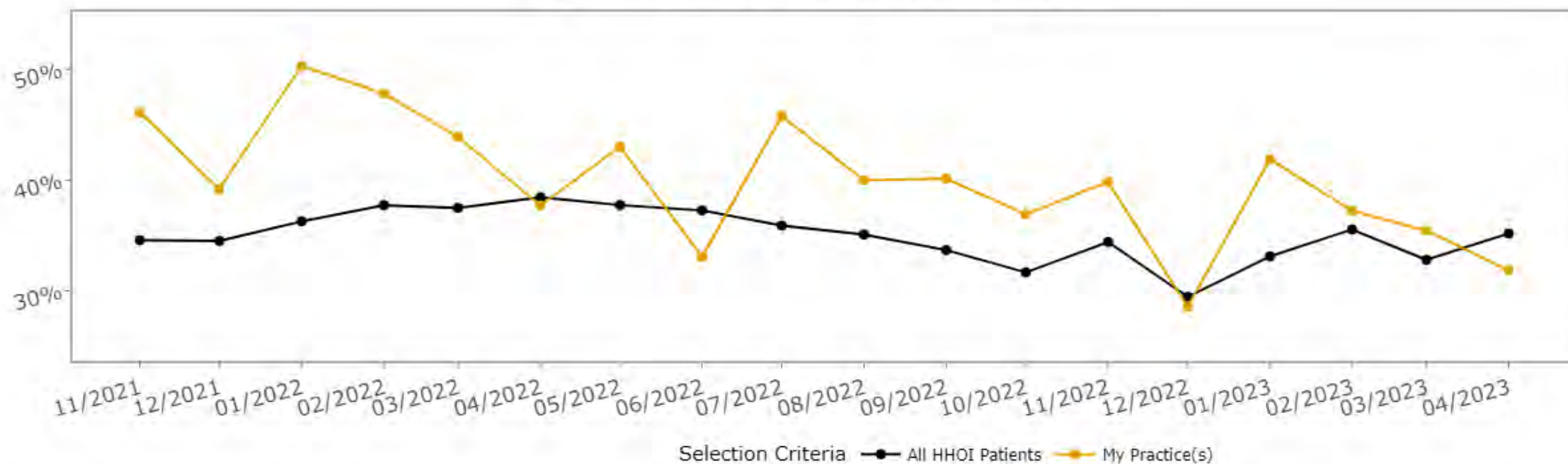
Adapted with permission from Manca et al. (Oxford University Press), Pickering et al. (American Heart Association, Inc.), and Wei et al. (American College of Physicians, Inc.).

The Ohio Cardiovascular & Diabetes Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio College of Podiatric Medicine, Research Center. The data presented in this document are solely those of the authors and do not necessarily reflect the views of Ohio or Federal Medicaid programs.

© 2019 Cardi-OH

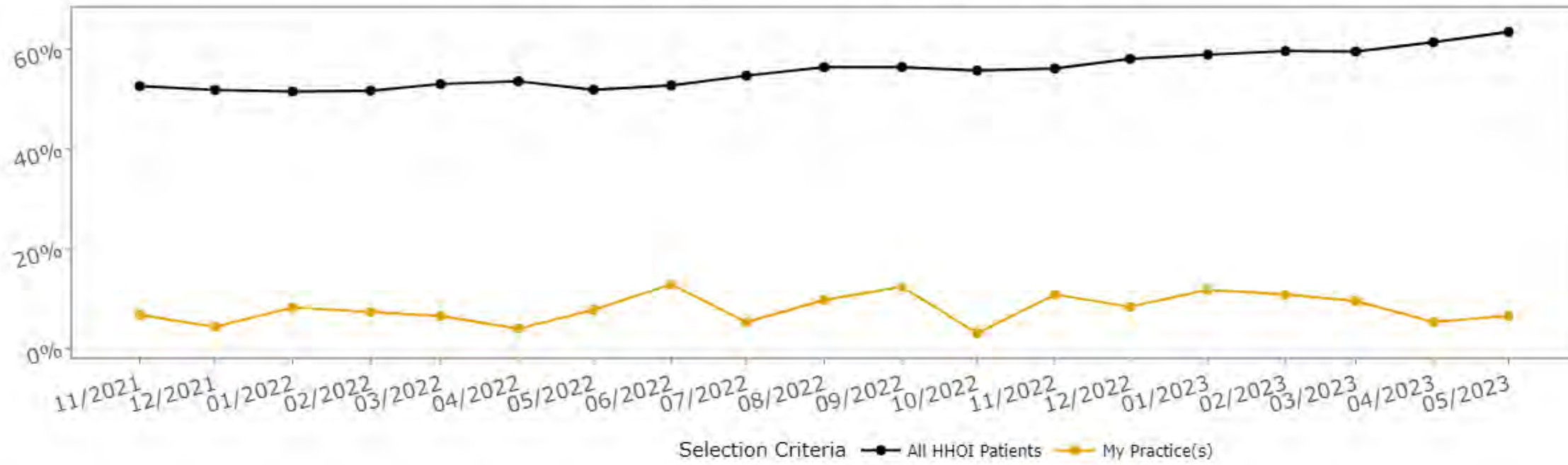
Outcome Data

My Practice(s) vs All Practices for Follow-up Visit



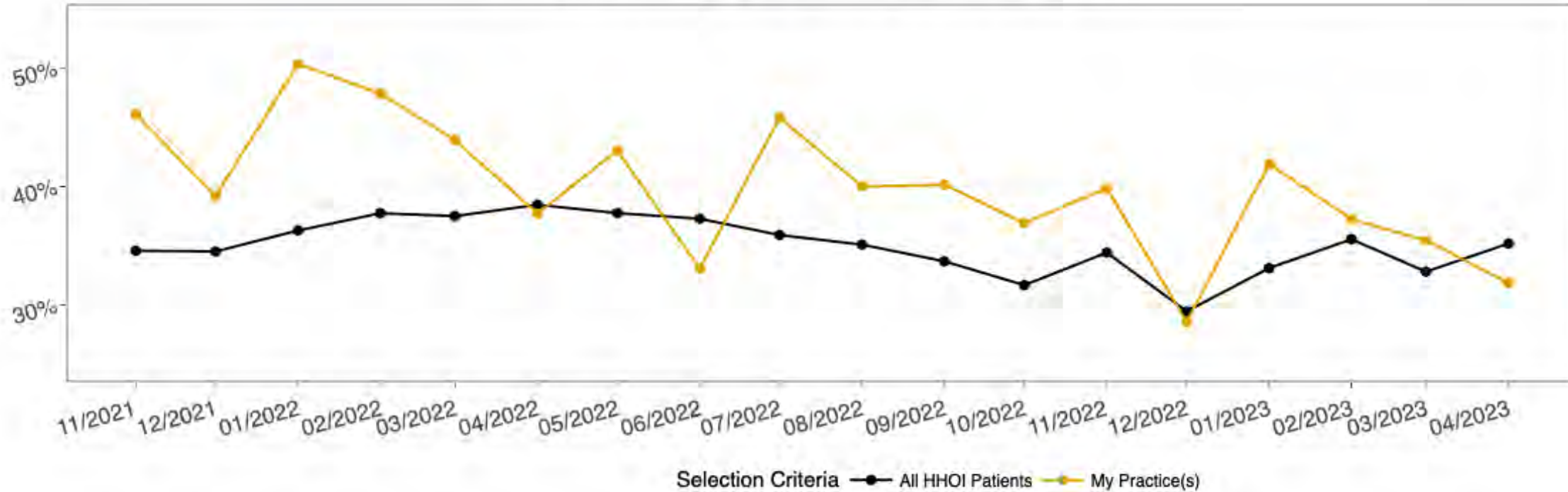
Outcome Data

My Practice(s) vs All Practices for Repeat BP Taken

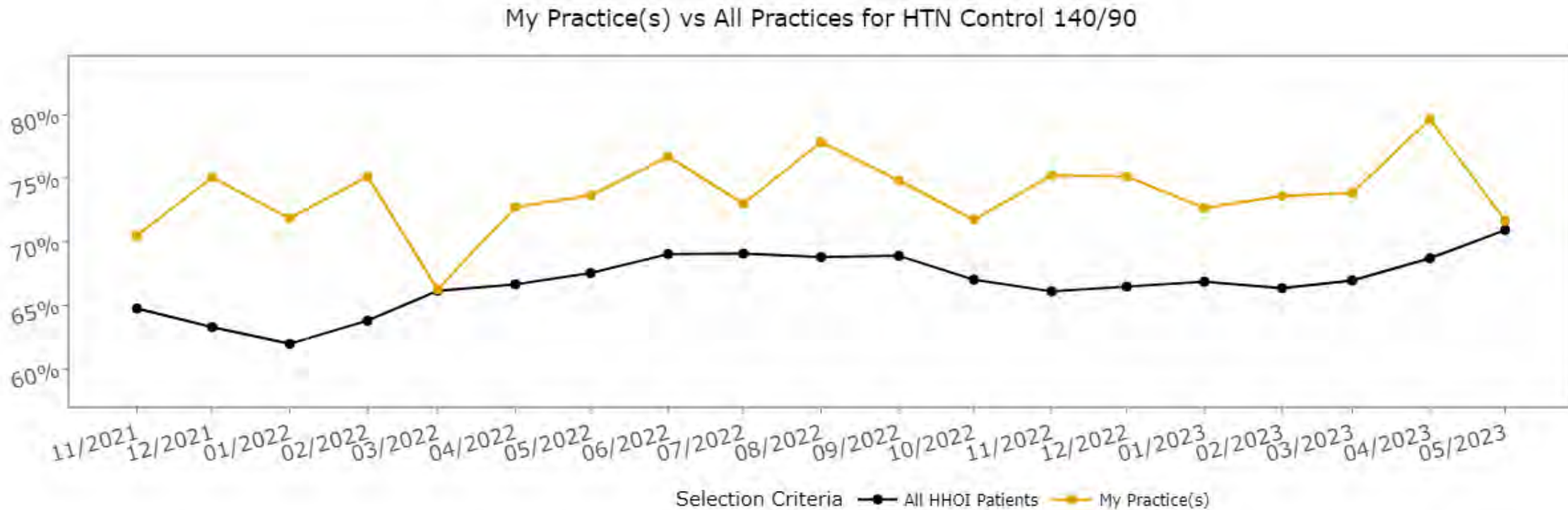


Outcome Data

My Practice(s) vs All Practices for Follow-up Visit

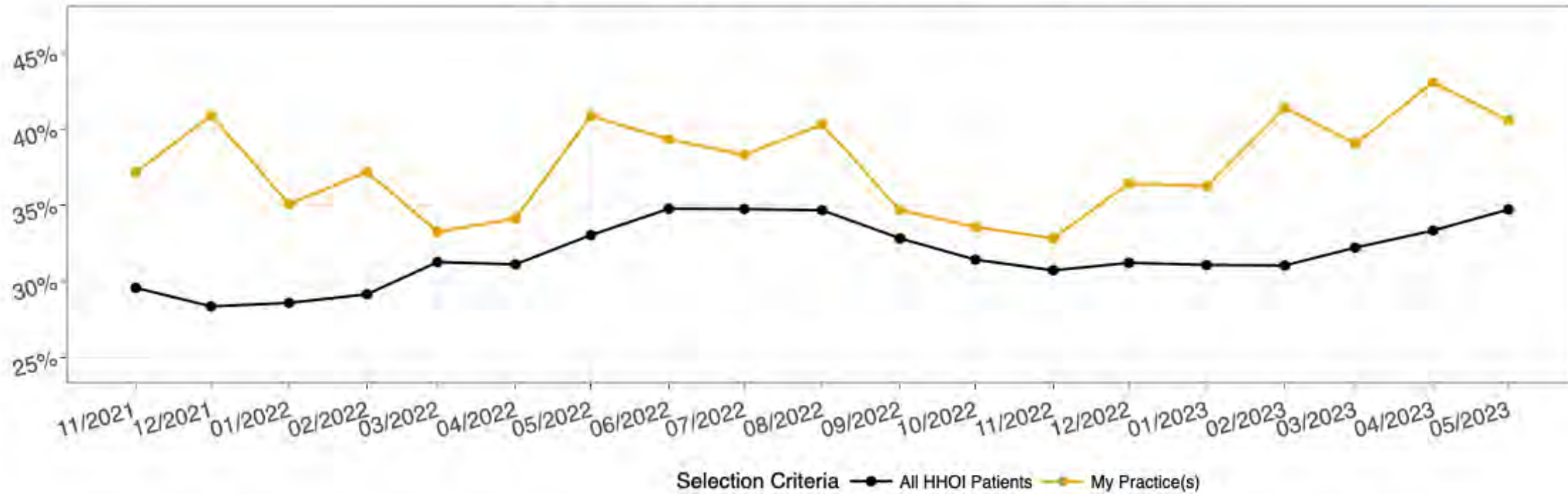


Outcome Data

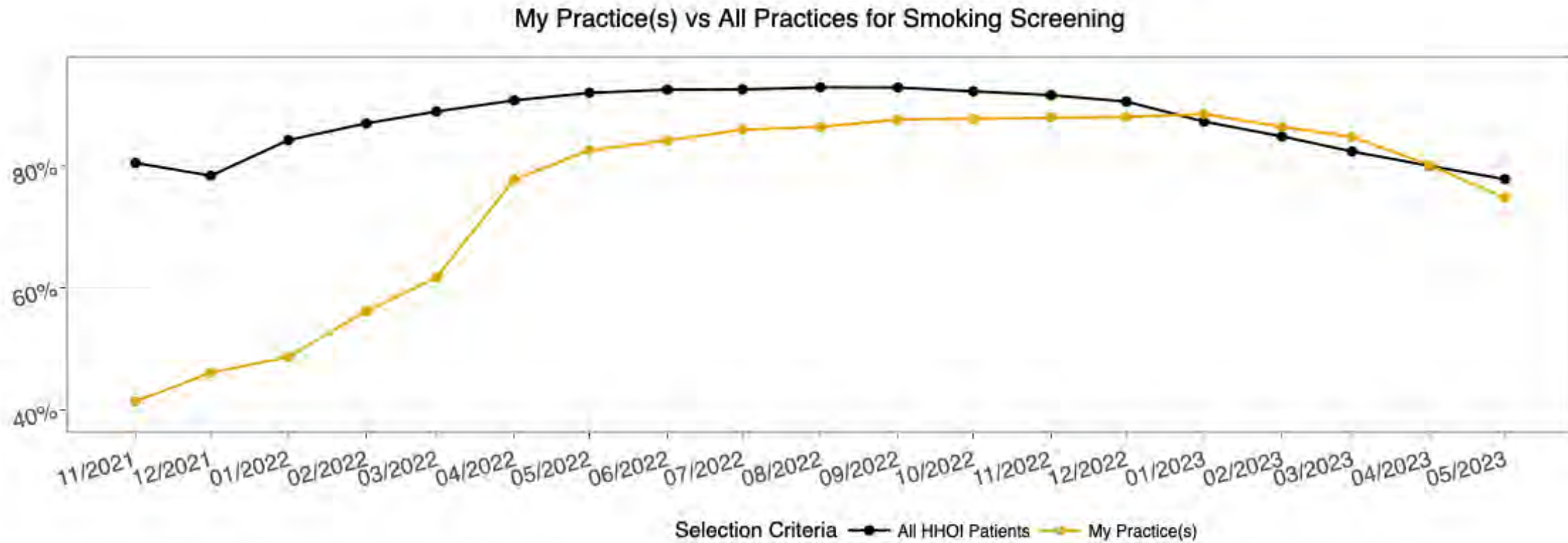


Outcome Data

My Practice(s) vs All Practices for HTN Control 130/80

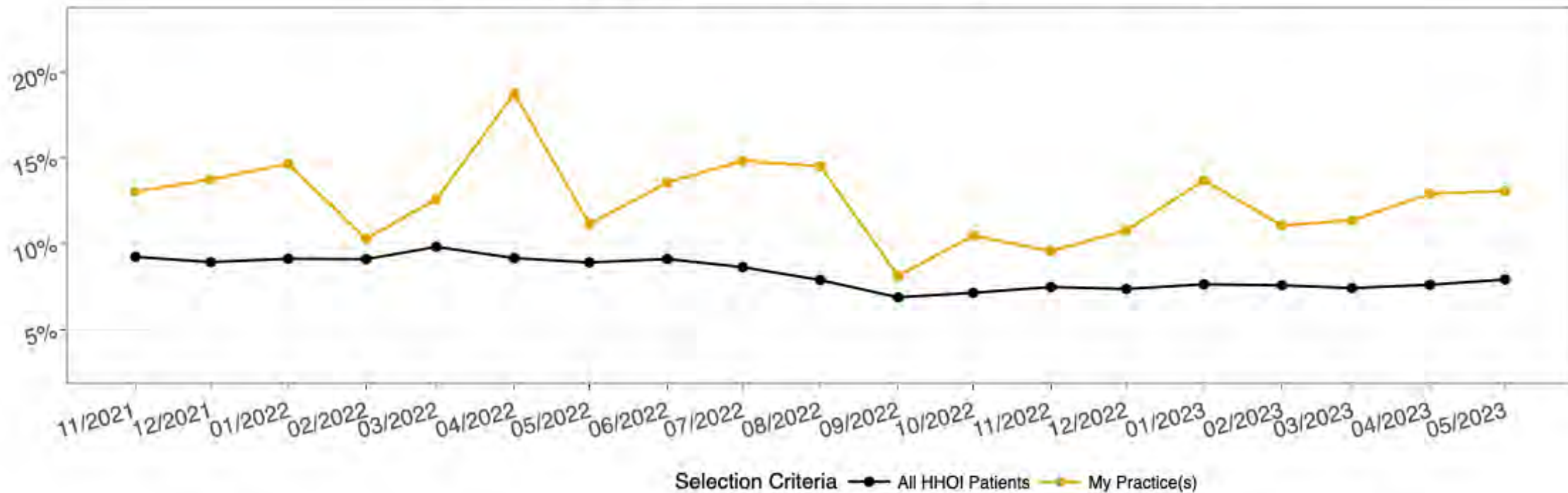


Outcome Data



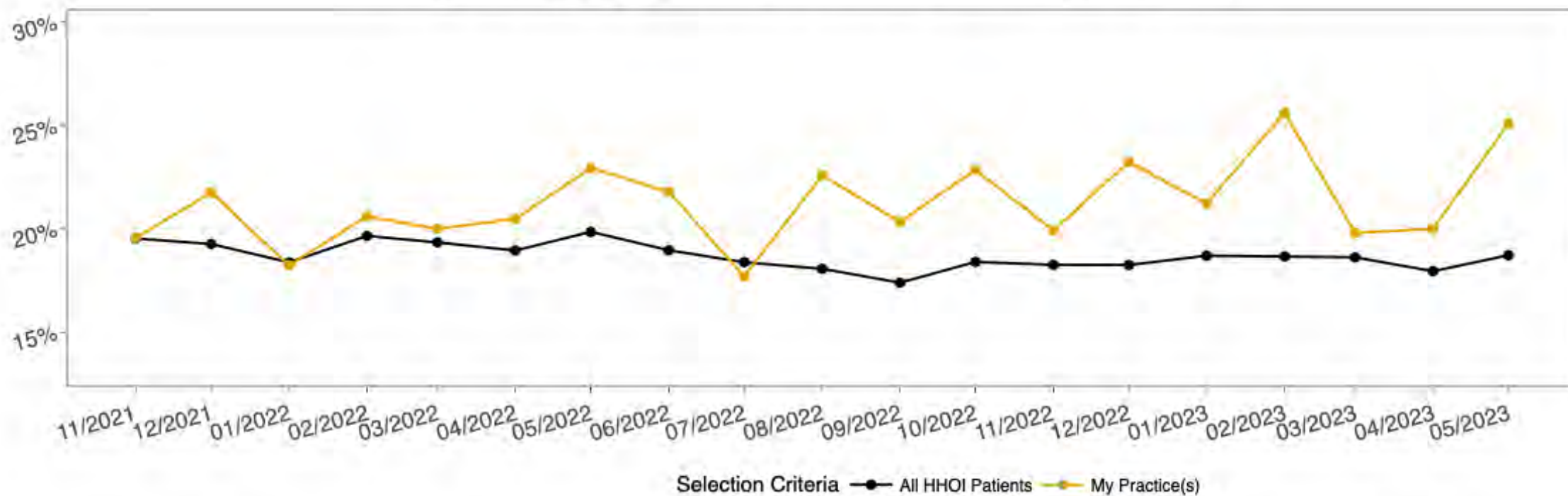
Outcome Data

My Practice(s) vs All Practices for Connected to Cessation Resources



Outcome Data

My Practice(s) vs All Practices for Prescribed Tobacco Cessation Meds



Keys to success at your site

- Staffing
- Funding
- Buy-in

What were some of your Challenges? And are they still barriers?

- Patient
- Nurse
- MA
- Physical space
- Cost

How are you planning to continue and sustain your QI efforts?

- Expand intervention with Care Coordination nurse
- Adding second blood pressure check with imminent full MA staffing
- Consistent discussion of tobacco cessation with rooming



**ACRMC Family
Medicine
Georgetown**

Team Members

Tiffany Mignerey, NP

Roslyn Kocsis, NP

Abby Bradford, Practice Coordinator

Brandi Troxell, MA

Riley Benjamin, MA

Erin Baird-Nelson, MA/X-ray Tech

John Moore, MA/X-ray Tech

Connie Fields, FOC

Learning from testing

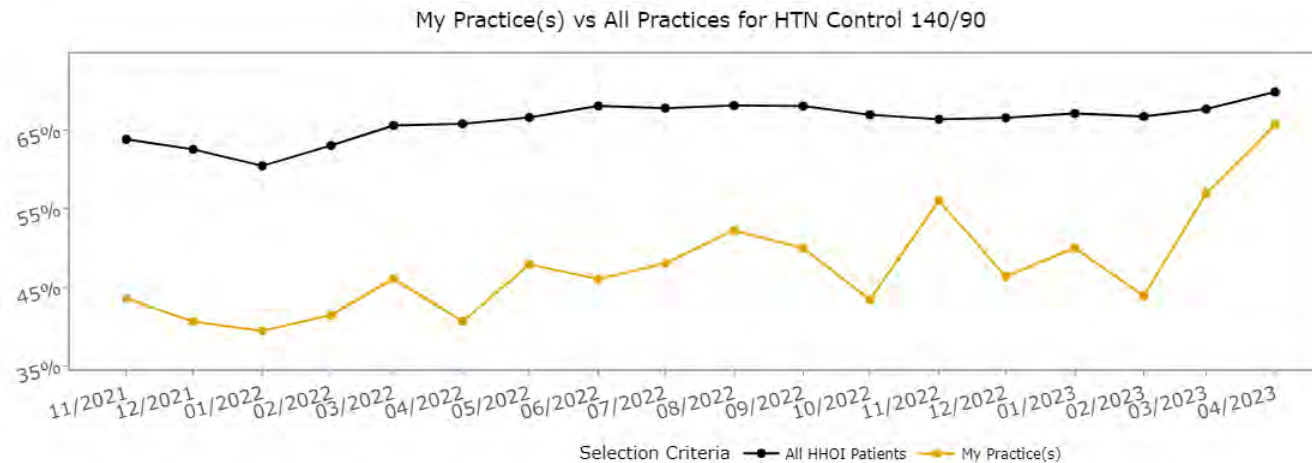
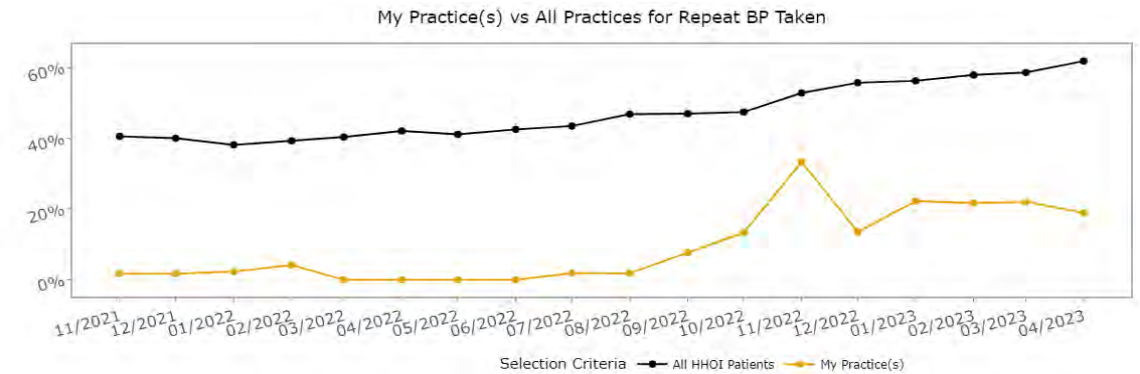
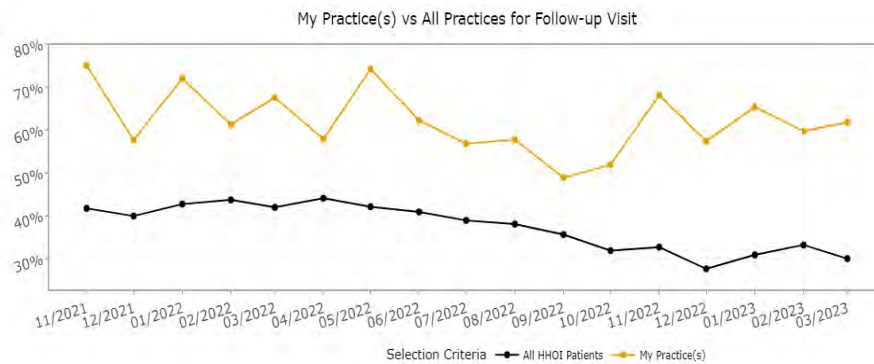
- Most interesting test of change/PDSA that you have run since start of QIP
 - Most interesting test we have had to change is instructing the staff that we need to wait 5 minutes before taking the patient blood pressure

Which Process Measures were most effective?

- Share one slide for hypertension process and/or one for smoking from dashboard
 - [Resource 2: How to Appropriately Measure Blood Pressure in a Practice Setting Video](#)
<https://www.youtube.com/watch?v=13dgxxPct1I>
 - [Resource 4: Blood Pressure Training Checklist](#)

Outcome Data

- Share one slide for hypertension control (140/90) and/or one for smoking (connected to resources)



Keys to success at your site

- Hands on training completed by each provider with every staff member
- Reviewed all equipment in the offices for appropriate cuff sizes
- Repeating blood pressure measurement with abnormal readings (140/90) and documenting repeat blood pressure in our EMR correctly

What were some of your Challenges? And are they still barriers?

- Supply chain – making sure all of our offices had the correct cuff sizes
- Training all staff on how to properly take a manual blood pressure
- Transportation getting patients to their appointments

How are you planning to continue and sustain your QI efforts?

Implementing a new hire checklist that will include hands on blood pressure measurement training with staff and providers

While implementing the new hire checklist making sure all staff and providers are aware that if blood pressure reading is greater than 140/90 that we are rechecking with a manual blood pressure and documenting the result in the correct spot in our EMR system



UC HEALTH
West Chester
Family & Community
Medicine



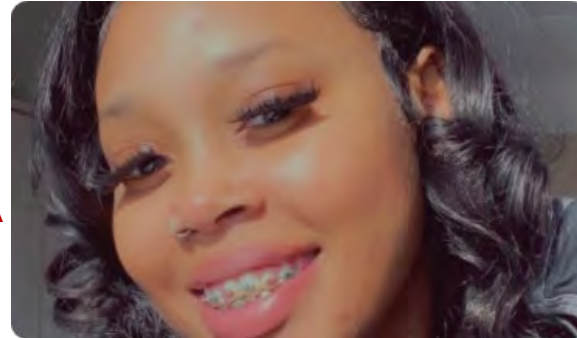
Team Members



Manoj K. Singh, MD
Associate Professor of Clinical
Family & Community Medicine |
College of Medicine



Sophia Webb, MA



Briona McCoy, CMA



Eldra L Gennings, MA
Clinical Operations Supervisor
Family & Community Medicine

Learning from testing

- Most interesting test of change/PDSA that you have run since start of QIP
- **MA/NURSE - HTN VISIT**
 - Adapted and revised a standardized smart phrase
 - Able to rule out "white coat hypertension"
- **Repeat BP** ~ Found that repeat BP is lower after resting for at least 5 minutes, opportunity to coach patient regarding proper BP measure, ie flat on floor, not talking, etc

Which Process Measures were most effective?

- **Tool Chest**



Better U **Go Red for Women**

My Blood Pressure Log

Name: _____ My Blood Pressure Goal: _____

Instructions:
 Measure your blood pressure twice a day (morning and evening) and record the results. Use the same arm and cuff for all readings. Rest for 5 minutes before each reading. Record your blood pressure readings in the log below. If you have any questions, call your doctor or pharmacist.

DATE	AM	PM	DATE	AM	PM

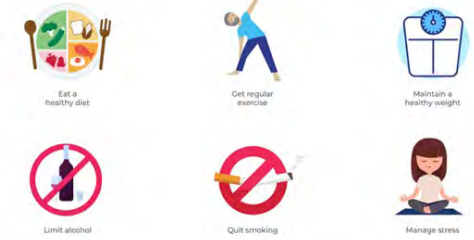
LEOHIP **Blood Pressure Monitor Prescription Referral Form**
 Please complete this form and fax it to a contracted LEOHIP Pharmacy.

Monitor Name: _____ Prescription Name: _____
 Date: _____ Date: _____
 Phone: _____ Office Phone: _____
 Email: _____ Office Fax: _____
 Address: _____ Office Address: _____

Why Blood Pressure Monitor testing less than 99% is essential:
 Monitor (with or without cuff) (Please refer to:)
 Certified (with or without cuff) (Please refer to:)
 Non-certified (with or without cuff) (Please refer to:)
 Certified (with or without cuff) (Please refer to:)
 Certified (with or without cuff) (Please refer to:)
 Certified (with or without cuff) (Please refer to:)

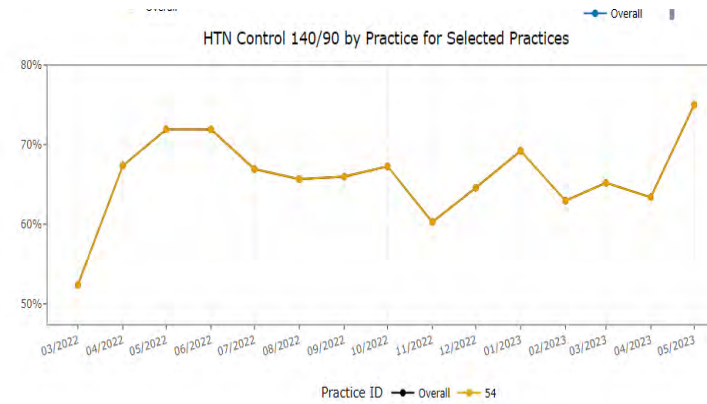
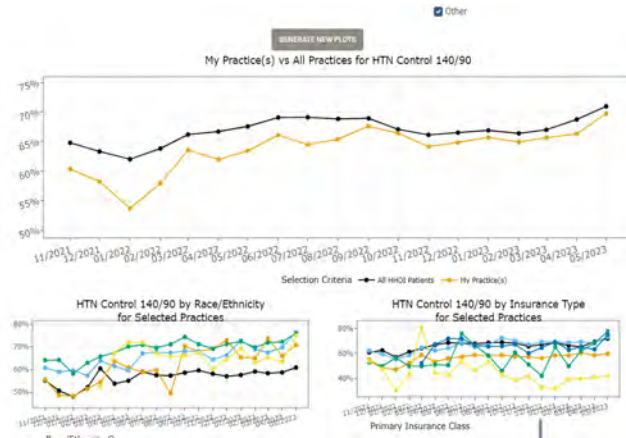
R
Blood Pressure Monitor
 Big Box (Please select one):
 Small Adult (Blood Pressure: 120-140 mm Hg / 80-90 mm Hg) Prescription Signature: _____
 Medium Adult (Blood Pressure: 120-140 mm Hg / 80-90 mm Hg)
 Large Adult (Blood Pressure: 120-140 mm Hg / 80-90 mm Hg)
 Extra Large Adult (Blood Pressure: 120-140 mm Hg / 80-90 mm Hg)

Tips to prevent & manage High Blood Pressure



Outcome Data

- Site Data



Keys to success at your site

- **Provider/Staff buy in** ~ All staff assigned a work group, groups include a provider, clinical and clerical staff. Staff coached and educated importance of outreach.
- **Standardizing work** ~ using the standard MA/Nurse HTN smart phrase ~ has reduced the "what now" feeling.
- **Routing MA/nurse** ~found that routing the chart to the PCP closed the loop, especially when the PCP is out of office.

What were some of your Challenges? And are they still barriers?

- **MA/HTN smart phrase** – revised at least 3 times to include additional information
- **Initially did not route chart to providers** – some patients fell through the cracks.
- **Cuff/Log** - Patients sometimes forget to bring in their home cuff/ bp logs
- **Patient buy in** – education of patients of importance of lifestyle changes along with daily medications.

How are you planning to continue and sustain your QI efforts?

MA HTN – smart phrase is standard practice

BP clinic – held once monthly - 5-10 patients identified monthly to schedule in our BP clinic



**The Ohio State
University Wexner
Medical Center:
Outpatient Care
New Albany**

Team Members

- Dr. Matthew Farrell, Lead MD
- Elizabeth Lanker, Associate Director Family Medicine
- Scarlett Shaw, RN
- Halie Ross, RN
- Elaina Latorre, Lead MA
- Ronda Brzezinski, Lead MA
- Amy Cooper, Sr. MA

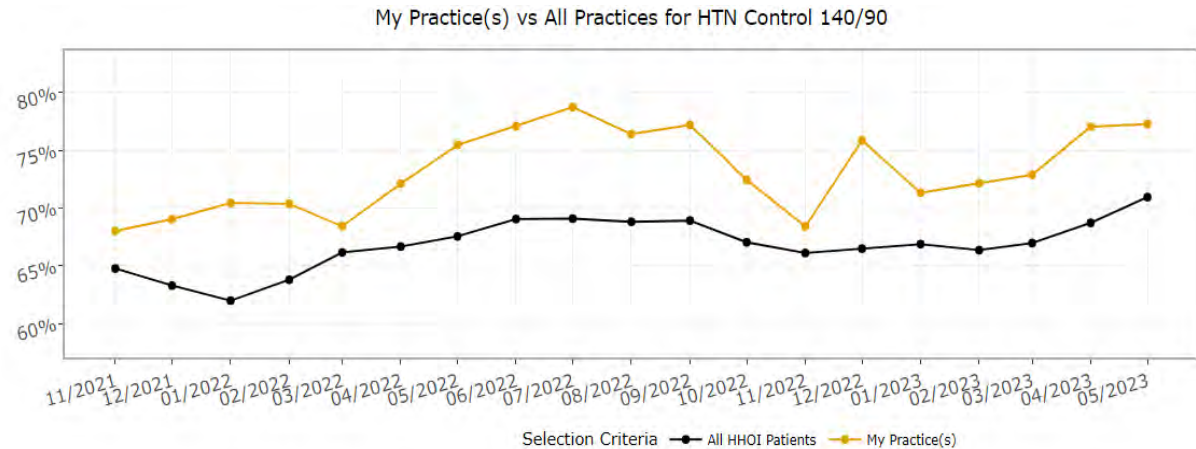
Learning from testing

- Our plan was to focus on outreach for patients who have been diagnosed with hypertension, but haven't come into the office for an appointment within the last year.
- We engaged our Nurse Care Coordinators on the team to do this outreach.
- We learned that patients are incredibly grateful to have their clinical team check in on them, and get them back into the routine of receiving care.
- We plan to continue doing outreach, not just for hypertension, but for all areas of care for patients.



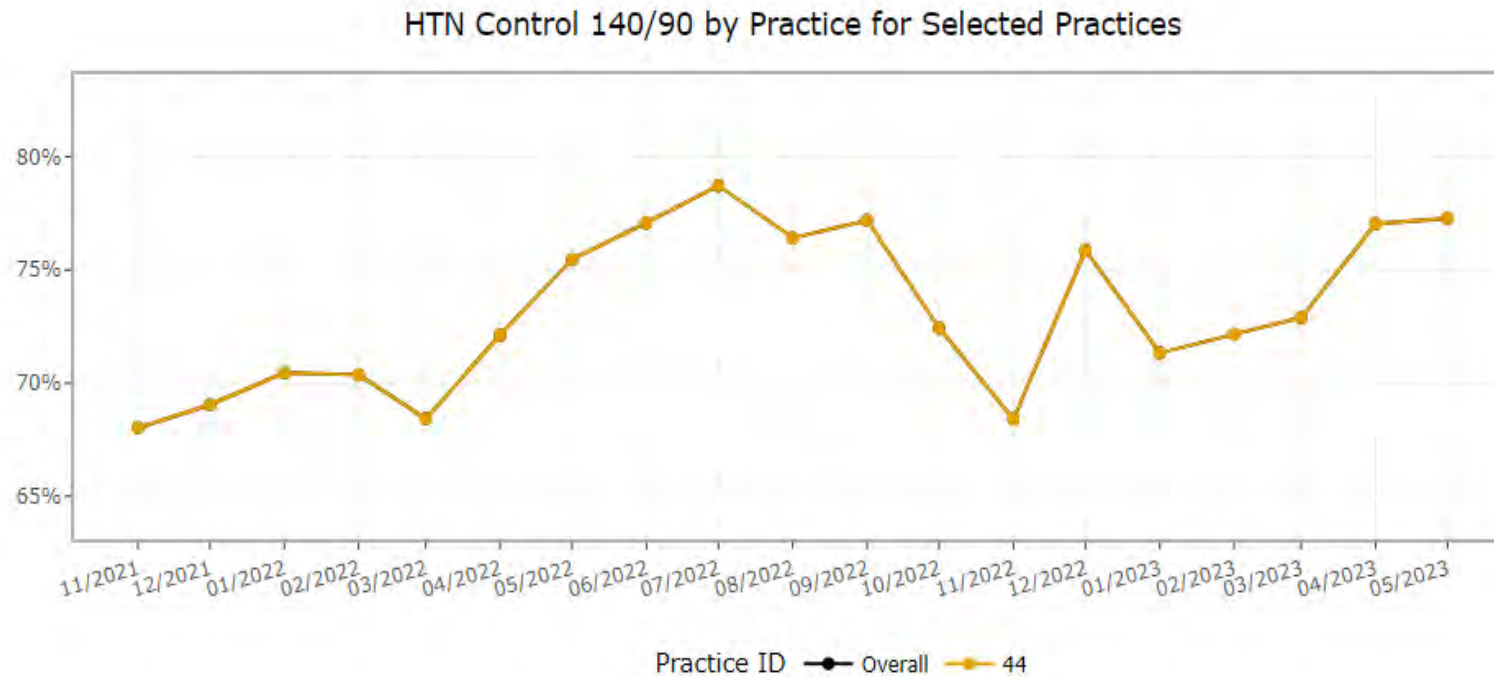
Which Process Measures were most effective?

- Run report in IHIS to establish who has a diagnosis of hypertension, but hasn't been seen in the clinic for more than a year.
- Care Coordinator connects with patient to make appointment.
- Patient comes in for appointment to have their hypertension managed, and additionally we are able to help with any additional needs they have at that time.
- Continue running the reports every quarter to determine progress.



- 399 patients were contacted
- Combination of phone calls & MyChart messages
- 124 patients scheduled
- 42 patients moved out of area or to another practice

Outcome Data



*We began our outreach in October 2022 and have continued since that time.

Keys to success at your site

- Making quality a priority by scheduling monthly meetings with our work group.
- Having consistent, ongoing conversations about goals/results.
- Engaging the entire team.



What were some of your Challenges? And are they still barriers?

We ran into challenges with the following barriers. Unfortunately, these are still challenges for our team that we will continue to work through.

- Staffing Shortages
- Provider Access
- Competing Priorities



How are you planning to continue and sustain your QI efforts?

This project has been a great reminder of how effective intentional communication can be. Both with patients and with the team, we learned the value of communicating well with our patients and with each other. We have already worked to create a standard outreach process for our patients, for all areas of quality, so that we can ensure we don't lose touch with any of our patients who have needs.





**Clinic Name and
Location**

**UC HEALTH
MILFORD**

HHOI TEAM MEMBERS

- Julie Bienke – Clinical Supervisor
- Rebecca Leach CNP
- Erik Powell MD

Most interesting PDSAs: 1800 QUIT NOW (x3)

- 1800QN PDSA
- New Years Resolution PDSA
- It's Not What You Say But How You Say It PDSA
- Of the 61 smokers using 1800QN in these 3 studies, there were no successful quitters
- Pt feedback: communication problems, not the right time, not the right fit.
 - “Tried it before; it was annoying”.
 - “They asked me a lot of questions. Am I gay or bisexual. It was not worth it”
 - “I never heard back from them”.
- My foray into white collar crime (impersonating a tob user)
 - 5 coaching calls. Patches/Gum/Loz. No varenicline. 8 weeks supply.



1 – 800 – QUIT NOW CONCLUSIONS

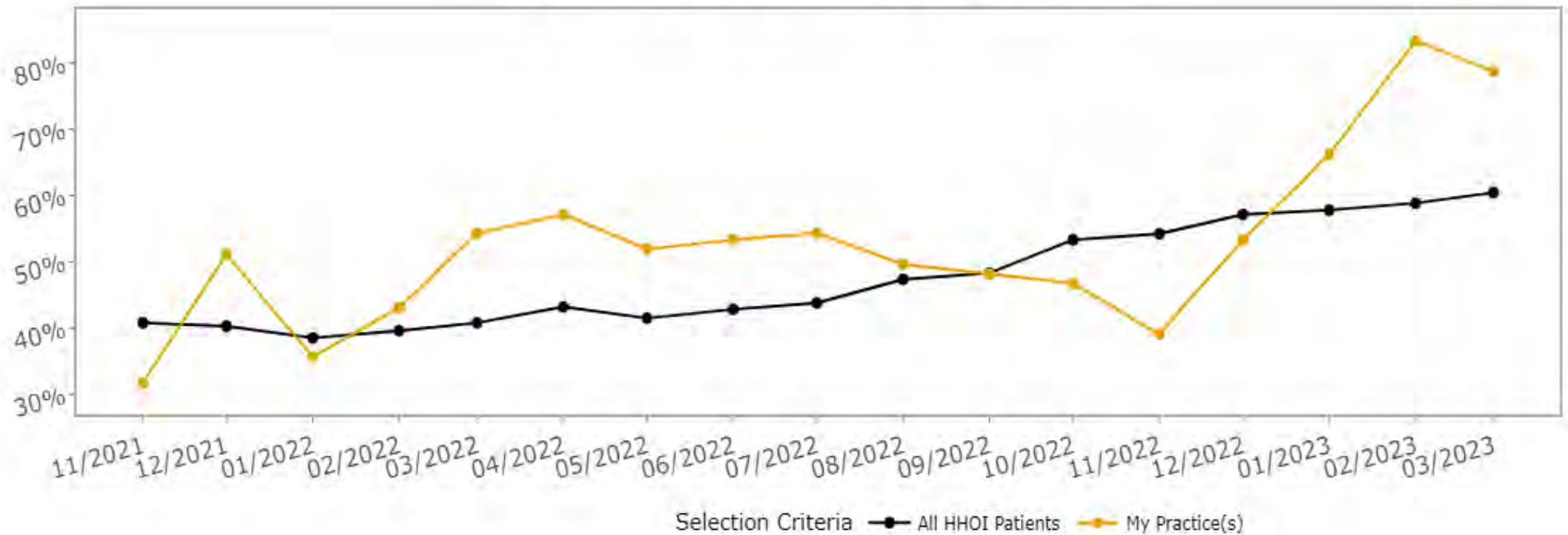
- 1800QN staff well trained. Appropriate in the right setting
- Effective communications can be difficult
 - 1st call may not be when expected. Usually w/i 24 hours of signing up
 - Alert the patient to turn off spam blocker and answer the phone!
- Take advantage of key life events (Medical Dx in family or friends, starting a family, upcoming surgery, ...) as a quitting opportunity
- Focus on the free nicotine replacement products. Some people may not appreciate the free “counseling sessions”.
- The few successful quitters in our studies “did it on my own”.
- Life frequently gets in the way of the quitting process (keep trying) and **QUITTING TOBACCO IS DIFFICULT!**

Which Process Measures were most effective?

- Repeat office blood pressure measurements if initial not < 140/90.
 - Staff educated this was our **standard of care**
 - 2 **OR MORE** readings if needed

UC MILFORD REPEAT BP CHECKS

My Practice(s) vs All Practices for Repeat BP Taken



Outcome Data: HTN under 140/90

- Overall improvement toward the end of the study
- Some concern that our nonhispanic black population was not being adequately captured.
 - N = 25
 - Approx. 15 % AA patients at our practice

UC MILFORD BLOOD PRESSURE CONTROL

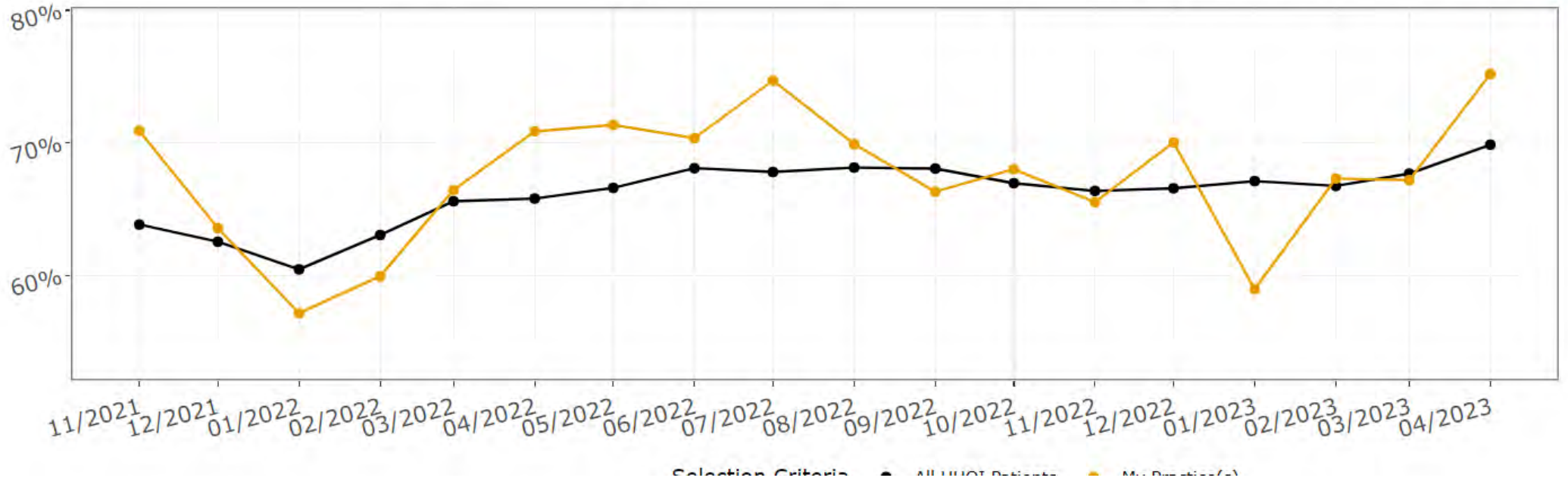
- Non-Hispanic White
- Non-Hispanic Black
- Hispanic or Latinx
- Other: Non-Hispanic

38

- Commercial
- Medicaid
- Medicare
- Uninsured
- Other

GENERATE NEW PLOTS

My Practice(s) vs All Practices for HTN Control 140/90



Selection Criteria: All Practices (black line), My Practice(s) (yellow line)

Keys to success at your site

- Staff buy in
- Assure accurate BP checks **and rechecks**
 - Feet on the floor, back supported, bare arm readings, lights off, wait 5 min or more to recheck blood pressures, cuff at heart level.
- Monthly QI staff meetings
- Know where to record the results for them to count
- Discussion of preferred BP medicine use among providers (Resistant HTN on “The Curbsiders” 4/17/23)
- Encourage 1 month follow up if BP not in range
- Pt education: know their medicines, take the medication before their visit!

What were some of our challenges? And are they still barriers?

- Getting data in a timely fashion - **solved**
 - No data November through mid February
- Sustainability of BP control
 - Our numbers tended to slip at times – **episodic problem**
- What to do with those with white coat HTN?
 - Is there a way to get home readings to count if their home kit is judged to be accurate - **Still a problem**
 - ? Ambulatory blood pressure monitors
- Home blood pressure kits – **not too much of a problem**

How are you planning to continue and sustain your QI efforts?

1. EPIC dashboard deep dive every 3 months or so to bring back those missing follow up appts
2. QI presented at Monthly staff meetings
3. “Journal club” for providers
4. Ideally, incorporate QI best practices into our EPIC system
 1. Our “smoking screening” (>90%) and “advised to quit” (>75%) numbers were very good due to a mindless flow in EPIC
 2. Our “connected to resources” numbers were not good (< 10%) where no routine process flow was available.

Goodbye HHOI!





**OSU DCFM at
Worthington
Heights**

Team Members

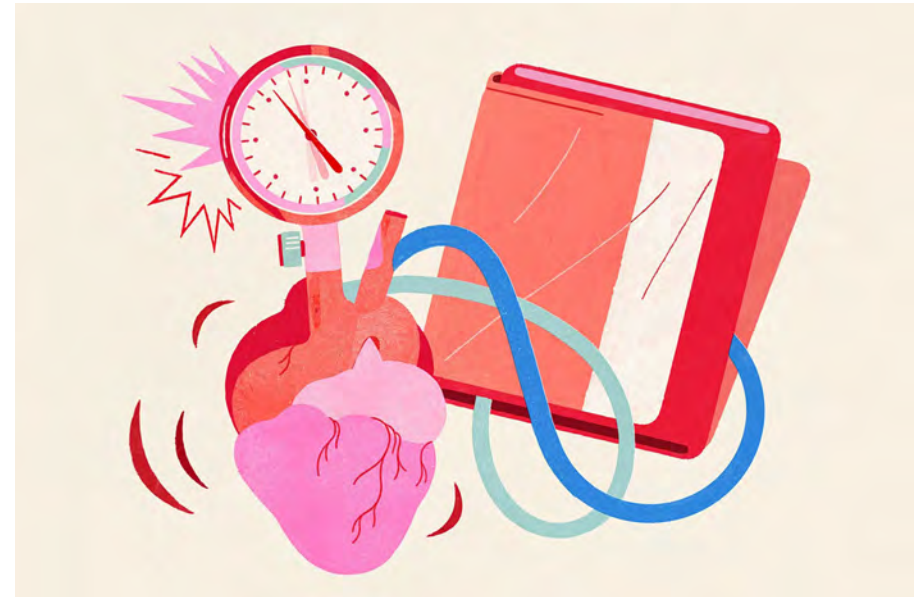
- Harkiran Singh, MD
- Nicole Campbell, LPN (clinic manager)
- Angela Miller, Sr RMA

Learning from testing

- The simpler the process, the better

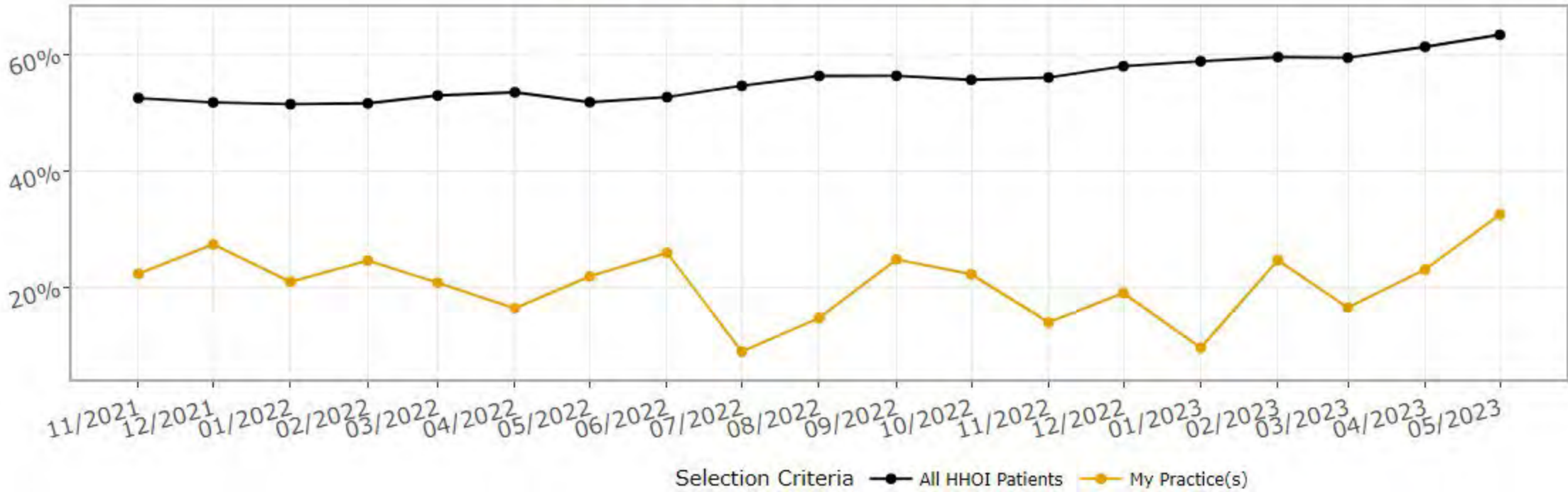
Which Process Measures were most effective?

- Utilization of visual aids for repeat blood pressures



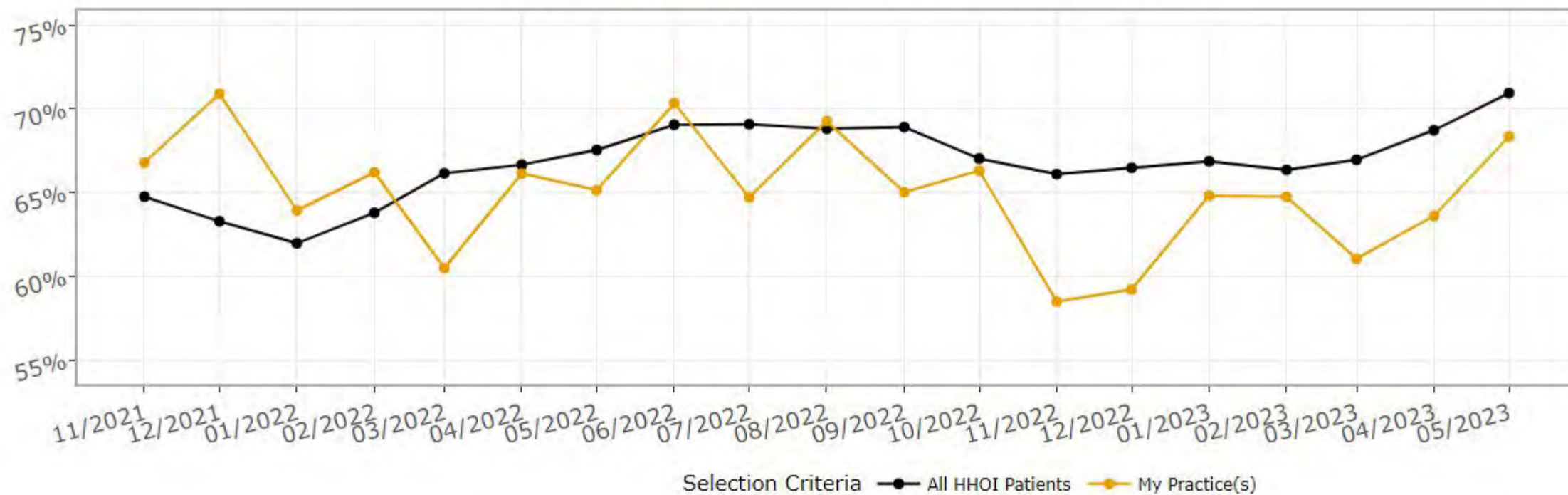
Outcome Data

My Practice(s) vs All Practices for Repeat BP Taken



Outcome Data

My Practice(s) vs All Practices for HTN Control 140/90



Keys to success at your site

- A process that was simple
- Clear communication/explanation of the process to all relevant team members
- A process that allowed for collaboration between the team and the patient

What were some of your Challenges? And are they still barriers?

- Maintaining momentum within the current landscape

How are you planning to continue and sustain your QI efforts?

- Continue our current process
- Remain focused on keeping it simple when considering new processes



**Akron VA Clinic
Akron Ohio**

Team Members

- Laurie Corbin, RN
- Siu Padrutt, RN
- Jackie McCue, RN
- Kristina Angel, RN
- Megan Schoenherr, Pharm D
- Lindsay Salsbury, Pharm D
- Julie Baron, Pharm D

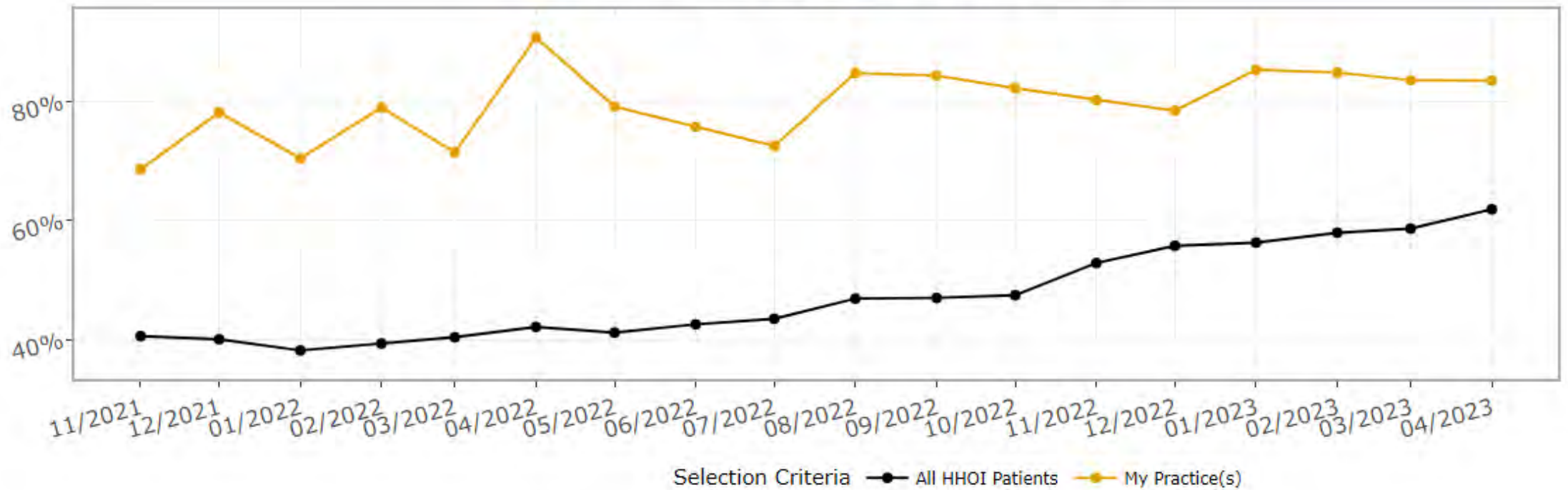
Learning from testing

- Collaboration with Pharm D
 - Medication adjustments
- Scheduled visits with Rn
 - Lifestyle modification
 - Blood pressure regimen
 - Fitting for blood pressure cuff

Process Measure: Repeat BP Taken

GENERATE NEW PLOTS

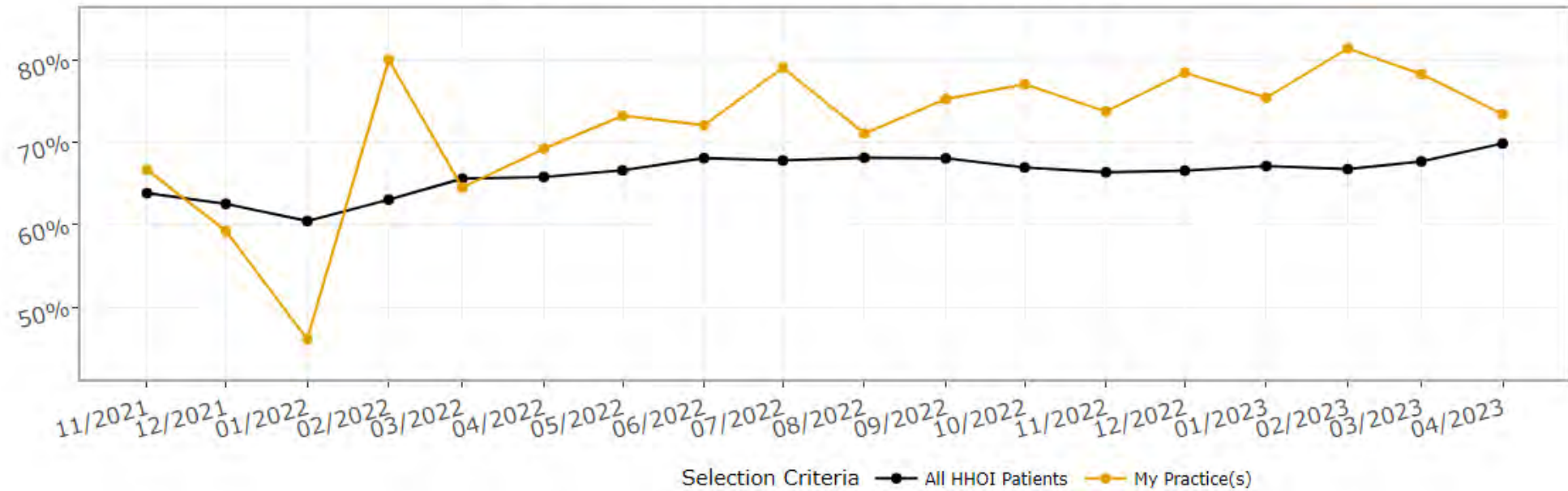
My Practice(s) vs All Practices for Repeat BP Taken



Outcome data: HTN Control

GENERATE NEW PLOTS

My Practice(s) vs All Practices for HTN Control 140/90



Keys to success at your site

- Collaboration with PACT RN
- Starting with only two PACT teams
- Collaboration with Pharm D and Primary Care Providers
- Learning Stop Codes that pull the data
- Having a dedicated dashboard site to monitor progress

What were some challenges? Are they still barriers?

- Correct stop codes to capture data. Continuing to work with IT to address this issue
- Pharm D becoming comfortable with medication adjustments without consulting the PCP
- Two PACT teams only (out of 13) due to working out processes as well as workload dissemination between the 3 Pharm D

How are you planning to continue and sustain your QI efforts?

- Learning to use the VA electronic record to monitor individual PACT team B/P dashboards
- Add on additional teams for in person visits and utilization of the Pharm D's
- Follow up with IT to make sure that the stop codes are correct and that health factors will collect the correct information



**Care Alliance Health
Center**

2916 Central Ave., Cleveland, OH

Team Members

- Claude Jones, MD – CEO and CMO
- Doris Williams, RN – COO
- Ruby Cash – Director of Quality
- Brian Skaggs, RN – VP of Nursing

Learning from testing

- The most interesting change that we have implemented since the start of the program is our incentive program for participation.
 - During the first visit, patients are issued a gift card as part of the set-up and introduction.
 - On the first follow-up visit, patients that have taken their measurements according to the plan receive a second gift card.

Which process measures were most effective?

- HTN Process:
 1. All patients are screened as part of the triage process
 2. Any abnormal Bp results are retested in 10 minutes and after cuff size and positioning are confirmed. The patient may also be asked to void prior to the retest.
 3. Results that are still abnormal are reported to the provider for management.
 4. The provider prescribes medication and issues a Bp monitor and schedule.
 5. The nurse helps the patient set-up the device and schedules a follow-up visit for in 30 days.
 6. Follow-up visits goes through steps 1 to 5 except for issuing a second device.

Keys to Success

- Staff education
- Understanding our communities needs and barriers.
 - For example, many of our patients do not have the ability to utilize an app for the HTN program.

Challenges and Barriers

- Our community often doesn't use smartphones or has limited cellphone access. We've addressed this with issuing and educating on the use of a paper log.
- We have a significant number of homeless patients. We have addressed this by providing rides to appointments. While improving, this continues to be a barrier to address.

Sustainability Plans

We plan to continue that HTN program beyond this project and continue to exceed our patients needs to address HTN in the community.



**Ohio State University
Wexner Medical Center –
Outpatient CarePoint
East**

Team Members

CarePoint East:

- Christopher Chiu, MD (Physician Lead)
- Rachel Costello, LPN (Clinic Manager)
- Cory Coffey, PharmD (Clinical Pharmacist)
- Paola Fernandez Soto, MD (QI site lead)
- Matthew Mickley, RN (Care Coordinator)
- Kari Miller, RN (Care Coordinator)
- Ashley Lawson, RN (Care Coordinator)

Learning from Testing



Outreach to patients not seen in one year

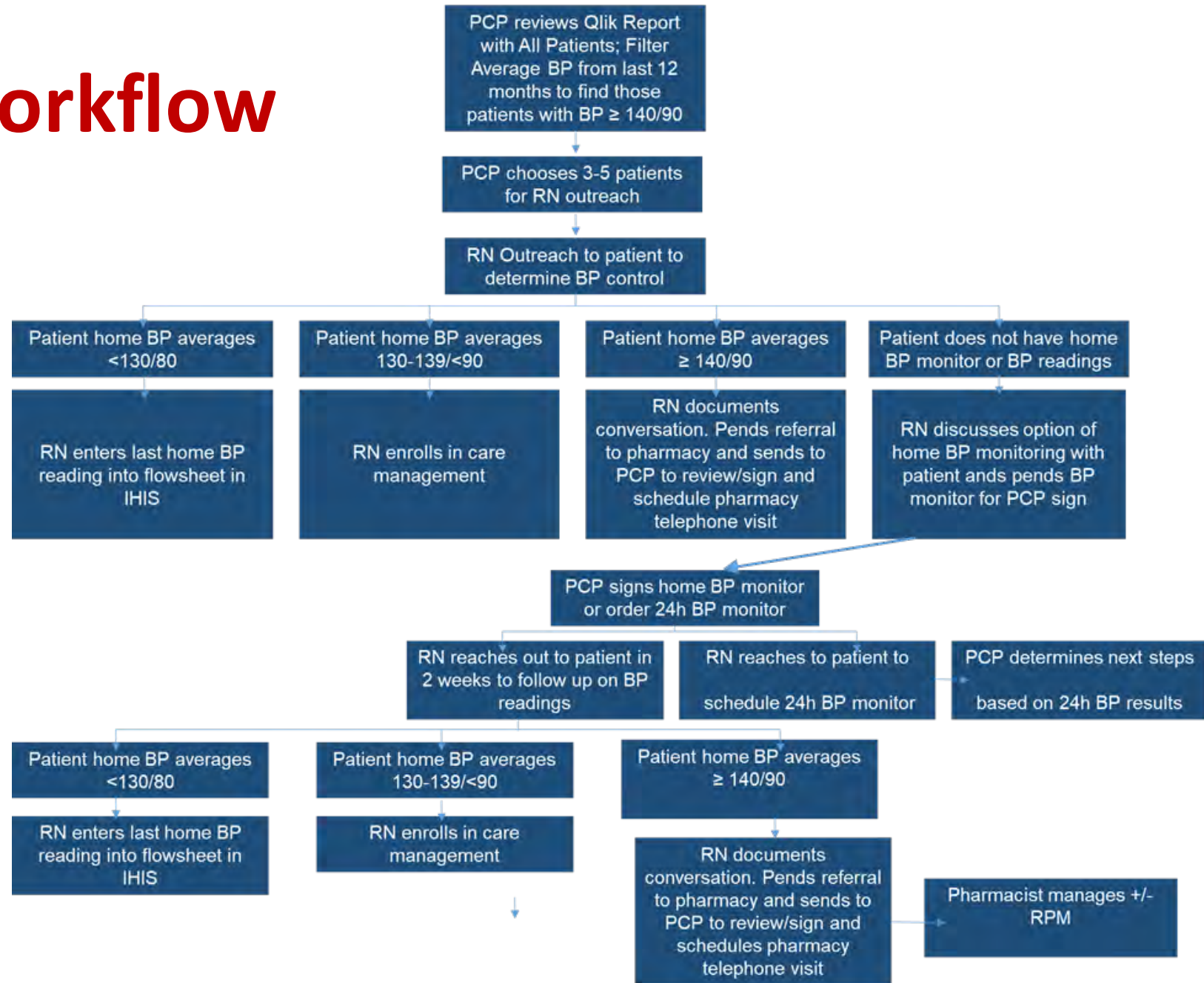


Educate physicians on how to review individuals in panel with uncontrolled HTN



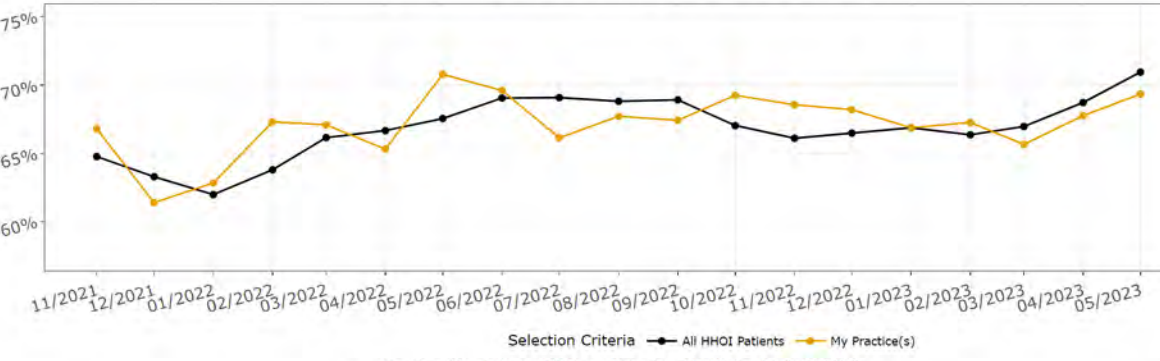
Care coordinators flagging charts

Proposed Workflow

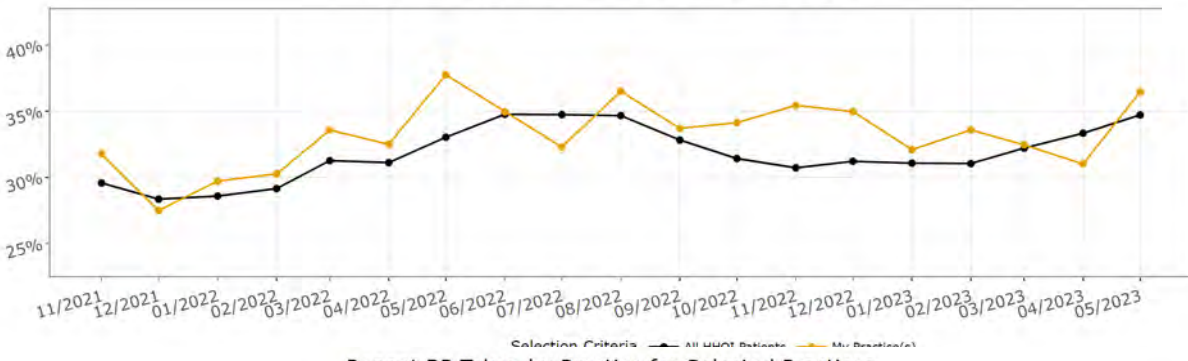


Initial Outcomes

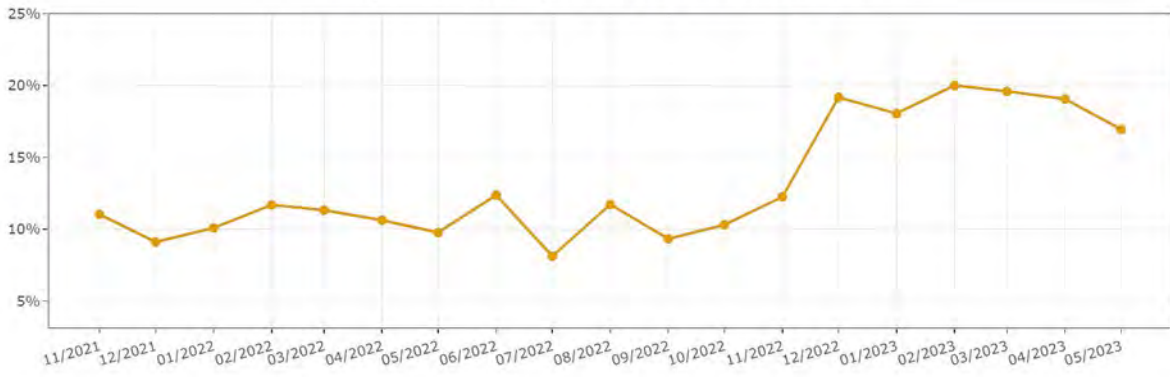
My Practice(s) vs All Practices for HTN Control 140/90



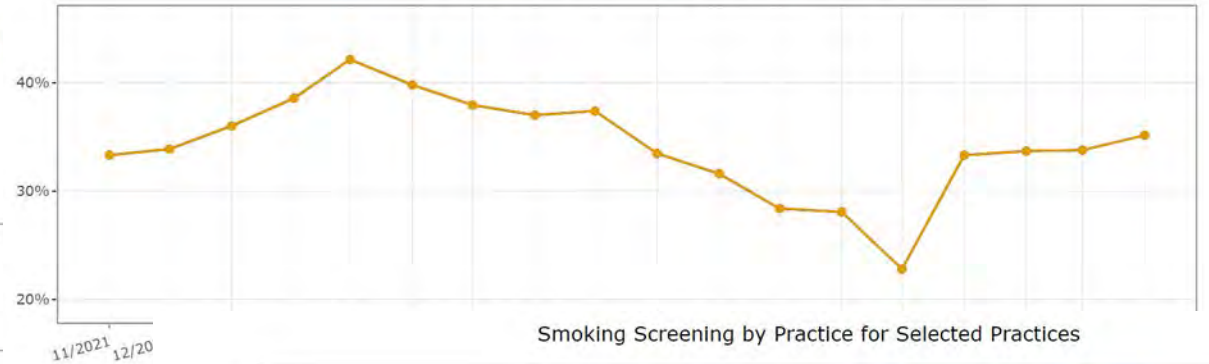
My Practice(s) vs All Practices for HTN Control 130/80



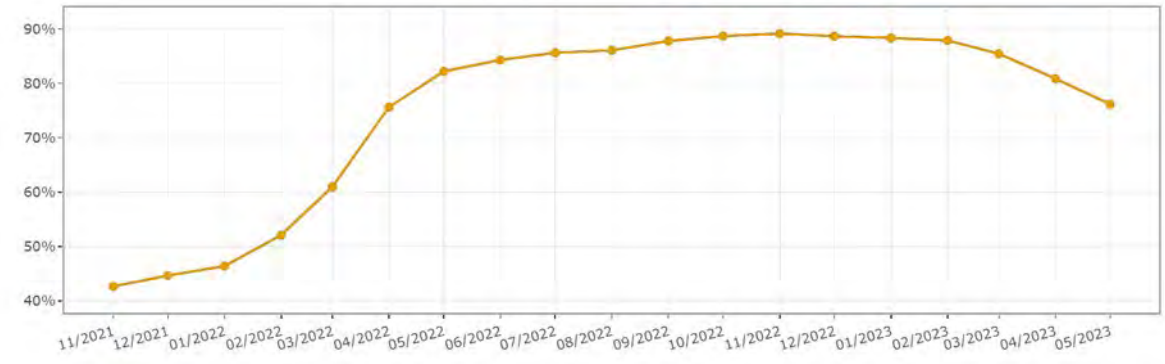
Repeat BP Taken by Practice for Selected Practices



Follow-up Visit by Practice for Selected Practices



Smoking Screening by Practice for Selected Practices

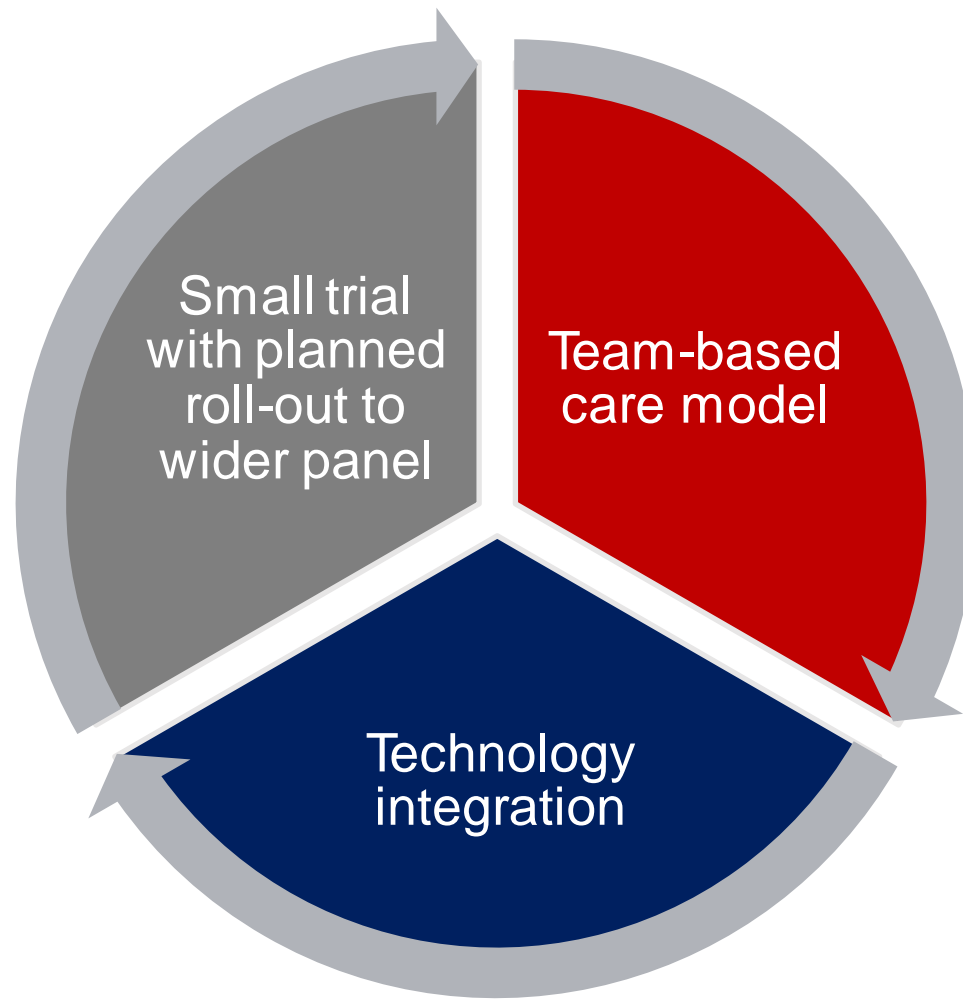


Initial results:

N= 15

- % of patients who agreed to follow up appointment with PCP: 6.67%
- % of patients who declined follow up appointment with PCP: 6.67%
- % of patients who received pharmacy referral: 0%
- % of patients that were not successfully contacted (phone/mychart): 20%
- % of patients with home BP recheck <140/90: 13.3%

Keys to Success



Identified Challenges



Next Steps

Align Resident QI efforts

- PGY2s in continuity clinic are starting a HTN improvement project

Create Interprofessional HTN Clinic

- ½ clinic slot per week or per month for 1 attending, 1 pharmacist and residents
- Appointments are only to address HTN



THE UNIVERSITY OF TOLEDO COMPREHENSIVE CARE CENTER



TEAM MEMBERS

Dr. Nicholas
Horen

Dr. Doug
Federman

Sarah
Aldrich

Marilee
Clemons

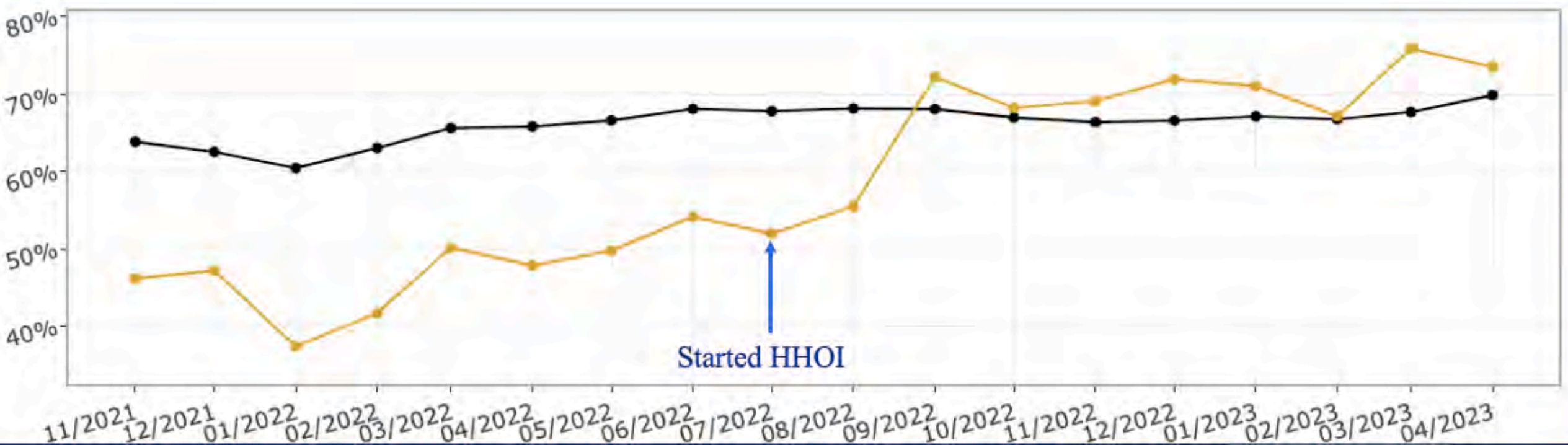
Jenny
Gilmore

Diane
McCarthy

Alex Davis

Umeeksha
Sharma

HTN CONTROL 140/90



PDSA: PATIENT SURVEY TO ASSESS ACCURACY AND CONSISTENCY IN BP MEASUREMENT

- I did not consume caffeine 1 hour prior to my appointment**
- My arm was resting comfortably at chest height (at the level of your heart)**
- The blood pressure cuff was against my bare skin or a light shirt**
- The person who took my blood pressure and I were both quiet while my blood pressure was being measured**
- My back had support**
- Both of my feet were on the floor**
- My legs were not crossed**
- I was asked if my bladder was empty before my blood pressure was checked**
- I was asked if I took my medications today**
- My blood pressure was taken more than once while I was in the exam room**



PDSA ANALYSIS



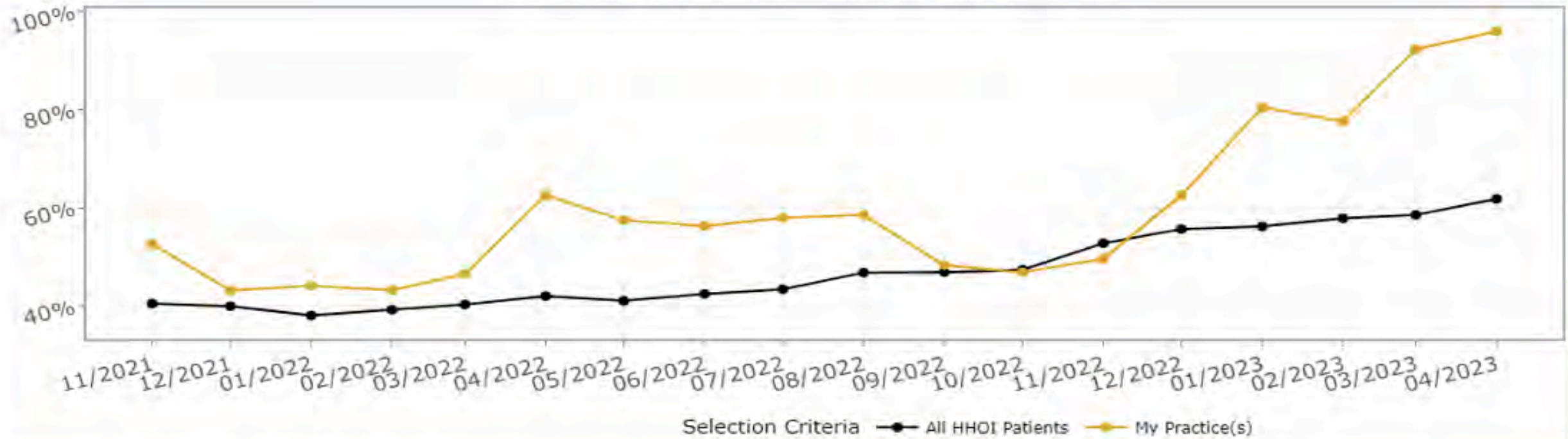
#	Answer	%	Count
1	I did not consume caffeine 1 hour prior to my appointment	63.16%	12
2	My arm was resting comfortably at chest height (at the level of your heart)	89.47%	17
3	The blood pressure cuff was against my bare skin or a light shirt	94.74%	18
4	The person who took my blood pressure and I were both quiet while my blood pressure was being measured	89.47%	17



#	Answer	%	Count
5	My back had support	89.47%	17
6	Both of my feet were on the floor	94.74%	18
7	My legs were not crossed	89.47%	17
8	I was asked if my bladder was empty before my blood pressure was checked	57.89%	11
9	I was asked if I took my medications today	68.42%	13
10	My blood pressure was taken more than once while I was in the exam room	78.95%	15

MOST EFFECTIVE PROCESS MEASURE: REPEAT BP

My Practice(s) vs All Practices for Repeat BP Taken

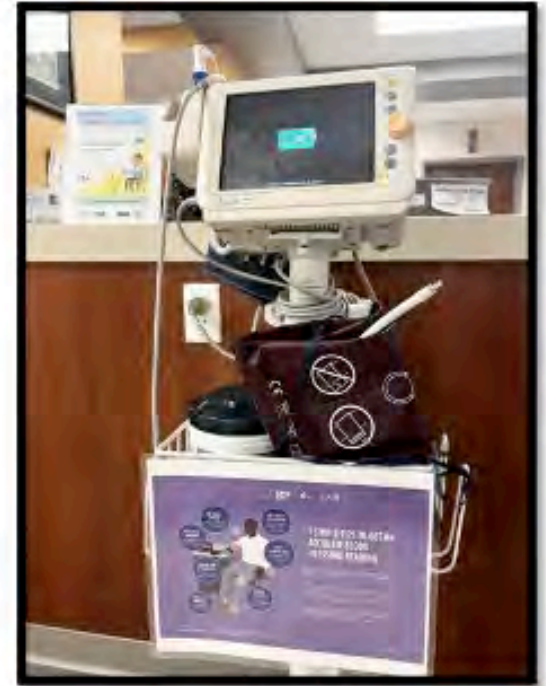
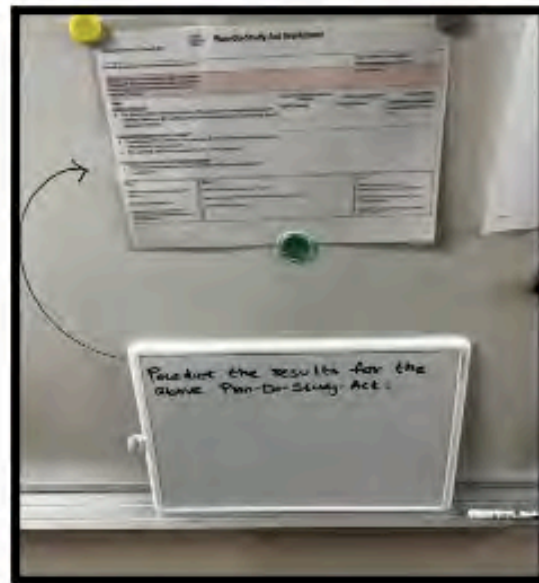
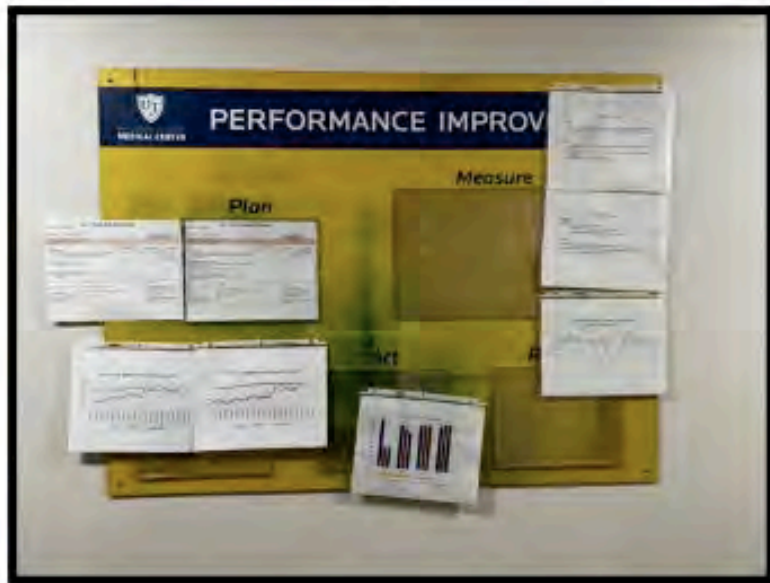


CHALLENGES AND BARRIERS

- Switched EHR mid-project – created some workflow and data issues
- We tested scheduling patients for BP follow-up within 2 weeks – so if they didn't show we would have time to re-schedule and still see them within 30 days.
 - We learned that patients had concerns with this frequency.
- Supply chain challenges impacted transition to using automatic BP cuffs (4-5 months wait time)
- Practice is working on several Medicaid projects simultaneously

KEY TO SUCCESS

- QI Team and Champions supporting the initiative
- Practice buy-in and engagement
- Continuous Education
- Data Sharing – tracking and monitoring progress
- Feedback



SUSTAINABILITY PLAN



**REFRESHER
TRAININGS**



**PATIENT
SATISFACTION
SURVEYS**



**PATIENT
EDUCATION AND
INVOLVEMENT**



**CONTINUED DATA
TRACKING**



THANK YOU

Reactions

Questions

Umeeksha Sharma

June 23, 2023.





**Centers for Families and
Children
Cleveland, Ohio**

Team Members

Clinical Leads: Matt Dunbar, PharmD, RPh, Valarie Gray, APRN, CNP

Quality and Data Lead: Ann Blackman, MPH, MSSA

Team Members: Terry Volsko, Sara Iguodala, Cozzetta Hill, Ann McDermott, Falandia Milligan

Learning from testing

- **Plan:**
 - Hypertension work group developed
 - Heart Healthy Ohio baseline data reviewed
- **Do:**
 - List of Centers patients with a recent blood pressure screening of 160/90 currently on 0-1 medications was distributed to providers (42 patients total)
 - Providers reached out to patients to schedule appointments for BP check and medication assessment
- **Study**
 - Reviewed Heart Healthy Ohio data one month after list was distributed
- **Act**
 - Begin cycle 2: Patients with a recent blood pressure screening of 140/90 or higher on 0 to 1 blood pressure medications

Which process measures were most effective?

- Diaphragmatic breathing exercises
 - All nurses trained
- Repeat blood pressure and documentation in office
- Blood pressure cuffs for home monitoring
- Patient panels for each provider
 - Increase appointments for those with uncontrolled hypertension

Outcome data

- 10% overall increase in hypertension control from May 2022 to end of November 2022 (from 52% to 62%)
- Patients with screening of 160/90 or higher: 24% (10) patients with completed appointment within the next month
 - 50% (5) increased number of blood pressure medications
 - 60% (6) had a decreased blood pressure screening

Keys to success at your site

- Buy-in from staff
 - Quality and data presented during larger primary care meeting
- Collaboration in the hypertension work group
 - Meetings between clinical staff and quality and data to ensure accurate data collection
- Care team approach for patients with uncontrolled hypertension
 - Between primary care visits patients followed up with clinical pharmacist and nursing
- Data driven decision making

What were some challenges? Are they still barriers?

- Continuity of care
 - No shows
 - Inconsistent process to ensure patients connected to care
 - Patient empanelment
- Staff turnover in hypertension work group
 - Began working with a smaller hypertension group
- Challenges working with remote blood pressure vendor
 - Work with the remote blood pressure vendor has improved, but grant might be ending soon.

How are you planning to continue and sustain your QI efforts?

- Collaboration with small hypertension work group
 - Continue discussions with larger primary care group
- Insight from primary care staff
- Data provided based on input from the clinical team
- Q2 peer review process for primary care is focused on hypertension control
- Continuous data monitoring for metrics related to hypertension control



**Smoking Cessation in
Internal Medicine –
Provider and Resident
Clinics**

**MetroHealth Systems,
Cleveland, Ohio**

Team Members

- Jayne Barr, MD – Site Champion
- Vikas Gampa, MD – Site Champion
- Cristina Sanders, MSN, APRN-CNP – Site Champion
- Lauren Chism, MD – Chief Resident
- Deni Drenic, MD – Resident
- Omnia Hamid, MD – Resident
- Stephanie Jackson, MD - Resident
- Alexander White-Cotsmire, MD – Resident
- Oxnia Ushakova MD -- Resident
- Sheila Atkins, MSN, RN, NE-BC – Nurse Manager
- Laura Kusmik, RN, AMB-BC – Nurse Lead
- Brett Wade – MA Lead
- Katherine Liang – Informatics fellow

Learning from testing

Memory joggers help!

- The use of the smoking icon was an important aspect of our team test of change/PDSA.
- The smoking icon on the EHR intertwined with the smoking cessation cards and the smoking cessation Smartset

AIM, Objective and Plan

AIM

To improve cardiovascular health by implementing outpatient smoking cessation measures to 80% of active smokers between August 2022 and April 2023. Secondary measures will be aimed at decrease smoking in 50% of these patients

Plan

Objective:

Implement a standardized approach to identify and connect Interested smokers with Smoking Cessation Services.

Tests:

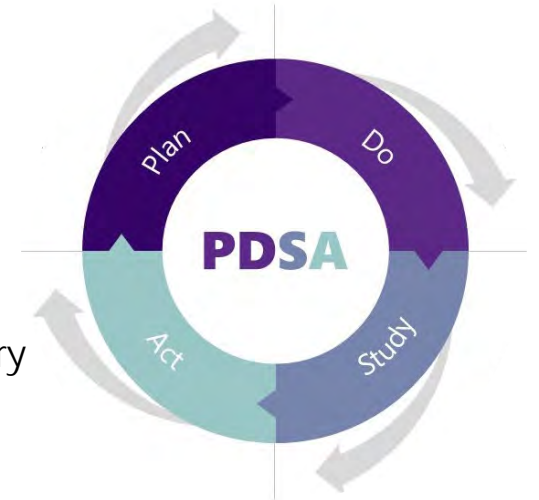
1. Use of visual prompts to Increase Smoking Cessation Screening
2. Implement an icon on EHR to help increase providers ability to find and update tobacco use history
3. Increase utilization of Smoking Cessation SmartSet
4. Utilize an electronic learning module to increase provider awareness for smoking cessation referrals and medications.

Data tracking/measure:

With use of EPIC (EHR) and Heart Healthy of Ohio Dashboard

Prediction of Test Outcomes:

1. Screening for Tobacco Use will increase
2. Referrals to Smoking Cessation Services will increase
3. Smoking Cessation will increase



Clinical Workflow

PDSA Test

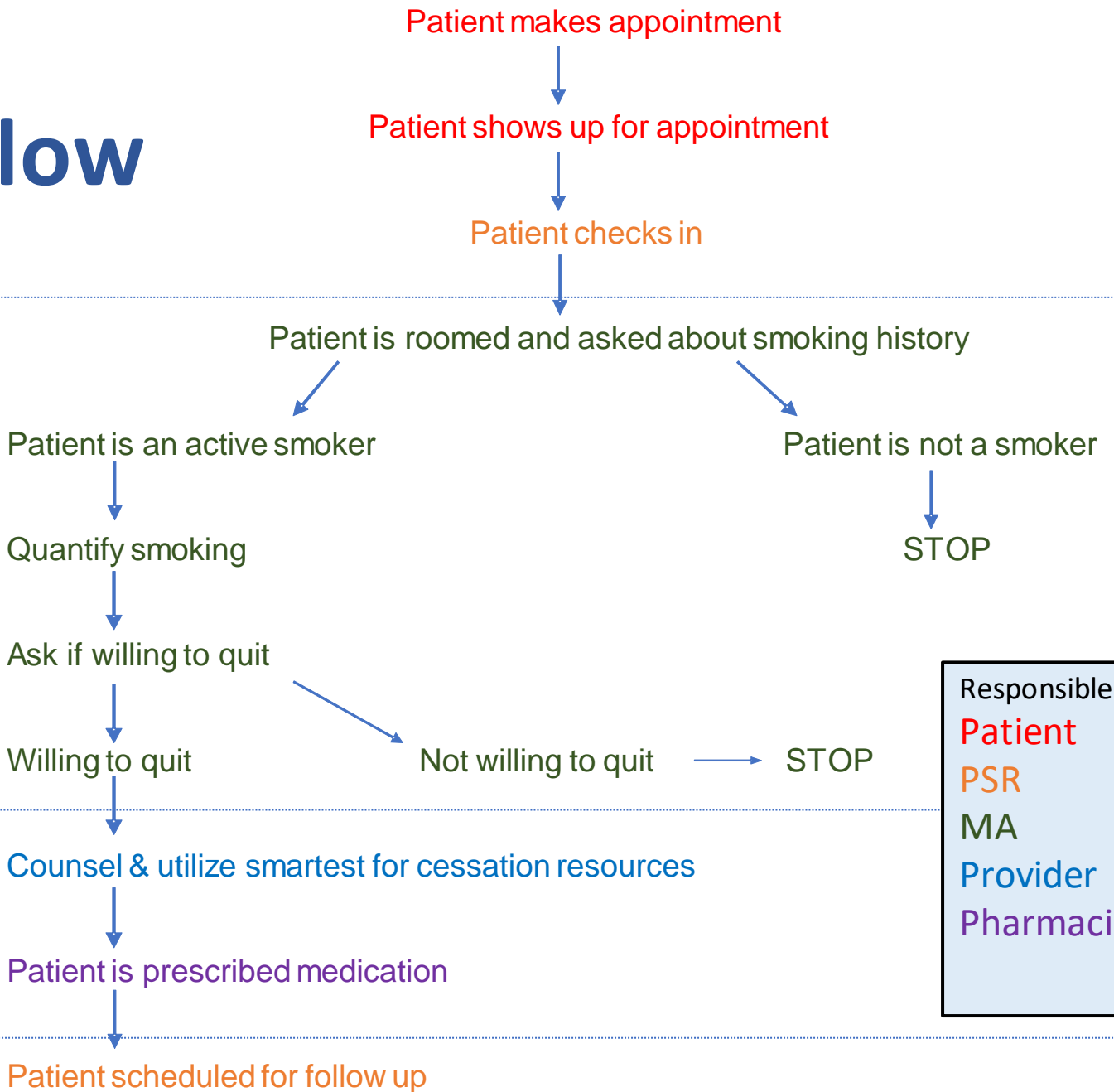
Prompt Cards

Smoking Icon

Smoking Icon

Smoking Cessation SmartOrder Set

Smoking Cessation Leap Module



Responsible Roles

- Patient
- PSR
- MA
- Provider
- Pharmacist/Provider



PDSA #1: Smoking Cessation Prompt Cards

Specific AIM: Increase awareness of patients who are current smokers and are interested in smoking cessation by 10% by 07/2023

Plan

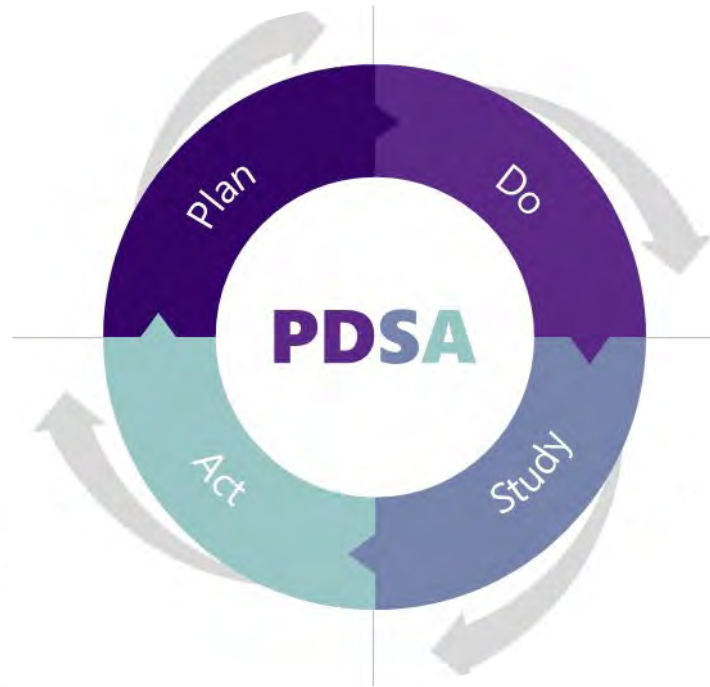
Test:
Smoking Cessation Prompt Card

Track:

EPIC (EHR) and HHOI Dashboard
Pre and Post Survey

Predict:

Improve screening for tobacco use



1. ASK every patient at every visit if they are actively smoking

"Have you used tobacco or nicotine products including vaping in the past 30 days?"
If answer "yes", provide brief advice – "As a member of your healthcare team, I strongly recommend that you quit."

2. ASSESS readiness to quit smoking

"Are you thinking about quitting in the next 30 days?"

3. CONNECT with smoking cessation resources

If ready to quit – "Can I connect you with the Ohio Quit line counselors to help you with quitting?" or "Can I connect you with our behavioral health counselors or pharmacist to help you with quitting?"
→ PLACE ORDER

"Is it OK to have someone from the office check in with you in a month or so to see how it is going and check if you need additional assistance with quitting?"

If not ready to quit – "OK, we are here to help you when you are ready"

ADOPT

Do

Test Start Date: 12/1/2022

Study

Did the results match predictions?	YES		
		Pre	Post
Providers			
Frequency of ASK	Every visit	93.7%	87%
	Once a year	6.2%	13%
Yearly Screening (metric)			
	Agree	62.5%	72.8%
	neutral/disagree	37.2%	21.2%
MA's/RN's			
Frequency of ASK	Every visit	81.8%	89%
	Once/yr	--	13%
	Not at all	18%	0%
Yearly screening (metric)			
	Agree	36.3%	66.6%
	disagree/neutral	54.5%	33.3%
	didn't know how	18.8%	0%

New learning from the test: The prompt cards created awareness for the ASK



PDSA #2: Smoking Cessation Icon

Specific AIM: Increase providers ability to find and update tobacco use history by 20% by June 2023.

Plan

Test:
Smoking Cessation Icon
Streamlined access to smoking history

Track:
Pre and post survey
EPIC (EHR) and HHOI Dashboard

Predict:
Increase in confidence of providers in knowing where to find the Smoking history and how to edit it.



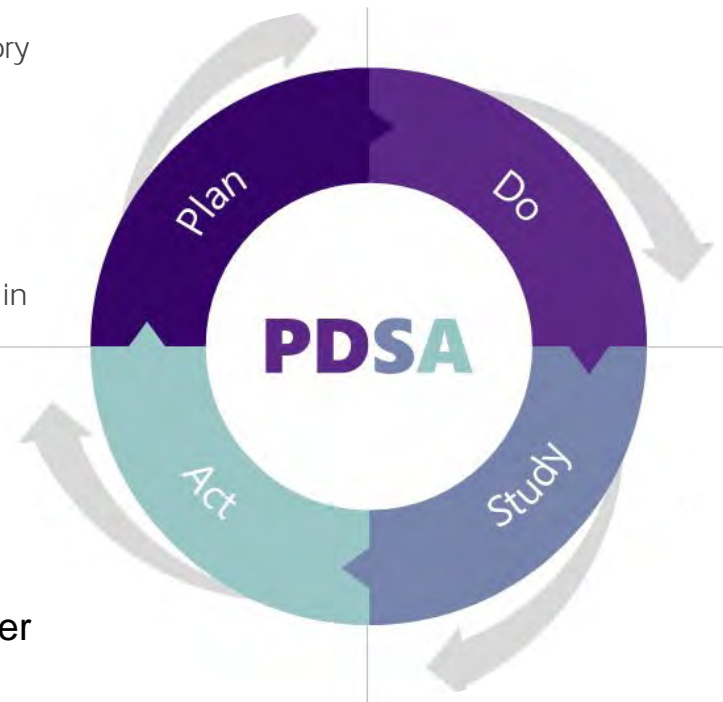
Non-smoker



Smoker

Info with hover

He reports that he has been smoking. He has a 68.00 pack-year smoking history.



ADOPT

Do

Test Start Date: 12/6/2022

Study

	Did the results match predictions?	
	Pre	Post
<u>Providers</u>		
Easy to Document	45%	50%
Easy to find Smoking Hx	94%	90%
Easy to update Smoking hx	75%	
<u>MA's/RN's</u>		
Easy to Document	60%	66.6%
- didn't know how	30%	0%
Easy to find	55.4%	88.9%
- didn't know how	27.2%	0%

New learning from the test: Having increased visibility helped with documentation

Which process measures were most effective?

Review of Outcome data

Interventions – Smoking Screening

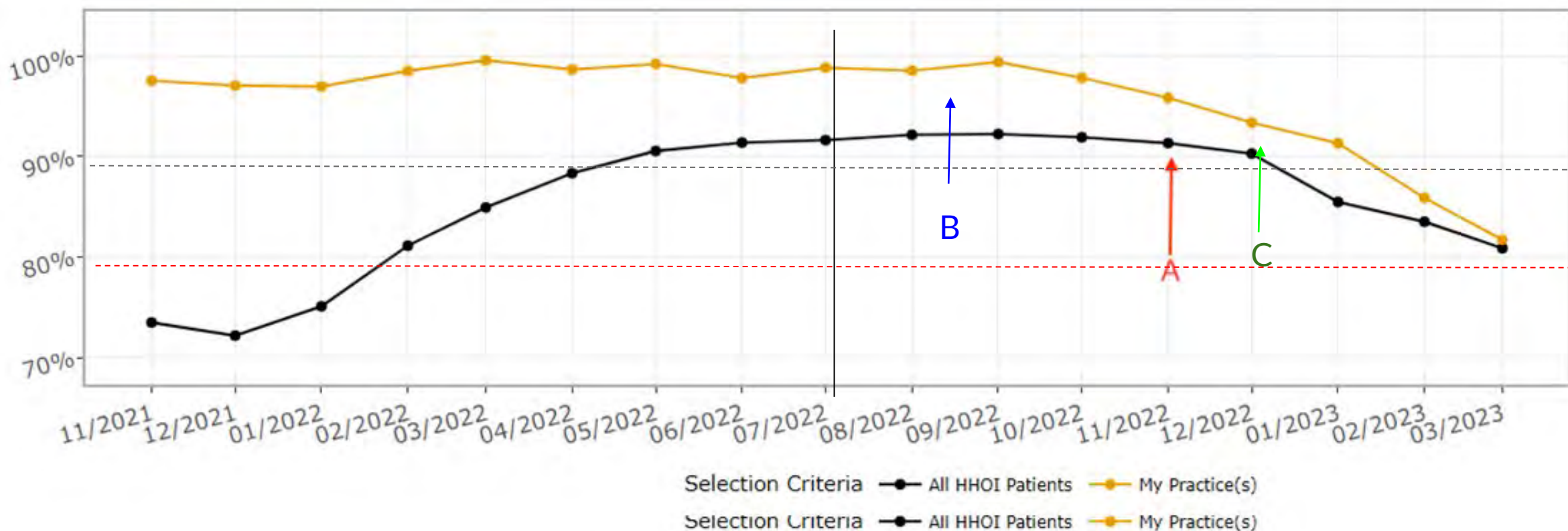


Fig. Smoking Screening – Numerator: Encounters within measure period where patient has been asked their smoking status within one year of visit. Denominator: All encounters within measure period. **A.** Approximate date of implementation of distribution of smoking screening/cessation prompt cards to MA's of IM clinic. **B.** Training to MAs on screening process **C.** MA/Staff turnover

Intervention – Advised to Quit

My Practice(s) vs All Practices for Advised to Quit

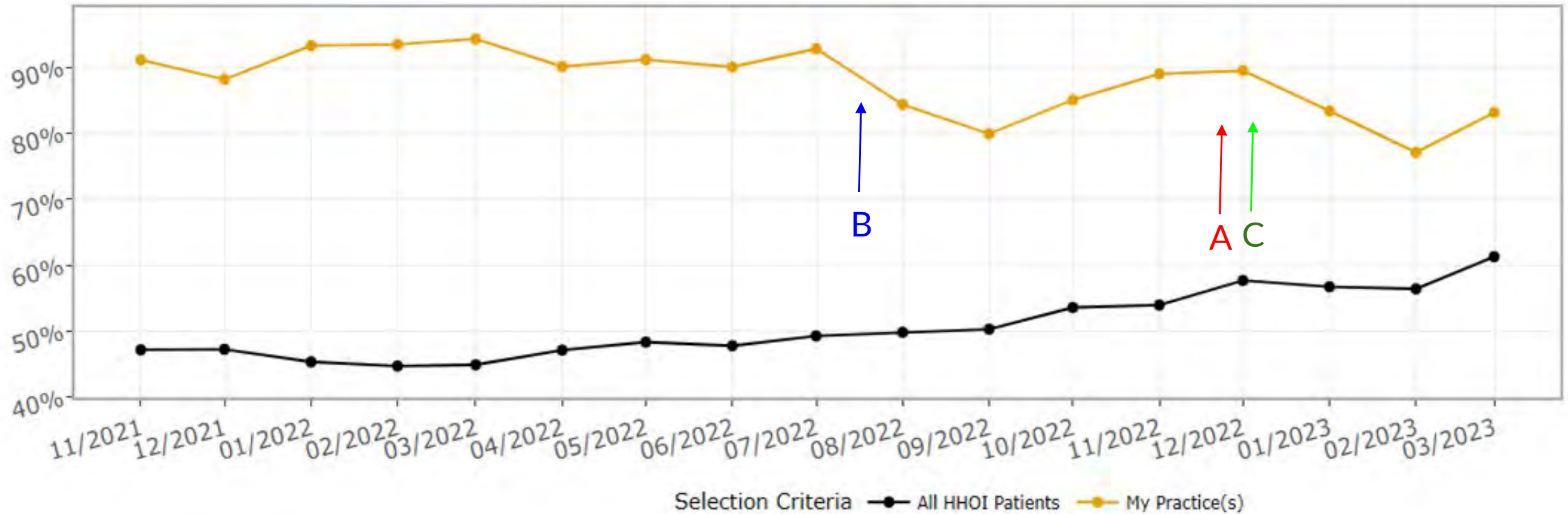
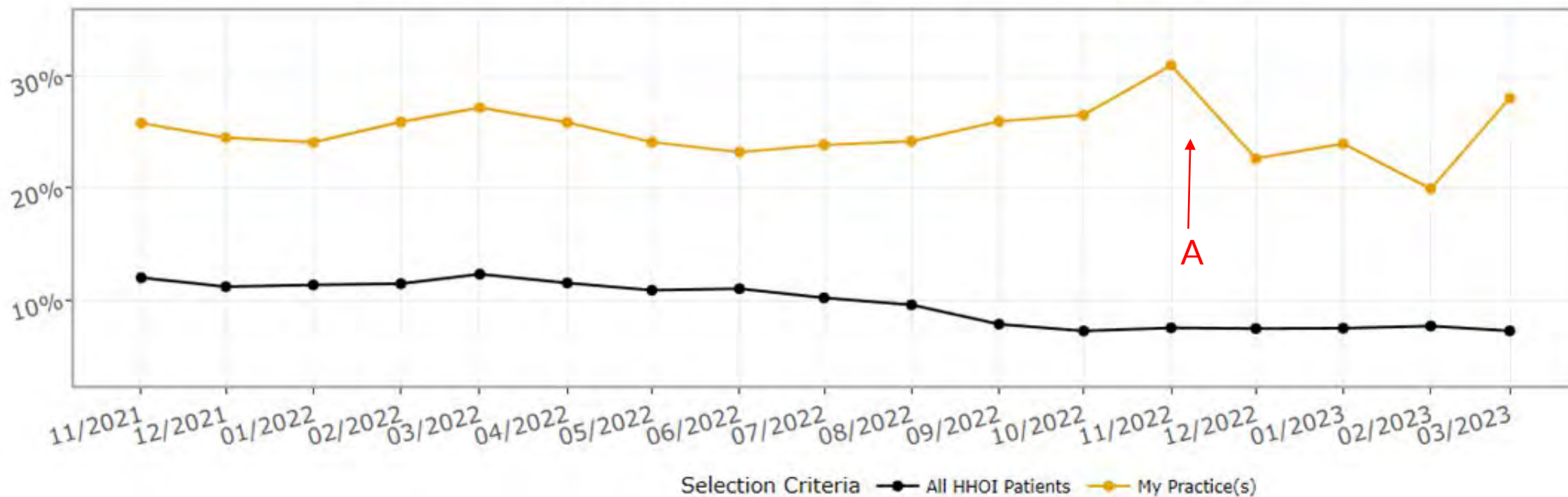


Fig. Advised to Quit – Numerator: All active smokers who have previously been advised to quit smoking. Denominator: All active smokers (at any frequency) as of a patient’s last visit of the measure period. **A.** Approximate date of implementation of distribution of smoking screening/cessation prompt cards to MA’s of IM clinic. **B.** Training to MAs on screening process. **C.** represents smoking icon implementation

Interventions - Connections to Smoking Cessation Resources

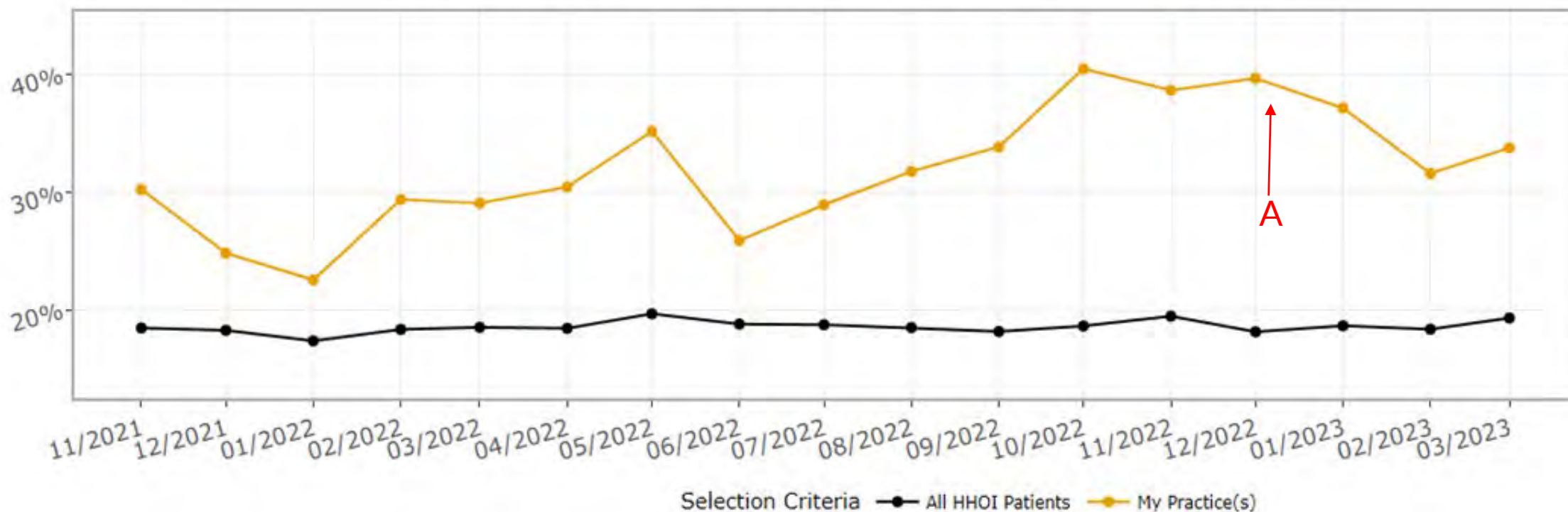
My Practice(s) vs All Practices for Connected to Cessation Resources



Connected to Cessation Resources – Numerator: Active smokers (at any frequency) that have been referred to cessation resources within 1 year of visit date. Denominator: All active smokers (at any frequency) as of a patient’s last visit of the measure period. A represents our exact date of implementation of the smoking cessation smartset

Interventions – Prescribed Tobacco Cessation Medications

My Practice(s) vs All Practices for Prescribed Tobacco Cessation Meds



Prescribed Tobacco Cessation Meds – Numerator: Currently smoking patients with an active prescription for a tobacco cessation medication during the measure period. Denominator: All active smokers (at any frequency) as of a patient’s last visit of the measure period. A represents our exact date of implementation of the smoking cessation smartset

Keys to success at our site

- Engagement of clinical staff
- Engagement of Resident team
- Access to coaching and teaching on QI initiative.
- Important initiative for clinic site patient population

Successes at our site

- Success of the project: Prompt cards, Storyboard Icon; Smoking Smartset became more convenient.
 - Referral to smoking cessation resources in internal medicine residency clinic was averaging around 25% as opposed to HHOI other practices averaging around 10%
 - Prescribed tobacco cessation medications in the Internal Medicine clinic averaged about 40% with a dip to mid 30s around February opposed to HHOI percentage of 18%
- In general, prescription of tobacco cessation meds has increased since 2021. However, this needs further investigation of its efficacy, and the rate of relapses.

Successes at our site

- With interventions, icon adapted to additional clinic sites
 - Smoking cessation smart set was implemented in other clinics like Rheumatology clinic.
- Local and broader system wide effects
 - Other clinic sites
 - Adaptation to inpatient services

What were some challenges? Are they still barriers?

- Smoking cessation QI project was done in the period between August '22 to April '23. At the start, data points were all above the mean when compared with HHOI data from other practice.
- Smoking screening was almost always above 95%, but around April '22 it started dipping to mid 80s which was still above the HHOI goal for smoking screening

Possible causes: Beginning of the holidays, new MTAs joining the IM clinic and overall shortage of MTAs

How are you planning to continue and sustain your QI efforts?

- Create LEAP modules to explain the new changes on Epic for screening patients for tobacco use and utilizing the tobacco cessation smartset
- Re-training current MA's and incoming MA's during on-boarding in order to continue the benefit of this project
- Implementing smoking cessation tools (cards, icon, smartset) in other outpatient medicine and subspecialty clinics.
- Implementation on the inpatient services
- Begin the next branch of the project in addressing blood pressure control
- Create the smartset reflecting blood pressure and smoking status each visit

Questions?

Cristina Sanders, MSN, APRN-CNP

csanders2@metrohealth.org

Jayne Barr, MD

jbarr@metrohealth.org

Vikas Gampa, MD

vgampa@metrohealth.org



Heart Healthy Ohio QI Project: MinuteClinic, CVS Health

2022-2023

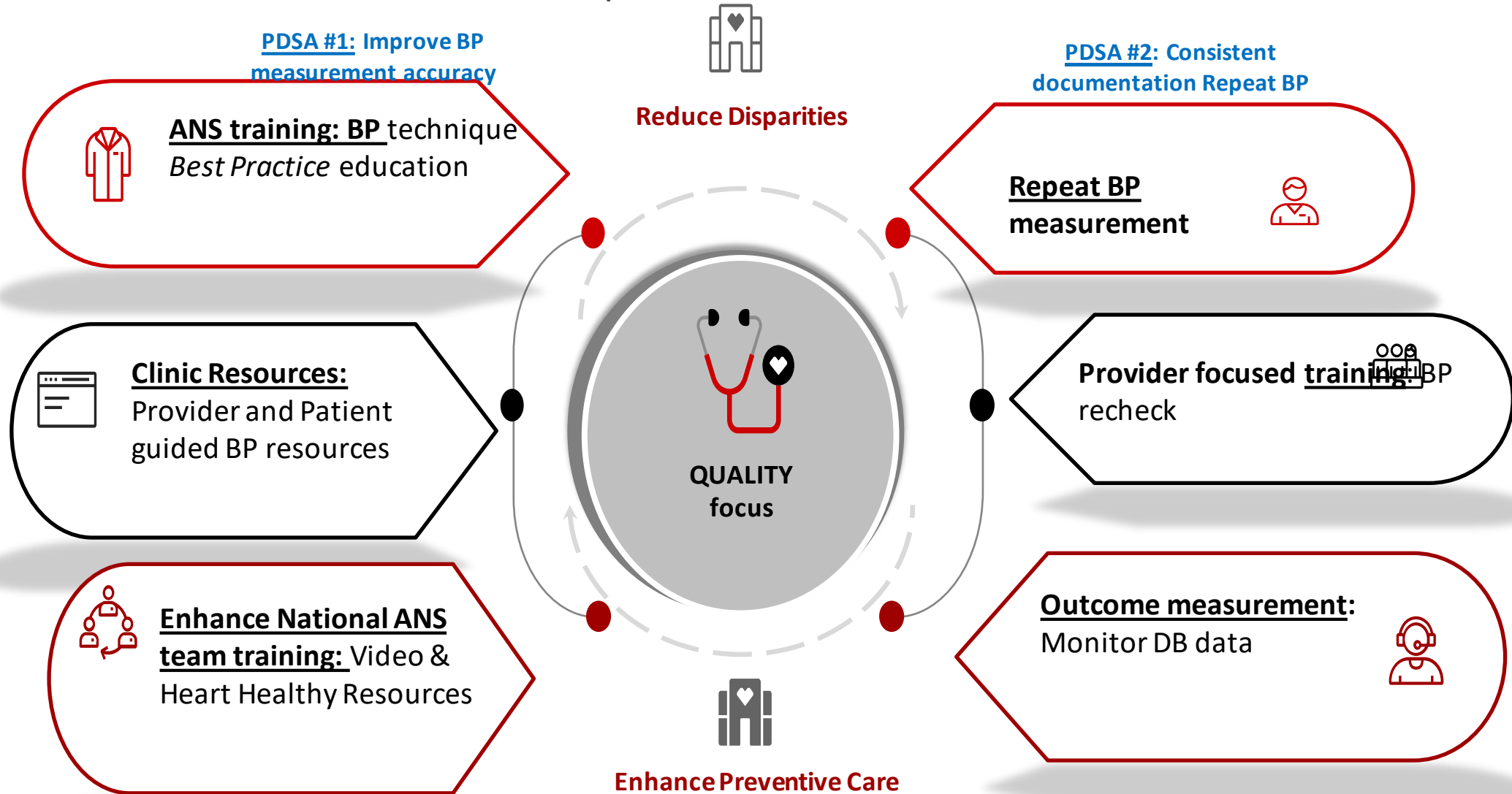
Heart Healthy Ohio Quality Improvement Team Members

- **QI Coach:** Caroline Carter
- **MinuteClinic/CVS Executive Sponsors:** Angela Patterson, CNPO & Mary Czymbor, Medical Director Clinical Quality
- **Project Coordinator:** Tammy Todd, CRNP, Senior Manager of Quality
- **QI Team Leader:** Autumn Jones, CRNP
- **QI Clinic Practice implementation team:**
 - Julia Newman, CRNP, Senior Practice Manager
 - Nicole Prox, CRNP, RQL, CVS Provider
 - Erika Carrol, CRNP, CVS Provider



Quality Interventions: PDSA

- Overarching goals:** Identify “best practice” strategies to augment Chronic Care management, incorporate QI strategies at the clinic level to advance Quality



Heart Healthy Ohio QI Plan-Do-Study-Act Outcomes

PDSA #1: (5/4/22-7/31/22)
AIM: Improve BP technique accuracy for Provide & Nurse with education

- Provider and Nurse team for all 3 HHOI clinics completed HHO Video on proper BP measurement technique.
- Added in-clinic visual cues, A & B clinic rooms
- Post video training evaluation completed, validated accurate technique and accuracy of BP.
- Positive feedback noted – Video added to Provider and Nurse new hire orientation
- Project team felt this was a valuable reminder on "getting back to basics".

PDSA #2: (9/1/22-9/30/22) AIM:
Improve documentation of 2nd BP readings to 100% of all abnormal initial BPs.

- Reinforced education on “best practice” workflow to check & document 2nd BP when abnormal
- Baseline data captured to measure impact of intervention
- Results of repeat BP for abnormal BP reading for participating clinics: ****All clinic metrics showed improvement**
 - **Canfield Clinic:** 2nd BP documented, from 90% to 100%
 - **Niles Clinic:** 2nd BP documented, from 48% to 52%
 - **Boardman Clinic:** 2nd BP documented, from 72-87%

PDSA #3:(10/1/22 -12/31/22)
AIM: Improve BP accuracy with the use of an automatic BP cuff to obtain readings for all patients.

- Provider & Nurse staff trained on Automatic BP cuff, proper technique, package insert review
- Gathered provider and patient feedback
- Part of MC Pilot to measure effectiveness of automatic BP use in new Care team model approach
- Pulse Survey findings reveal overall positive feedback with Automatic BP device, noting improved efficiency and patient satisfaction.

PDSA #4: (1/1/23-1/31/23)
AIM: Ensure all staff feel comfortable obtaining patient BPs with the automatic cuff.

- Data validation exercise to ensure accuracy of manual and automatic BP readings
- Performed case studies to verify accuracy of automatic BP cuff readings with manual cuff readings. (Results were considered valid if within 10mm/Hg of difference).
- Reviewed these results with the 3 clinics. Confirmed and validated accuracy of Automatic BP cuffs.

**Focused review of Automatic BP cuff
PDSA**

Plan-Do-Study-Act Worksheet

CVS Health

Overall project aim: Improved BP Control for all patients

Test start date: 10/1/2022

Objective of test: Improve BP accuracy with use of automatic BP cuff to obtain readings for all patients for all provider role types

Test end date 12/31/2022

Plan:

What is the test? **All provider role types (NP/PA and ANS team members) use an automatic BP cuff to obtain blood pressure readings for all patients.**

How will data/measure be tracked? **Encourage frequent provider and patient feedback through close communication.**

What is the prediction for the test outcome?

All BP readings will be obtained by using the automatic BP cuff (thus increasing provider and patient satisfaction from using automatic BP cuff vs manual BP readings). *This project is part of MC Pilot to measure effectiveness and provider satisfaction of BP devices to support potential national expansion of this device.*

Tasks needed to complete the test	Person responsible	Details/ How
Work with Clinic Ops to identify BP Device, place order through appropriate Cost Center	Tammy	Completed 8.19.22 Pending final confirmation of order and delivery to clinics (2 BP devices per clinic = 6 devices total)
Train ALL NP/PA and ANS team members on proper use of automatic BP devices .	Autumn by 10.24.22	Email communication to all providers/ANS team members, reinforce via phone calls.
Encourage frequent feedback and communication regarding patient and staff satisfaction using the automatic BP cuffs.	Autumn by 10.24.22	Email; 1:1 communication, create post-survey to evaluate impact of BP cuff (Autumn work with Tammy/Janelle Rastad to create FORMS survey)

Do:

What the test carried out as planned?

Yes/ No

Test data/observations:

Positive feedback from participants about using the automatic BP cuff. The automatic BP effectively obtains patient's blood pressures.

Unexpected events/ observations:

Balancing measures: additional time or staff resources>?

N/A

Study:

Did the results match predictions?

Yes/ No

How are the results different than past tests/ previous system?

Providers prefer using the automatic blood pressure cuff to help obtain accurate patient blood pressures.

New learning from the test:

Providers recommend rolling out the automatic blood pressures to Minute Clinics nationwide.

Act:

ADAPT: Improve / edit the intervention and continue testing
Plan: Continue using the automatic blood pressure cuff

ADOPT: Select changes for larger test or implementation: Propose to expand the use of the automatic cuffs to clinics nationwide

ABANDON: Discard this change and try a different idea

PDSA: Evaluating Automatic BP cuff use

- Step one: **Purchase automatic BP cuff** for each Clinic (A/B)
- **All provider & nurse team training** completed & encouraged to use automatic BP cuff for all BP readings and repeat Elevated BP readings
- **Direct feedback** received via HHO team meetings
- **Validation exercise completed** - analysis confirmed + validation of automatic BP cuff vs. manual
- **Microsoft Forms provider & nurse survey** completed
- **Evaluated surveys:** Positive feedback and outcomes noted
- **Evidence Based Practice** findings support use of automatic BP cuffs in clinical setting
- **Next steps:** Propose expansion of automatic BP cuff use nationally across all practice locations & service areas, ROI analysis
- Collaborate with internal partners for uniform organizational approach, including all RH Care Delivery services – May 2023

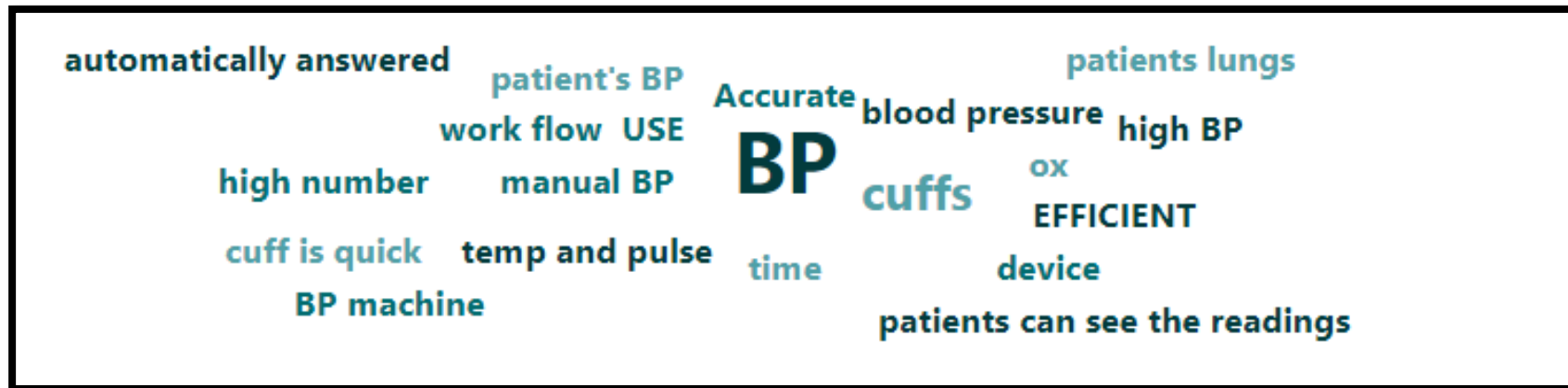


Heart Healthy Ohio Pulse Survey:

- **Participants Surveyed:** All participating HHO Ohio clinic provider and nurse HHO team (Canfield, Niles, Boardman)
- **Total** = 13 respondents
- **Outcomes:** Overall positive feedback with use of Automatic BP cuffs

- **Total of 2 questions (Likert Scale):**
 - 86% offered an overall high rating for Automatic BP cuff use
 - 79% of staff thought the automatic BP cuff improved clinic workflow and efficiency
 - 65% felt that the automatic BP cuff was accurate
 - 86% rated the patient experience as being high with the automatic BP cuff
 - **72% of said yes, we should roll out the automatic BP cuff to Minute Clinic nationwide**

- Free text comments:
 - * "Makes workflow more efficient" (NP) * "Useful in improving workflow" (LPN) * "Accurate BP readings that are more efficiently obtained" * "I like that my patients can see the readings, this is an easy way to open up discussions about BP" * "The cuff is quick" * "Streamlines taking vital signs"



Automatic BP cuff Business Proposal

Patient Volume Projections	
# of patients seen per day	30
# of times BP is captured on each patient during visit	1
Annual # of blood pressures taken	7800

Time to Collect Blood Pressure Per Patient (In Seconds)	
Manual*	58.6
Automated*	29.3

Average Nurse & Medical Assistant Labor Costs	
Nurse & Medical Assistant's time per hour (Salary & Benefits)**	\$ 25.00

Annual Savings Summary & ROI	
Time	Hours
Manual time acquiring BP	127
Automated time acquiring BP	63
Annual time savings by moving to AOBP	63
Labor	\$
Manual cost to acquire BP	\$ 3,174
Automated cost to acquire BP	\$ 1,587
Annual labor savings by moving to AOBP**	\$ 1,587



By switching to automated blood pressure, your practice could reduce your measurement time by 50% and pay for the device(s) in 2.8 years due to efficiency gains. Additional efficiency and savings could be realized if the automated devices were connected to an EMR.

Automatic BP cuff project timeline 2023

2023

2024



Proposal Planning

February-April

- Identify key project owners: HHO project leads, CPS, Quality, SLC
- Gain vendor insight
- EBP literature review
- Finalize HHO Pulse Survey
- Create proposal

Proposal Kick Off

May 2023

- Present collective proposal @ May CPS
- Topic review @ May CEC
- Gain additional feedback SLC partners
- CPS partnership to identify next steps

Project Work Group

May-August

- Finalize business proposal, approval & funding
- Work with Clinical Operations team to secure equipment
- Establish provider training/educational needs

Project Launch

Q4 2023 or Q1 2024

- Dependency on Go Live with budget approval



**MetroHealth State Road
Family Practice**

Team Members

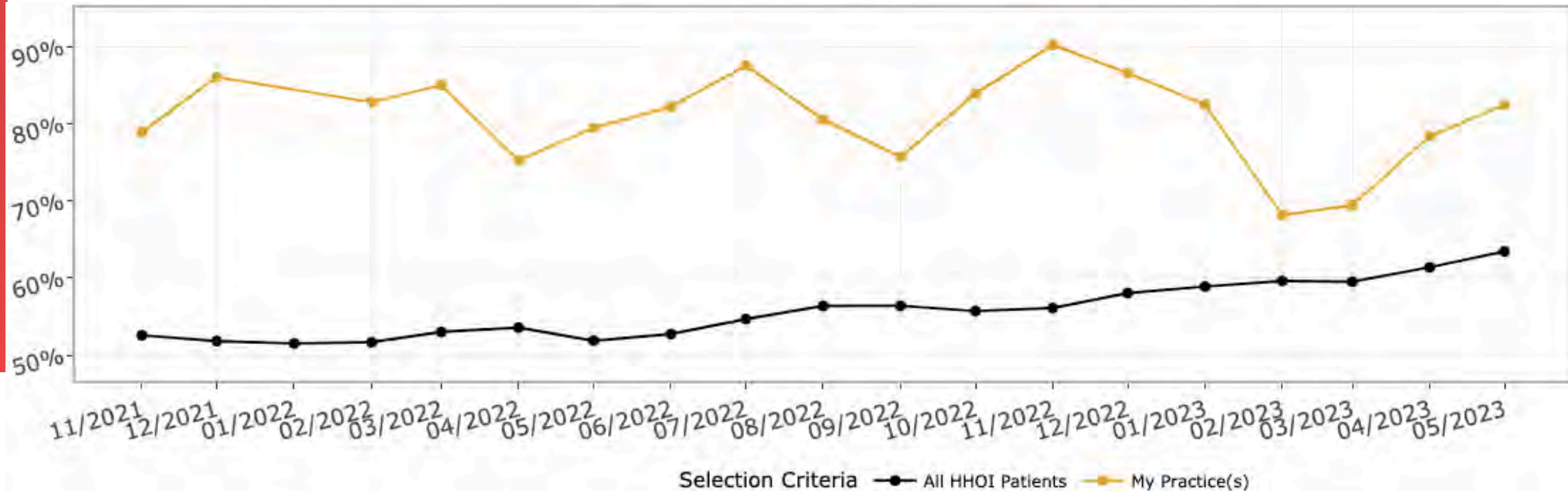
- Mehul Danawala - MD
- Bryn Groat, RN - Practice Manager

Learning from testing

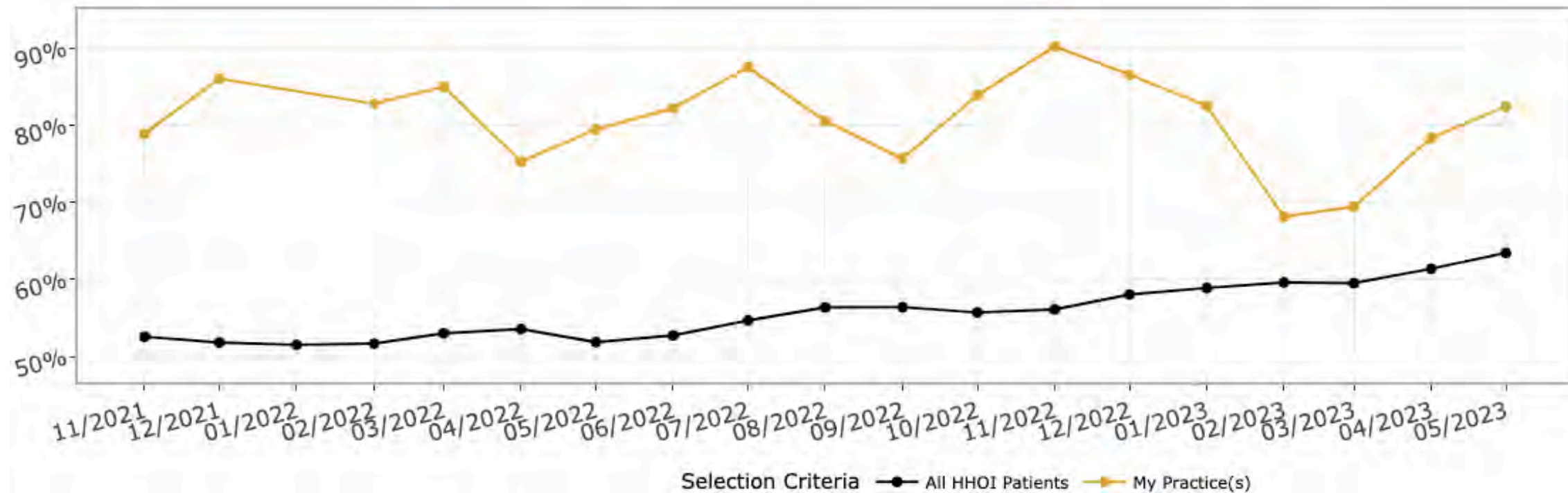
- Recheck bp for elevated bp $>140/90$
- MA scheduling follow up bp check
- MA pending a RN bp check order for provider to place the plan for RN when patients follow up.

Effective process measure

- Recheck bp is showing improvement – however it is not linear as the graph demonstrates – the dips correlate with significant COVID event and staffing turnover
- Overall, we improved from 78.8% at baseline to 82.4% (May 2023)



Outcome data: HTN Control 140/90



We are showing a 4% increase in HTN Control – despite a COVID surge and staffing challenges

Keys to success at your site

- Staffing coming on board with our plan
- Focusing on capturing repeat bp measure consistently
 - Reminders to staff as reminder to stay focused

Challenges and Barriers

- Staffing turnover – we are now we are fully staffed
- Office Manager turnover – without an office manager for a while – we have an office manager that is shared with 2 other practices

Sustainability Plan

- We did standardize all the PDSAs that we ran
- Continue to capture and share the data
- Continue reinforcing processes
- Onboard new staff according to our protocols

CERTIFICATE

OF PARTICIPATION

THE HEART HEALTHY OHIO INITIATIVE RECOGNIZES

Wave 2 Practices

for participation in the Heart Healthy Ohio Quality
Improvement Project.

2022 - 2023



Chat Activity

What is one thing you heard during the storyboard rounds that you might test in your practice?

Data Sustainability

- Please continue to submit data monthly through **February 2024 (last data submission March 4, 2024)**
- After March 2024, no new data will be uploaded to the dashboard and data submission requests will end
- The dashboard may be unavailable after Dec 2024, so please **download any data or graphs you want prior to Dec 2024**
- Please work with your individual site level IT or vendors to support any continued data reporting needs to ensure sustainability of your work
 - You would need to let them know what you would like to continue to see moving forward and see if they can assist you
 - Our data team can join a call with your vendors or IT to assist with this transition

MOC

- For those wanting to claim both MOC and CME credit through OAFP for the **American Board of Family Medicine**, please review the instruction sheet and complete the [Credit Attestation Form](#)
- For those wanting to claim MOC credit through Health Impact Ohio/Columbus Medical Association for the **American Board of Medical Specialties (ABMS)**, please complete the [Credit Attestation Form](#)
- **Please share this opportunity with eligible clinicians at your clinic.**
- **Instructions will be sent with the slides after today's webinar**

Next Steps

- Continue to submit EHR data monthly (1st Monday of the month; next due July 3)
- Continue to submit data through February 2024 (submission date March 4, 2024)
- Please look out for a final survey to be sent out by email in July 2023

[Learn more & access resources at https://hearthealthyohio.org/](https://hearthealthyohio.org/)