Section 1: Quality Measures

Open-ended question: How did you sustain or improve this score from 2017 to 2018? What specific actions did your practice implement?

Example 1
Measure: Depression Screening

Example: All patients over 12 years of age complete a general health assessment that includes the Patient Health Questionnaire (PHQ) 2 to screen for depression. If a positive response is indicated on the PHQ 2, then the full PHQ9 is administered to determine frequency and the severity of the symptoms. An intervention is provided and a plan is created based on the patient responses. Interventions often include discussion of screening results, additional evaluation for depression, depression education, self-management support, suicide risk assessment, referral to a practitioner who is qualified to treat depression and Pharmacological interventions. A follow up plan is then co-created with the patient. The results of the screening and the plan are then documented and entered into our EHR.

The primary factor that contributed to our screening success was that we outlined specific roles and clear processes for the provider, nurses and office staff. In addition in 2018, our primary care doctor began collaborating with a psychiatrist to review patients that screened positive on their PHQ. Each week for one hour our primary care provider meets with the psychiatrists to discuss new patients, follow up patients not improving, patients not participating in care and patients in remission. Any patients with complex needs are also discussed. The psychiatrist provides feedback and suggestions for medication plans, and provides suggestions for clinical and community resources.

In 2017, we screened 72 percent of all patients. Since adding the psychiatrist in 2018, not only has our screening rate improved to 80 percent to date but we also have decreased our patient PHQ screening scores and improved engagement with patients that had previously been difficult to reach.

Example 2
Measure: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Educating all staff, especially training front line staff, is key to our success on this measure. During the appointment, we use motivational interviewing strategies to not only get more information but also to increase compliance. We ask patients if they have used tobacco in the last 30 days and record this information along with their blood pressure and height into our EHR. We also use the 5As which are Ask, Advise, Assess, Assist and Arrange. This tool allows for us to determine if the patient is willing to quit smoking/ using tobacco. If the patient shows interest in smoking cessation the physician prescribes cessation assistance through a pharmacy located on site. In addition, we provide the patient with community resources that offer counseling and even behavioral health guidance if necessary. We strongly believe in utilizing our EHR to continuously monitor progress and record details. As a result of our efforts we went from screening 75 percent of our patients in 2017 to screening 99 percent of our patients in 2018.