

Committee Name: Medical Executive Committee

Meeting Date: 8/17/2015

<b>Issue Name:</b> <b>DFM – Far East Division</b>	<b>Presenter(s):</b> Joe Chavez Carey, MD
<b>Situation:</b> <i>Why is this on the agenda?</i>	<input checked="" type="checkbox"/> Routine Report <input type="checkbox"/> Follow-up report requested by the committee <input type="checkbox"/> Other: Urgent patient safety issue <input type="checkbox"/> Required Report <input type="checkbox"/> Other
<b>Background:</b> <i>History of the issue.</i> <i>Significant trends, studies, analysis of the data or situation.</i>	<p>A. Division Overview</p> <p>1. 9 physicians and 2 FNP = 7.2 FTE</p> <p>B. Accomplishments</p> <p>1. ACR projects implemented or being implemented: (Standard Intake; Huddle; Roster combing; 5S)</p> <p>2. Maintenance of great, well-functioning care team through All Staff Retreat at each site and other activities</p> <p>3. Mammogram scheduling protocol: Biggest increase in breast cancer screening rate countywide</p> <p>4. Implementation of SBIRT</p> <p>5. Cervical Cancer screening on par with best region in the county</p> <p>C. Staffing</p> <p>1. Some turnover continues:</p> <p>i. AHC lost 1 PCP (moved to specialty); BHC lost 4 PCP (career changes). 2 of these FNP- cited lack of support</p> <p>ii. AHC added 2 PCP, BHC added 2 PCP</p> <p>2. In terms of FTE: FM = 7.2 FTE ; Adult med and peds = 3.6; total = 10.8 <b>Need additional 5.9 FTE to meet current panel targets</b></p> <p>D. Quality Indicators</p> <p>1. Peer Review- Central DFM-wide Peer Review, not done at division level (see DFM peer review report)</p>

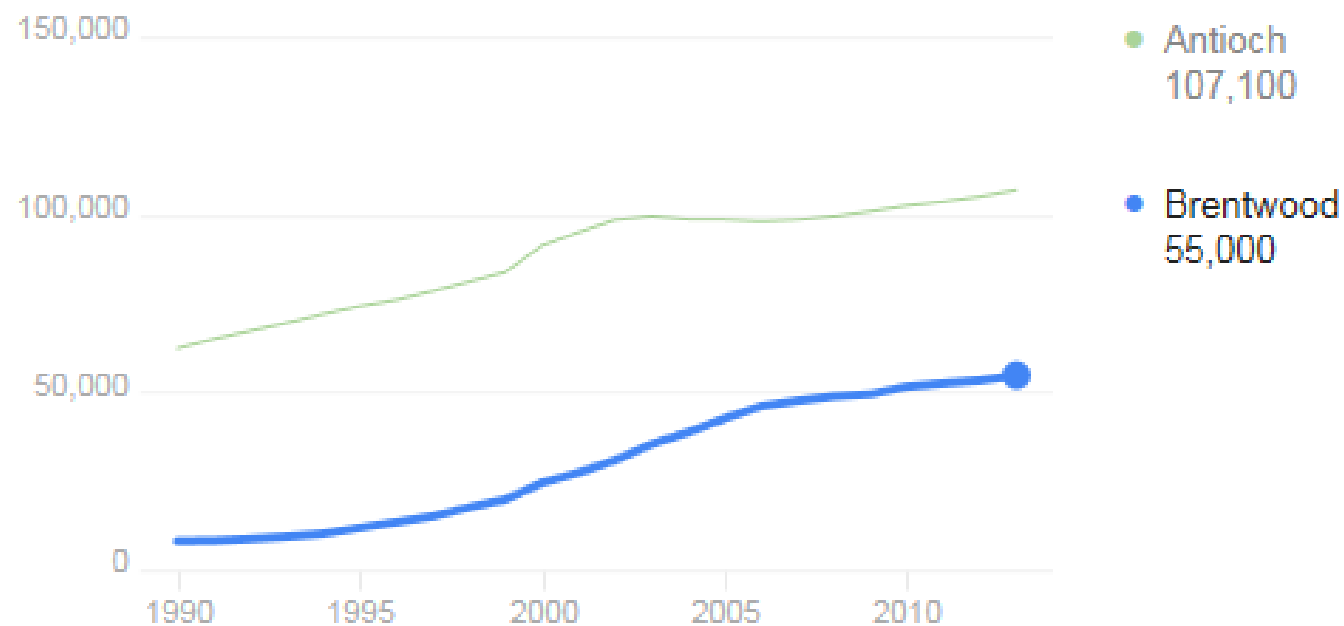
	<ol style="list-style-type: none"> <li>2. Patient complaints: 21 (7/14 – 7/15)</li> <li>3. HEDIS Data. See chart with selected measures (graphic 2)</li> <li>4. Ambulatory Quality Dashboard (see graphic 3)</li> <li>5. Appointment Statistics (6/1/14 – 6/30/15): <u>Productivity</u>: 1.9 visits per hour (similar to department); <u>Total visits</u>: 23.5 K (compare to MHC/MWC at 34.7K, CHC at 18.7K, PHC at 27K, WC/NRHC at 46K); <u>Kept appointment rate</u> 83.5%</li> </ol> <p>E. Challenges</p> <ol style="list-style-type: none"> <li>1. <b>Staffing and Access:</b> Ongoing difficulty recruiting new providers to Far East County largely because of more attractive opportunities at newer health centers closer to Central and West County. (unchanged since last report). Adjusted panel sizes are highest in Far East County (unchanged since last report). Massive population growth + collapse of La Clinica in East County + saturation of CPN = Access crisis for underserved patients. Ambulatory Quality Dashboard markers unchanged but do not measure other aspects (access, satisfaction, provider burnout). Some HEDIS markers suggest poor access for most vulnerable patients (children, uncontrolled diabetics).</li> <li>2. <b>Mammogram screening rate remains below average but “most improved”</b></li> <li>3. <b>Supporting FNP in Primary Care Clinic</b></li> <li>4. <b>Integration of LVN HHC into care team beyond being the “norco nurse”</b></li> </ol> <p>F. Goals</p> <ol style="list-style-type: none"> <li>1. Continue to work with administration on development of financial incentives; increase recruiting efforts in central and east county as well as the central valley. New Nurse Practitioner residency to open in Brentwood (early 2015). Expansion into new AHC and expanded BHC.</li> <li>2. Continue to explore creative opportunities to increase mammogram screening rate</li> <li>3. Establish FNP residency (thank you Heather and Ori) at BHC to foster mentoring and pipeline for primary care providers</li> <li>4. Embrace Kryptiq software roll out for improved panel management</li> </ol>		
<b>Recommendations:</b>			
<b>Who MEC</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>What Approve</b></td> <td style="width: 33%;"><b>When 8/17/15</b></td> </tr> </table>	<b>What Approve</b>	<b>When 8/17/15</b>
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## Graphics

Graphic 1: Brentwood and Antioch Population Growth

**55,000 (2013)**

Brentwood, Population

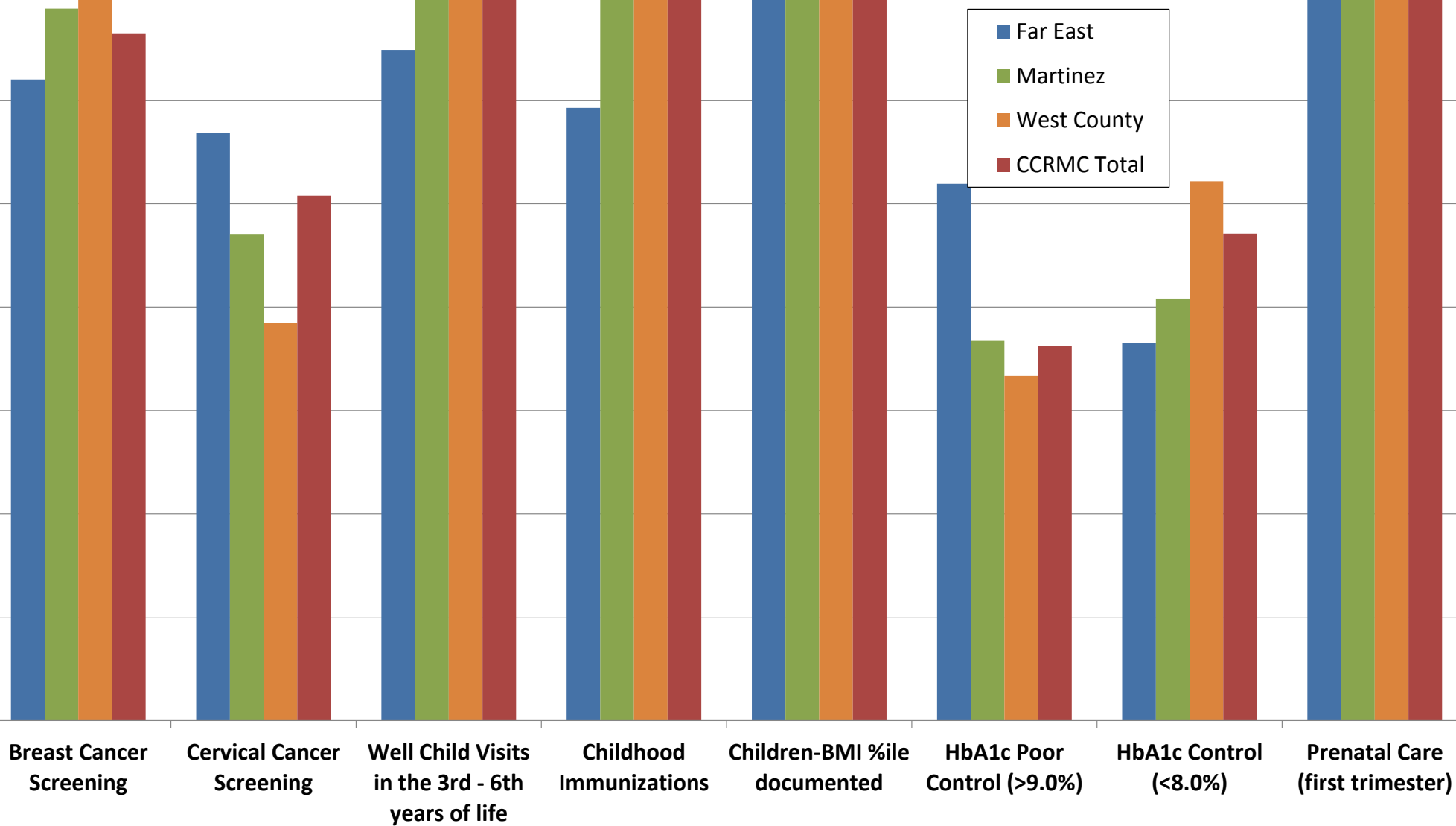


 [Explore more](#)

Sources include: United States Census Bureau

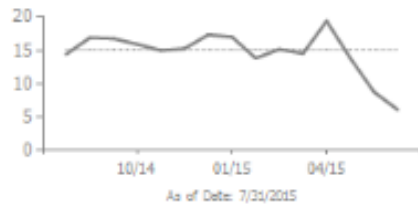
[Feedback](#)

**Graphic 2: Selected CCHP  
Medi-Cal Hedis Data**

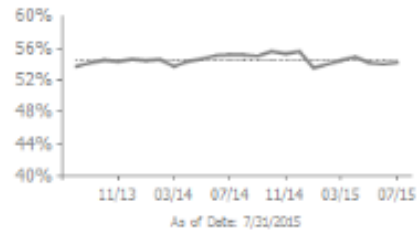


Graphic 3  
Ambulatory Quality  
Dashboard

Ambulatory Care Sensitive Condition Admission Rate



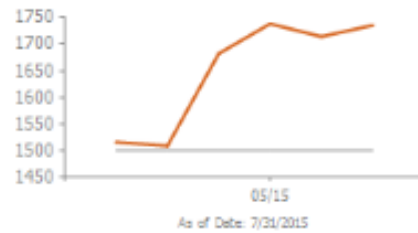
Breast Cancer Screening Rate



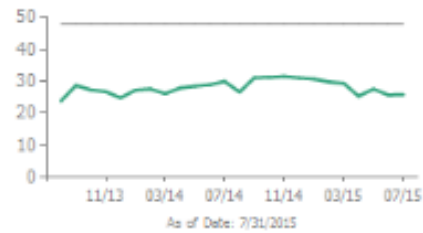
Diabetic patients with completed 5-test care bundle



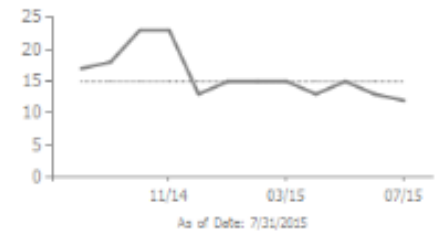
Effective Panel Size



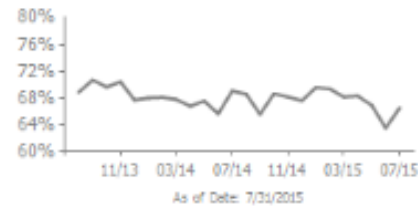
Mean Medication Refill Turnaround



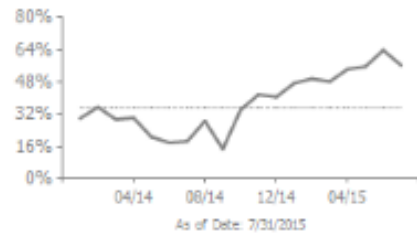
Mycclink Response Time (Advice)



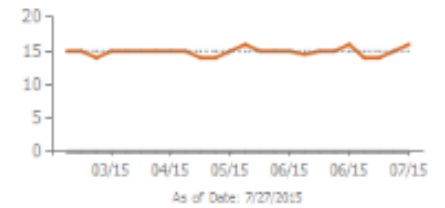
Patient-Centric Continuity Rate, All Primary Care Providers



Pediatric ASQ Administration Rate



Third Next Available Appointment, Family and Adult Med



Third Next Available Appointment, Pediatrics

