



DAVIES COMMUNITY HEALTH AWARD – COMMUNITY HEALTH ORGANIZATION

- Name of Organization: Mountain Park Health Center
- Address: 2702 North 3rd Street Suite 4020 Phoenix, AZ 85004
- Primary Contact: Alana Podwika, Senior Director, Pharmacy and Clinical Informatics
 - apodwika@mphc-az.org
 - (602) 323-3415
- Secondary Contact: Michelle Hernandez, Senior Director, Marketing & Engagement
 - mhernandez@mphc-az.org
 - (602) 323-3447
- Title of Case Study: Clinical Value

Executive Summary

Mountain Park Health Center's mission is to provide access to affordable primary healthcare within the communities we serve. We have been providing care to the greater Phoenix community since 1983. Mountain Park has 5 full service Joint Commission-certified PCMH clinics, a YMCA based Pediatrics Only and Dental clinic, and two school based Pediatric clinics. Our primary integrated care model reaches over 70,000 patients and we provide the community over 365,000 encounters.

Mountain Park serves nearly 26,000 pediatric patients. Out of those, nearly 20,000 need to have their weight assessed as a part of obesity prevention. Prior to implementation of our EHR system, the documenting of assessments was subpar.

Post implementation, our screening rates fell to 63%. Leadership was surprised by this decrease given the success of other screening programs system-wide. An investigation discovered there was no standard workflow for the child weight assessment. The eCW Admin team in partnership with clinical leadership reviewed the disjointed process and developed a new, more successful workflow.

Since 2015, the childhood weight assessment rates have been 100%.



Background Knowledge

Mountain Park is a federally qualified, private non-profit, community health center (FQHC). We have 8 clinic locations in metro Phoenix, serving nearly 70,000 patients and providing the community with 365,000 medical visits annually.

Mountain Park embraces a whole patient approach to healthcare. Our clinics are large enough to provide Pediatrics, Women's Health, Adult Medicine, Dental, Pharmacy, and Integrated Health Services which includes behavioral health, dietetics, and clinical pharmacists.

We have over 130 providers serving our patients daily. Together we deliver 1,830 babies annually, e-prescribe 250,000 prescriptions, immunize over 95% of our pediatric patients under 2 years old, and provide access to cancer screenings for our adult patients for three main types: breast, cervical, and colon cancers. Our cancer screening rates are phenomenal...60% of eligible patients have completed the colon cancer screen, and 81% of patients have had their mammogram completed.

This data proves our desire to use EHR technology to improve patient health has been successful. Without the ability to analyze data, identify patients eligible for screening, monitor patient adherence, and provide staff with the tools to manage patient health efficiently, we were missing opportunities to care for our patients.

Intended Improvement/Outcome

In 2012, after fully implementing our EHR system, it was discovered our childhood obesity screening rates needed attention. In 2014, baseline data showed 62% of eligible patients were properly identified as needing intervention. A significant change in the workflow to identify patients and monitor compliance was developed. These interventions, which would not have been possible in the paper chart world, allowed our screening and intervention rates to increase significantly. In 2015, our rates reached 99% for eligible patients. Current data shows this has continued, and we are confident at this time it is not a trend, but a true care model.

With rapid growth of the organization and no good oversight process in operations to monitor, the Mountain Park Health Center EHR team began the journey to streamline and standardize the workflow. We noticed inconsistencies in documentation and in referrals to the dietician. These problems were identified by completing a thorough workflow analysis and thorough observation at the sites. The main issues identified were:

- No standard workflow. Each Family Medicine and Pediatrics department was documenting counseling and physical activity in different areas of the progress note.
- No decision on best practice. What way was most efficient process, and captured the data needed.



- There wasn't sufficient buy-in from the staff, which caused a lack of support for standardization.
- Absence of controls for ongoing management of workflow in the EHR.

Design and Implementation (Governance, Selection Process, Testing)

Mountain Park realized buy-in from all levels of the organization would be crucial to the implementation and design of this workflow. The EHR team sprang into action and began working with the Provider Champions, the Champion Users, and the Operations Team to implement change. A systematic review of the child weight assessment measure was completed, and the teams worked together to develop a clear and concise workflow to meet the clinical needs of the patient.

- Standardized workflow developed by multidisciplinary team for Pediatricians and Family Medicine providers.
- Monthly review of clinical quality reports through a provider score card to target any issues that may arise. This allows us to have consistent monitoring. **Figure 1** below illustrates the provider score card.

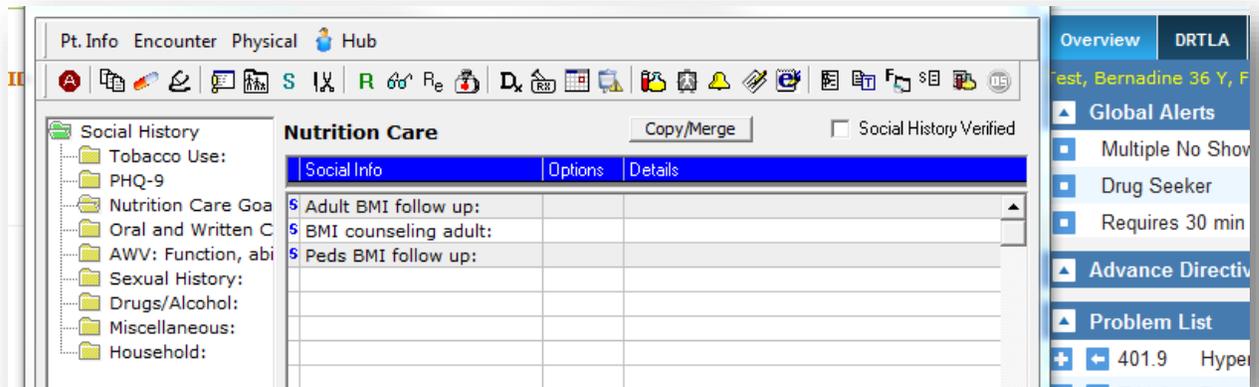
Figure 1

	A	B	C	D	E	F	G
1	UDS Clinical Measures Scorecard for Willis, Sam						
2							
3	Measure Name	My Denominator	Goal	My Rate	Site Rate	Dept Rate	Meeting
8	Child Weight	216	80%	100%	100%	100%	Yes

How was Health IT utilized?

Mountain Park utilized structured data fields in the social history section of the progress note (**Figure 2**) and the vitals section of the progress note to capture the BMI assessment portion of the UDS clinical quality measure (**Figure 3**). We incorporated the referrals to the dietician, if nutrition counseling is needed, by creating a macro in the treatment section of the progress note (**Figure 4**).

Figure 2 - Standard workflow in social history.

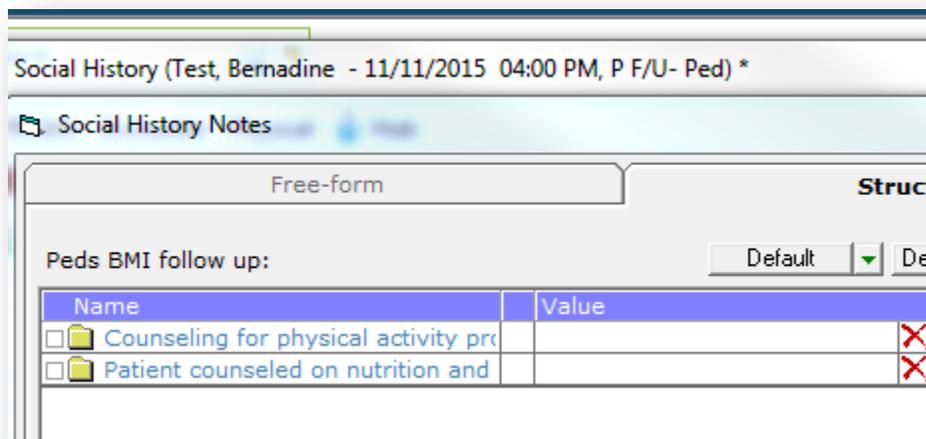


The screenshot shows the EHR interface with the 'Social History' section expanded to 'Nutrition Care'. The left sidebar lists various social history categories. The main area displays a table for 'Nutrition Care' with columns for 'Social Info', 'Options', and 'Details'. The table contains the following rows:

Social Info	Options	Details
5 Adult BMI follow up:		
5 BMI counseling adult:		
5 Peds BMI follow up:		

On the right side of the interface, there is a 'Global Alerts' panel with the following items:

- Multiple No Show
- Drug Seeker
- Requires 30 min
- Advance Directive
- Problem List
- 401.9 Hypertension



The screenshot shows the 'Social History Notes' window for a patient named Test, Bernadine, dated 11/11/2015 at 04:00 PM. The window is titled 'Social History Notes' and has a 'Free-form' tab selected. Below the tab, there is a section for 'Peds BMI follow up:' with a 'Default' dropdown menu. A table is displayed with the following columns: 'Name', 'Value', and a red 'X' icon in the third column.

Name	Value	
<input type="checkbox"/> Counseling for physical activity pro		X
<input type="checkbox"/> Patient counseled on nutrition and		X

Figure 3

Objective:

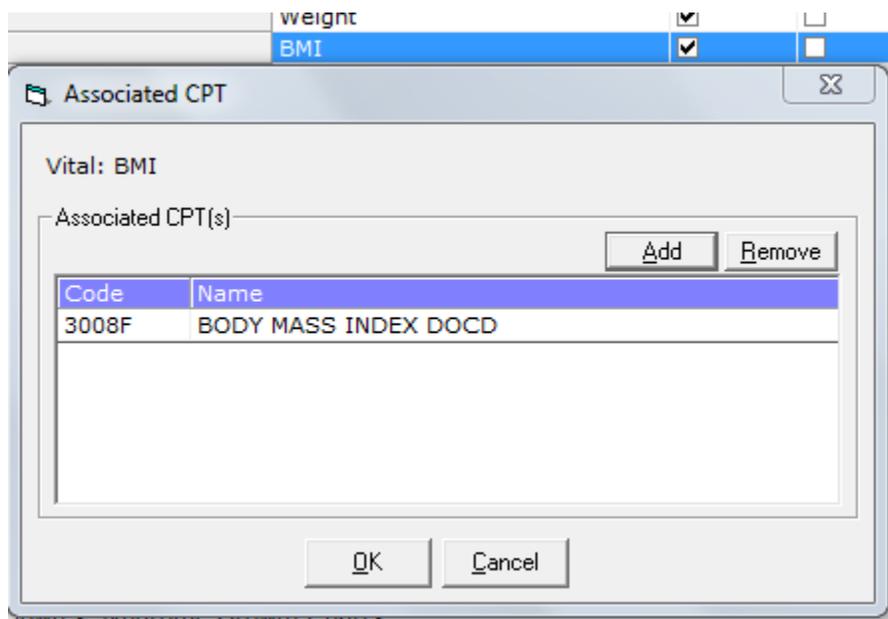
Vitals:

BP 120/79, Ht 4 ft 8 in, Wt 120, BMI 26.90, Wt % 88.01, BMI % 97.4, Ht % 11.46

Past Results:

Examination: ▼

Physical Examination: ▼



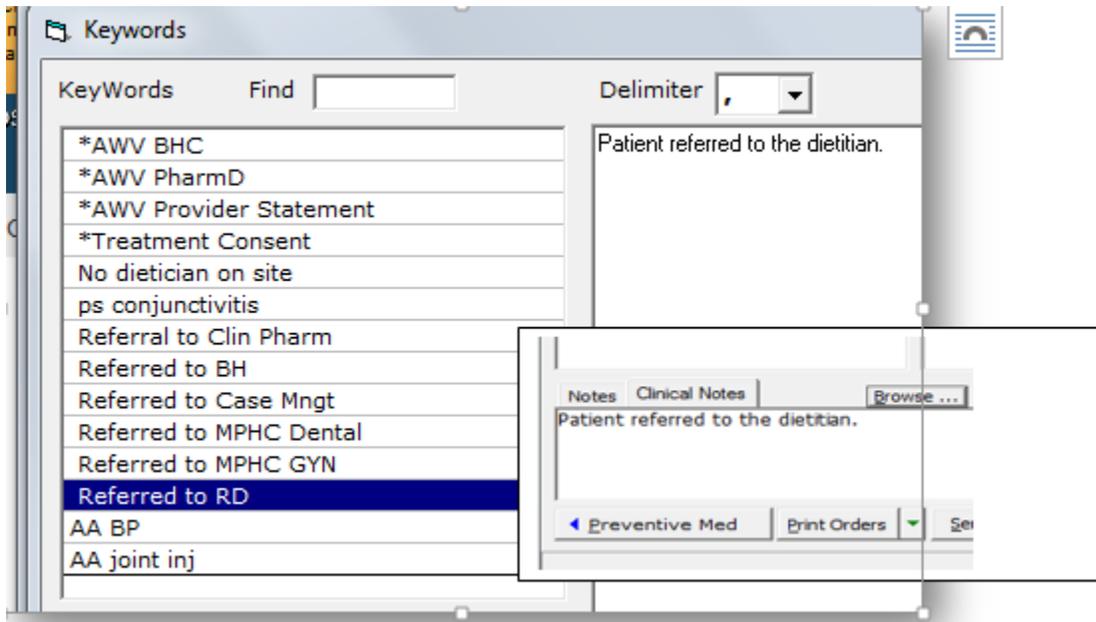
Billing Information:

Visit Code:

Procedure Codes:

- 3008F BODY MASS INDEX DOCD.

Figure 4

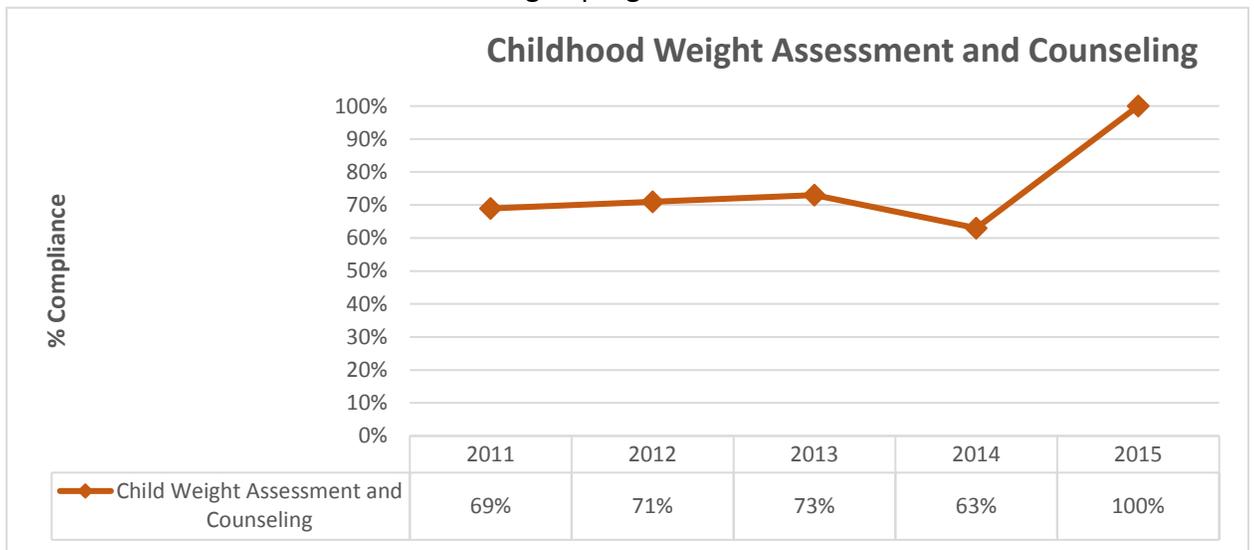




Value Derived

Mountain Park has a systematic approach for completing the child weight assessment and counseling that has resulted in a more reliable intervention when needed. We have seen a significant improvement in the rates of assessment and counseling which allows us to:

- Easily identify pediatric patients that need additional resources- refer to dietician for increased care team participation.
- Surpassed goal percentage for UDS measure.
- Uniform way to document.
- Collaboration and continuous monitoring of progress.



Section E - Weight Assessment and Counseling for Children and Adolescents				
S.No	Child and Adolescent Weight Assessment and Counseling	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	18,721	70	44

Section E - Weight Assessment and Counseling for Children and Adolescents				
S.No	Weight Assessment and Counseling for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	21,981	21,981	21,975



Lessons Learned/Change Management

In order to make certain screening rates remain consistent across all clinics, clinical leadership is engaged to track data on a monthly basis by reviewing individual provider scorecards. The clinical informatics team is responsible for pulling and generating the information.

A priority for Mountain Park is getting early buy-in from the providers to compel the care team approach. Our organization was able to put in place an approach to implement and monitor changes.

Providers that are not meeting established goals will be identified. Immediately, additional coaching and/or training is provided as needed.

Financial Considerations- Cost of Implementation and ROI

No direct funds were needed to move this initiative and put these processes in place. Although Mountain Park does not currently have any quality based contracts or pay for performance agreements, we are in conversations with Health Plan leadership to discuss the quality breakthroughs we are currently experiencing.