

## **PCMH – Report Performance**

The following data was shared with all of our staff at our staff meeting held on January 12 2017 and posted on our website in the FAQs section.

### **Influenza Vaccine for children <3 yrs old**

Increasing influenza vaccination coverage is a goal of all pediatric practices annually. It is most important to increase coverage for those patients at greatest risk for complications from influenza which includes infants/young children. Each fall, our practice increases our flu vaccine clinic availability especially during evening and Saturday morning hours. We also implemented a portal scheduling system in the past 2 years to increase parent access.

Goal: Improve influenza vaccine coverage for children less than 3 –years-old

Data: Selected fall date range with the timing of our flu clinics

#### **September 1st – November 30th**

**2014: 675** young children received influenza Immunizations out of a total of **1438** patients <3-years-old seen for a visit in our practice at that time – **46.9%**

**2015: 799** young children received influenza Immunizations out of a total of **1378** patients <3-years-old seen for a visit in our practice at that time – **57.9%**

**2016: 703** young children received influenza Immunizations out of a total of **1101** patients <3-years-old seen for a visit in our practice at that time – **63.9%**

### **Completion of Modified Checklist for Autism in Toddlers (MCHAT) at 30-month Well Child Visit (WCV)**

**Goal:** In recent years, there has been a concerted effort through the American Academy of Pediatrics (AAP) to identify children at risk for autism via standardized developmental screening with the MCHAT. The AAP specifically added the 30-month WCV for this screening purpose. All Star Pediatrics made a goal to assure that our patients are coming in for their 30-month visit and completing MCHATs.

**Implementation:** Reminding families at 2-year-old WCVs to call to schedule a 30-month WCV and directly contacting families via our patient liaison who are overdue for this appointment

**Data:**

#### **September & October 2014:**

**96** MCHATs completed out of **203** 30-month-old patients active in that time frame – **47.3%**

#### **September & October 2015:**

**120** MCHATs completed out of **223** 30-month-old patients active in that time frame – **53.8%**

#### **September & October 2016:**

**120** MCHATs completed out of **198** 30-month-old patients active in that time frame – **60.6%**

## Depression Screening in Adolescents >13 yr old

In the fall of 2015, All Star Pediatrics implemented a policy for formalized depression screening for adolescents during Well Child Visits (WCVs). We had been informally screening prior to that date, but a provider trialed utilization of a formalized depression screening at that time.

Goal: Formalize depression screening for patients >13 years-old

Data: Selected summer date range as adolescents are seen at a greater frequency at that time for WCV

### July 1<sup>st</sup> to September 30<sup>th</sup>

**2014: 0** adolescents received formal depression screenings out of a total of **4181** active adolescent patients in our practice at that time – **0%**

**2015: 205** adolescents received formal depression screenings out of a total of **4629** active adolescent patients in our practice at that time – **4.43%**

**2016: 534** adolescents received formal depression screenings out of a total of **5154** active adolescent patients in our practice at that time – **10.36%**

## Generic vs Brand prescriptions

Generic medications usually cost considerably less than brand-name medications for the health care system. Often the medications' efficacy and effectiveness are equivalent of that to brand-name medications.

Goal: Improve generic prescribing of medications at All Star Pediatrics

**Implementation:** The electronic medical record (EMR) system that All Star Pediatrics has the capacity to maintain a medication favorites list for use of all providers in the practice. After reviewing prior data in September 2016, a provider decided to individually review each medication on the list to assure that it defaulted to generic medications providing that a generic medication was available and appropriate.

### Data:

**9-1-14 to 9-30-14:** **22.54%** generic medications prescribed (32 out of 142)

**9-1-15 to 9-30-15:** **30.30%** generic medications prescribed (40 out of 132)

**9-1-16 to 9-30-16:** **39%** generic medications prescribed. (94 out of 241)

## **Nebulizer use in viral Bronchiolitis**

**Goal:** In the fall of 2014, the American Academy of Pediatrics (AAP) published updated guidelines for the treatment of viral Bronchiolitis. Essentially, in healthy children, only supportive care is indicated. In the past, the AAP allowed for/recommend a trial of a bronchodilator via a nebulizer to assess if the treatment improved the respiratory status of the patient. More recent data showed no clinical benefit to bronchodilators. Therefore there is no cost benefit to utilizing treatments that are ineffective.

**Implementation:** The providers at All Star Pediatrics met as a group in the fall of 2014 to discuss the new guidelines. We verbally decided to significantly decrease our use of bronchodilator treatment via nebulizers in healthy patients with Bronchiolitis. Our electronic medical record templates were updated.

**Data:** Bronchiolitis season lasts from October until March-April. The guidelines were updated in November 2014 so we compared data pre and post guideline updates. Percentages should decrease each year reflecting health care cost savings.

### **January 1, 2014 to March 31, 2014:**

**47** nebulizer treatments were given at a total of **140** visits in the office for Bronchiolitis – **33.6%**

### **January 1, 2015 to March 31, 2015:**

**21** nebulizer treatments were given at a total of **137** visits in the office for Bronchiolitis – **15.33%**

### **January 1, 2016 to March 31, 2016:**

**16** nebulizer treatments were given at a total of **112** visits in the office for Bronchiolitis – **14.3%**

## **PCMH January 2017 Survey Results:**

What a great team we have at AllStar! Some of our highlights include:

- We were scored on a scale of 1-5 with 1 being excellent & 5 being poor. Our office average was a 1.17 (July 2016 was a 1.17)
- When we took our survey in July of 2016, we wanted to improve the time our patients wait in the room for our providers. For this survey our average was a 1.57, in July of 2016 it was a 1.60. This is great especially given that we are in the heart of cold and flu season and Dr Mehta has had so many new patients (& is getting used to being here with us instead of the ER!). Great Job Everyone!
- Our vulnerable patient populations had scores that were better than our non-vulnerable patient population (Overall they scored us a 1.15 )
- Our next survey will take place sometime over the summer. We want to focus at that time on our communication piece and lower our scores in regards to answering our calls promptly and returning calls in a timely manner. More on our efforts in this direction to come!