



February 1, 2023





Overview

- What Improve Diabetes Control Metrics from Baseline 64% control
- When 6 month from July 2022 to December 2022
- How Utilize Epic Reporting Tools
- Who Central Quality Team



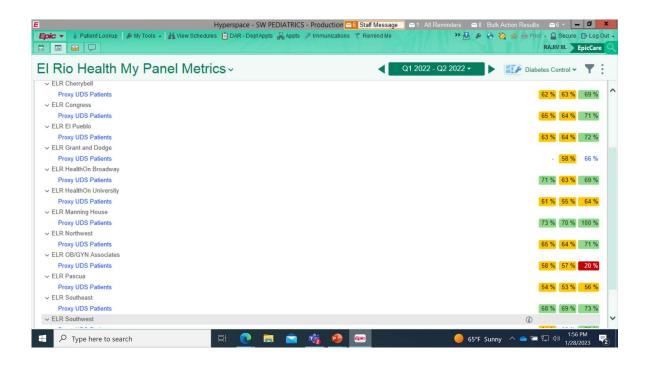


A1c Control

Exam

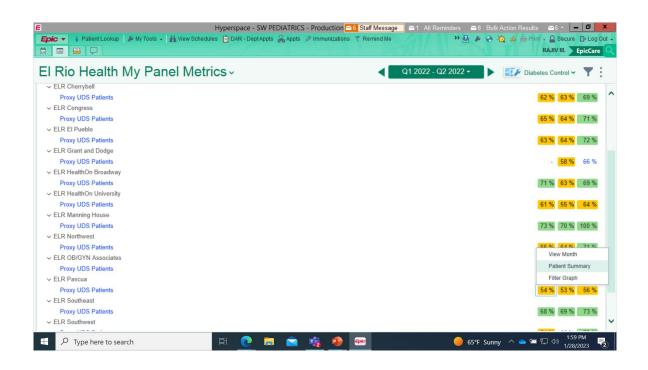
Screening Test or Evidence of Nephropathy

Breakdown by Clinic Site





Generate Site Level Gap List





Create Gap List Report

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A1c	50012324	50 years			Not Used	Sangita Sharma, NP		CONGRESS FAMILY MED	11/04/2021		
A1c	50012962	53 years			Activated	Justin Shear, FNP	02/20/2023	ABRAMS FAMILY MED	08/08/2022	02/20/2023	
A1c	50013395	41 years	08/05/2022	8.9	Activated	Anna Moga, MD		ABRAMS FAMILY MED	08/05/2022		
A1c	▶ 50013961	52 years	01/09/2023	5.9	Activated	Jennifer Johnston, MD		CONGRESS FAMILY MED	10/04/2022		
200	50014942	51 years			Activated	Milan Jansky, MD		CONGRESS FAMILY MED	02/28/2022		
10	50016938	55 years	11/04/2022	10	Not Used	Cheryl Webb, NP		HOU FAMILY MED	11/04/2022		
	50023107	39 years	06/07/2022	6	Not Used	Audrey Lyland, NP		HOU FAMILY MED	06/07/2022		
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Filter #1 – Last HgA1C > 9 and > 3 months

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N. N. N	♣ Add Another Filter		00000050503	40 years	02/28/2022	9.5	Activated	Esther Quintero- Marsteller, DO	
			000010090603	56 years	02/24/2022	10	Not Used	Jose Rapanan, DO	
			000010284417	48 years	02/18/2022	10.1	Not Used	Maria Pina, MD	
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Filter #2 – Last HgA1C – No Value

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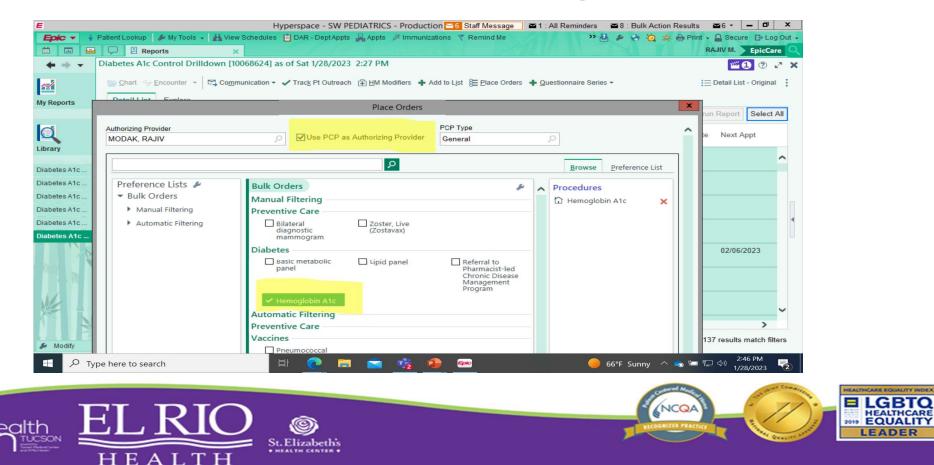


Place Bulk Orders – Select All

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Place Bulk Orders – Order Hg A1C



Bulk Communication – Filter Active MyChart

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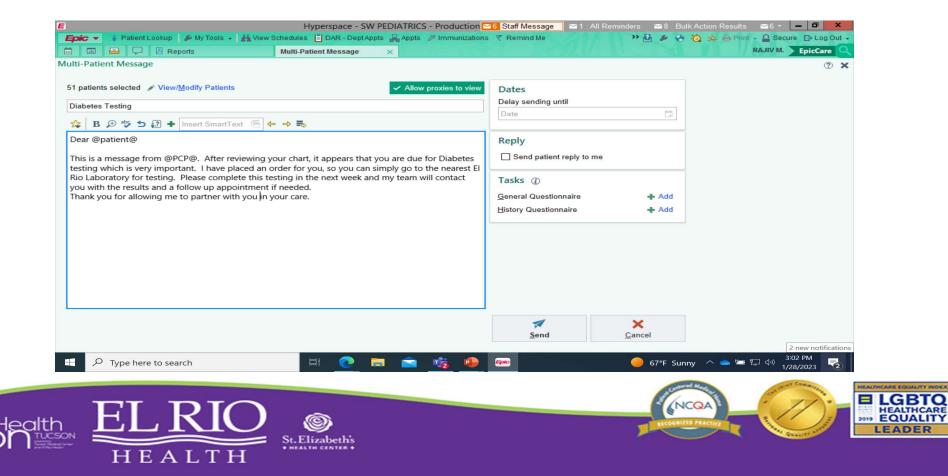
Bulk Communication – Send Patient Message

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A1c	000010125479 48 years	Activated	Esther Quintero- Marsteller, DO		EL PUEBLO FAMILY MED	05/18/2022	
A1c	000010083262 61 years	Activated	Elsa Hernandez, NP		CHERRYBELL FAMILY MED	12/19/2022	
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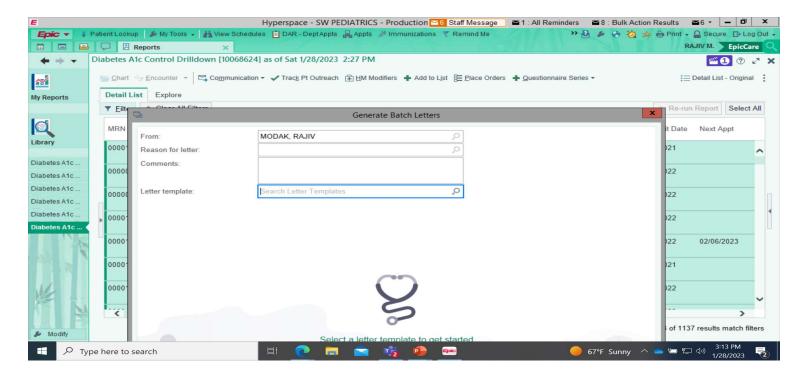




Bulk Communication – Craft Message



All Patients – Select all Patients to Mail Letters





Next Steps

- Repeat Workflow for Each Clinic Location
- Results go to PCP In Basket
- PCP Contacts Patient to follow up on Results
- After 2-3 weeks, Population Health Team regenerates Gap list to outreach by Phone to those still pending labs.



Outcomes – Objective

- Organization Wide Increase in Diabetes Control by 5% from 64% to 69% in less than 6 months
- Individual Clinic Increases up to 9%.
- Many Patients were in Range and Testing made them Compliant for Diabetes Control Care Gap



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✓ ELR Manning House			
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✓ ELR Northwest			
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Outcomes - Subjective

- Increased Patient Satisfaction many patients thanking their Provider for Outreach
- Increased Provider Satisfaction Providers thrilled to see their DM control scores increase and patients re-engaging in their DM care by coming in for Testing.
- Increased Staff Satisfaction Outreach done Centrally so PCP Team does not need to run Gap lists and call patients manually
- Diabetes Champion Trophy Awarded to Most improved Clinic Quarterly

