

*Second Quarterly Quality Report (Q1 CY17)*

The Ambulatory Care Quality team has been working with the administrative team to identify and create reports for key quality metrics. The team identified top quality metrics from the extensive list of measures reported to the Health Resources and Services Administration (HRSA), the Department of Health Care Services (DHCS) (State of California), and the Center for Medicare and Medicaid Services (CMS). Selection of metrics was completed based on our performance rates and the drive to improve patient care and experience, the overall impact to the organization through incentive funding, and overlap with State Public Hospital Redesign and Incentives in Medi-Cal (PRIME) efforts. Additionally, the team has begun discussions to identify new incentive measures for affiliated clinics through the new Professional Services and Operations Agreement (PSOA) contract. Aligning key measures throughout the organization for planning, monitoring, improving, reporting, and incentivizing is expected to increase performance by strategically focusing resources on these activities.

Reports are in development for these key metrics. With many of the reports being built for the CHC for the first time, the team has encountered a number of challenges. Examples of such challenges include ensuring that the report algorithms provide accurate actionable information, determining the accountable clinic location/provider for patients without an assigned primary care provider, and standardizing data entry to pull necessary data elements. Completion of most reports is expected by the end of Q3. Exceptions are the reports with more complex challenges: medication reconciliation, secure messaging, and third-next available appointment.