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# METRIC MANAGEMENT

- MAY 2024 -

QUALITY IMPROVEMENT COLLECTIVE



# OPCA

**Oregon Primary Care Association (OPCA)** is a non-profit membership association of Oregon's 34 Federally Qualified Health Centers (FQHCs), including two FQHC Look-Alikes.

The organization's mission is to lead the transformation of primary care to achieve health equity for all.

OPCA provides technical assistance, training and policy support to health centers. In addition to providing support to help health centers meet core federal and state requirements, OPCA partners with health centers to advance the goals of health system transformation.

This program is supported by the **Health Resources and Services Administration** (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,692,163 with 42 percentage financed with non-governmental sources.



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# DISCLAIMER



OPCA has a small group purchase agreement with the [CrossRoads Group](#) where OPCA will get a small percentage (3%) of the cost of surveys for new Oregon FQHCs that join the CrossRoads group.

The content of this webinar contains aggregated data from the CrossRoads OPCA Group and is shared with the intent of peer learning. This webinar is not directly supported by the CrossRoads Group and does not necessarily reflect the views of the organization.

# QUALITY IMPROVEMENT COLLECTIVE

*The Quality Improvement Collective (QIC) is a collaboration between OPCA and Oregon's federally qualified health centers (FQHCs) to share data and improve performance among key focus areas.*

## **Metric Management**

This series will explore evidence-based interventions, effective tools, and the challenges that impede progress on the various metrics to which FQHCs are beholden.

Previous Topic: [Oral Health In Diabetes Control](#)  
(February, May, August, November) [Register here!](#)



# AN OUTLINE OF OUR TIME TOGETHER

**1. Introduction**

**2. Patient Experience Data  
Analysis**

**3. Debrief & Peer Sharing –  
Group Discussion**

**4. Driving Action With  
Patient Experience Data +  
Discussion**

**5. Evaluation**

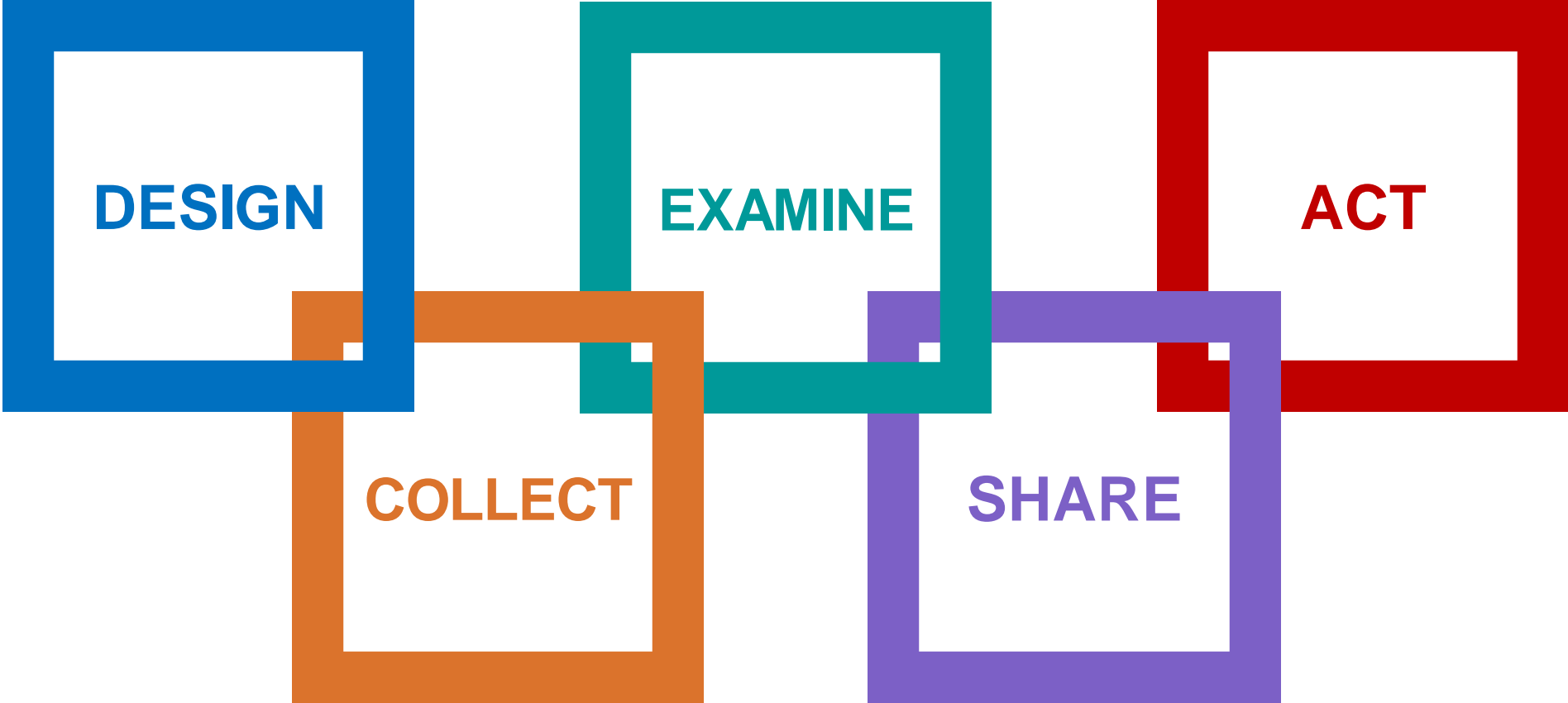
*“Race is a social construct and does not reflect biological differences between groups.*

*Significant differences between groups reflect present day and historic exclusion from opportunities for health, which begin where we live, learn, work and play.”*

**PROCEED  
WITH  
CAUTION,  
AVOID DATA  
MISUSE**



# WHERE IT BREAKS DOWN





# DESIGN

- Consider the following when designing the survey/the data:
  - What information is most valuable?
    - Organize your patient contact list by variables: encounters from the same provider, individual HC site, health condition, timeframe of encounter
  - Does your sample provide you with a statistically significant group of patients?
  - How do you account for minoritized or underrepresented populations?
  - Consider how personal biases inform the way the data gets organized (re-pulling data to make provider scores look better or worse)

# COLLECT

- Follow best practices when collecting survey data
  - Stick to a regular cadence with consistent questions when possible (this may be more difficult when combining data from multiple languages)
  - Prepare your patients through a campaign announcement; post signs in clinics
  - Clearly and succinctly explain why the data is being collected
  - Provide description of how data will be used, and the patient's privacy rights
  - Make the surveys accessible (ease of access – paper, electronic, mobile versions; language of preference)
  - Only collect data that you will use; shorten the survey whenever possible
  - Consider lotteries or other incentives to value your patients' time

# EXAMINE

- Account for any unique influences
  - What additional context information may inform how the data is perceived?
    - Were there staffing challenges at the time of survey?
    - Was the survey administered during different times of the year?
    - Have internal trainings improved scores over time?
  - Does it make sense to combine with Point of Care feedback for additional context?

# EXAMINE / SHARE

- Bring data to your Patient Advisory Council
  - Share aggregated data and qualitative/narrative responses with Patient Advisory Groups or Board of Directors
  - Collect insights/themes; have council do the sentiment analysis
  - Record this exchange as additional data
  - Account for “group think” within council; allow for contradicting information or dissenting opinion
- Engage council in QI process by having them identify problem areas and prioritize which issues to address first

# SHARE

- Be transparent with the results
  - Tell your community the feedback you are hearing and your plan to address issues; solicit additional feedback if insufficient information is available for action
  - Share data in public spaces at Health Center sights (posters in the waiting room, on the website, newsletter)
  - Consider how often and when to share results; less often may be more impactful
  - Celebrate successes! Highlighting strengths will help prevent your workforce from feeling shamed when the data is shared

# SHARE / ACT

- Organize the data by the audience (Board of Directors, Care Teams, Operations / Patient Service Representatives)
- Share feedback in an engaging way; make it interactive (gallery walk, voting, reflection activities)
  - Singling out providers has been less effective than breaking it into teams
    - Single provider data may only be useful for supervisors if there is a great discrepancy in performance
- After feedback is collected, share insights gained from other groups and have the group reflect on how the insights align or conflict
  - Record feedback of the group as additional contextual data

# ACT

- Decide on a PDSA for priority areas
  - Identify your champions (ideally someone who is most enthusiastic, a top performer, and has the most capacity)
  - Friendly competition between groups can inspire teams to act, but should not be punitive
  - Provide incentives for successfully completing PDSA cycle or achieving goals (financial compensation, staff event, recognition)
  - Keep goals and timelines realistic; this will not be top priority for everyone
  - Quality improvement fatigue is real – you can't fix everything!

# OTHER OPPORTUNITIES

- Combine all patient experience feedback
  - Point of Service feedback through comment cards, EHR, text-based campaign systems, etc.
- Conduct a cross-survey analysis based upon different variables (provider, clinic site, health condition)
- Use data to identify funding and additional resources for supporting workforce or initiatives (hire more call center staff to reduce wait times on the phone)
- Explore emerging tools for narrative or sentiment analysis



# RESOURCES

## Agency For Healthcare Research and Quality:

- [Learning from Patient Narratives Through Innovative Feedback Reporting Methods](#)
- [Listening to the Voice of the Patient: Using Multiple Feedback Methods to Complement CAHPS Survey Data](#)
- [The Power of Patient Stories for Improving Patient Experience](#)

## Equitable Data Use

- [The Data Equity Framework](#)
- [How to Use and Assess Qualitative Research Methods](#)

## Patient Councils

- [Creating Patient and Family Advisory Councils](#)
- [Patient Advisory Councils: Giving Patients a Seat at the Table](#)
- [Success of Patient and Family Advisory Councils: The Importance of Metrics](#)

# EVALUATION

Please take a moment of the remaining time to [complete a brief survey.](#)

Your feedback ensures that our offerings are meeting this goal and your satisfaction.

Our aim is to provide you with high quality programming that is relevant to your field of work. We work to provide you with models and perspectives that drive transformation in healthcare.

Scan the QR code to the right or follow the link provided in the chat. Thank you!



# UPCOMING PROGRAMMING

Data Compare & Share : June 5

SDOH Workgroup – OCHIN Tools  
For Workflows\* : July 10

Metric Management – Vaccinations:  
August 7

*\*some opportunities will be restricted to  
OPCA members using a select EHR*

## Thank You!

Please Be in touch

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