azara healthcare

SPOTLIGHT

DRVS Expansion Helps Lutheran Family Health Center Manage Grant Requirements, Boost Care Quality Through Improved Data Capabilities

CHALLENGE

Improve care quality among diverse patient population; satisfy grant requirements

Lutheran Family Health Center (LFHC), one of the country's largest federally qualified health centers (FQHCs), needed a comprehensive data reporting and analytics solution to support several initiatives. Among them were the requirements of a new Medicaid grant. The grant project introduced the principals of patient-centered medical home (PCMH) into the graduate medical education for the center's internal and family medicine residents. LFHC needed to expand PCMH principles and identify the data required to manage their patient populations more effectively.

The Brooklyn, New York center's vast patient population includes 86,000 individuals that account for 600,000 annual visits. The wide array of services the center provides demanded a nimble analytics and reporting platform capable of extracting and organizing reams of data quickly and efficiently. The center also needed to provide its doctors and other care team members with up-to-date patient information to ensure care opportunities are not overlooked.

Similar to other health centers, LFHC can only properly manage the high-risk patients it can identify. Financial information from health insurers and other sources that indicate high-risk patients can be difficult to obtain; once the data is in hand, it is often several months old and no longer actionable.

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SOLUTION

Expanded use of Azara DRVS in targeted areas

LFHC expanded its use of the Azara DRVS data analytics and reporting platform – the foundation for the Community Health Center Association of New York State's (CHCANYS) Center for Primary Care Informatics (CPCI).

DRVS helped LFHC deploy a system-wide effort to:

- Improve care transitions
- Develop a program to identify and manage high-risk patients
- Enhance patient panel management
- Create quality improvement (QI) initiatives for the center's medical residents. For example, residents use the reports to determine which patients need a diabetic foot exam

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Azara developed and implemented an algorithm for LFHC that assigns a risk score to each patient, allowing the center to stratify patients by a risk classification.

The patient panel management report collects data on all resident physicians and their patient panels. The report is key to the Plan-Do-Study-Act (PDSA) cycling QI initiative used for panel management. The report drills down to the individual provider level, which allows residents to review how well they manage their patient panels on an array of metrics, such as hemoglobin A1c and blood pressure control.

Azara and LFHC developed three basic transitions of care reports: a daily admission report, a daily discharge report and a Patient Visit Planning (PVP) report. LFHC used PVP's gap analysis component to provide data specific to demographics and clinical diagnosis. Emphasis is on the patients who have special risk factors, are due for tests, or have other needs that require specific or special attention. The report includes preventive measures, such as whether a patient needs a mammogram or colonoscopy.

IMPACT

Complex grant needs met; improved patient transitions; fewer hospital readmissions

LFHC captured and reported the data it needed for the Medicaid grant. DRVS allowed the center to improve the patient experience by ensuring smoother transitions between hospitals and ambulatory care settings. The center houses multiple disparate electronic databases; Azara compiled and normalized the data, which generated a comprehensive picture of patients as they move among care settings.

The center boosted the rate of completed diabetic foot exams from 11 percent to 42 percent over a six-month period, and 30-day hospital readmissions among the center's Medicaid population dropped from 35 percent to 24 percent.

"We needed something that was actionable on a daily basis. We needed something that would process information and give us the data that we need to manage patients and populations."

—William Pagano, M.D., Senior Vice President, Clinical Operations, Lutheran Family Health Center