

# Fund Development and the Creation of a Quality Tracking System for the Diabetes Program

**Lake Area Free Clinic**

Oconomowoc, WI

# Lake Area Free Clinic Mission Statement

*“Our Mission is to provide high-quality free medical services to those who are uninsured and unable to pay.”*

# Lake Area Free Clinic Core Values

- *We believe* that healthcare is a basic right of all people.
- *We practice:*
  - Respect for each individual
  - High-quality, compassionate patient care
  - Collaboration with other community resources in order to serve the whole patient.
  - Patient advocacy and navigation
  - Fiscal stewardship
- *We are committed to:*
  - Prudent use of financial resources
  - Efficient, continuous and comprehensive patient care
  - Long-term service to our community.

# Lake Area Free Clinic Description

- **Established as a community-based 501(c)(3) charitable organization in 2000**
- **Provides free health care and preventive services to**
  - **Residents of Waukesha County and Oconomowoc Area School District**
  - **Uninsured**
  - **Income is at or below 200% federal poverty level**
  - **Do not qualify for any government plan of assistance**
- **Revenue comes from grants and private donations**

# LAFC By the Numbers - 2011

- **Employees**
  - **ONE** full-time - executive director
  - **FOUR** part-time (total 0.8 FTE) - nurse case manager, volunteer coordinator, nurse practitioners
- **1,100 unduplicated patients**
- **4,788 patient visits**
- **Over 200 volunteers logged 12,000 hours**
- **Operating Expenses: \$351,885**
- **Total Revenue: \$402,899**

# Problems and Importance

- **Problem #1:** Major grant coming to term which would reduce budget by more than 25%
  - Without finding additional funding, risk having to cut services to patients or institute waiting lists despite increased demand

# Problems and Importance (cont)

- **Problem #2:** Funding secured for Diabetes Program, but no mechanism to track outcomes for reporting purposes
  - Important to show current and prospective funders the impact of their funding
  - Having data available illustrates where program improvements can be made
  - Strategic planning process highlighted tracking quality as major initiative

# Overview -

## Securing Additional Funding (SAF)

1. Research Wisconsin foundations and requirements for funding proposals
2. Select several prospective funders
3. Create prospect grid
4. Write proposals
5. Collect feedback
6. Finalize and submit funding proposals
7. Organize information for LAFC



# SAF: Database Search Criteria with Rationale

- Searched Marquette University Wisconsin Foundation Database using the following criteria:
  - Area of Focus includes health care or public health
    - Mission must align with LAFC
  - Wisconsin Foundations serving Waukesha County
    - More likely to get funding if local
      - LAFC Board Members may have contacts within those foundations
    - Local foundation applications likely less rigorous than national organizations

# SAF: Database Search Criteria with Rationale

- Searched Marquette University Wisconsin Foundation Database using the following criteria (cont):
  - GrantsPaid > \$1M
    - Need to compensate for loss of current funding (\$100,000 annually as of May 2013)
  - Support General Operating Costs
    - Do not have resources to implement any NEW programs, need funding for general operation

# SAF: Further Research

- Further researched matching foundations to determine if they were accepting proposals and if there were other restriction criteria
- Reviewed foundation Form 990s
  - IRS Form 990: tax document filed by tax-exempt nonprofit organizations each year to allow IRS and the public to evaluate nonprofits and how they operate
  - Contains information on size and recipients of gifts given for that calendar year

# SAF: The Prospect Grid

- **Purpose**

- A prospect grid is a spreadsheet which lists prospective funders with pertinent information to organize, reference and present.

- **Sources of Information**

- Wisconsin Foundation Directory Database
- Foundations' Form 990s and websites

# SAF: The Prospect Grid (cont)

- **Information Included:**
  - **Foundation Name**
  - **Contact person**
  - **Contact information**
  - **Website**
  - **Board Members**
  - **Assets**
  - **Previous Award Amounts and Recipients**
  - **Median Grants**
  - **Summary information on application process and deadline**

# Selected Foundations

Chose to focus on foundations located in Waukesha County

<b>Foundation</b>	<b>Windhover (Quad Graphics)</b>	<b>Thomas J Rolfs</b>	<b>Helfaer</b>	<b>Stackner Family</b>
<b>Amount Requested</b>	\$50,000	\$50,000	\$20,000	\$25,000
<b>What to be used for?</b>	General Operating Costs	General Operating Costs	Underwrite gala fundraiser costs	General Operating Costs
<b>Application Process</b>	Concise online application describing organization with contact information	Concise letter describing organization with substantiating financial documents	Donor's Forum Common Application	Donor's Forum Common Application
<b>Date Submitted</b>	08/24/2012	08/24/2012	08/24/2012	08/27/2012

This grid represents only a portion of what is contained in the prospect grid.

# SAF: Drafting Funding Proposals

- **Proposals written specific to foundation mission, application requirements and request**
- **Included examples of high quality care (success of Diabetes Clinic) and urgency of need (large grant coming to term)**
- **Routed for feedback from site preceptor, faculty advisor and outside grant writer**
- **Finalized and submitted with required supporting documentation**

# Deliverables - Securing Additional Funding

- **Prospect Grid of Wisconsin Foundations matching following criteria**
  - Support health care
  - Grants Given > \$1M
  - Serve Waukesha County
- **Templates of pertinent communications**
- **Funding proposals submitted to 4 foundations**
  - Can serve as templates for future proposals



# Overview -

## Tracking Diabetes Indicators

1. Selection of Diabetes Quality Indicators
2. Development of tools and tracking mechanism for data extraction, analysis and reporting
3. Designing of feedback loop to providers
4. Writing of training and guidance materials for maintenance of diabetes indicator tracking
5. Data extraction, analysis and reporting

# Selection of Diabetes Indicators - Process

- Reviewed relevant objectives and indicators from:
  - Healthy People 2020
  - Healthiest Wisconsin 2020
  - National Committee of Quality Assurance *State of Health Care Quality 2011 Report*
- Reviewed clinic workflow and documentation to select indicators that were meaningful but would not require changes to current practice

# Selected Indicators for Diabetic Patients

Percentage of patients with.....

1. One or more HbA1c test
2. Most recent HbA1c level  $>9.0\%$
3. Most recent HbA1c level  $<7.0\%$
4. At least one lipid profile
5. Most recent LDL-Cholesterol level  $<100$  mg/dL
6. At least one foot exam
7. An eye exam
8. At least one microalbumin test
9. Blood pressure  $<140/90$

.....during the measurement year.

# Tracking of Indicators

- **Developed**
  - **Diabetic Patient Roster** by collating various available clinic reports and records
  - **Data Extraction Form**
  - **Patient Individual Performance Report** to serve as feedback loop to providers
  - **Spreadsheet to track** information and automatically analyze indicators
  - **Policies and training documents** for data collection and maintenance

# Diabetes Patient Roster

	? Data Extracted	Patient Name	DOB	Date Inactive	In DEP?	Comments
1						
2						
3						
4						
5						
6						
7						

## Purpose of Roster:

To be aware of which patients are diabetic to allow for:

- Chart review to determine if treatment guidelines are followed
- Tracking of performance on quality indicators
- Reporting of numbers

## Maintenance:

- Maintained electronically
- Updated semiannually at time of data review using existing reports

L AFC Diabetes Quality Measures Data Extraction Sheet Data entered into Spreadsheet \_\_\_\_\_  
 Measurement Period \_\_\_\_\_ to \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 .....

Eligibility (must be YES to all to be eligible for quality review):  
**Y N** -Has patient been a patient of the clinic for at least 6 months prior to the end of the measurement year?

**Y N** -Has patient had at least one visit during the measurement year?

**Y N** - Is the patient between 18 and 75 years old?

**Y N** - Does the patient have a diagnosis of diabetes?

**Y N** - Patient is active (has not transferred care elsewhere, moved out of Waukesha County, died or incarcerated)  
 .....

Is the patient a current smoker? Yes No

Is patient participating in Diabetes Clinic at L AFC? Yes No

Date of last clinic visit (within measurement period): \_\_\_\_\_

Most Recent Blood Pressure: Date \_\_\_\_\_ Value: \_\_\_\_\_

Height (inches): \_\_\_\_\_ Most Recent Weight (pounds): \_\_\_\_\_

Lab Values / Exam Dates (enter 2 most recent HgA1c, just most recent for others):

Lab/ Exam	Date	Result	Date	Result
HgA1c				
LDL				
Microalbumin				
Foot Exam				
Eye Exam				

Comments:

Data extracted by: \_\_\_\_\_ Date: \_\_\_\_\_

## L AFC Diabetes Indicators Data Collection Form

Walks extractor through determining eligibility

Includes all data points needed and clearly guides data collection process

Maintains consistency among data extractors

**[L AFC DIABETIC QUALITY OF CARE: PATIENT INDIVIDUAL PERFORMANCE REPORT]**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

This patient is diagnosed with diabetes. L AFC has recently started tracking quality indicators of our Diabetic care. A chart review has recently been performed on this patient and the following were identified:

**Procedural:**

- Smoking status needs to be documented in patient chart
- Patient needs HgA1c drawn (last drawn on \_\_\_\_\_)
- Patient needs fasting lipids drawn (last drawn on \_\_\_\_\_)
- Patient needs microalbumin drawn (last drawn on \_\_\_\_\_)
- Patient needs foot exam done (last performed on \_\_\_\_\_)
- Patient needs a referral for an eye exam OR recent eye exam needs to be documented (last drawn on \_\_\_\_\_)
- Patient should be referred to Diabetes Education Program

**Health Outcomes:**

- Blood Pressure is >140/90 (last measure \_\_\_\_\_ on \_\_\_\_\_)
- Last HgA1c was >7.0 (last measure \_\_\_\_\_ on \_\_\_\_\_)
- Last HgA1c was >9.0 (last measure \_\_\_\_\_ on \_\_\_\_\_)
- Last LDL was >110 (last measure \_\_\_\_\_ on \_\_\_\_\_)

## L AFC Diabetic Quality of Care: Patient Individual Performance Report

- Completed during data extraction and placed in patient chart
- Used as feedback loop to providers to clearly identify outstanding labs / assessments per treatment guidelines

# Diabetes Quality Indicator Spreadsheet

Patient Name	Smoker?	DOB	Date of Last Clinic Visit	Participated in DM Educ Prog	Date most recent BP	Most recent BP<140/90?	Ht (in)	Weight (lbs)	BMI	Date last HgA1c	Value last HgA1c
name	y			y		y	65	160	=I2/(H2*H2)*703	12/1/2011	10.3
name	y			y		y	72	170	=I3/(H3*H3)*703	11/9/2011	6.6
name	n			y		y	62	180	=I4/(H4*H4)*703	11/18/2011	10.5
name	n			n		y	70	190	=I5/(H5*H5)*703	11/29/2011	9.4
name	y			n		y	68	200	=I6/(H6*H6)*703	8/31/2011	8.7
name	n			y		n	69	210	=I7/(H7*H7)*703	12/2/2011	5.6
name	y			y		y	63	220	=I8/(H8*H8)*703	7/27/2011	5.8
name	y			y		y	69	300	=I9/(H9*H9)*703	7/28/2011	5.9
#Smokers	=COUNTIF(B2:B9,"y")		#In DEP	=COUNTIF(E2:E9,"y")	Y	=COUNTIF(G2:G9,"y")			1st A1c done	=COUNTIF(K2:K9,">01/01/2011")	2nd A1c done
Denom	=COUNTA(A2:A9)		Denom	=COUNTA(A2:A9)	Denom	=COUNTA(A2:A9)			Denominator	=COUNTA(A2:A9)	Denom
%Smokers	=B10/B11		% In DM Program	=E10/E11	% Cntld BP	=G10/G11			% with 1 HgA1c	=K10/K11	% with 2 A1c
								Mean BMI	=AVERAGE(J2:J9)		
								Median BMI	=MEDIAN(J2:J9)		
								Denom	=COUNTA(A2:A9)	=COUNTA(A2:A9)	
								HgA1c <7	=COUNTIF(L2:L9,"<7")	=K16/K15	
								HgA1c <9	=COUNTIF(L2:L9,"<9")	=K17/K15	

The spreadsheet contains formulae which automatically calculate indicator performance. This ensures consistent calculation of performance and streamlines analysis.

This contains just a partial image of the spreadsheet.



# Diabetes Quality Indicators Report

Lake Area Free Clinic Diabetes Quality Indicators	NCQA 2011 National Average	Dec 31 2011	Jun 30 2012
Percentage of Patients Participating in Diabetes Education Program	NA	69%	1
Percentage of patients who had one or more HbA1c test(s) during the measurement year	82%	94%	89%
Percentage of patients whose most recent HbA1c level during the measurement year is >9.0%	<44%	23%	14%
Percentage of patients whose most recent HbA1c level during the measurement year is <7.0%	35%	32%	40%
Percentage of patients who received at least one lipid profile	75%	69%	73%
Percentage of patients whose most recent LDL-C level during the measurement year is <100 mg/dL	35%	56%	59%
Percentage of patients who received at least one foot exam during the measurement year	NA	74%	80%
Percentage of patients who had a dilated or retinal eye exam during the measurement year or a negative retinal eye exam during the prior year	53%	11%	14%
Percentage of patients who had at least one test for microalbumin during the measurement year; OR who had evidence of medical attention for existing nephropathy during the measurement year	78%	27%	30%
Percentage of patients with most recent blood pressure less than 140/90 mm Hg	60%	77%	85%

## Purpose

- Clearly displays and presents performance of quality indicators to key stakeholders
- Allows to see trends over time

# Training For Prospective Data Extractors

- LAFC relies on volunteers for large majority of operations
  - Reviewers may change
- Chart review / data extraction is a great student project!
- Need to have appropriate training to ensure consistent data collection

# Training For Prospective Data Extractors (cont)

- Developed Quality Indicators Binder, including
  - Defined training and auditing process
  - *Tracking Quality of Health Care* slideset
  - Data extraction guidance document
  - Relevant reference materials

# Deliverables - Quality Tracking of Diabetes Program

- **Diabetes Roster**
- **Data Collection Forms**
- **Spreadsheet to track and calculate performance on quality indicators**
- **Feedback Report for Patient Charts**
- **Quality Indicators Report Template**
- **Maintenance and Training Protocol for data extractors**
- **Reference and Resource Manual (hard copy and electronic)**

# Summary

- **Funding Proposals**
  - Researched Wisconsin Foundations
  - Created Prospect Grid with top four
  - Submitted proposals totaling \$145,000
- **Diabetes Quality Indicators**
  - Researched and selected indicators
  - Developed tools, policies and mechanism for tracking
  - Performed chart reviews and analysis for first two reporting periods

# References

- Healthy People 2020 website: <http://www.healthypeople.gov/2020>.
- Healthiest Wisconsin 2020 website: [www.dhs.wisconsin.gov/hw2020](http://www.dhs.wisconsin.gov/hw2020)
- National Committee of Quality Assurance: The State of Health Care Quality 2011  
<http://www.ncqa.org/LinkClick.aspx?fileticket=wmpxiKWVgP0%3d&tabid=136>
- National Committee of Quality Assurance website: <http://www.ncqa.org/>.
- Foundations in Wisconsin: <http://www.wifoundations.org/>. Accessed with purchased account.
- Foundation Center website: <http://foundationcenter.org/>.