



Improving Measure Outcomes: Breast and Cervical Cancer Screening

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Learning Objectives

- Define the clinical background, specifications, and performance threshold definitions of the 2024 Primary Care Provider Quality Improvement Program specifications: Cervical and Breast Cancer Screening measures.
- Apply measure specification requirements to improve measure performance in the delivery of cervical and breast cancer screening services.
- Evaluate the prevalence and risk factors for cervical and breast cancer including associated health inequities prevalent in diagnosis and treatment.

Learning Objectives

- Identify best and promising practices that can be used to reduce barriers to accessing recommended cervical and breast cancer screening through addressing clinical work flows, improve interpersonal communication, member and staff education
- Identify more effective outreach to patients from groups that have been historically economically, and socially marginalized.

Terminology

- Note on terminology:
 - Throughout this presentation, we will be using the term Person Assigned Female at Birth (AFAB) instead of female or woman.
 - We are doing this to respect and normalize the experiences of transgender and gender diverse individuals.

Overview of Breast Cancer



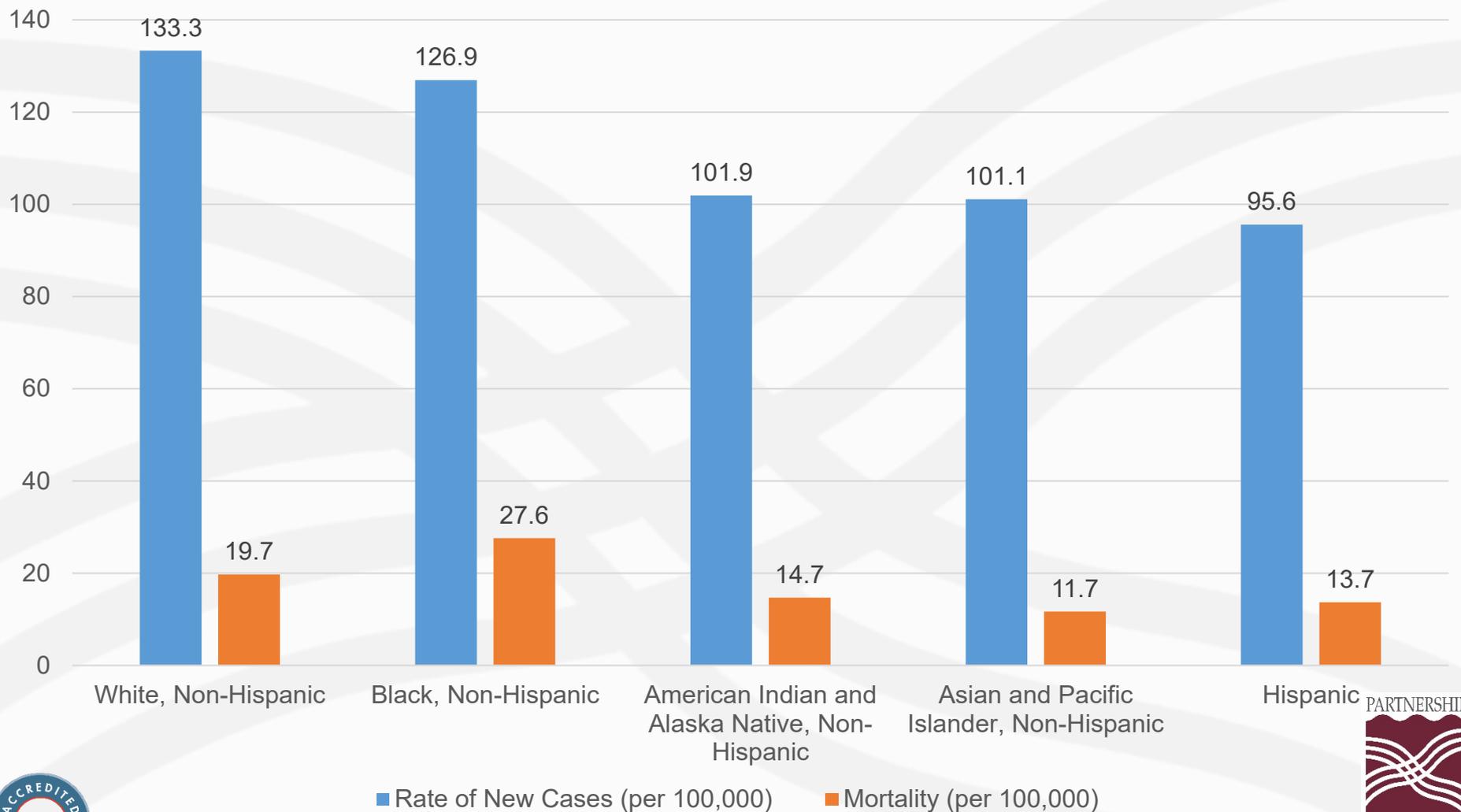
Epidemiology

- Age-adjusted rate of new cases of breast cancer, all subtypes combined was 126.9 per 100,000 people assigned female at birth (AFAB) per year (2016-2020 data).
- Breast cancer is the most commonly diagnosed type of cancer in Americans AFAB (other than skin cancer).
- Breast cancer is the second leading cause of cancer death in Americans AFAB.
- The rate of deaths due to breast cancer in the US declined by 28% from 26.6 in 2000 to 19.1 in 2020 (per 100,000).

Risk and Protective Factors

Risk Factors	Protective Factors
Being a person assigned female at birth	Early in life pregnancy
Personal or genetic history of breast cancer	Breastfeeding
Dense breast tissue	Getting regular exercise
Reproductive history resulting in greater exposure to estrogen	-
Taking hormone therapy for symptoms of menopause	-
Previous treatment using radiation therapy	-
Obesity	-
Alcohol Use	-

Breast Cancer United States, 2016 - 2020



2023 Health Equity QIP Breast Cancer Screening

NE	NW	SE	SW
50.05	46.12	57.46	55.92

NW

Asian/Pacific Islander	47.52%
Black	64.29%
Hispanic	59.40%
Native American	34.13%
White	46.17%
Other	30.43%
Unknown	42.29%

NE

Asian/Pacific Islander	60.87%
Black	47.73%
Hispanic	60.26%
Native American	41.41%
White	48.80%
Other	54.24%
Unknown	45.58%

75th%	56.62
50th%	50.95
25th%	45.23
below 25th%	

SW

Asian/Pacific Islander	52.82%
Black	56.38%
Hispanic	72.34%
Native American	42.31%
White	48.18%
Other	55.36%
Unknown	50.83%

SE

Asian/Pacific Islander	57.59%
Black	52.86%
Hispanic	68.46%
Native American	26.67%
White	46.15%
Other	50.77%
Unknown	54.22%



Breast Cancer Disparities Summary

	National Screening Rates (%)	Incidence of Breast Cancer (rate per 100,000)	Mortality Due to Breast Cancer (rate per 100,000)
White	76%	133.3 (highest)	19.7
Black / African American	82% (highest)	126.9	27.6 (highest)
Hispanic	74%	95.6 (lowest)	13.7
Asian / Pacific Islander	67%	101.1	11.7 (lowest)
American Indian / Alaskan Native	59% (lowest)	101.9	14.7



Overview of Cervical Cancer



What Causes Cervical Cancer?

Infection with Human Papillomavirus (HPV)

85% of people will get an HPV infection in their lifetime

Most of the time, the immune system eliminates the virus

HPV is found in 99.7% of cervical cancers

Risk Factors

- Exposure to HPV / lack of immunization
- Early onset of sexual activity
 - 2x greater risk when sexually active prior to 18 versus delaying sexual activity until after age 21
- Multiple sexual partners / high-risk sexual partners
- History of sexually transmitted infections (STIs)
- History of vulvar or vaginal cancer
- Immunosuppression (e.g., HIV)
- Low socioeconomic status
- Use of oral contraceptives
- Genetics? Uncertain

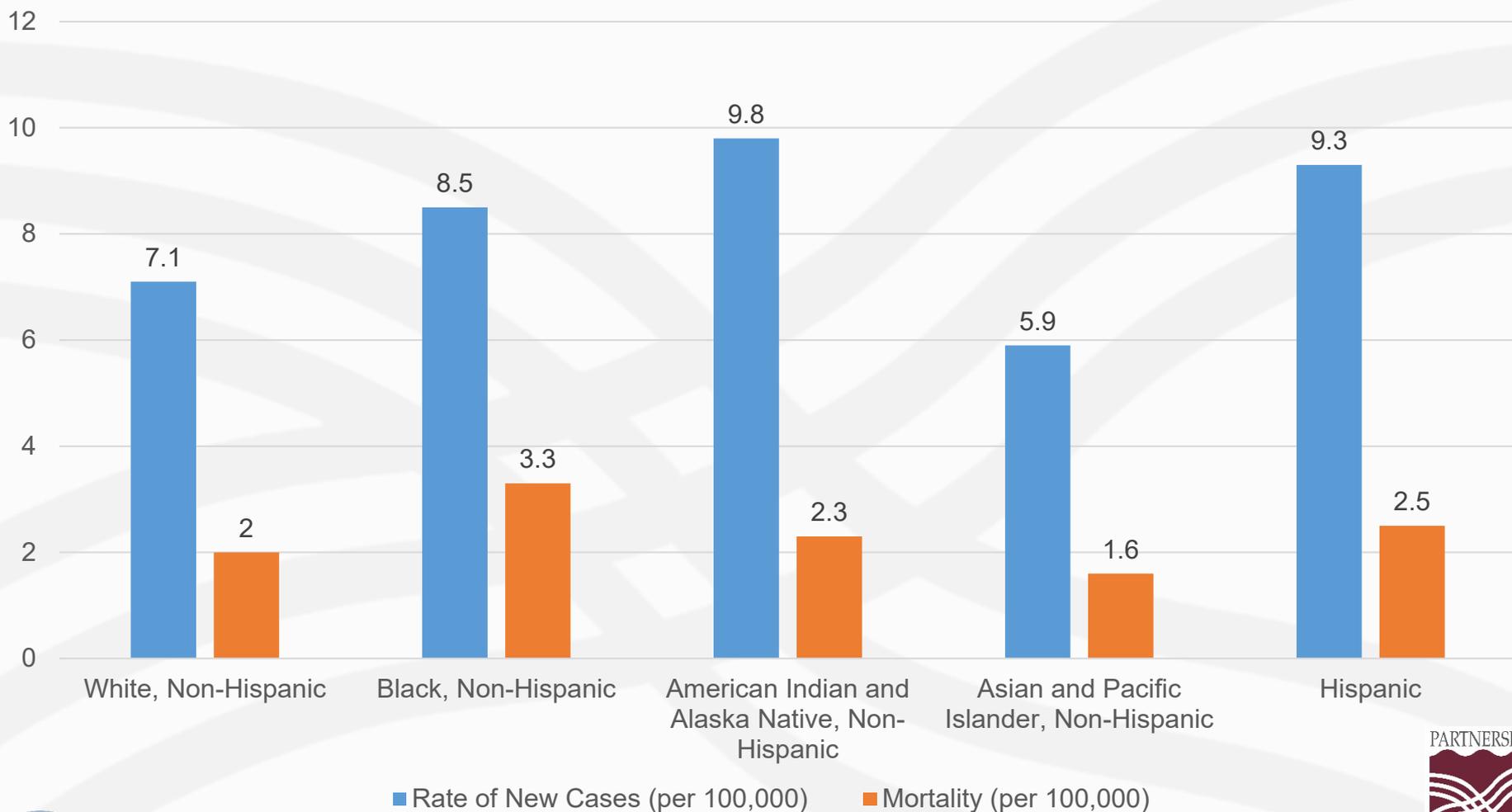
Cervical Cancer Screening

- **Goal:**
 - Find high risk HPV virus or changes in cells in earliest stages possible to increase chances of successful treatment.
 - Looking for precancerous cells, cancer cells, or high risk HPV.
- **Two tests:**
 - Papanicolaou or “Pap” test (cytology testing)
 - High-risk human papillomavirus (hrHPV) testing

Current USPSTF recommendation: Begin at age 21



Cervical Cancer United States 2016-2020



Health Equity QIP Cervical Cancer Screening

NE	NW	SE	SW
49.38	55.27	55.98	60.76

NW

Asian / Pacific Islander	53.50%
Black	55.02%
Hispanic	60.59%
Native American	39.56%
White	56.62%
Other	60.00%
Unknown	51.54%

NE

Asian/Pacific Islander	55.04%
Black	44.80%
Hispanic	55.03%
Native American	40.87%
White	49.44%
Other	45.52%
Unknown	40.39%

75th%	62.53
50th%	57.64
25th%	52.39
below 25th%	

SW

Asian / Pacific Islander	53.31%
Black	52.37%
Hispanic	70.50%
Native American	43.03%
White	53.49%
Other	62.48%
Unknown	59.02%

SE

Asian / Pacific Islander	51.59%
Black	50.14%
Hispanic	63.47%
Native American	40.43%
White	48.43%
Other	56.99%
Unknown	53.83%



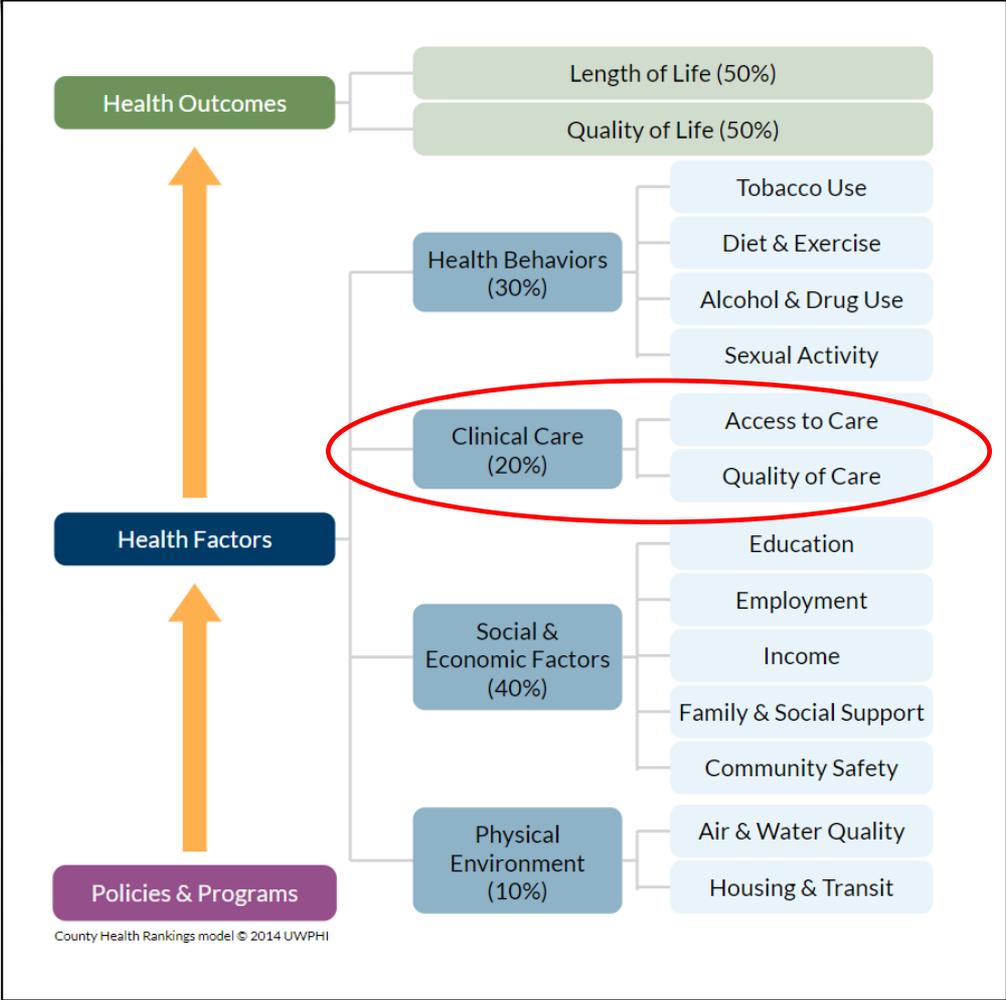
Cervical Cancer Disparities Summary

	National Screening Rates (%)	Incidence of Cervical Cancer (per 100,000)	Mortality Due to Cervical Cancer (per 100,000)
White	65	7.1	2.0
Black / African American	75.1 (highest)	8.5	3.3 (highest)
Hispanic	71.1	9.3	2.5
Asian / Pacific Islander	62.8 / **	5.9 (lowest)	1.6 (lowest)
American Indian / Alaskan Native	58.6 (lowest)	9.8 (highest)	2.3

Health Disparities



Drivers of Health

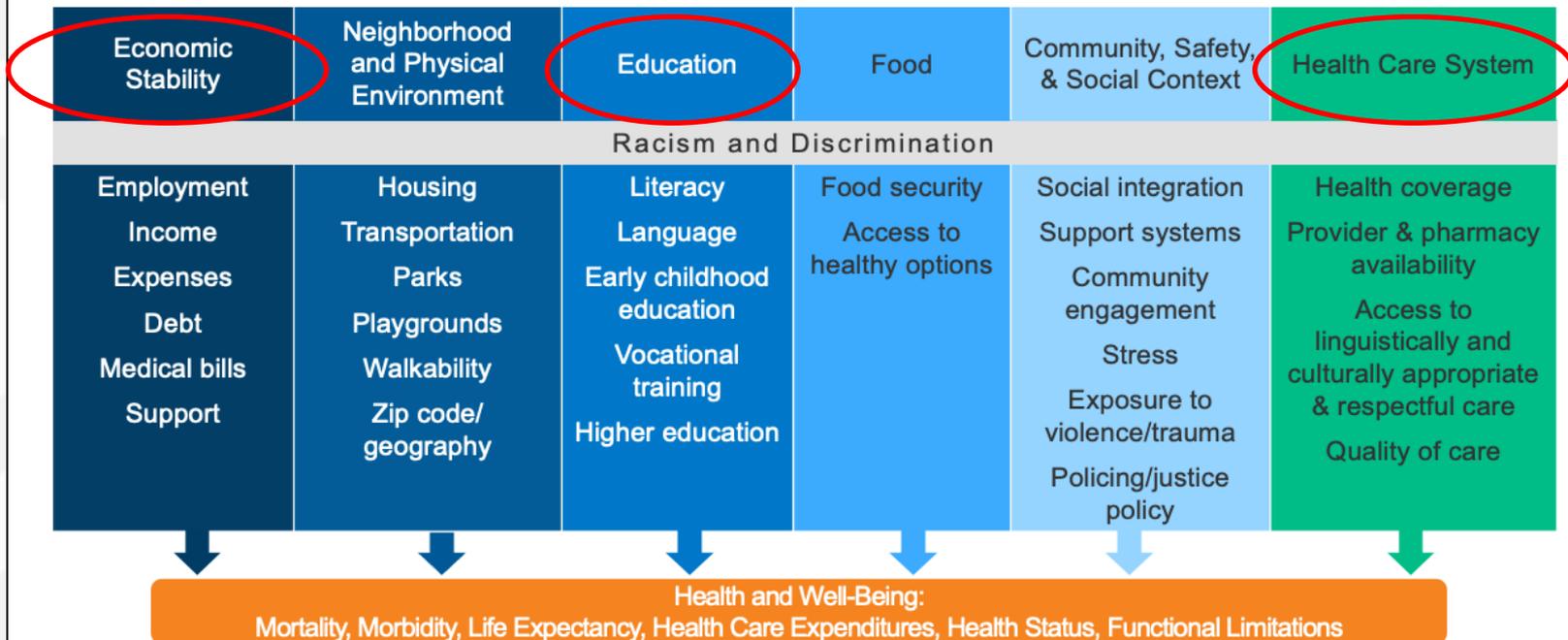


Source: <https://www.countyhealthrankings.org/health-data/policies-programs>



Drivers of Disparities

Health Disparities are Driven by Social and Economic Inequities



Source: Kaiser Family Foundation

Breast Cancer Disparities

- Black individuals assigned female at birth are more likely to die from breast cancer than any other race.
- Breast cancer is the leading cause of cancer death for black individuals assigned female at birth.
- Disparity in overall cancer mortality between Black and White populations has narrowed by half during the last two decades – EXCEPT in breast cancer.
- Among Partnership members, Native American individuals assigned female at birth have the lowest rates of breast cancer screening.



Cervical Cancer Disparities

- Among Partnership members, Native American individuals assigned female at birth had the lowest rates of cervical cancer screening in 2023.
- Nationally, Native American individuals assigned female at birth had the highest rate of new cervical cancer diagnosis but the lowest rate of cervical cancer mortality.
- Cervical cancer is seen as entirely preventable given the HPV vaccine and testing availability. Lack of screening is seen as a weakness in the health care system infrastructure.



Overview of Measure(s)



- **Breast Cancer Screening**
- **Cervical Cancer Screening**



QIP Measure - Breast Cancer Screening

Description: The percentage of continuously enrolled Medi-Cal women 50 - 74 years of age who had a mammogram to screen for breast cancer.

Denominator: Number of continuously enrolled, assigned members 52 - 74 years of age as of December 31 of the measurement year. (DOB between January 1, 1950 and December 31, 1972.)

Numerator: The number of members from the eligible population in the denominator with one or more mammograms any time on or between October 1, 2022, and December 31, 2024.

eReports uploads are allowed January 9, 2025, through January 31, 2025.



Breast Cancer Screening in Transgender Individuals

- **Transgender females** (born males but currently with gender identity of female):
 - Use diagnosis of congenital absence of breast (ICD10 = Q83.8) to exclude from denominator.
- **Transgender males** or gender non-conforming (born females but currently with gender identity of male):
 - Should be screened for breast cancer, but they will not be part of the official denominator for this measure due to system constraints.

Note: *Additional exclusions can be found in [eReports](#) and should be reviewed with clinical team, incorporated into flags and documentation.*

QIP Measure Cervical Cancer Screening

Denominator: The number of continuously enrolled women 24 - 64 years of age as of December 31 of the measurement year (DOB between January 1, 1960 and December 31, 2000).

Numerator: The number of assigned women in the eligible population who were appropriately screened according to evidence-based guidelines.

Note: Codes to Identify Cervical Cancer Screening and hrHPV Test can be found on the Diagnosis Crosswalk in [eReports](#). eReports uploads for this measure are allowed March 1, 2024, through January 31, 2025.



QIP Measure

Cervical Cancer Screening

Description: The percentage of continuously enrolled women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 years of age who had cervical cytology performed within the last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

QIP Measure

Cervical Cancer Screening

Percentage of continuously enrolled women 21- 64 years of age who were screened for cervical cancer using either of the following criteria:

21 – 29 Years Old	30 – 63 Years Old
Cervical cytology (<i>Pap</i> test) within the last 3 years	<ul style="list-style-type: none">• Cervical high-risk human papillomavirus (hrHPV) testing• Within the last 5 years
hrHPV testing not appropriate for this age group	<ul style="list-style-type: none">• Cervical cytology / hrHPV <u>co-testing</u>• Within the last five years

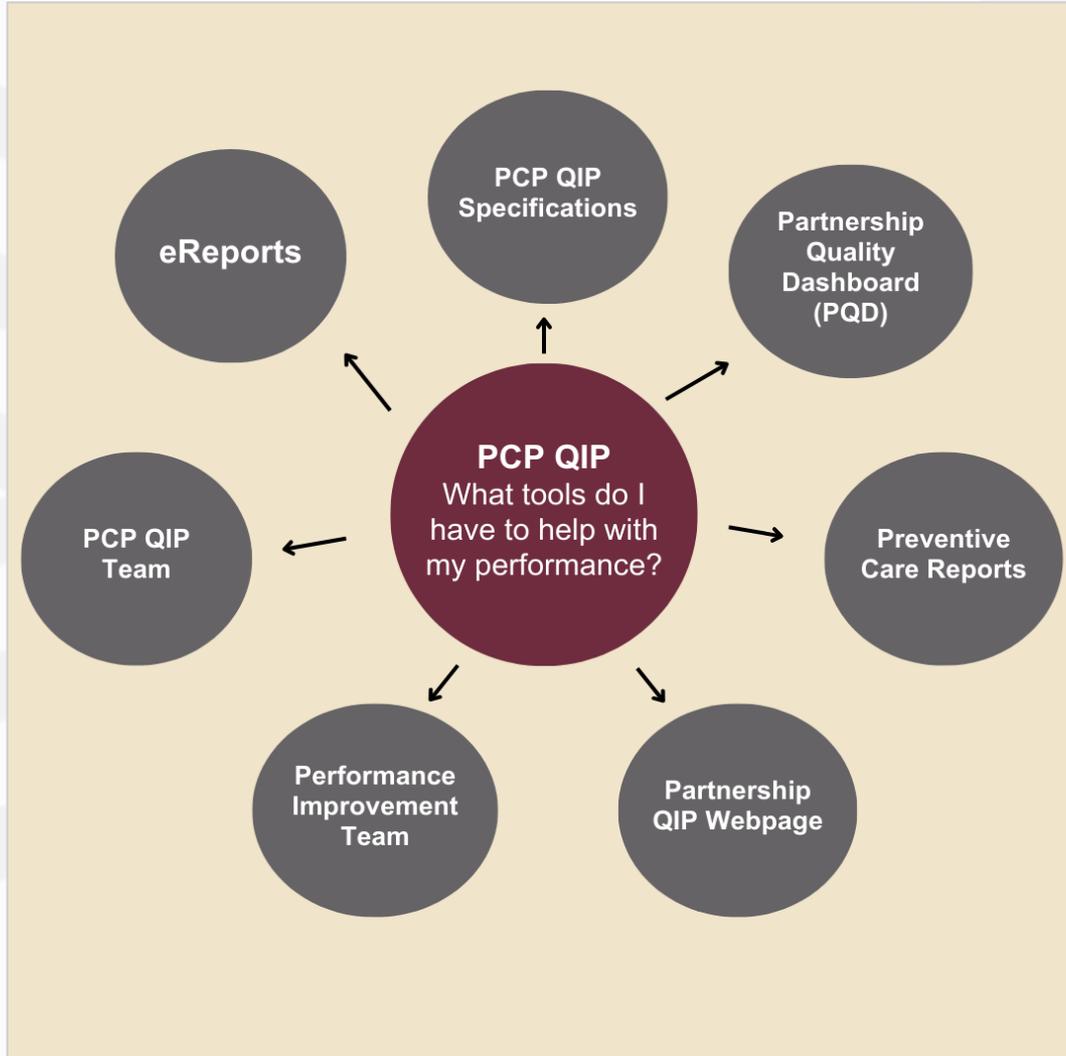
Cervical Cancer Screening in Transgender Individuals

- **Transgender females** (born males but currently with gender identity of female):
 - Use diagnosis of “congenital absence of cervix” (ICD10 = Q51.5) to exclude from denominator.
- **Transgender males** or gender non-conforming (born females but currently with gender identity of male):
 - Should be screened for cervical cancer if the cervix is still intact, but will not be part of the official denominator for this measure due to system constraints.

Note: *Additional exclusions can be found in [eReports](#) and should be reviewed with clinical team, incorporated into flags and documentation.*



Quality Incentive Program Tools



Primary Care Provider Quality Improvement Program (PCP QIP)

To get to this page:
[PartnershipHP.org](#) >
[Providers](#) >
[Quality](#) >
[Quality Improvement Programs \(QIP\)](#) >
[Primary Care Provider Quality Improvement Program \(PCP QIP\)](#)

Click “Learn More about the 2024 PCP QIP”

PCP QUALITY IMPROVEMENT PROGRAM

The Primary Care Provider Quality Improvement Program (PCP QIP), designed in collaboration with Partnership HealthPlan of California providers, offers substantial financial incentives, data resources, and technical assistance to primary care providers who serve our capitated Medi-Cal members so that significant improvements can be made in the following areas:

- Prevention and Screening
- Chronic Disease Management
- Appropriate Use of Resources
- Primary Care Access and Operations
- Patient Experience

Contact Us

Email: QIP@partnershiphp.org (please allow two business days for a response)

Fax: (707) 863-4316

PCP QIP Overview



To help orient our providers to the PCP QIP year, we have provided measurement set documents, a code list, and other useful tools and resources.

[Learn More about the 2024 PCP QIP](#)

[New 2023 Equity Adjustment](#)

Webinars



[PCP QIP webinars](#)

[Upcoming Webinars and Trainings](#)

[On Demand Courses](#)



PCP QIP Page

- What are the measures and changes from 2023 to 2024?
- Specifications Summary
- Non-Clinical Code Lists
- eReports Link
- Annual Timeline Recommendations

PCP QIP 2024

This page includes measurement documents and tools referring to the last and current program years spanning January 1, 2023 – December 31, 2024.

[Approved 2024 PCP QIP Measure Summary](#) (Added January 3, 2024).

Measurement Set Documents

Measure Specifications

Measures vary by practice type. The following document includes measure descriptions and requirements as well as data submission processes by type.

[2024 Specifications Manual](#)

Code List

Clinical Measurement Set - Please use eReports Diagnosis Crosswalk to view the code set.

[Non-Clinical Measures - Non-clinical code set](#) (Updated October 12, 2022).

Tools

[Click here for eReports](#)

Please refer to the specifications document for your practice type for a data submissions timeline and submission templates.

[Timeline for Addressing 2024 and 2025 PCP QIP Measures](#)

Added January 3, 2024



eReports Menu



- Home screen
 - Home button takes you to your current performance dashboard
- Diagnosis Crosswalk
 - Billing codes for numerator compliance
- QIP Specification Manual
 - Detailed specifications
- Partnership Quality Dashboard (PQD)
 - Historical performance view
 - Estimated QIP dollars
 - QIP Stoplight report
- Preventative Care Reports
 - Immunizations and well-care visits

Partnership eReport Home

QIP - eReports

Log Out

Threshold Report

"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."

GROUP NAME: Phc

[Redacted]

Select a PCP

Select Provider

Clear

Core Clinical Measurement Set

Refresh

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Child and Adolescent Well Care 2023	31.32 %	3598	11488	NA	NA	48.93%	5622/3598	57.44%	6599/3598
Asthma Medication Ratio 2023	70.42 %	250	355	NA	NA	64.26%	✓ 229/250	69.67%	✓ 248/250
Breast Cancer Screening 2023	41.44 %	615	1484	NA	NA	50.95%	757/615	56.52%	839/615
Cervical Cancer Screening 2023	47.69 %	3382	7091	NA	NA	57.64%	4088/3382	62.53%	4435/3382
Childhood Immunization Status CIS 10 2023	5.48 %	38	693	NA	NA	34.79%	242/38	42.09%	292/38
Colorectal Cancer Screening 2023	33.69 %	1654	4910	32.80%	✓ 1611/1654	40.23%	1976/1654	NA	NA
Controlling High Blood Pressure 2023	0.00 %	0	1288	NA	NA	59.85%	771/0	65.10%	839/0
Diabetes - HbA1C Good Control 2023	48.69 %	575	1181	NA	NA	60.10%	710/575	64.48%	762/575
Diabetes - Retinal Eye exam 2023	52.07 %	615	1181	NA	NA	51.09%	✓ 604/615	56.51%	668/615
Immunization for Adolescents 2023	11.04 %	83	752	NA	NA	35.04%	264/83	41.12%	310/83
Well Child First 15 Months 2023	33.24 %	121	364	NA	NA	55.72%	203/121	61.19%	223/121

Advanced Care Planning

Home

My QIP Scores

QIP Measure Report

QIP Member Report

Member Search

Upload QIP Data

Weekly Count Report

My eAdmins

eAdmin

Diagnosis Crosswalk

QIP Specification Manual

Templates

Partnership Quality Dashboard

Preventive Care Reports



eReports: Diagnosis Crosswalk Coding Questions

Home

My QIP Scores

QIP Measure Report

QIP Member Report

Member Search

Upload QIP Data

Weekly Count Report

My eAdmins

eAdmin

Diagnosis Crosswalk

QIP Specification Manual

Templates

Partnership Quality
Dashboard

Preventive Care Reports



DID YOU KNOW?

About the

Diagnosis Crosswalk



Found in eReports, the **Diagnosis Crosswalk** contains billing codes required for numerator compliance for *all* QIP clinical measures.

Choose your measure of interest and all codes included in the measure logic are listed.

Select a Measure: Well Child First 15 Months 2023

Select a Code Type: Well-Care

Display Clear

Code Type	Code System	Code
Well-Care	CPT	99381
Well-Care	CPT	99382

eReports: PQD - QIP Stoplight Report

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- Partnership Quality Dashboard
- Preventive Care Reports
- FAQ
- Help

QIP - eReports

Partnership Quality Dashboard



QIP Stoplight
Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout
Gap Size & Dollars Remaining - Estimated Until QIP Data Is Finalized For The Measurement Year

(As of December 2023)

Show Trend Chart

Refresh Date: December 2023

Target/Benchmark Filter: PCP QIP Full Points target

Gap Size & Dollars Remaining

■ < 10 From Target
 ■ < 30 From Target
 ■ > 30 From Target
 ■ Target Met

Measure	Total Org Gap	Total Org Num	Total Org Denom	Gap Size	Dollars Remaining	Status
Asthma Medication Ratio	0	53	77	0	\$0	Target Met
Breast Cancer Screening	1	211	345	0	\$0	< 10 From Target
Cervical Cancer Screening	54	731	1,261	33	\$14,519	> 30 From Target
Child and Adolescent Well Care Visits	222	843	2,086	199	\$65,334	> 30 From Target
Childhood Immunization Status CIS 10	25	19	122	23	\$43,556	< 30 From Target



Additional Resources

Need to reach the PCP QIP Team? QIP@partnershiphp.org

- eReports access
- Measure specification questions
- Need a resource for improving performance? Reach out to the Performance Improvement Team:
improvementacademy@partnershiphp.org
 - Coaching, measure best practices, sounding board, project planning guidance, facilitation
- Partnership Quality Dashboard (PQD) [User Guide](#)
- Link to [PCP QIP Webinars Page](#): 2024 Kick-Off Webinar recordings are now available for PCP QIP and eReports



Putting Quality Into Practice



Measure Best Practices

MEASURE BEST PRACTICES

The 2023 Measure Best Practices documents are resources for the Primary Care Provider Quality Improvement Program (PCP QIP) measure set, which aligns closely with the Managed Care Accountability Set (MCAS) measures for which Partnership HealthPlan of California (PHC) is held accountable by the Department of Health Care Services (DHCS). Each Measure Best Practice document includes PHC tools and resources, guidelines to facilitate optimal member care, opportunities for patient education, outreach, and equity, data and coding resources, and helpful links to improve measure performance.

[Link to Measure Best Practices](#)

Asthma Medication Ratio

Breast Cancer Screening



Cervical Cancer Screening

Child & Adolescent Well Care

Childhood Immunizations Status

Colorectal Cancer Screening

Controlling Blood Pressure

Comprehensive Diabetes Care: HbA1c - Good Control

Comprehensive Diabetes Care: Retinal Eye Exam

Immunizations for Adolescents

Unit of Service Blood Lead Screening

Unit of Service Dental Fluoride Varnish

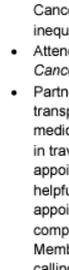
Well Child Visits 15 Months



Best and Promising Practices

Partnership Tools and Programs:

- Partnership partners with a **mobile mammography** vendor to sponsor events for providers, improve appointment rates, and increase **Mobile Mammography** utilization.
- The **DrillDown Clinical** tab in the eReports portal shows race/ethnicity information for each member included in the measure. Export this dashboard to look at Cervical Cancer Screening compliance rates by race and ethnicity to learn more about inequities faced within your patient community.



2024 Best Practices Cervical Cancer Screening

Best and Promising Practices

Partnership Tools and Programs:

- The **DrillDown Clinical** tab in the eReports portal shows race/ethnicity information for each member included in the measure. Export this dashboard to look at Cervical Cancer Screening compliance rates by race and ethnicity to learn more about inequities faced within your patient community.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Women's Cancer Screenings*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303 Monday – Friday 7 a.m. – 7 p.m. PST.

Member Care:

- Establish a practice commitment to cancer screening.
- Utilize "flag" alerts in the EMR / EHR system or pre-visit planning tools that each staff member can use to identify and communicate to members / members who are due for their screening services at every member encounter.



Measure Best Practices Cervical Cancer Screening

- Implement a protocol of chart scrubbing prior to visits.
- Utilize “flag” alerts in the EMR/EHR system.
- Train outreach team members in cancer screening health education talking points/motivational interviewing.
- Be persistent with reminder. Patients may need several reminders before they schedule and follow through with the appointment.

Measure Best Practices Breast Cancer

- Chart Scrubbing and flag (similar to CCS).
- Ensure list of mammography/imaging facilities is accurate, up-to-date and available.
- Use available resources to assist patients with transportation to an imaging center (Partnership).



Measure Best Practices Breast Cancer

- Create scripts that all staff can use to simplify the message that encourages breast cancer screenings.
- Collaborate with the closest mammography/imaging facility to actively pursue members who need a screening or who no-show for a mammography appointment.

Why Collect Data on Language/Race/Ethnicity?

Capturing language/race/ethnicity data at the organization/clinic level may assist with:

- Identifying race/ethnicity related disparities
- Enhancing availability of interpreters and translated, health-education member-facing materials
- Adaptation of existing services to better meet the cultural and health needs of members
- Improved community relations
- Improve member-clinician communication
- Improve member satisfaction

Measure Best Practices Equity Approaches

- Analyze patient gap list by race/ethnicity, language, etc., to find disparities.
- Ensure member information is culturally and matches the patient's preferred language.
- Identify and address barriers to care (transportation, hours of operation, child care).
- Ensure the information being provided to patient is understood, agreed upon and offer time for questions.



Voices from the Field

Erica Ortiz, RN

Vaness Cruz, CMA

Lake County Tribal Health



Voices of the Field



Erica Ortiz RN GPRA-QIP Coordinator

Vanness Cruz CMA GPRA-QIP Assistant

Our Mission: To promote the positive change in the physical, spiritual, emotional, and social health status of the American Indians/Alaska Natives and communities we serve through culturally sensitive health care services.

Background

- Indian Health Service Facility (Federal Health Program)
- Founded: 1961
- Patient population: 14,000
- Staff: 338
- Rural Area located in Lake County
- EMR: NextGen
- 3 Different Clinic Sites: Lakeport, Southshore and Pediatric Clinic
- Services: Medical, Dental, Pediatrics, Obstetrics, Comprehensive Healing and Pain Management, Human Services, Public Health & Outreach, Pharmacy, Purchased Referred Care, Transportation, Diabetes Specialty Care Clinic and Physical Therapy.
- For 2023 we were placed in the Modified QIP Program



Lake County Tribal Health
Modern Medicine  Personalized Care



Measures of focus

- Cervical Cancer Screening
- Breast Cancer Screening



Lake County Tribal Health
Modern Medicine  Personalized Care

Cervical Cancer Screening

Best Practices

- Start EARLY in the measurement year
- Scrubbing charts utilizing our EHR and other database systems (Adventist, Sutter, Quest etc.) twice a year
- (Admin Days) Educating staff
- Monthly measure challenges (Incentives for provider teams)
- Provide patient list to providers team for outreach
- Teams using their daily prep
- Multiple providers who perform PAPs
- Pap Days/Pap Months (Gift basket raffles/refreshments for patients)
- NG Care automatic outreach campaign
- Quality team follow up
- Working together as a team

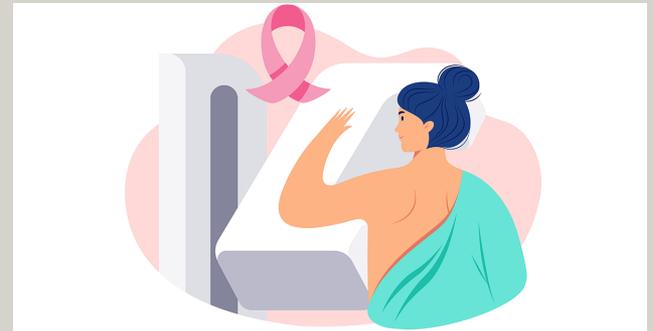


Lake County Tribal Health
Modern Medicine  Personalized Care

Breast Cancer Screening

Best Practices

- EARLY in the measurement year
- Scrubbing charts utilizing other database systems (Adventist and Sutter)
- Educating staff (Admin Days)
- Monthly measure challenges (Incentives for provider teams)
- Provide patient list to providers team for outreach
- Teams using their daily prep
- Follow up Calls
- Mammogram Days hosted by our public health and outreach team
- Transportation
- Working together as a team



Lake County Tribal Health
Modern Medicine  Personalized Care

Challenges we faced with both measures

- No Show Rate
- Last minute cancelations
- Staffing
- Access



Lake County Tribal Health
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Moving forward

- Mobile mammography
- Growing our Gynecology department
- Outreach
- Keeping patients informed on different recourses
- Providing patient incentives
- Growing quality team



Lake County Tribal Health
Modern Medicine  Personalized Care



Questions

PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

A Public Agency

Upcoming Opportunities and Evaluation



Mobile Mammography Program

Partnership is offering a unique sponsorship opportunity by partnering with our contracted vendor Alinea Medical Imaging by bringing breast cancer screenings to eligible provider organizations!



Areli Carrillo, Program Manager
mobilemammography@partnershiphp.org

Partnership Sponsorship Opportunity Eligibility Criteria

Provider locations:

- Below the 50th percentile
- In imaging center “deserts”
- Lack of access at nearby imaging centers

Sponsorship Requirements

- Minimum of 25 patient completed screenings (80% of completed screenings must be Partnership members)
- Patient outreach (appointment scheduling, appointment reminders) must be conducted by providers.

Upcoming Trainings: Improving Measure Outcomes Webinar Series

Improving Measure Outcomes Webinar Series

2024 Remaining Session:

- April 24, 2024 – Perinatal Care and Chlamydia Screening
- Registration:
http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx
- Contact: improvementacademy@partnershiphp.org



Improving Measure Outcomes Series Feedback

- We are requesting feedback for the Improving Measure Outcomes Webinar Series.
- For those who have attended **two or more** webinars in our series, you will be sent a ten question evaluation rating this series on April 29.
- Your candid feedback is appreciated.

For taking the time to complete, one lucky provider office will receive a gift from [Edible Arrangements®](#) to share with their staff!



Upcoming Trainings: ABCs of QI In-Person Trainings

ABCs of Quality Improvement

Wednesday, May 1 in Chico

- Time: 8:30 a.m. to 4:30 p.m.
- Address:
Enloe Conference Center
528 Esplanade
Chico, CA 95926
 - **IN PERSON**
 - Breakfast and lunch included for attendees

Registration: http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx

Contact: improvementacademy@partnershiphp.org



Upcoming Trainings: Incorporating Patient Experience in Quality Improvement Projects and Plans

Incorporating Patient Experience in Quality Improvement Projects and Plans

Target Audience: Quality improvement staff, team leaders, managers, and front-line staff.

Presented by: The Health Alliance of Northern California (HANC) and North Coast Clinics Network (NCCN)

This webinar discusses the importance of incorporating patient experience measures in your quality improvement projects and plans. Topics for discussion and practice will include assessment of patient experience data, identifying opportunities to conduct PDSAs that address patient experience priorities, and strategies for collaborating with patients and families.

Planned session: Tuesday, May 7, 2024, Noon – 1 p.m.

Register: http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx

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Evaluation

Please complete your evaluation. Your feedback is important to us!

Evaluation



- OUTSTANDING
- Excellent
- Very Good
- Average
- Below Average

