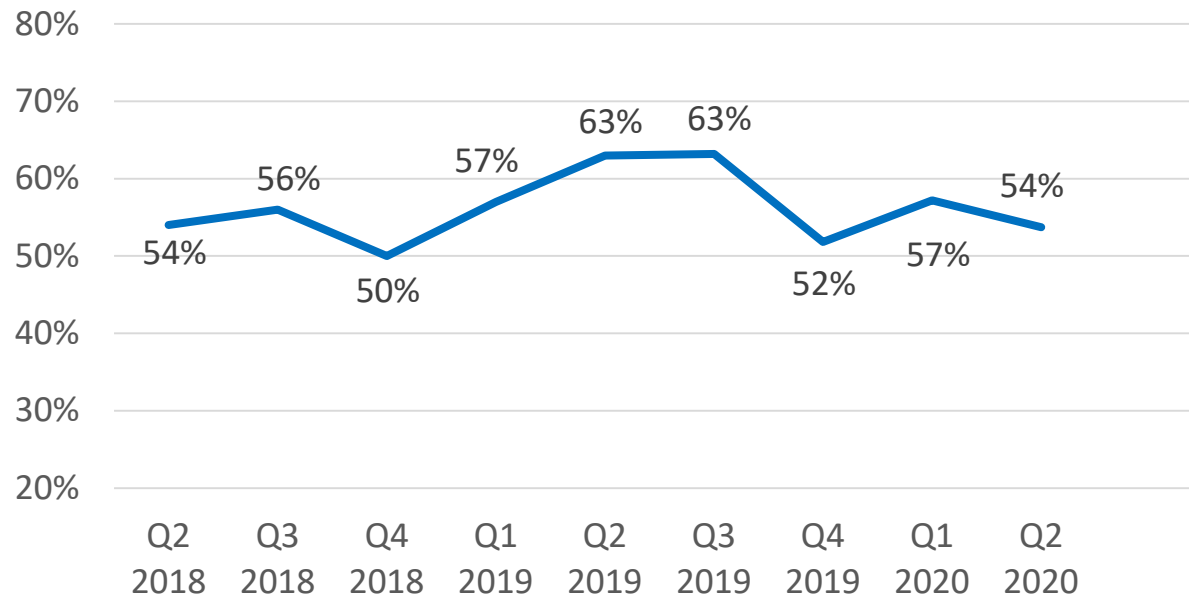


Hypertension Care

Blood pressure in control:

% of Mt. Ascutney patients with hypertension whose last blood pressure measurement was in control



Measure Definition The percentage of patients 18 to 85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled (<140/90) at their last measurement. No measurement within twelve months is considered not in control. Measure is NQF 0018 (definition [here](#)). Note the NQF specs changed slightly from 2018 – 2019.

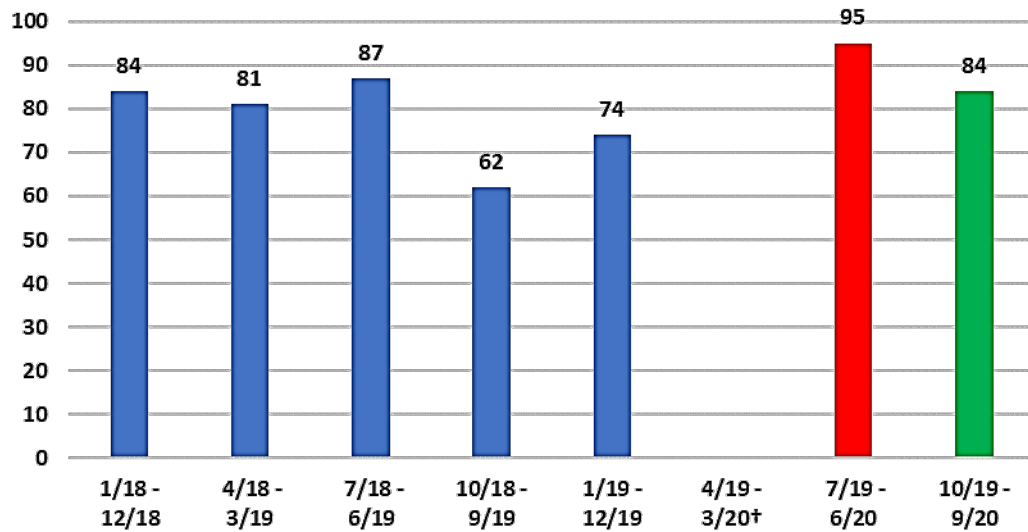
Source Local clinical data from Mt. Ascutney

Improvement Work

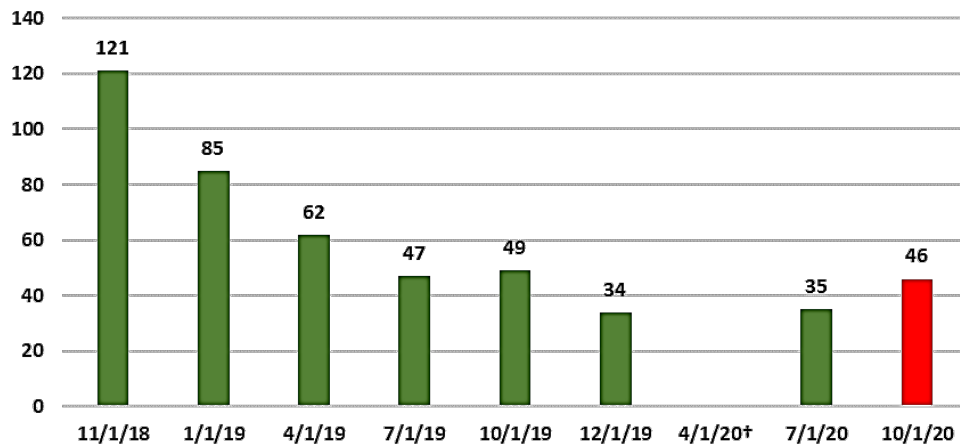
- Providers are following best practice guidelines in caring for patients.
- CCNs have developed disease-management protocols and patient education, providers refer to CCNs for follow-up.
- Chronic Disease Self-management classes are offered.
- Kathleen Meyers, RN, led a Green Belt quality improvement project, this project is in the control phase.
- The COVID-19 pandemic has impacted volume of patients seen in the clinic.

Diabetes Care

A. Number of patients with diabetes whose recent A1c >9.0% across MAHHC



B. Number of patients with diabetes, with no A1c test in one year, across MAHHC



Definitions In chart A, “patients with diabetes” means patients with most recent A1c ≥ 6.5% at any time within reported 12 months. In chart B, “patients with diabetes” are identified through an active diagnosis code in the Cerner EHR.

Source Local clinical data from MAHHC Patients

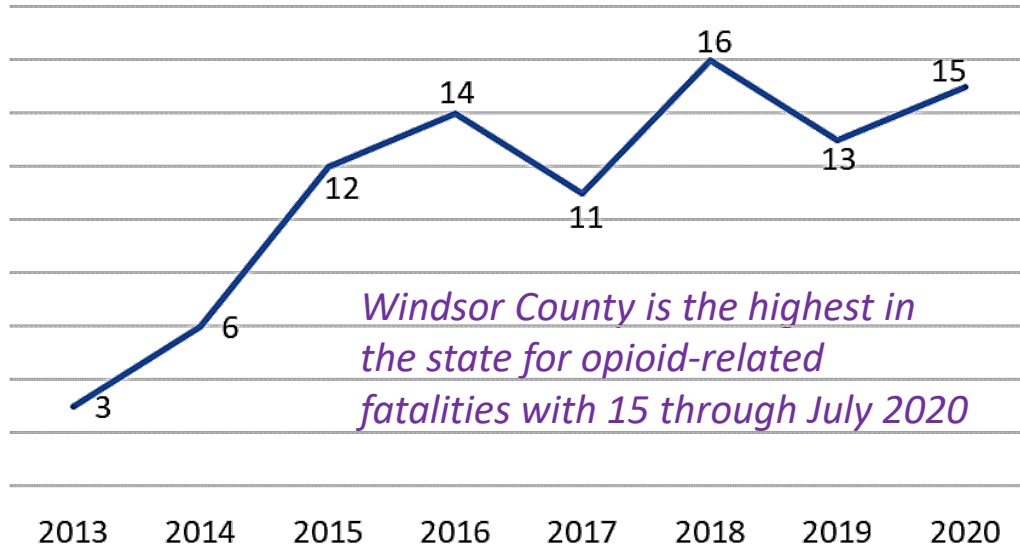
† - Reflects lack of reported data due to COVID-19

Improvement Work

- Dr. Levin is leading a quality improvement process, he has developed a best-practice algorithm and protocol and worked with providers to implement it.
- CCNs have best practice order sets for labs, patient education, and follow-up.
- With the start of the COVID-19 pandemic and restrictions affecting the quality of health care and patient lifestyle, there was the significant increase in the amount of patients with poorly controlled diabetes (A1c > 9.0%). Over last 3 months with more patients seen in the clinic, the situation started improving.
- Since the start of Diabetes QI improvement project, the amount of patients with diabetes and no A1c test in the past year has been consistently decreasing (by 72% in just 13 months). The recent increase might be due to the persistent hesitation of some patients to be seen in the clinic.

Substance Use Disorder Statistics

Number of opioid-related fatalities of Windsor County residents

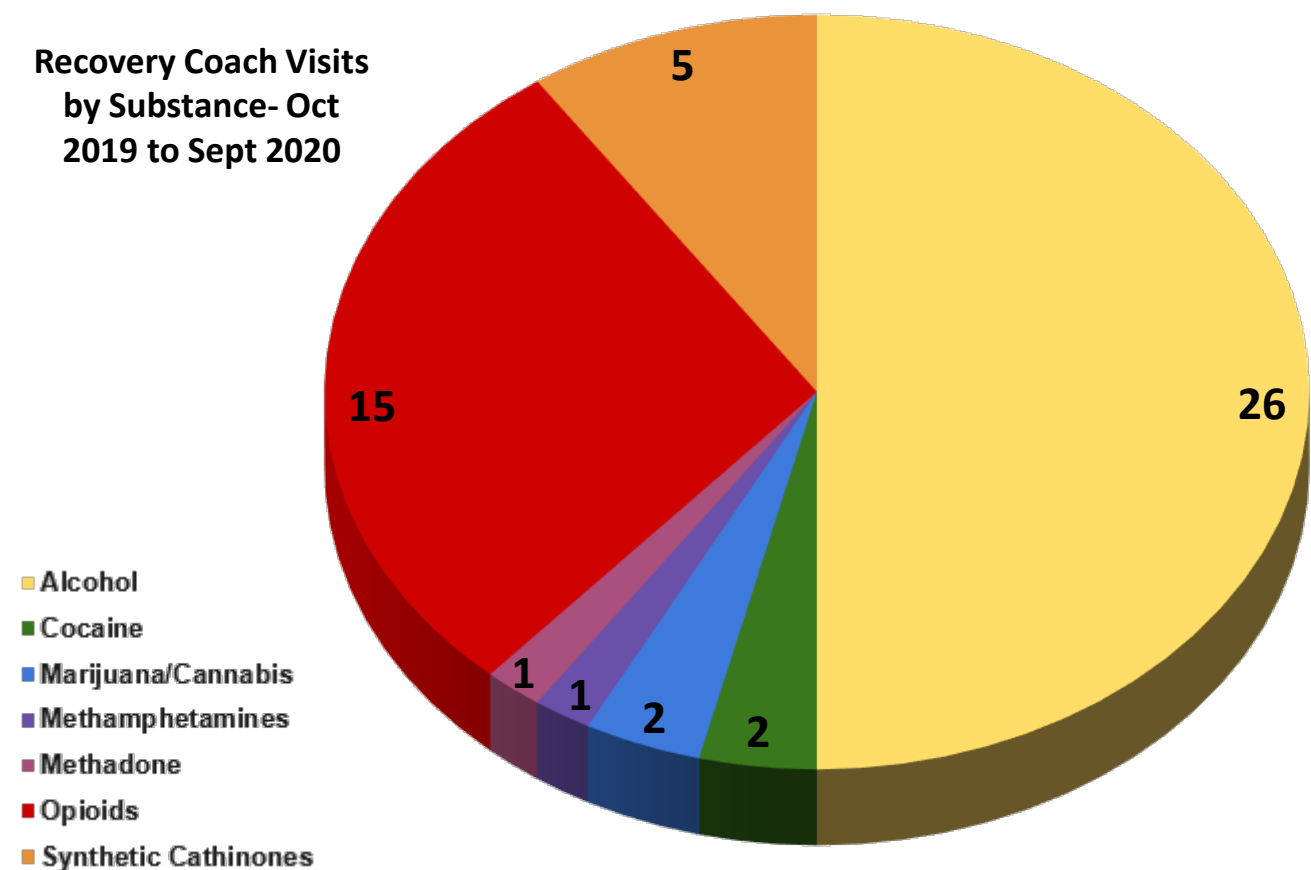


Data Source: VDH ADAP Monthly Opioid Related Fatalities Update

Improvement Work

- MAT is offered in ED, Pediatrics, OHC, and 2 community specialty practices; CVRS and BPA.
- Strong prevention work is underway in the region with programming and policies.
- The Community Health Implementation Workgroup is working to decrease barriers to treatment.

Recovery Coach Visits by Substance- Oct 2019 to Sept 2020

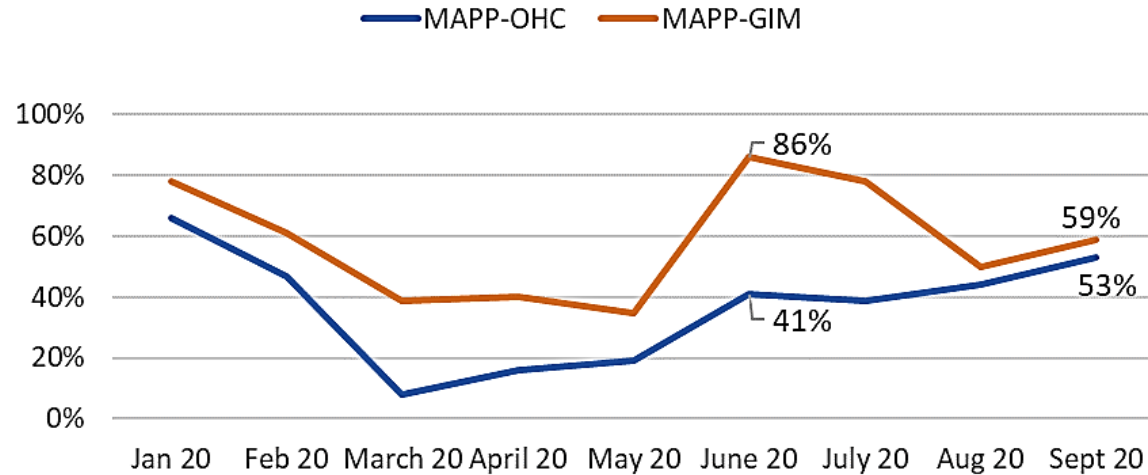


Data Source: Turning Point Recovery Center of Springfield, Vermont, Inc.

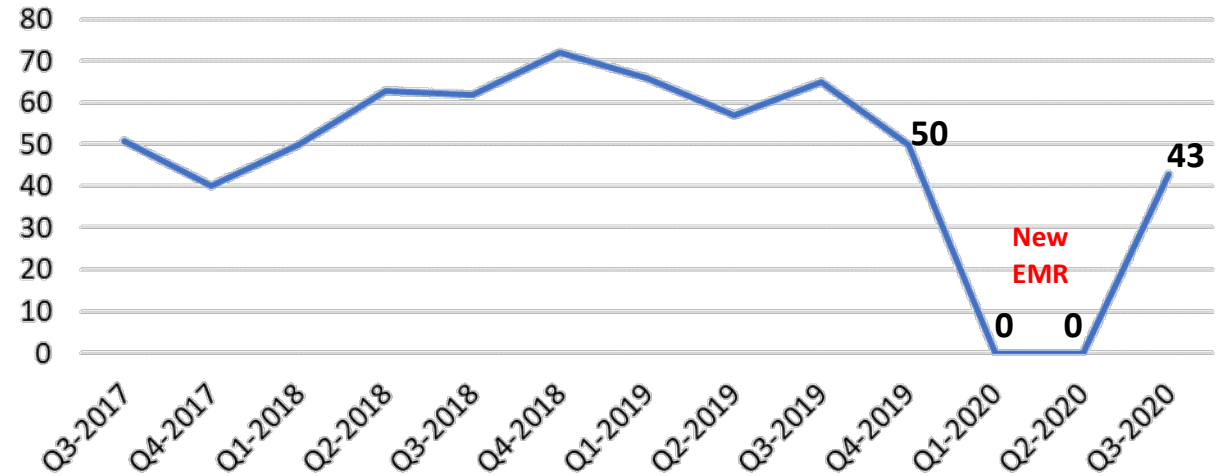
- Recovery Coach Program is active in ED and community.
- COVID- 19 is a high risk time.
- We are actively expanding outreach after overdose, Rapid Access To Medication Therapy and Narcan distribution and education in all of Windsor County.

Substance Use Disorder Treatment

Percentage of Patients (New Patients, Annual Exams, Well Visits) Who Received SBIRT Screening



New HCRS Substance Use Disorder Treatment Clients in Windsor County



- No data for Quarter 1 and 2 2020 due to new Electronic Medical Record
- Quarters based on calendar year

HSA Spoke Medication Assisted Treatment Resources, Sept 2020

Locations include: MAHHC, OHC, BPA and CVRS

MDs prescribing	14
MDs prescribing to ≥ 10 patients	7
Staff FTE hired	3.5
Medicaid beneficiaries in treatment (3-month avg.)	171

MAHHC Emergency Dept. Improvement Work:

- For FY20* in the ED there were 4 MAT patients with 5 doses, and in the calendar year there was 1 patient and 1 dose.
- 18 Narcan doses were distributed from the ED in FY20

* -FY20= Fiscal Year October 2019-September 2020)

RiseVT | 3-4-50 Prevention Work

RiseVT Amplify Grants Awarded	For Physical Activity	For Nutrition	For Mindfulness	Partner Organizations Involved
2018	2	2	0	5
2019	17	7	3	16
Jan – March 2020	2	3	0	0*
Apr – June 2020	6	4	1	3
July – Sept 2020	1	0	0	0
Total RiseVT Amplify grants awarded	28	16	4	24

Improvement Work

- RiseVT Amplify Grants support community partners whose projects make the healthy choice the easy choice where we live, work, learn, and play.
- Some grants cover more than one focus area, therefore they are included in counts for all relevant focus areas
- Partner organization counts are unique
- * All recipients in Q1 of 2020 were repeats from previous rounds.