

Petaluma Health Center improves outcomes, wins Davies Award for population health initiatives

Leveraging Relevant's analytics platform, Petaluma makes strategic interventions in care for hypertension and Hepatitis C

When Relevant first met the team at Petaluma Health Center, it was clear they were exceptionally effective at using data to drive clinical quality initiatives. What they lacked was an analytics platform to support this work and make it easier to get the right data into the hands of providers.

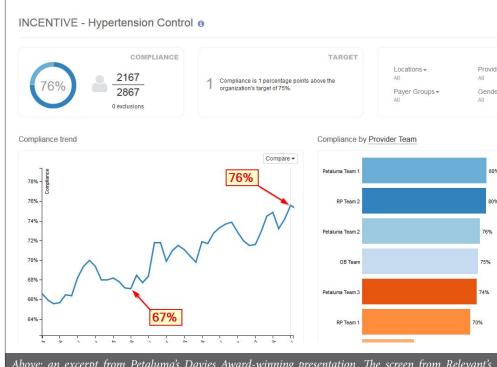
Today, Petaluma is using analytics in new ways to improve patient care, with Relevant's platform at the core of its population health infrastructure. This work was recently recognized by HIMSS, the global health IT society, which presented PHC with a Davies Award for its innovative use of technology.

"It felt like a recognition of many years of hard work," said Dr. Danielle Oryn, PHC's chief medical informatics officer. Petaluma was one of just three FQHCs nationally to win a Davies Award in 2017.

The two initiatives Petaluma presented to the Davies committee were improvements in blood pressure control for hypertension and a revamped

treatment protocol for Hepatitis C. Both issues are clinically important—better hypertension control means fewer heart attacks and strokes; better management of Hepatitis C means fewer liver failures—and in both cases, PHC was able to make significant improvements in patient outcomes.

One lesson the team at Petaluma has learned is the importance of setting aside structured time for providers to work on quality initiatives. And it doesn't have to be much. "Forty-five minutes a month," Dr. Oryn said. "We'd skip this for a given month, and we'd see a dip in the numbers."



Above: an excerpt from Petaluma's Davies Award-winning presentation. The screen from Relevant's analytics platform shows improvements in PHC's rates of blood pressure control for hypertension.

Petaluma's population health playbook

- Collaborate with providers to develop standard care guidelines
- Configure the EHR to make guidelines easy to follow (e.g. with templates and order sets)
- Stratify patients by risk and develop individual care plans for the highest-risk patients
- Outreach high-risk patients by voice, text, and e-mail
- Make data easily available to care teams and quality managers, allowing everyone to track progress with dashboards
- Set aside a small amount of structured time for providers and care teams to focus on population-level work

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Petaluma Health Center provides comprehensive care to 35,000 patients in California's Sonoma County, earning wide recognition for its innovative care models. To see PHC's Davies presentation materials, visit www.bit.ly/phc-davies. Find Petaluma online at www.phealthcenter.org.

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