Acknowledgement
Our gratitude goes to Amanda Koonjbeharry and Nedy Windham who thought out the internship period provided structured guidelines on how to best benefit from this experience. Secondly, our gratitude goes to the Neighborhood Healthsource staff who offered a professional working environment and support. Particularly, Dr. Rahshana Isuk Price who as an overall supervisor developed most of my projects and was always available for consultation. In addition to Rachel Betland and Mary Niska that we worked with on the meaningful EMR use project.

Background
Community Health Initiatives consulting project is a program run by University of Minnesota’s office of business and community economic development in partnership with Medica. It is one of the community engagement efforts it carries out under its community health initiative (CHI) program. CHI is an effort to support communities that face health disparities and other socioeconomic issues to better address them. This is done through provision of resources to community based businesses and non for profits.

Our host organization for the consulting project was Neighborhood Healthsource (NHS). NHS is a federally qualified Health Centre (FQHC) that operates four clinics in North and Northeast Minneapolis. The mission of NHS is to improve the health of the communities they serve by providing quality healthcare services that are accessible and affordable1. Its four clinics are Heritage, Sheridan, Fremont and Central clinics.

NHS primarily offers primary care services to low income individuals and runs an array of community health projects. Its funding is through federal grants, sliding scale payments from individuals and federal funds for services dispensed to publicly insured patients.

Our consulting project was under the Continuous quality improvement (CQI) department. The CQI department carries out monitoring and evaluation of the various activities that NHS does. It in addition assists with development of workflow processes improvements to enable NHS achieve its mission of quality health services that are affordable and accessible.

Our Supervisor was Dr. Rahshana Isuk-Price, the Medical director of NHS. This consulting project was carried out in a period of more than 60 hours spanning from October 1st and December 1st. This period was marked by tremendous professional development.

Objectives
The objectives of consulting project were;
1. To carry out monthly hypertension and diabetes D5 management audits for providers, clinics and entire NHS
2. To develop monthly hypertensive and Diabetic disease management provider reports
3. To assist in implementation of a meaningful Use of EMR project alongside EMR Consultant, Mary Niska
Activities

**Monthly hypertension and Diabetes D5 management audits**
We carried out data abstraction from EMR. Review of the patients’ charts was carried out. Information on the last BP measurement was done for the Hypertension measure. For the D5 measure, lipid level, hemoglobin A1C, smoking cessation, BP and prescription of aspirin was assessed. A report would then be developed on performance of the clinics and the providers.

**Monthly Provider Reports on Disease management**
The monthly reports for chronic disease management are developed and sent to providers to track the wellbeing of patients they serve. The focus at NHS is on two measures that is D5 diabetic management and on hypertension clinical management.
I developed these monthly audit reports on provider, clinic and NHS wide performance. Patients who were identified to be chronically on the non-compliant list were enrolled in to care management so as to address the root causes of the issues that they face.
Furthermore, an NHS wide measurement is developed against which the providers are measured. This provides guidance on identifying strategies to develop to address this key issue.

**Meaningful EMR Use Project**

**Patients’ reminder letters to attend their regular medical check ups at the clinic**

**Results**

Our three-month Graduate consulting project at NHS was a highly rewarding and hectic period. I attained almost all the objectives set out to be done in work plan save for development of minimum education materials for provider rooms. This was majorly because the guidelines on which topics to develop these materials were never availed to me.

The following were the deliverables from the consulting project

1. Monthly provider reports on diabetic D5 and hypertensive disease management for June, July and August
2. Reminder letters to patients less than five years or older than sixty-five years.

These outcomes were crucial in monitoring and evaluating the performance of NHS in various quality measures. Secondly these outcomes were the quality measures by which NHS was reimbursed for services delivered under the value based payment system.

Most importantly NHS developed workflow improvement processes based on this data to better improve quality of health care it delivers.

**Challenges**

1. Identification of resources for certain audit: guidelines for carrying out audits on most measures were available. However there were a couple of audits whose guidelines for carrying them out were impossible to access
2. The quality analyst position is currently not filled. The quality analyst would have been our direct supervisor and would have provided more support.
3. Cumbersome electronic Medical records (EMR) system: Centricity-NHS EMR system is a cumbersome EMR system to carry out data abstraction from. The Meridios program hopefully will mitigate the need to manually abstract data.

4. The work entailed could only be done in person and required more than the 60 hours stipulated.

**Recommendations**

1. Standardization of workflow processes for quality audits: Quality audits particularly midyear dashboards are crucial in tracking the progress of performance of the organization in certain measures. It is therefore of utmost importance that one is able to duplicate the exact steps used in previous years. This is crucial in ensuring that there are no declines or increases in performance based solely on the difference between the ways the two were measured

2. Orientation and training for Intern: As an Academic Health Centre Student, I have been trained in HIPAA regulations and other trainings relating to healthcare data management. A detailed orientation and training would help establish expectations for the intern and train them in crucial skills that will enable them to contribute maximally to NHS’s mission

3. Appoint a quality analyst.

4. Create a consulting project that is focused on particular aspect and more flexible for offsite work

**Conclusion**

This was a highly beneficial experience for our professional growth. This experience offered us the core competencies in evaluation and monitoring. These will be crucial skill sets in our long term careers that are focused on health disparities and healthcare quality improvement.