PERFORMANCE IMPROVEMENT CME

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SOCIETY FOR ACADEMIC CME
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Index to Slide Deck

Index to Slide Deck

Index to Slide Deck

Once you "open your books on performance" to public scrutiny, the only safe place you have in which to hide is excellence.

SETMA Achievements

- July 2010 - NCQA PC-MH Tier Three
- July 2010 – Joslin Diabetes Center Affiliate
- August 2010 - NCQA Diabetes Recognition Program
- August 2010 - AAAHC Medical Home
- August 2010 - AAAHC Ambulatory Care
- March 2011 – Address staff of ONC of HIT, HHS

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Diabetes Care Improvements

From 2000 to 2011

- HgbA1C standard deviation improvement from
  1.98 to 1.33
- HgbA1C mean (average) improvement from
  7.48% to 6.65%
- Elimination of Ethnic Disparities of Care in Diabetes

Diabetes Care Initiatives and Results

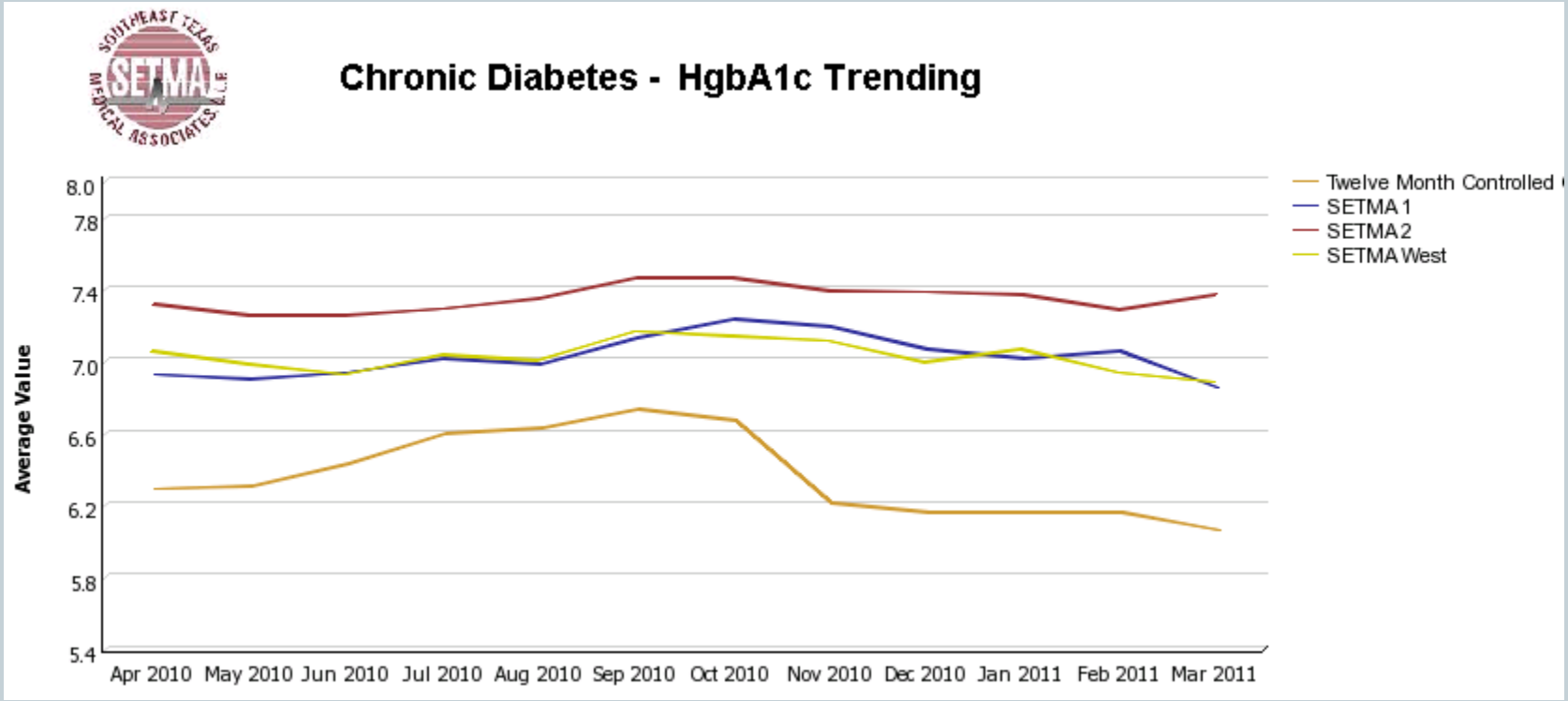
- 2000 - Design and Deployment of EHR-based Diabetes Disease Management Tool
  - **HgbA1C improvement 0.3%**
- 2004 - Design and Deployment of American Diabetes Association certified Diabetes Self Management Education (DSME) Program
  - **HgbA1C improvement 0.3%**
- 2006 - Recruitment of Endocrinologist
  - **HgbA1C improvement 0.25%**

SETMA's 2010 NCQA Diabetes Metrics

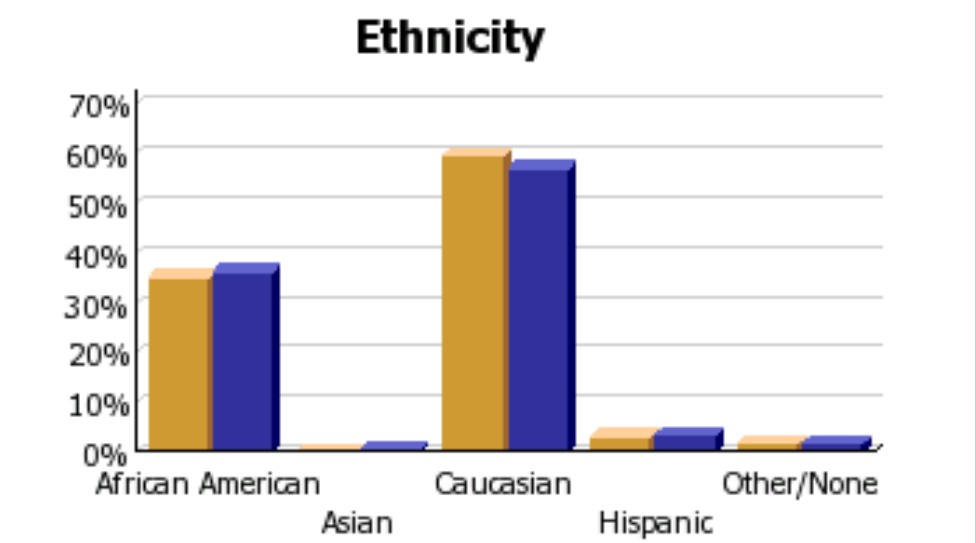
NCQA Diabetes Measures
Encounter Date(s): January 1, 2010 to December 31, 2010

Location	Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 60%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 80%	LDL >= 130 <= 37 %	LDL < 100 >= 36%	Nephropathy >= 80%	Foot Exam >= 80%	Total Points
SETMA 1	Aziz	953	12.2%	81.0%	61.5%	30.2%	43.5%	53.0%	71.1%	11.9%	67.5%	69.0%	63.3%	70
	Duncan	669	8.8%	81.3%	63.1%	11.5%	72.0%	58.7%	78.8%	14.5%	67.9%	60.4%	81.5%	75
	Henderson	747	11.2%	78.2%	58.9%	9.6%	68.1%	60.4%	86.8%	17.1%	65.3%	72.0%	92.8%	95
	Murphy	1,408	7.2%	83.2%	63.6%	20.2%	55.8%	42.3%	55.7%	10.2%	71.8%	75.3%	85.4%	75
	Sims	421	11.6%	79.1%	59.1%	22.8%	51.3%	47.0%	82.2%	17.8%	60.6%	62.5%	72.9%	80
	Thomas	697	11.8%	70.6%	49.6%	14.8%	59.1%	66.6%	73.2%	14.3%	57.7%	62.6%	75.8%	80
SETMA 2	Ahmed	3,452	18.8%	63.1%	38.1%	9.1%	62.5%	66.7%	51.2%	10.9%	67.5%	46.3%	98.7%	68
	Anthony	995	12.1%	78.1%	59.9%	13.6%	70.3%	62.9%	68.8%	14.0%	64.9%	89.1%	97.0%	90
	Anwar	1,488	7.1%	81.5%	57.7%	5.9%	77.8%	71.8%	70.5%	12.2%	63.7%	85.8%	88.1%	90
	Cricchio	838	10.5%	79.2%	62.8%	8.5%	72.4%	66.0%	60.3%	14.7%	63.8%	85.3%	81.4%	90
	Holly	459	10.5%	80.0%	63.2%	6.3%	74.3%	78.0%	61.3%	10.0%	65.1%	92.8%	86.7%	90
	Leifeste	960	8.7%	79.0%	63.5%	13.4%	63.6%	72.4%	58.9%	9.7%	66.0%	86.0%	81.7%	90
	Wheeler	623	9.0%	81.9%	59.2%	17.5%	56.0%	56.5%	77.2%	16.4%	59.6%	79.1%	86.8%	75
SETMA West	Curry	477	11.7%	70.9%	50.5%	15.1%	61.2%	61.2%	57.7%	10.5%	64.2%	72.1%	89.9%	85
	Deiparine	687	8.2%	64.3%	47.7%	18.2%	57.9%	58.7%	87.3%	9.3%	52.4%	57.4%	91.1%	85
	Halbert	1,218	10.3%	75.9%	58.0%	26.8%	48.9%	47.5%	53.1%	14.5%	58.6%	40.2%	68.8%	70
	Horn	857	6.7%	79.0%	61.3%	4.2%	71.9%	47.7%	75.9%	12.7%	56.5%	70.9%	96.1%	75
	Satterwhite	426	11.3%	70.0%	50.0%	28.9%	47.2%	66.4%	82.7%	15.3%	51.6%	80.8%	76.1%	95

COGNOS Diabetes Audit - Trending



COGNOS Diabetes Audit – Ethnicity



	African American	Ethnicity Asian	Caucasian	Hispanic	Other/None
Controlled	35.3%	0.3%	59.6%	3.2%	1.6%
Selected	36.4%	0.9%	57.2%	3.6%	2.0%

Trust and Hope

In the midst of health-information-technology innovation, we must never forget that the **foundations of healthcare change are "trust" and "hope."**

Without these, science is helpless!

Domains of Healthcare Transformation

The Substance

Evidenced-based medicine and comprehensive health promotion

The Method

Electronic Patient Management

The Organization

Patient-centered Medical Home

The Funding

Capitation with payment for quality

Continuing Professional Development

REDESIGNING CONTINUING EDUCATION HEALTH PROFESSIONS

Institute of Medicine of National Academies (IOM)
December 2009

"Knowing is not enough; we must apply. Willing is not enough; we must do."
- Goethe

Continuing Professional Development

"On average, it now takes 14-17 years for new evidence to be broadly implemented (*Balas and Boren*, 2000). Shortening this period is key to advancing the provision of evidence-based care, and will require the existence of a well-trained health professional workforce that continually updates its knowledge."

(p. 16)

Continuing Professional Development

"In recent years, a broader concept, called **continuing professional development** (CPD), has been emerging that 1ncorporates CE as one modality while adding other important features. CPD is **learner-driven**, allowing learning to be tailored to individual needs. CPD uses a broader variety of learning methods and builds on a broader set of theories than CE. CPD methods include self-directed learning and organizational and systems factors; and it focuses on both clinical content and other practice-related content, such as communications and business." (p. 17)

Continuing Professional Development

"…an effective CPD system should ensure that health professionals are prepared to:

1. "Provide patient-centered care.
2. Work in inter-professional teams.
3. Employ evidence-based practice.
4. Apply quality improvement.
5. Use health informatics." (p. 94)

The Dr. and Mrs. James L. Holly Distinguished Professorship

A Permanent Endowment…will promote a model of patient-centered primary care and interdepartmental and interdisciplinary education.

"…a distinguished professorship to promote patient-centered medical homes, the future of healthcare and the vision we share for the care of which your School of Medicine will be known….your vision…will create the first-in-the-country academic endowment focused on the patient centered medical home model, a notable milestone in the history of the Health Science Centered."

William L. Henrich, MD, M.A.C.P,
President, University of Texas Health Science Center, San Antonio

Missing Link in CME

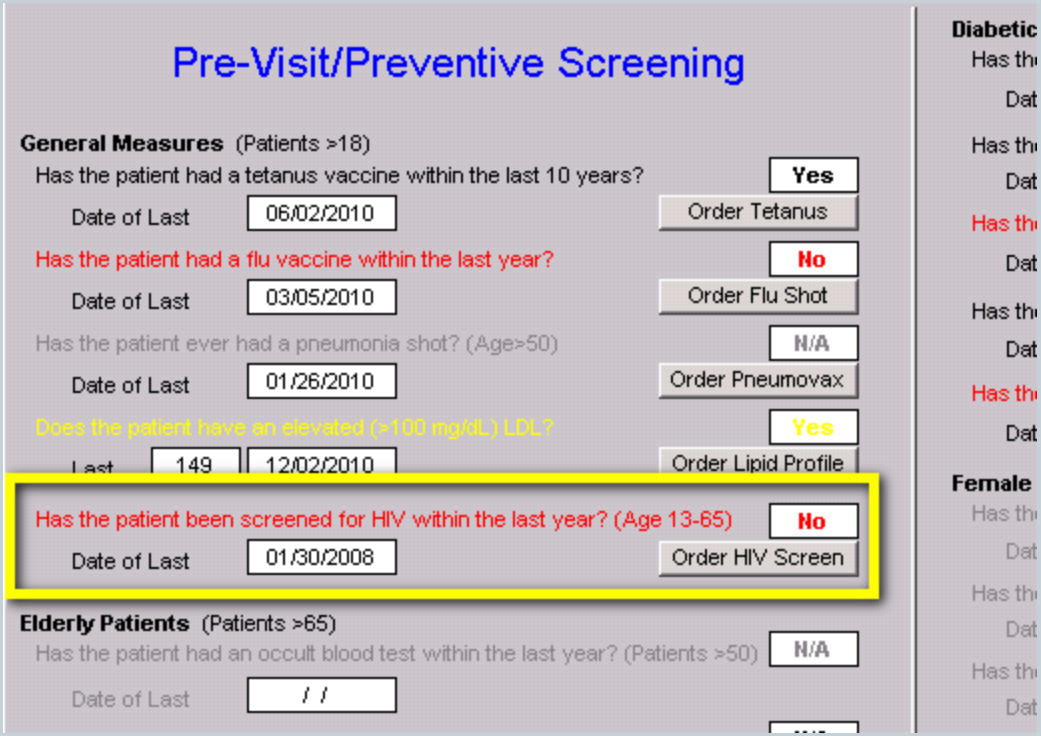
- The “missing link” in CME is the incorporation of the new information into a clinician’s active and intentional workflow.

- SETMA had one provider who routinely completed 500 hours of CME a year. He knew more than almost anybody but his outcomes never changed. He never incorporated what he knew into his workflow.

Linking That Which is Missing

- Annually, the American Diabetes Association (ADA) publishes a 100-page update on the standards of care in diabetes.
- Reading it is good, but incorporating it into patient care is the goal.
- New information or new standards of care built into clinical decision support, **provides the missing link between CME and performance.**
- Annually, SETMA's Diabetes Disease Management Tool is updated with the ADA Standards.

HIV Screening Initiative



Quality Initiative & Workflow

Texas Department of State Health Services
HIV/ASTD Prevention and Care Branch
Promoting Annual HIV
Screening for ages 13-64

SETMA has agreed to participate. But how do you get this done with five clinics and busy providers who already have a great deal to do?

Quality Initiative & Workflow

Place HIV testing with the discriminators into Preventive Health & Screening protocol.

- If the HIV test is **black** it applies to the patient and has been done
- If the HIV test is **grey**, it does not apply t the patient
- If the HIV is **red**, it applies and has note been done

If the button is red, click it!

Quality Initiative & Workflow

When the button is clicked, the following happens:

1. Test is ordered
2. Sends order to the chart, billing and lab
3. Determines whether the patient's insurance will pay for test, or if bill goes to state grant
4. Automatically populates release form giving with patient information
5. Prints the consent form for the patient to sign

Quality Initiative & Workflow

- Before starting the program audit all charts to see what percentage of patients had an HIV test in the past year. That number will be very low.
- Quarterly, audit patients seen as to what percentage had an HIV test done and what percent refused.
- Post notices requesting that patients allow testing.
- Send letters encouraging patients to be tested.
- Do a survey among those who refuse and to why.

Knowledge and Practice

- Acquiring and applying medicine's complex knowledge base effectively will require a fundamental shift in physician approach to information.

- Electronic medical records provides the means for that shift but does not dictate that such a shift will take place.

Peter Senge, *The Fifth Discipline*

"Learning has come to be synonymous with 'taking in information'…(which) is only distantly related to real learning." Today healthcare can:

- Create more information than anyone can absorb
- Foster greater interdependency than anyone can manage
- Accelerate change faster than anyone's ability to keep pace."

Complexity Undermines Confidence and Responsibility

- Confidence is undermined when the vastness of available, valuable and applicable information is such that it appears futile to the individual to try and "keep up."
- Without confidence, responsibility is surrendered as healthcare providers tacitly ignore best practices, substituting experience as a decision-making guide.

Primary Care Literature

"How Much Effort is needed to keep up with the literature relevant to primary care?"

- 341 journals relevant to primary care
- 7,287 articles published monthly
- 627.5 hours per month to read and evaluate these articles.

Knowledge and Access

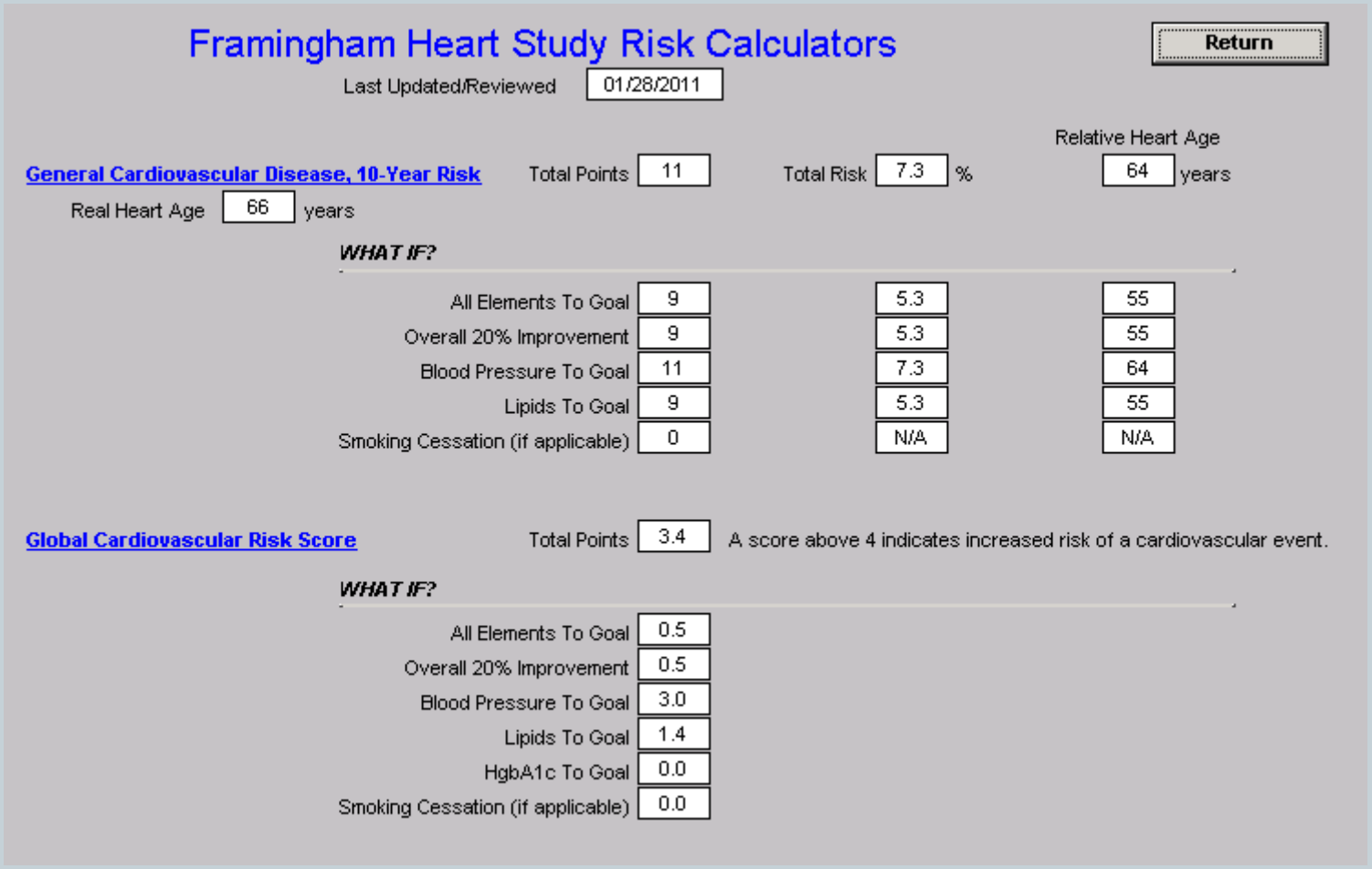
- Without medical knowledge, quality-of-care initiatives will falter, but the volume of medical knowledge is so vast that it can overwhelm healthcare providers.
- The good news: the state of our current knowledge is excellent. The bad news: the form in which that knowledge is stored.

Creating Discomfort

- Patient change will be achieved by enhancing the capability of a provider to **create discomfort in the patient** in order To effect change which will benefit the patient in the long run.

- **Creation of discomfort in the provider** via self-auditing at the point of care allowing the provider to measure his/her performance against an accepted standard and then public reporting by provider name.

Framingham Risk Scores – What If Scenario



Framingham Heart Study Risk Calculators

Return

Last Updated/Reviewed 01/28/2011

			Relative Heart Age
General Cardiovascular Disease, 10-Year Risk	Total Points 11	Total Risk 7.3 %	64 years
Real Heart Age 66 years			

WHAT IF?

All Elements To Goal	9	5.3	55
Overall 20% Improvement	9	5.3	55
Blood Pressure To Goal	11	7.3	64
Lipids To Goal	9	5.3	55
Smoking Cessation (if applicable)	0	N/A	N/A

Global Cardiovascular Risk Score — Total Points 3.4 — A score above 4 indicates increased risk of a cardiovascular event.

WHAT IF?

All Elements To Goal	0.5
Overall 20% Improvement	0.5
Blood Pressure To Goal	3.0
Lipids To Goal	1.4
HgbA1c To Goal	0.0
Smoking Cessation (if applicable)	0.0

Point of Leverage

- Most healthcare analysis focuses upon multiple variables and a plethora of data. This is "**detail complexity**."
- The greatest opportunity for effecting change in an organization or an organism is in what Senge calls "**dynamic complexity**."

Dynamic Complexity and Data Display

- Dynamic complexity occurs when “cause and effect are subtle, and where the effects over time of interventions are not obvious.”

- Data display can obscure effective management if it simply presents more detail while ignoring, or further obscuring, the dynamic interaction of one part of a biological system with another.

Seeing Circles of Causality

"Reality is made up of circles, but we see straight lines …Western languages…are Biased toward a linear view. If we want to see system-wide interrelationships, we need a language of interrelationships, a language of circles."

(*The Fifth Disciple*)

Dynamic Interaction

Healthcare is improved when the organization of information creates a dynamic interaction between the provider, the patient, the consultant and all other members of the healthcare team, as well as creating the simultaneous integration of that data across disease processes and across provider perspectives, i.e., specialties.

Dynamic Changes

Healthcare delivery is not necessarily improved when an algorithm for every disease process is produced and made available on a handheld pocket computer device but it is improved when the data and decision-making tools are structured and displayed in a fashion which dynamically changes as the patient's situation and need change.

Impact of Data

- Healthcare delivery also improves when data and information processed in one clinical setting are simultaneously available in all settings.

- This improvement does not only result from efficiency but from the impact the elements contained in that data set exert upon multiple aspects of a patient's health.

Quality at the Point of Care

Healthcare is improved when evaluation of the quality of care as measured by evidenced-based criteria is automatically determined at the point of. Healthcare is improved when the data display makes it simple for the provider to comply with the standards of care, if the evaluation demonstrates a failure to do so.

Data Longitudinally

- Healthcare **is also improved** when data can be displayed longitudinally, demonstrating to the patient over time how their efforts have affected their global well-being.

- This is circular rather than linear thinking:
  - A person begins at health.
  - Aging and habits result in the relative lack of health.
  - Preventive care and positive steps preserve, or restore health.

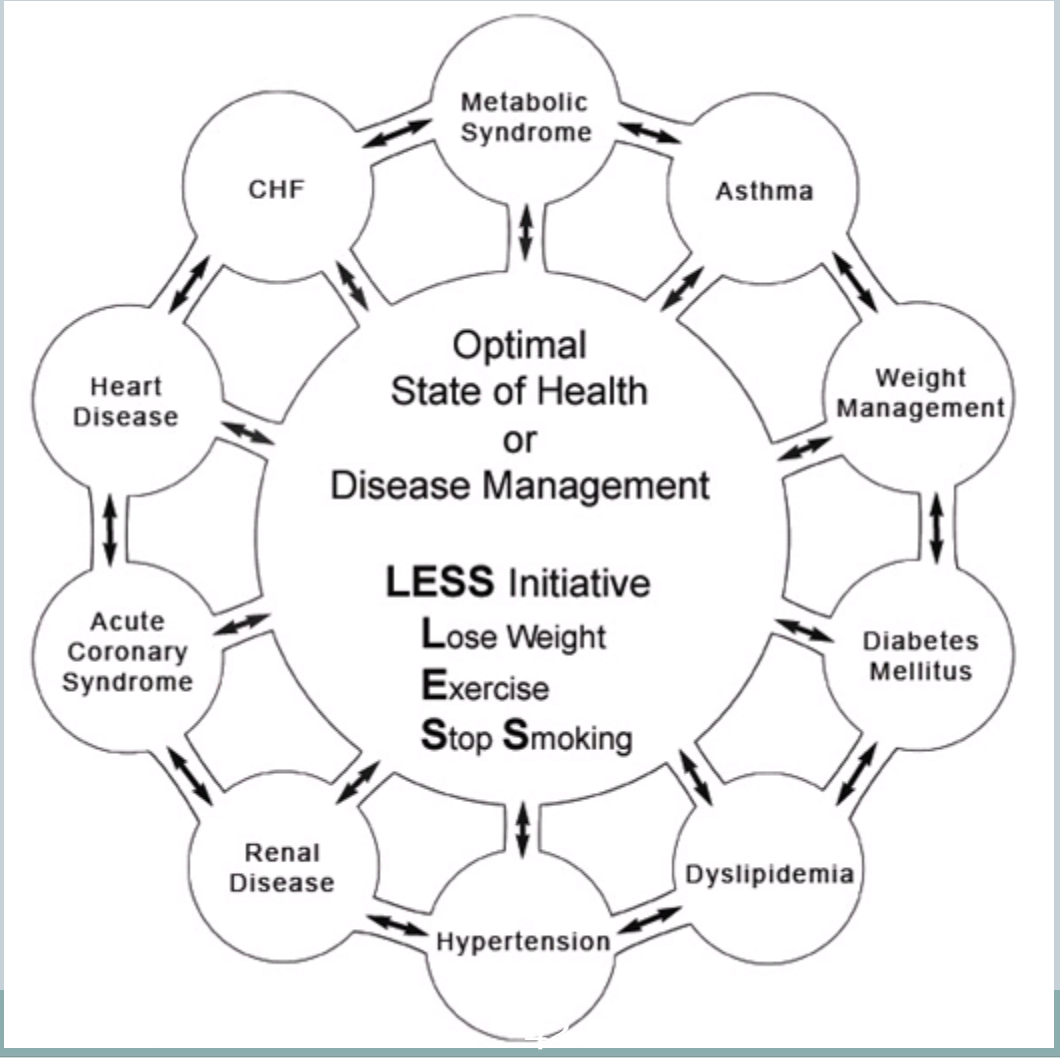
Dynamic Auditing Tools

Healthcare improvement via systems will require dynamic auditing tools giving providers and patients immediate feedback on the effectiveness of their healthcare delivery.

EMR Power

How can electronic patient records and/or electronic patient management help solve these problems and make it possible for healthcare providers to remain current and fulfill their responsibility of caring for patients with the best treatments available?

Circular Causality



Data Flow

- To and from the patient's core information, and to and from interactive disease management capabilities:
  - Acute condition data
  - Longitudinal data
  - Standards of care which reflect a positive state of health
  - Automatically-populated-treatment reflecting best practices based on random controlled trials
  - Auditing tools which reflect provider excellence
  - Automatically-populated-patient follow-up instructions
  - Automatically-created-patient education

SETMA's Ten Principles of EHR Design

- Pursue Electronic Patient Management rather than Electronic Patient Records
- Bring to bear upon every patient encounter what is known rather than what a particular provider knows.
- Make it easier to do it right than not to do it at all.
- Continually challenge providers to improve their performance.
- Infuse new knowledge and decision-making tools throughout an organization instantly.

SETMA's Ten Principles of EHR Design

- Establish and promote continuity of care with patient education, information and plans of care.
- Enlist patients as partners in their health improvement.
- Evaluate the care of patients longitudinally.
- Audit provider performance based on the Consortium for Physician Performance Improvement Data Sets.
- Create multiple disease-management tools which are integrated in an intuitive and interchangeable fashion giving patients the benefit of expert knowledge about specific conditions while they get the benefit of a global approach to their total health.

SETMA's Ten Principles of EHR Design

These principles define the nature of EHR tools which are designed as electronic-patient-management tools and they define nature of effective clinical-decision-support tools.

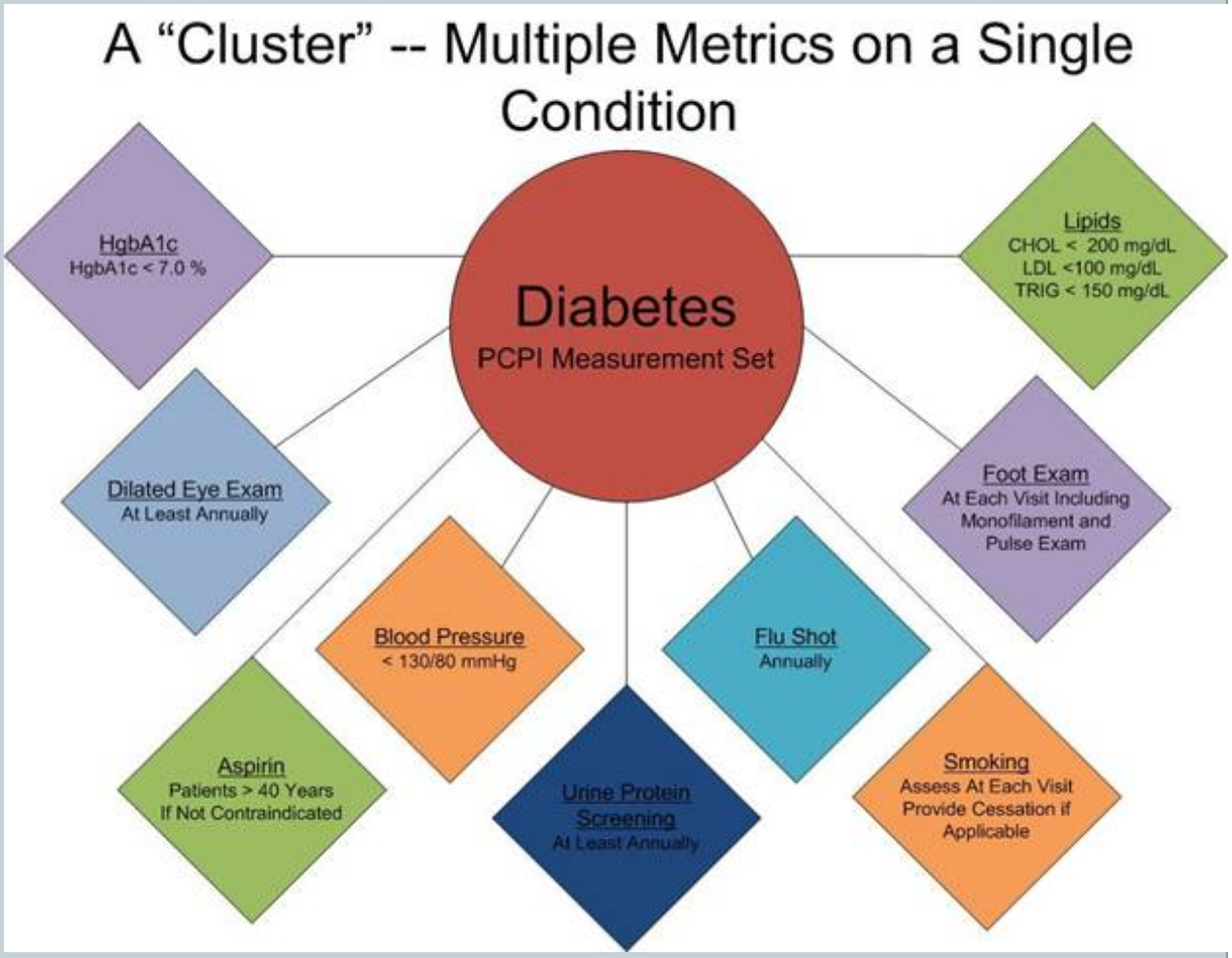
Clusters and Galaxies

SETMA believes that fulfilling a single or a few quality metrics does not change outcomes, but fulfilling "clusters" and "galaxies" of metrics at the point-of-care *will* change outcomes.

- A "**cluster**" is seven or more quality metrics for a single condition (i.e. diabetes, hypertension, etc.)
- A "**galaxy**" is multiple clusters for the same patient (i.e. diabetes, hypertension, lipids, CHF, etc.)

A Cluster

A single patient, at a single visit, for a single condition, will have eight or more quality metrics fulfilled, which WILL change the outcome of a patient's treatment.



A Galaxy

A single patient, at a single visit, can have multiple clusters of quality metrics and may have as many as 60 or more quality metrics fulfilled in his/her care which WILL change the outcomes.

The SETMA Model of Care

The SETMA Model of Care

SETMA's model of care is based on the concepts of "clusters" and "galaxies" of quality metrics and on these principles of healthcare transformation:

- Evidence based medicine/health and wellness
- Electronic patient management
- Patient-Centered Medical Home
- Medicare Advantage Payment Method (capitation)

Step 1 –Tracking Quality Metrics

The **tracking** on each patient by each provider of their performance on preventive and screening care and quality standards for acute and chronic care. Tracking occurs simultaneously with the performing of these services by the entire healthcare team, including the personal provider, nurse, clerk, management, etc.

Step 1 –Tracking Quality Metrics

- The PCPI is an organization created by the AMA, CMS, IOM and others to develop measurement sets for quality-care assessment. The intent is to allow healthcare providers to evaluate their own performance at the time they are seeing a patient.

- SETMA tracks PCPI measurement sets for Chronic Stable Angina, CHF, Diabetes, Hypertension, and CRD Stages IV & V, ESRD, Adult Weight Management, and Care Transitions.

Step 1 –Tracking Quality Metrics

- SETMA also tracks measurement sets endorsed by NQF. NCQA (HEDIS and Medical Home), PQRI, AQA, and Bridges to Excellence. Also, SETMA designed a Pre-visit quality measures screening and preventive care tool.
- This allows a SETMA provider and a patient to quickly and easily assess whether or not the patient has received all of the appropriate preventive health care and the appropriate screening health care which national standards establish as being needed by this patient.

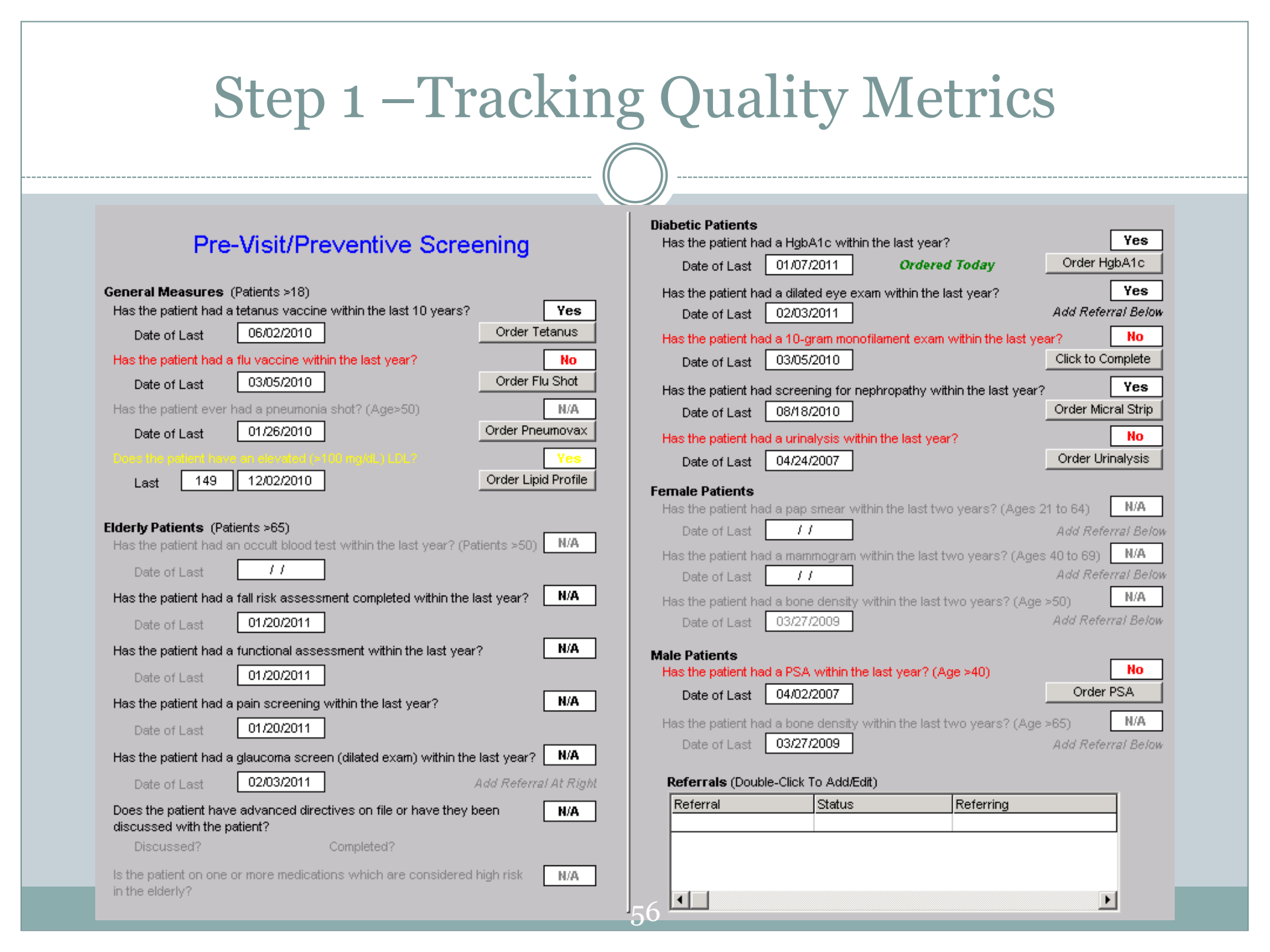
Step 1 –Tracking Quality Metrics

Pre-Visit Preventive/Screening tool

- All measures in **black** apply to the current patient and are fulfilled.
- All measures in **red** apply to the current patient and have not been fulfilled.
- All measures in **grey** do not apply to the current patient.

If a point of care is missing, it can be fulfilled with the single click of a single button.

Step 1 –Tracking Quality Metrics



Step 1 –Tracking Quality Metrics

There are similar tracking tools for all of the quality metrics which SETMA providers track each day. Such as this example of NQF-endorsed measures.

National Quality Forum (NQF)
National Voluntary Consensus Standards

Legend Measures in red are measures which apply to this patient that are not in compliance.
Measures in black are measures which apply to this patient that are in compliance.
Measures in gray are measures which do not apply to this patient.

General Health Measures
- View Body Mass Index Measurement
- View Smoking Cessation
- Proper Assessment for Chronic COPD
- Adult Immunization Status

Blood Pressure Measures
- View Blood Pressure Measurement
- View Blood Pressure Classfication/Control

Medication Measures
- View Current Medciation List
- View Documentation of Allergies/Reactions
- View Therapeutic Monitoring of Long Term Medications
- Drugs to Avoid in the Elderly
- View Appropriate Medications for Asthma
- View Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- View LDL Drug Therapy for Patients with CAD

Chronic Conditions Measures
- Comprehensive CHF Care
- View Osteoarthritis Care

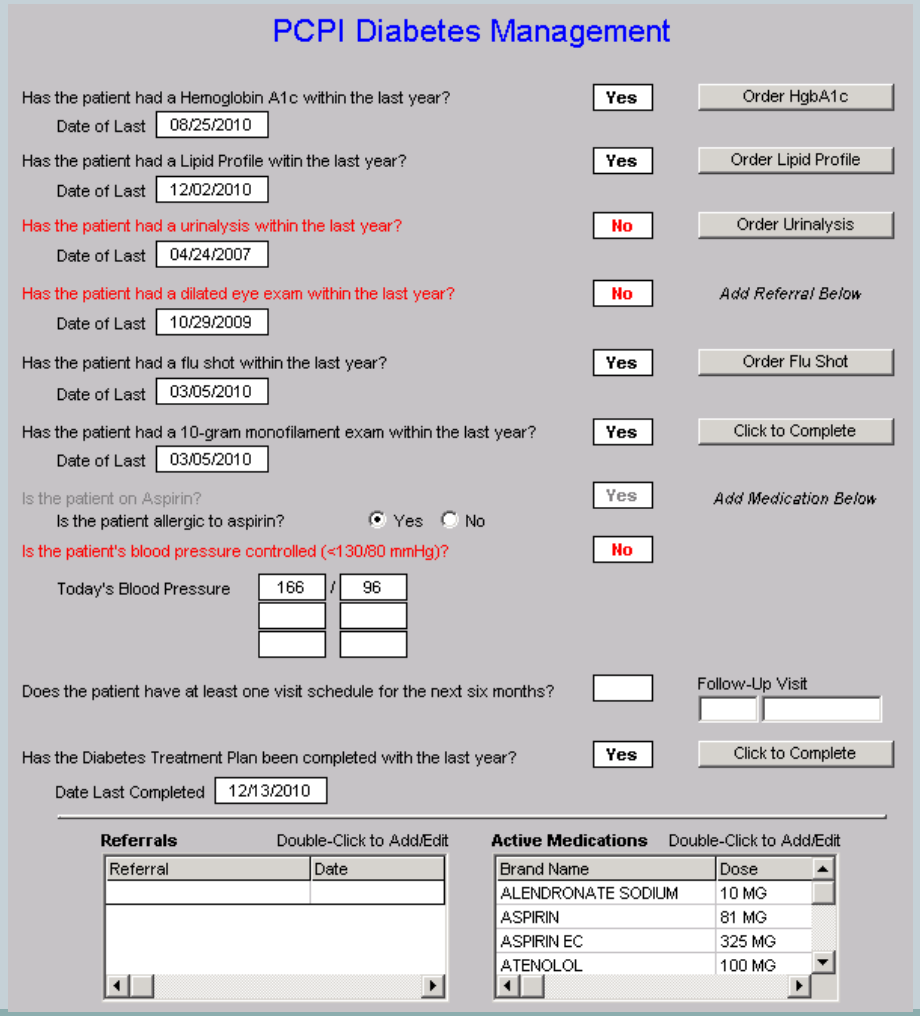
Care for Older Adults
- Counseling on Physical Activity
- View Urinary Incontinence in Older Adults
- Colorectal Cancer Screening
- Fall Risk Management

Diabetes Measures
- View Dilated Eye Exam
- View Foot Exam
- View Hemoglobin A1c Testing/Control
- View Blood Pressure
- View Urine Protein Screening
- View Lipid Screening

Female Specific Measures
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Osteoporosis Management

Pediatric Measures
- Appropriate Screening for Children with Pharyngitis
- Childhood Immunization Status

Step 1 –Tracking Quality Metrics



Step 1 –Tracking Quality Metrics

- In order for the tracking of quality metrics to be valuable to the patient, the patient must know what is being tracked, what it means and what has or has not been performed in their own care.

Passing the Baton

- If responsibility for a patient's healthcare is symbolized by a baton, the healthcare provider carries the baton for 0.68% of the time. The patient carries the baton 99.22% of the time.

- Coordination of care between healthcare providers is important but **the coordination of the patient's care between the healthcare provider and the patient is imperative**.

Passing the Baton

"Often, it is forgotten that the member of the healthcare delivery team who carries the 'baton' for the majority of the time is the patient and/or the family member who is the principal caregiver. If the 'baton' is not effectively transferred to the patient or caregiver, the patient's care will suffer."


Firmly in the provider's hand,
the baton – the care and treatment plan –
must be confidently and securely grasped by the patient,
if change is to make a difference,
8,760 hours a year.

The Baton – What Does it Mean?

In all public areas and in every examination room, SETMA's "Baton" poster is displayed. It illustrates:

- That the healthcare-team relationship, which exists between patient and healthcare provider, is key to the success of the outcome of quality healthcare.
- That the plan of care and treatment plan, the "baton," is the engine through which the knowledge and power of the healthcare team is transmitted and sustained.

The Baton – What Does it Mean?

- That the means of transfer of the "baton", which has been developed by the healthcare team .is a coordinated effort between the provider and the patient.
- That typically the healthcare provider knows and understands the patient's healthcare plan of care and the treatment plan, but without its transfer to the patient, the provider's knowledge is useless to the patient.
- That the imperative for the plan – the "baton" – is that it be transferred from the provider to the patient, if change in the life of the patient is going to make a difference in the patient's health.

The Baton – What Does it Mean?

- That this transfer requires that the patient "grasps" the "baton," i.e., that the patient accepts, receives , understands and comprehends the plan, and that the patient is equipped and empowered to carry out the plan successfully.

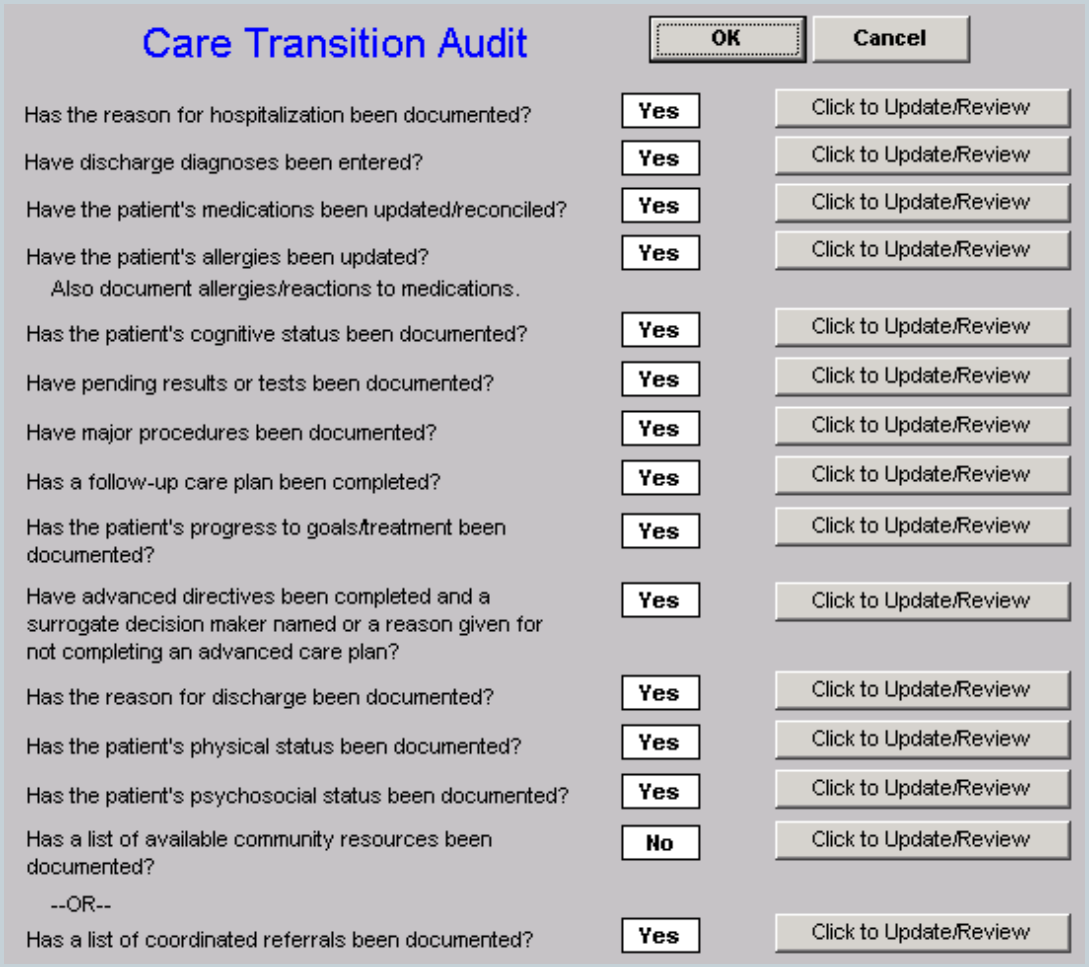
- That the patient knows that of the 8,760 hours in the year, he/she will be responsible for "carrying the baton," longer and better than any other member of the healthcare team.

The Baton – What Does it Mean?

- There are numerous points of “care transition” in the patient's care. In the transition of care from the hospital, there are potential eight different types of care transition.

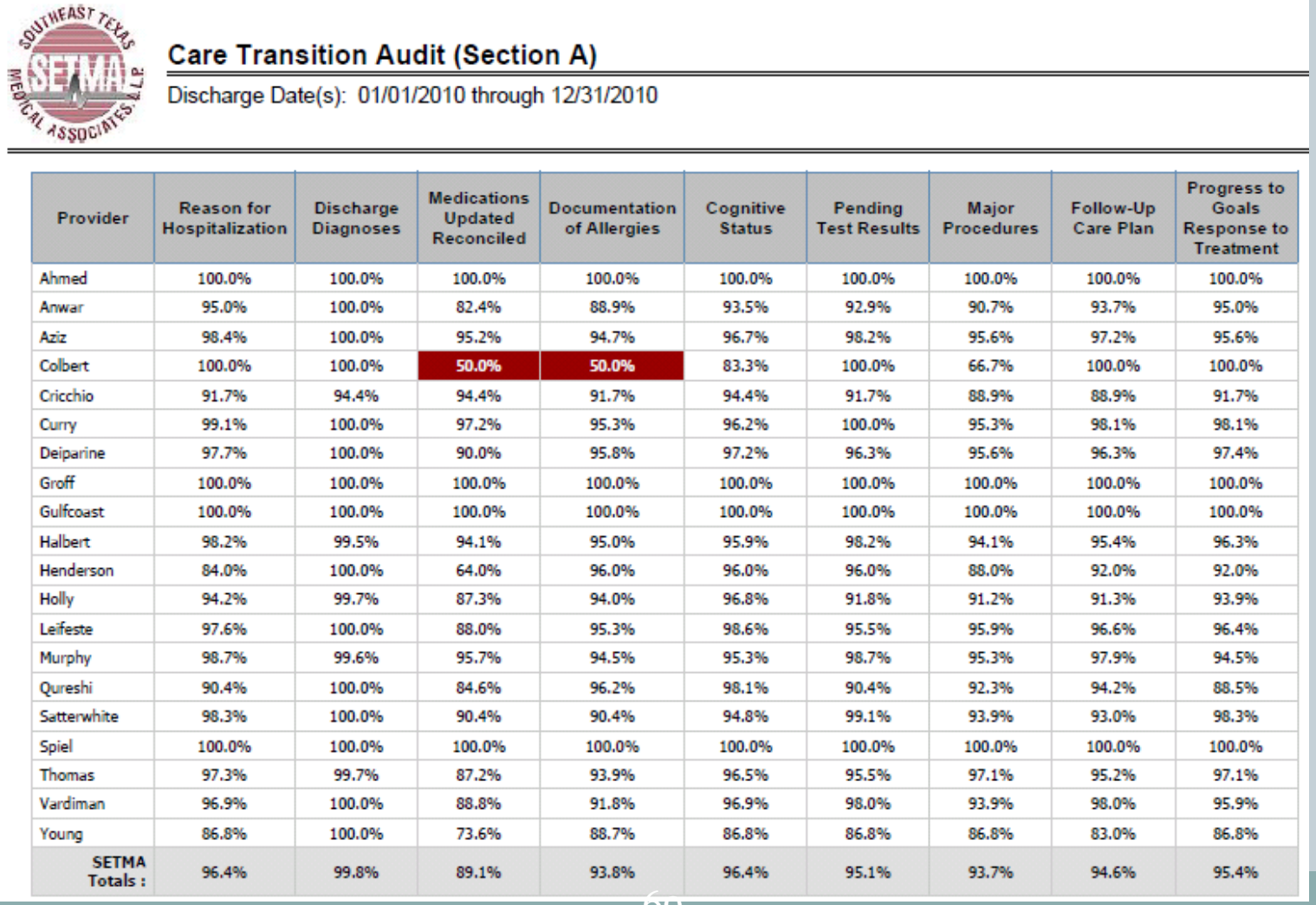
- PCPI has published a “Transition of Care Measurement Set,” which is illustrated here.

Transition of Care Measurement



Transition of Care Measurement

Transition of Care Measurement



Care Transition Audit (Section A)

Discharge Date(s): 01/01/2010 through 12/31/2010

Provider	Reason for Hospitalization	Discharge Diagnoses	Medications Updated Reconciled	Documentation of Allergies	Cognitive Status	Pending Test Results	Major Procedures	Follow-Up Care Plan	Progress to Goals Response to Treatment
Ahmed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Anwar	95.0%	100.0%	82.4%	88.9%	93.5%	92.9%	90.7%	93.7%	95.0%
Aziz	98.4%	100.0%	95.2%	94.7%	96.7%	98.2%	95.6%	97.2%	95.6%
Colbert	100.0%	100.0%	50.0%	50.0%	83.3%	100.0%	66.7%	100.0%	100.0%
Cricchio	91.7%	94.4%	94.4%	91.7%	94.4%	91.7%	88.9%	88.9%	91.7%
Curry	99.1%	100.0%	97.2%	95.3%	96.2%	100.0%	95.3%	98.1%	98.1%
Deiparine	97.7%	100.0%	90.0%	95.8%	97.2%	96.3%	95.6%	96.3%	97.4%
Groff	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gulfcoast	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Halbert	98.2%	99.5%	94.1%	95.0%	95.9%	98.2%	94.1%	95.4%	96.3%
Henderson	84.0%	100.0%	64.0%	96.0%	96.0%	96.0%	88.0%	92.0%	92.0%
Holly	94.2%	99.7%	87.3%	94.0%	96.8%	91.8%	91.2%	91.3%	93.9%
Leifeste	97.6%	100.0%	88.0%	95.3%	98.6%	95.5%	95.9%	96.6%	96.4%
Murphy	98.7%	99.6%	95.7%	94.5%	95.3%	98.7%	95.3%	97.9%	94.5%
Qureshi	90.4%	100.0%	84.6%	96.2%	98.1%	90.4%	92.3%	94.2%	88.5%
Satterwhite	98.3%	100.0%	90.4%	90.4%	94.8%	99.1%	93.9%	93.0%	98.3%
Spiel	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Thomas	97.3%	99.7%	87.2%	93.9%	96.5%	95.5%	97.1%	95.2%	97.1%
Vardiman	96.9%	100.0%	88.8%	91.8%	96.9%	98.0%	93.9%	98.0%	95.9%
Young	86.8%	100.0%	73.6%	88.7%	86.8%	86.8%	86.8%	83.0%	86.8%
SETMA Totals :	96.4%	99.8%	89.1%	93.8%	96.4%	95.1%	93.7%	94.6%	95.4%

Transition of Care Measurement

Care Transition Audit (Section B)

Discharge Date(s): 01/01/2010 through 12/31/2010

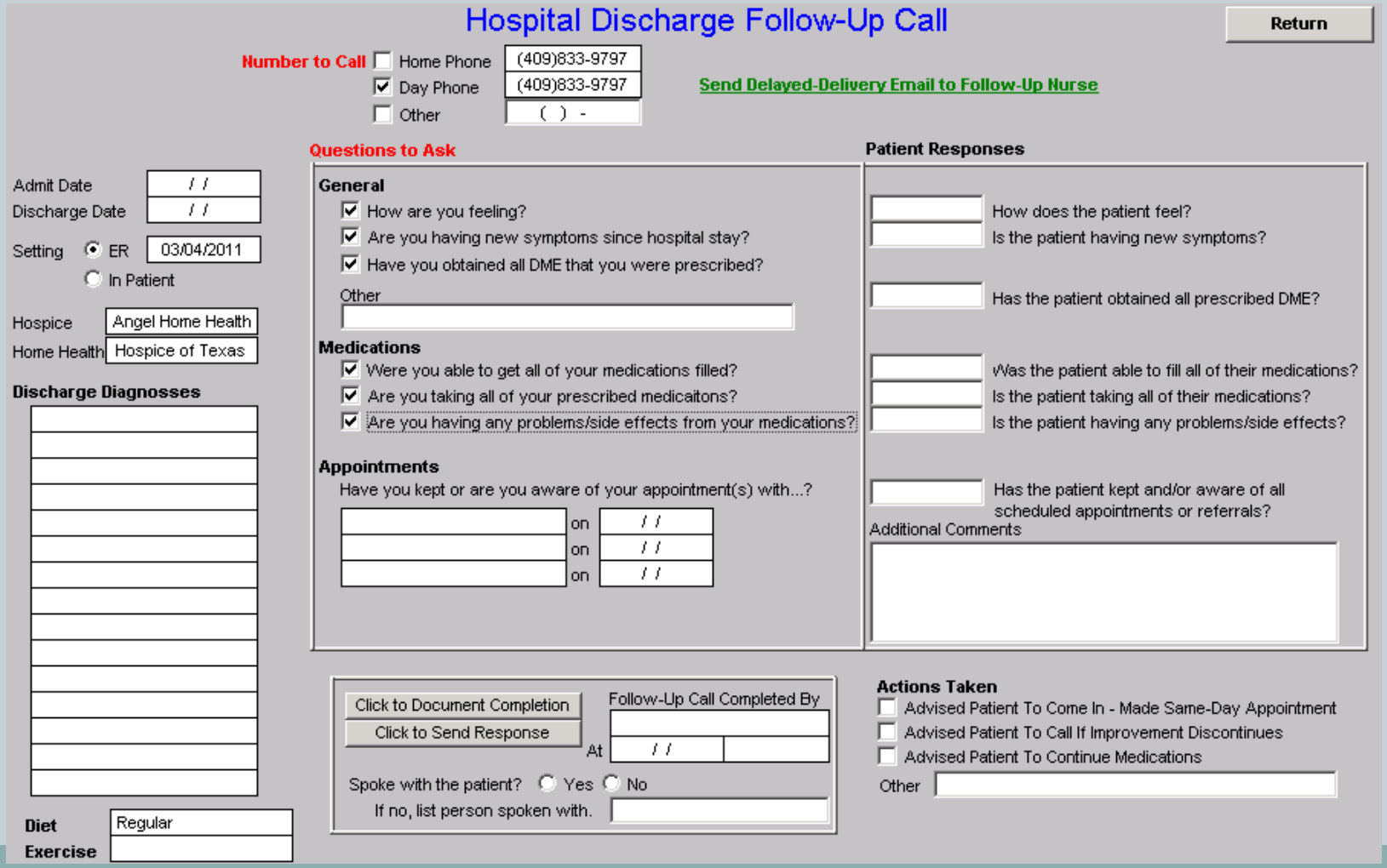
Provider	Advanced Directives	Reason for Discharge	Physical Status	Psychosocial Status	Community Resources Coordinated Referrals	Medication List	Discharge Orders	Follow-Up Instructions	Discharge Materials
Ahmed	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%
Anwar	76.1%	95.2%	94.5%	88.7%	68.5%	77.6%	78.3%	78.3%	78.1%
Aziz	88.5%	97.9%	97.2%	93.9%	33.8%	83.7%	83.7%	83.5%	83.2%
Colbert	50.0%	100.0%	83.3%	50.0%	33.3%	50.0%	50.0%	50.0%	50.0%
Cricchio	36.1%	91.7%	97.2%	86.1%	8.3%	86.1%	86.1%	86.1%	86.1%
Curry	88.7%	100.0%	96.2%	96.2%	48.1%	85.8%	85.8%	85.8%	85.8%
Deiparine	85.6%	97.4%	97.2%	93.7%	77.3%	84.7%	84.7%	84.7%	84.5%
Groff	66.7%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%
Gulfcoast	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Halbert	88.6%	98.2%	95.9%	93.6%	47.9%	81.3%	81.7%	81.7%	81.7%
Henderson	24.0%	92.0%	96.0%	92.0%	44.0%	56.0%	56.0%	56.0%	56.0%
Holly	81.8%	93.2%	97.3%	91.8%	76.9%	80.7%	80.8%	80.7%	80.6%
Leifeste	85.2%	96.4%	98.6%	93.1%	69.4%	84.4%	84.4%	84.4%	83.8%
Murphy	88.5%	97.9%	96.6%	95.7%	53.2%	87.2%	87.2%	87.2%	87.2%
Qureshi	84.6%	90.4%	98.1%	96.2%	76.9%	82.7%	82.7%	82.7%	82.7%
Satterwhite	69.6%	98.3%	95.7%	90.4%	43.5%	69.6%	69.6%	69.6%	68.7%
Spiel	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Thomas	84.8%	96.0%	97.1%	93.4%	73.4%	83.2%	83.5%	83.5%	83.2%
Vardiman	74.5%	98.0%	96.9%	91.8%	62.2%	79.6%	78.6%	78.6%	78.6%
Young	67.9%	83.0%	86.8%	84.9%	30.2%	69.8%	69.8%	69.8%	69.8%
SETMA Totals :	82.7%	95.8%	96.8%	92.5%	63.2%	81.8%	81.9%	81.9%	81.7%

Transition of Care Measurement

- The second, third and fourth of the transition s of care involve “follow-up call” scheduling:

- The day following discharge from the hospital – this goes to follow-up call nursing staff in our Care Coordination Department. These calls differ from the “administrative calls’ initiated by the hospital which may last for 30 seconds are less. These calls last from 12-30 minutes and involved detailed discussions of patient’s needs and conditions.

Transition of Care Measurement



Hospital Discharge Follow-Up Call

Return

Number to Call
- Home Phone (409)833-9797
- Day Phone (409)833-9797
- Other ( ) -

Send Delayed-Delivery Email to Follow-Up Nurse

Admit Date / /
Discharge Date / /

Setting ER 03/04/2011
In Patient

Hospice Angel Home Health
Home Health Hospice of Texas

Discharge Diagnosses

Diet Regular
Exercise

Questions to Ask

General
- How are you feeling?
- Are you having new symptoms since hospital stay?
- Have you obtained all DME that you were prescribed?

Other

Medications
- Were you able to get all of your medications filled?
- Are you taking all of your prescribed medicaitons?
- Are you having any problems/side effects from your medications?

Appointments

Have you kept or are you aware of your appointment(s) with...?

on / /
on / /
on / /

Patient Responses

How does the patient feel?
Is the patient having new symptoms?
Has the patient obtained all prescribed DME?
Was the patient able to fill all of their medications?
Is the patient taking all of their medications?
Is the patient having any problems/side effects?
Has the patient kept and/or aware of all scheduled appointments or referrals?

Additional Comments

Click to Document Completion
Click to Send Response

Follow-Up Call Completed By

At / /

Spoke with the patient? Yes No
If no, list person spoken with.

Actions Taken
- Advised Patient To Come In - Made Same-Day Appointment
- Advised Patient To Call If Improvement Discontinues
- Advised Patient To Continue Medications

Other

Step 2 – Auditing Provider Performance

- The **auditing** of provider performance on the entire practice, on each individual clinic, on each provider on a population, or on each provider on a panel of patients is critical for quality improvement. SETMA believes that this is the piece missing from most healthcare improvement programs.

Step 2 – Auditing Provider Performance

- The creating of quality measures is a complex process. That Is why it is important for agencies such as the AQA, NCQA, NQF, PQRI and PCPI, among others, to identify, endorse and publish quality metrics.

- The provider's ability to monitor their own performance and the making of those monitoring results available to the patient is important, but it only allows the provider to know how they have performed on one patient.

Step 2 – Auditing Provider Performance

- The aggregation of provider performance results over' his/her entire panel of patients carries the process of designing the future of healthcare delivery a further and a critical step.

- Most auditing results, such as HEDIS, are presented to the provider 12 to 18 months after the fact. SETMA believes that "real time, auditing and giving of the audit results to providers can change provider behavior and can overcome "treatment inertia."

Step 2 – Auditing Provider Performance

- Auditing of provider performance allows physicians and nurse practitioners to know how they are doing in the care of all of their patients.

- It allows them to know how they are doing in relationship to their colleagues in their clinic or organization, and also how they are performing in relationship to similar practices and providers around the country.

Step 2 – Auditing Provider Performance

- SETMA designed auditing tools through IBM's Business intelligence software, COGNOS. (see SETMA's COGNOS Project at www.jameslhollymd.com under *Your Life Your Health* and the icon*COGNOS*.)

- Through COGNOS, SETMA is able to display outcomes trending which can show seasonal patterns of care and trending comparing one provider with another.

Step 2 – Auditing Provider Performance

- It is also possible to look at differences between the care of patients who are treated to goal and those who are not.

- Patients can be compared as to socio-economic characteristics, ethnicity, frequency of evaluation by visits and by laboratory analysis, numbers of medication, payer class, cultural, financial and other barriers to care, gender and other differences. This analysis can suggest ways in which to modify care in order to get all patients to goal.

Step 2 – Auditing Provider Performance

- Using digital dashboard technology, SETMA analysis provider and practice performance in order to find patterns which can result in improved outcomes practice wide for an entire population of patients. We analyze patient populations by:
  - Provider Panel
  - Practice Panel
  - Financial Class – payer
  - Ethic Group
  - Socio-economic groups

Step 2 – Auditing Provider Performance

- We are able to analyze if there are patterns to explain why one population or one patient is not to goal and others are. WE can look at:
  - Frequency of visits
  - Frequency of testing
  - Number of medications
  - Change in treatment
  - Education or not
  - Many other metrics

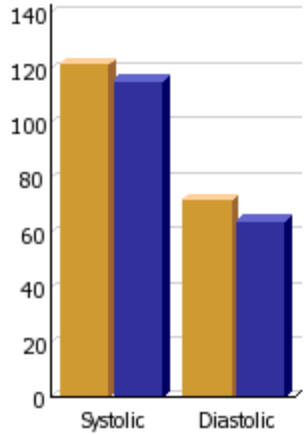
Step 2 – Auditing Provider Performance

Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

Controlled Group Time Basis: **Prior 12 Months**
Controlled Group Constrained to: **All SETMA**
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**

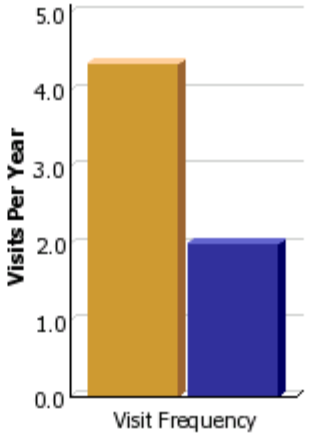
Controlled Group
Selected Group

Average Blood Pressure



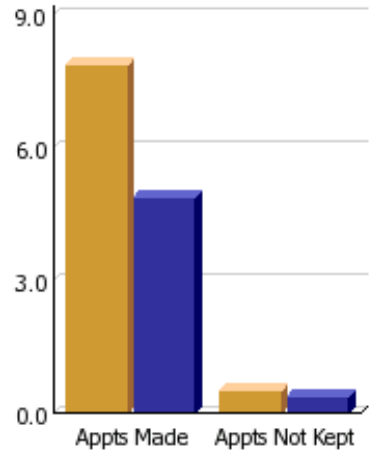
	Systolic	Diastolic
Controlled	121.7	72.0
Selected	115.5	64.1

	Standard Deviation	
	Systolic	Diastolic
Controlled	10.5	9.0
Selected	49.6	11.3

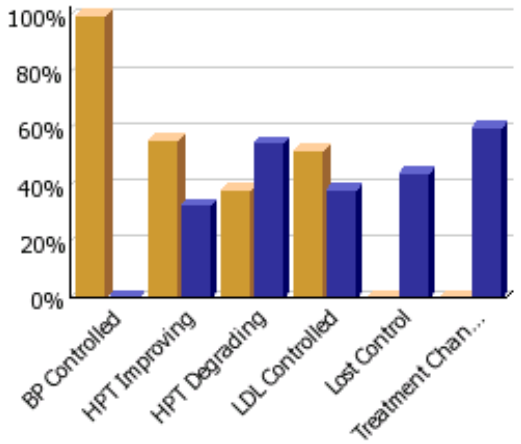


	Visit Frequency
Controlled	4.3
Selected	2.0

Step 2 – Auditing Provider Performance

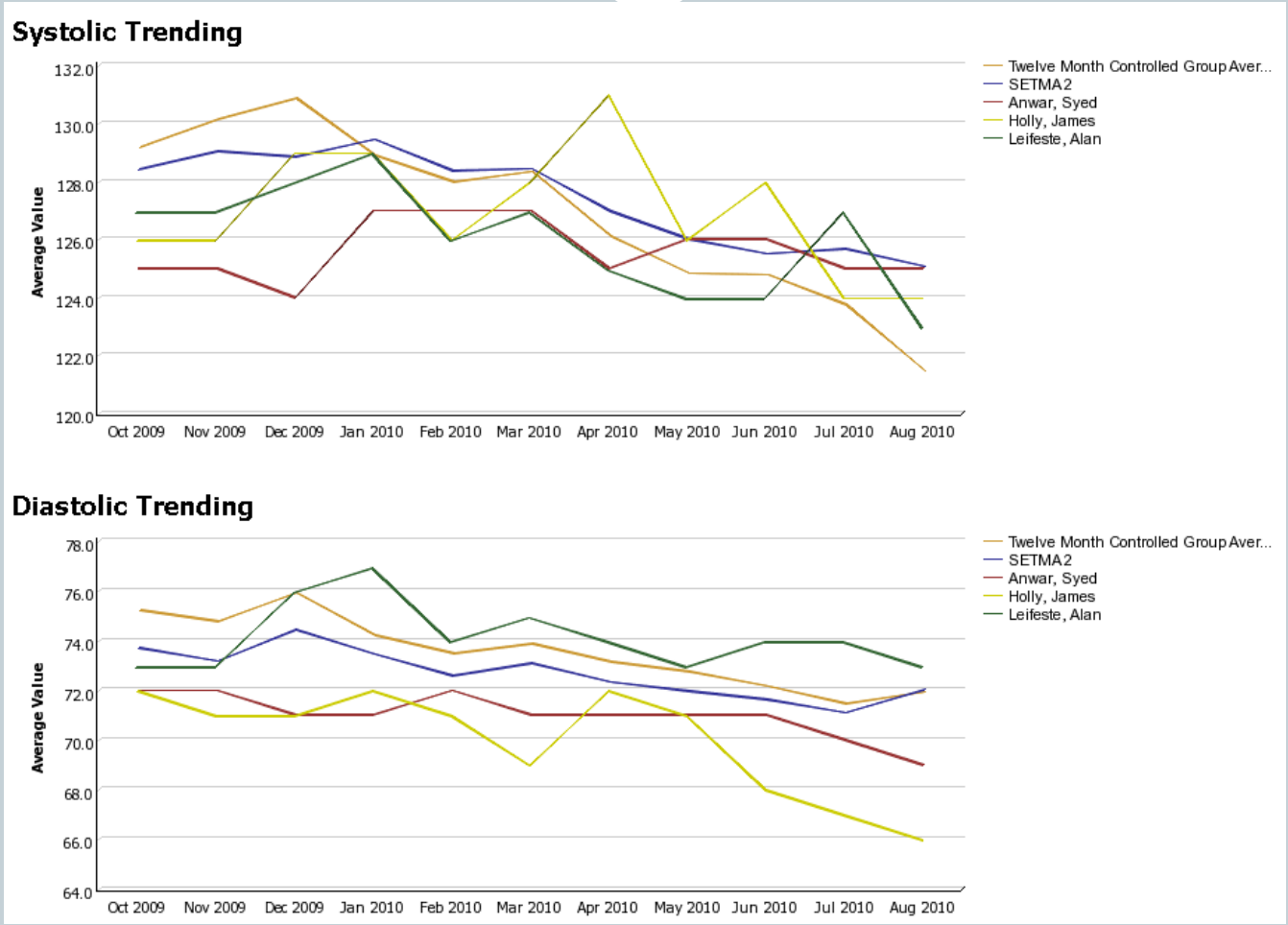


	Appts Made	Appts Not Kept
Controlled	7.9	0.5
Selected	4.9	0.4



	BP Controlled	HPT Improving	HPT Degrading	LDL Controlled	Lost Control	Treatment Changed
Controlled	100.0%	56.0%	38.4%	52.6%	0.0%	0.0%
Selected	0.0%	32.8%	54.9%	38.2%	44.5%	60.7%

Step 2 – Auditing Provider Performance



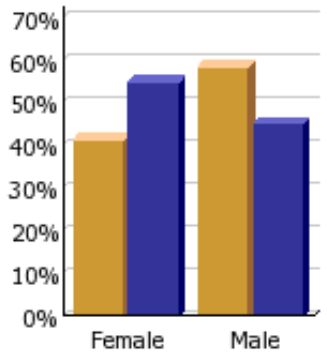
Step 2 – Auditing Provider Performance

Chronic Hyperlipidemia - Measures Comparison (Most Recent 12 Months)

Controlled Group Time Basis: **Prior 12 Months**
Controlled Group Constrained to: **All SETMA**
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**

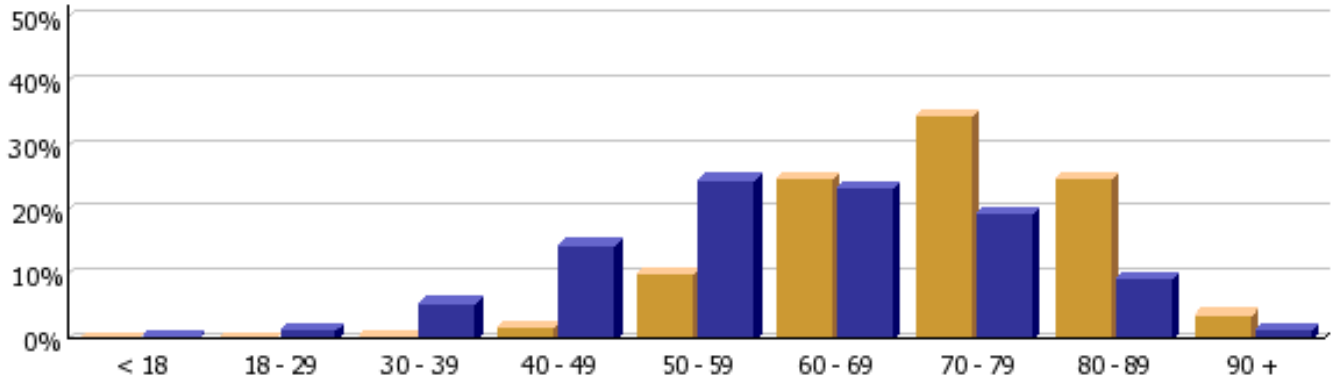
Controlled Group
Selected Group

Gender



	Female	Male
Controlled	41.4%	58.5%
Selected	55.0%	45.0%

Age



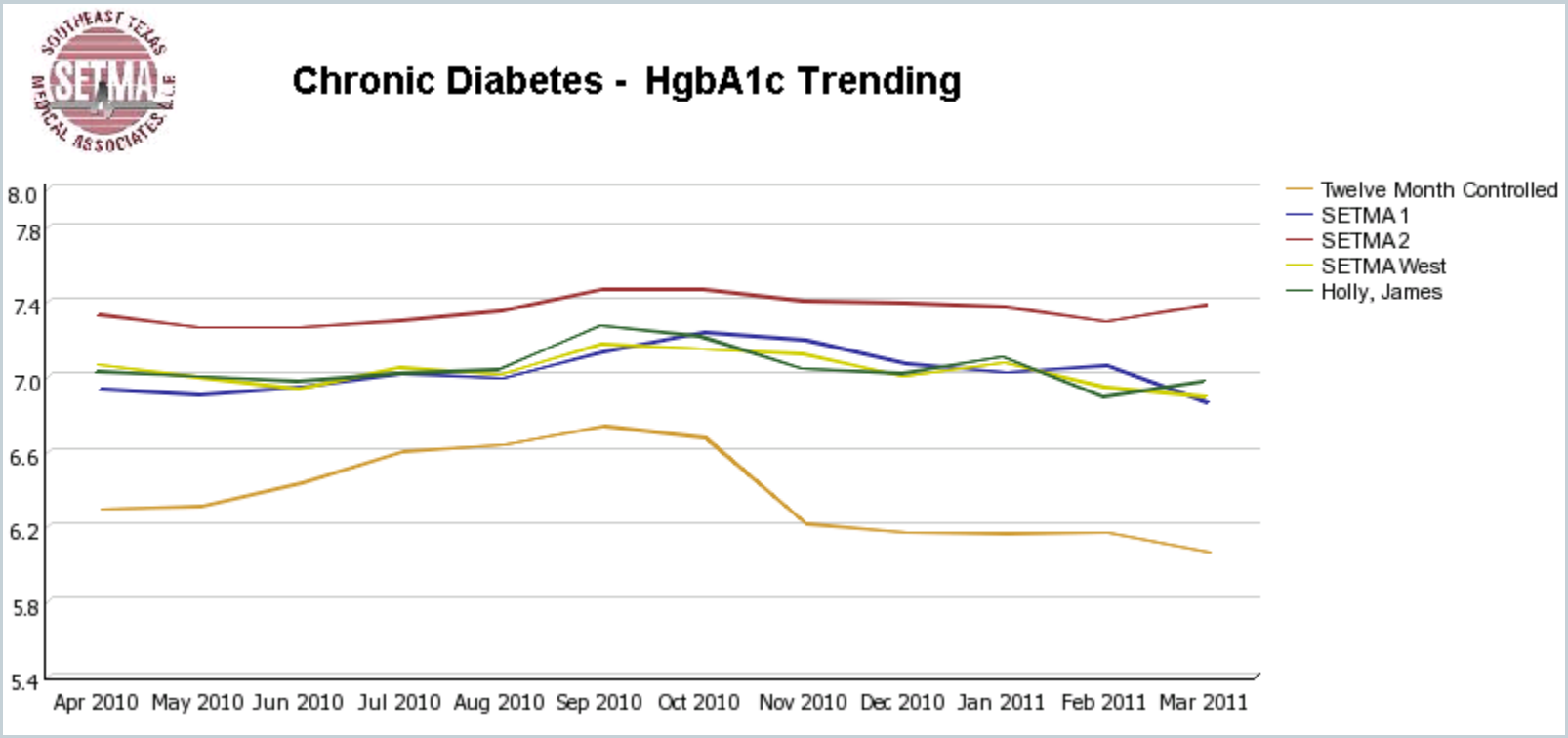
	< 18	18 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +
Controlled	0.0%	0.0%	0.2%	1.8%	10.0%	24.8%	34.7%	24.9%	3.7%
Selected	0.2%	1.4%	5.5%	14.5%	24.7%	23.4%	19.5%	9.3%	1.4%

Step 2 – Auditing Provider Performance

We are able to present over-time patient results comparing:

- Provider to practice
- Provider to provider
- Provider current to provider over time
- Trending of results to see seasonal changes, etc.

Step 2 – Auditing Provider Performance



Step 3 – Analysis of Provider Performance

- The **statistical analyzing** of the above audit performance in order to measure improvement by practice, by clinic or by provider. This includes analysis for ethnic disparities, and other discriminators such as age, gender, payer class, socio economic groupings, education, frequency of visit, frequency of testing, etc.
- **This allows SETMA to look for leverage points through which to improve care of all patients.**

Step 3 – Analysis of Provider Performance

- Raw data can be misleading. It can cause you to think you are doing a good job when in fact many of your patients are not receiving optimal care. For instance the tracking of your mean performance in the treatment of diabetes may obscure the fact that a large percentage of your patients are not at goal.

Step 3 – Analysis of Provider Performance

- Each of the statistical measurements which SETMA Tracks -- the mean, the median, the mode and the standard deviation -- tells us something about our performance, and helps us design quality improvement initiatives for the future. Of particular, and often, of little known importance is the standard deviation.

Step 3 – Analysis of Provider Performance

- From 2000 to 2010, SETMA has shown annual improvement in the **mean** (the average) and the **median** for the treatment of diabetes.

- There has never been a year when we did not improve. Yet, our **standard deviations** revealed that there were still significant numbers of our patients who are not being treated successfully.

Step 3 – Analysis of Provider Performance

- From 2008 to 2009, SETMA experience a 9.3% improvement in standard deviation. Some individual SETMA providers had an improvement of over 16% in their standard deviations.

- SETMA's HbA1C standard deviations from 2000 to 2011 have improved from 1.98 to 1.33.

Step 3 – Analysis of Provider Performance

- When our standard deviations are below 1 and as they approach 0.8, we can be increasingly confident that ***all*** of our patients with diabetes are being treated well.

Step 4 – Public Reporting of Performance

- The **public reporting** by provider of performance on hundreds of quality measures places pressure on all providers to improve, and it allows patients to know what is expected of providers.

Step 4 – Public Reporting of Performance

SETMA public reports quality metrics two ways:

1. In the patient's plan of care and treatment plan which is given to the patient at the point of care. This reporting is specific to the individual patient.
2. On SETMA's website. Here the reporting is by panels or populations of patients without patient identification but with the provider name given.

Step 4 – Public Reporting of Performance

- One of the most insidious problems in healthcare delivery is reported in the medical literature as "treatment inertia." This is caused by the natural inclination of human beings to resist change.

- Often, when care is not to goal, no change in treatment is made. As a result, one of the auditing elements in SETMA's COGNOS Project is the assessment of whether a treatment change was made when a patient was not treated to goal.

Step 4 – Public Reporting of Performance

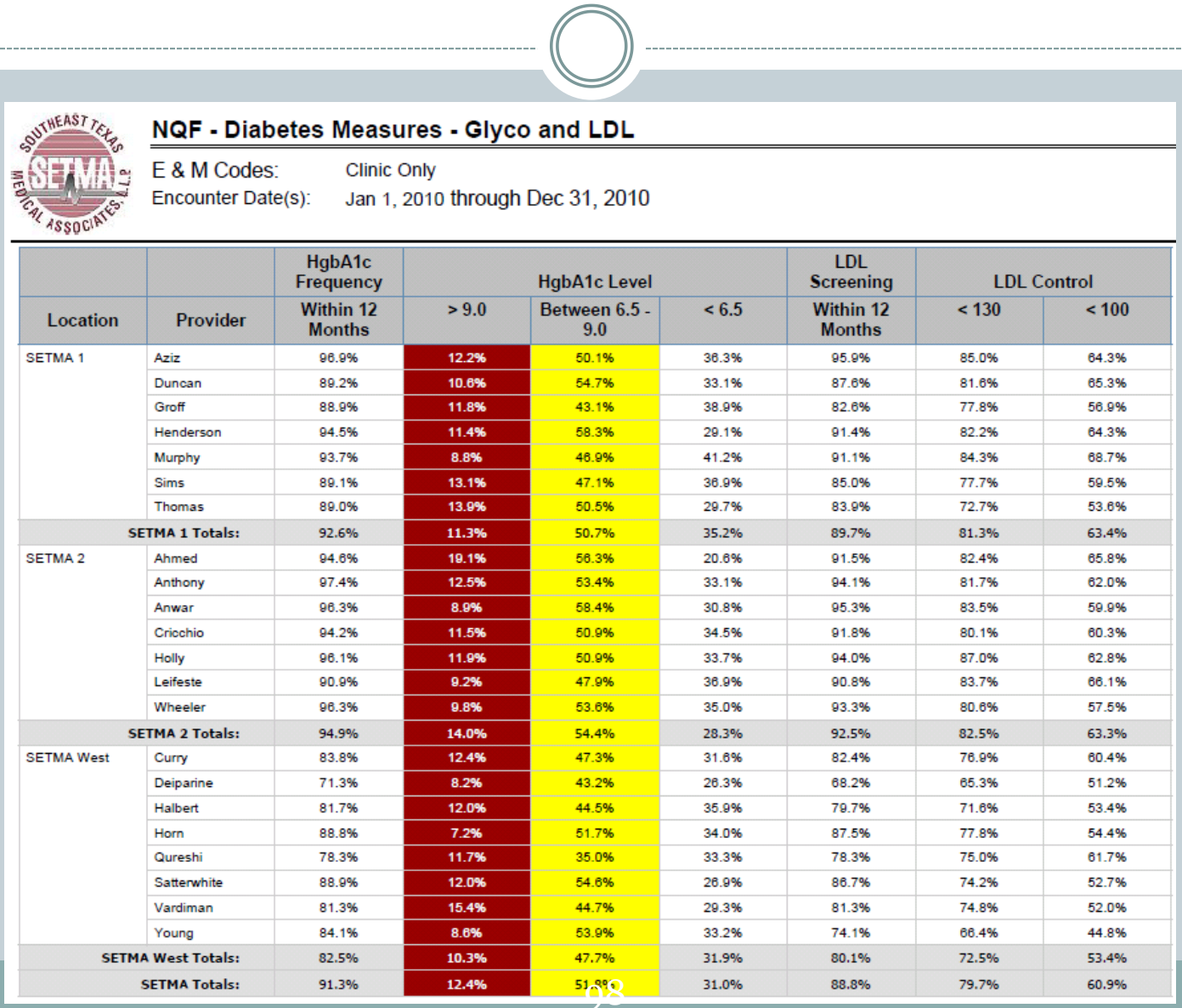
- Overcoming "treatment inertia" requires the creating of an increased level of discomfort in the healthcare provider and in the patient so that both are more inclined to change their performance.

- SETMA believes that one of the ways to do this is the pubic reporting of provider performance. That is why we are publishing provider performance by provider name atwww.jameslhollymd.com under ***Public Reporting***.

Step 4 – Public Reporting of Performance

Once you "open your books on performance" to public scrutiny, the only safe place you have in which to hide is excellence.

Step 4 – Public Reporting of Performance



NQF - Diabetes Measures - Glyco and LDL

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2010 through Dec 31, 2010

		HgbA1c Frequency	HgbA1c Level			LDL Screening	LDL Control	
Location	Provider	Within 12 Months	> 9.0	Between 6.5 - 9.0	< 6.5	Within 12 Months	< 130	< 100
SETMA 1	Aziz	96.9%	12.2%	50.1%	36.3%	95.9%	85.0%	64.3%
	Duncan	89.2%	10.6%	54.7%	33.1%	87.6%	81.6%	65.3%
	Groff	88.9%	11.8%	43.1%	38.9%	82.6%	77.8%	56.9%
	Henderson	94.5%	11.4%	58.3%	29.1%	91.4%	82.2%	64.3%
	Murphy	93.7%	8.8%	46.9%	41.2%	91.1%	84.3%	68.7%
	Sims	89.1%	13.1%	47.1%	36.9%	85.0%	77.7%	59.5%
	Thomas	89.0%	13.9%	50.5%	29.7%	83.9%	72.7%	53.6%
SETMA 1 Totals:		92.6%	11.3%	50.7%	35.2%	89.7%	81.3%	63.4%
SETMA 2	Ahmed	94.6%	19.1%	56.3%	20.6%	91.5%	82.4%	65.8%
	Anthony	97.4%	12.5%	53.4%	33.1%	94.1%	81.7%	62.0%
	Anwar	96.3%	8.9%	58.4%	30.8%	95.3%	83.5%	59.9%
	Cricchio	94.2%	11.5%	50.9%	34.5%	91.8%	80.1%	60.3%
	Holly	96.1%	11.9%	50.9%	33.7%	94.0%	87.0%	62.8%
	Leifeste	90.9%	9.2%	47.9%	36.9%	90.8%	83.7%	66.1%
	Wheeler	96.3%	9.8%	53.6%	35.0%	93.3%	80.6%	57.5%
SETMA 2 Totals:		94.9%	14.0%	54.4%	28.3%	92.5%	82.5%	63.3%
SETMA West	Curry	83.8%	12.4%	47.3%	31.6%	82.4%	76.9%	60.4%
	Deiparine	71.3%	8.2%	43.2%	26.3%	68.2%	65.3%	51.2%
	Halbert	81.7%	12.0%	44.5%	35.9%	79.7%	71.6%	53.4%
	Horn	88.8%	7.2%	51.7%	34.0%	87.5%	77.8%	54.4%
	Qureshi	78.3%	11.7%	35.0%	33.3%	78.3%	75.0%	61.7%
	Satterwhite	88.9%	12.0%	54.6%	26.9%	86.7%	74.2%	52.7%
	Vardiman	81.3%	15.4%	44.7%	29.3%	81.3%	74.8%	52.0%
	Young	84.1%	8.6%	53.9%	33.2%	74.1%	66.4%	44.8%
SETMA West Totals:		82.5%	10.3%	47.7%	31.9%	80.1%	72.5%	53.4%
SETMA Totals:		91.3%	12.4%	51.88	31.0%	88.8%	79.7%	60.9%

Step 4 – Public Reporting of Performance

Diabetes Consortium - Blood Pressure Management

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2010 through Dec 31, 2010

Report Criteria: Patients 18 to 75 With a Chronic Diagnosis of Diabetes
Specialists Excluded (Dr. Ahmed Included)

		Systolic									Diastolic						
Location	Provider	< 120	120-129	130-139	140-149	150-159	160-169	170-179	>= 180	Not Present	< 75	75-79	80-89	90-99	100-109	>= 110	Not Present
SETMA 1	Aziz	24.7%	21.4%	22.2%	11.9%	9.0%	7.3%	2.3%	1.2%	0.0%	45.4%	15.4%	27.2%	10.6%	1.2%	0.3%	0.0%
	Duncan	36.7%	35.1%	17.8%	7.3%	1.2%	0.8%	0.0%	0.2%	0.8%	53.1%	10.0%	32.0%	3.7%	0.4%	0.0%	0.8%
	Groff	17.4%	24.3%	21.5%	23.6%	7.6%	0.7%	0.7%	3.5%	0.7%	40.3%	7.6%	45.8%	4.9%	0.7%	0.0%	0.7%
	Henderson	37.1%	29.9%	20.5%	7.7%	2.9%	0.5%	0.9%	0.5%	0.0%	54.4%	16.2%	26.4%	2.5%	0.4%	0.2%	0.0%
	Murphy	29.5%	26.0%	18.3%	16.6%	3.6%	3.4%	1.2%	0.5%	0.7%	47.7%	6.7%	32.0%	10.3%	2.1%	0.2%	0.7%
	Sims	25.9%	28.5%	16.1%	16.1%	5.5%	4.7%	1.5%	1.5%	0.4%	48.5%	2.6%	34.7%	12.0%	1.8%	0.0%	0.4%
	Thomas	11.2%	36.9%	26.7%	18.3%	4.1%	1.8%	0.6%	0.2%	0.2%	24.4%	23.0%	46.6%	5.1%	0.4%	0.4%	0.2%
SETMA 1 Totals:		27.4%	28.6%	20.5%	13.5%	4.6%	3.1%	1.1%	0.8%	0.4%	45.5%	12.3%	33.0%	7.4%	1.1%	0.2%	0.4%
SETMA 2	Ahmed	36.2%	24.8%	27.3%	8.8%	1.9%	0.5%	0.1%	0.1%	0.2%	67.6%	11.6%	18.5%	1.7%	0.3%	0.1%	0.3%
	Anthony	24.5%	39.6%	22.0%	6.9%	3.3%	1.8%	0.7%	1.1%	0.3%	54.7%	17.7%	22.7%	3.7%	0.7%	0.3%	0.3%
	Anwar	16.9%	44.2%	29.1%	6.5%	1.5%	0.8%	0.1%	0.2%	0.6%	70.5%	18.1%	8.8%	1.9%	0.0%	0.0%	0.6%
	Cricchio	33.1%	31.1%	21.0%	9.1%	2.2%	2.5%	0.3%	0.2%	0.5%	60.8%	14.9%	19.9%	3.3%	0.5%	0.2%	0.5%
	Holly	22.1%	42.1%	28.8%	2.5%	1.8%	1.8%	0.0%	0.0%	1.1%	74.7%	17.2%	6.3%	0.7%	0.0%	0.0%	1.1%
	Leifeste	32.3%	29.8%	22.7%	8.9%	3.9%	1.7%	0.1%	0.3%	0.4%	53.5%	14.0%	27.2%	4.8%	0.1%	0.0%	0.4%
	Wheeler	25.4%	32.5%	23.1%	11.7%	2.9%	2.5%	0.6%	1.0%	0.4%	53.6%	6.5%	35.0%	3.9%	0.8%	0.0%	0.2%
SETMA 2 Totals:		30.0%	31.7%	25.6%	8.2%	2.3%	1.2%	0.2%	0.3%	0.4%	63.6%	13.7%	19.4%	2.6%	0.3%	0.1%	0.4%
SETMA West	Curry	31.0%	28.6%	22.5%	10.2%	3.3%	1.6%	1.6%	0.8%	0.3%	57.1%	14.8%	20.1%	7.1%	0.5%	0.0%	0.3%
	Deiparine	25.0%	26.0%	24.5%	12.5%	5.8%	3.6%	0.9%	1.6%	0.0%	51.2%	7.3%	27.8%	10.9%	2.7%	0.2%	0.0%
	Halbert	26.9%	22.9%	22.0%	13.7%	5.8%	4.1%	1.7%	1.3%	1.7%	44.6%	16.2%	27.8%	7.9%	1.3%	0.6%	1.7%
	Horn	30.4%	37.6%	27.3%	3.6%	0.6%	0.4%	0.0%	0.0%	0.1%	56.2%	18.3%	24.1%	1.0%	0.1%	0.0%	0.1%
	Qureshi	40.0%	21.7%	16.7%	15.0%	3.3%	1.7%	1.7%	0.0%	0.0%	45.0%	25.0%	21.7%	6.7%	0.0%	1.7%	0.0%
	Satterwhite	21.5%	25.3%	21.2%	12.0%	6.0%	4.1%	0.5%	0.8%	8.7%	37.2%	17.1%	30.4%	5.4%	0.8%	0.3%	8.7%
	Vardiman	16.3%	26.0%	16.3%	20.3%	11.4%	5.7%	1.6%	2.4%	0.0%	43.9%	19.5%	28.5%	7.3%	0.0%	0.8%	0.0%
	Young	15.1%	21.6%	34.9%	15.1%	8.6%	1.7%	1.7%	1.3%	0.0%	43.1%	18.1%	28.4%	9.5%	0.9%	0.0%	0.0%
SETMA West Totals:		26.2%	27.3%	24.1%	11.2%	4.9%	2.8%	1.1%	1.0%	1.5%	48.5%	15.5%	26.4%	6.7%	1.1%	0.3%	1.5%

Step 5 – Quality Assessment & Performance Improvement

- The **Quality Assessment and Performance Improvement** (QAPI) Initiatives -- this year SETMA's initiatives involve the elimination of all ethnic diversities of care in diabetes, hypertension and dyslipidemia. Also, we have designed a program for reducing preventable readmissions to the hospital.

Step 5 – Quality Assessment & Performance Improvement

- This logical and sequential process is possible and is rewarding for provider and patient. This process has set SETMA on a course for successful and excellent healthcare delivery. Our tracking, auditing, analysis, reporting and design will keep us on that course.

Step 5 – Quality Assessment & Performance Improvement

SETMA's Model of Care has and is transforming our delivery of healthcare, allowing us to provide cost effective, excellent care with high patient satisfaction. This Model is evolving and will certainly change over the years as will the quality metrics which are at its core.