

**HIMSS**

AUSTIN *Chapter*

DALLAS FORT WORTH *Chapter*

SAN ANTONIO *Chapter*

SOUTH CENTRAL TEXAS *Chapter*

# TEXAS REGIONAL CONFERENCE

*Health IT: Making IT Meaningful*

April 28–29, 2011

Austin, TX

## Business Intelligence and Reporting at SETMA: Improving Quality, Outcomes and Clinical Practices



# **Conflict of Interest Disclosure**

**James L. Holly, MD**

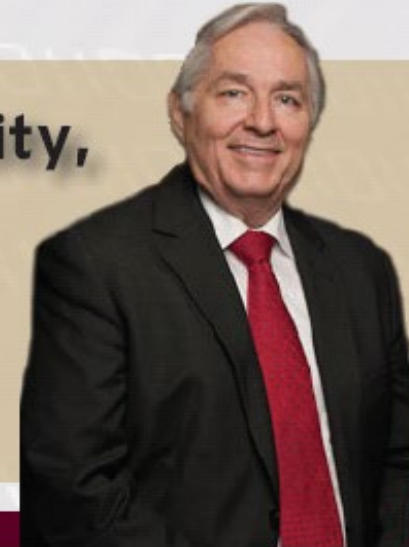
**Has no real or apparent  
conflicts of interest to report.**

# **Conflict of Interest Disclosure**

## **James L. Holly, MD**

- **Salary: No**
- **Royalty: No**
- **Receipt of Intellectual Property Rights/Patent Holder: No**
- **Consulting Fees (e.g., advisory boards): No**
- **Fees for Non-CME Services Received Directly from a Commercial Interest or their Agents (e.g., speakers' bureau): No**
- **Contracted Research: No**
- **Ownership Interest (stocks, stock options or other ownership interest excluding diversified mutual funds): No**
- **Other: None**

**"Business Intelligence for Improving Quality,  
Outcomes, and Clinical Practices:  
Continuing the Health Transformation  
Journey at SETMA"**



**by Dr. James Holly, MD, CEO  
Southeast Texas Medical Associates (SETMA)**

**Southeast Texas Medical Associates, LLP  
(SETMA) was  
founded August 1, 1995.**

**SETMA currently has 29 healthcare providers in  
the following specialties:**

- **Internal Medicine**
- **Family Practice**
- **Pediatrics**
- **Nurse Practitioners**
- **Cardiology**
- **Neurology**
- **Infectious Disease**
- **Ophthalmology**

- **March 1998 – Acquired Electronic Health Records (EHR)**
- **January 1999 – All patients seen using EMR**
- **May 1999 – Began thinking in terms of “*Electronic Patient Management*” (EPM), rather than EHR**
- **October 2009 – Began “COGNOS Project”**
- **June 2010 – NCQA Tier 3 Patient-Centered Medical Home (PCMH)**
- **August 2010 – Affiliate of Joslin Diabetes Center, an Affiliate of Harvard Medical School**
- **August 2010 – NCQA Diabetes Recognition**

- **August 2010 - Accreditation Association Ambulatory Healthcare (AAAHC) Accredited Ambulatory Care**
- **August 2010 – AAAHC Accredited Medical Home**
- **January 2011 - All SETMA Primary Providers Certified as Joslin Certified Primary Care Providers**
- **February 2011 - Named one of 30 Exemplary Practices by Office of National Coordinator, Health Information Technology, Health & Human Services**

- **February 2011 - Innovator Award, *Healthcare Informatics***
- **March 2011 - Patient Centered Primary Care Consortium, Practices in the Spotlight: The Medical Home and Diabetes Care**
- **March 2011 - Dr. And Mrs. James L. Holly Distinguished Professorship, Patient-Centered Medical Home, University of Texas Health Science Center San Antonio, Texas**
- **May 2011 – Semi-Finalist, Gartner Award**



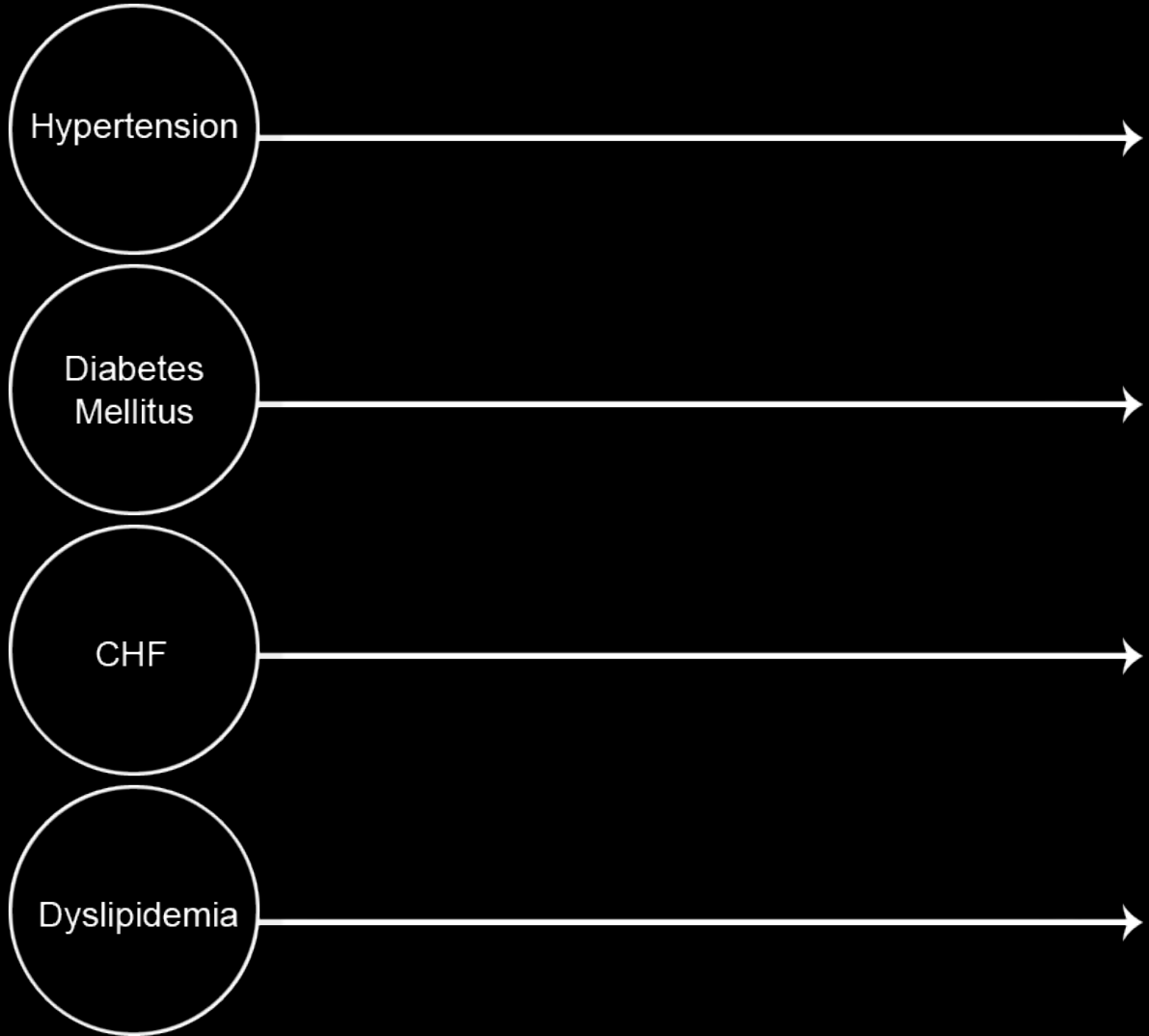
“Systems-thinking” (Senge, *The Fifth Discipline*) and the data display designed on those principles allow the provider to “see” the patient as a whole: as a “granular portrait”, rather than as a faceless “silhouette.”

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

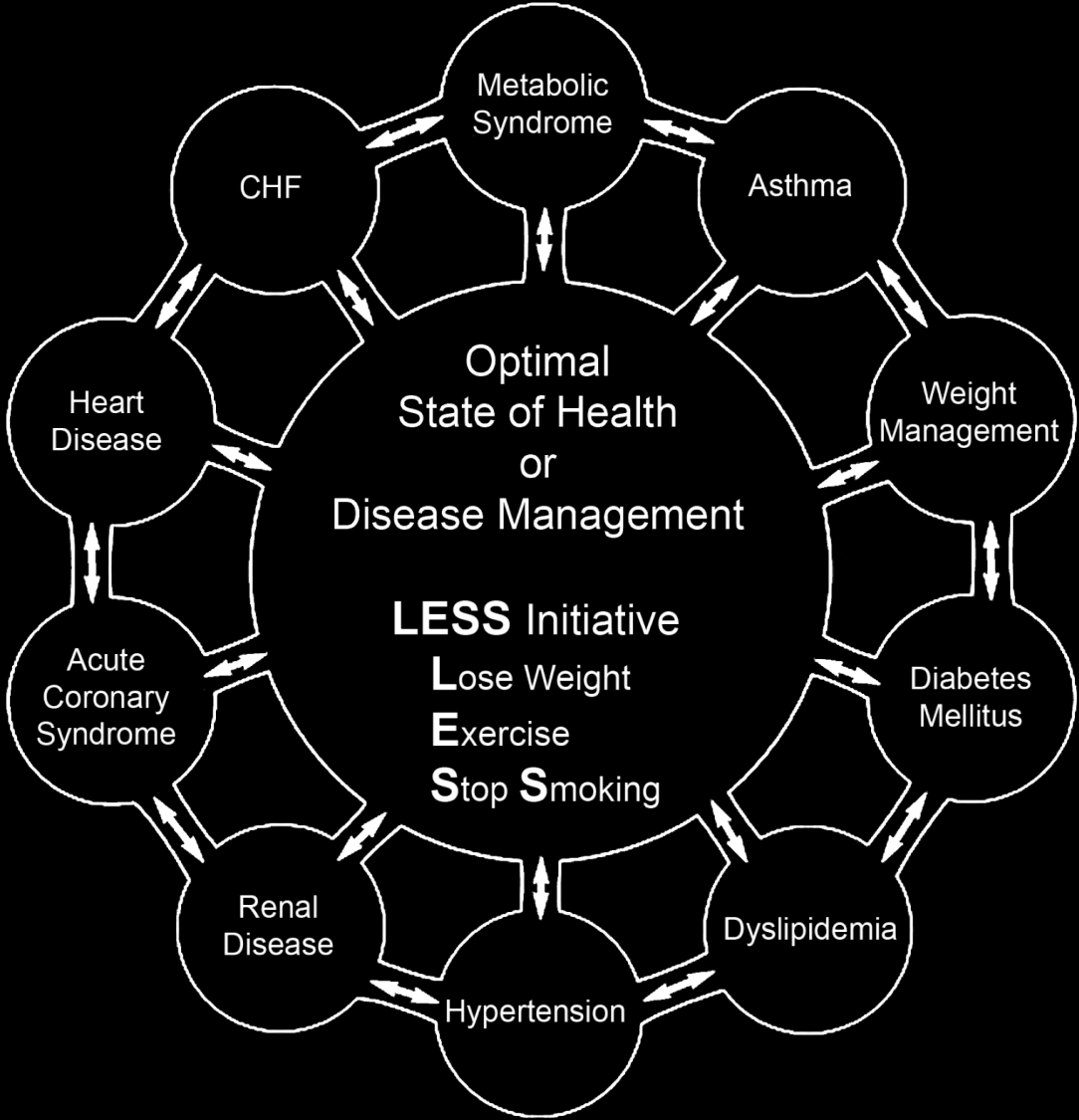
“Reality is made up of circles, but we see straight lines...Western languages...are biased toward a linear view. If we want to see system-wide interrelationships...we need a language of interrelationships, a language of circles.”

*(The Fifth Discipline, Dr. Peter Senge)*

# LINEAR THINKING



# CIRCULAR CAUSALITY



# SETMA'S DIABETES MANAGEMENT

## Diabetes Management

Type I  
  Type II  
  GDM  
  Pre-Diabetes  

[Joslin Treatment Goals](#)

[Diagnostic Criteria](#)  
 [Screening Criteria](#)  
 [Imp Diabetes Concepts](#)  
 [Evidenced-Based Recs](#)

**Compliance**

[Dental Care](#) 08/10/2010

Dilated Eye Exam 10/29/2009

Flu Shot 03/05/2010

Foot Exam 12/14/2009

HgbA1C 08/25/2010

Pneumovax 01/26/2010

Urinalysis 04/24/2007

Aspirin  Yes  No

Statin  Yes  No

Diabetes Since Month  Year

[Smoker](#)   
  +  -  
[Metabolic Syndrome](#)  +  -  
[Framingham Risk Scores](#)  
 10-Year General Risk  %  
 10-Year Stroke Risk  %  
 Global Cardio Score  pts  
[Weight Management](#)  
 [Lipids Management](#)  
[HPT Management](#)  
 [Immunizations](#)

**Vital Signs**

Height     Waist

Weight     Hips

BMI

Body Fat %     Chest

Protein Req

BMR

Abdomen     Ratio

BER

Finger Stick Glucose

Pulse

[Blood Pressure](#)  /

Patient     ZTest

Age     Sex

**Most Recent Labs**   

[HgA1C](#)     08/25/2010

Previous     01/21/2008

   01/16/2008

[eAG](#)

[Mean Plasma Glucose](#)    

[C-Peptide](#)

Fructosamine

Cholesterol     09/01/2009

LDL     08/19/2010

HDL     09/01/2009

Triglycerides     09/01/2009

[Trig/HDL Ratio](#)

Glucose     02/18/2010

Fasting

Insulin

[HOMA-IR](#)     02/18/2010

Na     02/18/2010

K     02/06/2008

[Magnesium](#)     02/18/2010

BUN     02/18/2010

Creatinine     02/18/2010

[U Microalbumin](#)

Albumin/Creat

**Navigation**

Diabetes     General

**Lifestyle Changes**

**Diabetes Plan**

Education Booklet Given On

Last DE

**Current SQ Insulin Dose as of**

Blood Sugars

Time of day	Units	Type	Units	Type	mg/dl
<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text"/>
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1. Performance Tracking – one patient at a time
2. Performance Auditing – by panel or population
3. Analysis of Provider Performance Data
4. Public Reporting by Provider Name
5. Quality Assessment/Performance Improvement

SETMA tracks multiple Physician Consortium for Performance Improvement (PCPI) measurement sets:

- Chronic Stable Angina
- Congestive Heart Failure
- Diabetes
- Hypertension
- Chronic Renal Disease
- Weight Management
- Care Transitions



SETMA also tracks the following published quality performance measure sets:

- HEDIS
- NQF
- AQA
- PQRI
- BTE

Each is available to the provider, interactively at each patient encounter.

**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.

<b>General Health Measures</b>	<b>Care for Older Adults</b>
<a href="#">View</a> Body Mass Index Measurement	<a href="#">View</a> Counseling on Physical Activity
<a href="#">View</a> Smoking Cessation	<a href="#">View</a> Urinary Incontinence in Older Adults
<a href="#">View</a> Proper Assessment for Chronic COPD	<a href="#">View</a> Colorectal Cancer Screening
<a href="#">View</a> Adult Immunization Status	<a href="#">View</a> Fall Risk Management
<b>Blood Pressure Measures</b>	<b>Diabetes Measures</b>
<a href="#">View</a> Blood Pressure Measurement	<a href="#">View</a> Dilated Eye Exam
<a href="#">View</a> Blood Pressure Classification/Control	<a href="#">View</a> Foot Exam
<b>Medication Measures</b>	<a href="#">View</a> Hemoglobin A1c Testing/Control
<a href="#">View</a> Current Medication List	<a href="#">View</a> Blood Pressure
<a href="#">View</a> Documentation of Allergies/Reactions	<a href="#">View</a> Urine Protein Screening
<a href="#">View</a> Therapeutic Monitoring of Long Term Medications	<a href="#">View</a> Lipid Screening
<a href="#">View</a> Drugs to Avoid in the Elderly	<b>Female Specific Measures</b>
<a href="#">View</a> Appropriate Medications for Asthma	<a href="#">View</a> Breast Cancer Screening
<a href="#">View</a> Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	<a href="#">View</a> Cervical Cancer Screening
<a href="#">View</a> LDL Drug Therapy for Patients with CAD	<a href="#">View</a> Chlamydia Screening
<a href="#">View</a> Warfarin Therapy for Atrial Fibrillation	<a href="#">View</a> Osteoporosis Management
	<b>Pediatric Measures</b>
	<a href="#">View</a> Appropriate Screening for Children with Pharyngitis
	<a href="#">View</a> Childhood Immunization Status

This tool allows the provider to assess comprehensive quality measures for “screening” and “prevention” of each patient.

**Audit Previsit** X

**Pre-Visit/Preventive Screening**

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**General Measures** (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years?  **Yes**  
 Date of Last

Has the patient had a flu vaccine within the last year?  **Yes**  
 Date of Last

Has the patient ever had a pneumonia shot?  **Yes**  
 Date of Last

Does the patient have an elevated (>100 mg/dL) LDL?  **Yes**  
 Last

---

**Elderly Patients** (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50)  **No**  
 Date of Last

Has the patient had a fall risk assessment completed within the last year?  **Yes**  
 Date of Last

Has the patient had a functional assessment within the last year?  **Yes**  
 Date of Last

Has the patient had a pain screening within the last year?  **Yes**  
 Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year?  **Yes**  
 Date of Last

Does the patient have advanced directives on file or have they been discussed with the patient?  **No**  
 Discussed?  Yes  No    Completed?  Yes  No

Is the patient on one or more medications which are considered high risk in the elderly?  **No**

---

**Diabetic Patients**

Has the patient had a HgbA1c within the last year?   
 Date of Last

Has the patient had a dilated eye exam within the last year?   
 Date of Last

Has the patient had a 10-gram monofilament exam within the last year?   
 Date of Last

Has the patient had screening for nephropathy within the last year?   
 Date of Last

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**Female Patients**

Has the patient had a pap smear within the last two years? (Ages 21 to 64)   
 Date of Last

Has the patient had a mammogram within the last two years? (Ages 40 to 69)   
 Date of Last

Has the patient had a bone density within the last two years? (Age >50)   
 Date of Last

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**Male Patients**

Has the patient had a PSA within the last year? (Age >40)   
 Date of Last

Has the patient had a bone density within the last two years? (Age >65)   
 Date of Last

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**Referrals** (Double-Click To Add/Edit)

Referral	Status	Referring

## 2009 HEDIS Technical Specifications for Physician Measurement

**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.

[Return](#)  
[Tutorial](#)

**Information**

[NCQA](#)  
[CAHPS](#)  
[HEDIS](#)

**Effectiveness of Preventive Care**

- [View](#) Adult BMI Assessment  
 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents  
 Childhood Immunization Status  
 Immunizations for Adolescents  
 Lead Screening in Children
- [View](#) Colorectal Cancer Screening  
 Breast Cancer Screening  
 Cervical Cancer Screening  
 Chlamydia Screening in Women
- [View](#) Glaucoma Screening in Older Adults
- [View](#) Use of High-Risk Medications in the Elderly
- [View](#) Care for Older Adults

**Effectiveness of Acute Care**

- [View](#) Appropriate Treatment for Children with Upper Respiratory Infection
- [View](#) Appropriate Testing for Children with Pharyngitis  
 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

**Effectiveness of Chronic Care**

- [View](#) Persistence of Beta-Blocker Therapy After a Heart Attack
- [View](#) Controlling High Blood Pressure
- [View](#) Cholesterol Management for Patients with Cardiovascular Disease
- [View](#) **Comprehensive Adult Diabetes Care**  
 Use of Appropriate Medications for People with Asthma
- [View](#) Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- [View](#) Pharmacotherapy Management of COPD Exacerbation
- [View](#) Follow-Up After Hospitalization for Mental Illness
- [View](#) Antidepressant Medication Management  
 Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication  
 Osteoporosis Management in Women  
 Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- [View](#) Annual Monitoring for Patients on Persistent Medications
- [View](#) Medication Reconciliation Post-Discharge

# PQRI

## PQRI Submittal Summary

### Diabetes Measures Group

This patient  **IS**  eligible for submittal of the measures in the diabetes group.

Patients 18 to 79 with Diabetes Mellitus are eligible for this measure.

**Hemoglobin A1c** Target < 9.0

**Blood Pressure**  
Systolic Target < 140  
  
Diastolic Target < 80

**Foot Exam**

**Lipids** Target < 100

**Nephropathy**

**Eye Exam**

### Preventive Measures Group

This patient  **IS**  eligible for submittal of the measures in the preventive group.

Patients ages 50 and older are eligible for this measure.

**Tobacco Use Assessment**

**Tobacco Cessation Assessment**

**Body Mass Index**

**Influenza Immunization**

**Colorectal Cancer Screening**

**Pneumococcal Vaccination**

**Mammography Screening**

**Urinary Incontinence Assessment**

- 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.
- Fulfilling a single or a few quality metrics does not change outcomes, but fulfilling “clusters” and “galaxies” of metrics at the point-of-care can and *will* change outcomes.

## A "Cluster" -- Multiple Metrics on a Single Condition



## A "Galaxy" -- Multiple "Clusters" Tracked on a Single Patient at a Single Visit



Unlike a single metric, such as “was the blood pressure taken,” which will not improve care, fulfilling and then auditing a “cluster” or a “galaxy of clusters” in the care of a patient **will** improve treatment outcomes and **will** result in quality care.



What is most often missing in quality improvement initiative is real-time, auditing with comparative display of results, and public reporting.

**SOUTHEAST TEXAS MEDICAL ASSOCIATES (SETMA)**

Healthcare Where Your Health is the C

Navigation: About Us | Letters | In The News | Providers | Your Life

Electronic Patient Management Tools | Public Reporting | Medical Home

"Healthcare improvement w pressure; transformation co

Featured Content of Website

- Gartner Business Intelligence Excellence Awards
- SETMA A Semi-Finalist
- Address to the Spring meeting
- Address to the staff of the hospital
- Address to the Patient-Centered Medical Home
- SETMA's Pilgrimage to a Patient-Centered Medical Home
- James L. Holly, MD, Health Care Transformation
- SETMA Awards and Recognition

Your Life Your Health - 04/2011

2011 Gartner Business Intelligence Excellence Awards  
 SETMA A Semi-Finalist  
 About Gartner

SETMA employed IBM's Business Intelligence software, *COGNOS* to audit provider performance and compliance.

*COGNOS* allows all providers to:

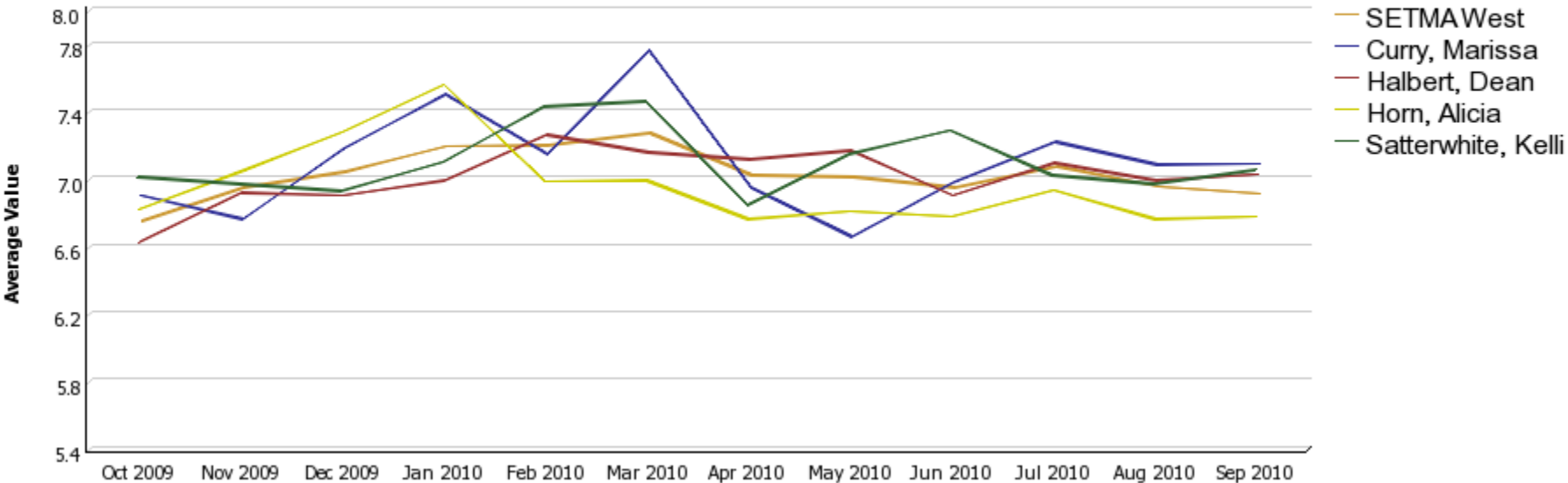
1. Display their performance for their entire patient base
2. Compare their performance to all practice providers
3. See outcome trends to identify areas for improvement
4. See this at the point-of-care

- SETMA contracted with LPA Systems ([www.lpa.com](http://www.lpa.com)) to build our auditing tools.
- LPA designed a data warehouse to minimize the impact on our production servers.

- **LPA used SQL Server Integration Services (SSIS) to clean and scrub the hundreds of data points we needed for our audit rather than having to process the millions of data points contained in our EHR.**
- **SSIS scrubs and preloads our EHR data into the warehouse, which gives us both speed in reporting and confidence in the results in our COGNOS reports.**

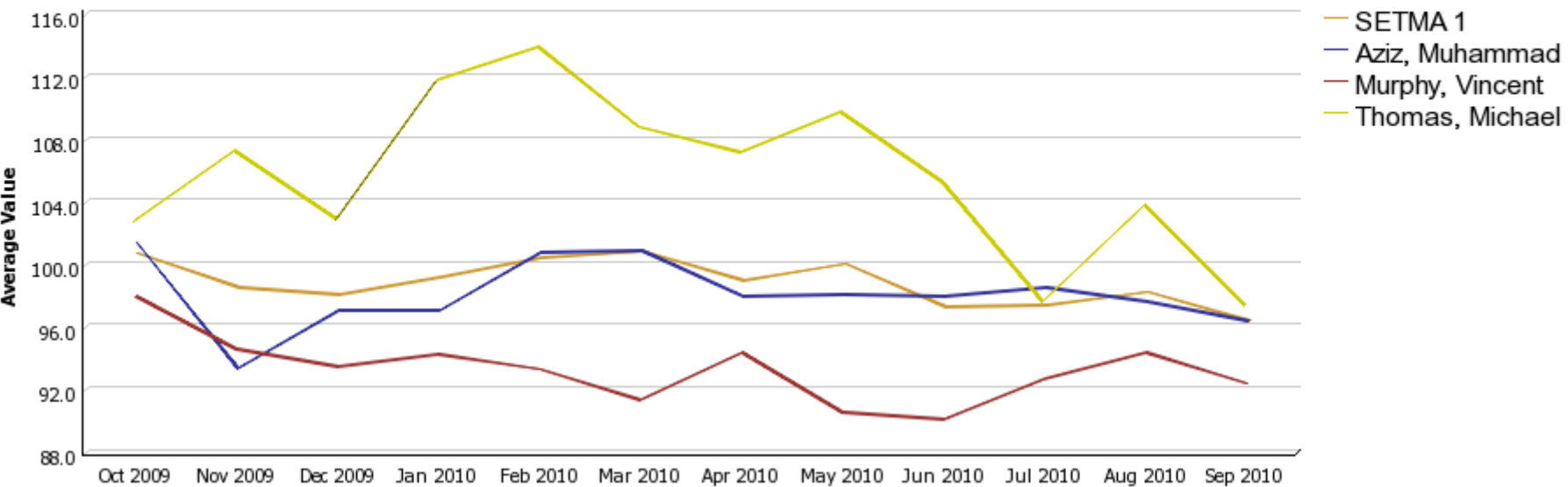


## Chronic Diabetes - HgbA1c Trending

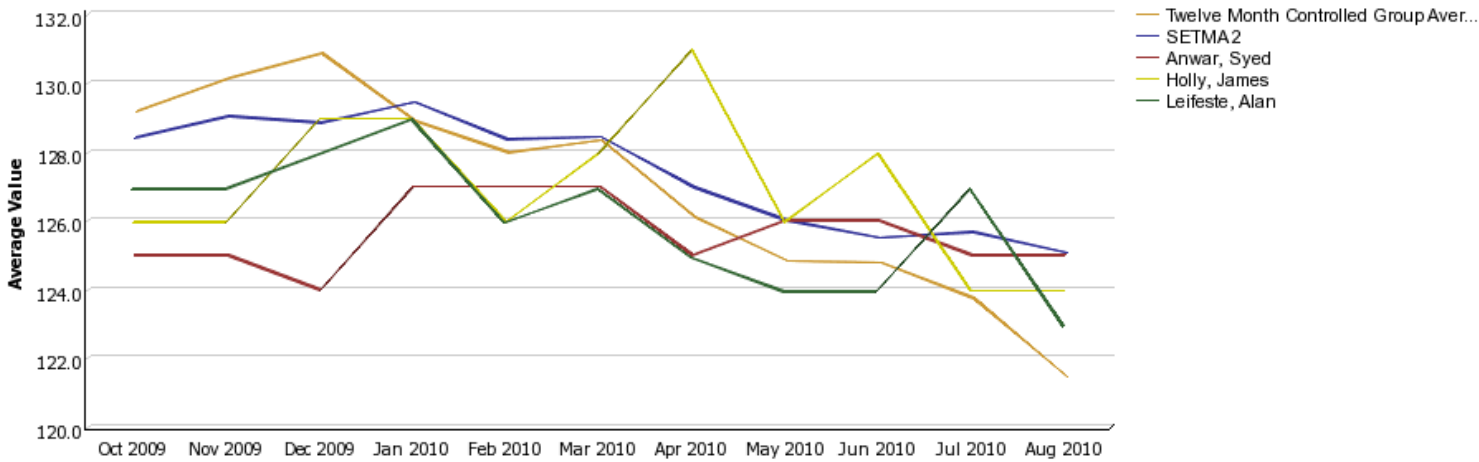




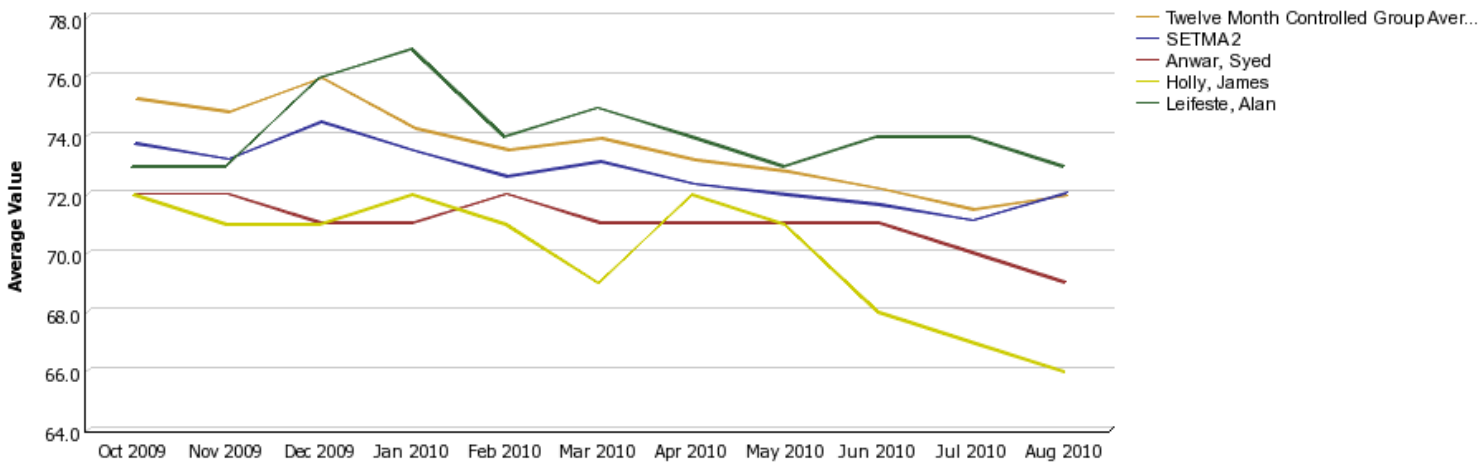
## Chronic Hyperlipidemia - LDL Trending



### Systolic Trending



### Diastolic Trending



Beyond how one provider performs (tracking and auditing), SETMA looks at data as a whole (analyzing) from which to develop new strategies for improving patient care.

We analyze patterns which may explain why one population is not to goal while another is. Some of the parameters, we analyze are:

- Frequency of visits
- Frequency of key testing
- Number of medications prescribed
- Were changes in treatments made, if patient not to goal
- Referrals to educational programs
- Etc.

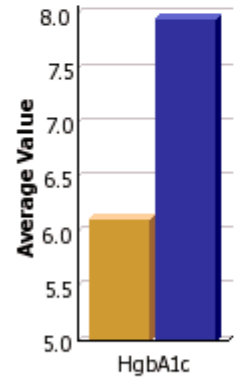


# ANALYZING PROVIDER PERFORMANCE

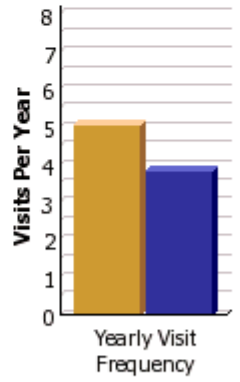


## Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

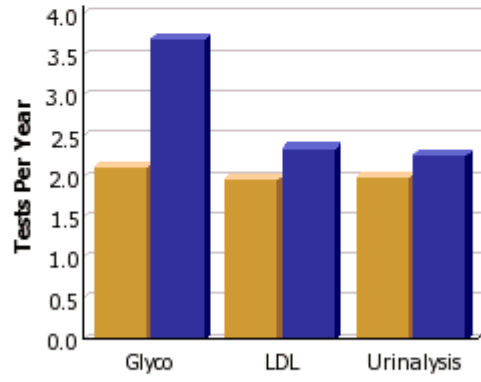
<p><u>Controlled Group</u> <span style="color: #C8A23E;">■</span></p> <p>Population: <b>All SETMA</b></p> <p>Time Basis: <b>Prior 12 Months</b></p>	<p><u>Selected Group</u> <span style="color: #2E3192;">■</span></p> <p>Practice: <b>SETMA 1, SETMA 2, SETMA West</b></p> <p>Provider: <b>None</b></p> <p>Controlled or Not Controlled: <b>Not Controlled</b></p>
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	HgbA1c Avg	Standard Deviation
Controlled	6.1	0.7
Selected	8.0	1.7



	Visit Frequency
Controlled	5.1
Selected	3.8



	Yearly Glyco Tests	Yearly LDL Tests	Yearly UA Tests
Controlled	2.1	2.0	2.0
Selected	3.7	2.4	2.3

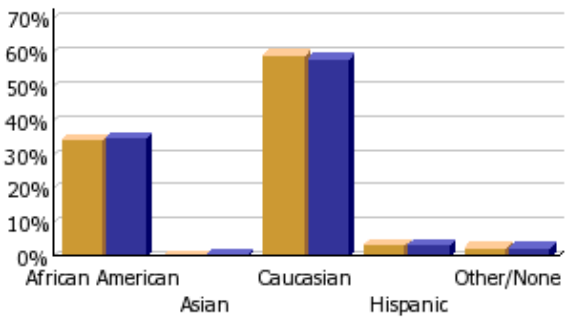
# ANALYZING PROVIDER PERFORMANCE



## Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

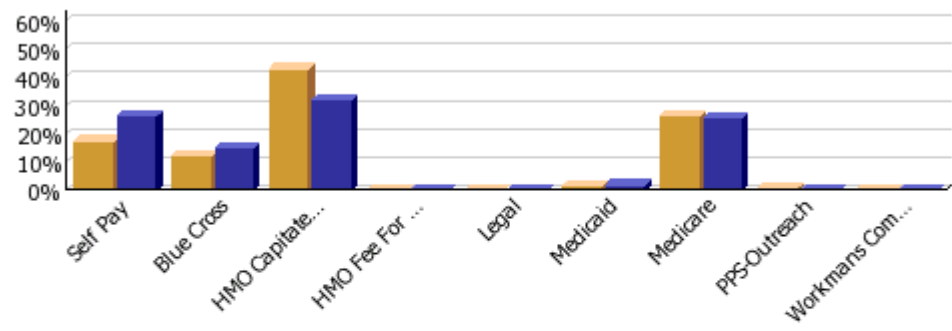
<p><b>Controlled Group</b> ■</p> <p>Population: <b>All SETMA</b></p> <p>Time Basis: <b>Prior 12 Months</b></p>	<p><b>Selected Group</b> ■</p> <p>Practice: <b>SETMA 1, SETMA 2, SETMA West</b></p> <p>Provider: <b>None</b></p> <p>Controlled or Not Controlled: <b>Not Controlled</b></p>
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**Ethnicity**



	African American	Ethnicity Asian	Caucasian	Hispanic	Other/None
Controlled	34.6%	0.1%	59.3%	3.4%	2.6%
Selected	34.9%	0.8%	58.3%	3.4%	2.7%

**Financial Class**



	Self Pay	Blue Cross	HMO Capitated	HMO Fee For Service	Legal	Medicaid	Medicare	PPS-Outreach	Workmans Comp
Controlled	17.3%	11.8%	43.0%	0.0%	0.0%	1.2%	26.2%	0.5%	0.0%
Selected	26.0%	14.7%	32.0%	0.0%	0.0%	1.6%	25.4%	0.1%	0.0%

# ANALYZING PROVIDER PERFORMANCE

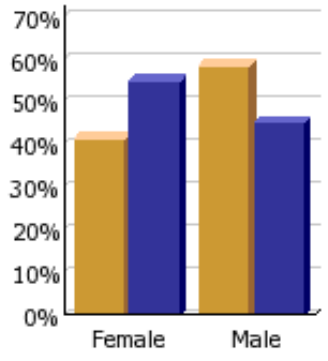


## Chronic Hyperlipidemia - Measures Comparison (Most Recent 12 Months)

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

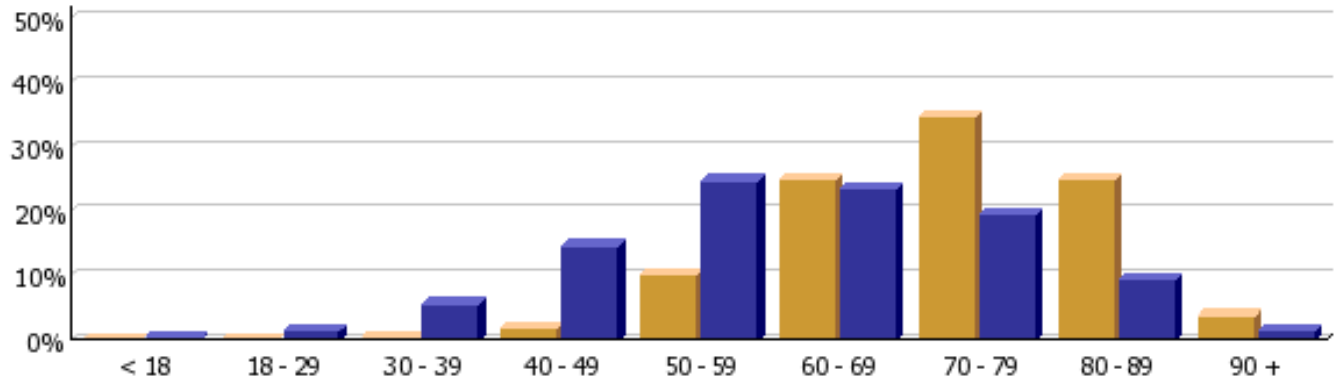
■ Controlled Group  
■ Selected Group

**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%

# ANALYZING PROVIDER PERFORMANCE

Raw data can be misleading. For example, with diabetes care, a provider may have many patients with very high HgbA1cs and the same number with equally low HgbA1cs which would produce a misleadingly good average. As a result, SETMA also measures the:

- Mean
- Median
- Mode
- Standard Deviation

# ANALYZING PROVIDER PERFORMANCE

**SETMA's average HgbA1c has been steadily improving for the last 10 years. Yet, our standard deviation calculations revealed that a subset of our patients were not being treated successfully and were being left behind.**

**By analyzing the standard deviation of our HgbA1c we have been able to address the patients whose values fall far from the average of the rest of the clinic.**

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. As a result, when a patient’s care is not to goal, often no change in treatment is made.

To help overcome this “treatment inertia,” SETMA publishes all of our provider auditing (both the good and the bad) as a means to increase the level of discomfort in the healthcare provider and encourage performance improvement.

# PUBLIC REPORTING OF PERFORMANCE



## NQF - Diabetes Measures

E & M Codes: Clinic Only  
 Encounter Date(s): Jan 1, 2011 through Mar 31, 2011

## NQF Diabetes Measures

Location	Provider	Dilated Eye within 12 Months	Micral Strip within 12 Months	Foot Exam within 12 Months
SETMA 1	Aziz	55.7%	75.3%	73.0%
	Duncan	52.8%	79.7%	78.9%
	Henderson	54.5%	78.6%	94.8%
	Murphy	50.0%	87.6%	84.4%
	Sims	<b>44.8%</b>	83.8%	51.4%
	Thomas	81.8%	76.6%	85.7%
	<b>SETMA 1 Totals:</b>		<b>55.0%</b>	<b>80.7%</b>
SETMA 2	Ahmed	69.0%	63.1%	99.7%
	Anthony	56.8%	86.9%	96.2%
	Anwar	67.1%	92.7%	82.1%
	Cricchio	61.2%	80.8%	92.3%
	Holly	80.0%	94.3%	88.6%
	Leifeste	67.8%	86.3%	81.5%
	Wheeler	60.0%	84.8%	84.8%
	<b>SETMA 2 Totals:</b>		<b>65.4%</b>	<b>78.0%</b>
SETMA West	Curry	70.2%	87.2%	91.5%
	Deiparine	57.9%	63.8%	89.5%
	Halbert	<b>44.9%</b>	60.0%	83.4%
	Horn	51.0%	81.9%	94.8%
	Qureshi	51.0%	71.9%	97.9%
	Satterwhite	51.1%	78.7%	88.3%
	Vardiman	57.3%	53.7%	78.0%
	<b>SETMA West Totals:</b>		<b>53.4%</b>	<b>70.2%</b>
<b>SETMA Totals:</b>		<b>59.8%</b>	<b>76.6%</b>	<b>88.5%</b>

# PUBLIC REPORTING OF PERFORMANCE

## NQF Diabetes Measures



### NQF - Diabetes Measures - Blood Pressure Control

E & M Codes: Clinic Only  
 Encounter Date(s): Jan 1, 2011 through Mar 31, 2011

Location	Provider	Blood Pressure on Last Visit			
		< 120 / 70	< 130 / 80	< 140 / 90	> 140 / 90
SETMA 1	Aziz	18.4%	50.0%	79.3%	20.7%
	Duncan	27.6%	68.3%	95.1%	4.9%
	Henderson	25.3%	58.4%	85.1%	14.9%
	Murphy	23.4%	57.8%	86.2%	13.8%
	Sims	24.3%	50.0%	70.3%	29.7%
	Thomas	18.2%	57.1%	79.2%	20.8%
	<b>SETMA 1 Totals:</b>		22.9%	57.1%	83.8%
SETMA 2	Ahmed	27.1%	62.6%	90.0%	10.0%
	Anthony	35.2%	84.5%	97.7%	2.3%
	Anwar	9.4%	79.1%	95.3%	4.7%
	Cricchio	24.5%	67.8%	89.5%	10.5%
	Holly	25.7%	88.6%	94.3%	5.7%
	Leifeste	27.0%	61.1%	87.7%	12.3%
	Wheeler	20.0%	60.0%	79.2%	20.8%
<b>SETMA 2 Totals:</b>		24.7%	68.6%	90.6%	9.4%
SETMA West	Curry	17.0%	64.9%	88.3%	11.7%
	Deiparine	13.8%	46.7%	77.6%	22.4%
	Halbert	25.4%	54.6%	81.5%	18.5%
	Hom	25.2%	59.4%	98.7%	1.3%
	Qureshi	17.7%	68.8%	91.7%	8.3%
	Satterwhite	14.9%	63.8%	87.2%	12.8%
	Vardiman	8.5%	31.7%	70.7%	29.3%
<b>SETMA West Totals:</b>		18.9%	55.6%	85.3%	14.7%
<b>SETMA Totals:</b>		22.8%	62.5%	87.6%	12.4%



## NCQA Diabetes Recognition



### NCQA Diabetes Measures

Encounter Date(s): January 1, 2011 to March 31, 2011

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	259	10.0%	79.2%	58.3%	23.2%	52.1%	57.9%	97.6%	11.2%	66.4%	73.0%	74.1%	80
	Duncan	190	10.5%	85.3%	67.4%	11.6%	64.7%	57.4%	85.4%	14.7%	66.3%	86.3%	81.1%	90
	Henderson	207	8.7%	82.1%	69.6%	15.5%	59.4%	56.0%	94.6%	12.6%	61.4%	80.7%	95.7%	90
	Murphy	337	5.6%	89.3%	68.0%	16.9%	55.2%	47.5%	77.5%	12.5%	70.9%	86.4%	85.8%	80
	Sims	122	11.5%	81.1%	62.3%	28.7%	49.2%	43.4%	87.5%	19.7%	54.9%	85.2%	61.5%	85
	Thomas	109	11.0%	71.6%	46.8%	20.2%	58.7%	82.6%	100.0%	12.8%	61.5%	78.9%	83.5%	95
SETMA 2	Ahmed	797	19.1%	62.1%	39.5%	9.2%	63.1%	67.6%	75.3%	11.7%	64.7%	63.1%	99.7%	68
	Anthony	293	12.3%	80.2%	62.5%	2.7%	85.0%	59.0%	81.1%	10.9%	72.0%	89.1%	96.2%	90
	Anwar	375	9.3%	82.4%	65.6%	3.5%	80.5%	64.3%	96.3%	14.7%	60.3%	94.1%	80.5%	100
	Cricchio	378	14.3%	67.2%	50.5%	11.1%	67.7%	58.7%	71.6%	11.6%	64.6%	79.9%	91.8%	75
	Holly	60	6.7%	83.3%	68.3%	3.3%	83.3%	81.7%	100.0%	16.7%	66.7%	95.0%	90.0%	100
	Leifeste	271	8.5%	80.4%	69.0%	11.1%	65.7%	70.1%	66.1%	10.0%	64.9%	88.6%	81.5%	90
	Wheeler	162	8.6%	85.8%	75.9%	23.5%	58.0%	61.7%	73.9%	14.8%	62.3%	87.0%	84.6%	90
SETMA West	Curry	116	13.8%	74.1%	51.7%	12.1%	62.9%	72.4%	81.0%	17.2%	60.3%	87.1%	93.1%	100
	Deiparine	192	8.9%	74.5%	53.1%	24.0%	45.8%	59.9%	92.3%	11.5%	55.7%	66.1%	90.1%	85
	Halbert	302	13.9%	75.8%	61.3%	19.9%	56.6%	42.4%	97.5%	16.9%	56.0%	57.9%	84.8%	85
	Horn	192	3.1%	82.3%	66.7%	1.6%	60.4%	49.0%	82.1%	15.6%	51.0%	81.8%	95.3%	90
	Satterwhite	116	14.7%	68.1%	47.4%	14.7%	63.8%	53.4%	90.3%	23.3%	44.8%	76.7%	87.1%	85

**Quality Assessment and Performance Improvement (QAPI)** is SETMA's roadmap for the future. With data in hand, we can begin to use the outcomes to design quality initiatives for our future.

We can analyze our data to identify disparities in care between

- Ethnicities
- Socio-Economic Groups
- Age Groups
- Genders

SETMA's Model of Care along with the technology of COGNOS -- this pairing of medicine and technology -- can transform the delivery of healthcare and is worthy of being adopted by others.

By expanding SETMA's COGNOS Project, we are also designing a quality improvement initiative for the elimination of preventable readmissions to the hospital.

Please visit us at [www.jameshollymd.com](http://www.jameshollymd.com) where you will find all of our public reporting, electronic patient management and medical

The screenshot shows a Windows Internet Explorer browser window displaying the website for Southeast Texas Medical Associates, LLP. The browser's address bar shows the URL <http://www.setma.com/>. The website's main banner features the text "Healthcare Where Your Health is the Only Care" in a serif font, with an "Enter" button below it. The central image depicts a family of four—a woman in a white shirt and blue pants carrying a child in a red shirt, and two other children in blue outfits—standing on a beach looking out at the ocean waves. In the bottom left corner of the website, there is a circular logo for "SOUTHEAST TEXAS SETMA MEDICAL ASSOCIATES, L.L.P." with a stethoscope graphic. The bottom right corner contains contact information for three offices: SETMA I (2929 Calder), SETMA II (3570 College), SETMA West (2010 Dowlen), and a phone number (833-9797).



## Healthcare Where Your Health is the Only Care



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NCQA PC-MH Application ▾

NextMD

"Healthcare improvement will result from transformation, not reformation. Reform comes from external pressure; transformation comes from internalized values and energy." -

James L. Holly, MD, CEO, SETMA, LLP

### Featured Content of Website and of SETMA's Work

- Gartner Business Intelligence Excellence Award – SETMA One of Three Semi-Finalist for 2011
- SETMA's Transitions of Care Letter to Don Berwick, Administrator of CMS, April, 2011
- Address to the Spring meeting of the Society for Academic CME, April, 2011
- Address to the staff of the Office of the National Coordinator HIT, HHS, March 31, 2011
- Address to the Patient-Centered Primary Care Collaborative Stakeholders' Workshop, March 30, 2010
- SETMA's Pilgrimage to a Patient-Centered Medical Home, The Doctor's Office, HealthLeader's Media, March 2011
- James L. Holly, MD, Healthcare Informatics Magazine Blog, February 2011
- SETMA Awards and Recognitions

### Your Life Your Health - 04/14/2011

#### 2011 Gartner Business Intelligence Excellence Awards

#### SETMA A Semi-Finalist

#### About Gartner

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**Healthcare Where Your Health is the Only Care**

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Electronic Patient Management Tools ▾	Public Reporting ▾	Medical Home ▾	NCQA PC-MH		
ICD-9 Coding	>	result from transformation, not reformation. Re			
Suites of Templates	>	from internalized values and energy." -			Jar
Disease Management Tools	>	d of SETMA's Work			
Hospital Based Tools	>				
Preventive Health Tools	>	Excellence Award – SETMA One of Three Semi-Finalis			
Nursing Home	>	letter to Don Berwick, Administrator of CMS, April, 2011			
Specialized Tools	>	of the Society for Academic CME, April, 2011			
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HCC & RxHCC Risk	>	ed Primary Care Collaborative Stakeholders' Worksh			
Chronic Conditions Tutorial	>	nt-Centered Medical Home, The Doctor's Office, Heal			
Association of Medication and Diagnosis	>	e Informatics Magazine Blog, February 2011			
Framingham Cardiovascular Risk	>	ns			
Medication Module	>	2011			
Renal Failure	>	Excellence Awards			

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The future of quality metrics and the auditing of provider performance are constantly evolving. SETMA's COGNOS Project allows us to both participate in the future and to define it; and, ultimately to pay attention to the things that matter and the things that will result in improved health for all of our patients.