Business Intelligence and reporting at SETMA: Improving quality, outcomes and clinical practices

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About SETMA

- Southeast Texas Medical Associates, LLP
- Founded August 1, 1995
- 29 Healthcare Providers:
  - Internal Medicine
  - Family Practice
  - Nurse Practitioners
  - Cardiology
  - Neurology
  - Infectious Disease
  - Ophthalmology

SETMA Landmarks

- Adopted EMR, March 1998
- January, 1999, all patients seen in EHR.
- May, 1999, Morphed from EHR to Electronic Patient Management
- October, 2009 – COGNOS Project
- August, 2010, Affliate, Joslin Diabetes Center
- September, 2010 – PC-MH Tier III

Systems thinking and Health

Systems-thinking and the data display designed on those principles allow the provider to "see" how the treatment of one disease augments or complicates the treatment of another.

Creating Discomfort in Provider

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.

“Treatment inertia”

“Lack of treatment intensification in a patient not at evidence-based goals for care.”

“Dynamic Complexity”

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

“The real leverage in most management situations lies in understanding “dynamic complexity.”

Data Display

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, Dr. Peter Senge***)

If excellent care requires healthcare organizations to:

- **Be “learning organizations”**
- **Avoid “learning disabilities”**
- **Think in a circular rather than a linear fashion**
- **Look at dynamic complexity rather than detail complexity**

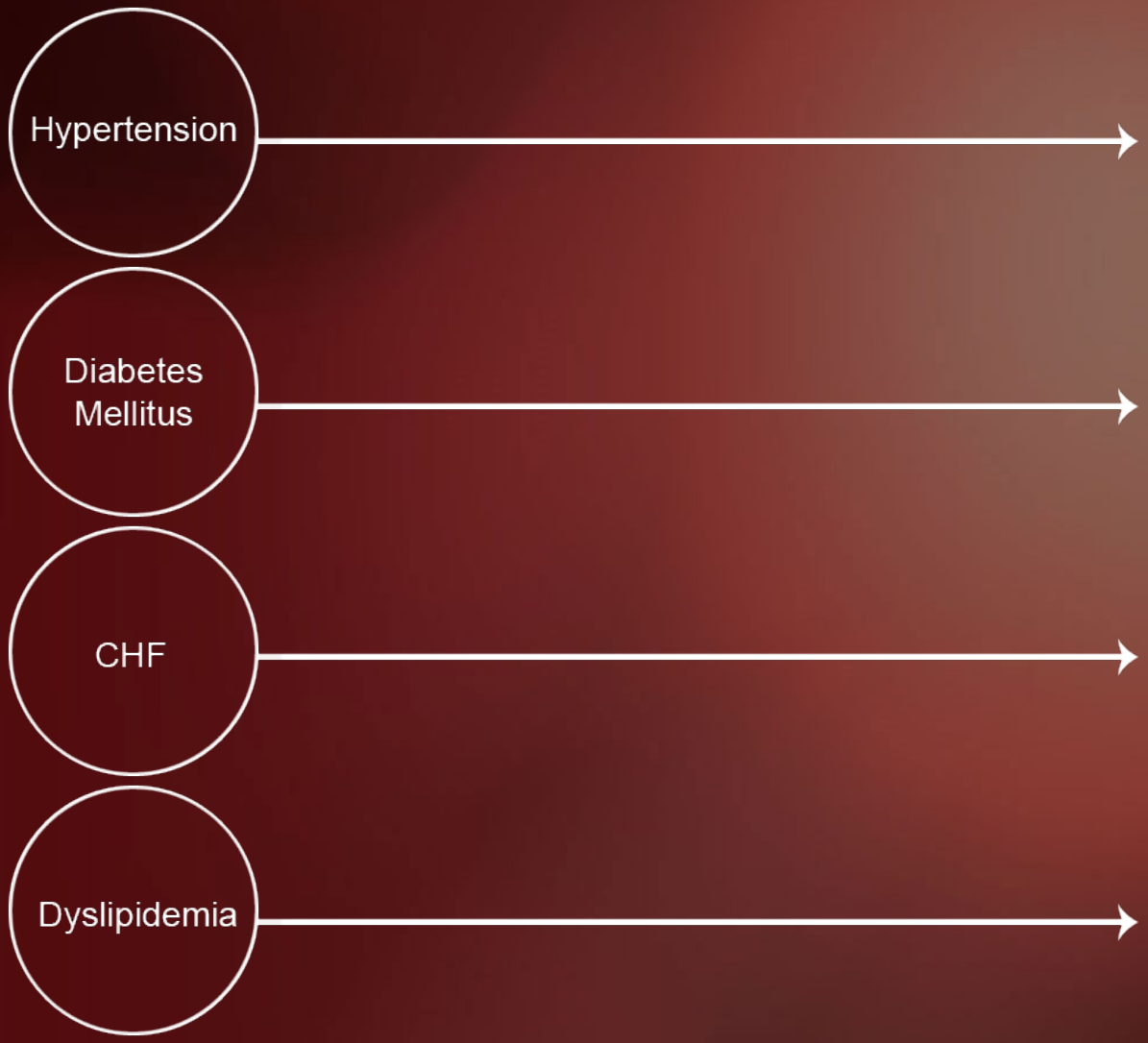
If health science has the capacity:

- **To create far more information than anyone can absorb,**
- **To foster far greater interdependency than anyone can manage**
- **To accelerate change far faster than anyone's ability to keep pace.**

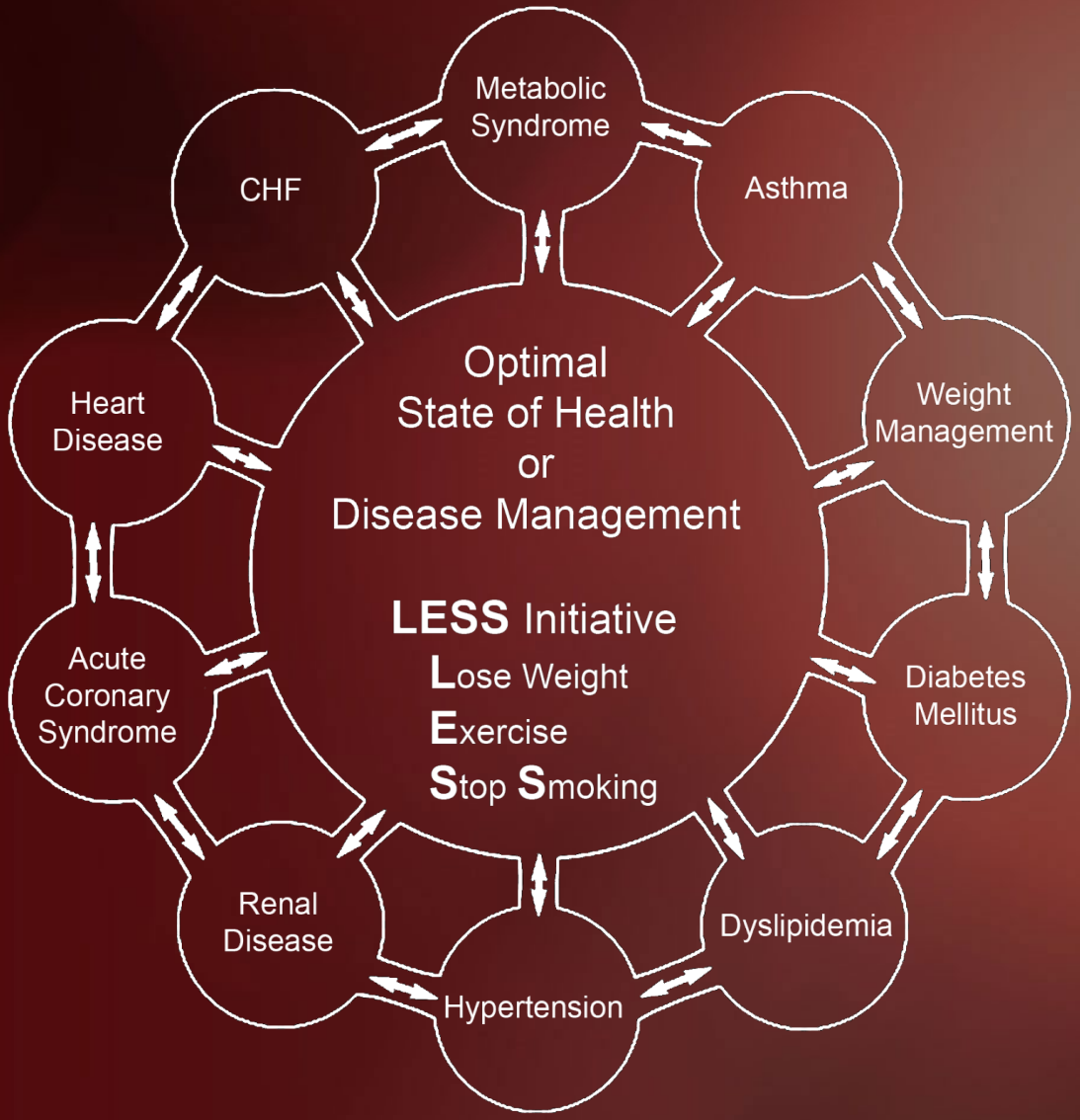
EMR Power

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?

Linear Thinking



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 Model of Care

Key to our Patient Centered – Medical Home (PC-MH) is **SETMA's Model of Care**:

1. Personal Performance Tracking – one patient at a time
2. Auditing of Performance – by panel or by population
3. Analysis of Provider Performance -- statistical
4. Public Reporting by Provider Name – www.jameslhollymd.com
5. Quality Assessment and Performance

Tracking Performance At The Point of Care

SETMA currently tracks the following Physician Consortium for Performance Improvement (PCPI) measurement sets:

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

Tracking Performance At The Point of Care

SETMA also currently tracks the following published quality performance measure sets:

- HEDIS
- NQF
- AQA
- PQRI
- BTE

Each is available to the provider interactively within the EHR at the time of the 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.

General Health Measures
View Body Mass Index Measurement
View Smoking Cessation
View Proper Assessment for Chronic COPD
View 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
View 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
View Warfarin Therapy for Atrial Fibrilation

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

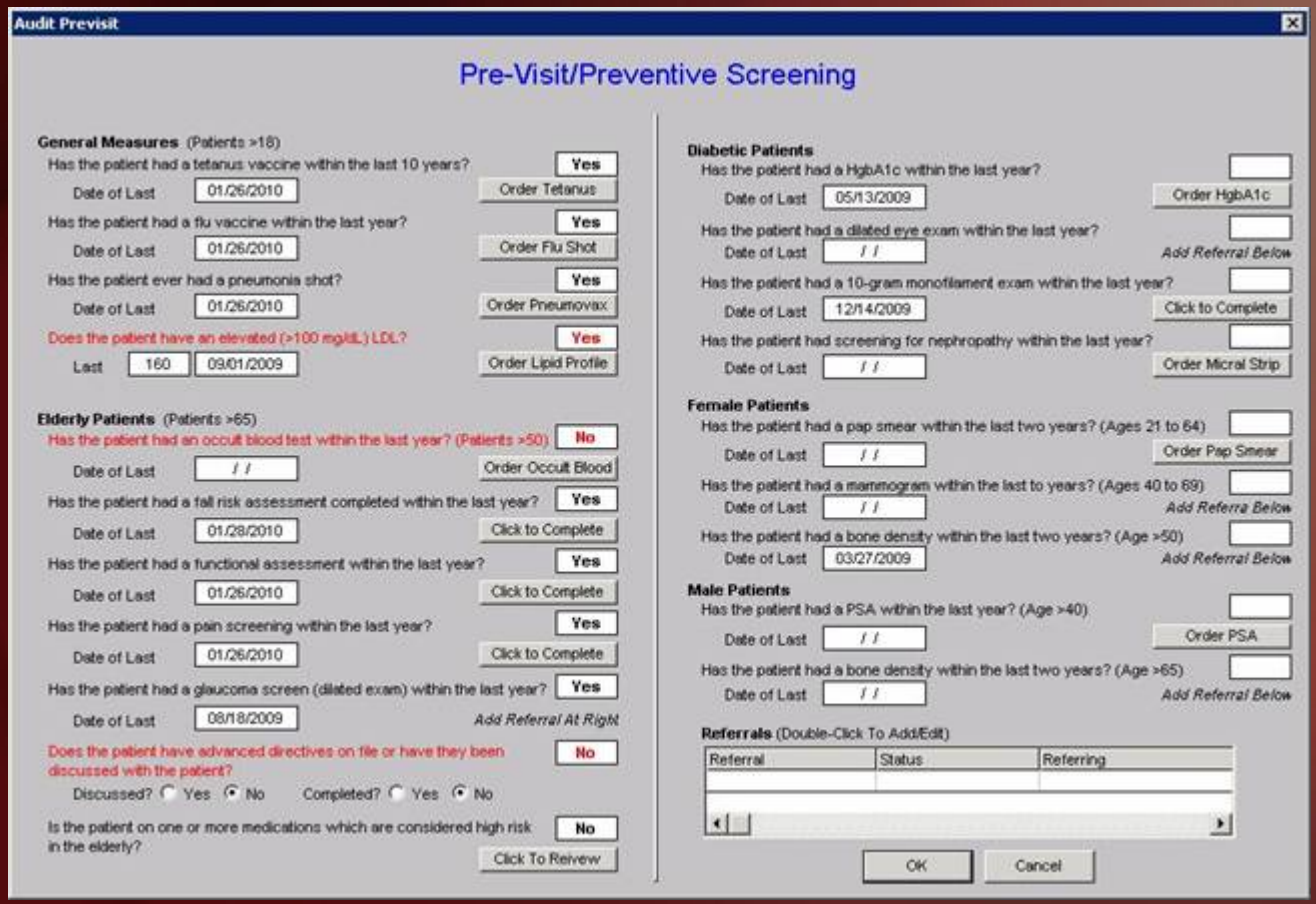
Diabetes Measures
View Dilated Eye Exam
View Foot Exam
View Hemoglobin A1c Testing/Control
View Blood Pressure
View Urine Protein Screening
View Lipid Screening

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

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

Tracking Performance At The Point of Care

A **pre-visit** screening tool allows each provider to assess quality measures for each patient at each encounter.

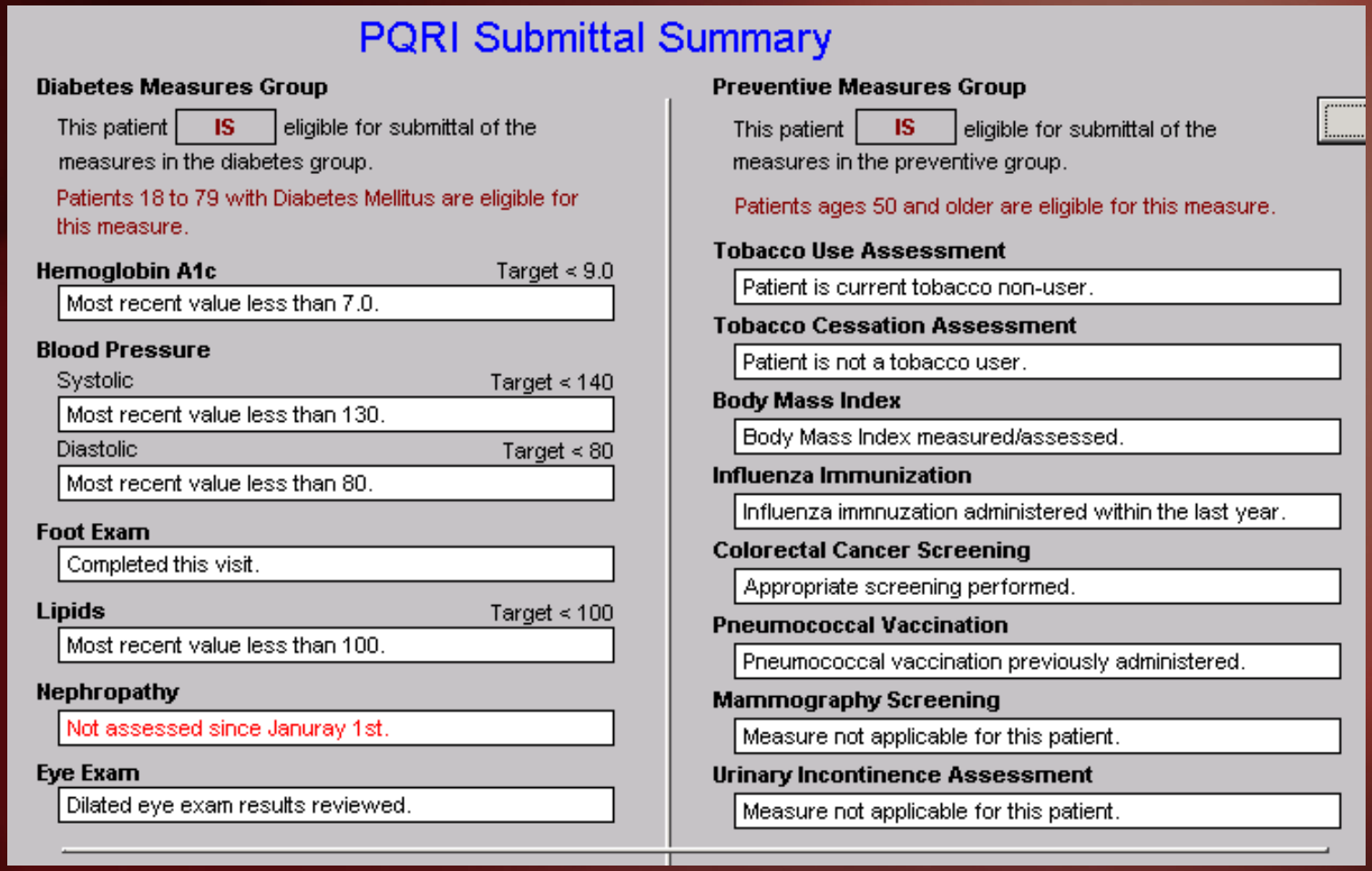


Tracking Performance At The Point of Care

HEDIS

Step I - Provider Performance Tracking

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

Most recent value less than 7.0.

Blood Pressure

Systolic — Target < 140

Most recent value less than 130.

Diastolic — Target < 80

Most recent value less than 80.

Foot Exam

Completed this visit.

Lipids — Target < 100

Most recent value less than 100.

Nephropathy

Not assessed since Januray 1st.

Eye Exam

Dilated eye exam results reviewed.

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

Patient is current tobacco non-user.

Tobacco Cessation Assessment

Patient is not a tobacco user.

Body Mass Index

Body Mass Index measured/assessed.

Influenza Immunization

Influenza immnuzation administered within the last year.

Colorectal Cancer Screening

Appropriate screening performed.

Pneumococcal Vaccination

Pneumococcal vaccination previously administered.

Mammography Screening

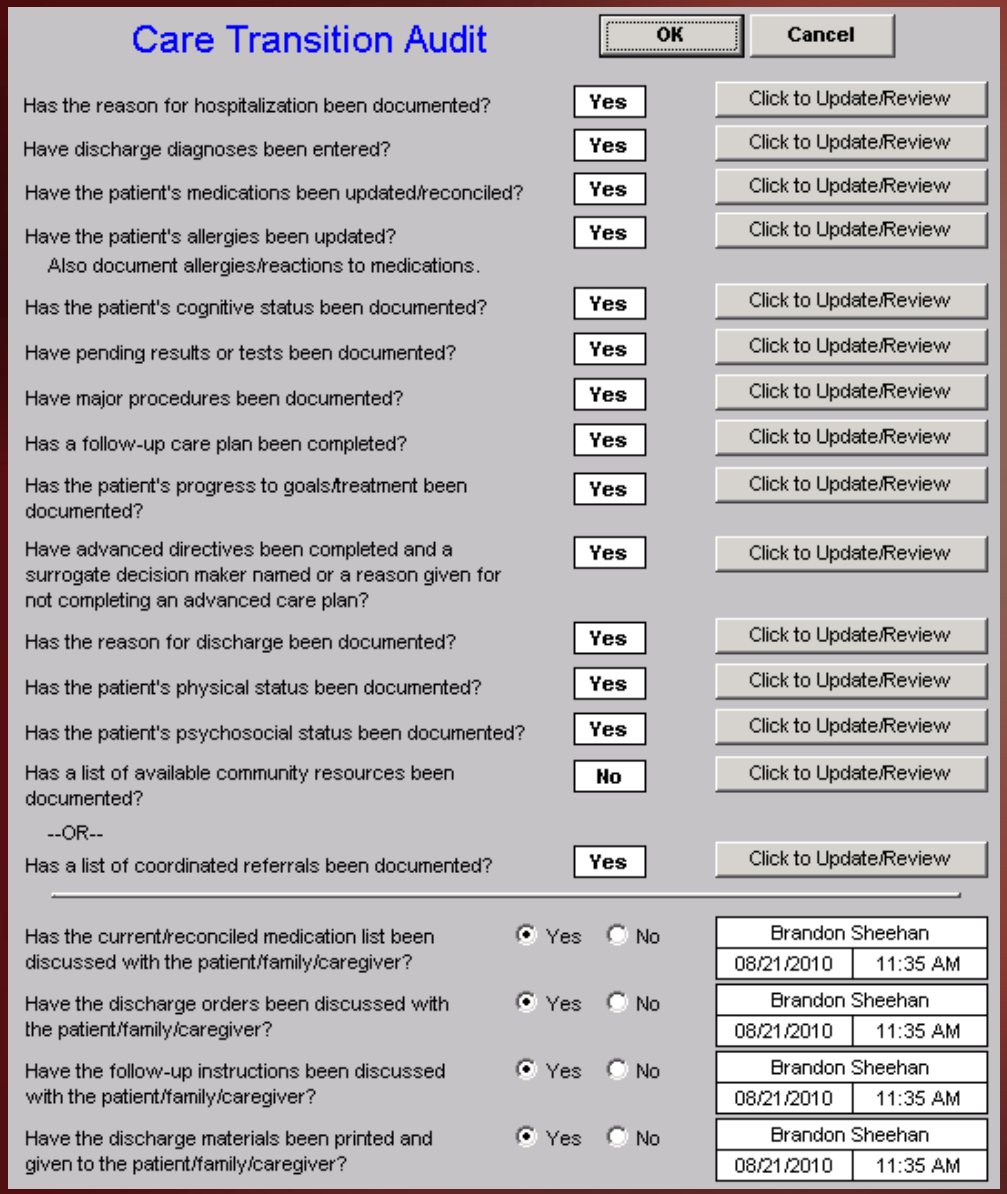
Measure not applicable for this patient.

Urinary Incontinence Assessment

Measure not applicable for this patient.

Step I - Provider Performance Tracking

Care Transition Audit



Step I - Provider Performance Tracking

Bridges to Excellence

Bridges to Excellence

What is Bridges to Excllence?

Return

Bridges to Excellence programs recognize and reward clinicians who deliver superior patient care.

Premise

The BTE mission in a nutshell: help the best clinicians build their practices, help patients get healthier, help insurers and employers manage costs better.

First, it's critical to measure what matters most—the handful of indicators that have truly significant clinical and financial impact. These are the quality measures most predictive of improved patient health. These measures also form a set of indicators to help practices identify patients who are not well controlled and need more proactive management.

Second, clinicians who follow those quality measures will consistently provide better care at lower costs. Typically, they outperform their peers on process measures of quality, and have lower average costs per patient and per episode. In part, this is because they tend to rely more on evaluation and management and less on tests and procedures; they know costlier care is not always better care.

Third, incentives only work if they are fair and designed to increase over time, so clinicians who continually improve their practices are rewarded in kind. The better they get, the more incentives they deserve—and the more patients should be encouraged to utilize them. As in any industry, the best performers should earn the most and have the biggest market share.

List below are the six Bridges to Excellence that SETMA has chosen to audit...

Legend

Measures in red are measures which apply to this patient that are not in compliance

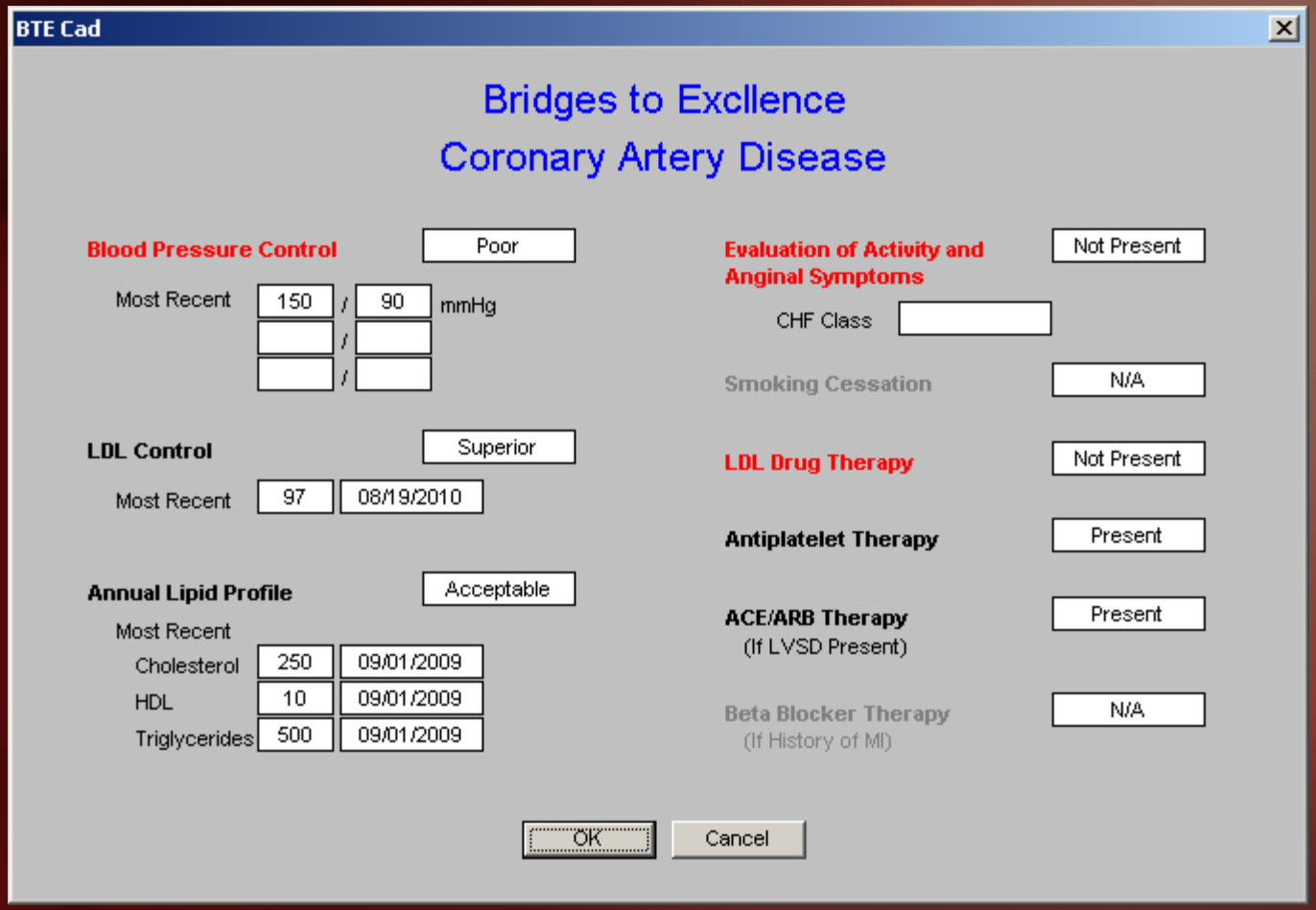
Measures in black are measures which apply to this patient that are in compliance.

Measures in gray are measures which do not apply to this patient.

View	**Asthma**	View	**COPD**
View	**Congestive Heart Failure**	View	**Diabetes Mellitus**
View	**Coronary Artery Disease**	View	**Hypertension**

Step I - Provider Performance Tracking

Bridges to Excellence



Clusters and Galaxies

- A single or a few quality metrics do not change outcomes
- A cluster – seven or more quality metrics for a single condition, i.e., diabetes, etc.
- A galaxy – multiple clusters for the same patient, i.e., diabetes, hypertension, lipids, CHF, etc.

Graphic of a cluster Diabetes

PCPI

To be design

- Grphic of a galaxy
- To be designed
- Number of quality metrics for each cluster
- Total number of metrics for galaxy

- **Unlike a single metric, such as "was th blood pressure taken," which will not improve care, auditing a cluster or a galaxy of clusters in the care of a patient WILL improve the outcomes and result in quality care.**

- **What is most often missing in quality improvement initiative real-time, comparative and public reporting on provider performance at the time of the pateint coutner or within 24 hours thereof.**

Step II -- Auditing Provider Performance

SETMA employed IBM's Business Intelligence software, *Cognos* to audit provider performance and compliance ***after*** patient encounters.

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 contemporaneous with care given

- To allow SETMA to do real-time data auditing, without interfering with clinic processes, we selected COGNOS and contracted with LPA (www.lpa.com) to build auditing tools.

- Because we want to audit complexes processes daily, and because we use our EHR 24 hours a day, seven days week, we need a data mart from which to audit several hudred data points rather than

- **In addition, we needed to process our data (SSIS full name) in order to make sure that the information transferred into the data mart was accurate.**

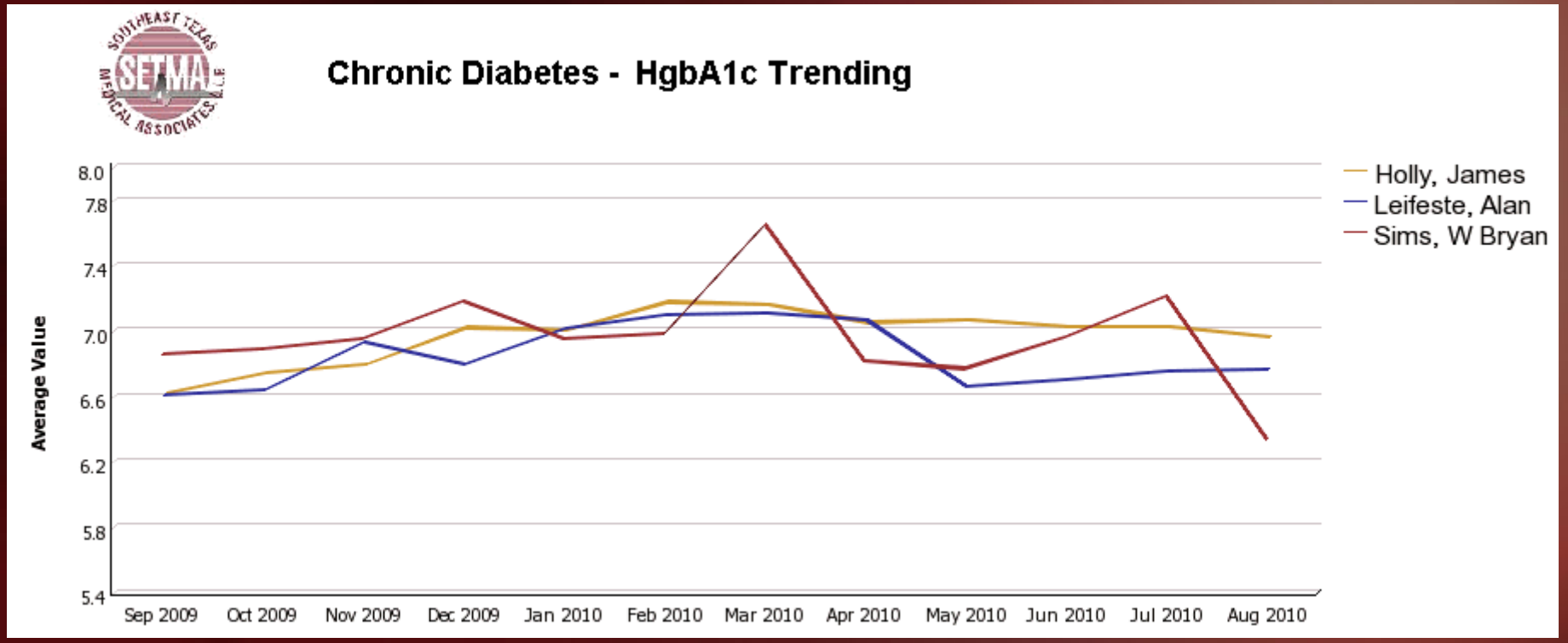
- **The critical issue was that when we analyzed data that it was real and valid.**

- **COGNOS allows SETMA with the support of LPA to be confident of the data upon which we will see areas of need for improvement in the quality of care and upon which we will design quality improvement initiatives.**

- **The following are a series of static slides which are snapshots of COGNOS functions which are used by SETMA for auditing performance. That perfomance can be audit by:**

- **The individual provider**
- **Professional management**
- **Administrative Mnagment**

Step II -- Auditing Provider Performance



Step II -- Auditing Provider Performance

NCQA Diabetes Measures

Encounter Date(s): January 1, 2010 to July 16, 2010

Location	Provider	Encounters	HgbA1c > 9.0	HgbA1c < 8.0	HgbA1c < 7.0	BP > 140/90	BP < 130/80	Eye Exam	Smoking Cessation	LDL >= 130	LDL < 100	Nephropathy	Foot Exam
SETMA 1	Aziz	505	10.3%	82.2%	65.1%	37.4%	38.8%	47.5%	57.5%	11.5%	67.7%	67.3%	60.4%
	Duncan	366	8.7%	79.5%	63.4%	9.8%	77.0%	58.2%	66.1%	13.1%	66.1%	51.6%	80.6%
	Henderson	330	13.0%	78.8%	58.5%	11.5%	69.7%	57.6%	77.6%	16.4%	67.9%	70.0%	87.3%
	Murphy	749	7.5%	80.9%	65.6%	20.3%	56.6%	37.5%	41.7%	9.6%	72.2%	72.0%	85.0%
	Sims	223	12.1%	74.9%	58.3%	23.8%	49.8%	46.2%	73.1%	15.7%	62.3%	53.8%	76.7%
	Thomas	353	12.5%	67.4%	49.9%	15.9%	57.8%	43.9%	64.0%	15.6%	50.7%	51.6%	70.8%
SETMA 2	Ahmed	1,935	19.1%	62.5%	38.9%	10.0%	61.9%	67.3%	36.5%	11.4%	66.7%	40.7%	98.1%
	Anthony	549	11.8%	80.0%	63.0%	22.0%	55.2%	65.2%	51.6%	14.6%	62.8%	88.3%	97.4%
	Anwar	811	6.4%	82.0%	57.8%	7.5%	77.4%	77.8%	52.9%	12.6%	61.9%	82.4%	90.0%
	Cricchio	466	10.3%	80.0%	63.3%	8.4%	72.7%	67.0%	50.6%	16.5%	61.4%	83.5%	75.3%
	Holly	232	11.2%	77.6%	62.9%	7.8%	68.1%	75.0%	59.1%	11.6%	60.3%	89.7%	90.5%
	Leifeste	554	10.5%	76.7%	61.6%	15.2%	61.0%	71.8%	60.6%	11.6%	62.5%	85.0%	79.1%
	Wheeler	333	9.6%	80.8%	60.1%	18.0%	54.1%	56.2%	66.7%	16.8%	58.9%	74.2%	86.2%
SETMA West	Curry	271	10.7%	67.9%	50.9%	19.9%	55.7%	56.5%	54.2%	10.0%	63.5%	67.5%	86.7%
	Deiparine	256	8.2%	50.0%	37.9%	24.2%	55.1%	54.3%	80.0%	8.2%	42.6%	47.3%	87.9%
	Halbert	633	10.9%	72.7%	56.4%	31.1%	44.4%	49.0%	28.6%	16.6%	54.0%	34.1%	61.9%
	Horn	456	6.6%	76.1%	58.1%	7.2%	63.6%	44.3%	72.2%	14.7%	51.5%	64.5%	95.4%
	Satterwhite	229	12.7%	66.8%	47.2%	37.6%	38.9%	65.1%	75.0%	13.1%	48.9%	77.3%	70.3%

Step III -- Analyzing Performance

Beyond how one provider performs (auditing) we look at data as a whole (analyzing) to develop new strategies for improving patient care.

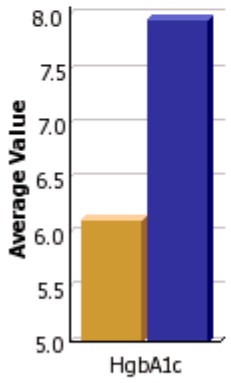
We analyze patterns which may explain why one population is not to goal while another is. Some of the parameters, we analyze are::

- Frequency of visits
- Frequency of key testing
- Number of medications prescribed
- Changes in treatments if any, if patient not to goal
- Referrals to educational programs

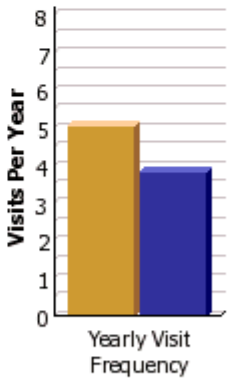
Step III -- Analyzing Performance

Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

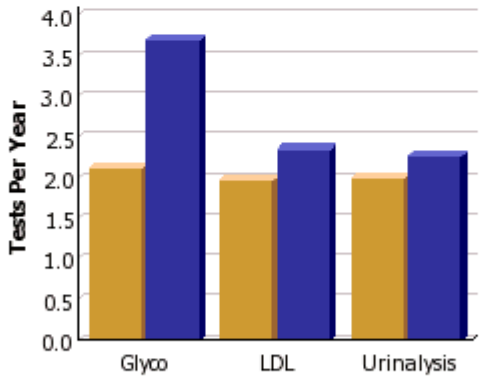
Controlled Group	Selected Group
Population: **All SETMA**	Practice: **SETMA 1, SETMA 2, SETMA West**
Time Basis: **Prior 12 Months**	Provider: **None**
	Controlled or Not Controlled: **Not Controlled**



	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

Step III -- Analyzing 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

Step III -- Analyzing Performance

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

As we have improved our treatment and brought more patients to compliant levels, we have skewed our average.

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.

Step IV - 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. 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.

Step IV - Public Reporting of Performance

Published patient satisfaction survey results.

Fourth Quarter 2009 Aggregate
All SETMA

	Total	Poor	Fair	Average	Good	Very Good	Excellent	Comments
1	3273	49	59	130	417	955	1663	
2	3255	63	71	196	507	1004	1414	
3	3061	5	15	51	344	1013	1633	
4	3283	5	15	47	329	1080	1807	
5	3262	0	9	33	299	1038	1883	
6	3066	35	46	145	464	909	1467	
7	3289	1	26	75	334	963	1890	
8	3271	5	15	62	288	892	2009	
9	3250	4	16	44	313	913	1960	
10	3292	6	13	46	245	878	2104	
11	3278	50	67	210	441	1017	1493	
12	3294	5	7	55	286	980	1961	

	Total	Poor	Fair	Average	Good	Very Good	Excellent	Comments
1 Ease obtaining appt	100%	1%	2%	4%	13%	29%	51%	51.5% Pt. Response
2 Speed of answering phone calls to office	100%	2%	2%	6%	16%	31%	43%	
3 Comfort level in administering self care	100%	0%	0%	2%	11%	33%	53%	
4 Office staff helpful w/ques. & probs.	100%	0%	0%	1%	10%	33%	55%	
5 Quality of nursing care received	100%	0%	0%	1%	9%	32%	58%	
6 Speed nursing staff return calls	100%	1%	2%	5%	15%	30%	48%	
7 Time physician spent with you	100%	0%	1%	2%	10%	29%	57%	
8 Communication from provider	100%	0%	0%	2%	9%	27%	61%	
9 Physician dx problem & rx treatment & f/u instructions	100%	0%	0%	1%	10%	28%	60%	
10 Confidence in physician	100%	0%	0%	1%	7%	27%	64%	
11 Wait time, after appt time, to see physician	100%	2%	2%	6%	13%	31%	46%	
12 Overall opinion of clinic	100%	0%	0%	2%	9%	30%	60%	

Step IV - Public Reporting of Performance

NQF Diabetes Measures

NQF - Diabetes Measures

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2010 through Jul 16, 2010

Location	Provider	Dilated Eye within 12 Months	Micral Strip within 12 Months	Foot Exam within 12 Months
SETMA 1	Aziz	48.9%	64.3%	61.5%
	Duncan	55.9%	44.9%	79.1%
	Groff	56.2%	53.5%	81.9%
	Henderson	58.3%	65.4%	83.8%
	Murphy	35.5%	67.9%	86.1%
	Sims	46.5%	50.7%	79.9%
	Thomas	41.3%	49.6%	69.3%
	SETMA 1 Totals:	46.9%	58.9%	77.2%
SETMA 2	Ahmed	68.3%	38.1%	98.2%
	Anthony	67.4%	88.3%	97.5%
	Anwar	76.7%	84.2%	90.4%
	Cricchio	66.3%	81.9%	75.5%
	Holly	77.6%	89.1%	90.5%
	Leifeste	72.7%	84.5%	78.6%
	Wheeler	55.6%	76.3%	84.6%
	SETMA 2 Totals:	69.2%	64.8%	91.1%
SETMA West	Curry	50.7%	62.2%	85.1%
	Deiparine	52.9%	46.6%	89.9%
	Halbert	47.9%	29.3%	59.6%
	Horn	42.9%	63.6%	96.4%
	Satterwhite	67.0%	81.2%	72.1%
	Vardiman	43.1%	35.4%	72.3%
	Young	48.7%	44.0%	84.1%
	SETMA West Totals:	49.9%	50.3%	78.9%
	SETMA Totals:	58.8%	59.8%	84.6%

Step IV - Public Reporting of Performance

NQF Diabetes Measures

NQF - Diabetes Measures - Blood Pressure Control

E & M Codes: Clinic Only
Encounter Date(s): Jan 1, 2010 through Jul 16, 2010

		Blood Pressure on Last Visit			
Location	Provider	< 120 / 70	< 130 / 80	< 140 / 90	> 140 / 90
SETMA 1	Aziz	16.6%	41.6%	64.9%	35.1%
	Duncan	32.3%	77.2%	92.4%	7.6%
	Groff	13.2%	41.0%	64.6%	35.4%
	Henderson	32.9%	67.9%	89.2%	10.8%
	Murphy	27.2%	53.8%	78.8%	21.2%
	Sims	29.9%	52.8%	77.8%	22.2%
	Thomas	11.0%	57.5%	83.1%	16.9%
SETMA 1 Totals:		23.6%	56.0%	78.8%	21.2%
SETMA 2	Ahmed	29.3%	62.9%	90.3%	9.7%
	Anthony	20.6%	56.0%	78.6%	21.4%
	Anwar	16.8%	76.3%	91.9%	8.1%
	Cricchio	31.8%	72.7%	92.5%	7.5%
	Holly	23.8%	68.0%	93.2%	6.8%
	Leifeste	24.1%	61.0%	85.9%	14.1%
	Wheeler	22.6%	58.3%	85.0%	15.0%
SETMA 2 Totals:		25.5%	64.7%	88.7%	11.3%
SETMA West	Curry	22.9%	54.2%	79.6%	20.4%
	Deiparine	21.6%	55.8%	76.4%	23.6%
	Halbert	16.9%	43.7%	69.0%	31.0%
	Horn	18.8%	65.3%	92.2%	7.8%
	Satterwhite	8.6%	37.1%	61.4%	38.6%
	Vardiman	12.3%	26.2%	55.4%	44.6%
	Young	7.3%	33.6%	70.3%	29.7%
SETMA West Totals:		16.2%	48.0%	74.7%	25.3%
SETMA Totals:		22.8%	58.4%	82.8%	17.2%

Step IV - Public Reporting of Performance

NCQA Diabetes Recognition

NCQA Diabetes Measures

Encounter Date(s): January 1, 2010 to July 16, 2010

Location	Provider	Encounters	HgbA1c > 9.0	HgbA1c < 8.0	HgbA1c < 7.0	BP > 140/90	BP < 130/80	Eye Exam	Smoking Cessation	LDL >= 130	LDL < 100	Nephropathy	Foot Exam
SETMA 1	Aziz	505	10.3%	82.2%	65.1%	37.4%	38.8%	47.5%	57.5%	11.5%	67.7%	67.3%	60.4%
	Duncan	366	8.7%	79.5%	63.4%	9.8%	77.0%	58.2%	66.1%	13.1%	66.1%	51.6%	80.6%
	Henderson	330	13.0%	78.8%	58.5%	11.5%	69.7%	57.6%	77.6%	16.4%	67.9%	70.0%	87.3%
	Murphy	749	7.5%	80.9%	65.6%	20.3%	56.6%	37.5%	41.7%	9.6%	72.2%	72.0%	85.0%
	Sims	223	12.1%	74.9%	58.3%	23.8%	49.8%	46.2%	73.1%	15.7%	62.3%	53.8%	76.7%
	Thomas	353	12.5%	67.4%	49.9%	15.9%	57.8%	43.9%	64.0%	15.6%	50.7%	51.6%	70.8%
SETMA 2	Ahmed	1,937	19.1%	62.4%	38.9%	10.1%	61.8%	67.3%	36.5%	11.4%	66.6%	40.7%	98.1%
	Anthony	549	11.8%	80.0%	63.0%	22.0%	55.2%	65.2%	51.6%	14.6%	62.8%	88.3%	97.4%
	Anwar	811	6.4%	82.0%	57.8%	7.5%	77.4%	77.8%	52.9%	12.6%	61.9%	82.4%	90.0%
	Cricchio	468	10.5%	79.9%	63.2%	8.3%	72.9%	66.7%	50.6%	16.5%	61.5%	83.5%	75.4%
	Holly	232	11.2%	77.6%	62.9%	7.8%	68.1%	75.0%	59.1%	11.6%	60.3%	89.7%	90.5%
	Leifeste	554	10.5%	76.7%	61.6%	15.2%	61.0%	71.8%	60.6%	11.6%	62.5%	85.0%	79.1%
	Wheeler	333	9.6%	80.8%	60.1%	18.0%	54.1%	56.2%	66.7%	16.8%	58.9%	74.2%	86.2%
SETMA West	Curry	271	10.7%	67.9%	50.9%	19.9%	55.7%	56.5%	54.2%	10.0%	63.5%	67.5%	86.7%
	Deiparine	256	8.2%	50.0%	37.9%	24.2%	55.1%	54.3%	80.0%	8.2%	42.6%	47.3%	87.9%
	Halbert	633	10.9%	72.7%	56.4%	31.1%	44.4%	49.0%	28.6%	16.6%	54.0%	34.1%	61.9%
	Horn	456	6.6%	76.1%	58.1%	7.2%	63.6%	44.3%	72.2%	14.7%	51.5%	64.5%	95.4%
	Satterwhite	229	12.7%	66.8%	47.2%	37.6%	38.9%	65.1%	75.0%	13.1%	48.9%	77.3%	70.3%

Step V -- Quality Assessment & Performance Improvement

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

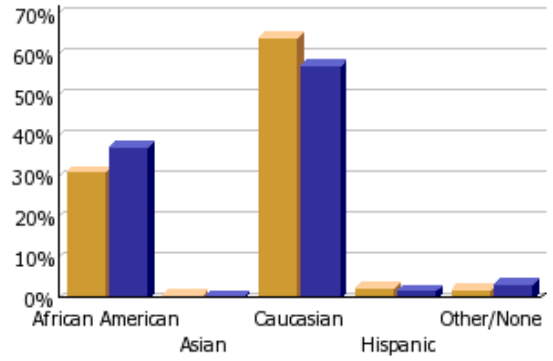
- Ethnicities
- Socio-Economic Groups
- Age Groups
- Genders

Step V -- Quality Assessment & Performance Improvement

Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

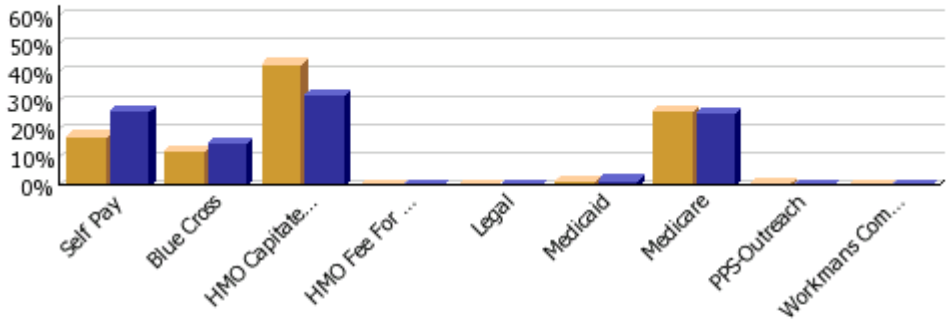
Controlled Group	Selected Group
Population: **All SETMA**	Practice: **SETMA 1, SETMA 2, SETMA West**
Time Basis: **Prior 12 Months**	Provider: **None**
	Controlled or Not Controlled: **Not Controlled**

Ethnicity



	African American	Asian	Caucasian	Hispanic	Other/None
Controlled	31.0%	0.6%	64.0%	2.4%	2.0%
Selected	37.1%	0.4%	57.3%	1.8%	3.4%

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%

Summary - SETMA Model of Care

With the evidenced-based, science foundation of SETMA's Model of Care, Coordination and Integration of Care, with the deployment of NextGen's ***NextMD*** @ and *Health Information Exchange*@, continue to place the patient at the center of all healthcare delivery in SETMA's PC-MH.

Coordination of Care

"Coordination" has come to mean to SETMA, "specialized scheduling" which translates into:

1. Convenience for the patient, which
2. Results in increased patient satisfaction, which contributes to
3. The patient having confidence that the healthcare provider cares personally, which
4. Increases the trust the patient has in the provider, all of which,

Coordination of Care

5. Increases compliance in obtaining healthcare services recommended which,
6. Promotes cost savings in travel, time and expense of care which
7. Results in increased patient safety and quality of care.

Director of Coordinated Care

SETMA's **Director of Coordinated Care** is responsible for building a **Department of Care Coordination**.

- This could be called the "Marcus Welby Department," as it recognizes the value of each patient as an individual, and has as its fundamental mission the meeting of their healthcare needs and helping them achieving the degree of health which each person has determined to have.
- The driving force of care coordination is to make each patient feel as if they are SETMA's ONLY patient where all their questions are answered, all their needs are met and their care meets all quality standards presently known.

The Transformation

SETMA's Model of Care is the power source of SETMA's Patient-Centered Medical Home. We believe this model will transform our delivery of healthcare and is a model worthy of being adopted by others.

The Partners, Providers and Staff
SETMA, LLP
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