



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

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About 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

SETMA's Landmarks



- 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

Systems Thinking and Health



“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



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.

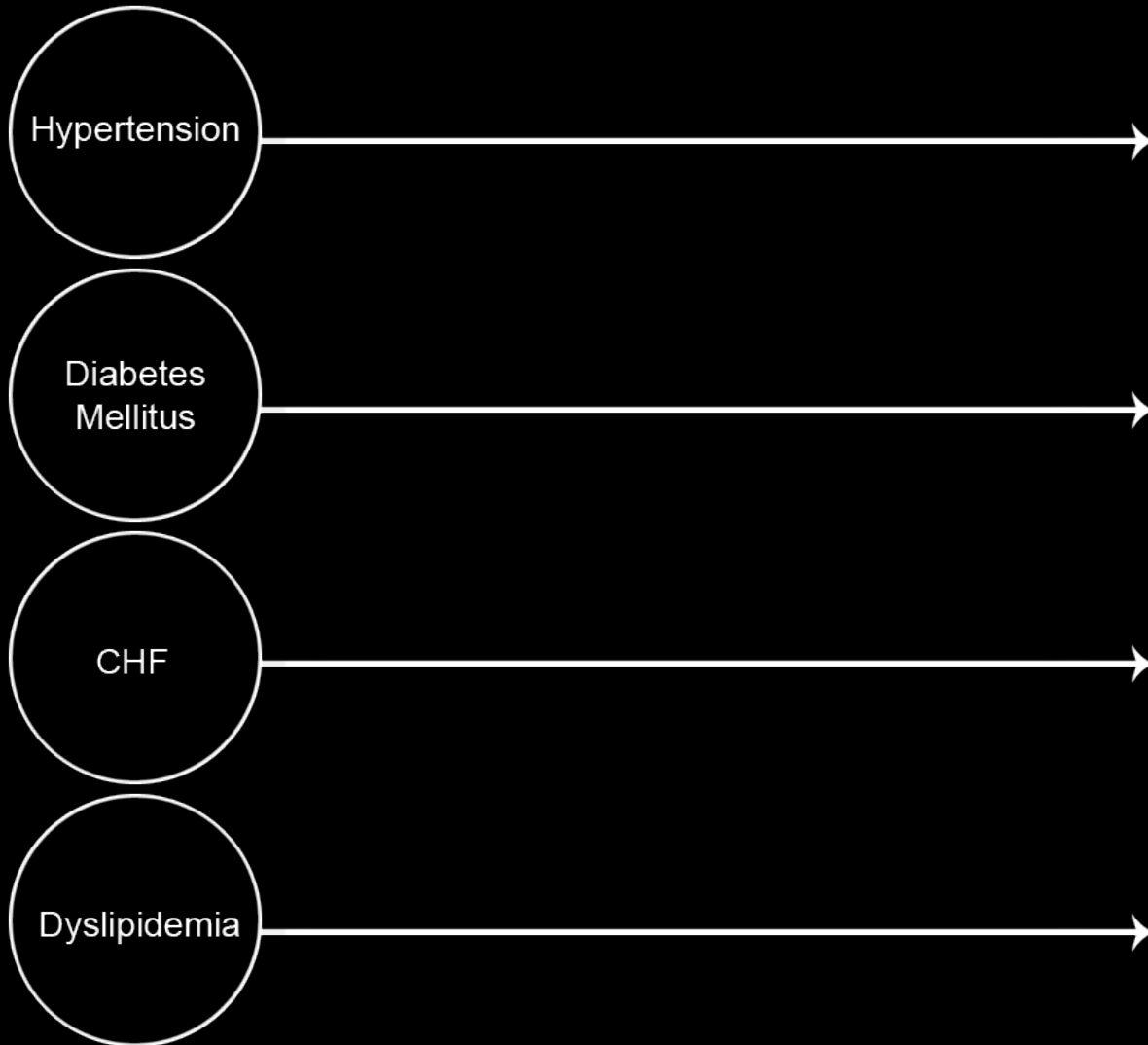
Seeing Circles of Causality



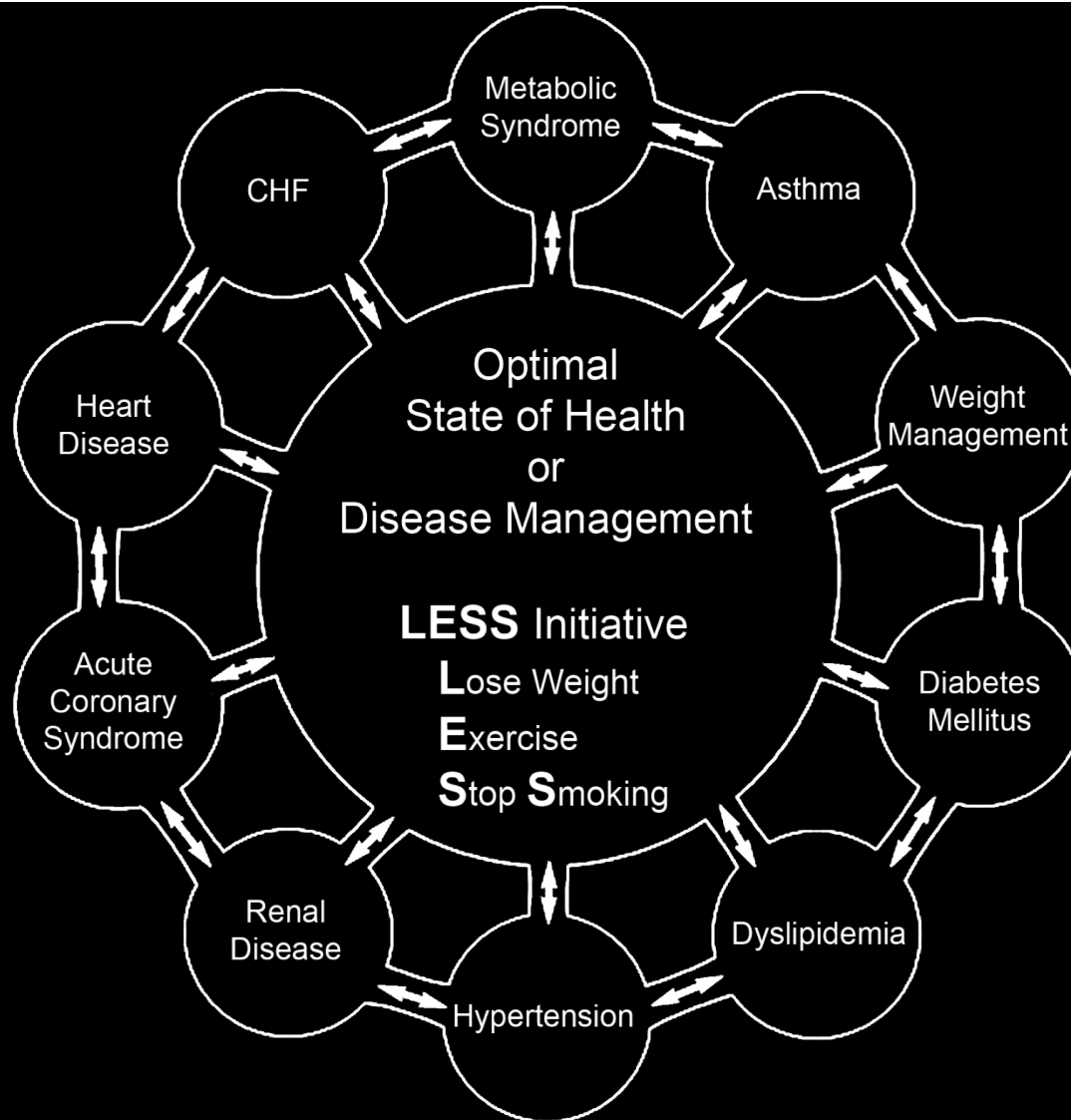
“Reality is made up of circles, but we see straight lines...Western languages...are biased toward a linear view. If we want to see system-wide interrelationships...we need a language of interrelationships, a language of circles.”

(The Fifth Disciple, Dr. Peter Senge)

Linear Thinking



Circular Causality



SETMA's Diabetes Management



Diabetes Management

Type I
 Type II
 GDM
 Pre-Diabetes

Diabetes Since Month Year

Patient ZTest

Age Sex

Navigation

Diabetes
 General

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

Compliance

[Dental Care](#)

Dilated Eye Exam

Flu Shot

Foot Exam

HgbA1C

Pneumovax

Urinalysis

Aspirin Yes No

Statin Yes No

[Smoker](#) E-mail + -

[Metabolic Syndrome](#) + -

Framingham Risk Scores

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score pts

[Weight Management](#) [Lipids Management](#)
[HPT Management](#) [Immunizations](#)

Most Recent Labs

[HqA1C](#)

Previous

[eAG](#)

[Mean Plasma Glucose](#)

[C-Peptide](#)

Fructosamine

Cholesterol

LDL

HDL

Triglycerides

[Trig/HDL Ratio](#)

Glucose

 Fasting

Insulin

[HOMA-IR](#)

Na

K

[Magnesium](#)

BUN

Creatinine

[U Microalbumin](#)

Albumin/Creat

Home

Diab Sys Review

Diabetic History

Eye Exam

Nasopharynx

Cardio Exam

Foot Exam

Neurological Exam

Complications/Education

Initiating Insulin

Lifestyle Changes

Diabetes Plan

Education Booklet Given On

Last DE

Vital Signs

Height wWaist

wWeight Hips

BMI

Body Fat % Chest

Protein Req

BMR

Abdomen /

Ratio

BER

Current SQ Insulin Dose as of

Time of day	Units	Type	Units	Type	Blood Sugars
<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=""/>
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SETMA's Model of Care



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

Tracking Performance At The Point of Care



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

Tracking Performance At The Point of Care



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.

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

Tracking Performance At The Point of Care



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

Audit Previsit [X]

Pre-Visit/Preventive Screening

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

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

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

Referrals (Double-Click To Add/Edit)

Referral	Status	Referring

Tracking Performance At The Point of Care



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

Tracking Performance At The Point of Care



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 January 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 immunization 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.

Clusters and Galaxies



- 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.

Auditing Performance After the Visit

A “Cluster” -- Multiple Metrics on a Single Condition



Auditing Performance After the Visit



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



Auditing Performance After the 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.

Auditing Performance After the Visit



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

The screenshot shows the website for Southeast Texas Medical Associates (SEMA). The header includes the SEMA logo and the tagline "Healthcare Where Your Health is the O". Below the header is a navigation menu with the following items: "About Us", "Letters", "In The News", "Providers", and "Your Life You". A dropdown menu is open under "Public Reporting", listing the following options: "PQRI", "NQF", "HEDIS", "NCQA", "PCPI", "SETMA Lipid Audit", "AQA", "COGNOS Project", "SETMA Audit for CKD Stages I III", and "Patient Satisfaction Survey". The main content area on the left contains a link titled "Healthcare improvement will re:" and a section titled "SouthEast Texas Medical Asso" which discusses secure records and historical data. It also mentions that SETMA operates a clinical lab and is continually developing new services for its growing provider base in "Practitioners and Family Practice". The text concludes that the "of Excellence continues to grow at" and "SETMA continues to expand its se".

Auditing Performance After the Visit



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

Auditing Performance After the Visit



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

Analyzing Provider Performance

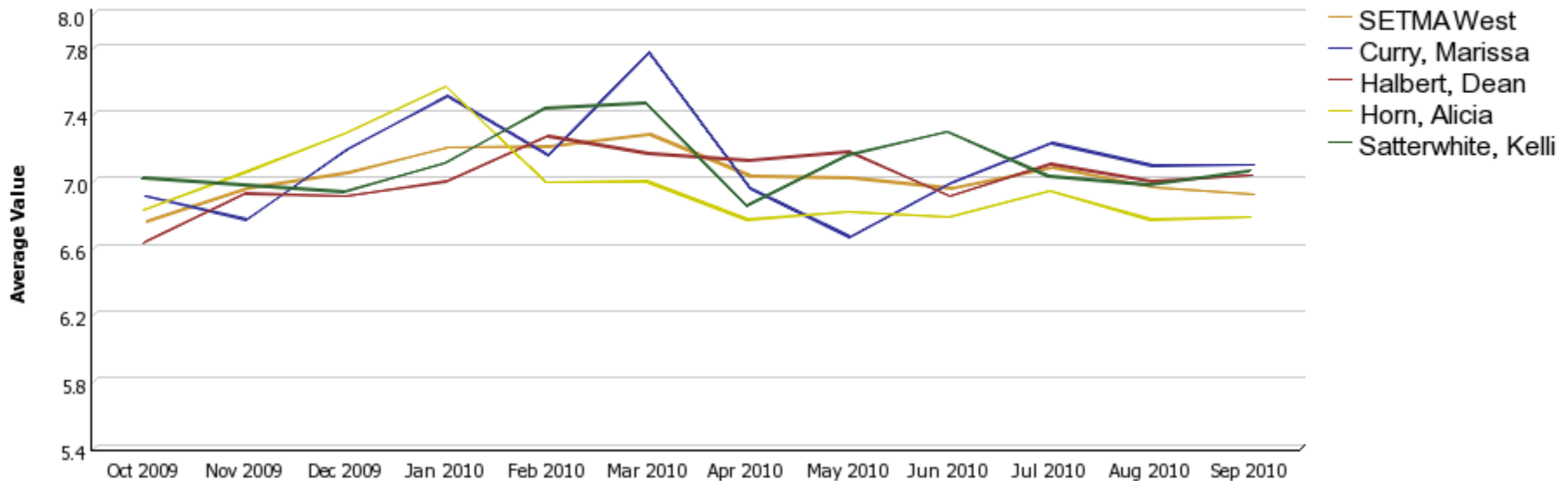


- LPA used SQL Server Integration Services (SSIS) to clean and scrub the hundreds of data points we needed for our audit rather than having to process the millions of data points contained in our EHR.
- SSIS scrubs and preloads our EHR data into the warehouse, which gives us both speed in reporting and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

Auditing Performance After the Visit



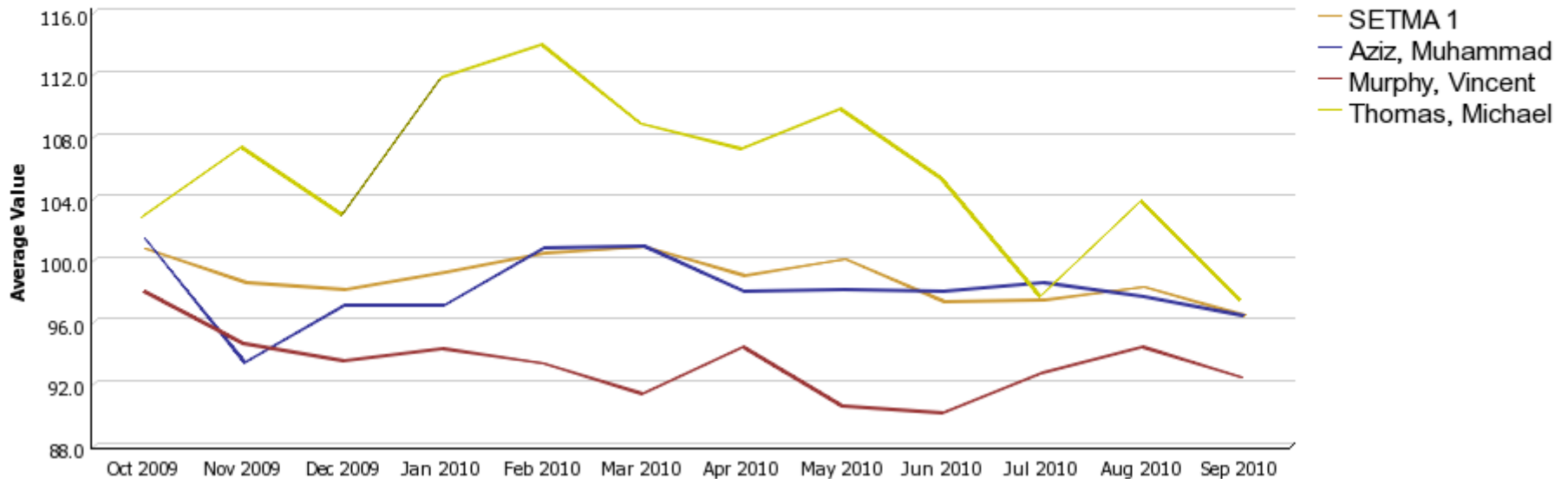
Chronic Diabetes - HgbA1c Trending



Auditing Performance After the Visit



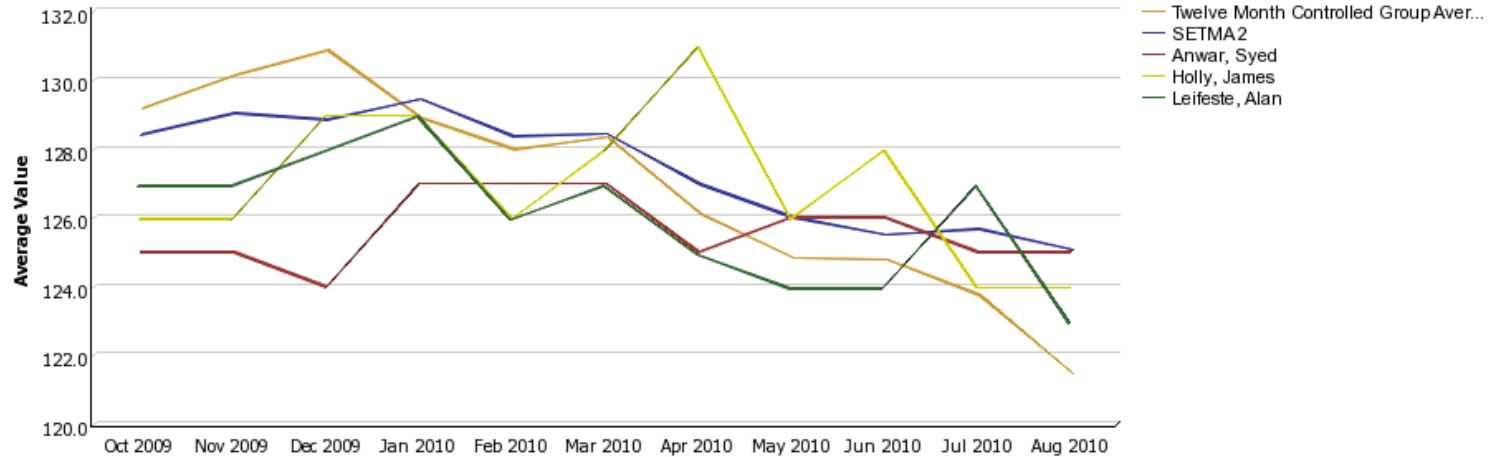
Chronic Hyperlipidemia - LDL Trending



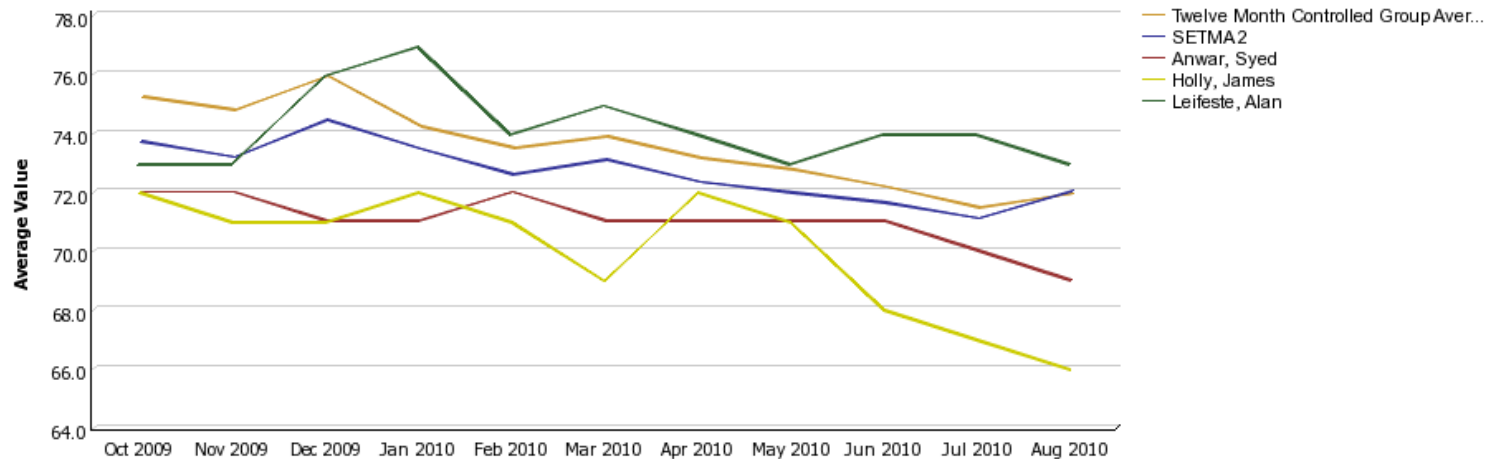
Auditing Performance After the Visit



Systolic Trending



Diastolic Trending



Auditing Performance After the Visit



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



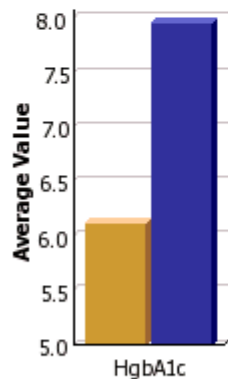
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

Controlled Group ■

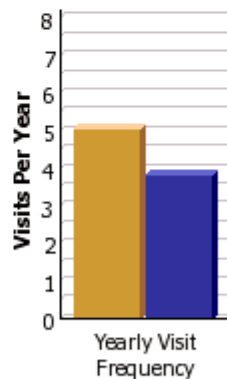
Population: **All SETMA**
 Time Basis: **Prior 12 Months**

Selected Group ■

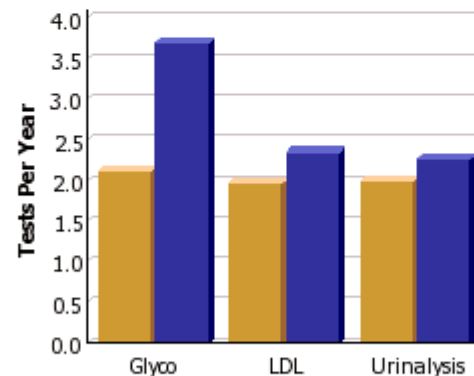
Practice: **SETMA 1, SETMA 2, SETMA West**
 Provider: **None**
 Controlled or Not Controlled: **Not Controlled**



	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

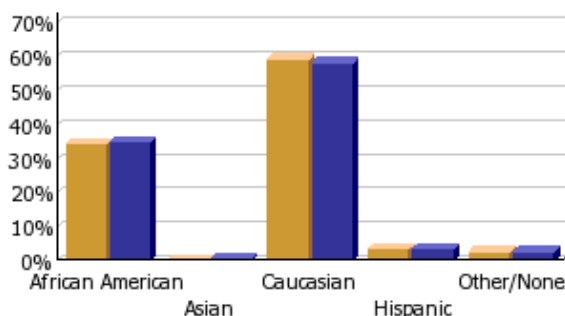
Analyzing Provider Performance



Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

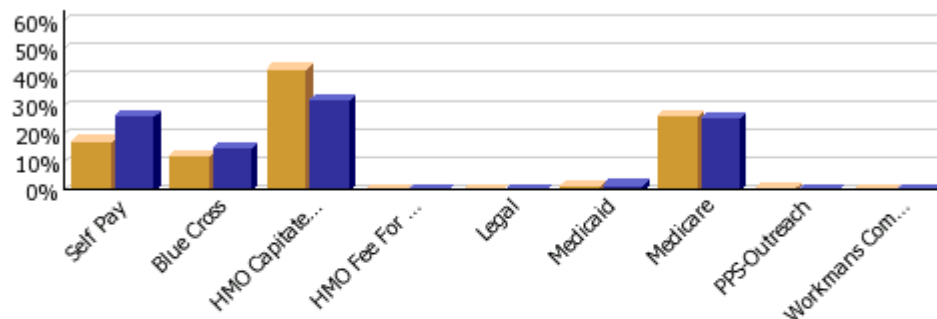
<p><u>Controlled Group</u> ■</p> <p>Population: All SETMA Time Basis: Prior 12 Months</p>	<p><u>Selected Group</u> ■</p> <p>Practice: SETMA 1, SETMA 2, SETMA West Provider: None Controlled or Not Controlled: Not Controlled</p>
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Ethnicity



	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

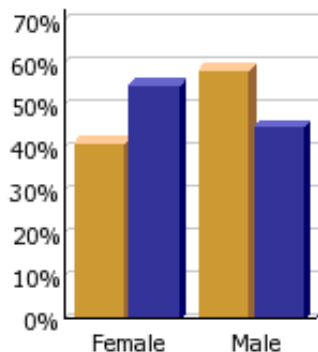


Chronic Hyperlipidemia - Measures Comparison (Most Recent 12 Months)

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

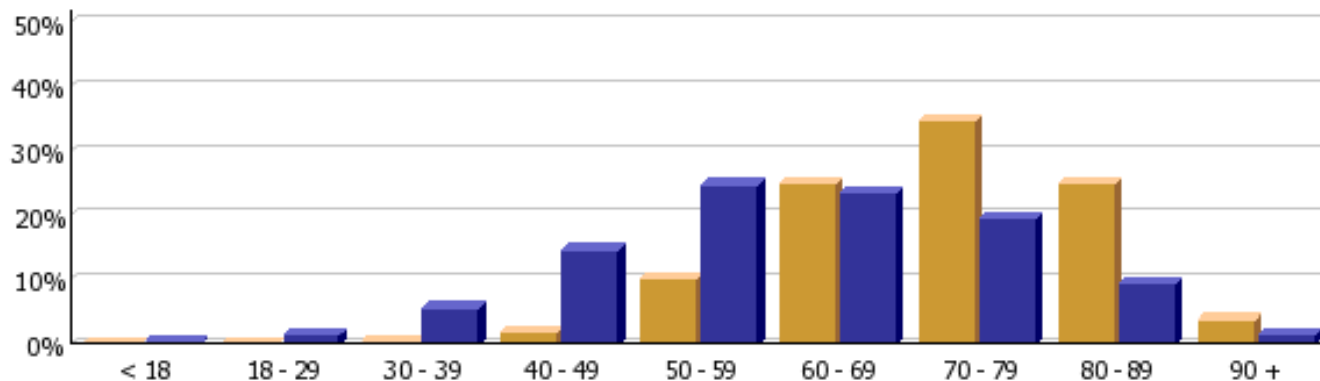
■ Controlled Group
■ Selected Group

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 HgbA_{1c}s and the same number with equally low HgbA_{1c}s 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 HgbA_{1c} 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 HgbA_{1c} we have been able to address the patients whose values fall far from the average of the rest of the clinic.

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.

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%

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

Location	Provider	Blood Pressure on Last Visit			
		< 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%	85.0%	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%

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%

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

Quality Assessment & Performance Improvement



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.

Quality Assessment & Performance Improvement



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

www.jameshollymd.com



Please visit us at www.jameshollymd.com where you will find all of our public reporting, electronic patient management and medical

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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)

SouthEast Texas Medical Associates, LLP is a multi-specialty clinic located in Beaumont, Texas. SETMA has three clinical locations which are connected with a secure electronic medical record (EMR) system to store and access our patients' records. Our patients' records are also available to our providers at area hospitals so that during your in-patient care our team can make accurate decisions based on all of your historical data.

SETMA also operates a clinical laboratory, mobile x-ray services, physical therapy department, as well as a number of [Special Clinics](#). SETMA is continually developing new methods and technologies for insuring that all patients are given state-of-the-art outstanding care. SETMA's growing provider base includes [Pediatrics](#), Cardiology, Neurology, Endocrinology, [Ophthalmology](#), [Internal Medicine](#), [Nurse Practitioners](#) and [Family Practice](#). SETMA is proud of our providers' commitment to [team work](#) and [excellence](#). SETMA's Diabetes Center of Excellence continues to grow and improve the quality of care patients with diabetes receive from SETMA.

SETMA continues to expand its services to meet the growing needs of our patients and community.



SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.P.

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Electronic Patient Management Tools

- ICD-9 Coding
- Suites of Templates
- Disease Management Tools
- Hospital Based Tools
- Preventive Health Tools
- Nursing Home
- Specialized Tools
- Electronic Tickler File
- HCC & RxHCC Risk
- Chronic Conditions Tutorial
- Association of Medication and Diagnosis
- Framingham Cardiovascular Risk
- Medication Module
- Renal Failure

it Tools

ended to make available to our colleagues and medical community information about the quality of care we provide our patients. The first document is a discussion of the philosophy of EMR and which directed us to the concept of electronic patient management. (Click [Here](#) to view the document.) The work we have done has been founded upon the work of Peter Senge at MIT and which was presented at the National Conference on Electronic Patient Management in 1999. Our website, is a further step in one of SETMA's goals. It is not intended to be pretentious but rather a reflection of the work we began nine years ago when a very good friend of SETMA asked the question, "What is the future of healthcare?" I have never said this out loud, but I want to change how healthcare is delivered in the future. The probability of that becoming a reality but this is the motive behind our giving unfettered access to our tools. Our website, is a further step in one of SETMA's goals. It is not intended to be pretentious but rather a reflection of the work we began nine years ago when a very good friend of SETMA asked the question, "What is the future of healthcare?" I have never said this out loud, but I want to change how healthcare is delivered in the future. The probability of that becoming a reality but this is the motive behind our giving unfettered access to our tools.

@ EMR platform. In order to make the tools work as a plug-and-play function, it would be necessary to ensure that, there are no fees required to download, to study and to learn from the tools which are available.

patient management" come from? In May, 1999, SETMA published a paper entitled, "[Medical Practice of Medicine With Electronic Patient Records \(EMR\)](#)". That article is still on

The Future



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.