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PREMIER HEALTHCARE TRAINING INSTITUTE

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LARGE-SCALE MEDICAL MANAGEMENT OF PATIENTS USING QUALITY INDICATORS AND ELECTRONIC HEALTH RECORDS

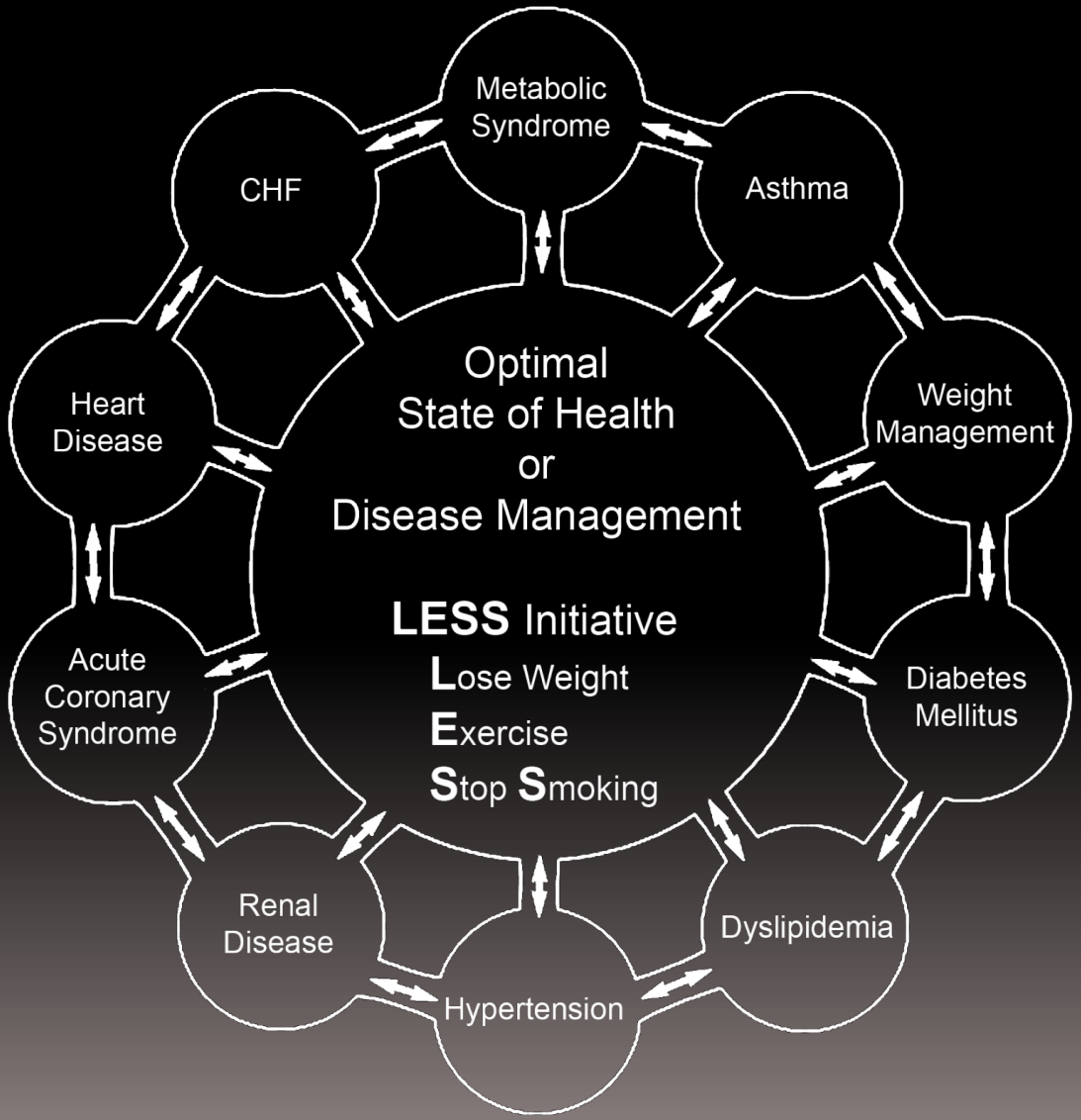
If health science has the capacity:

- 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?

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

Forward Thinkers Have Personal Mastery

- Personal Mastery – the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively – the learning organization's spiritual foundation. (Peter Senge)

- "The essence of personal mastery is learning how to generate and sustain creative tension in our lives."

Personal Mastery: Characteristics

People with a high level of personal mastery share several basic characteristics:

1. The have a special sense of purpose that lies behind their vision and goals. For such a person, a vision is a calling rather than simply a good idea.
2. They see current reality as an ally, not an enemy. They have learned how to perceive and work with forces of change rather than resist those forces.

Personal Mastery: Characteristics

3. They are deeply inquisitive, committed to continually seeing reality more and more accurately.
4. They feel connected to others and to life itself.
5. Yet, they sacrifice none of their uniqueness.
6. They feel as if they are part of a larger creative process, which they can influence but cannot unilaterally control. (p. 142)

Personal Mastery: Characteristics

7. Live in a continual learning mode.
8. They never ARRIVE!
9. (They) are acutely aware of their ignorance, their incompetence, their growth areas.
10. And they are deeply self-confident!

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

1. **The Substance** -- Evidenced-based medicine and comprehensive health promotion
2. **The Method** -- Electronic Patient Management
3. **The Organization** -- Patient-centered Medical Home
4. **The Funding** -- Capitation with payment for quality outcomes

The SETMA Model of Care

The SETMA Model of Care is comprised of five critical steps:

1. Tracking
2. Auditing
3. Analyzing
4. Public Reporting
5. Quality Improvement

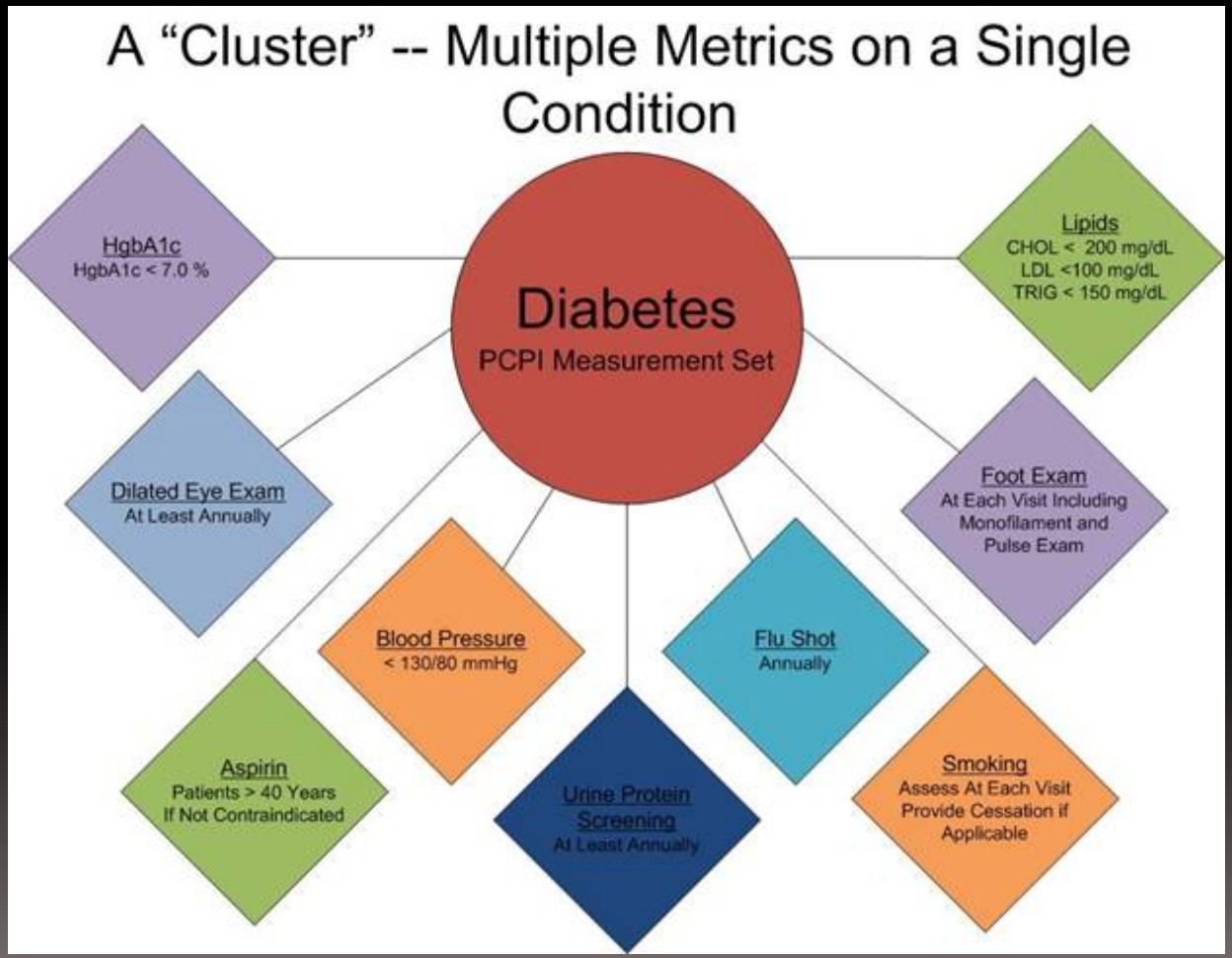
Clusters and Galaxies

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.)

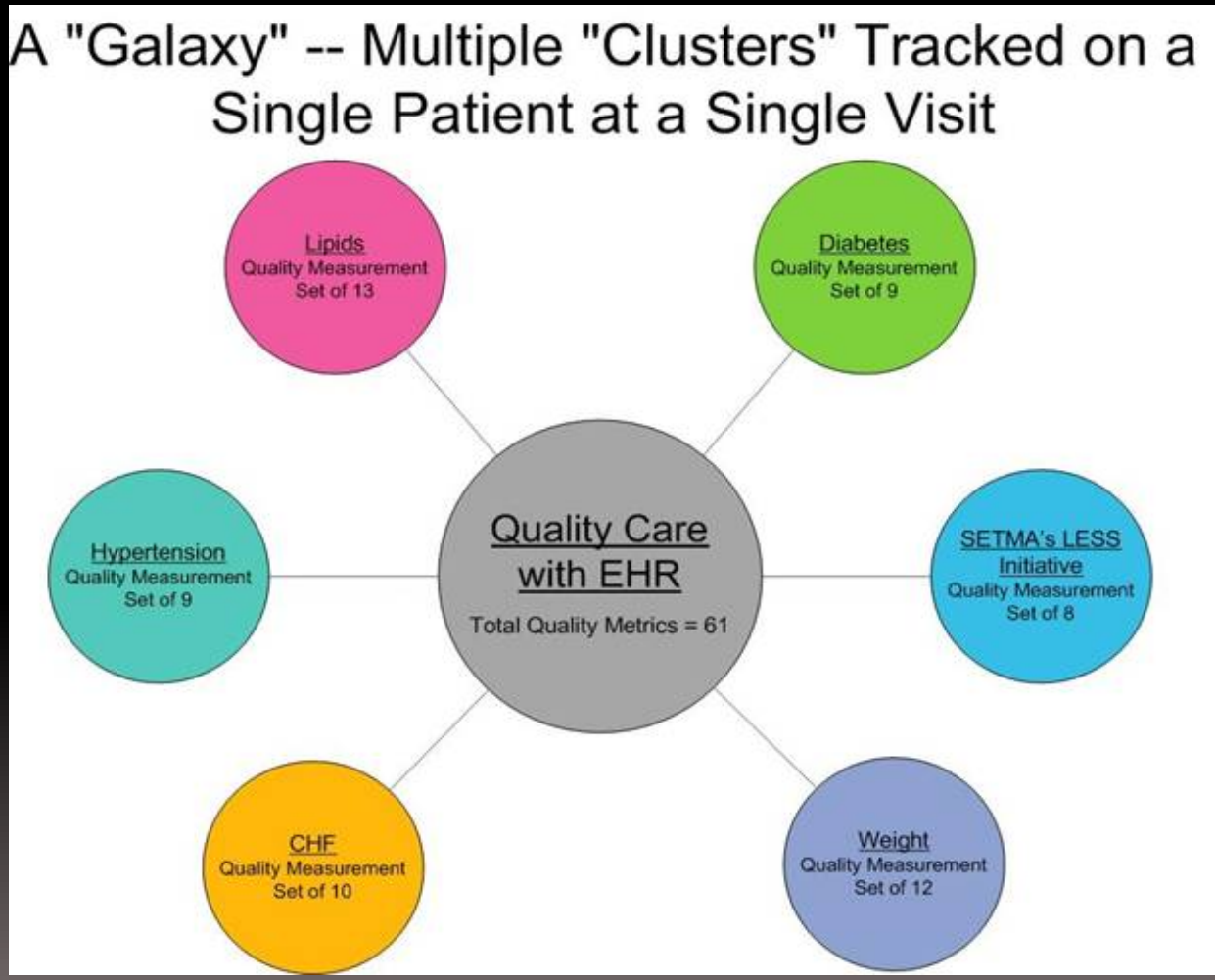
A Cluster

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 6o or more quality metrics fulfilled in his/her care which WILL change the outcomes.



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), PQRS, AQA, Guidelines Advantage Medicare Advantage STARs, Meaningful Use and Bridges to Excellence. Also, SETMA designed a Pre-visit quality measures screening and preventive care tool.
- Where quality metrics did not exist (Lipids, Stage I-III Renal disease) SETMA designed our own.
- 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.

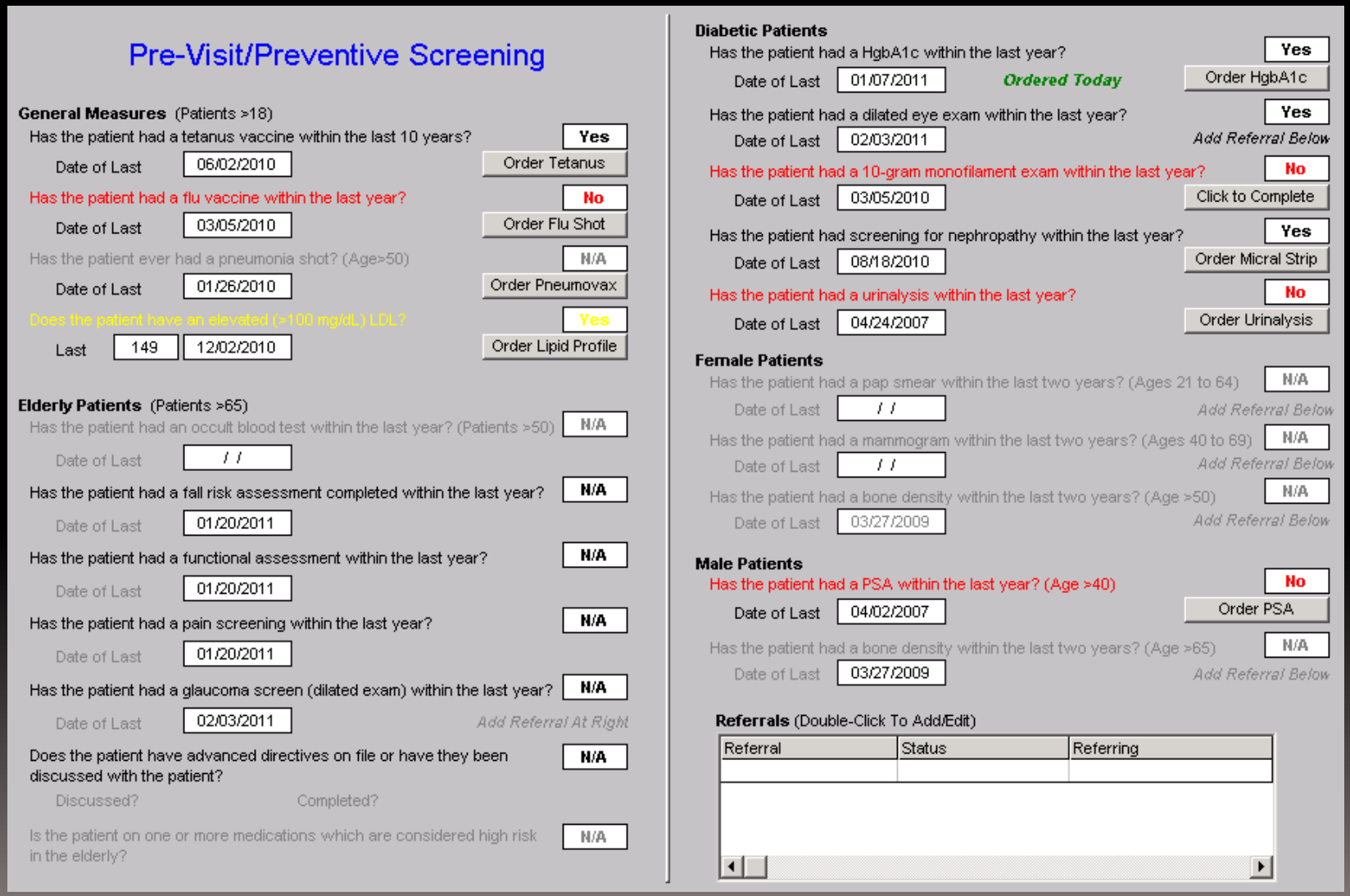
Step 1 –Tracking Quality Metrics

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

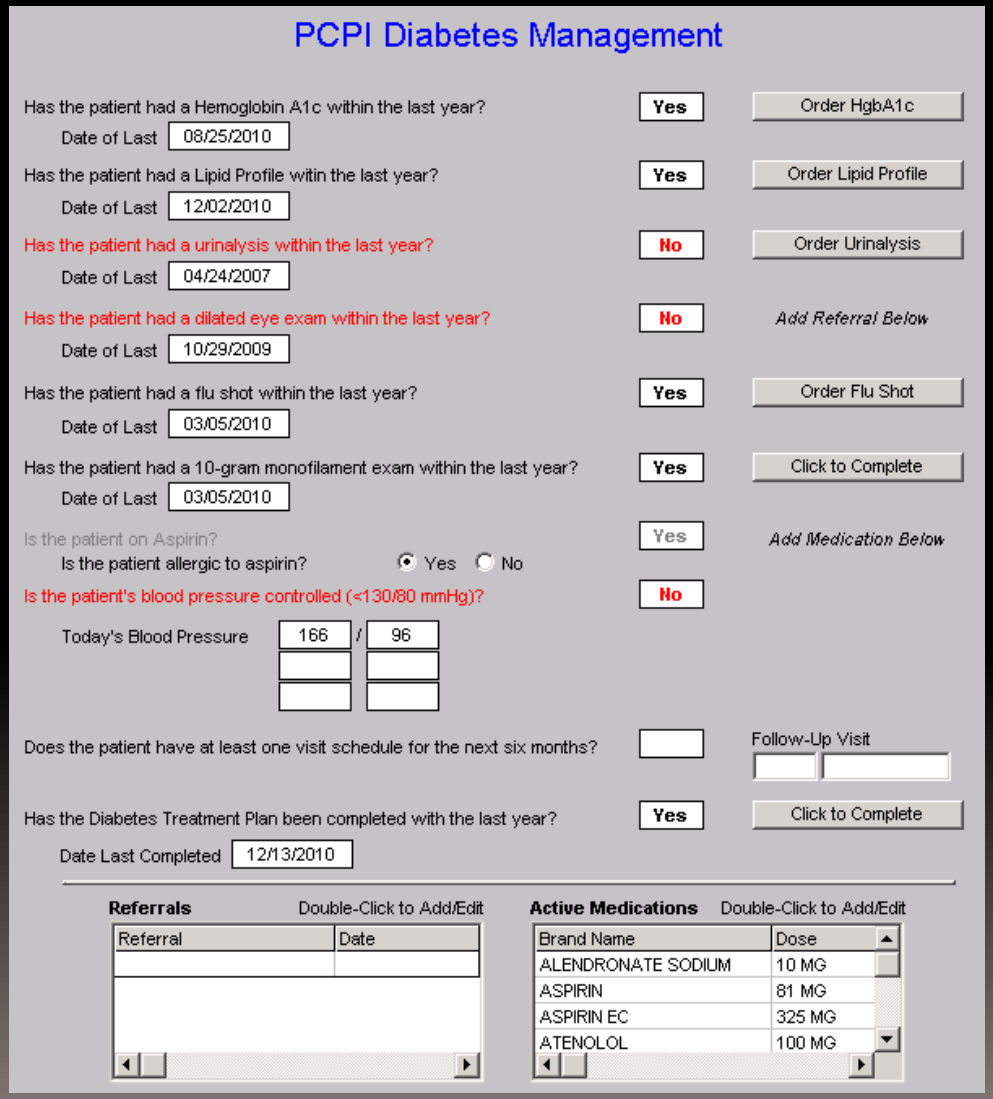
Care for Older Adults
Counseling on Physical Activity
View Urinary Incontinence in Older Adults
Colorectal Cancer Screening
Fall Risk Management

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 his/her own care.

Passing the Baton

- If responsibility for a patient's healthcare is symbolized by a baton, the healthcare provider carries the baton for .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."

SETMA

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.

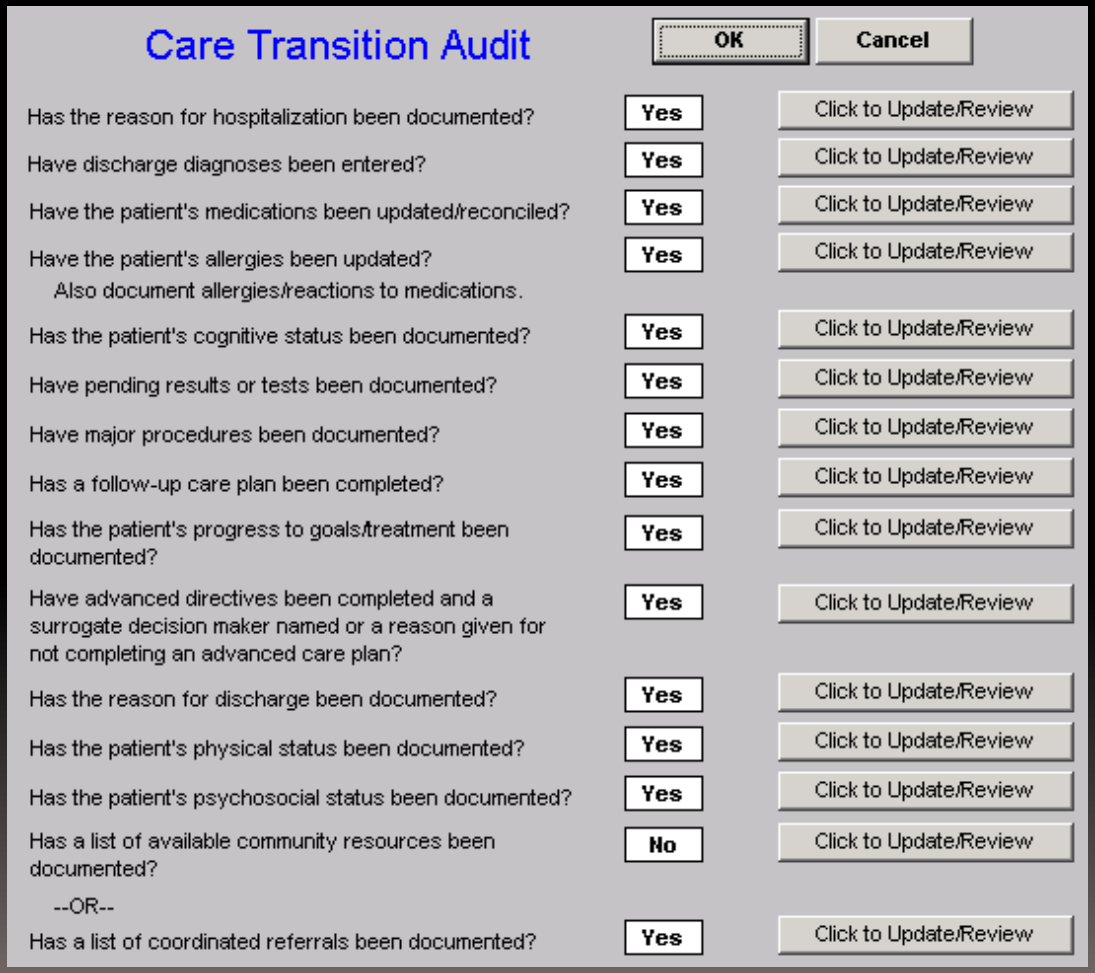
- That the patient knows that of the 8,760 hours in the year, he/she will be responsible for "carrying the baton," longer and better than any other member of the healthcare team.

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

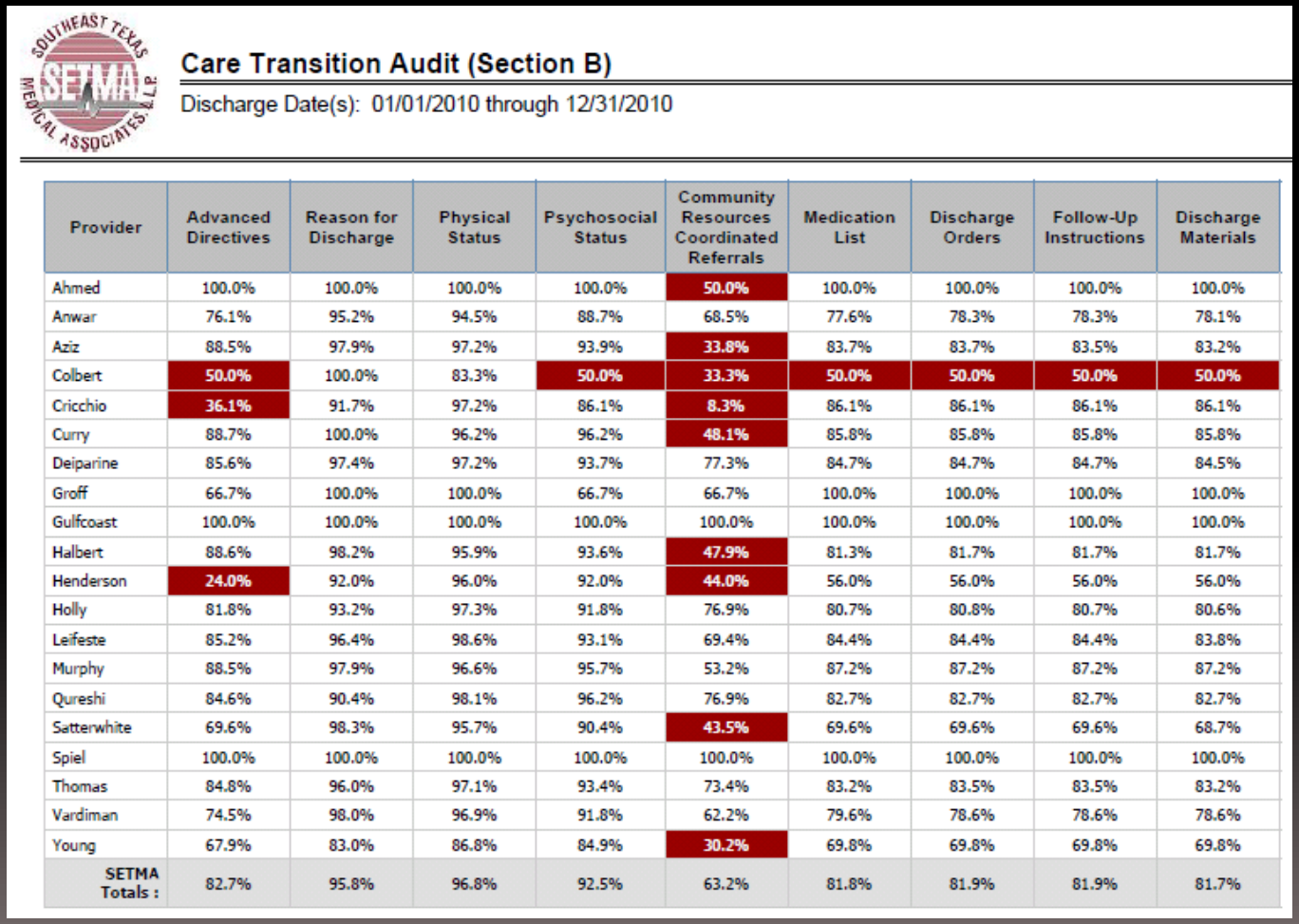
Transition of Care Measurement

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

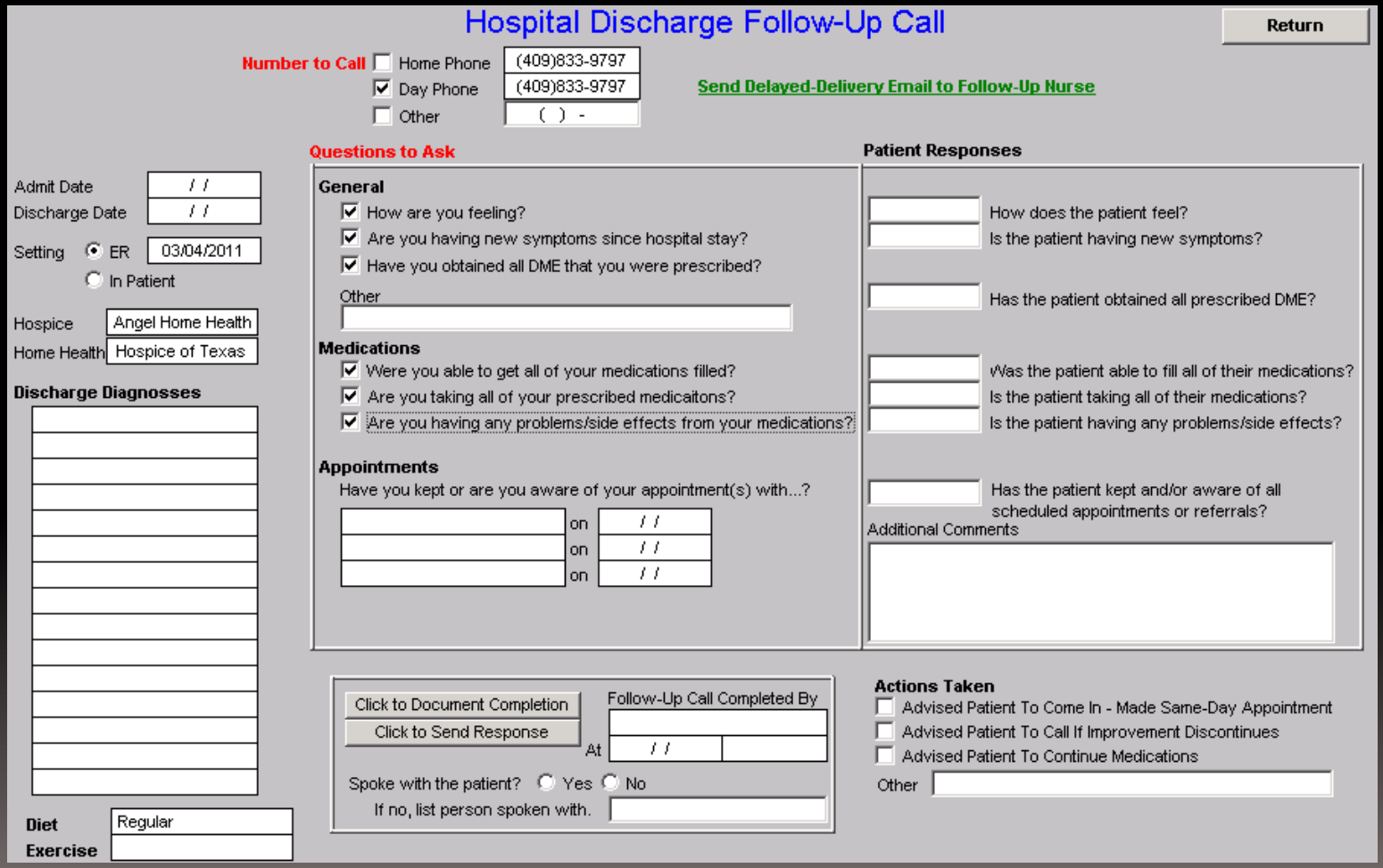
Provider	Advanced Directives	Reason for Discharge	Physical Status	Psychosocial Status	Community Resources Coordinated Referrals	Medication List	Discharge Orders	Follow-Up Instructions	Discharge Materials
Ahmed	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%
Anwar	76.1%	95.2%	94.5%	88.7%	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 transitions 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



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, PQRS 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 a Business intelligence software. (see SETMA's BI Project at www.jameslhollymd.com under *Your Life Your Health* and the icon *COGNOS*.)

- Through BI Audits, 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

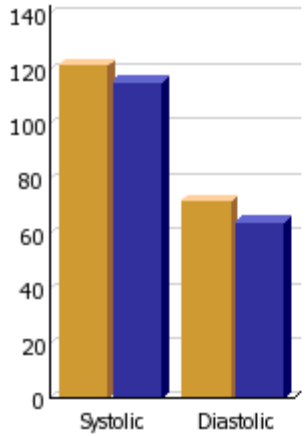
Step 2 – Auditing Provider Performance

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**

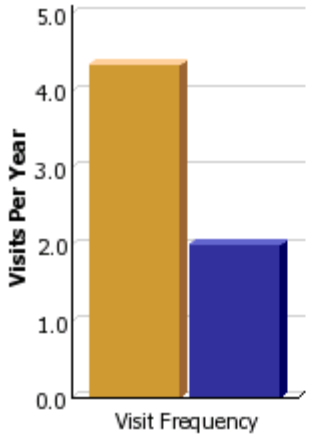
Controlled Group
Selected Group

Average Blood Pressure



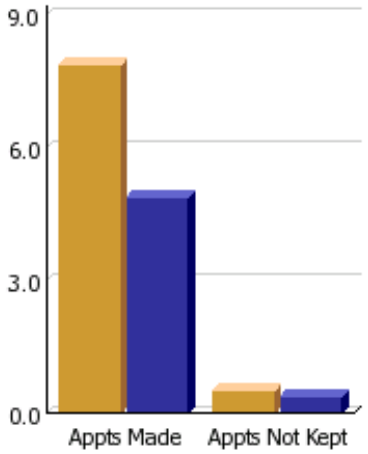
	Systolic	Diastolic
Controlled	121.7	72.0
Selected	115.5	64.1

	Standard Deviation	
	Systolic	Diastolic
Controlled	10.5	9.0
Selected	49.6	11.3

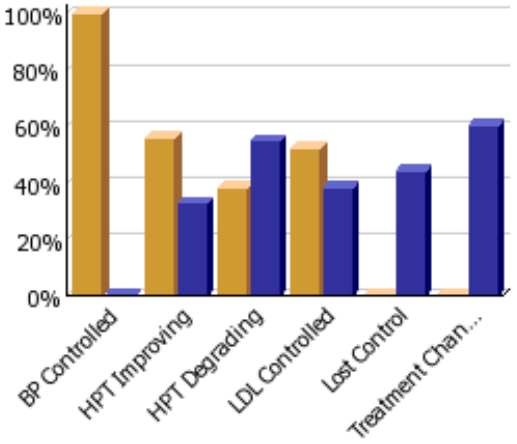


	Visit Frequency
Controlled	4.3
Selected	2.0

Step 2 – Auditing Provider Performance

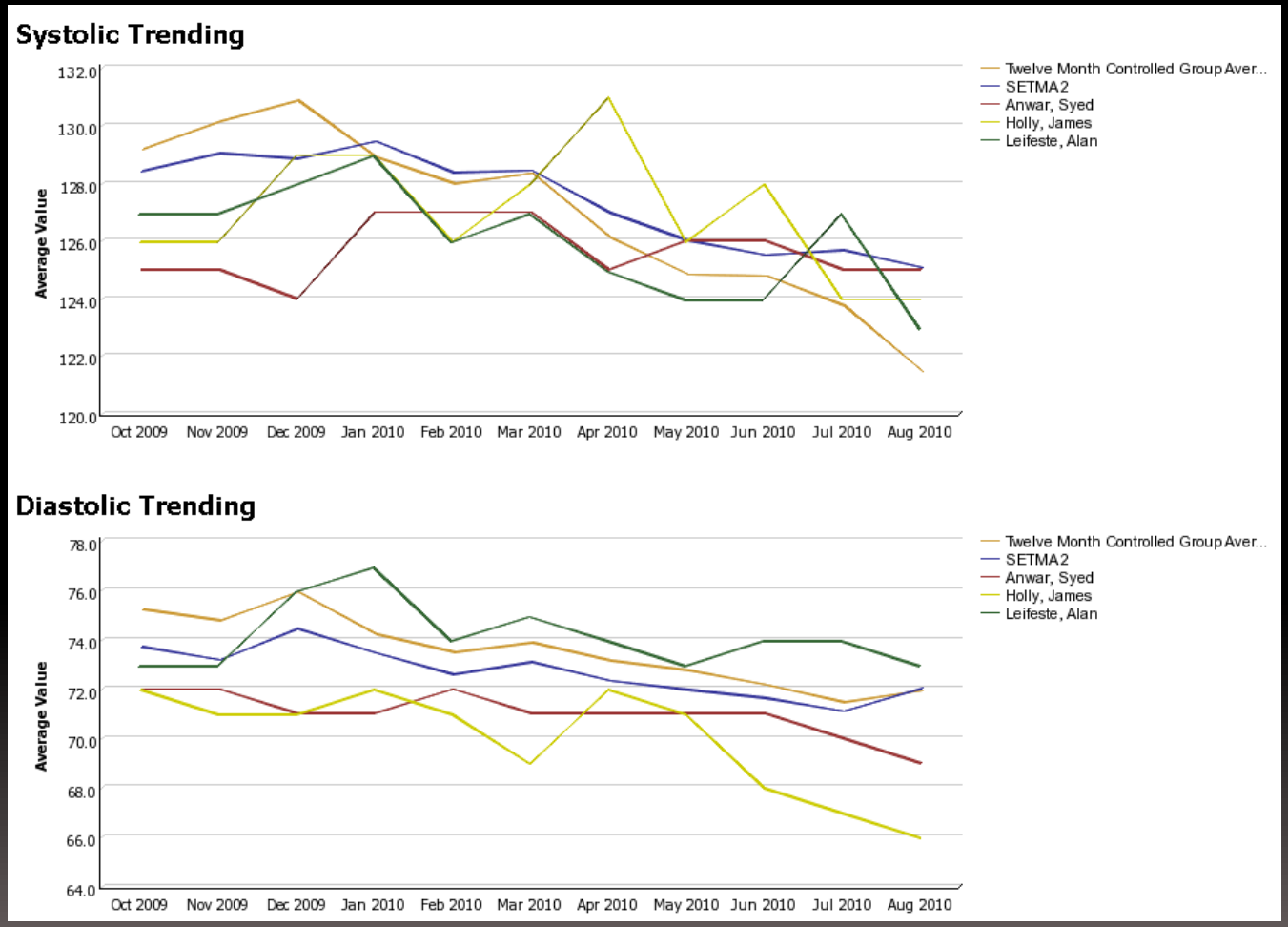


	Appts Made	Appts Not Kept
Controlled	7.9	0.5
Selected	4.9	0.4



	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



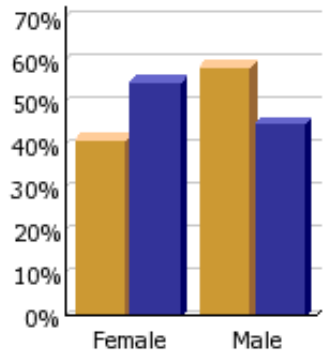
Step 2 – Auditing Provider Performance

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**

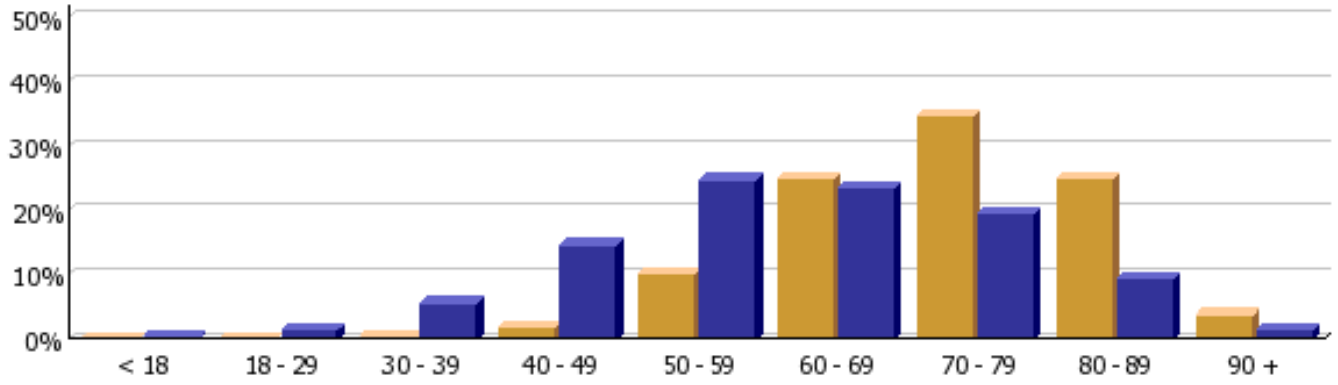
Controlled Group
Selected Group

Gender



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

Age



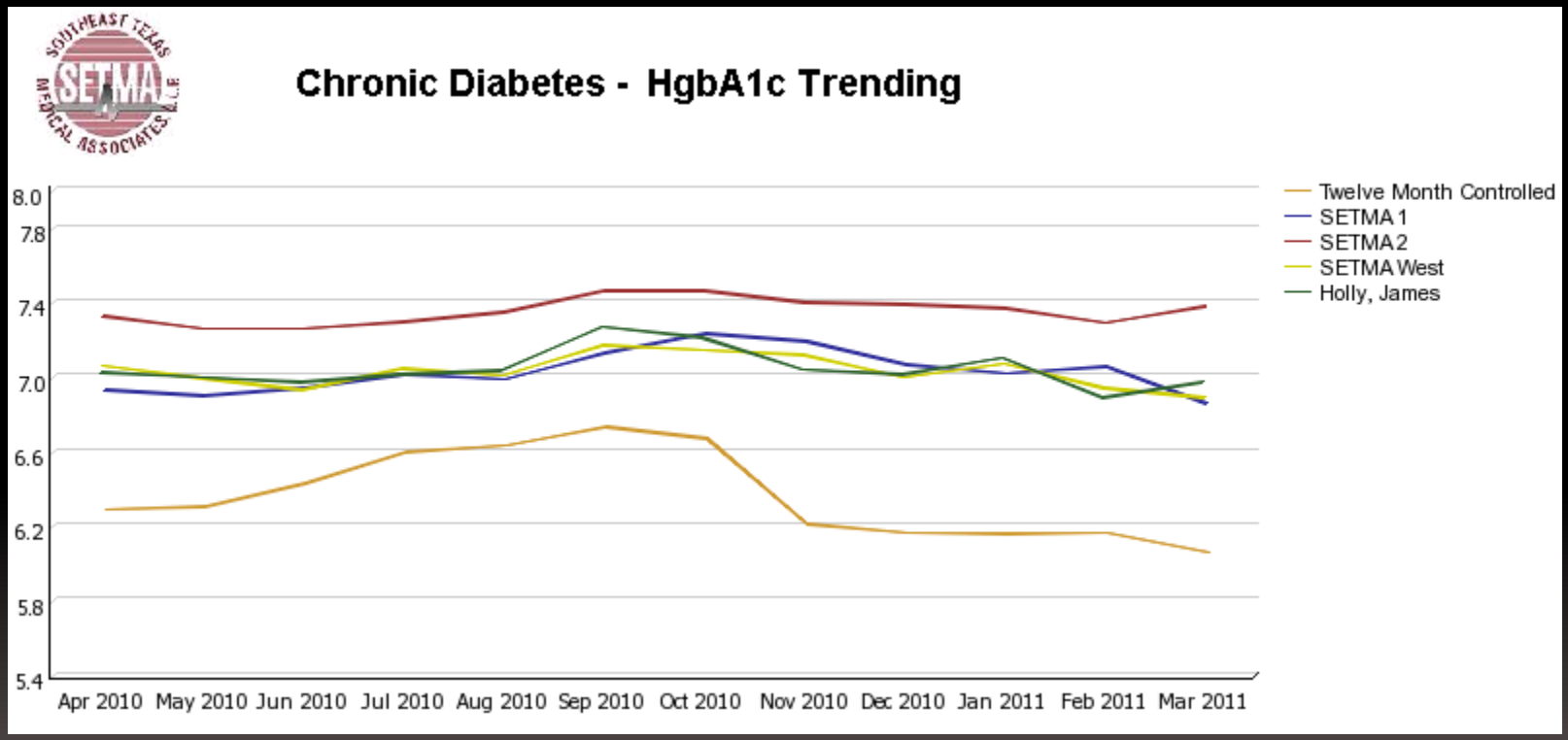
	< 18	18 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +
Controlled	0.0%	0.0%	0.2%	1.8%	10.0%	24.8%	34.7%	24.9%	3.7%
Selected	0.2%	1.4%	5.5%	14.5%	24.7%	23.4%	19.5%	9.3%	1.4%

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 BI 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

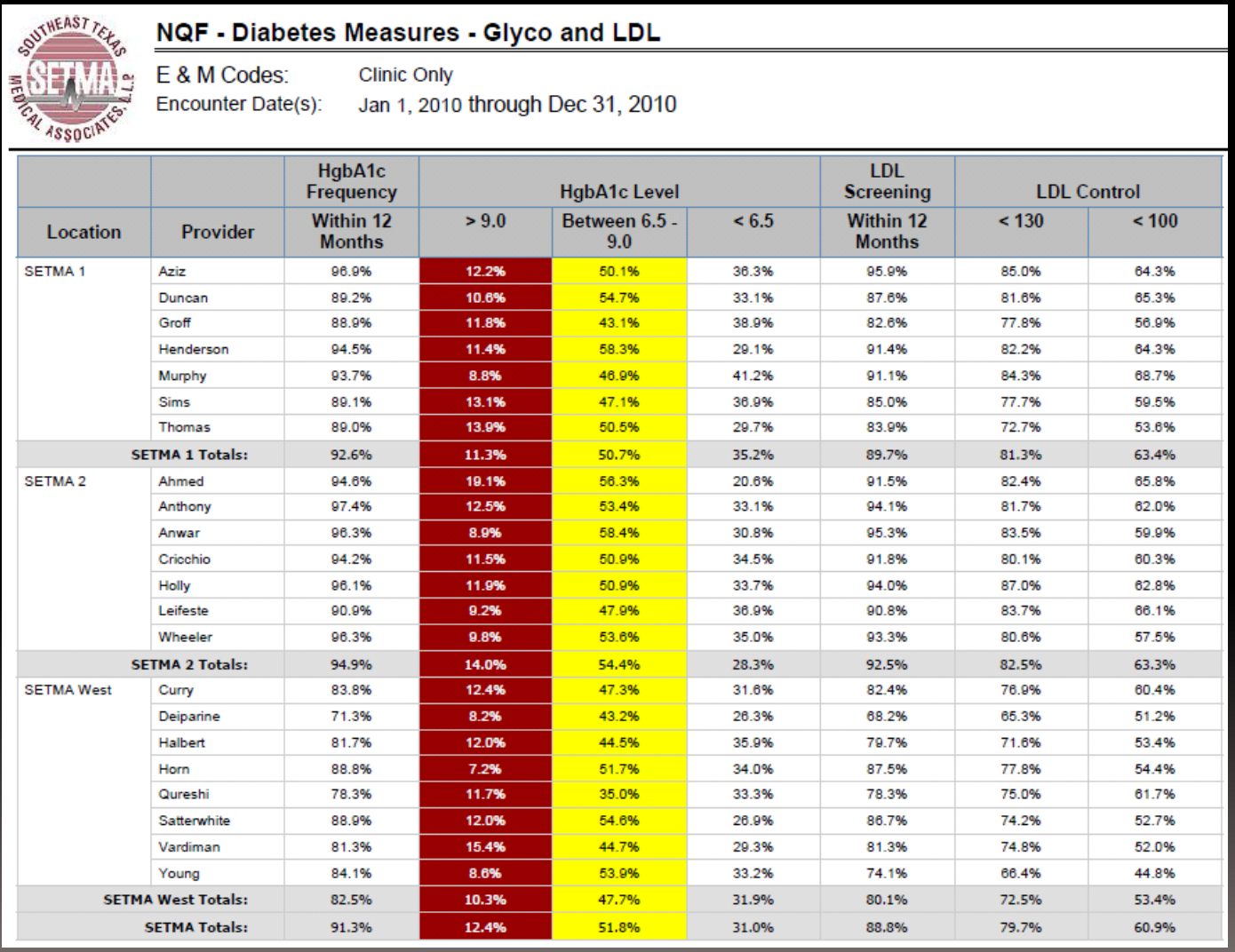
- Overcoming "treatment inertia" requires the creating of an increased level of discomfort in the healthcare provider and in the patient so that both are more inclined to change their performance.

- 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 at www.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%	58.3%	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%	51.8%	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.