

Pearls In Internal Medicine

“Transitioning From Solo or Small
Group Practice to a Large Group”

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Motivations

May, 1995, four physicians met to discuss merging five practices. Motivating factors:

- Managed Care presented new challenges requiring more resources – population management
- Complexities of technology – laboratory, etc.
- Team approach to medicine and the power of collaboration
- Negotiating strength with payers
- Increasing Federal regulations
- Synergism of collegiality with fully aligned incentives

Principles

- **Equal sharing of assets and liabilities in the formation of the group**
- **Transition to common record system (numerical vs. alphabetical)**
- **Transition to common billing and management system**
- **Common business philosophy surrounding three principles: ethical, equitable, eternal**
- **Common professional philosophy surrounding excellence of care and the caring for those in greatest need**

Communication – The SETMA Sentinel

- The *SETMA Sentinel* was originally conceived as an in-house publication for the building of team spirit and for the making of one office out of five different medical practices. It evolved to be a means of communicating the core values, the philosophy, the growth, the vision and the mission of SETMA.
- *The Sentinel* facilitated the development of SETMA into a “learning organization,” and consequently into a team, which created opportunities for growth and development of individuals.
- Perhaps the intent of the *Sentinel* was best expressed by a statement from Peter Senge’s *The Fifth Discipline*:

Communication

- Max de Pree, retired CEO of Herman Miller, speaks of a ‘covenant’ between organization and individual, in contrast to the traditional ‘contract’ (‘an honest day’s pay in exchange for an honest day’s work’).
- ‘Contracts,’ says De Pree, ‘are a small part of a relationship. A complete relationship needs a covenant...a **covenantal relationship rests on a shared commitment to ideas, to issues, to values, to goals, and to management processes...Covenantal relationships reflect unity and grace and poise. They are expressions of the sacred nature of relationships.**’ (*The Fifth Discipline*, p. 145)
- SETMA wished for everyone to rediscover the sacred in business relationships based on mutual respect, common goals and a commitment to common values.

The Sentinel Staph

Communication

- In 1998, SETMA began publishing a weekly column in a local newspaper on health affairs. All of those articles are posted on our website.
- SETMA documented our progress and development and transparently shared our growth with the community.
- On February 16, 2009, we began published articles on PC-MH and since we have published over 100 articles on the subject.

Mission Statement

“To build a multi-specialty clinic in Southeast Texas which is worthy of the trust of every patient who seeks our help with their health, and to promote excellence in healthcare delivery by example.”

SETMA's Mottos

Public Motto

Healthcare Where Your Health is the Only Care

Private Motto

Doing Good While We Do Well

Challenges

1. December 2, 1995, a partner, two broken legs.
2. March, 1996, Health Insurance purchased, one employee to cost an addition \$10,000 a year.
3. October 16, 1996, one partner filed an injunction against the others.
4. October, 1997, SETMA determined to transition to electronic medical records.
5. March, 2006, another partner filed injunction.
6. April 12, 2007, two partners resigned (July 30, 2007, 8 physicians left SETMA)

Principle: Every time a physician left SETMA, SETMA was strengthened and improved.

EMR Pilgrimage Transition

- **October 10, 1997 - Attended MGMA meeting and examined 35 EMR vendors' products**
- **March 30, 1998 - Purchased NextGen EMR and EPM**
- **August, 1998 - Launched Enterprise Practice Management**
- **January 22, 1999 - Launched Electronic Medical Record**
- **May, 1999 - Electronic Patient Management**
- **February, 2012 - Award HIMSS Davies Award**
- **June, 2010 - NCQA and AAAHC PC-MH**

Four Seminal Events Number One

In May, 1999, four seminal events transformed SETMA's healthcare vision and delivery.

- First, EMR was too hard and too expensive if all we gained was the ability to document an encounter electronically. EMR was only “worth it,” if:
 - Improved care for each patient
 - Improved care for panels and populations
 - Eliminated errors which were dangerous to the health of our patients
 - Developed electronic functionalities for improving the health and the care of our patient.
 - Helped decrease that cost while improving care.

Seminal Events Number One

- We began designing disease management and population health tools, including “follow-up documents,” allowing SETMA providers to summarize patients’ healthcare goals with personalized steps of action through which to meet those goals.
- We transformed our auditing vision from how many x-rays and lab tests were done and how many patients were seen, to measurable standards of excellence of care and to actions for the reducing of the cost of care.

We learned that excellence and expensive are not synonyms.

Seminal Event Number Two

Second, from Peter Senge's *The Fifth Discipline*, we defined the principles which guided our development of an EHR and the steps of our practice transformation:

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

Seminal Event Number Two

6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

Seminal Event Number Three

- The **third** seminal event was the preparation of a philosophical base for our future; developed in May, 1999, this blueprint was published in October, 1999. It was entitled, *More Than a Transcription Service: Revolutionizing the Practice of Medicine With Electronic Health Records which Evolves into Electronic Patient Management.*
- This document is published on our website under *Your Life Your Health* under *Your Life Your Health*, under icon *Medical Records*.

Seminal Event Number Four

Fourth, in May, 1999, a partner lamented that we were not crawling yet with our use of the EMR. I agreed but asked him, “When your son first turned over in bed, did you complain that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?” He smiled, and I added:

“We may not be crawling yet, but we have started. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun.”

Achievements and Milestones

- January, 2003 - *Physician Practice Magazine* names SETMA Southwest Region clinic of the Year
- February, 2003 - SETMA named one of 50 Exemplary Primary Care Practices by the American Board of Internal Medicine Foundation
- January 2004 - *Physician Practice Magazine* named SETMA Runner-up National Clinic of the Year
- February, 2004 - Microsoft Healthcare Users Group named SETMA Clinic of the Year
- February, 2006 - SETMA was awarded the HIMSS Davies Award for excellence in EMR use

Achievements and Milestones

- **January, 2007 - Established the SETMA Foundation which helps pay for the care of our patients when they cannot afford it. Partners have given 2.5 millions dollars to the Foundation. None of this money can be paid to or profit SETMA.**
- **February, 2007 - The SETMA Model of Care defined and described**
- **February, 2007 - World Healthcare Innovation and Healthcare Congress, Innovation to Transform Awards, Group Practice Runner-up, SETMA. WHIT 3.0 1st Annual Editors Choice Awards**

Achievements and Milestones

- October, 2008 - A team from Joslin Diabetes Center at Harvard visited SETMA
- February 16, 2009 - SETMA attended lecture in Houston to learn about Patient-Centered Medical Home - over the next 16 weeks, SETMA wrote a weekly article about Medical Home
- October, 2009 - Began public reporting by provider name over quality metrics at www.jameshollymd.com
- February, 2010 - *SETMA's Pier Reviewed Stories of Success* published by HIMSS as a Tier I (with highest honor)

Achievements and Milestones

- **August, 2010 - SETMA establishes the Department of Care Coordination**
- **November, 2010 - SETMA became a Joslin Diabetes Affiliate - the first multi-specialty, primary-care dominated affiliate**
- **November, 2010 - All SETMA Providers successfully completed Joslin Program and designated as Certified Joslin Primary Care Providers**
- **March, 2011 - SETMA named one of 30 Exemplary Practices for Clinical Decision Support by the Office of National Coordinator**

Achievements and Milestones

- **June, 2010 - SETMA recognized by NCQA as a Tier III PC-MH, renewed for three years in 2013**
- **August, 2010 - SETMA accredited by AAAHC as a Medical Home and for Ambulatory Care, renewed in 2011 for three years**
- **August, 2010 - SETMA recognized by NCQA for Diabetes Care Excellence; recognition renewed in 2013 for three years**
- **July, 2013 -SETMA recognized by NCQA for Heart/Stroke Excellence**

Achievements and Milestones

- **January, 2012 - Dr. & Mrs. James L. Holly Distinguished Professorship for PC-MH established UTHSC San Antonio School of Medicine**
- **January, 2012 – Primary Care Institute endowed by Dr. and Mrs. Holly**
- **2012 - W. E. Bellue and W. R. Holly Distinguished Lectureship in PC-MH established at UTHSC San Antonio School of Medicine**
- **2012 - SETMA CEO named Distinguished Alumnus**
- **2012 - SETMA CEO, named HIMSS Physician IT Leader of the Year**
- **August, 2012 - SETMA selected by Robert Wood Johnson Foundation, LEAP Study (Learning from Exemplar Ambulatory Practices)**

Transforming Healthcare

- In Abraham Lincoln's famous 1856, "House Divided" speech, he said, "If we could first know where we are, and whither we are tending, we could better judge what to do, and how to do it."
- In any human enterprise, if the participants are unwilling to objectively and honestly face where they are, it is improbable that they will ever get to where they want to be, let alone to where they should be.
- The above was the introduction to a note to SETMA providers which included the daily audit of provider performance.
- SETMA is committed to improving the quality of healthcare and we believe that quality metrics are one of the keys to that improvement.

Quality Metrics Philosophy

SETMA's approach to quality metrics and public reporting is driven by these assumptions:

1. Quality metrics are not an end in themselves; optimal health at optimal cost is the goal of quality care.
2. Quality metrics are simply “sign posts along the way.” They give directions to health. And the metrics are like a healthcare “Global Positioning Service”: it tells you where you want to be; where you are, and how to get from here to there.
3. The auditing of quality metrics gives providers a coordinate of where they are in the care of a patient or a population of patients.

Quality Metrics Philosophy

SETMA's approach to quality metrics and public reporting is driven by these assumptions, continued:

- 4. Statistical analytics are like coordinates along the way to the destination of optimal health at optimal cost.**
- 5. Ultimately, the goal will be measured by the well-being of patients, but the guide posts to that destination are given by the analysis of patient and patient-population data.**
- 6. There are different classes of quality metrics. No metric alone provides a granular portrait of the quality of care a patient receives, but all together, multiple sets of metrics can give an indication of whether the patient's care is going in the right direction or not. Some of the categories of quality metrics are: access, outcome, patient experience, process, structure and costs of care.**

Quality Metrics Philosophy

- The collection of quality metrics should be incidental to the care patients are receiving and should not be the object of care.
- Consequently, the design of the data aggregation in the care process must be as non-intrusive as possible. Notwithstanding, the very act of collecting, aggregating and reporting data will tend to create a Hawthorne effect.
- The power of quality metrics, like the benefit of the GPS, is enhanced if the healthcare provider and the patient are able to know the coordinates while care is being received.
- Public reporting of quality metrics by provider name must not be a novelty in healthcare but must be the standard. Even with the acknowledgment of the Hawthorne effect, the improvement in healthcare outcomes achieved with public reporting is real.
- Quality metrics are not static. New research and improved models of care will require updating and modifying metrics.

The Limitations of Quality Metrics

- *The New York Times Magazine* of May 2, 2010, published an article entitled, "*The Data-Driven Life*," which asked the question, "Technology has made it feasible not only to measure our most basic habits but also to evaluate them. Does measuring what we eat or how much we sleep or how often we do the dishes change how we think about ourselves?"
- Further, the article asked, "What happens when technology can calculate and analyze every quotidian thing that happened to you today?"
- Does this remind you of Einstein's admonition, "Not everything that can be counted counts, and not everything that counts can't be counted?"

Technology Can Deal With Disease But Cannot Produce Health

- In our quest for excellence, we must not be seduced by technology with its numbers and tables. This is particularly the case in healthcare. In the future of medicine, the tension - not a conflict but a dynamic balance - must be properly maintained between humanity and technology.
- Technology can contribute to the solving of many of our disease problems but ultimately cannot solve the "health problems" we face.
- The entire focus and energy of "health home" is to rediscover the trusting bond between patient and provider. In the "health home," technology becomes a tool to be used and not an end to be pursued.
- The outcomes of technology alone are not as satisfying as those where trust and technology are properly balanced in healthcare delivery.

What To Do and How To Do It

- Physician hubris or stubbornness may reject quality metrics for a while, but patient and societal demands will rightly press for change.
- Caring in the 21st Century will no longer be measured by personality or friendliness; it will be measured by competence which will increasingly be an objective measurement. To reject that reality is to prepare oneself for obsolescence.
- Quality metrics tells us where we are and they tell us where we are “tending to go.” If tracked, audited, analyzed and publicly reported, quality metrics will help us “judge what to do and how to do it.”

SETMA's Model of Care

Key to our PC-MH is SETMA's Model of Care:

- Personal Performance Tracking – one patient at a time
- Auditing of Performance – by panel or by population
- Analysis of Provider Performance – statistical
- Public Reporting by Provider Name – www.jameshollymd.com
- Quality Assessment and Performance Improvement

Step I - Provider Performance Tracking

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

Step I - Provider Performance Tracking

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	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

Step I - Provider Performance Tracking

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

Pre-Visit/Preventive Screening

General Measures (Patients >18)

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

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

Has the patient ever had a pneumonia shot? (Age>50) **Yes**
 Date of Last Order Pneumovax

Does the patient have an elevated (>100 mg/dL) LDL? **No**
 Last Ordered Today Order Lipid Profile

Has the patient been screened at least once for HIV? (Age 13-64) **N/A**
 Date of Last Order HIV Screen

Testing not required if patient refused, tested elsewhere or diagnosis confirmed.
 Check If Patient Refuses Testing
 Check If Patient Tested Elsewhere

Elderly Patients (Patients >65)

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

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

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

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

Has the patient had a glaucoma screen (dilated exam) within the last year? **No**
 Date of Last Add Referral At Right

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

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

Male Patients

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

Has the patient had a bone density within the last two years? (Age >65) **No**
 Date of Last Add Referral Below

Return

Diabetes Screening
 Is Diabetes screening appropriate for this patient? **N/A**

Pre-Diabetes Patients
 If pre-diabetic, has the patient had a HgbA1c test within the last year? **N/A**
 Date of Last Ordered Today

Diabetes Patients

Has the patient had a HgbA1c within the last year? **Yes**
 Date of Last Ordered Today Order HgbA1c

Has the patient had a dilated eye exam within the last year? **No**
 Date of Last Referral Sent Today Add Referral Below

Has the patient had a 10-gram monofilament exam within the last year? **Yes**
 Date of Last Click to Complete

Has the patient had screening for nephropathy within the last year? **No**
 Date of Last Ordered Today Order Micral Strip

Has the patient had a urinalysis within the last year? **No**
 Date of Last Ordered Today Order Urinalysis

Has the patient had a cholesterol screen within the last year? **No**
 Date of Last Ordered Today Order Lipid Profile

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

Is the patient on aspirin?
 Is the patient allergic to aspirin? Yes No **N/A**

Has the patient ever been referred to DSME? **Yes** Has the patient been referred to DSME within the last year? **Yes**
Add Referrals Below

Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64) **N/A**
 Date of Last Add Referral Below

Has the patient had a mammogram within the last two years? (Ages 40 to 69) **N/A**
 Date of Last Add Referral Below

Has the patient had a bone density within the last two years? (Age >50) **N/A**
 Date of Last Add Referral Below

Referrals (Double-Click To Add/Edit)

Referral	Status	Referring

Step I - Provider Performance Tracking

HEDIS

2012 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.

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

Step I - Provider Performance Tracking

PQRS

PQRS Submittal Summary

Diabetes Measures Group <p>This patient <input type="checkbox"/> IS eligible for submittal of the measures in the diabetes group.</p> <p>Patients 18 to 79 with Diabetes Mellitus are eligible for this measure.</p> Hemoglobin A1c Target < 9.0 <input type="text" value="Most recent value between 7.0 and 9.0."/> Blood Pressure <p>Systolic Target < 140 <input type="text" value="Most recent value over 140."/> Diastolic Target < 80 <input type="text" value="Most recent value over 90."/></p> Foot Exam <input type="text" value="Completed this visit."/> Lipids Target < 100 <input type="text" value="Most recent value less than 100."/> Nephropathy <input type="text" value="Not assessed since Januray 1st."/> Eye Exam <input type="text" value="Not evaluated since January 1st."/>	Preventive Measures Group <p>This patient <input type="checkbox"/> IS eligible for submittal of the measures in the preventive group.</p> <p>Patients ages 50 and older are eligible for this measure.</p> Tobacco Use Assessment <input type="text" value="Patient is a current tobacco smoker."/> Tobacco Cessation Assessment <input type="text" value="Patient is a tobacco user. Counseling cessation provided."/> Body Mass Index <input type="text" value="Body Mass Index measured/assessed."/> Influenza Immunization <input type="text" value="Influenza immunization administered within the last year."/> Colorectal Cancer Screening <input type="text" value="Appropriate screening performed."/> Pneumococcal Vaccination <input type="text" value="Pneumococcal vaccination previously administered."/> Mammography Screening <input type="text" value="Measure not applicable for this patient."/> Urinary Incontinence Assessment <input type="text" value="Measure not applicable for this patient."/>
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Step I - Provider Performance Tracking

Care Transition Audit

Care Transition Audit

Has the reason for hospitalization been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have discharge diagnoses been entered?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have the patient's medications been updated/reconciled?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have the patient's allergies been updated? Also document allergies/reactions to medications.	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has the patient's cognitive status been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have pending results or tests been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have major procedures been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has a follow-up care plan been completed?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has the patient's progress to goals/treatment been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Have advanced directives been completed and a surrogate decision maker named or a reason given for not completing an advanced care plan?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has the reason for discharge been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has the patient's physical status been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has the patient's psychosocial status been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>
Has a list of available community resources been documented?	<input type="button" value="No"/>	<input type="button" value="Click to Update/Review"/>
--OR--		
Has a list of coordinated referrals been documented?	<input type="button" value="Yes"/>	<input type="button" value="Click to Update/Review"/>

Has the current/reconciled medication list been discussed with the patient/family/caregiver?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Brandon Sheehan</td></tr> <tr><td style="text-align: center;">08/21/2010</td><td style="text-align: center;">11:35 AM</td></tr> </table>	Brandon Sheehan		08/21/2010	11:35 AM
Brandon Sheehan						
08/21/2010	11:35 AM					
Have the discharge orders been discussed with the patient/family/caregiver?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Brandon Sheehan</td></tr> <tr><td style="text-align: center;">08/21/2010</td><td style="text-align: center;">11:35 AM</td></tr> </table>	Brandon Sheehan		08/21/2010	11:35 AM
Brandon Sheehan						
08/21/2010	11:35 AM					
Have the follow-up instructions been discussed with the patient/family/caregiver?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Brandon Sheehan</td></tr> <tr><td style="text-align: center;">08/21/2010</td><td style="text-align: center;">11:35 AM</td></tr> </table>	Brandon Sheehan		08/21/2010	11:35 AM
Brandon Sheehan						
08/21/2010	11:35 AM					
Have the discharge materials been printed and given to the patient/family/caregiver?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Brandon Sheehan</td></tr> <tr><td style="text-align: center;">08/21/2010</td><td style="text-align: center;">11:35 AM</td></tr> </table>	Brandon Sheehan		08/21/2010	11:35 AM
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Step I - Provider Performance Tracking

Bridges to Excellence

Bridges to Excellence

What is Bridges to Excellence?

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

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

**Bridges to Excellence
Coronary Artery Disease**

Blood Pressure Control	<input type="text" value="Poor"/>		Evaluation of Activity and Anginal Symptoms	<input type="text" value="Present"/>
Most Recent	<input type="text" value="184"/>	<input type="text" value="90"/> mmHg	CHF Class	<input type="text" value="Class II"/>
	<input type="text" value="180"/>	<input type="text" value="88"/>		
	<input type="text"/>	<input type="text"/>	Smoking Cessation	<input type="text" value="N/A"/>
LDL Control	<input type="text" value="Poor"/>		LDL Drug Therapy	<input type="text" value="Present"/>
Most Recent	<input type="text" value="99"/>	<input type="text" value="04/04/2012"/>	Antiplatelet Therapy	<input type="text" value="Not Present"/>
Annual Lipid Profile	<input type="text" value="Acceptable"/>		ACE/ARB Therapy (If LVSD Present)	<input type="text" value="Not Present"/>
Most Recent			Beta Blocker Therapy (If History of MI)	<input type="text" value="Not Present"/>
Cholesterol	<input type="text" value="210"/>	<input type="text" value="04/04/2012"/>		
HDL	<input type="text" value="44"/>	<input type="text" value="04/04/2012"/>		
Triglycerides	<input type="text" value="325"/>	<input type="text" value="04/04/2012"/>		

Step II – Auditing Provider Performance

SETMA employed Business Intelligence software to audit provider performance and compliance after patient encounters.

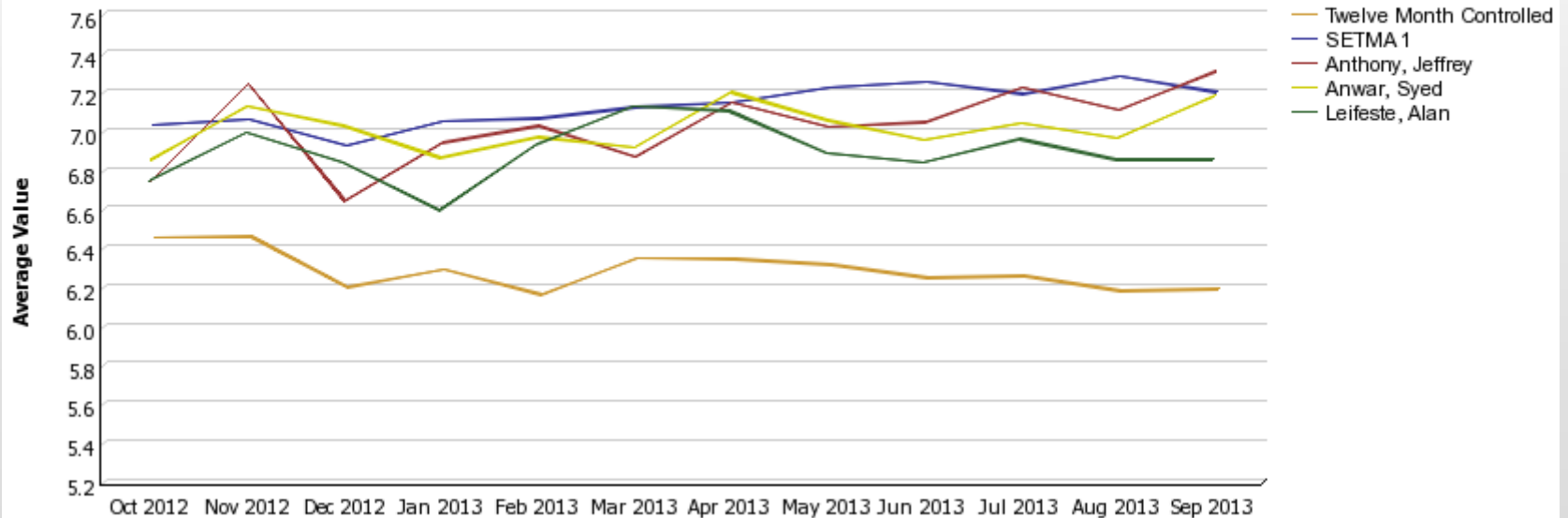
Business Intelligence allows all providers to:

- 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**

Step II – Auditing Provider Performance



Chronic Diabetes - HgbA1c Trending



Step II – Auditing Provider Performance



NCQA Diabetes Measures

Encounter Date(s): January 1, 2013 to June 30, 2013

Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 65%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 85%	LDL >= 130 <= 35 %	LDL < 100 >= 50%	Nephropathy >= 85%	Foot Exam >= 80%	Total Points
Ahmed	1,031	20.6%	58.3%	36.0%	9.4%	53.1%	58.3%	77.8%	10.2%	62.9%	72.2%	97.5%	50
Anthony	539	11.7%	80.1%	55.1%	13.5%	61.2%	70.5%	97.1%	11.7%	69.6%	91.8%	95.0%	100
Anwar	589	9.2%	77.8%	55.9%	5.8%	71.5%	64.7%	89.3%	8.0%	72.3%	89.5%	81.8%	100
Aziz	485	12.8%	75.1%	57.9%	21.4%	51.1%	53.8%	96.7%	10.1%	76.1%	87.0%	71.3%	85
Cash	1,104	22.4%	60.1%	32.2%	3.3%	72.5%	75.2%	76.5%	10.2%	69.4%	82.2%	99.7%	60
Castro	465	8.4%	51.0%	34.4%	24.7%	46.0%	58.3%	84.6%	3.9%	43.2%	54.2%	95.3%	52
Darden	123	11.4%	73.2%	56.1%	15.4%	53.7%	57.7%	100.0%	8.9%	65.0%	77.2%	93.5%	85
Deiparine, C	451	13.3%	68.7%	48.3%	10.6%	64.3%	43.7%	97.9%	12.2%	65.0%	71.2%	82.5%	85
Duncan	449	10.7%	77.7%	55.5%	9.6%	64.8%	50.1%	98.8%	14.9%	67.0%	82.2%	80.6%	85
Halbert	778	9.4%	78.5%	60.8%	17.1%	50.0%	50.0%	85.8%	13.9%	63.9%	71.7%	74.4%	80
Henderson	498	10.6%	80.1%	61.8%	8.6%	59.2%	46.4%	97.8%	13.3%	69.5%	84.3%	93.0%	85
Holly	146	3.4%	82.9%	65.8%	6.8%	73.3%	78.8%	91.7%	7.5%	76.7%	89.0%	95.2%	100
Horn	497	7.2%	84.3%	64.0%	6.0%	51.7%	52.3%	98.4%	13.9%	65.8%	88.7%	97.8%	90
Le	237	6.3%	65.4%	43.5%	19.4%	57.8%	42.6%	97.0%	8.0%	58.2%	60.3%	87.8%	85
Leifeste	467	7.9%	81.8%	63.2%	12.2%	59.1%	72.4%	69.1%	7.5%	76.7%	89.1%	93.6%	90
Murphy	759	9.4%	84.1%	66.7%	21.1%	48.5%	41.9%	88.0%	9.1%	79.7%	92.1%	88.4%	90
Palang	572	14.0%	65.0%	46.3%	16.1%	58.2%	35.1%	98.9%	13.1%	58.7%	51.0%	53.5%	80
Qureshi	427	17.6%	66.0%	46.8%	12.6%	64.4%	54.8%	89.4%	15.0%	61.4%	86.7%	91.6%	78
Read	481	10.2%	78.6%	58.8%	11.6%	44.3%	61.3%	84.0%	11.4%	71.3%	86.7%	85.9%	90
Shepherd	723	9.5%	70.4%	50.2%	16.6%	49.1%	66.1%	93.9%	8.0%	65.7%	82.8%	92.9%	95
Thomas	392	12.0%	72.4%	53.6%	16.1%	48.2%	44.1%	100.0%	14.3%	59.9%	86.7%	99.5%	90
Vardiman	42	11.9%	69.0%	47.6%	26.2%	40.5%	47.6%	75.0%	16.7%	50.0%	45.2%	69.0%	70
Wheeler	388	11.3%	80.9%	61.6%	20.6%	48.7%	59.3%	84.6%	14.7%	67.5%	89.4%	89.2%	80

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

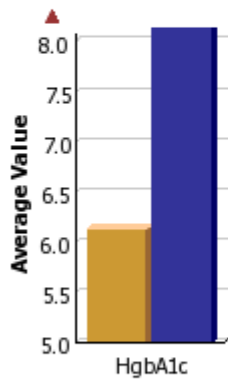
Step III – Analyzing Performance



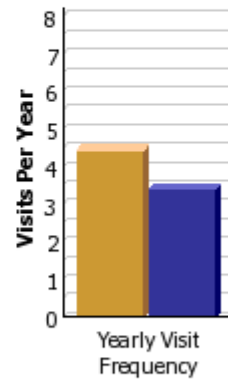
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

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

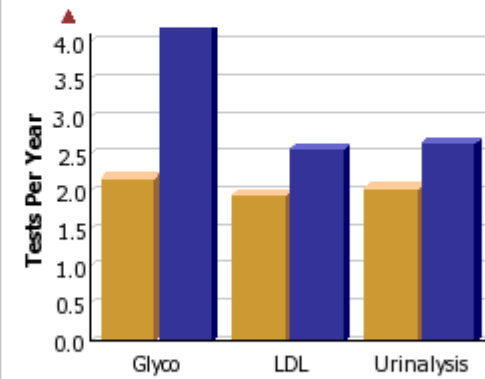
■ Controlled Group
■ Selected Group



	HgbA1c Avg	Standard Deviation
Controlled	6.1	0.7
Selected	8.6	1.6



	Visit Frequency
Controlled	4.4
Selected	3.4



	Yearly Glyco Tests	Yearly LDL Tests	Yearly UA Tests
Controlled	2.2	2.0	2.1
Selected	4.5	2.6	2.6

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 has 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

HCAPS



HCAHPS Internal Audit

Discharge Date(s): 08/01/2013 through 08/31/2013

Hospital	Attending	Explain Care		Answer Questions		Listen W/O Interruption		Ask If Help Needed		Symptoms In Writing		Understood		Courtesy And Respect			Encounters
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Always	Sometimes	Not At All	
Baptist Hospital	Anwar, Syed	83%	0%	83%	0%	83%	0%	83%	0%	83%	0%	83%	0%	83%	0%	0%	6
	Deiparine, Caesar	78%	22%	100%	0%	100%	0%	78%	17%	78%	22%	78%	22%	94%	6%	0%	18
	Holly, James	89%	11%	92%	8%	89%	8%	81%	19%	81%	19%	81%	19%	92%	3%	6%	36
	Le, Phuc	86%	7%	86%	0%	93%	0%	79%	14%	93%	0%	93%	0%	93%	0%	0%	14
	Leifeste, Alan	90%	10%	100%	0%	100%	0%	90%	10%	90%	10%	90%	10%	100%	0%	0%	10
	Qureshi, Absar	75%	25%	88%	12%	88%	12%	88%	12%	75%	25%	75%	25%	100%	0%	0%	8
	Unknown	67%	33%	67%	33%	67%	33%	67%	33%	67%	33%	67%	33%	67%	0%	33%	3
	Totals	84%	14%	92%	5%	92%	5%	81%	16%	81%	17%	81%	17%	93%	2%	3%	95
Baptist Rehab	Deiparine, Caesar	0%	100%	0%	100%	0%	100%	0%	100%	100%	0%	100%	0%	0%	0%	100%	1
	Unknown	100%	0%	100%	0%	100%	0%	100%	0%	0%	100%	0%	100%	0%	100%	0%	1
	Totals	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	50%	2
Christus St. Elizabeth	Aziz, Muhammad	68%	26%	95%	0%	95%	0%	79%	16%	58%	37%	58%	37%	89%	5%	0%	19
	Halbert, Dean	80%	10%	90%	0%	90%	0%	60%	30%	70%	20%	70%	20%	90%	0%	0%	10
	Murphy, Vincent	100%	0%	100%	0%	100%	0%	0%	100%	0%	100%	0%	100%	100%	0%	0%	1
	Palang, Ronald	86%	14%	86%	14%	86%	14%	71%	29%	86%	14%	86%	14%	100%	0%	0%	7
	Totals	76%	19%	92%	3%	92%	3%	70%	24%	65%	30%	65%	30%	92%	3%	0%	37
SET Medical Center	Shepherd, James	100%	0%	100%	0%	100%	0%	83%	17%	83%	17%	83%	17%	100%	0%	0%	6
	Thomas, Michael	92%	8%	100%	0%	100%	0%	92%	8%	92%	8%	92%	8%	100%	0%	0%	12
	Unknown	83%	17%	100%	0%	100%	0%	100%	0%	83%	17%	83%	17%	100%	0%	0%	6
	Totals	92%	8%	100%	0%	100%	0%	92%	8%	88%	12%	88%	12%	100%	0%	0%	24

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, 2013 through Jun 30, 2013

Location	Provider	Blood Pressure on Last Visit			
		< 120 / 70	< 130 / 80	< 140 / 90	> 140 / 90
SETMA 1	Aziz	18.3%	49.5%	78.0%	22.0%
	Duncan	27.6%	64.4%	91.1%	8.9%
	Henderson	23.6%	58.4%	90.7%	9.3%
	Holly	19.5%	73.6%	95.4%	4.6%
	Le	21.5%	55.9%	79.0%	21.0%
	Murphy	22.0%	49.8%	79.7%	20.3%
	Palang	19.4%	55.3%	82.8%	17.2%
	Thomas	18.2%	68.2%	100.0%	0.0%
SETMA 1 Totals:		21.9%	56.1%	84.4%	15.6%
SETMA 2	Ahmed	20.0%	53.1%	90.3%	9.7%
	Anthony	18.1%	54.7%	84.4%	15.6%
	Anwar	9.8%	70.4%	94.3%	5.7%
	Cash	16.6%	70.5%	96.5%	3.5%
	Leifeste	23.1%	58.9%	88.3%	11.7%
	Read	17.6%	43.0%	89.0%	11.0%
	Wheeler	14.8%	48.5%	76.3%	23.7%
	SETMA 2 Totals:		17.5%	58.7%	90.3%
SETMA Mid County	Castro	14.3%	44.0%	75.9%	24.1%
	George	9.6%	42.5%	86.3%	13.7%
	Read	0.0%	0.0%	100.0%	0.0%
	Shepherd	21.8%	51.4%	83.0%	17.0%
	Thomas	4.8%	46.3%	82.4%	17.6%
SETMA Mid County Totals:		14.4%	47.4%	81.2%	18.8%
SETMA Orange	Anwar	7.4%	74.1%	100.0%	0.0%
	Aziz	13.6%	59.1%	72.7%	27.3%
	Castro	15.6%	34.4%	59.4%	40.6%
	Holly	15.4%	53.8%	92.3%	7.7%

Step IV - Public Reporting of Performance

NQF Diabetes Measures



NQF - Diabetes Measures

E & M Codes: Clinic Only

Encounter Date(s): Jan 1, 2013 through Jun 30, 2013

Location	Provider	Dilated Eye within 12 Months	Micral Strip within 12 Months	Foot Exam within 12 Months
SETMA 1	Aziz	58.3%	88.1%	68.8%
	Duncan	47.2%	79.1%	78.2%
	Henderson	45.8%	80.3%	93.5%
	Holly	75.9%	87.4%	94.3%
	Le	38.2%	55.4%	86.0%
	Murphy	41.8%	90.8%	88.5%
	Palang	34.6%	50.9%	53.3%
	Thomas	54.5%	100.0%	95.5%
SETMA 1 Totals:		45.4%	76.3%	78.5%
SETMA 2	Ahmed	56.8%	71.2%	97.4%
	Anthony	65.0%	90.6%	95.3%
	Anwar	61.8%	89.9%	83.9%
	Cash	75.3%	82.0%	99.7%
	Leifeste	70.9%	88.9%	94.3%
	Read	59.8%	84.8%	85.1%
	Wheeler	57.8%	88.5%	89.3%
	SETMA 2 Totals:		64.9%	82.6%
SETMA Mid County	Castro	57.3%	50.5%	94.8%
	George	41.1%	67.1%	93.2%
	Read	100.0%	100.0%	100.0%
	Shepherd	64.7%	84.7%	91.3%
	Thomas	42.2%	88.2%	100.0%
SETMA Mid County Totals:		55.2%	75.5%	94.7%
SETMA Orange	Anwar	63.0%	81.5%	85.2%
	Aziz	31.8%	63.6%	68.2%
	Castro	62.5%	46.9%	93.8%
	Holly	92.3%	92.3%	100.0%
	Shepherd	77.4%	74.2%	96.8%

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

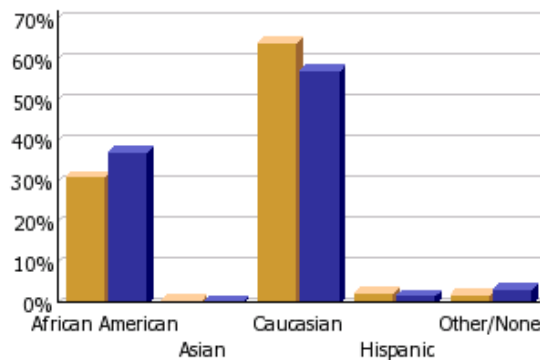


Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

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

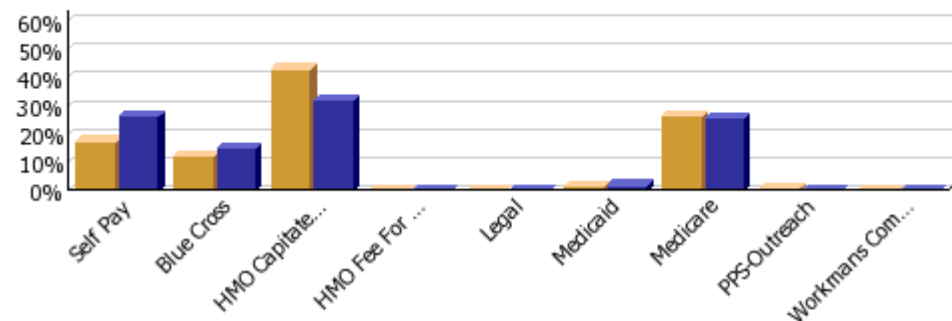
■ Controlled Group
■ Selected Group

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%

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.

Where We Are Headed

- **The Automated Team**
- **How many tasks can you get a provider to complete at each patient encounter?**
- **“If you make a change will it make a difference?”**
- **Benefiting from new opportunities: transitions of care management codes and annual wellness examinations**
- **A team of colleagues**
- **How to be successful**