

Primary Care: The Future

Primary Care Progress (PCP)

UTHSCSA Chapter

Town Hall Meeting

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Conflict of Interest Disclosure

James L. Holly, MD
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Has no real or apparent
conflicts of interest to report.

Future of Primary Care: People

A typical scene in my professional life: “Dr. Holly, I am pleased to meet you. What is your specialty?” Dr. Holly’s response:

”People!”

Stories:

- Patient-Centered Medical home Poster Child!
- Does he have a gun?
- I want you to give a \$4,000 donation to the SETMA Foundation!
- Brilliant Diagnostician and Diabetes!

The Future of Primary Care

1. The Future: People
2. The Future: Four Domains
3. The Future: Information Explosion
4. The Future: Systems Thinking
5. The Future: Electronic Solution Design
6. The Future: Primary Care Practice Model
7. The Future: SETMA As An Example
8. The Future: Personal Mastery
9. The Future: Flexibility
10. The Future: Financing of Primary Care

The Future: Four Domains

Transformation of healthcare involves:

- 1. Method:** electronic patient management
- 2. Content:** evidenced-based medicine
- 3. Structure and organization:** patient-centered medical home
- 4. Payment methodology:** capitation with payment for quality

Future of Primary Care: SETMA

- ◉ NCQA Tier III Patient-Centered MH
- ◉ AAAHC Accredited Ambulatory Care
- ◉ AAAHC Accredited Medical Home
- ◉ Joslin Diabetes Center Affiliate
- ◉ NCQA Diabetes Recognition
- ◉ AHRQ Published SETMA's LESS Initiative
- ◉ Innovator of the Year 2011
- ◉ Exemplary Practice ONC for CDS

The Future: Information Explosion

Depending upon how you count, there are between 4,000 and 7,000 medically related journals presently being published. There are over 1,000 medically related journal articles published each day.

The Future: Information Explosion

In 2004, *The Journal of the Medical Library Association* published an article entitled, “How much effort is needed to keep up with the literature relevant to primary care?”

The Future: Information Explosion

- Here are the authors' conclusions:
 - > There are 341 currently active journals which are relevant to primary care.
 - > These journals publish approximately 7,287 articles monthly.
 - > It would take physicians trained in epidemiology an estimated 627.5 hours per month to read and evaluate these articles. That translates into 21 hours a day, seven days a week, every month.

The Future: Information Explosion

- In 1997, *The British Medical Journal* stated that there are over 10,000,000 medically-related articles on library shelves of which about 1/3rd are indexed in the *Medline* database compiled by the National Library of Medicine. If a healthcare provider receives only an average of 8 journals, including those which are free, it can be seen how overwhelming the problem of information is.

The Future: Information Explosion

- This is the level of the problem for individual physicians, but **what about collaborative efforts to organize medical data?**
- The *Cochrane Collaboration* was started in 1992 following Dr. Archie Cochrane's 1979 statement in which he opined "**It is surely a great criticism of our profession that we have not organized a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomized controlled trials.**"

The Future: Information Explosion

- There are now fifteen Cochrane Centers around the world with 1,098 complete reviews and 866 protocols (reviews in progress). It is estimated that it will take 30 years to complete reviews on random-controlled studies (RCTs) in all fields of medicine which presently exist.
- At the end of those 30 years, nothing would have been done on the RCTs which will have been completed in the intervening 30 years.

The Future: Information Explosion

- And if this review does not convince you, think about the millions of pieces of information the genome is going to bring to clinical medicine within your medical career. It is truly more information than anyone can possibly learn, leaving electronic patient management as the only option.

The Future: Information Explosion

- Without medical knowledge, quality-of-care initiatives will falter, but the volume of medical knowledge is so vast that it can overwhelm healthcare providers. Stated a different way, the good news about healthcare today is the state of our current knowledge; it is excellent. The bad news is the form in which that knowledge is stored and/or accessed. The solution is “a shift of mind.”

The Future: Systems Thinking

- In his seminal work, *The Fifth Discipline*, Dr. Peter Senge addressed “systems thinking.” While the term does not refer to computer systems, the principles apply to health care delivery via an electronic medical record as legitimately as to other business enterprises.

The Future: Systems Thinking

- “Learning has come to be synonymous with ‘taking in information.’ ...Yet, taking in information is only distantly related to real learning.” Classically, healthcare has focused upon “taking in information” in the form of facts.
- The hurdle required to enter medicine as a physician is the proven ability to absorb and retain tens of thousands of isolated pieces of information and then to be able to repeat that information in a test format.

The Future: Systems Thinking

- “Clinical training” attempts to take the static database created by facts and to transform it into a dynamic tool which can provide answers to complex disease-process questions.
- ***How do you take a fact-based data set and transform it into a dynamic, interactive decision-making tool?***

The Future: Systems Thinking

- “System thinking is needed more than ever because for the first time in history, humankind 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.”

The Future: Systems Thinking

- “**Complexity** can easily undermine confidence and responsibility.”
- **Confidence** is undermined when the vastness of available, valuable and applicable information is such that it appears futile to the individual to try and ‘keep up.’
- In healthcare, once confidence is undermined, **responsibility is surrendered** as providers tacitly ignore best practices, substituting experience as a decision-making guide.

The Future: Systems Thinking

No intellectual discipline is more illustrative of Peter Senge's principle of undermining confidence/responsibility than is the knowledge base required to perform excellently in the delivery of primary healthcare.

The Future: Systems Thinking

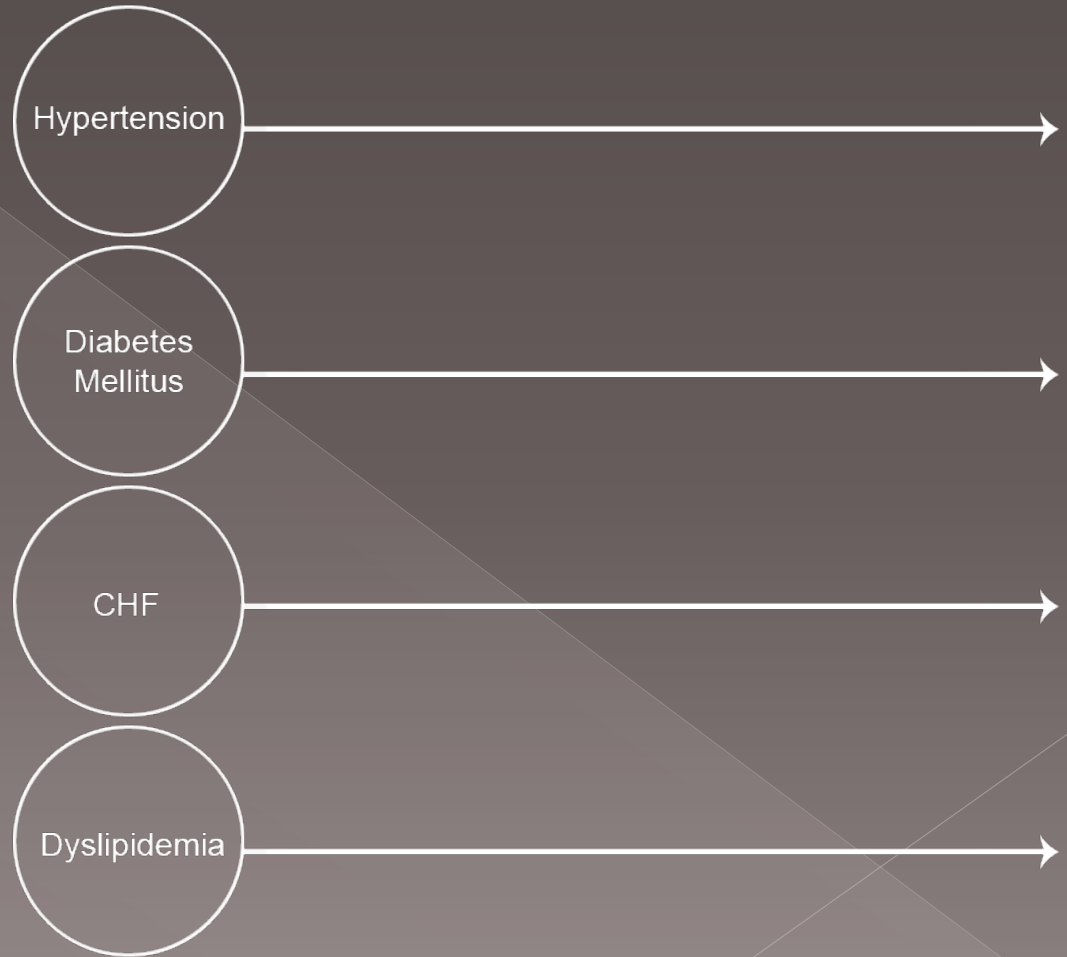
- **Detail Complexity** – there are many variables – this complexity is created by classical medical education; the solution is electronic health records (EHR).
- **Dynamic Complexity** – cause and effect are subtle, and effects over time of interventions are not obvious -- dealing with this complexity will transform healthcare by morphing HER into electronic patient management.

The Future: Systems Thinking

How can electronic patient records and electronic patient management – a systems approach to healthcare – 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?

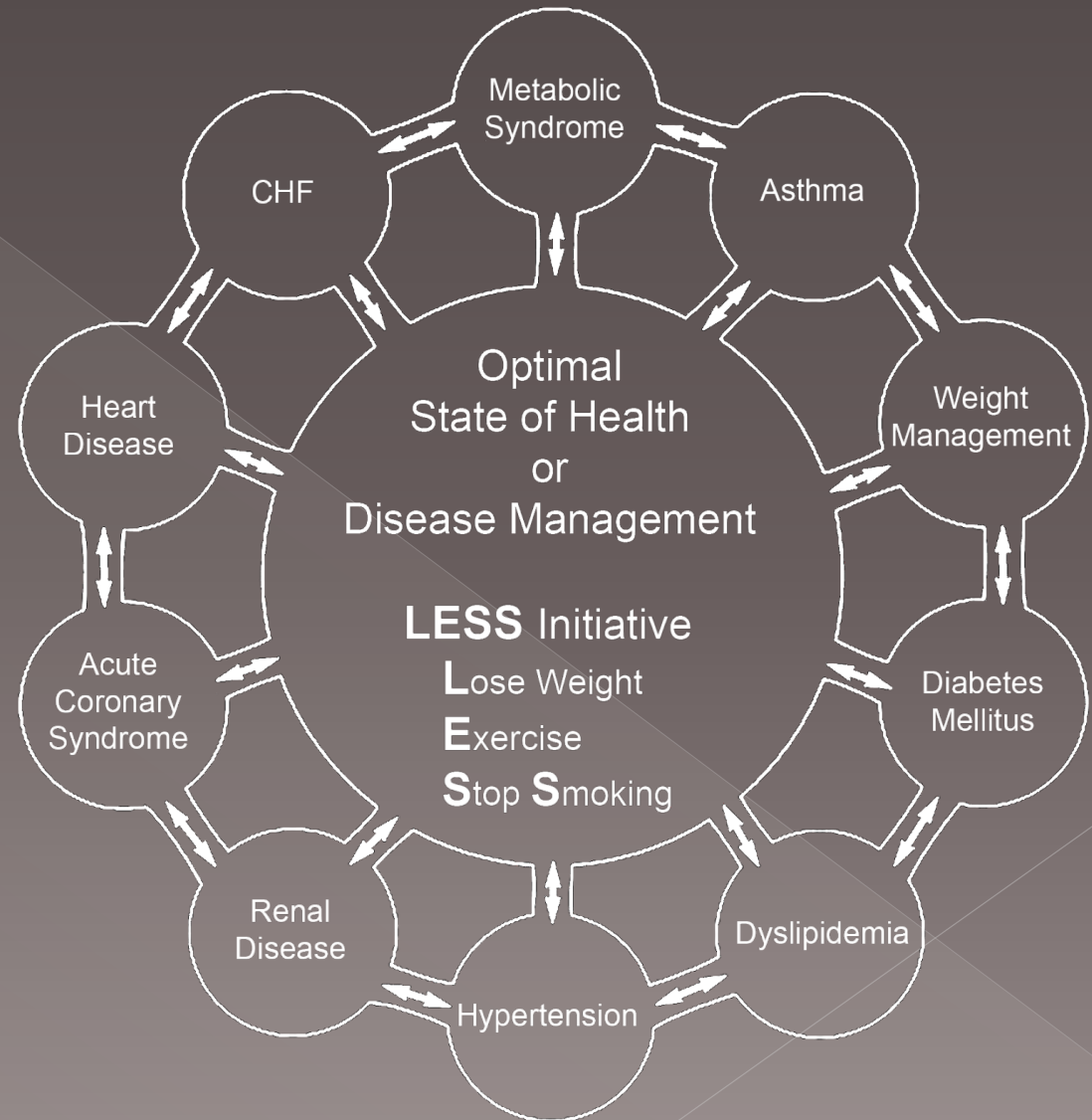
The Future: Systems Thinking

Detail complexity and electronic patient records leads to Linear Thinking.



The Future: Systems Thinking

Circular Complexity leads to electronic patient management, leveraging the power of electronic functionalities to improve care.



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

The Future: Systems Thinking

Electronic patient management:

- **Makes complex tasks simple** (Infectious disease reporting, HIV screening, Screening and Preventive care, promoting healthy behaviors, Framingham)
- **Restores the joy of learning** to an otherwise impossible task.
- **Extends healthcare teamwork** to knowledge acquisition and deployment with Clinical Decision Support tools

The Future: Systems Thinking

Whether process, outcomes or content, electronic patient management, eliminates the inefficiency and expense of paper-patient management and gives the primary-care provider confidence that he and she are giving the best care, every time to every patient with the ability to validate that performance.

The Future: Electronic Solution Design

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 (turning complex tasks into simple processes).

The Future: Electronic Solution Design

4. Continually challenge providers to improve their performance.
5. Infuse new knowledge and decision-making tools throughout an organization instantly (Clinical Decision Support).
6. Promote continuity of care with patient education, information and plans of care.

The Future: Electronic Solution Design

7. Enlist patients as participants, partners and collaborators in their own health improvement.
8. Evaluate the care of patients and populations of patients longitudinally with transparent public reporting of provider performance by name.

The Future: Electronic Solution Design

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

The Future: Primary Care Practice Model

1. Tracking quality metrics at the point-of-care, one patient at a time.
2. Auditing populations of patients by provider name.
3. Statistical analysis of practice performance to find leverage points for improvement of care.
4. Public Reporting of provider performance by name.
5. Continuous quantity improvement based on the first four steps.

The Future: Primary Care Practice Model

- The key to this Model is the real-time ability of providers to measure their own performance at the point-of-care. This is done with multiple displays of quality metric sets, with real-time aggregation of performance, incidental to excellent care.

The Future: Primary Care Practice Model

- " *The May 2, 2010, New York Times Magazine* published, "The Data-Driven Life," which asked the question, "Technology has made it feasible...to measure our most basic habits...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 be counted?**"

The Future: Primary Care Practice Model

- Bioethicist, Onora O'Neill, said, "*In theory again the new culture of accountability and audit makes professionals and institutions more accountable for good performance... But beneath this admirable rhetoric the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately what the quality of performance is.*"

The Future: Primary Care Practice Model

Primary Care Providers must wholeheartedly embrace technology and science, while retaining the sense of person in our daily responsibilities of caring for persons. Quality metrics will make us better healthcare providers. The public reporting of our performance of those metrics will make us better clinician/scientist. But what will make us better healthcare providers will be our caring for people.

The Future: SETMA as an Example

Pre-Visit/Preventive Screening

General Measures (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years?

Date of Last

Has the patient had a flu vaccine within the last year?

Date of Last

Has the patient ever had a pneumonia shot? (Age>50)

Date of Last

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

Last

Has the patient been screened at least once for HIV? (Age 13-64)

Date of Last

Testing not required if patient refused or if positive diagnosis previously confirmed.

Click If Patient Refuses Testing

Elderly Patients (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50)

Date of Last

Has the patient had a fall risk assessment completed within the last year?

Date of Last

Has the patient had a functional assessment within the last year?

Date of Last

Has the patient had a pain screening within the last year?

Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year?

Date of Last *Add Referral At Right*

Does the patient have advanced directives on file or have they been discussed with the patient?

Discussed? Completed?

Is the patient on one or more medications which are considered high risk in the elderly?

Diabetes Screening

Is Diabetes screening appropriate for this patient?

Pre-Diabetes Patients

If pre-diabetic, has the patient had a HgbA1c test within the last year?

Date of Last

Diabetes 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 *Add Referral Below*

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

Has the patient had a urinalysis within the last year?

Date of Last

Has the patient ever been referred to DSME? Has the patient been referred to DSME within the last two years?

Add Referrals Below

Female Patients

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

Date of Last *Add Referral Below*

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

Date of Last *Add Referral Below*

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

Date of Last *Add Referral Below*

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 *Add Referral Below*

Referrals (Double-Click To Add/Edit)

Referral	Status	Referring

The Future: SETMA as an Example

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 Classification/Control

Medication Measures

- [View](#) **Current Medication 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

- [View](#) **Comprehensive CHF Care**
- 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

The Future: SETMA as an Example

- SETMA is able 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 medications, 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.

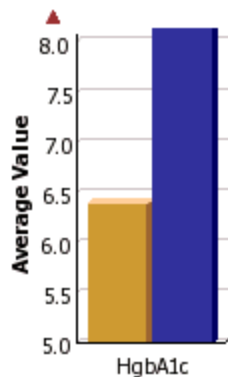
The Future: SETMA as an Example



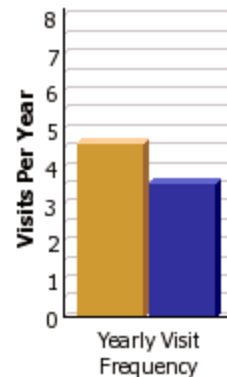
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

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

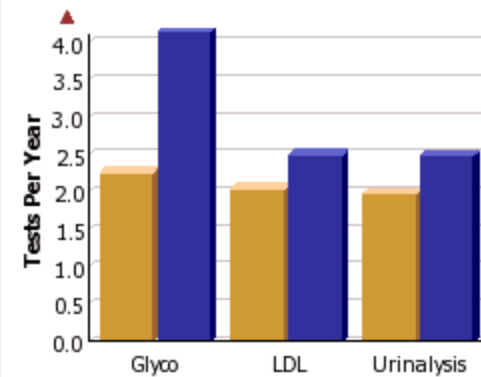
Controlled Group
 Selected Group



	HgbA1c Avg	Standard Deviation
Controlled	6.4	0.8
Selected	8.5	1.5

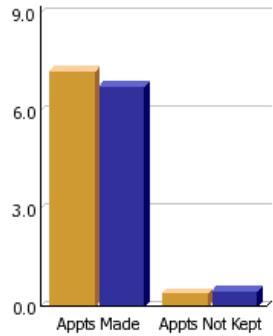


	Visit Frequency
Controlled	4.6
Selected	3.5

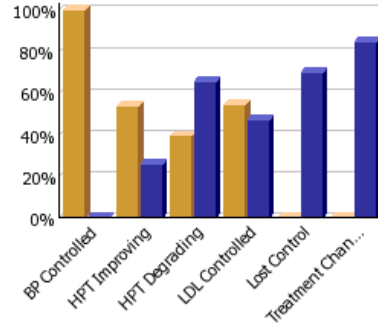


	Yearly Glyco Tests	Yearly LDL Tests	Yearly UA Tests
Controlled	2.3	2.1	2.0
Selected	4.1	2.5	2.5

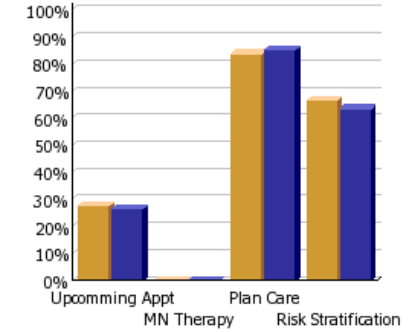
The Future: SETMA as an Example



	Appts Made	Appts Not Kept
Controlled	7.2	0.4
Selected	6.8	0.5



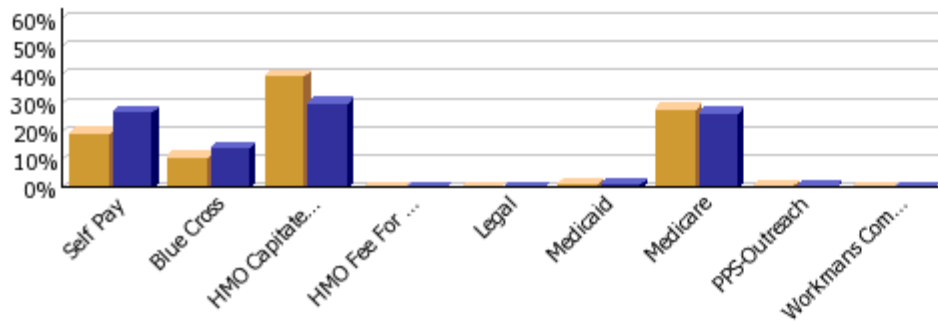
	BP Controlled	HPT Improving	HPT Degrading	LDL Controlled	Lost Control	Treatment Changed
Controlled	100.0%	54.0%	39.4%	54.6%	0.0%	0.0%
Selected	0.0%	25.7%	65.4%	47.2%	69.9%	84.5%



	Upcoming Appt	MN Therapy	Plan Care	Risk Stratification
Controlled	27.5%	0.0%	83.8%	66.5%
Selected	26.5%	0.0%	85.2%	63.4%

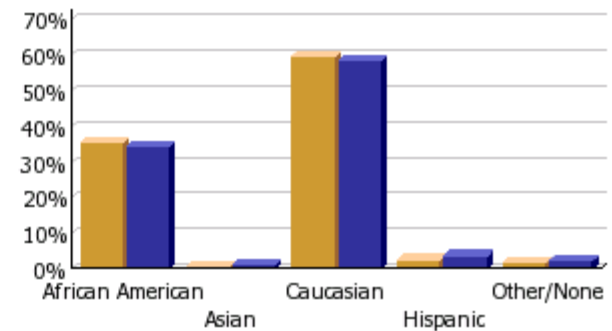
The Future: SETMA as an Example

Financial Class



	Self Pay	Blue Cross	HMO Capitated	HMO Fee For Service	Legal	Medicaid	Medicare	PPS-Outreach	Workmans Comp
Controlled	19.4%	11.0%	39.8%	0.0%	0.0%	1.3%	28.0%	0.5%	0.0%
Selected	27.1%	14.2%	30.2%	0.0%	0.0%	1.5%	26.7%	0.2%	0.0%

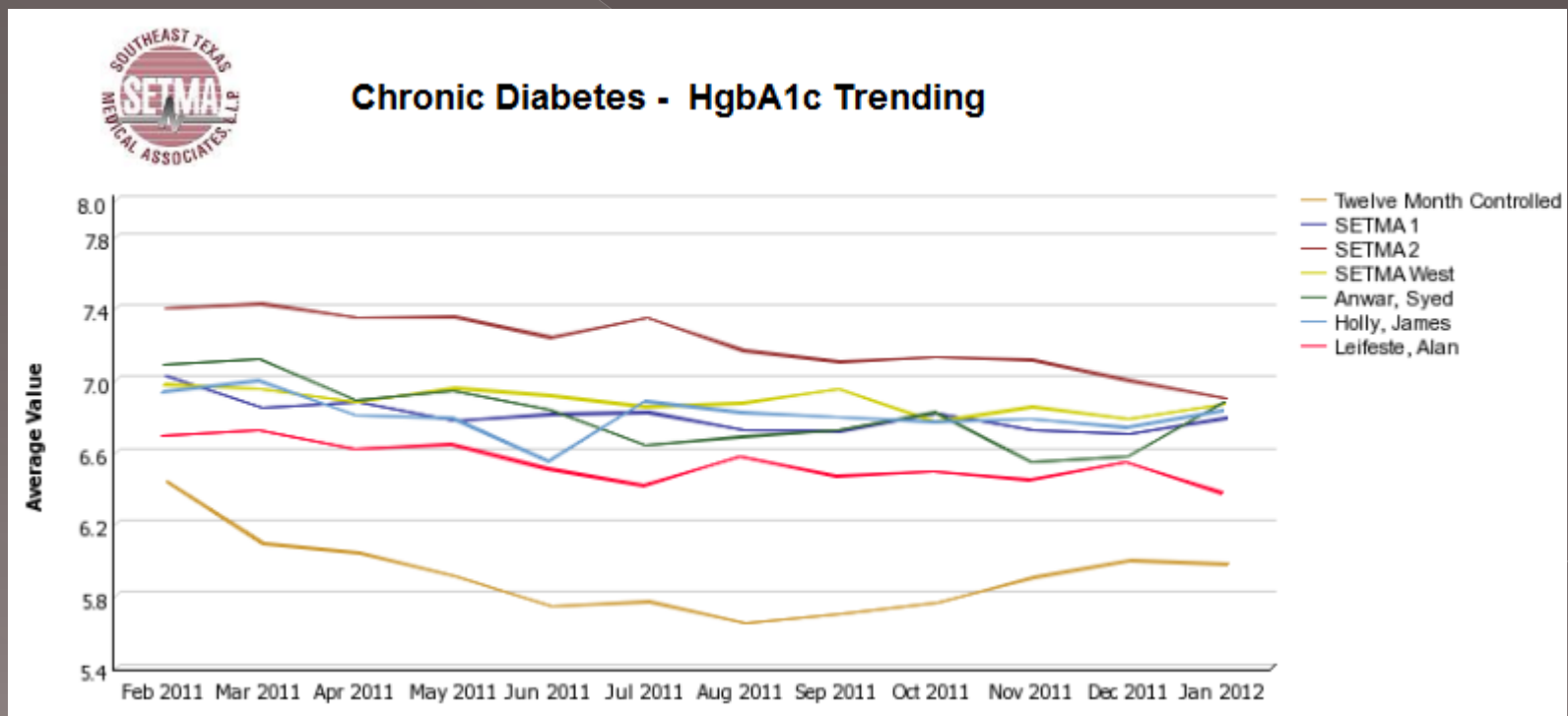
Ethnicity



	African American	Ethnicity Asian	Caucasian	Hispanic	Other/None
Controlled	35.5%	0.5%	59.5%	2.7%	1.8%
Selected	34.5%	1.1%	58.4%	3.7%	2.2%

The Future: SETMA as an Example

- SETMA can also compare different providers and clinics with one another:



The Future: SETMA as an Example

- SETMA's provider performance is benchmarked against published, evidence-based, national standards of care. Because SETMA has deployed a robust Business Intelligence (BI, COGNOS) solution for data auditing and analytics, and because we have bought multiple licenses, practice leadership, informatics staff and healthcare providers can review performance outcomes.

The Future: SETMA as an Example

- SETMA also has monthly peer-review sessions with all providers. The clinic is closed for a morning, and performance on quality metrics, patient satisfaction and gaps in care are discussed openly among all providers. Collegial relationships and an organizational-cultural commitment to excellence make it possible for SETMA to be specific about needs for improvement in these monthly meetings.

The Future: SETMA as an Example



NCQA Diabetes Measures

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

Location Name	Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 60%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 80%	LDL >= 130 <= 37 %	LDL < 100 >= 36%	Nephropathy >= 80%	Foot Exam >= 80%	Total Points
SETMA 1	Aziz	1,078	10.6%	72.5%	58.3%	18.2%	56.8%	60.2%	95.6%	13.5%	69.6%	83.4%	74.6%	95
	Duncan	766	8.6%	79.5%	67.4%	12.5%	68.7%	57.7%	93.6%	15.4%	65.9%	81.6%	79.9%	85
	Halbert	1	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%		0.0%	100.0%	0.0%	100.0%	75
	Henderson	848	10.1%	78.4%	66.5%	9.4%	69.5%	60.4%	95.9%	13.1%	66.4%	84.2%	93.6%	100
	Murphy	1,504	6.0%	84.7%	70.5%	14.3%	57.7%	45.9%	85.1%	10.6%	75.5%	87.8%	82.4%	90
	Palang	675	5.5%	51.6%	42.7%	19.7%	53.0%	22.5%	95.5%	7.7%	50.1%	34.7%	31.0%	72
	Thomas	166	9.6%	70.5%	47.0%	18.1%	56.0%	77.7%	100.0%	11.4%	62.7%	75.9%	82.5%	95
SETMA 2	Ahmed	2,938	14.4%	43.2%	29.0%	8.3%	61.7%	63.9%	73.5%	11.3%	64.2%	71.0%	99.3%	72
	Anthony	843	9.7%	78.9%	66.1%	14.1%	66.5%	66.5%	83.5%	10.3%	69.4%	93.5%	96.1%	100
	Anwar	1,408	8.5%	78.3%	64.0%	5.0%	80.0%	64.8%	96.5%	11.2%	65.8%	92.0%	75.3%	95
	Cricchio, A	884	11.9%	44.9%	29.6%	9.2%	71.7%	64.6%	80.2%	10.1%	69.6%	76.5%	99.3%	82
	Cricchio, M	964	7.0%	76.9%	63.7%	15.5%	60.8%	65.0%	67.6%	9.5%	68.0%	91.6%	86.5%	90
	Deiparine	1	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		0.0%	100.0%	100.0%	100.0%	52
	Holly	283	6.7%	84.1%	71.4%	3.9%	83.0%	81.6%	71.4%	11.3%	71.4%	97.5%	95.4%	90
	Leifeste	991	6.3%	81.6%	71.0%	13.3%	63.2%	72.4%	58.3%	7.9%	70.0%	89.2%	83.5%	90
	Wheeler	679	6.9%	85.0%	74.1%	21.6%	57.1%	58.8%	81.7%	12.8%	62.7%	90.3%	89.1%	90
SETMA West	Curry	435	9.0%	75.2%	60.2%	16.1%	60.9%	70.8%	88.9%	13.6%	64.1%	87.6%	88.3%	100
	Deiparine	836	9.4%	72.0%	57.2%	23.2%	52.2%	47.8%	95.5%	13.0%	59.1%	72.0%	83.1%	85
	Halbert	1,346	10.1%	73.8%	61.8%	20.1%	55.4%	36.8%	96.3%	14.9%	61.5%	59.6%	81.4%	85
	Horn	802	5.9%	79.6%	66.7%	2.1%	68.8%	47.3%	92.2%	16.2%	55.0%	81.2%	92.6%	90
	Qureshi	484	17.6%	62.8%	52.3%	9.1%	71.1%	51.2%	94.1%	16.3%	58.5%	66.7%	95.5%	73
	Satterwhite	370	16.2%	60.3%	47.3%	24.1%	54.6%	52.7%	95.0%	19.5%	51.1%	76.8%	80.5%	73
	Vardiman	572	9.6%	72.9%	60.0%	21.5%	47.9%	57.7%	96.6%	15.0%	58.2%	64.5%	85.1%	85

The Future: SETMA as an Example

- Specific dashboards, such as the one above, have also been developed for programs such as the *NCQA Diabetes Recognition Program*. All SETMA clinics and providers qualified for this recognition in 2010-2013.
- Quarterly and annually, we now measure this standard so as to make sure that we continue to improve. As can be seen below, the dashboard gives the metric, the benchmark, the provider's performance and the aggregate score required for recognition.

The Future: SETMA as an Example

- This material is given to the provider and it is posted on our website at www.jameshollymd.com under **Provider Performance, NCQA Diabetes Recognition Program Audit.**
- Because all deficiencies in care are displayed in “red,” SETMA providers have developed their own commitment to “get the **RED** out.”

The Future: SETMA as an Example

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

The Future: SETMA as an Example

2011 HEDIS Technical Specifications for Physician Measurement

Legend Measures in red are measures which apply to this patient that are not in compliance
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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
Colorectal Cancer Screening
Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening in Women
Glaucoma Screening in Older Adults
Use of High-Risk Medications in the Elderly
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**
Comprehensive Adult Diabetes Care
[View](#) 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
Medication Reconciliation Post-Discharge

The Future: SETMA as an Example

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.

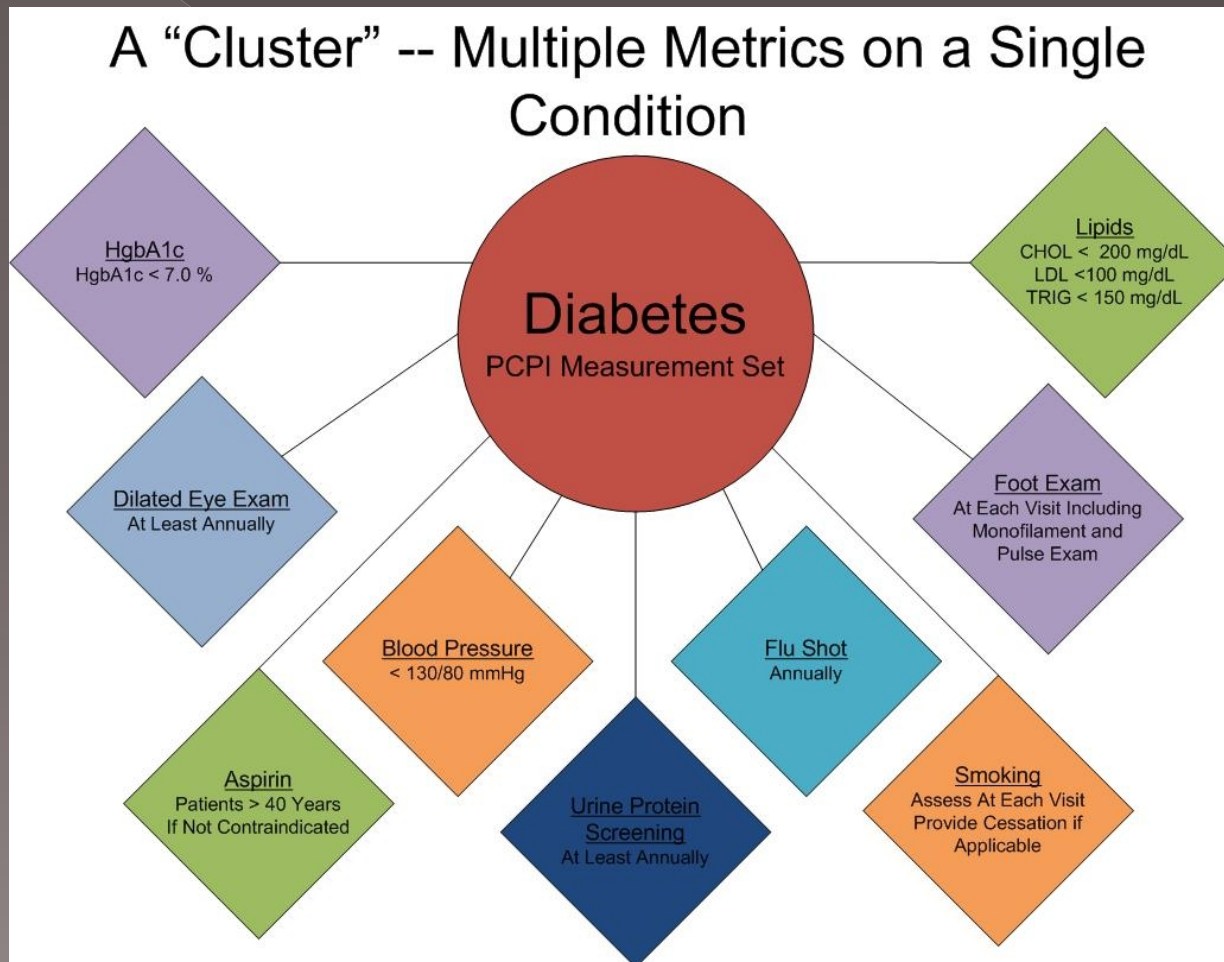
Urinary Incontinence Assessment

Measure not applicable for this patient.

The Future: SETMA as an Example

- 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.

The Future: SETMA as an Example



The Future: SETMA as an Example

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



The Future: SETMA as an Example

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.

The Future: SETMA as an Example

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

SOUTHEAST TEXAS MEDICAL ASSOCIATES

Healthcare Where Your Health is the O...

About Us ▾ Letters In The News Providers ▾ Your Life You...

Electronic Patient Management Tools ▾ Public Reporting ▾ Medical Home

["Healthcare improvement will re...](#)

SouthEast Texas Medical Ass...
which are connected with a secure records are also available to our p based on all of your historical data

SETMA also operates a clinical lab SETMA is continually developing n SETMA's growing provider base in [Practitioners](#) and [Family Practice](#). of Excellence continues to grow at

SETMA continues to expand its se

- PQRI >
- NQF >
- HEDIS >
- NCQA >
- PCPI >
- SETMA Lipid Audit >
- AQA
- COGNOS Project
- SETMA Audit for CKD Stages I III
- Patient Satisfaction Survey

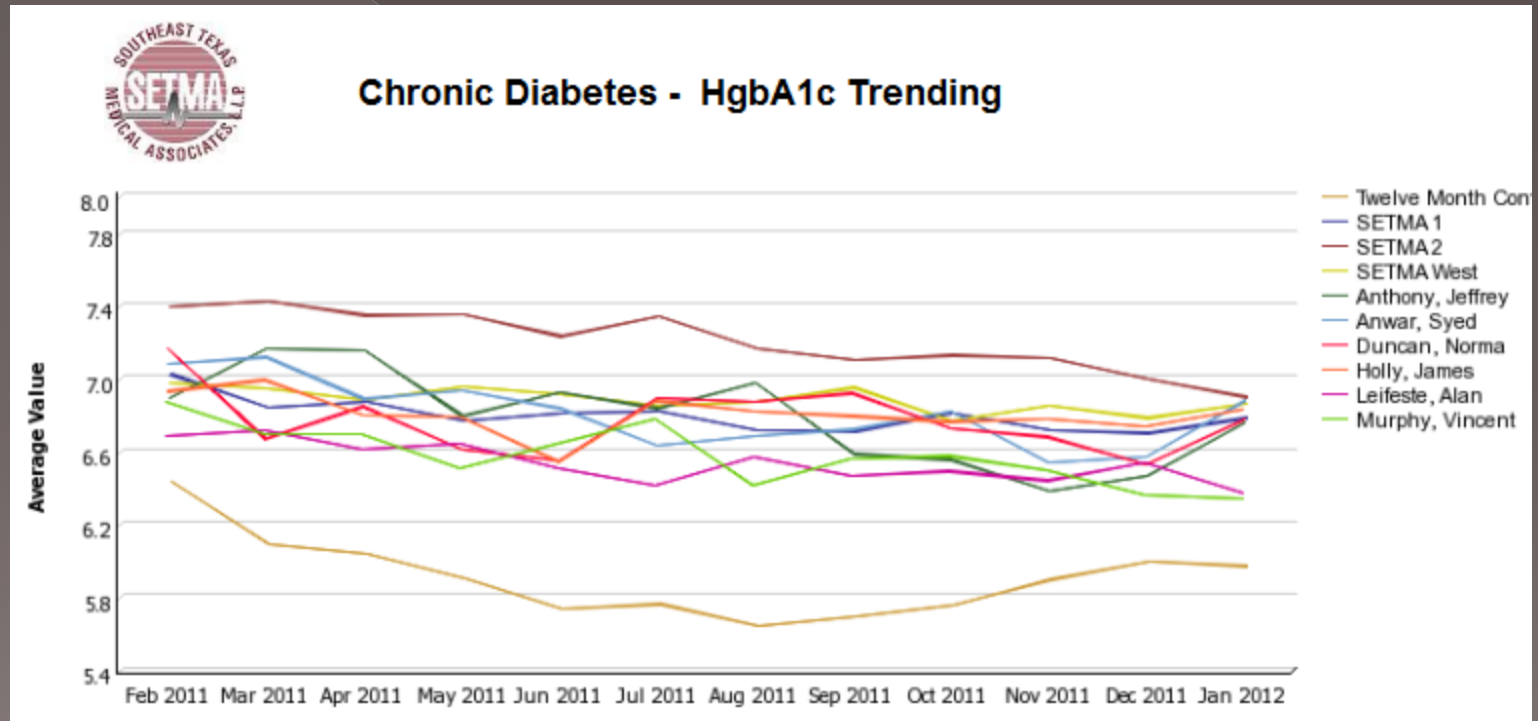
The Future: SETMA as an Example

SETMA employed Business Intelligence (BI) software to audit provider performance and compliance.

SETMA's BI Project 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

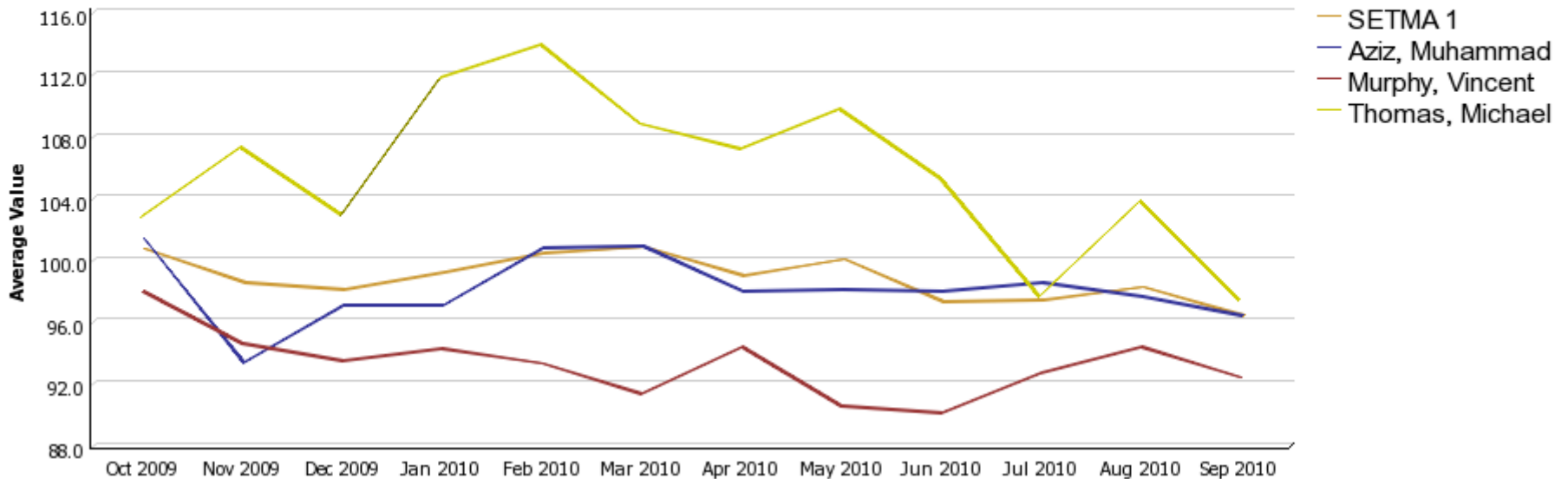
The Future: SETMA as an Example



The Future: SETMA as an Example

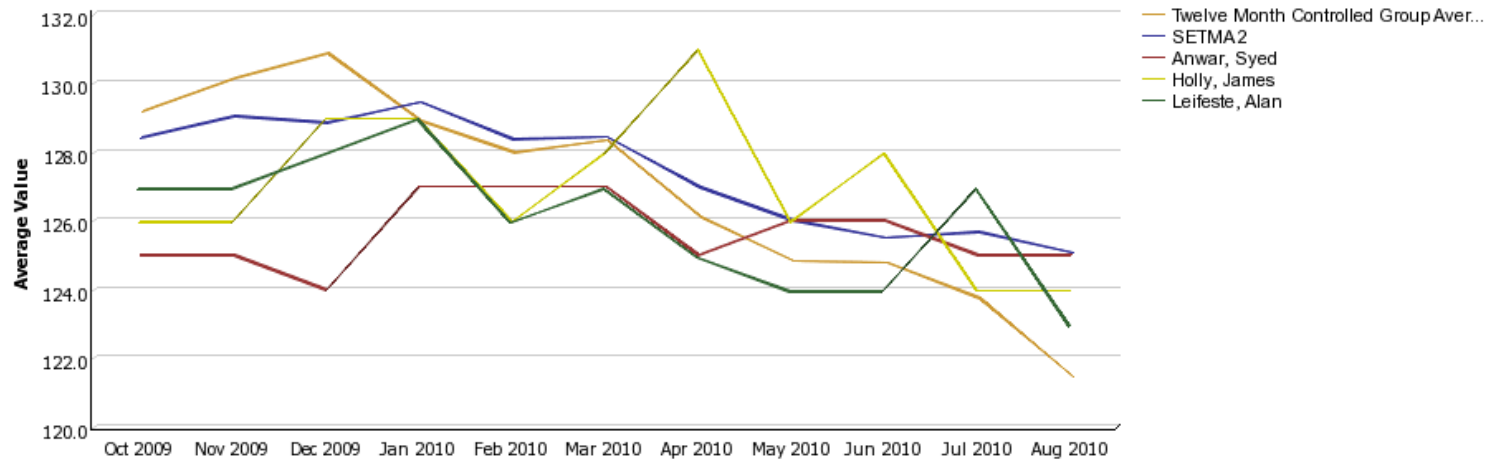


Chronic Hyperlipidemia - LDL Trending

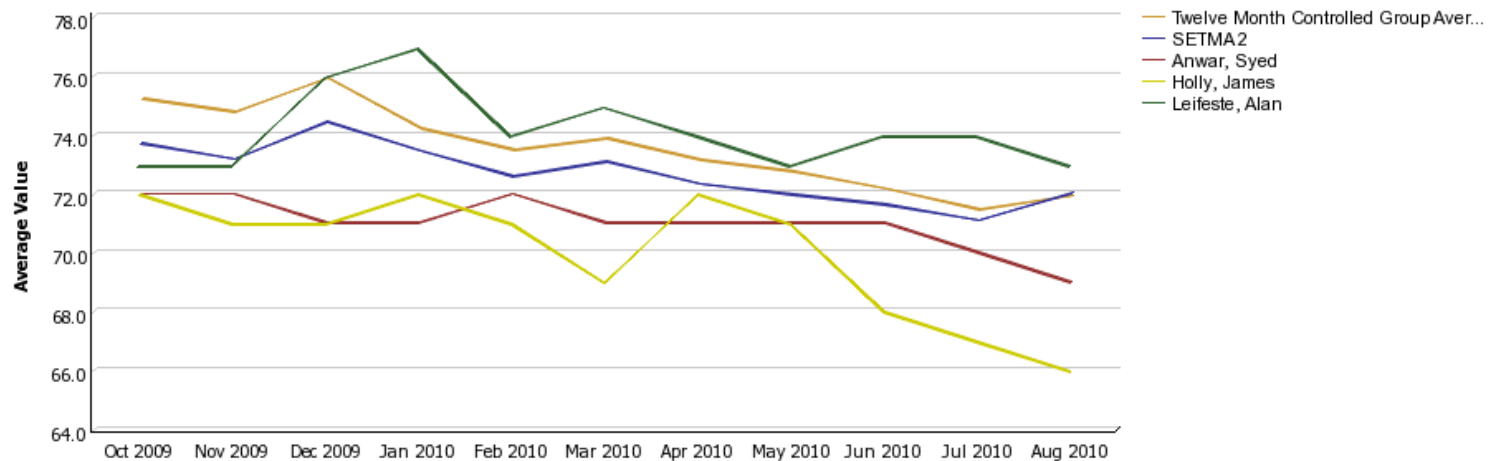


The Future: SETMA as an Example

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



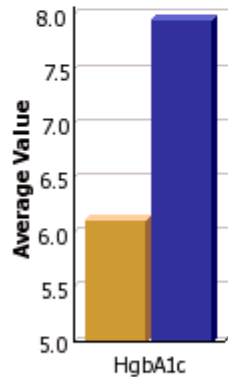
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

Controlled Group ■

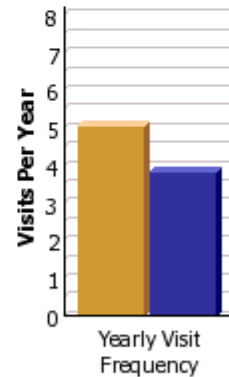
Population: **All SETMA**
Time Basis: **Prior 12 Months**

Selected Group ■

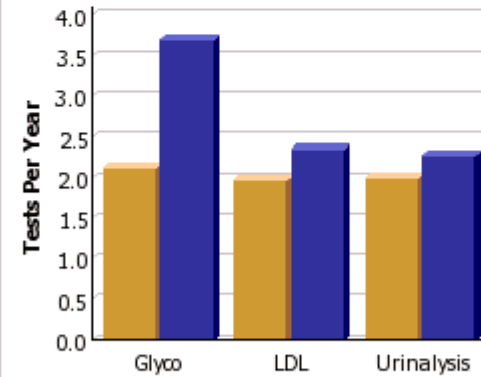
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**
Controlled or Not Controlled: **Not Controlled**



	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)

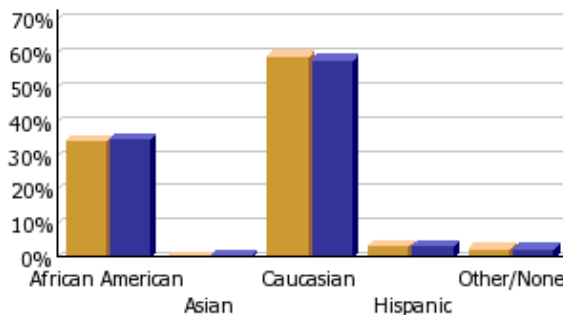
Controlled Group ■

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

Selected Group ■

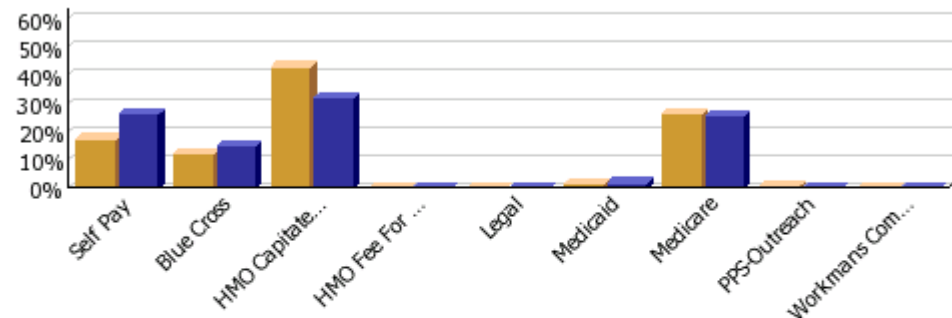
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**
Controlled or Not Controlled: **Not Controlled**

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

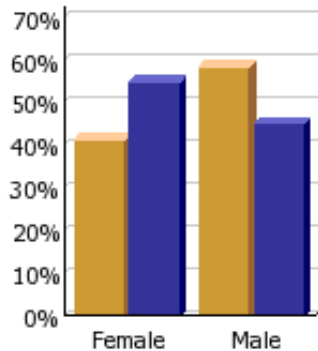


Chronic Hyperlipidemia - Measures Comparison (Most Recent 12 Months)

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

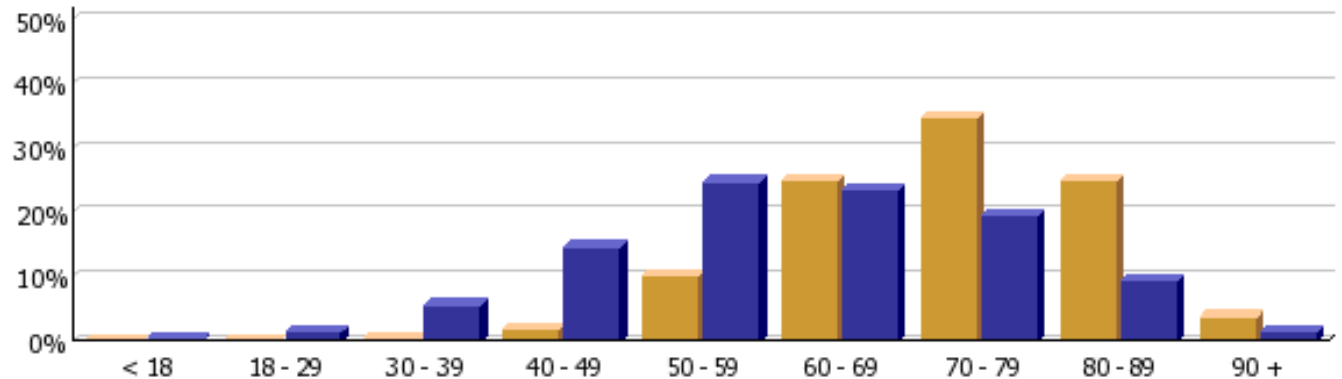
■ Controlled Group
■ Selected Group

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%

The Future: SETMA as an Example

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

The Future: SETMA as an Example

- SETMA's average HgbA1c has been steadily improving for the last 10 years. Yet, our standard deviation calculations revealed that a subset of our patients were not being treated successfully and were being left behind.
- By analyzing the standard deviation of our HgbA1c we have been able to address the patients whose values fall far from the average of the rest of the clinic.

The Future: SETMA as an Example

- 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.

The Future: SETMA as an Example

NQF Diabetes Measures



NQF - Diabetes Measures

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

Location	Provider	Dilated Eye within 12 Months	Micral Strip within 12 Months	Foot Exam within 12 Months
SETMA 1	Aziz	58.9%	84.2%	74.7%
	Duncan	54.1%	76.1%	79.3%
	Henderson	56.7%	82.1%	93.4%
	Murphy	43.9%	87.2%	83.6%
	Palang	23.6%	37.2%	33.4%
	Thomas	74.6%	73.7%	84.2%
SETMA 1 Totals:		49.7%	77.5%	76.9%
SETMA 2	Abbas	100.0%	100.0%	100.0%
	Ahmed	65.0%	70.9%	99.1%
	Anthony	62.9%	92.0%	96.5%
	Anwar	65.7%	91.5%	78.3%
	Cricchio, A	66.2%	77.5%	99.6%
	Cricchio, M	66.1%	90.9%	87.3%
	Deiparine	100.0%	100.0%	100.0%
	Holly	79.4%	98.2%	94.7%
	Leifeste	71.6%	86.8%	83.0%
	Wheeler	54.5%	89.5%	89.9%
SETMA 2 Totals:		65.5%	82.3%	92.3%
SETMA West	Curry	71.6%	88.2%	86.5%
	Deiparine	47.3%	71.3%	83.2%
	Halbert	37.9%	60.3%	79.7%
	Horn	49.6%	81.4%	91.9%
	Qureshi	51.7%	68.1%	95.8%
	Sattenwhite	51.5%	77.1%	80.1%
	Vardiman	53.8%	62.7%	85.1%
SETMA West Totals:		49.0%	71.1%	85.4%
SETMA Totals:		57.2%	78.1%	86.7%

The Future: SETMA as an Example

NQF Diabetes Measures



NQF - Diabetes Measures - Smoking Cessation

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

Location	Provider	Counseling Provided	Pharmacotherapy Provided	No Cessation Provided
SETMA 1	Aziz	93.6%	17.5%	5.3%
	Duncan	92.4%	20.2%	7.6%
	Henderson	96.2%	29.2%	3.8%
	Murphy	85.4%	12.4%	14.2%
	Palang	94.9%	24.4%	5.1%
	Thomas	100.0%	16.0%	0.0%
	SETMA 1 Totals:		91.7%	19.0%
SETMA 2	Ahmed	71.8%	11.3%	26.3%
	Anthony	84.0%	20.2%	10.9%
	Anwar	95.4%	19.5%	3.6%
	Cricchio, A	81.9%	10.3%	17.4%
	Cricchio, M	70.3%	14.2%	27.7%
	Holly	82.1%	14.3%	17.9%
	Leifeste	59.5%	11.0%	38.0%
	Wheeler	82.6%	12.8%	17.4%
SETMA 2 Totals:		76.6%	13.6%	21.6%
SETMA West	Curry	88.5%	19.2%	11.5%
	Deiparine	95.3%	11.2%	4.7%
	Halbert	95.5%	16.3%	4.1%
	Horn	91.6%	14.3%	8.4%
	Qureshi	91.7%	28.4%	6.4%
	Satterwhite	94.5%	16.5%	5.5%
	Vardiman	96.0%	17.3%	4.0%
SETMA West Totals:		93.8%	16.9%	5.9%
SETMA Totals:		85.4%	15.9%	13.6%

The Future: SETMA as an Example

NCQA Diabetes Recognition



NCQA Diabetes Measures

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

Location Name	Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 60%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 80%	LDL >= 130 <= 37 %	LDL < 100 >= 36%	Nephropathy >= 80%	Foot Exam >= 80%	Total Points
SETMA 1	Aziz	1,078	10.6%	72.5%	58.3%	18.2%	56.8%	60.2%	95.6%	13.5%	69.6%	83.4%	74.6%	95
	Duncan	766	8.6%	79.5%	67.4%	12.5%	68.7%	57.7%	93.6%	15.4%	65.9%	81.6%	79.9%	85
	Halbert	1	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%		0.0%	100.0%	0.0%	100.0%	75
	Henderson	848	10.1%	78.4%	66.5%	9.4%	69.5%	60.4%	95.9%	13.1%	66.4%	84.2%	93.6%	100
	Murphy	1,504	6.0%	84.7%	70.5%	14.3%	57.7%	45.9%	85.1%	10.6%	75.5%	87.8%	82.4%	90
	Palang	675	5.5%	51.6%	42.7%	19.7%	53.0%	22.5%	95.5%	7.7%	50.1%	34.7%	31.0%	72
	Thomas	166	9.6%	70.5%	47.0%	18.1%	56.0%	77.7%	100.0%	11.4%	62.7%	75.9%	82.5%	95
SETMA 2	Ahmed	2,938	14.4%	43.2%	29.0%	8.3%	61.7%	63.9%	73.5%	11.3%	64.2%	71.0%	99.3%	72
	Anthony	843	9.7%	78.9%	66.1%	14.1%	66.5%	66.5%	83.5%	10.3%	69.4%	93.5%	96.1%	100
	Anwar	1,408	8.5%	78.3%	64.0%	5.0%	80.0%	64.8%	96.5%	11.2%	65.8%	92.0%	75.3%	95
	Cricchio, A	884	11.9%	44.9%	29.6%	9.2%	71.7%	64.6%	80.2%	10.1%	69.6%	76.5%	99.3%	82
	Cricchio, M	964	7.0%	76.9%	63.7%	15.5%	60.8%	65.0%	67.6%	9.5%	68.0%	91.6%	86.5%	90
	Deiparine	1	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		0.0%	100.0%	100.0%	100.0%	52
	Holly	283	6.7%	84.1%	71.4%	3.9%	83.0%	81.6%	71.4%	11.3%	71.4%	97.5%	95.4%	90
	Leifeste	991	6.3%	81.6%	71.0%	13.3%	63.2%	72.4%	58.3%	7.9%	70.0%	89.2%	83.5%	90
	Wheeler	679	6.9%	85.0%	74.1%	21.6%	57.1%	58.8%	81.7%	12.8%	62.7%	90.3%	89.1%	90
SETMA West	Curry	435	9.0%	75.2%	60.2%	16.1%	60.9%	70.8%	88.9%	13.6%	64.1%	87.6%	88.3%	100
	Deiparine	836	9.4%	72.0%	57.2%	23.2%	52.2%	47.8%	95.5%	13.0%	59.1%	72.0%	83.1%	85
	Halbert	1,346	10.1%	73.8%	61.8%	20.1%	55.4%	36.8%	96.3%	14.9%	61.5%	59.6%	81.4%	85
	Horn	802	5.9%	79.6%	66.7%	2.1%	68.8%	47.3%	92.2%	16.2%	55.0%	81.2%	92.6%	90
	Qureshi	484	17.6%	62.8%	52.3%	9.1%	71.1%	51.2%	94.1%	16.3%	58.5%	66.7%	95.5%	73
	Satterwhite	370	16.2%	60.3%	47.3%	24.1%	54.6%	52.7%	95.0%	19.5%	51.1%	76.8%	80.5%	73
	Vardiman	572	9.6%	72.9%	60.0%	21.5%	47.9%	57.7%	96.6%	15.0%	58.2%	64.5%	85.1%	85

The Future: 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.”

The Future: Personal Mastery

- “The juxtaposition of **vision** (what we want) and a clear picture of current **reality** (where we are relative to what we want) generates what we call ‘creative tension’: a force to bring them together, caused by the natural tendency of tension to seek resolution.”
- The willingness to examine where we are in practice quality is the first step to improvement of care.

The Future: Personal Mastery

- Quality metrics are a sort of **Medical Global Positioning System (GPS)**.
 1. Outcomes metrics tell us where we want to go.
 2. Performance Audit tells us where we are.
 3. Process metrics gives us guide posts to our goal.

The Future: Personal Mastery

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

1. They 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.

The Future: Personal Mastery

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)

The Future: Personal Mastery

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!

The Future: Flexibility

- Few things are as inviting in the future of Primary Care as the ability for groups of healthcare providers to find creative ways in which to balance personal and professional responsibilities.
- This is true at all stages of one's career.

The Future: Flexibility

- SETMA has mothers who work part time while they are raising their children.
- SETMA has physicians nearing their 80th birthday who still have satisfying and productive careers with flexible hours.
- SETMA physicians can participate in all areas of care, or choose to focus on one area, such as the clinic or hospital.
- As the roles of informatics, the genome, care management and care coordination grow there will be new opportunities for growth and development.

The Future: Flexibility

- SETMA encourages physicians and other healthcare providers to continue their careers as long as they retain the joy of being a physician and as long as they want to partner with patients to improve care, improve health and decrease cost of care.
- There has never been a time when the role of the primary-care specialist has been more needed and more professionally satisfying.

The Future: Financing

SETMA is:

- Debt Free
- Spent more than \$7,000,000 on IT infrastructure
- Contributes \$500,000 a year to the SETMA Foundation through which to pay for the care of our patients who cannot afford it
- Has significant cash reserves for capital investments and/or financial needs
- Has contingency plans for how to respond to decreasing reimbursement

The Future

It is a great time to be a healthcare provider and particularly to be a primary care provider!!! We can do more for and with patients than ever before and in a patient centered medical home we are truly doing it together!