

TMF Health Quality Institute

(Formally known as Texas Medical Foundation, now has a national wide mission)

CMS' Texas QIO (Quality Improvement Organization)

Webinar
February 14, 2012

The Regional Extension Center- Learning and Action Network

Revolutionizing the Practice of Medicine
And Meeting the Challenge of 21st Century
Medicine With Electronic Medical Records
(EMR) which Evolves into Electronic Patient
Management

By James L. Holly, MD
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Le Maladie Du Petite Papier

- "The sickness of the small piece of paper."
- Health care has changed. We now want our patients to write down their symptoms and we want them to communicate those symptoms to us in "real time."
- E-mail, Secure Web Portals, HIEs – the patient completing their chief complaint, history of present illness and review of systems before their visit.
- I tell my patients, "I can read faster than you can talk."

Forcing Success: Cortez and His Ships

- Selling the EHR is not unlike the Spanish Explorer, Hernan Cortez who arrived on the Yucatan peninsula in the year 1519. Cortez insured the success of his mission by making it impossible for his troops to retreat. He burned the ships.
- In many ways, the “selling of the EHR” is like that. It makes going back impossible and makes going forward to success the only alternative.

Fahrenheit 451 Project

- SETMA continues its “Fahrenheit 451 Project” .
- We did not literally burn our ships or paper, but we continue to find ways to eliminate the use of paper in every aspect of our practice.
- Each piece of eliminated paper represents an increase in efficiency, excellence and economy.

May, 1999

- ◉ We are not even crawling yet!!!
- ◉ A Celebratory attitude
- ◉ Too expensive and too hard
- ◉ Leveraging the power of electronics to:
 - > Improve care
 - > Improve health
 - > Improve cost

The Information Explosion

“How much effort is needed to keep up with the literature relevant to primary care?”

- 341 journals relevant to primary care.
- 7,287 articles published monthly
- 627.5 hours per month to read and evaluate these articles.

The 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.
- The good news: the state of our current knowledge is excellent. The bad news: the form in which that knowledge is stored.

SETMA Ten Principles of Electronic Health Record Solution

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 (SETMA's Watson)
3. Make it easier to do "it" right than not to do it at all (turning complex tasks into simple processes)

SETMA Ten Principles of Electronic Health Record Solution

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

SETMA Ten Principles of Electronic Health Record Solution

7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally

SETMA Ten Principles of Electronic Health Record Solution

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 Key to the SETMA Model of Care

- 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 following are several examples which are used by SETMA providers.

Data Aggregation Incidental to Care Pre-Visit/Preventive Screening

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

Data Aggregation Incidental to Care National Quality Forum (NQF) Measures

- There are similar tools for all of the quality metrics which SETMA providers track each day.
- The following is the tool for NQF measures currently tracked and audited by SETMA:

National Quality Forum (NQF) Measures

National Quality Forum (NQF) National Voluntary Consensus Standards

Legend Measures in red are measures which apply to this patient that are not in compliance.
Measures in black are measures which apply to this patient that are in compliance.
Measures in gray are measures which do not apply to this patient.

General Health Measures

- [View](#) **Body Mass Index Measurement**
- [View](#) Smoking Cessation
- Proper Assessment for Chronic COPD
- Adult Immunization Status

Blood Pressure Measures

- [View](#) **Blood Pressure Measurement**
- [View](#) Blood Pressure 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

SETMA COGNOS Dashboards

- 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.

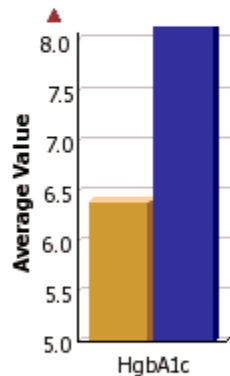
SETMA COGNOS Dashboards



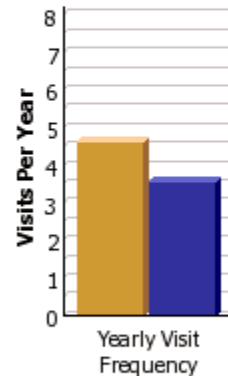
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

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

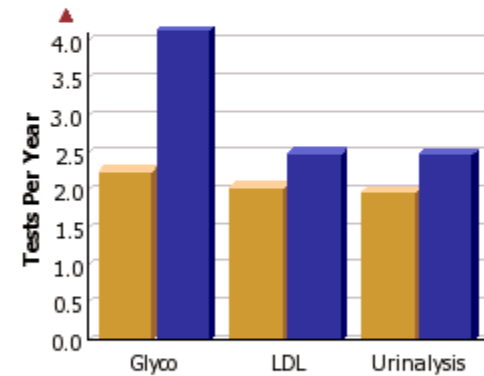
Controlled Group
 Selected Group



	HgbA1c Avg	Standard Deviation
Controlled	6.4	0.8
Selected	8.5	1.5

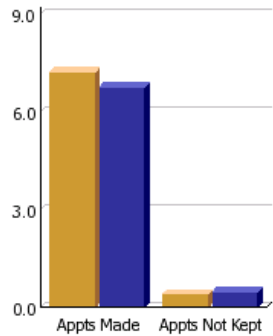


	Visit Frequency
Controlled	4.6
Selected	3.5

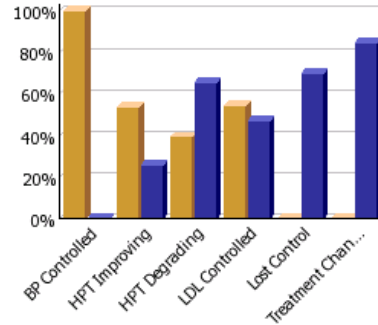


	Yearly Glyco Tests	Yearly LDL Tests	Yearly UA Tests
Controlled	2.3	2.1	2.0
Selected	4.1	2.5	2.5

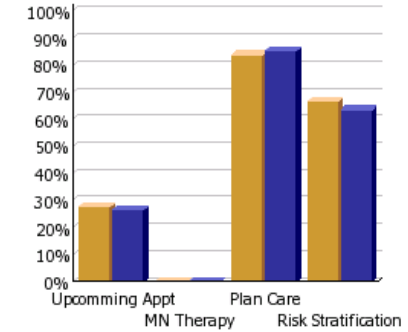
SETMA COGNOS Dashboards



	Appts Made	Appts Not Kept
Controlled	7.2	0.4
Selected	6.8	0.5



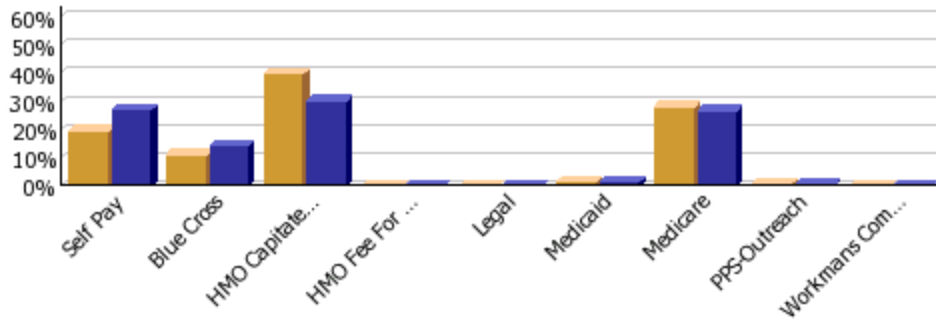
	BP Controlled	HPT Improving	HPT Degrading	LDL Controlled	Lost Control	Treatment Changed
Controlled	100.0%	54.0%	39.4%	54.6%	0.0%	0.0%
Selected	0.0%	25.7%	65.4%	47.2%	69.9%	84.5%



	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%

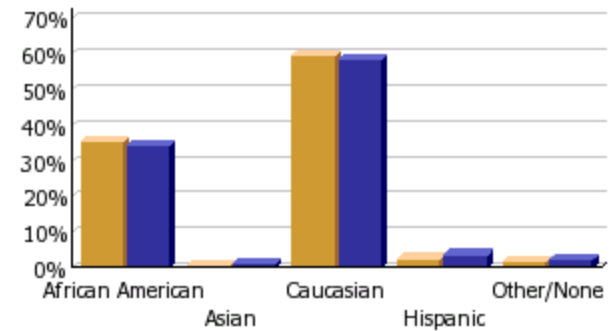
SETMA COGNOS Dashboards

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%

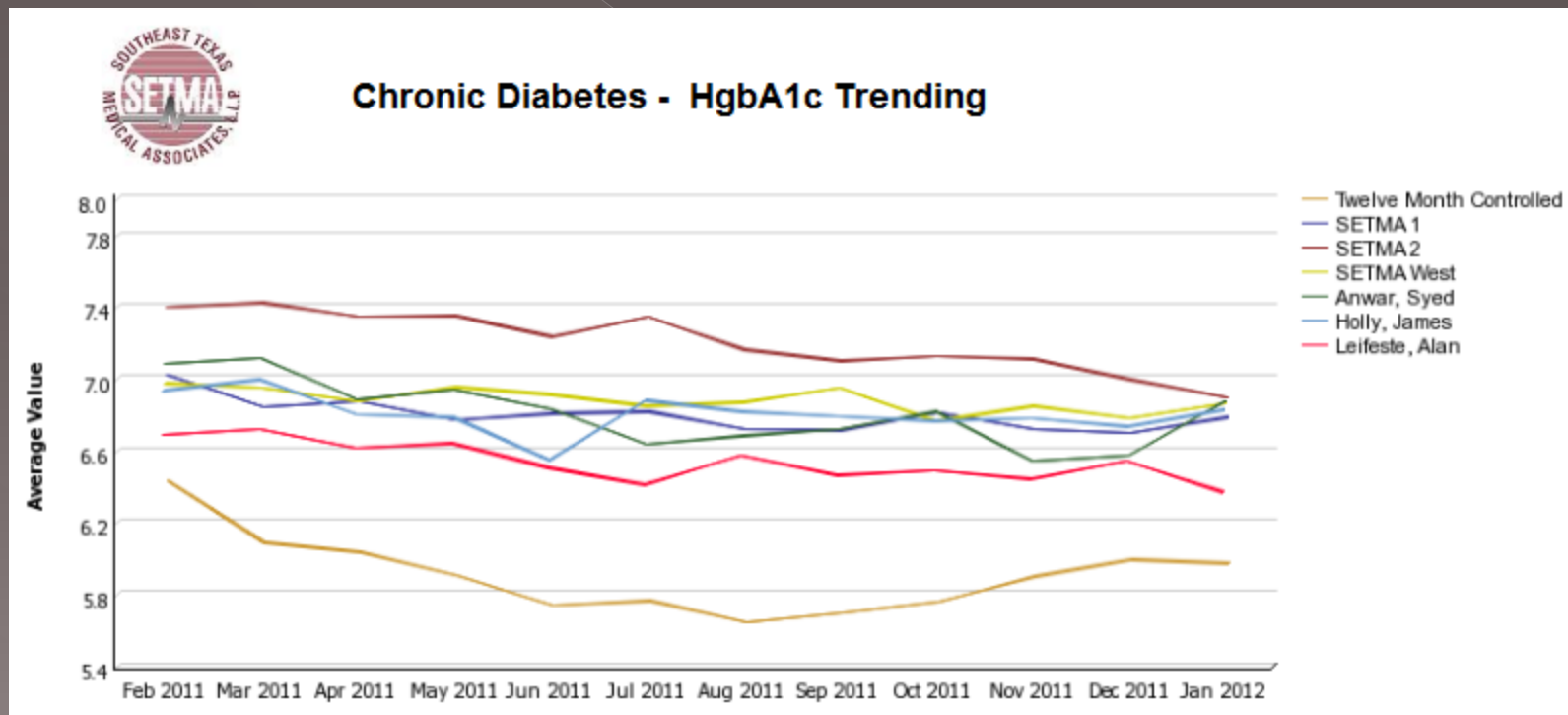
Ethnicity



	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%

SETMA COGNOS Dashboards

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



Auditing Performance

- 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.

Auditing Performance

- 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.

SETMA COGNOS Dashboards 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%
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

NCQA Diabetes Recognition

- 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.

SETMA COGNOS Dashboards NCQA Diabetes Recognition

- This material is given to the provider and it is posted on our website at www.setma.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.”

Tracking Performance At The Point Of Care

SETMA also tracks the following published quality performance measure sets:

- HEDIS
- NQF
- AQA
- PQRI
- BTE

Each is available to the provider, interactively at each patient encounter.

**National Quality Forum (NQF)
National Voluntary Consensus Standards**

Legend Measures in red are measures which apply to this patient that are not in compliance.
Measures in black are measures which apply to this patient that are in compliance.
Measures in gray are measures which do not apply to this patient.

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

Tracking Performance At The Point Of Care

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

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 **Recommended**

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

◀ ▶

Tracking Performance At The Point Of Care

2011 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
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

Tracking Performance At The Point Of Care

PQRI

PQRI Submittal Summary

Diabetes Measures Group

This patient **IS** eligible for submittal of the measures in the diabetes group.

Patients 18 to 79 with Diabetes Mellitus are eligible for this measure.

Hemoglobin A1c Target < 9.0

Most recent value less than 7.0.

Blood Pressure

Systolic Target < 140

Most recent value less than 130.

Diastolic Target < 80

Most recent value less than 80.

Foot Exam

Completed this visit.

Lipids Target < 100

Most recent value less than 100.

Nephropathy

Not assessed since January 1st.

Eye Exam

Dilated eye exam results reviewed.

Preventive Measures Group

This patient **IS** eligible for submittal of the measures in the preventive group.

Patients ages 50 and older are eligible for this measure.

Tobacco Use Assessment

Patient is current tobacco non-user.

Tobacco Cessation Assessment

Patient is not a tobacco user.

Body Mass Index

Body Mass Index measured/assessed.

Influenza Immunization

Influenza immunization administered within the last year.

Colorectal Cancer Screening

Appropriate screening performed.

Pneumococcal Vaccination

Pneumococcal vaccination previously administered.

Mammography Screening

Measure not applicable for this patient.

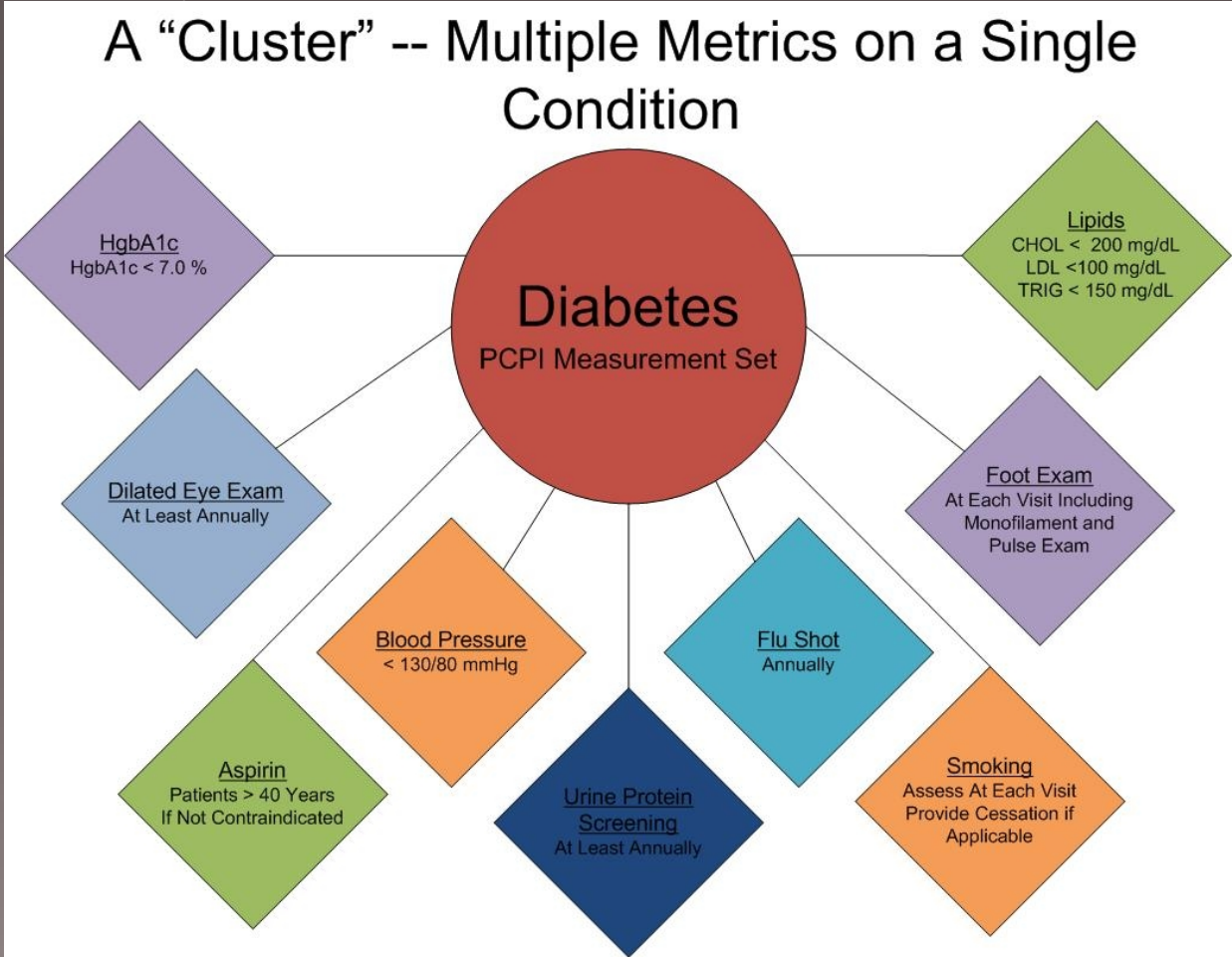
Urinary Incontinence Assessment

Measure not applicable for this patient.

Clusters and Galaxies

- A “*cluster*” is seven or more quality metrics for a single condition, i.e., diabetes, hypertension, etc.
- A “*galaxy*” is multiple clusters for the same patient, i.e., diabetes, hypertension, lipids, CHF, etc.
- Fulfilling a single or a few quality metrics does not change outcomes, but fulfilling “clusters” and “galaxies” of metrics at the point-of-care can and *will* change outcomes.

Clusters and Galaxies



Clusters and Galaxies

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

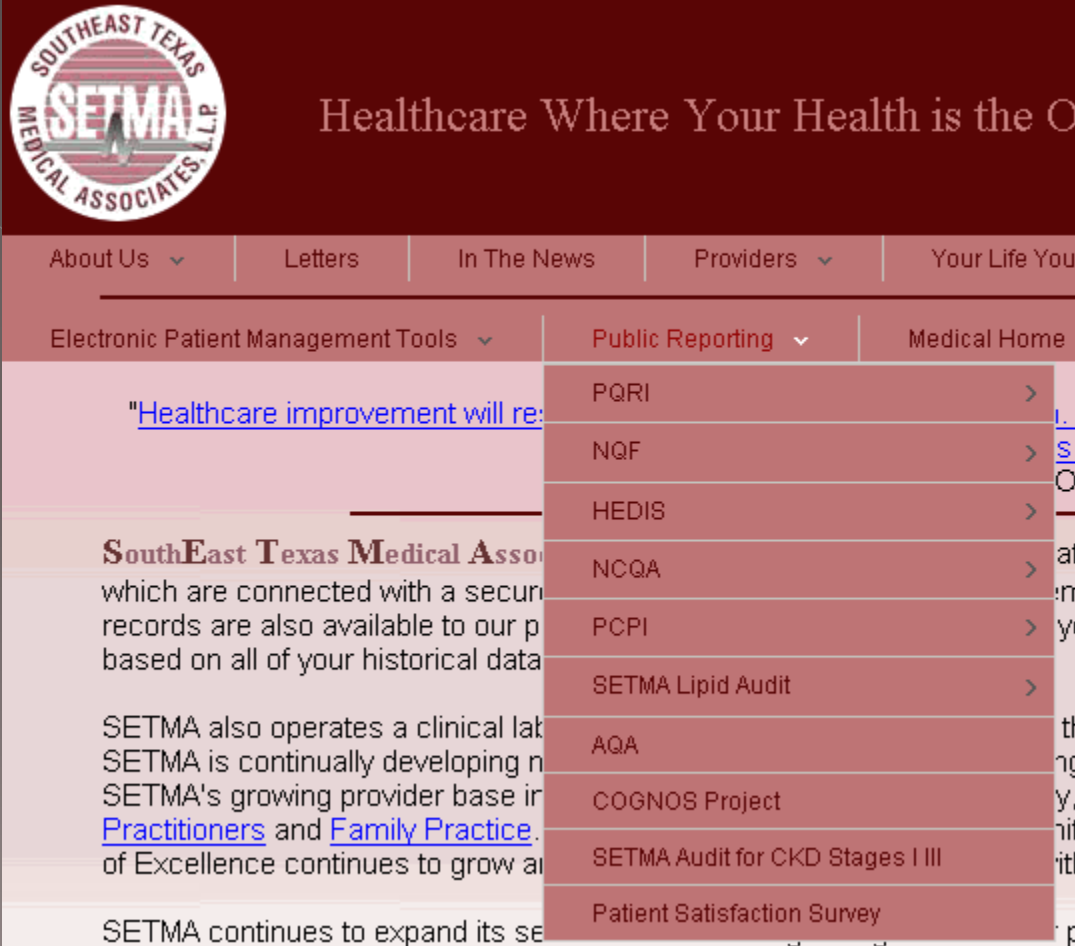


Auditing Performance After The Visit

Unlike a single metric, such as “was the blood pressure taken,” which will not improve care, fulfilling and then auditing a “cluster” or a “galaxy of clusters” in the care of a patient **will** improve treatment outcomes and **will** result in quality care.

Auditing Performance After The Visit

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



The screenshot displays the website for Southeast Texas Medical Associates (SETMA). The header features the SETMA logo, which is a circular emblem with "SOUTHEAST TEXAS" at the top, "SETMA" in the center, and "MEDICAL ASSOCIATES" at the bottom. To the right of the logo is the tagline "Healthcare Where Your Health is the O". Below the header is a navigation menu with the following items: "About Us", "Letters", "In The News", "Providers", and "Your Life You". A secondary menu is open, showing "Electronic Patient Management Tools", "Public Reporting", and "Medical Home". The "Public Reporting" menu is expanded, listing several options: "PQRI", "NQF", "HEDIS", "NCQA", "PCPI", "SETMA Lipid Audit", "AQA", "COGNOS Project", "SETMA Audit for CKD Stages I III", and "Patient Satisfaction Survey". The main content area on the left contains a link titled "Healthcare improvement will re:" and a paragraph about SETMA's services, including a clinical lab and a growing provider base in "Practitioners" and "Family Practice".

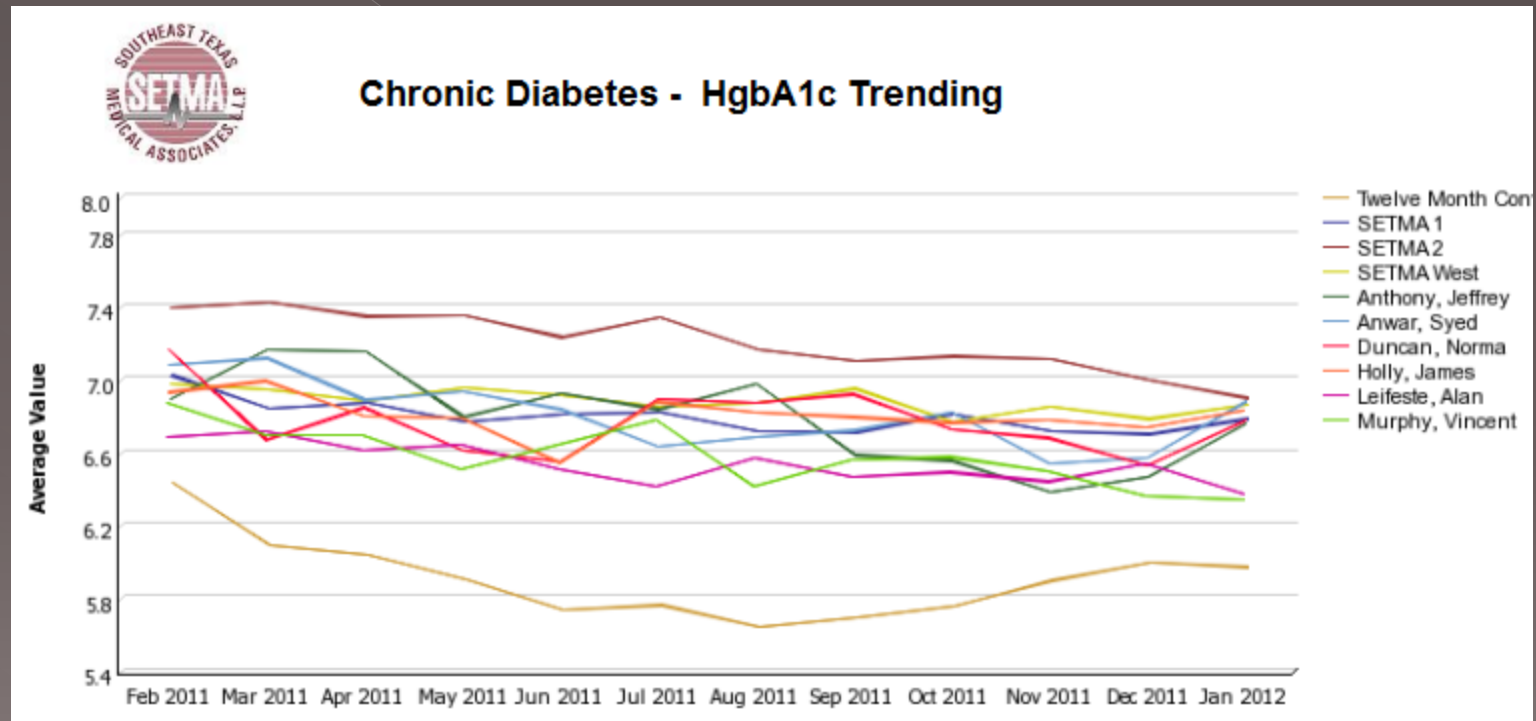
Auditing Performance After The Visit

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

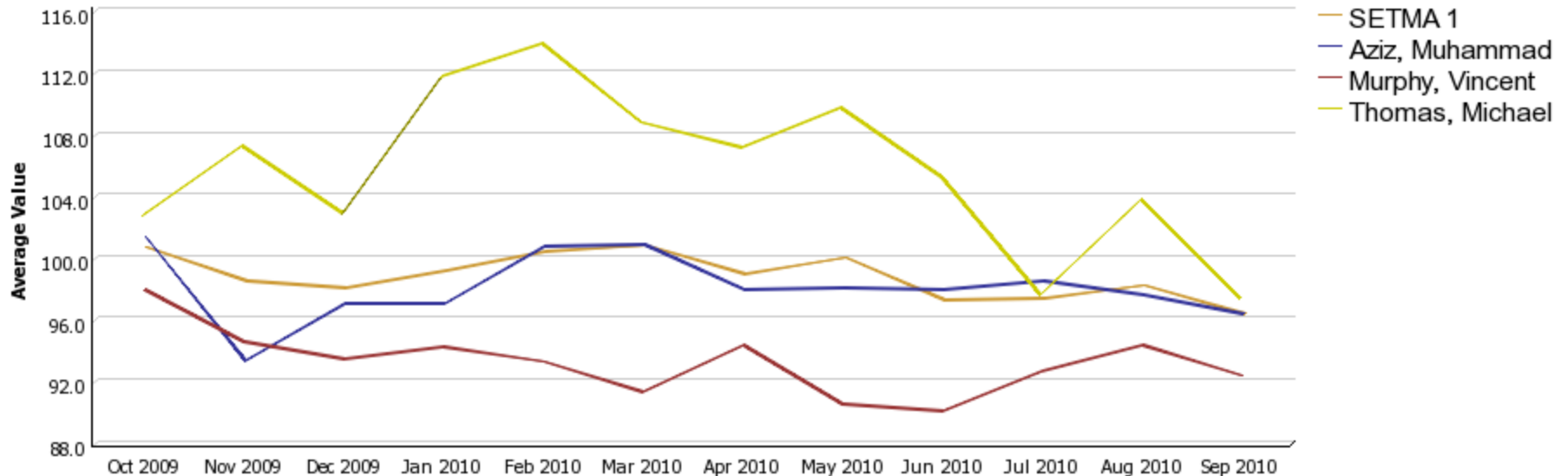
Auditing Performance After The Visit



Auditing Performance After The Visit

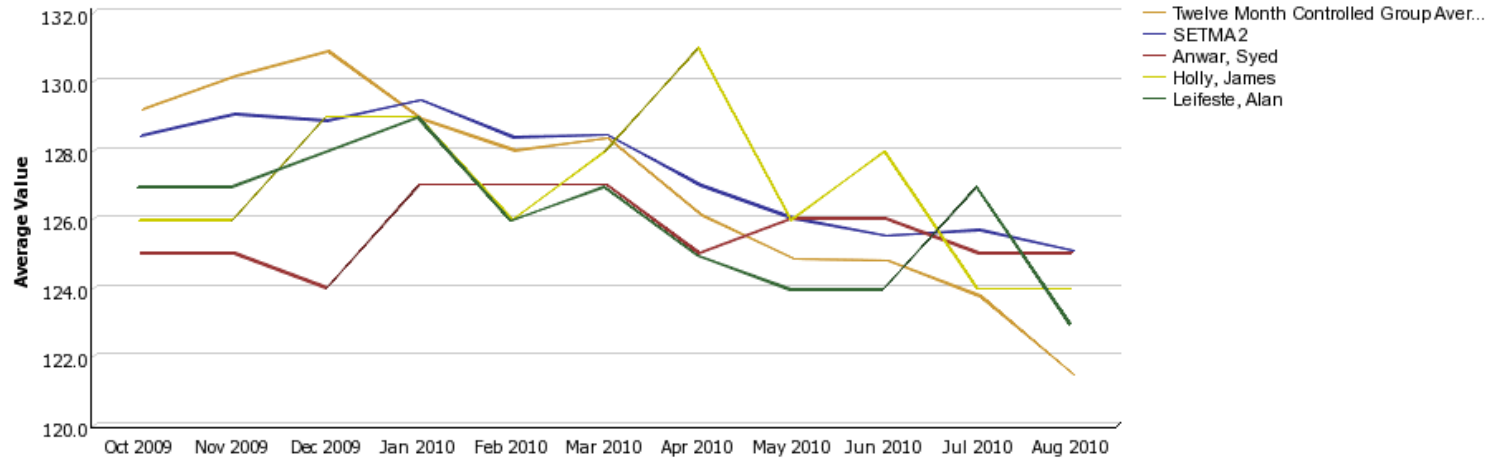


Chronic Hyperlipidemia - LDL Trending

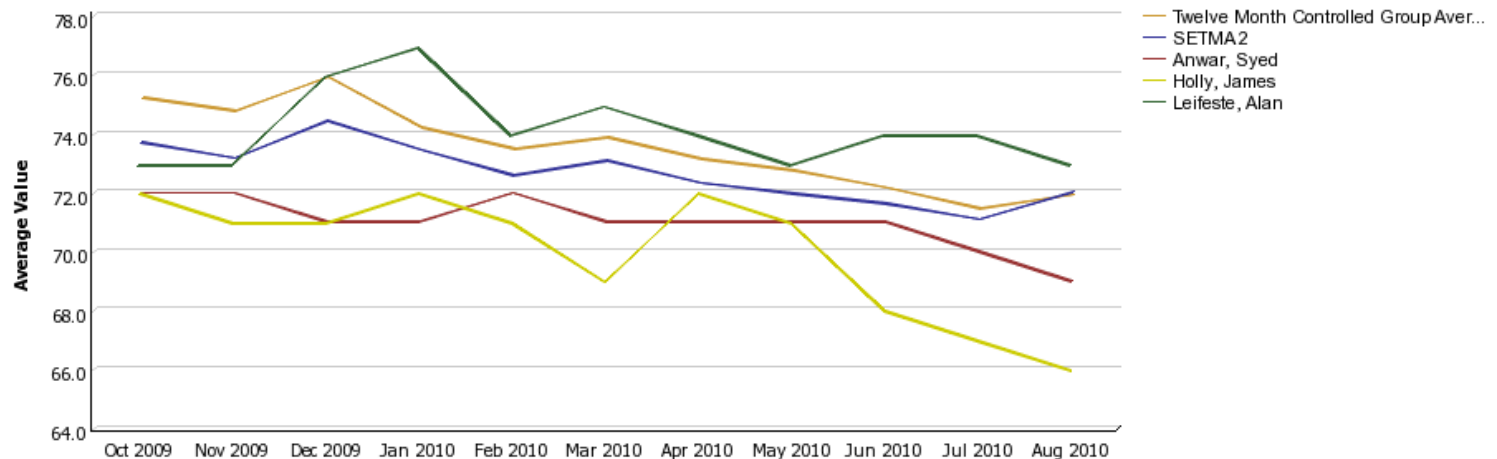


Auditing Performance After The Visit

Systolic Trending



Diastolic Trending



Auditing Performance After The Visit

Beyond how one provider performs (tracking and auditing), SETMA looks at data as a whole (analyzing) from which to develop new strategies for improving patient care.

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

- Frequency of visits
- Frequency of key testing
- Number of medications prescribed
- Were changes in treatments made, if patient not to goal
- Referrals to educational programs
- Etc.

Analyzing Provider Performance



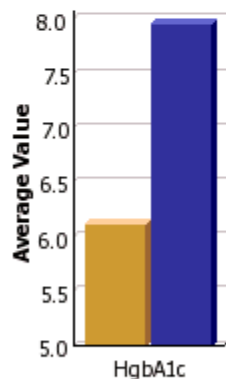
Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

Controlled Group ■

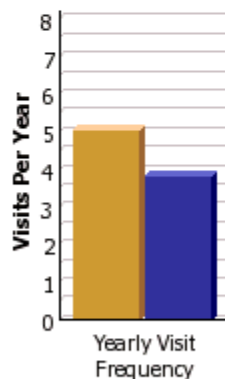
Population: **All SETMA**
Time Basis: **Prior 12 Months**

Selected Group ■

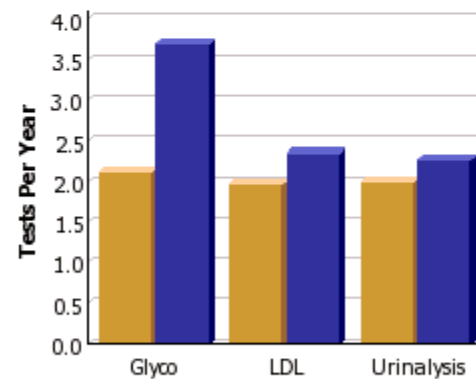
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**
Controlled or Not Controlled: **Not Controlled**



	HgbA1c Avg	Standard Deviation
Controlled	6.1	0.7
Selected	8.0	1.7



	Visit Frequency
Controlled	5.1
Selected	3.8



	Yearly Glyco Tests	Yearly LDL Tests	Yearly UA Tests
Controlled	2.1	2.0	2.0
Selected	3.7	2.4	2.3

Analyzing Provider Performance



Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

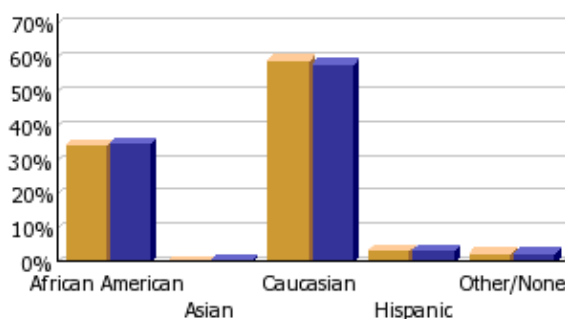
Controlled Group ■

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

Selected Group ■

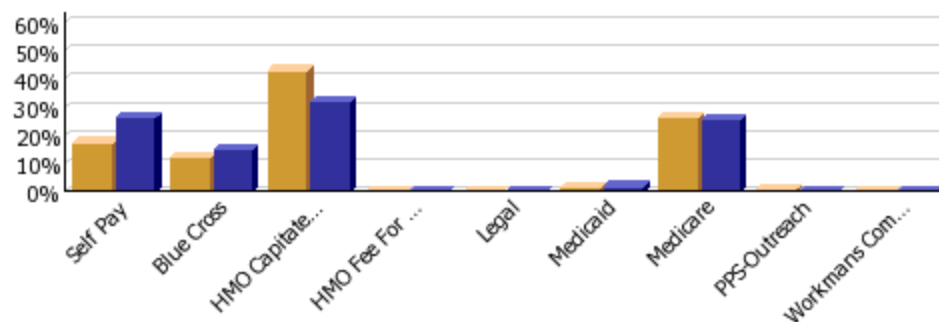
Practice: **SETMA 1, SETMA 2, SETMA West**
Provider: **None**
Controlled or Not Controlled: **Not Controlled**

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

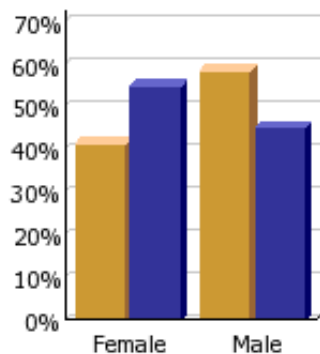


Chronic Hyperlipidemia - Measures Comparison (Most Recent 12 Months)

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

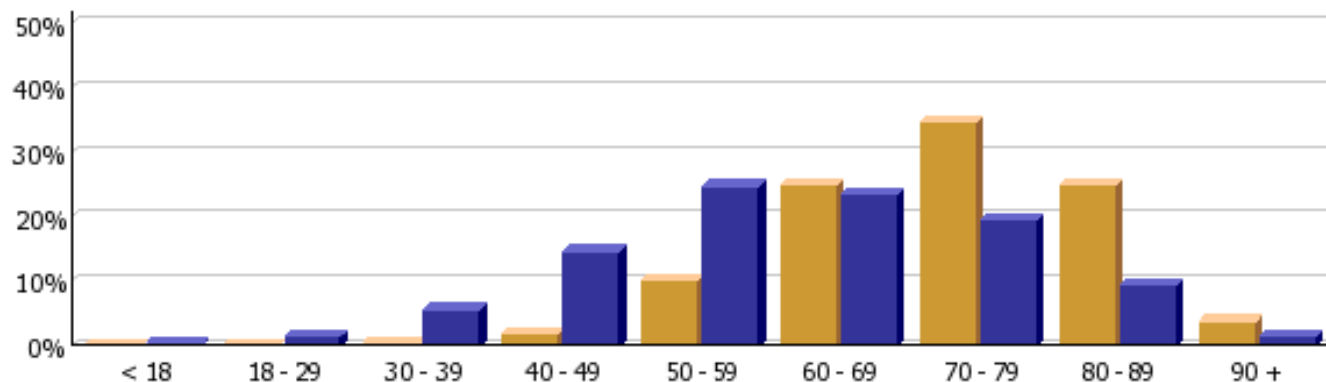
■ Controlled Group
■ Selected Group

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%

Analyzing Provider 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

Analyzing Provider Performance

- 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.

Public Reporting of Performance

- One of the most insidious problems in healthcare delivery is reported in the medical literature as “treatment inertia.” This is caused by the natural inclination of human beings to resist change. As a result, when a patient’s care is not to goal, often no change in treatment is made.
- To help overcome this “treatment inertia,” SETMA publishes all of our provider auditing (both the good and the bad) as a means to increase the level of discomfort in the healthcare provider and encourage performance improvement.

Public Reporting of Performance

NQF Diabetes Measures



NQF - Diabetes Measures

E & M Codes: Clinic Only
 Encounter Date(s): Jan 1, 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%
	Satterwhite	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%

Public Reporting of Performance

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%

Public Reporting of Performance

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

Forward Thinkers Have Personal Mastery

- ◆ Personal Mastery – the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively – the learning organization's spiritual foundation. (Peter Senge)
- ◆ “The essence of personal mastery is learning how to generate and sustain creative tension in our lives.”

Personal Mastery: Characteristics

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

1. 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.

Personal Mastery: Characteristics

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

Personal Mastery: Characteristics

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