Quality Across the Continuum A New Frontier

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Healthfirst 2011 Spring Symposium
Making Care Accountable: Innovative Best Practices in Ambulatory Care
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“Gathering data and evaluating care in an objective way is slowly changing the traditional culture of health care. Individual subjectivity ... is being replaced by norms, variables, evidence-based measures and statistical analyses of aggregated data.”

Platform for Innovation (Change)

Social / Medical Anthropology
Understanding Culture

Social / Medical Anthropology
Effecting Culture Change

DATA
DATA WAREHOUSE
Checked
Cleaned
Merged
Aggregated

Primary Data
Sunrise, ED,
Allscripts

Secondary Data
SPARCS
Premier

Web Tools

External

Miscellaneous
Applications

Identify Key
Variables

Multi-variate
Analysis

Reports
Report Cards
Dashboards
Registry
Process for Innovation

1. **Need/Request/Deficiency**
2. **Needs Assessment by KQMI**
3. **Define Scope**
4. **Develop Database, Analytics, Reporting**
5. **Develop Protocols**
6. **Provide Education**
7. **Feedback and Assessment**

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Understanding Community Need: 2007 PQI Admission Rate per 1,000 – Uncontrolled Diabetes

2007 Admission Rate per 1,000 Adults

Nassau County Rate = 0.35
Average Adj. Rate = 0.28
NUMC Service Area Adj. Rate = 0.54

Uncontrolled Diabetes
Age-Sex Adjusted

- Severe (3)
- Moderate (6)
- Above Average (49)
- Below Average (46)
- Minimal (0)

Minimal is less than -1 σ from mean
Below Average is between 0 and -1 σ from mean
Above Average is between 0 and 1 σ from mean
Moderate is between 1 and 2 σ from mean
Severe is greater than 2 σ from mean

Source: SPARCS ver 11.28.08j /jm
The Process of Change

Structure
- Quality Management Infrastructure
- Education
- Communication
- Accountability
- Performance Measurement

Process
- Performance Improvement Methodology
- Plan-Do-Check-Act
- Systems Approach
- Coaching for Transformation
- Leveraging EMR—Analytics
- Data Validation

Outcome
- Programmatic Changes
- Patient-Centered Medical Home
- Best Practice
Collecting Data to Provide Oversight

Medical Record Review

<table>
<thead>
<tr>
<th>Medical Rec No.</th>
<th>Visit Date</th>
<th>Diabetes Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Provider</td>
<td>Specialty</td>
</tr>
<tr>
<td>Reviewer</td>
<td>(Last name, first name and Title)</td>
<td></td>
</tr>
</tbody>
</table>

- Patient does not have any clinical evidence of diabetes
- Was HbA1c test offered within prior 12 months?
- HbA1c tests conducted within prior 12 months (documentation in medical record must include test date and results)
- Most recent HbA1c level
- Was LDL-C test offered within prior 12 months?
- LDL-C test within prior 12 months
- Most recent LDL-C level (if unable to calculate, leave it blank) mg/dL
- Was Nephropathy screening offered within prior 12 months?
- Nephropathy screening within prior 12 months (Nephropathy screening consists of a urine evaluation for protein OR a microalbumin documented in the medical record including test date and results)
- Was dilated eye examination offered within prior 12 months?
- Dilated eye examination for diabetic retinal disease within prior 12 months
- Was foot examination offered within prior 12 months?
- Foot examination (visual inspection, sensory exam with monofilament, or pulse exam) within prior 12 months
- Most recent systolic blood pressure mm Hg
- Most recent diastolic blood pressure mm Hg

Notes/Comments

Save   Submit/Completed   Delete
### Communicating Quality Information

Medical Record Review  
Diabetes Prevention Screening Compliance Report  
(December 2009 – November 2010)

<table>
<thead>
<tr>
<th></th>
<th>2010 Quarter 1</th>
<th>2010 Quarter 2</th>
<th>2010 Quarter 3</th>
<th>2010 Quarter 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total diabetic patient charts reviewed</td>
<td>24</td>
<td>116</td>
<td>73</td>
<td>105</td>
<td>318</td>
</tr>
<tr>
<td>HbA1c test offered within past 12 months</td>
<td>NA</td>
<td>NA</td>
<td>93.15%</td>
<td>97.14%</td>
<td>95.51%</td>
</tr>
<tr>
<td>HbA1c test conducted within past 12 months</td>
<td>87.50%</td>
<td>87.93%</td>
<td>90.41%</td>
<td>97.14%</td>
<td>91.51%</td>
</tr>
<tr>
<td>Patients with most recent HbA1c level &lt; 7%</td>
<td>38.10%</td>
<td>37.25%</td>
<td>42.42%</td>
<td>39.22%</td>
<td>39.18%</td>
</tr>
<tr>
<td>Patients with most recent HbA1c level 7 to 9 %</td>
<td>33.33%</td>
<td>33.33%</td>
<td>27.27%</td>
<td>31.37%</td>
<td>31.27%</td>
</tr>
<tr>
<td>Patients with most recent HbA1c level &gt; 9%</td>
<td>28.57%</td>
<td>29.41%</td>
<td>30.30%</td>
<td>29.41%</td>
<td>29.55%</td>
</tr>
</tbody>
</table>

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Building a Quality Culture

• Created an Advisory Leadership Team
• Established prioritization for improvement
• Formalized a performance measurement system
• Developed timeline for phased implementation; Strategic Plan
• Completed site visits and spoke with all levels of staff
• Provided quality management education to clinical and ancillary staff
• Implemented tools for program oversight
• Refined communication and accountability structure
Evaluating Ambulatory Health Services

Ambulatory Care Models
- Hospital-based Clinics
- Faculty Practices
- Family & Community Health Centers
- Medical Homes
- Behavioral Health Homes

Information Technology
- Registration Systems
- Electronic Health Record
- Ancillary Systems
- Care Management Systems
- Patient Registries

Analytics and Measurement Models
- Process Measures
- Outcome Measures
- Cost /Utilization Measures
- Efficiency Measures
- Biomedical Measures
Key Elements of Quality Methodology

- Electronic Medical Record
- Databases
- Analytics
- Education of New Physicians
- Communication
- Process / Outcome Measures