Quality Programs at PriMed/MediSync

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Quality Improvement Project Premises:

- Improve work flow
- Improve patient care
- Improve financial return
- Providers should have to think -- not remember!

More Than Trying Harder??

- Traditional medicine:
  - See one, do one, teach one
- Evidence base medicine
  - Reach for goals based on consensus of “the science”
- CQI medicine
  - Invest in redesign of the process to achieve goals
  - “Harder” investment up front, easier the more you try

Projects

- EM charting
- Lipids
- DM

Why EM Charting

- Every day activity
- Recognized large variability in documentation styles and coding patterns
- National set of HCFA mandated definitions to base project on.
- Based in RBRVS measurements that group interested in using to measure productivity
- No national data for “correctness”

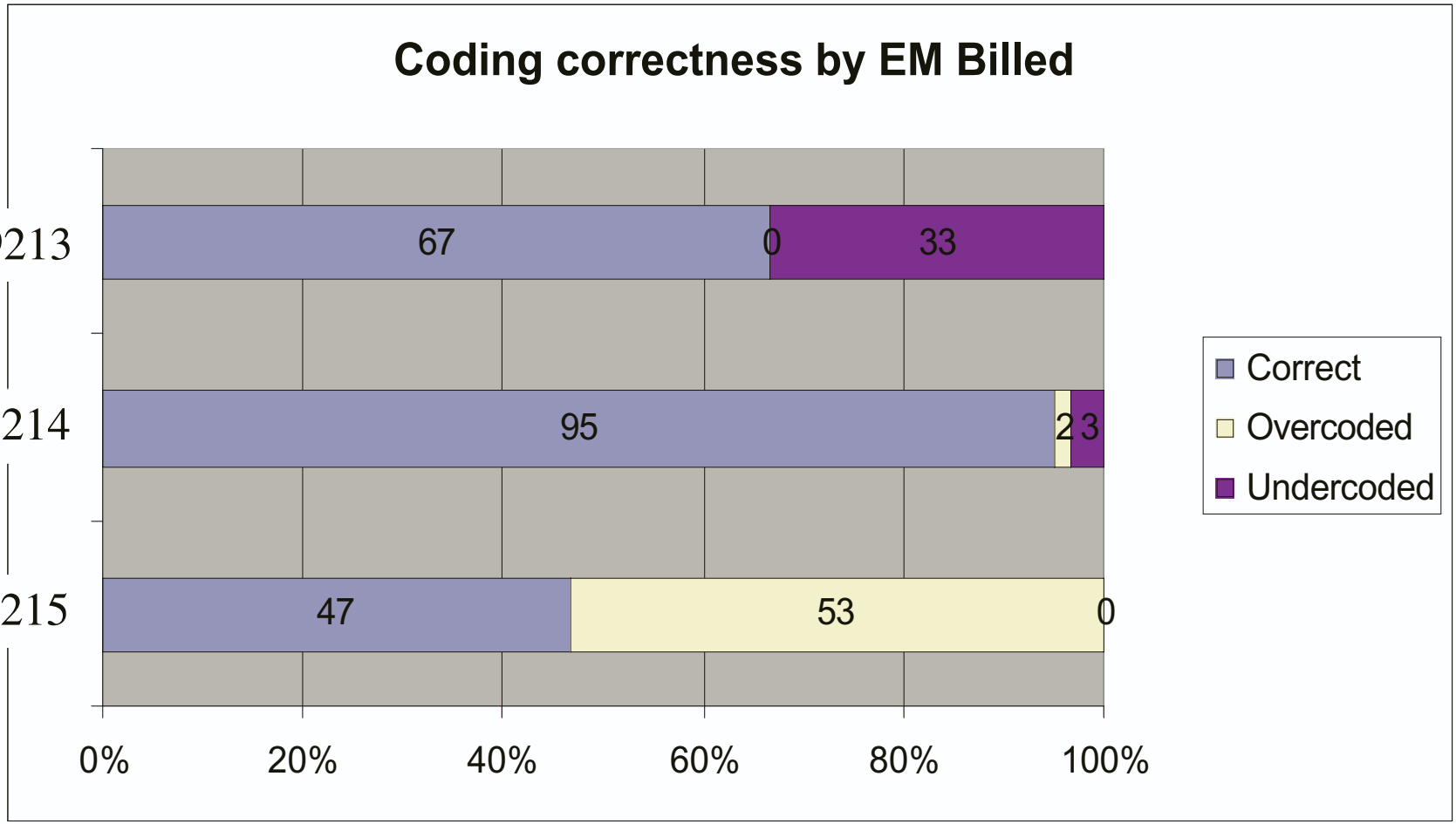
EM Process

- Dissected the 1997 HCFA EM coding requirements
- Created a tool to enable providers to use
- Created an educational process to train/retrain providers
- Audited - initial and serial
- Revised tool and educational process

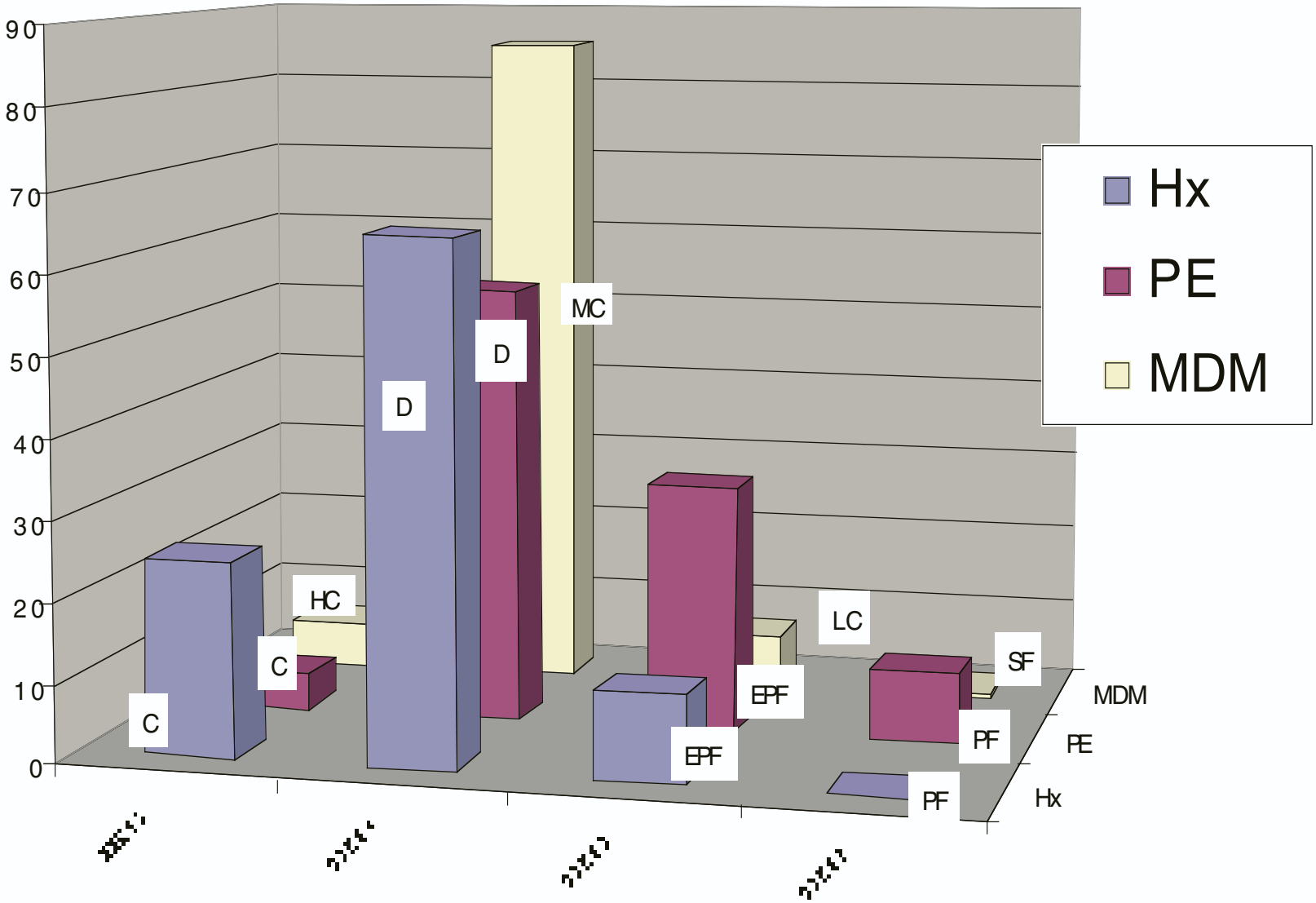
Coding Tool

New & consult 3/3					Established 2/3			
Hx	**Exam**	**MDM**	**New**	**Consult**	**Hx**	**Exam**	**MDM**	**EM**
PF	PF	SF	99201	99241	N/A	N/A	N/A	99211
EPF	EPF		99202	99242	PF	PF	SF	98212
D	D	LC	99203	99243	EPF	EPF	LC	99213
C	C	MC	99204	99244	D	D	MC	99214
		HC	99205	99245	C	C	HC	99215

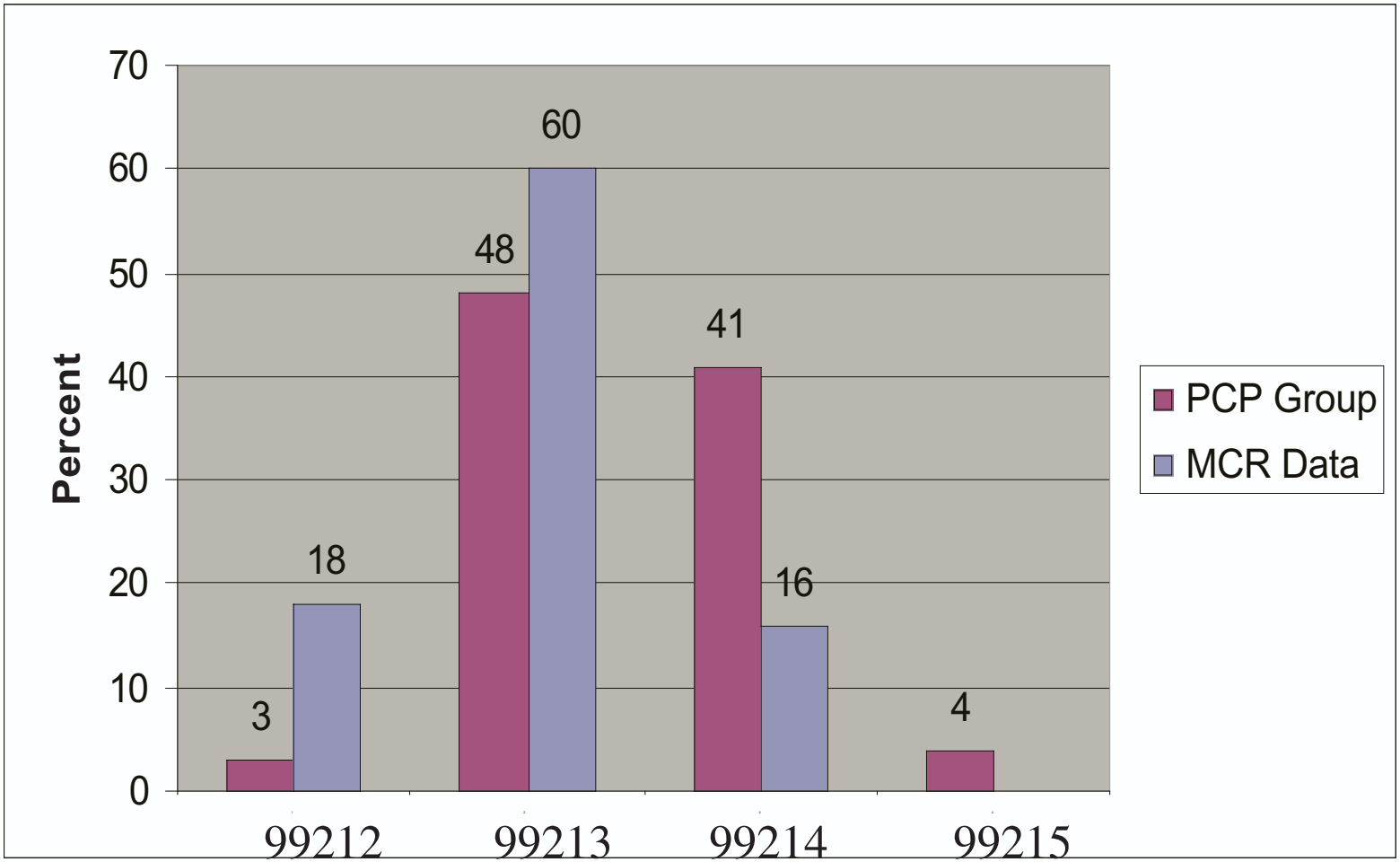
Coding Correctness by EM Billed



Established E/M codes by Component Distribution
(2/3 to build a level)



EM Code Distribution



Lipid Management

- Evidence for control and outcomes
- Easy to measure
- Process that is not well controlled

Lipid Management

- ATP II as national guidelines -- supplemented with ADA recommendations
- Flow sheet creation
  - Single place to list lipids
  - Predetermined individual's goal
  - Allowed for trend analysis by MD
  - Allowed results to be compared to individual's goal as opposed to "normals"

Lipid Management Results
CAD

Measure	% Of Patients n = 34	Benchmark
Lipid Profile (once in last year)	100 %	69% (HEDIS)
Proportion w/ LDL < 100 mg/dL	85%	27% (L-TAP) 45% <130 (HEDIS)

Lipid Management Results Hyperlipidemia

Measure	% Of Patients n = 36
Lipid Profile (once in last year)	100%
Proportion w/LDL goal <100 Proportion meeting goal	8% (3) 100%
Proportion w/LDL goal <130 Proportion meeting goal	92% (33) 94%

Goal Achieved

Drug	# of Pts	# Pts at Goal	%Pts at Goal
Atorvastatin	35	35	100
Simvistatin	21	18	86
Cerivastatin	7	5	71
Pravastatin	1	1	100
Total	63	58	92

DM CQI Project Results

- More complex
- Numerous data points
  - Vitals
  - Labs
  - Counseling
  - Outside MD coordination

DM Management Results

Measure	% of Patients n = 38	ADA standard ADA/NCQA Provider Recognition Program
HbA1C (received at least 1 in last year)	100%	93%
Proportion w/HbA1C > 9.5%	0%	≤ 21%
Proportion w/HbA1C < 8.0%	87%	55%
Proportion with HbA1C < 7.0%	63%	none
Proportion with HbA1C < 6.5%	45%	none
Eye Exam (once in last year)	53%	61%
Foot Exam (once in last year)	100%	80%
Blood Pressure (once in last year)	95%	97%
Proportion < 140/90	62%	65%
Proportion < 130/85	49%	none
Nephropathy assessment (once in last year)	82%	73%
Lipid Profile (once in last year)	100%	85%
Proportion w/LDL < 130 mg/dL	100%	63%
Proportion w/LDL < 100 mg/dL	79%	none

Conclusions

- EBM is a goal --- CQI is the means
- Significant investment in
  - Re-defining process
    - Provider
    - Support
  - Tool creation:
    - Provider should not have to remember
    - Paper vs. High tech
- Physician education
- Measurement & feedback