

CASE STUDY FOR QUALITY IMPROVEMENT

Ice to IGLOO (IMPROVING GLYCEMIC OUTCOMES) Building a Diabetes Initiative

NOVANT MEDICAL GROUP

Organization Profile

Novant Medical Group (NMG) is part of Novant Health, a not-for-profit healthcare leader serving 3.5 million residents across the Carolinas and southern Virginia. NMG is a physician-led organization comprising physician partners who provide assistance and support at every level. They are led by doctors with years of private practice experience who know and understand the details of practice management. Novant physicians represent a broad spectrum of primary and specialty care. Each of Novant hospitals are staffed with hospitalists, a program that enhances medical coverage for hospitalized patients while allowing outpatient physicians to work more efficiently.

Project Summary

Improving the care of the patient with diabetes has been a focus of the Medical Group. In 1997 it initiated the Diabetes Care Project for measuring outcomes. The organization has chosen this as a corporate goal with Project IGLOO (Improving GLyemic OutOMes). IGLOO began with a Duke grant for Endocrinologists to work with physicians in the clinics to implement evidence-based guidelines (EBGs).



Desired IGLOO outcomes are to improve diabetes care in a physician office setting, measure EBGs related to diabetes care, empower patients to care for themselves, expand on the initial phase, deliver greater provider recognition, and coordinate care of the patient with diabetes across the organization. NMG has invested in an Electronic Medical Record and is currently in the build and implementation rollout.

Team Composition

The initial Diabetes Care Project team was composed of Clinical Improvement staff and an Endocrinologist physician champion—and nurse practitioners became CDEs. Critical to the past and current elements of the program are strong physician “champions.” Today there are 3 endocrinologists, one of whom leads the Health Management Program. IGLOO is a CMS Physician Group Practice (PGP) Demonstration Project and the IGLOO Team comprises Novant Health partners committed to improvement in diabetes care across the system.

Goals and Objectives

The AIM Statement of the IGLOO Team is “to improve the processes of care and selected clinical outcomes of patients with diabetes. The team will advance this goal by improving the screening, diagnostic, and therapeutic actions known to favorably affect health outcomes of patients with diabetes across the continuum of care, as well as improve the diabetes prevention activities in the communities we serve.”

- 95% of eligible NMG Providers will achieve NCQA recognition for Excellence in Diabetes Care
- 100% of patients screened for stress hyperglycemia or undiagnosed diabetes who have elevated HgbA1C (>6.5%) levels will be referred to an appropriate care provider within the inpatient setting
- 90% of hospitalized diabetic patients have a documented diabetes management care plan

Diabetes Intervention and Population Baseline

Improvement Interventions

NMG Diabetes Improvement Interventions include:

- Patient Education: Diabetes and Nutrition Center collaboration; diabetes education for the underserved; Fit To Life (NC HWTF); diabetes-specific disease management packets; and pharmacy education (Safe Med).
 - Materials are created and distributed to assist in empowering patients through education.
 - 5 pharmacists monitored post-hospital high-risk patients with 5 or more meds, 3 or more hospital stays in 1 year, and anticoagulant treatment. Pharmacists were hired who had previously worked with patients in other settings and who were comfortable talking with patients. Pharmacists review all patient meds and discuss with patients to explain and offer tips about each drug. They monitor for interactions or issues and contact physicians to discuss when a change in meds may be warranted.
 - These patients are 50% less likely to be readmitted in 30 days. However readmissions do increase over time, an issue the group continues to address.
- Evaluation/Improvement of Workflow: Evaluation of data for opportunities; disease management work sheet; community coordination—providers (eye exam) and community partners.

Novant Health Diabetes Program	2008 Novant Target & 2006 NCOA DPRP	SPR Results			Triad Results			Brunswick Results		
		2006	2007	2008	2006	2007	2008	Baseline: YTD 2008		
BP ≥140/90 (<i>lower is better</i>)	≤35%	25%	27%	26%	37%	32%	28%	34%		
BP <130/80	25%	40%	35%	36%	30%	31%	35%	47%		
A1C >9 (<i>lower is better</i>)	≤15%	11%	12%	12%	11%	13%	12%	8%		
A1C <7	40%	56%	55%	53%	54%	53%	55%	74%		
LDL ≥130 (<i>lower is better</i>)	≤37%	16%	12%	18%	21%	18%	17%	18%		
LDL <100	36%	62%	67%	63%	54%	62%	60%	59%		
Nephropathy Assessment	80%	80%	74%	68%	78%	77%	78%	29%		
Dilated Eye Exam Recommended or Discussed w/in year	60% Novant Target	75%	63%	67%	79%	78%	79%	18%		
Eye Exam Letter	60%	29%	21%	25%	33%	35%	33%	0%		
Foot Exam @ least 1/year	80%	75%	73%	71%	91%	90%	89%	26%		
Tobacco Use : Status Assessed	N/A	98%	97%	99%	85%	88%	96%	47%		
Tobacco Use: Cessation Advice or Treatment	80%	77%	61%	67%	86%	78%	82%	63%		
Statin Use: Age > 40, Total cholesterol > 135; collected for educational purposes only	N/A	N/A	N/A	N/A	66%	72%	83%	61%		
Legend:										
	No Benchmark									
	Trend negative; moving away from target									
	Trend positive; progress toward target									
	Target reached									

- Staff Education: NCQA Physician Recognition Program; beta testing for diabetes, heart stroke, and Physician Practice Connections; disease-specific education sessions; self-learning activities; competency demonstrations; and ECU Diabetes University Training for Care Coordinators.
 - Endocrinologists held staff meetings, including front office staff to increase competency improvement and ensure practice-wide understanding of the program improvement interventions.
- NMG methods used to change and ensure that patients are provided the most appropriate level of care: documentation tools including a DM Worksheet, foot exam stickers, and tool kits; coordination with Outpatient Diabetes Education Centers; partnering with inpatient physician services, Clinical Improvement, and Call-A-Nurse; working with Community Partners, i.e., Community Care Clinics, Health Care Access, Med Aid.

Measures Used

PGP data were collected annually on a randomly selected sample of beneficiaries in NGM practices. Data were validated by an outside organization, the Iowa Foundation. Measures included: evidenced-based guidelines defined by NCQA/HEDIS and NMG Clinical Executive Team; Red Light Green Light Report; PGP Demonstration Project Diabetes Quality Measures; and NCQA Physician Recognition measures.

Challenges and Obstacles

Several of the major challenges facing Novant's IGLOO program were technology- and data-based issues: information technology—data; interfaces for various providers. Another challenge was the message delivery across the large system to communicate the value and success of the programs and push them into more areas. It takes time and resources to address the many deficiencies that exist in a reactive Episodic Care Model to a proactive Chronic Care Model that is aimed at improving care at the community, organization, practice, and patient levels.

Future Steps

Novant will continue to refine and expand IGLOO in an effort to enhance care coordination across the system—with an ultimate goal of whole-system involvement. Achieving this will require increased efforts to communicate the value of enhanced care coordination to both the patient and the system.

It is critical to define and analyze baseline corporate data to reduce the costs, improve productivity, and increase staff and patient satisfaction (Six Sigma DMAIC process: Define, Measure, Analyze, Improve, Control).

Lessons Learned

IGLOO team lessons learned are ongoing.

These include:

- Continually focus on the goals: evaluate each initiative—How does it work? What is its value?
- Be flexible; the work is hard, but worth it. Change is a journey, not a destination.

Key elements contributing to the success of the program include:

Change doesn't always come easy. But, the success of Novant's IGLOO program can be attributed in large part to 3 elements:

1. Committed staff and physician champions
2. Health Management Committee involvement (committee of physicians)
3. Changing healthcare structure models, in particular pay-for-performance initiatives, increased industry focus on chronic care, and a delivery system that encourages and sustains productive interactions between patients and providers