

## CASE STUDY FOR QUALITY IMPROVEMENT

# DM-9 Improving Diabetes Control

## SHARP REES-STEALY MEDICAL GROUP

### Organization Profile

Founded in 1923, Sharp Rees-Stealy Medical Group is made up of more than 400 physicians and 28 specialists across 19 locations in San Diego County. Together, they provide over 1 million patient office visits per year, with 70% capitated patients. The mission at Sharp Rees-Stealy is to improve the health of the community through a caring partnership of patients, doctors, and employees. The Group's EHR is Allscripts Enterprise.

Sharp Rees-Stealy's programs and services include:

- 24-hour Nurse Connection
- After-hours pediatric care
- Coverage by most health insurance plans
- Extensive range of weight-management classes
- Online appointment center and prescription refills
- Same-day or next-day primary care appointments
- Urgent-care centers open daily, no referral required

Sharp Rees-Stealy's team of primary care physicians and specialists, diabetes disease managers, dietitians, nurses, and staff are committed to helping individuals with diabetes live a long, healthy life. The staff of registered nurses, registered dietitians, and certified diabetes educators offer outpatient diabetes education at 8 clinics throughout San Diego County. The diabetes education program is recognized by the American Diabetes Association and affiliated with Sweet Success,

the California state program that promotes healthy outcomes for women with gestational diabetes. Diabetes educators work with patients to develop an individual educational plan based on priorities identified during the initial and preprogram assessments.

### Project Summary

DM-9 Improving Diabetes Control focuses on those patients with an A1C greater than 9%. The program applies 4 elements of change to move the patient and the care team toward success. Included in the program are planned visits, coaching and training, and recognition and incentives.

### Goals and Objectives

The goal of DM-9 Improving Diabetes Control is to focus on the Sharp patients with an A1C greater than 9% and work to reduce that percentage of patients in this high-risk group.

The team chose to focus on patients with an A1C >9% for several reasons: they are most at risk for other complications; practice physicians have approximately 15 >9%\* patients, allowing them greater time and support to follow each patient closely; by focusing on those >9%, there is a better chance of successfully reducing the percentage of patients in the group from a starting place of 12%.

\*Each physician has approximately 40 patients >8%.

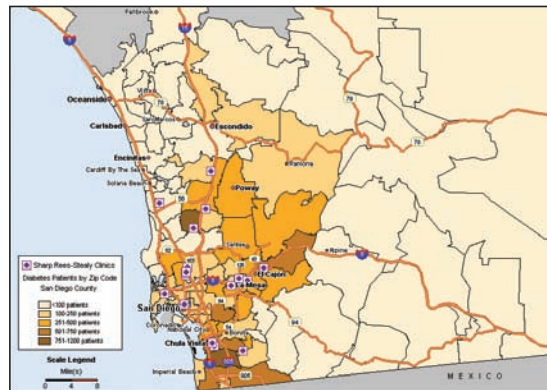
## Team Composition

- Physicians
- Registered Nurses
- Registered Dietitians
- Certified Diabetes Educators

**Note:** DM-9 is a code used internally to maintain the privacy of the patients in the group.

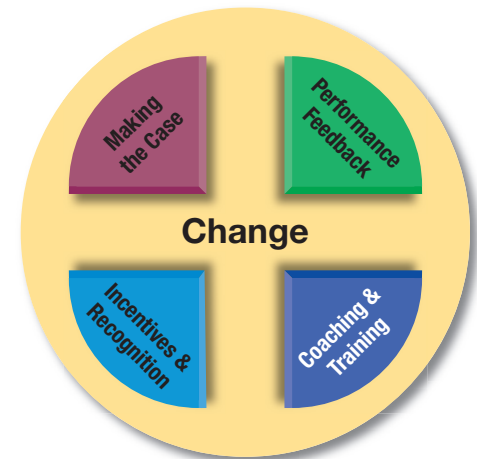
## Population Profile

Sharp Rees-Stealy treats approximately 15,000 patients with diabetes, and this patient base is growing by approximately 6% each year. Located in the San Diego area, they see higher numbers of diabetes cases among Hispanics, with the highest incidences in their locations closer to the Mexico border. In addition, there is a high Filipino population in the San Diego area, a population with a high incidence of diabetes. In the San Diego area, 50% of admissions to hospitals have diabetes.

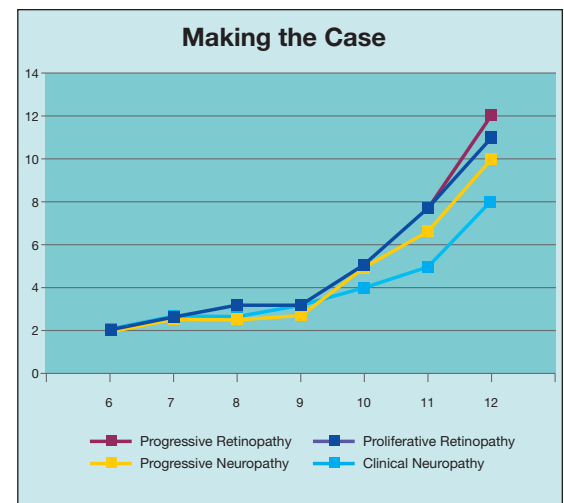


To achieve the desired goal requires 4 elements of change for the patient and the care team there are 4 things that contribute to the success of improving diabetes control:

- Making the case
- Performance feedback
- Coaching and training
- Incentives and recognition



**Making the case** to obtain buy-in from physicians and staff is needed before there can be any movement. Contributing to this is presenting documented research supporting the dangers of a high A1C, as in the graph below, which shows the much higher risk for complications, such as kidney, eye, and nerve damage, in patients with a high A1C.



It is also important to find various methods of communication to reach physicians, nurses, staff, and patients.

**Performance feedback** – Transparent performance feedback that is accurate and timely is vital to increase project speed.

**Coaching and training** – There is a need for concrete/specific process and purposeful training to consistently implement your plans. Coaching relies on repetition of details to ensure consistency.

**Incentives and recognition**, financial and non-financial, are important to sustain the changes.

## DM-9 Planned Visits

There are 3 stages to each patient visit: Pre-visit, Visit, and Post-visit.

**Pre-visit:** Patient receives a call 1 week ahead of the visit. A scheduler reminds the patient of needed labs and to bring his/her medications and diary.

**Visit:** Patient is given a handout with labs. Insulin and other teaching are also done at each visit as needed. A large percentage of patients don't know their A1C. They are told so many things when they are diagnosed that they are often unsure of what is important and what is not. Improved communication, helping patients avoid fears, training, and repetition of what is important are necessary for patient improvement.

**Post-visit:** Performance feedback is collected from each clinic location to monitor and share patient improvement. Change is brought about in part through the sharing of information on tools that are working and regular peer-to-peer interaction.

## Coaching and Training

The DM-9 3 rules of success follow:

- 1. Schedule patient visit monthly.** Patients need this to keep them moving forward to lowering their A1C and stabilizing other labs.
- 2. Labs before monthly visit.** A1C is a vital sign in the DM process. Therefore it is important that the physician have the patient's A1C reading at the time of the monthly visit so it can serve as a motivating tool for the patient.
- 3. Aggressive medication management.** Important to provide in-service, case management, or other assistance to avoid clinical inertia. Delays in the initiation and intensification of medical therapy may be one reason patients with diabetes do not reach A1C goals.

## Outcomes

From the onset of DM-9 in October 2006 through September 2009, Sharp saw a 50% improvement in A1C levels for patients originally falling into the >9% group. This improvement includes new patients entering the system and allows for the seasonal rise during the winter months.

## Incentives and Recognition— Igniting the Team

Financial incentives were used to kick-start the effort. Leadership understood it was necessary to recognize the entire team.

Other incentives were non-financial but were instrumental in really igniting the team. These included items such as a care kit provided to physicians for distribution to their newly diagnosed diabetic patients.

Perhaps at the top of the incentives list is the Sharp Experience, which recognizes physicians and staff for exceptional work. In 2001, Sharp launched the Sharp Experience based on the premise that it is the customer experience that drives consumer decisions more than anything else. It is an organization-wide performance improvement initiative designed to transform the health care experience and make Sharp the best place to work, practice medicine, and receive care. At its core, the Sharp Experience is not about objective measures of improvement, awards on a national scale, or revenue from pay-for-performance. The core of the Sharp Experience is about deploying proven tactics to change the culture of the organization. It is about succeeding by doing things better and providing every patient the care that Sharp physicians and staff would expect for their own families. The Sharp Experience is about purpose, worthwhile work, and making a difference for those who have entrusted Sharp with their care.

## Challenges or Obstacles

Among the challenges or obstacles encountered in launching DM-9 were

- Convincing busy clinicians that this was important
- Transitioning from opinion-based performance assessment to measurement-based performance assessment
- Inconsistent execution making patient phone calls (It was determined to use only 1 or 2 staff to make calls and to be accountable for them.)
- Paperwork (pre-EMR)
- Need for physician and administrative local (site) leadership
- Standardization across program elements and measurements

## Future Steps

Pay-for-Performance Diabetes Advanced Perfect Care (patient must meet all criteria to qualify):

- Annual A1C, LDL, BP, and nephropathy screen
- LDL 99 mg/dL or less
- A1C 7.9% or less
- BP 129/79 mmHg or less