What Does Walt Disney Have To Do With Heath Care: The Importance of Quality, Reliability, and Engaged Physicians

Scott Hines, MD
Chief Quality Officer
Crystal Run Healthcare
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Learning Objectives

• In order to improve quality a medical practice must focus on care optimization at the point of care.

• Care optimization is only possible when physicians are engaged in the process of improving and standardizing care.

• Despite best efforts care gaps will occur. When they do, using a nurse led Care Optimization Team that focuses on process based measures allows physicians to practice at the top of their license and concentrate on performance based measures.
Walt Disney Quote

"Do what you do so well that they will want to see it again and bring their friends."

Walt Disney
donic American businessman
Outline

• Introduction to Crystal Run Healthcare
• How to Engage Physicians Around Quality
• The Quality Improvement Cycle: Care Optimization
  • Quality Improvement Initiatives
  • Variation Reduction
• Closing Gaps in Care
• Questions
Outline

• Introduction to Crystal Run Healthcare
• How to Engage Physicians Around Quality
• The Quality Improvement Cycle: Care Optimization
  • Quality Improvement Initiatives
  • Variation Reduction
• Closing Gaps in Care
• Questions
Crystal Run Healthcare

- Physician owned MSG in NY State, founded 1996
- >370 providers, >35 locations
- ASC, Urgent Care, Diagnostic Imaging, Sleep Center, High Complexity Lab, Pathology
- Early adopter EHR (NextGen®) 1999
- Accredited by Joint Commission since 2006 (1st in NY State)
- Level 3 NCQA PCMH since 2009
Crystal Run Healthcare ACO

- Single Entity ACO
- MSSP April 2012
- NCQA ACO Accreditation 2012 (1st in NY)
- Multiple Commercial Risk Based Contracts
- 35,000 patients attributed patients to CRHACO
- Crystal Run Health Plan 2015
- MSO 2015
Where is Crystal Run Healthcare?
Outline

• Introduction to Crystal Run Healthcare

• **How to Engage Physicians Around Quality**

• The Quality Improvement Cycle: Care Optimization
  • Quality Improvement Initiatives
  • Variation Reduction

• Closing Gaps in Care

• Questions
You can design and create, and build the most wonderful place in the world. But it takes people to make the dream a reality.

(Walt Disney)
Physician Engagement

• Transparent data sharing
• Aligning compensation with quality
• Involving physicians in the process
Physician Engagement
Transparent Data Sharing

- **Stage 1: Denial**
  - “I’m different”
- **Stage 2: Anger**
  - Don’t believe the data
- **Stage 3: Bargaining**
  - Drill down necessary
- **Stage 4: Depression**
  - Recognizing practice limitations
- **Stage 5: Acceptance**
  - Conversation is about the standard and the patient, not the data
Physician Engagement
Transparent Data Sharing

• Medical Home Scorecard
  • Monthly medical home meetings
  • All primary care medical homes
  • Most specialty care “medical homes”
  • Used to identify best practices
# Physician Engagement
## Medical Home Scorecard

### Diabetes Care Measures - Summary

#### CRHC Practice Level

<table>
<thead>
<tr>
<th>Description</th>
<th>Comprehensive Diabetes Care (CDC)-HgA1c Testing</th>
<th>Comprehensive Diabetes Care (CDC)-HgA1c &lt; 7</th>
<th>Comprehensive Diabetes Care (CDC)-HgA1c &gt; 9</th>
<th>Comprehensive Diabetes Care (CDC)-LDL Screen</th>
<th>Comprehensive Diabetes Care (CDC)-LDL Control</th>
<th>Comprehensive Diabetes Care (CDC)-Nephrathy</th>
<th>Comprehensive Diabetes Care (CDC)-BP &lt;140/90</th>
<th>Comprehensive Diabetes Care (CDC)-Tobacco-CRHC</th>
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<td>38.6%</td>
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<td>74.0%</td>
<td>84.7%</td>
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#### PCMHC Total

<table>
<thead>
<tr>
<th>PCMH Total</th>
<th>CAT5 Patients</th>
<th>A1C Testing</th>
<th>A1C &lt; 7</th>
<th>A1C &gt; 9</th>
<th>LDL Screen</th>
<th>LDL Ctrl Denom</th>
<th>Nephropathy</th>
<th>BP &lt; 140/90</th>
<th>Tobacco Pct</th>
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<tr>
<td>Total All Medical Homes</td>
<td>5,505</td>
<td>85.3%</td>
<td>42.7%</td>
<td>25.4%</td>
<td>82.8%</td>
<td>56.1%</td>
<td>85.1%</td>
<td>82.1%</td>
<td>93.5%</td>
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<tr>
<td>Orange/Sullivan Medical Homes</td>
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<td>94.2%</td>
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#### Medical Home

<table>
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<tr>
<th>Medical Home</th>
<th>CAT5 Patients</th>
<th>A1C Testing</th>
<th>A1C &lt; 7</th>
<th>A1C &gt; 9</th>
<th>LDL Screen</th>
<th>LDL Ctrl</th>
<th>Nephropathy</th>
<th>BP &lt; 140/90</th>
<th>Tobacco Pct</th>
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<td>Medical Home Newburgh</td>
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<td>33.5%</td>
<td>29.3%</td>
<td>33.5%</td>
<td>54.1%</td>
<td>62.7%</td>
<td>77.1%</td>
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<td>102</td>
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<td>16.7%</td>
<td>44.1%</td>
<td>73.5%</td>
<td>51.0%</td>
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<td>87.3%</td>
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<tr>
<td>Medical Home Suffern</td>
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<td>8.0%</td>
<td>0.0%</td>
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<td>16.0%</td>
<td>15.0%</td>
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<td>92.0%</td>
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<tr>
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<td>87.5%</td>
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<tr>
<td>Medical Neighborhood Rockhill</td>
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## Physician Engagement

### Medical Home Scorecard

#### Preventative Care Measures By PCP

<table>
<thead>
<tr>
<th>Medical Home</th>
<th>CAT5 Patients</th>
<th>Pneumonia Num</th>
<th>Pneumonia Denom</th>
<th>Pneumonia Pct</th>
<th>Breast Screen Num</th>
<th>Breast Screen Denom</th>
<th>Breast Screen Pct</th>
<th>Colorectal Screen Num</th>
<th>Colorectal Screen Denom</th>
<th>Colorectal Screen Pct</th>
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<tbody>
<tr>
<td>Medical Neighborhood 155</td>
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<td>542</td>
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<td>504</td>
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<td>537</td>
<td>836</td>
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<td>333</td>
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#### CAD Care Measures By PCP

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<th>LDL Ctrl Denom</th>
<th>LDL Ctrl Pct</th>
<th>Aspirin Num</th>
<th>Aspirin Denom</th>
<th>Aspirin Pct</th>
<th>ACE ARB Num</th>
<th>ACE ARB Denom</th>
<th>ACE ARB Pct</th>
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<td>155</td>
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<td>159</td>
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<td>11</td>
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<td>191</td>
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<td>76.9%</td>
<td>4</td>
<td>2</td>
<td>44.4%</td>
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<td>89</td>
<td>84</td>
<td>89</td>
<td>94.4%</td>
<td>120</td>
<td>165</td>
<td>72.7%</td>
<td>20</td>
<td>32</td>
<td>62.5%</td>
<td></td>
</tr>
</tbody>
</table>
Physician Engagement
Transparent Data Sharing

• **Provider Quality Scorecard**
  • Transparent across organization
  • Monthly quality scores
  • Used in physician matrix
  • Drill down capability to create registries
## Physician Engagement

### Provider Quality Scorecard

<table>
<thead>
<tr>
<th>Clinical Measures Click for Provider List</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Score</th>
<th>90th Percentile</th>
<th>75th Percentile</th>
<th>50th Percentile</th>
<th>25th Percentile</th>
<th>≤ 25 Percentile</th>
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</thead>
<tbody>
<tr>
<td>Breast Cancer Screening (BCS)</td>
<td>280</td>
<td>356</td>
<td>79 %</td>
<td>81 %</td>
<td>77 %</td>
<td>77 %</td>
<td>76 %</td>
<td>76 %</td>
</tr>
<tr>
<td>Chlamydia Screening In Women (CHL) 16-24 yrs old</td>
<td>48</td>
<td>60</td>
<td>80 %</td>
<td>60 %</td>
<td>56 %</td>
<td>56 %</td>
<td>53 %</td>
<td>53 %</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (COL)</td>
<td>445</td>
<td>594</td>
<td>75 %</td>
<td>75 %</td>
<td>73 %</td>
<td>73 %</td>
<td>69 %</td>
<td>69 %</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-HgA1c &lt; 7</td>
<td>37</td>
<td>86</td>
<td>43 %</td>
<td>50 %</td>
<td>48 %</td>
<td>45 %</td>
<td>44 %</td>
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<tr>
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<td>114</td>
<td>120</td>
<td>95 %</td>
<td>95 %</td>
<td>90 %</td>
<td>85 %</td>
<td>80 %</td>
<td>80 %</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Nephropathy</td>
<td>115</td>
<td>120</td>
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<td>90 %</td>
<td>89 %</td>
<td>89 %</td>
<td>88 %</td>
<td>88 %</td>
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</table>
## Physician Engagement

### Provider Quality Scorecard

<table>
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<tr>
<th>Person Nbr</th>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Num Flg</th>
<th>Day Phone</th>
<th>Alt Phone</th>
<th>Most Recent Event</th>
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<td>109406604</td>
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<td>Middletown</td>
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<td>Colon Cancer Screen - Colonoscopy - 08/11/2007</td>
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<td>Middletown</td>
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<td>Thompson Ridge</td>
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<td>Colon Cancer Screen - Colonoscopy - 02/25/2013</td>
</tr>
</tbody>
</table>

*AMGA 2015 Institute for Quality Leadership*
You reach a point where you do not work for money.
- Walt Disney
Physician Engagement
Aligning Compensation with Quality

• The Market
  • Traditionally fee for service
  • April 1, 2012 – Participate in MSSP
  • 2013 – Engaging commercial payers in value
  • 2015 – Health Plan

• Physician Compensation
  • Prior to 2011: 100% productivity
  • 2011-2013: Physician Matrix
  • 2014: Value Compensation Score
Physician Engagement
Aligning Compensation with Quality

- **Value Compensation Score (2014)**
  - Contributes 15% to partner compensation
  - Determines amount of productivity bonus paid out for employed providers
  - Quality counts for 40% of VCS
  - Align quality measures with payer metrics
  - Individual & group measures
Outline

• Introduction to Crystal Run Healthcare
• How to Engage Physicians Around Quality
• The Quality Improvement Cycle: Care Optimization
  • Quality Improvement Initiatives
  • Variation Reduction
• Closing Gaps in Care
• Questions
Walt Disney Quote

Whenever I go on a ride, I'm always thinking of what's wrong with the thing and how it can be improved.

Walt Disney
American film producer
Quality Improvement Cycle

**Case Management**
- Occurs behind the scenes
- Often independent of providers
- Closes gaps in care

**Care Optimization**
- Occurs on the front lines
- Relies on providers
- Prevents gaps in care
Quality Improvement Cycle
Continuous Quality Improvement

- Ongoing performance evaluation
- Clinicians identify areas for improvement
- Clinicians identify barriers
- Clinicians Redesign process to address barriers
- Remeasure to determine impact of change
- Continue to monitor performance
Quality Improvement Cycle
CQI – Blood Pressure Protocol

• Multidisciplinary team
• Review of JNC7 (later JNC8)
• Identify barriers
• Collaboration externally
• Creation of protocol
• Best Practice Council adoption
Quality Improvement Cycle

CQI – Blood Pressure Protocol

- Nurse Visits
- Fees Waived
- Drugs “suggested”
Quality Improvement Cycle
CQI – Blood Pressure Protocol

BP <140/90

Percent at Goal

CRHC Results
NCQA Goal

Q1 2011 to Q2 2015
Quality Improvement Cycle

CQI – Blood Pressure Protocol

\[ y = 1.5524x + 68.145 \]

\[ R^2 = 0.1419 \]
Quality Improvement Cycle
CQI – Breast Cancer Screening

• Multidisciplinary team
• Review of multiple guidelines
• Identify barriers
• Collaboration externally
• Creation of new process
• Best Practice Council adoption
Quality Improvement Cycle

CQI – Breast Cancer Screening

• **Multidisciplinary Team**
  • Transformation Officer, Director of Quality & Patient Safety, Radiology Department, Primary Care

• **Reviewed Multiple Guidelines**
  • USPSTF recommendations, ACOG guidelines, Crystal Run Healthcare best practice guidelines

• Discussed with legal council
Quality Improvement Cycle
CQI – Breast Cancer Screening

• Barriers
  • Patients needed a visit with their physician for a mammography order and breast exam
  • Patients needed an appointment; same day appointments not available
Quality Improvement Cycle
CQI – Breast Cancer Screening

- Revised Process
  - Must have a CRHC PCP and/or OBGYN
  - Standing order for screening mammography
  - Walk in availability
  - If diagnostic mammography is needed, PCP/OBGYN must be contacted prior
  - **Mammogram normal** – letter to patient, PCP/OBGYN notified
  - **Mammogram inconclusive, BIRAD 4, 5, or 6** – protocol for calls, certified letters, care manager involvement
Quality Improvement Cycle
CQI – Breast Cancer Screening

New Process Began

CRHC Results
NCQA Goal
Quality Improvement Cycle
CQI – Colon Cancer Screening

- In 2014 >98% of colon cancer screening was by colonoscopy
- Return rate for stool cards very low
- Led to fewer PCPs distributing cards
- Lack of tracking system
## Quality Improvement Cycle

**CQI – Colon Cancer Screening**

### Guaiac Test Report

Patients with orders for screening with the EMR results status.

<table>
<thead>
<tr>
<th>person_nbr</th>
<th>first name</th>
<th>last name</th>
<th>ordertype</th>
<th>orderdate</th>
<th>resulttype</th>
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<tbody>
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<td>100134</td>
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</tbody>
</table>
## Quality Improvement Cycle

### CQI – Colon Cancer Screening

<table>
<thead>
<tr>
<th>Dates</th>
<th>Totals</th>
<th>FOBT Completed</th>
<th>FOBT Mailed</th>
<th>Colonoscopy Completed</th>
<th>Bi Scheduled</th>
<th>Refused</th>
<th>Pt Promise</th>
<th>Outstanding</th>
<th>Other</th>
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<tr>
<td>June</td>
<td>231</td>
<td>113</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>23</td>
<td>80</td>
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<td></td>
<td></td>
<td>49.92%</td>
<td>1.33%</td>
<td>0.87%</td>
<td>0.67%</td>
<td>2.60%</td>
<td>9.06%</td>
<td>34.62%</td>
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<tr>
<td>July</td>
<td>238</td>
<td>110</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>12</td>
<td>13</td>
<td>77</td>
<td>8</td>
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<td></td>
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<td>45.22%</td>
<td>2.94%</td>
<td>2.52%</td>
<td>2.10%</td>
<td>5.04%</td>
<td>5.45%</td>
<td>32.35%</td>
<td>3.36%</td>
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<td>August</td>
<td>251</td>
<td>77</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>19</td>
<td>119</td>
<td>3</td>
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<td>30.63%</td>
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<td>2.35%</td>
<td>7.57%</td>
<td>47.43%</td>
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<table>
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<tr>
<th>Totals</th>
<th>720</th>
<th>300</th>
<th>14</th>
<th>9</th>
<th>8</th>
<th>24</th>
<th>55</th>
<th>275</th>
<th>13</th>
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<tr>
<td></td>
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<td>41.67%</td>
<td>1.94%</td>
<td>1.25%</td>
<td>1.11%</td>
<td>3.33%</td>
<td>7.64%</td>
<td>39.33%</td>
<td>1.81%</td>
</tr>
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</table>
Outline

• Introduction to Crystal Run Healthcare
• How to Engage Physicians Around Quality
• **The Quality Improvement Cycle: Care Optimization**
  • Quality Improvement Initiatives
  • Variation Reduction
• Closing Gaps in Care
• Questions
Walt Disney Quote

Of all the things I've done, the most vital is coordinating those who work with me and aiming their efforts at a certain goal.

Walt Disney
Variation Reduction
Definition

• A cost control measure which seeks to standardize care according to clinical guidelines and eliminate waste amongst those not adhering to national or local practice standards.
Variation Reduction Process

- Step 1: Analyze Utilization
- Step 2: Compare utilization between physicians
- Step 3: Analyze the variation
Variation Reduction
Pilot (2010)

• **Step 1: Analyze Utilization**
  • Determine total cost per diabetic per physician
  • Cost includes professional, lab, imaging and procedure charges
Variation Reduction

Process

• Step 1: Analyze Utilization

• Step 2: Compare utilization between physicians
Variation Reduction Process

[Bar chart showing variation reduction process with labels Rad_pp, Lab_pp, Prov_pp]
Variation Reduction

Process

• Step 1: Analyze Utilization

• Step 2: Compare utilization between physicians

• Step 3: Analyze the variation
  • What is the source of variation?
Variation Reduction Process

• What is the source of variation?
  • “My patients are sicker”
  • “My quality is better”
  • Are best practice guidelines being followed?
Variation Reduction
Pilot: Diabetes

• ADA guidelines for diabetes
• Lessons learned
  • Frequency of lab tests
  • Frequency of office visits
  • Accuracy of coding
  • Use of consultants
  • Brief discussion on medications
Variation Reduction
Pilot

• Fast forward 6 months
• Compare Q3-Q4 2010 vs. Q3-Q4 2011
  • Provider charges per patient reduced by 7%
  • Lab charges per patient reduced by 15%
  • Radiology charges per patient reduced by 53%
• Total charges per patient reduced by 9%
Variation Reduction
Pilot: 2010 vs. 2012

<table>
<thead>
<tr>
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<th>2010</th>
<th>2012</th>
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<tr>
<td>Mean Charges/patient</td>
<td>$670</td>
<td>$596</td>
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<tr>
<td>Standard Deviation</td>
<td>$228</td>
<td>$155</td>
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<tr>
<td>Coefficient of Variation</td>
<td>0.34</td>
<td>0.26</td>
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</table>
Variation Reduction
Pilot: 2010 vs. 2012
Variation Reduction
Effect on Quality

Hgb A1c >9

- CRHC Results
- NCQA Goal
## Variation Reduction

### Spread Across Practice

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>DEPARTMENT</th>
<th>% CHANGE PP</th>
<th>TOTAL $$ CHANGE</th>
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<tbody>
<tr>
<td>CHF</td>
<td>Cardiology</td>
<td>-6%</td>
<td>-$53,457</td>
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<tr>
<td>Diabetes</td>
<td>PCP/Endocrine</td>
<td>-17%</td>
<td>-$844,755</td>
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<tr>
<td>Thyroid Nodule</td>
<td>Endocrinology</td>
<td>-26%</td>
<td>-$304,224</td>
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<tr>
<td>Otitis Externa</td>
<td>ENT</td>
<td>-2%</td>
<td>-$2,373</td>
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<tr>
<td>GERD</td>
<td>GI</td>
<td>-20%</td>
<td>-$178,381</td>
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<tr>
<td>Cholelithiasis</td>
<td>General Surgery</td>
<td>-7%</td>
<td>-$11,408</td>
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<tr>
<td>COPD</td>
<td>Hospitalists</td>
<td>-20%</td>
<td>-$9,215</td>
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<tr>
<td>HTN</td>
<td>Primary Care</td>
<td>-16%</td>
<td>-$943,002</td>
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<tr>
<td>Hyperlipidemia</td>
<td>FP/IM</td>
<td>-19%</td>
<td>-$1,150,376</td>
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<tr>
<td>HA/Migraine</td>
<td>Neurology</td>
<td>-10%</td>
<td>-$208,054</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Oncology</td>
<td>-7%</td>
<td>-$393,622</td>
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<tr>
<td>Lateral Epicondylitis</td>
<td>Orthopedics</td>
<td>-8%</td>
<td>-$27,647</td>
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<tr>
<td>Asthma</td>
<td>Pediatrics</td>
<td>-10%</td>
<td>-$24,570</td>
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<tr>
<td>Asthma</td>
<td>Pulmonology</td>
<td>+3%</td>
<td>+$26,238</td>
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<td>Renal Mass</td>
<td>Urology</td>
<td>-4%</td>
<td>-$62,812</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>-14%</td>
<td>-$4,187,658</td>
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Variation Reduction
Part of Quality Improvement Strategy

• Each department meets with one of the clinical transformation officers quarterly
• Diagnosis chosen the session before
• “Champions” assigned to create BPG
• Meet to review variation graphs
• 2-3 “takeaways” to reduce variation
• Review trend data for previous diagnoses
• Choose a diagnosis for following quarter
Variation Reduction
Effect on Quality, Cost, and Access

- Development of nearly 100 best practice guidelines across 20+ different specialties
- Maintenance or improvement across dozens of quality measures
- Creation of access equivalent to 18 physicians
- Consistent reduction in charges per patient while growing revenue
Variation Reduction Effect on Quality

NCQA Percentile

Breast Cancer Screening  70%
Colon Cancer Screening  70%
Diabetes Control  85%
Screening for Kidney Disease in Diabetes  70%
Appropriate Treatment for Children with URI  70%
Use of Aspirin in Coronary Artery Disease  70%
Lead Testing in Children  70%
Pneumonia Vaccination  70%

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Variation Reduction

Effect on Access

- Eliminated over 66,000 visits
- Grew practice by 60,000 patients
- Capacity equal to 18 physicians
Outline

• Introduction to Crystal Run Healthcare
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• The Quality Improvement Cycle: Care Optimization
  • Quality Improvement Initiatives
  • Variation Reduction
• **Closing Gaps in Care**
• Questions
“Why worry? If you’ve done the very best you can, worrying won’t make it any better.”

-Walt Disney
Closing Gaps in Care
Care Optimization Team

- **Staffing**
  - Led by nurse (LPN)
  - Staffed by 4 non-clinical employees

- **Process**
  - Focus on process measures (i.e. cancer screening, labs, immunizations)
  - Provided with registries (payer or home grown)
  - Calls to patients with care gaps
  - Direct phone line for call backs
  - Letters to patients who cannot be reached
  - Regular reports
## Closing Gaps in Care

### Care Optimization Team Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>72.6% (Below threshold)</td>
<td>82.9% (maximum)</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>37.3% (Below threshold)</td>
<td>64.95% (maximum)</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>65.4% (Below threshold)</td>
<td>82.23% (maximum)</td>
</tr>
<tr>
<td>Diabetic Control (A1c &lt;7)</td>
<td>Unknown</td>
<td>51.00% (maximum)</td>
</tr>
<tr>
<td>Diabetic Nephropathy</td>
<td>75.5% (Below threshold)</td>
<td>95.42% (maximum)</td>
</tr>
</tbody>
</table>
## Closing Gaps in Care

### Care Optimization Team Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent Medication Monitoring</td>
<td>78.5% (Below threshold)</td>
<td>91.5% (90th percentile)</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>74.8% (75th percentile)</td>
<td>78.9% (75th percentile)</td>
</tr>
<tr>
<td>Hgb A1c in past year</td>
<td>92.8% (75th percentile)</td>
<td>95.5% (90th percentile)</td>
</tr>
<tr>
<td>Diabetic Eye Exam</td>
<td>36% (Below threshold)</td>
<td>42.2% (Above target)</td>
</tr>
<tr>
<td>Diabetes LDL &lt;100</td>
<td>Unknown</td>
<td>56.9% (90th percentile)</td>
</tr>
<tr>
<td>Diabetes A1c &lt;8</td>
<td>Unknown</td>
<td>70.3% (90th percentile)</td>
</tr>
</tbody>
</table>
Closing Gaps in Care
Care Optimization Team Results

- Colorectal cancer screening
- Screening mammography
- Screening for High BP

2015 Institute for Quality Leadership
Closing Gaps in Care
Care Optimization Team Results

Graph showing the percentage improvement over time in screening for falls, adult BMI, tobacco use screening and cessation intervention, and depression screen.
A Word About Lean

- **Care Optimization Team**
  - Colon & breast cancer screening
  - Vaccines
  - Diabetes labs

- **Standardized rooming in procedure**
  - Fall risk assessment
  - Depression screen
  - Tobacco assessment

- **Standardized process**
  - BMI assessment and follow-up
  - Blood pressure screen and follow-up
Conclusions

• Physician engagement is a necessary first step to improving the quality of care delivered

• Improving quality requires a multimodal approach that involves constant analysis of data, standardized processes and the development of and adherence to best practice guidelines

• A robust quality improvement program must incorporate both care optimization on the front lines and methods to close gaps in care on the back end
"Times and conditions change so rapidly that we must keep our aim constantly focused on the future."

-Walt Disney
Walt Disney Quote

A man should never neglect his family for business.

- Walt Disney
Questions??

Thank You