



Quality 101

Quality 101: Public Reporting of Provider Performance

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To understand the place of public reporting of provider performance in the delivery and assessment of quality healthcare, it must be seen in the context of a coherent and comprehensive healthcare delivery model of care. The following is brief description of Southeast Texas Medical Associates, LLP's (SETMA) Model of Care. In this context, public reporting of provider performance is the fourth step. It will be described in turn.

SETMA's steps of the designing of the future of excellence in the delivery of healthcare are:::

1. Provider Performance Tracking with the ability for Providers to Evaluate their Own Performance at the Point of Care
2. Auditing of Provider Performance through SETMA's COGNOS Project¹
3. Analysis of Provider Performance through Statistics
4. Public Reporting of Provider Performance
5. Quality Assessment and Performance Improvement

Provider Performance Tracking

The Physician Consortium for Performance Improvement (PCPI)² is an organization created by the AMA, CMS, Institute of Medicine and others to develop measurement sets for quality assessment. The intent is to allow healthcare providers to evaluate their own performance at the time they are seeing a patient. SETMA is tracking a number of these measurement sets

¹ <http://www.setma.com>

² <http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/physician-consortium-performance-improvement.shtml>

including: Chronic Stable Angina, Congestive Heart Failure, Diabetes, Hypertension, and Chronic Renal Disease Stages IV through ESRD, Adult Weight Management, and Care Transitions. Others will be added over time. The details of these measurement sets and SETMA's provider performance on each can be found at www.setma.com under **Public Reporting PCPI**.

In addition to Provider Performance Tracking tools such as those produced by PCPI, the National Quality Foundation (see www.setma.com under Public Reporting NQF³), and National Committee for Quality Assurance (see www.setma.com under Public Reporting HEDIS and/or NCQA⁴), SETMA has designed a pre-visit quality measures screening and preventive care tool. This allows a SETMA provider and a patient to quickly and easily assess whether or not the patient has received all of the appropriate preventive health care and the appropriate screening health care which national standards establish as being needed by this patient. The following is the Pre-visit Preventive Screening tool. All measures in black apply to the current patient and are fulfilled. All measures in red apply to the current patient and have not been fulfilled and all measures in grey do not apply to the current patient. If a point of care is missing, it can be fulfilled with the single click of a single button.

Audit Previsit

Pre-Visit/Preventive Screening

General Measures (Patients >16)

Has the patient had a tetanus vaccine within the last 10 years? **Yes**
 Date of Last: 01/26/2010

Has the patient had a flu vaccine within the last year? **Yes**
 Date of Last: 01/26/2010

Has the patient ever had a pneumonia shot? **Yes**
 Date of Last: 01/26/2010

Does the patient have an elevated (>100 mg/dL) LDL? **Yes**
 Last: 160 09/01/2009

Elderly Patients (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50) **No**
 Date of Last: //

Has the patient had a fall risk assessment completed within the last year? **Yes**
 Date of Last: 01/28/2010

Has the patient had a functional assessment within the last year? **Yes**
 Date of Last: 01/26/2010

Has the patient had a pain screening within the last year? **Yes**
 Date of Last: 01/26/2010

Has the patient had a glaucoma screen (dilated exam) within the last year? **Yes**
 Date of Last: 08/18/2009

Does the patient have advanced directives on file or have they been discussed with the patient? **No**
 Discussed? Yes No Completed? Yes No

Is the patient on one or more medications which are considered high risk in the elderly? **No**

Diabetic Patients

Has the patient had a HgbA1c within the last year?
 Date of Last: 05/13/2009

Has the patient had a dilated eye exam within the last year?
 Date of Last: //

Has the patient had a 10-gram monofilament exam within the last year?
 Date of Last: 12/14/2009

Has the patient had screening for nephropathy within the last year?
 Date of Last: //

Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64)
 Date of Last: //

Has the patient had a mammogram within the last two years? (Ages 40 to 69)
 Date of Last: //

Has the patient had a bone density within the last two years? (Age >50)
 Date of Last: 03/27/2009

Male Patients

Has the patient had a PSA within the last year? (Age >40)
 Date of Last: //

Has the patient had a bone density within the last two years? (Age >65)
 Date of Last: //

Referrals (Double-Click To Add/Edit)

Referral	Status	Referring

³ <http://www.qualityforum.org/>

⁴ <http://www.ncqa.org>

There are similar tracking tools for all of the quality metrics which SETMA providers track each day. The following is the tool for NQA measures:

National Quality Forum (NQF) National Voluntary Consensus Standards

Return

Legend Measures in red are measures which apply to this patient that are not in compliance.
Measures in black are measures which apply to this patient that are in compliance.
Measures in gray are measures which do not apply to this patient.

<p>General Health Measures</p> <p>View Body Mass Index Measurement</p> <p>View Smoking Cessation</p> <p>View Proper Assessment for Chronic COPD</p> <p>View Adult Immunization Status</p> <p>Blood Pressure Measures</p> <p>View Blood Pressure Measurement</p> <p>View Blood Pressure Classification/Control</p> <p>Medication Measures</p> <p>View Current Medication List</p> <p>View Documentation of Allergies/Reactions</p> <p>View Therapeutic Monitoring of Long Term Medications</p> <p>View Drugs to Avoid in the Elderly</p> <p>View Appropriate Medications for Asthma</p> <p>View Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis</p> <p>View LDL Drug Therapy for Patients with CAD</p> <p>View Warfarin Therapy for Atrial Fibrillation</p>	<p>Care for Older Adults</p> <p>View Counseling on Physical Activity</p> <p>View Urinary Incontinence in Older Adults</p> <p>View Colorectal Cancer Screening</p> <p>View Fall Risk Management</p> <p>Diabetes Measures</p> <p>View Dilated Eye Exam</p> <p>View Foot Exam</p> <p>View Hemoglobin A1c Testing/Control</p> <p>View Blood Pressure</p> <p>View Urine Protein Screening</p> <p>View Lipid Screening</p> <p>Female Specific Measures</p> <p>View Breast Cancer Screening</p> <p>View Cervical Cancer Screening</p> <p>View Chlamydia Screening</p> <p>View Osteoporosis Management</p> <p>Pediatric Measures</p> <p>View Appropriate Screening for Children with Pharyngitis</p> <p>View Childhood Immunization Status</p>
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The providers' compliance with these measures are color coded for quick reference. The "view" button allows the provider to quickly review the content of the metric and to review the patient's results.

Passing the Baton

While healthcare provider performance is important for excellent care of a patient's health, there are 8,760 hours in a year. A patient who receives an enormous amount of care in a year is in a provider's office or under the provider's direct care less than 60 hours a year. This makes it clear that the patient is responsible for the overwhelming amount of their own care which includes compliance with formal healthcare initiatives and with lifestyle choices which support their health.

If responsibility for a patient's healthcare is symbolized by a baton, the healthcare provider carries the baton for .68% of the time. That is less than 1% of the time. The patient carries the baton 99.22% of the time. The coordination of the patient's care between healthcare providers is important but the coordination of the patient's care between the healthcare providers and the patient is imperative. (For more on this concept see: *Passing the Baton: Effective Transitions in Healthcare Delivery* By James L. Holly, MD Your Life Your Health *The Examiner* March 12, 2010 at www.setma.com). The following is a direct quote from this article. The emphasis and italics appear in the original:

“Often, it is forgotten that the member of the healthcare delivery team who carries the ‘baton’ for the majority of the time is the patient and/or the family member who is the principal caregiver. If the ‘baton’ is not effectively transferred to the patient or caregiver, then the patient’s care will suffer.”

Auditing of Provider Performance – SETMA’s COGNOS Project

The creating of quality measures is a complex process. That is why it is important for agencies such as the Ambulatory Care Quality Alliance (AQA), the NCQA, the NQF, the Physician Quality Reporting Initiative (PQRI) and PCPI, among others, to identify, endorse and publish quality metrics. The provider's ability to monitor their own performance and the making of those monitoring results available to the patient is important, but it only allows the provider to know how they have performed on one patient. However, the aggregation of provider performance over his/her entire panel of patients through an auditing tool carries the process of designing the future of healthcare delivery a further and a critical step. The problem with most auditing results, such as HEDIS, is that it is presented to the provider 12 to 18 months after the fact. SETMA believes that “real time” immediate auditing and giving of the audit results to providers can change provider behavior and can overcome “treatment inertia.”

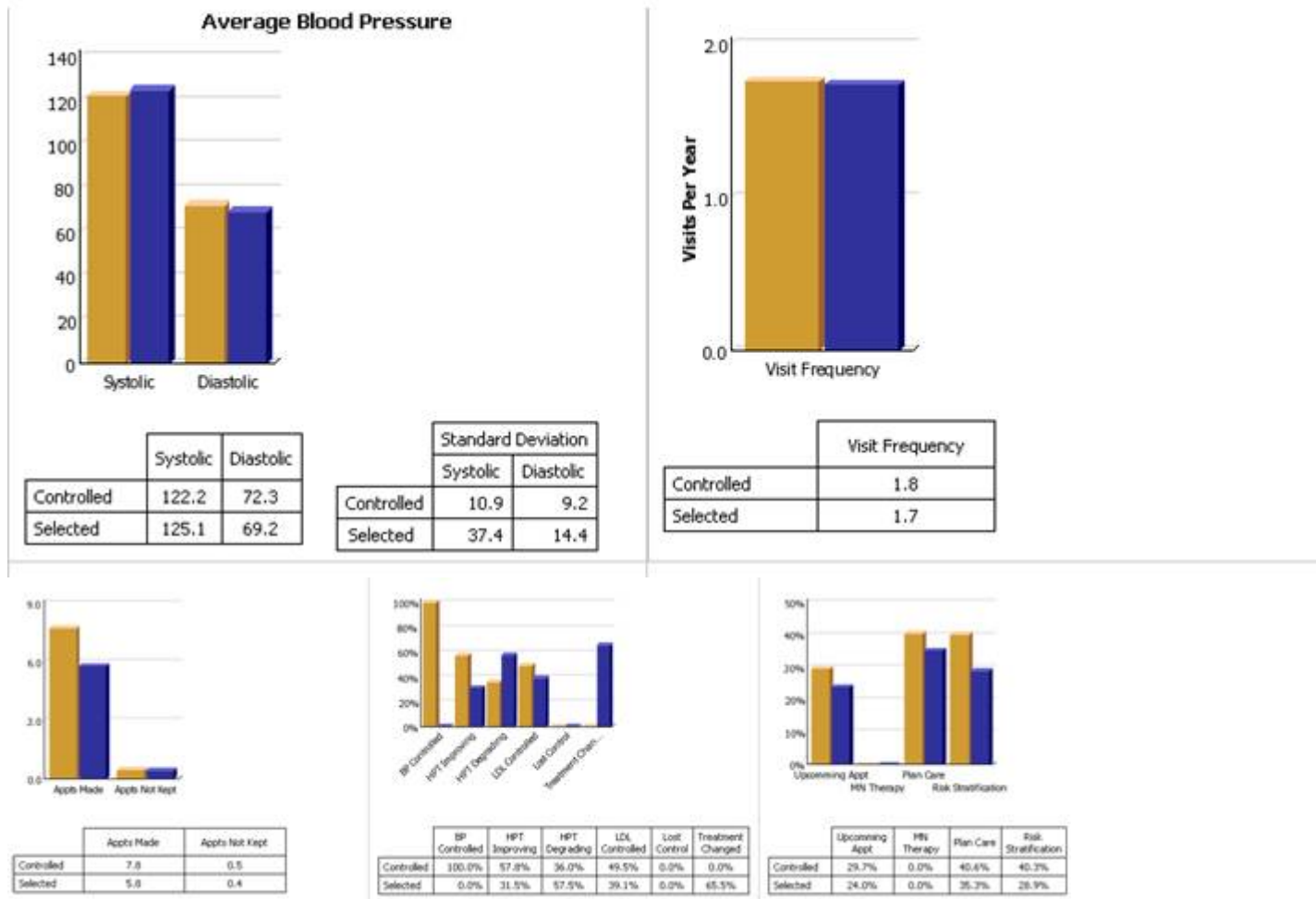
Auditing of provider performance allows physicians and nurse practitioners to know how they are doing in the care of all of their patients. It allows them to know how they are doing in relationship to their colleagues in their clinic or organization, and also how they are performing in relationship to similar practices and providers around the country.

As a result, SETMA has designed auditing tools through the adaptation to healthcare of IBM's business intelligence software, COGNOS. Multiple articles on SETMA's COGNOS Project can be found at www.setma.com under *Your Life Your Health* and the icon *COGNOS*. Those discussions will not be repeated here but auditing is an indispensable tool for the improvement of the quality of healthcare performance and for improvement in the design of healthcare delivery. The following are a few examples of the auditing SETMA does of provider performance.



Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

Controlled Group Time Basis: **Prior 12 Months**
 Controlled Group Constrained to: **All SETMA**
 Practice: **SETMA 1, SETMA 2, SETMA West**
 Provider: **None**



Through COGNOS, SETMA is able to display outcomes trending which can show seasonal patterns of care and trending comparing one provider with another. It is also possible to look at differences between the care of patients who are treated to goal and those who are not. Patients can be compared as to socio-economic characteristics, ethnicity, frequency of evaluation by visits and by laboratory analysis, numbers of medication, payer class, cultural, financial and other barriers to care, gender and other differences. This analysis can suggest ways in which to modify care in order to get all patients to goal.

Using digital dashboard technology, SETMA analysis provider and practice performance in order to find patterns which can result in improved outcomes practice wide for an entire population of patients. We analyze patient populations by:

- Provider Panel
- Practice Panel
- Financial Class – payer
- Ethic Group
- Socio-economic groups

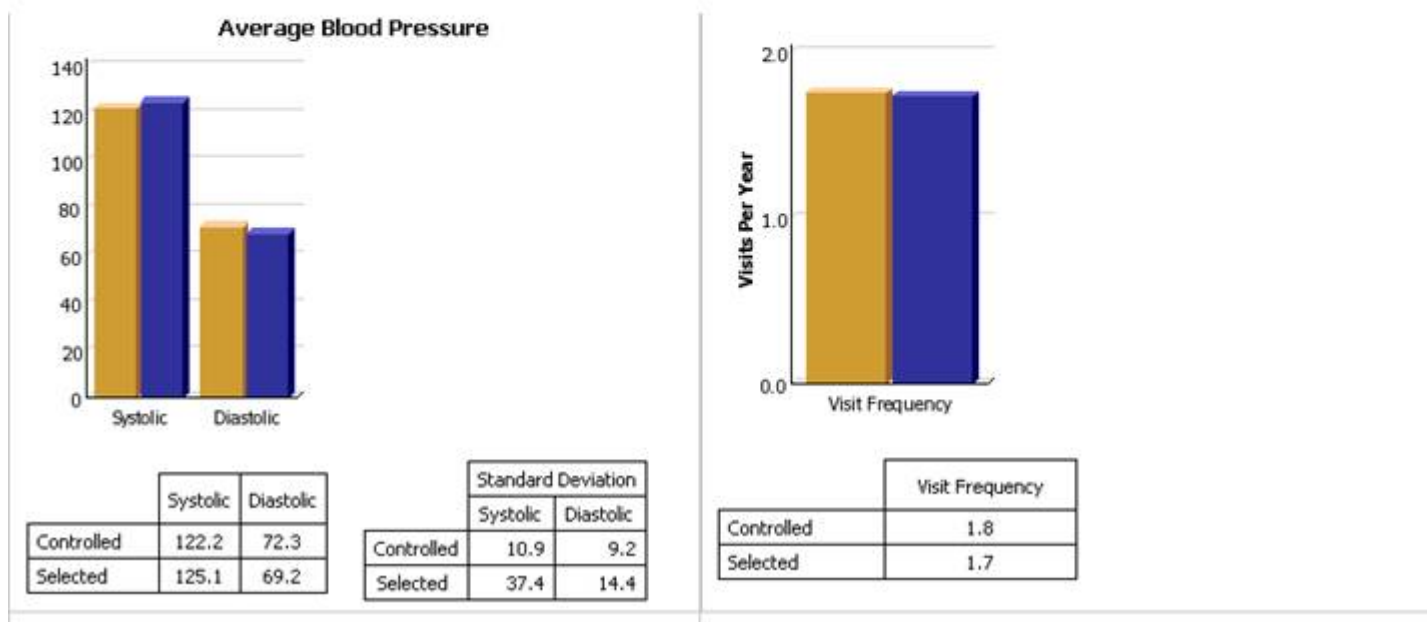
We are able to analyze if there are patterns to explain why one population or one patient is not to goal and others are. WE can look at:

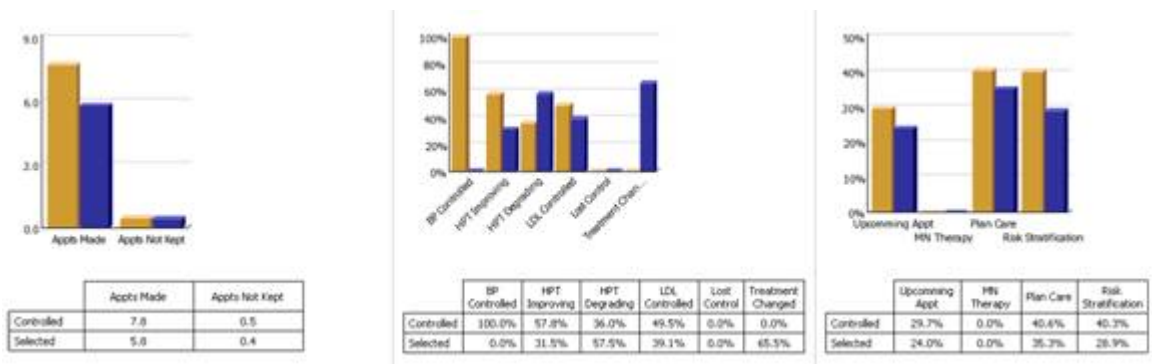
- Frequency of visits
- Frequency of testing
- Number of medications
- Change in treatment
- Education or not
- Many other metrics



Chronic Hypertension - Measures Comparison (Most Recent 12 Months)

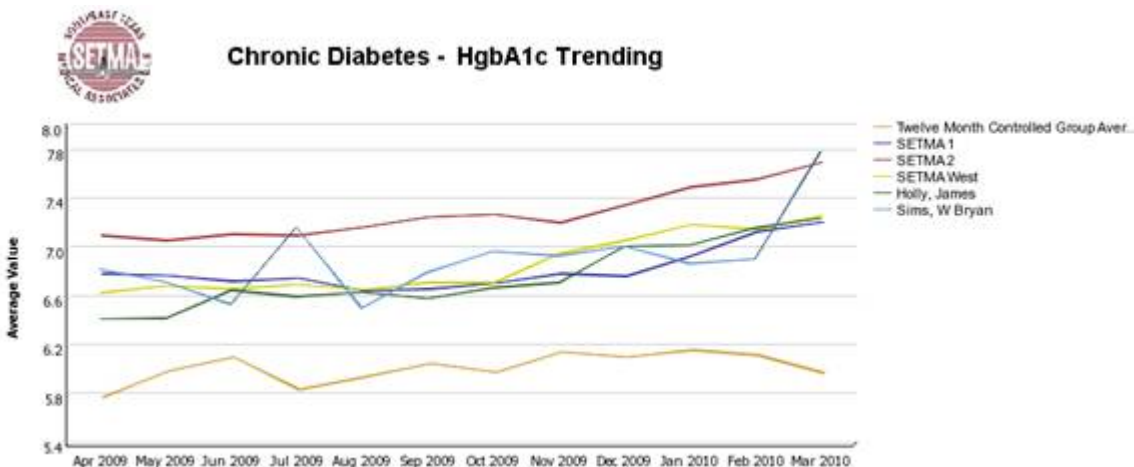
Controlled Group Time Basis: **Prior 12 Months**
 Controlled Group Constrained to: **All SETMA**
 Practice: **SETMA 1, SETMA 2, SETMA West**
 Provider: **None**





We are able to present over-time patient results comparing:

- Provider to practice
- Provider to provider
- Provider current to provider over time
- Trending of results to see seasonal changes, etc.



Analysis of Provider Performance through Statistics

Raw data can be misleading. It can cause you to think you are doing a good job when in fact many of your patients are not receiving optimal care. For instance the tracking of your average performance in the treatment of diabetes may obscure the fact that a large percentage of your patients are not getting the care they need. Provider Performance at the point of service is important for the individual patient. Provider Performance over an entire population of patients is important also. However, until you analyze your performance data statistically, a provider will not know how well he or she is doing or how to change to improve the care they are providing..

Each of the statistical measurements which SETMA tracks, the mean, the median, the mode and the standard deviation, tells us something about our performance. And, each measurement helps

us design quality improvement initiatives for the future. Of particular, and often, of little known importance is the standard deviation.

From 2000 to 2010, SETMA has shown annual improvement in the mean (the average) and the median results for the treatment of diabetes. There has never been a year when we did not improve. Yet, our standard deviations revealed that there were still significant numbers of our patients who are not being treated successfully. Even here, however, we have improved. From 2008 to 2009, SETMA experience a 9.3% improvement in standard deviation. Some individual SETMA providers had an improvement of over 16% in their standard deviations. Our goal for 2010 is to have another annualized improvement in mean and in median, and also to improve our standard deviation. When our standard deviations are below 1 and as they approach .5, we can be increasingly confident that all of our patients with diabetes are being treated well.

An example of a statistical analysis of SETMA's diabetes care in regard to the elimination of ethnic disparities of care is given in the article *Eliminating Ethnic Disparities in Diabetes Care Your Life Your Life Your Health* *The Examiner* May 13, 2010, which is posted on our website at www.setma.com.

Public Reporting of Provider Performance

One of the most insidious problems in healthcare delivery is reported in the medical literature as “treatment inertia.” This is caused by the natural inclination of human beings to resist change. Often, when patients' care is not to goal, no change in treatment is made. As a result, one of the auditing elements in SETMA's

COGNOS Project is the assessment of whether a treatment change was made when a patient was not treated to goal.

Overcoming “treatment inertia” requires the creating of an increased level of discomfort in the healthcare provider and in the patient so that both are more inclined to change their performance. SETMA believes that one of the ways to do this is the public reporting of provider performance. That is why we are publishing provider performance by provider name at www.setma.com under **Public Reporting**.

A more complete explanation of SETMA's philosophy and intent in “public reporting” of provider performance can be found in the following articles:

- *Transforming Healthcare Public Reporting of Provider Performance on Quality Measures* Your Life Your Health December 3, 2009;
- *Patient-centered Medical Home SETMA's COGNOS Project Changing Patient and Provider Behavior* Your Life Your Health October 29, 2009.
- *County Health Rankings – Part II Quality of Care – What Will Be Gained by Public Reporting* Your Life Your Health March 4, 2010

QAPI – Quality Assessment and Performance Improvement

Quality Improvement Initiatives based on tracking, auditing, statistical analysis and public reporting of provider performance are critical to the transformation of healthcare both as to quality of care and as to cost of care.

With the above described data in hand and with the analysis of that data, it is possible to design quality initiatives for future improvement in care. Currently SETMA is designing two major quality initiatives. One is for diabetes. It is an attempt to eliminate the last vestiges of ethnic disparity in the care of diabetes. This will require the use of additional internal resources and attention but it is our intent to do so and to permanently and totally eliminate ethnic disparities. The other is in regard to decreasing avoidable readmissions to the hospital.

Resources

1. Leveraging Health Information Technology in Achieving Price and Quality Reporting white paper <http://www.himss.org/content/files/QPRWhitePaper.pdf>
2. *How Registries Can Help Performance Measurement Improvement* (7/1/2010)
A new white paper from the Robert Wood Johnson Foundation-supported High-Value Health Care Project describes solutions for leveraging both administrative and registry data to make additional performance results available, as well as further increase registry use for performance measurement and other purposes. [Read the paper.](#)
3. *Aligning Forces for Quality Tracks Success in Improving Care* (8/2/2010)
[Materials Point to Progress in Robert Wood Johnson Foundation Effort](#)
Many experts say health care can be significantly improved when communities come together to measure performance of physicians, improve quality of care and better engage patients in their health. By bringing together local health care providers, consumers and employers—the people who give care, get care and pay for care in a given region—real progress is being made through Aligning Forces for Quality (AF4Q).