

Nomination for eHI Awards – SETMA

Nominee:

Southeast Texas Medical Associates, LLP

Beaumont, TX 77702

USA

E-mail: jholly@setma.com

5. Please describe the nominee's actions that have directly led to improvements in the management, treatment and care of individuals with cancer, diabetes or heart disease through the use of electronic tools.

The primary preventive health initiative of Southeast Texas Medical Associates is the LESS Initiative. LESS is an acronym for: Lose weight, Exercise and Stop Smoking. While no one would argue that each of these is valuable in anyone's life or health, to SETMA's knowledge there has never been a concentrated effort to consistently confront an entire patient group with all three elements every time they seek healthcare. SETMA took on this challenge for more than 400 patient visits a day across five different clinical settings, with a specific focus on diabetes prevention, hypertension prevention and insulin resistance risk analyses.

As of summer 2011, the program had contributed to a leveling off in the prevalence of overweight/obesity, above-average quit rates in smokers, better blood glucose control in those with diabetes, and fewer racial disparities in the care of some chronic conditions. It continues today with similar, positive results.

As the foundation of its LESS Initiative, SETMA leverages an electronic health records system from NextGen Healthcare to assess weight-related health risks, create customized exercise "prescriptions," and evaluate and address smoking status among patients. The information gathered in the EHR is summarized and supplied to the patient at each visit to support the behavioral changes they need make in order to improve their health. During each visit, the nurse and physician explain this document to the patient, reinforcing its key messages and referring the patient to relevant support programs at SETMA and in the community.

How the initiative works: Every time a patient is seen in a SETMA clinic, no matter the occasion, they receive a document and have a personal conversation with their provider about the health risk of...

- Their current weight, as measured by body mass index (BMI) and body fat content. Each patient is given a Weight Management Assessment with the disease risk associated with their current BMI and waist measurement. They are given their percent body fat and an explanation as to how a 5-10% change will impact their health and future.
- Their current level of activity. SETMA explains to patients the benefit their heart and lungs are receiving from their current level of exercise, and it provides a recommended minimum exercise level to achieve a "good" aerobic status for their age and sex. This personalized exercise prescription includes information on how to increase the number of steps taken each day in order to have an "active" lifestyle, which is defined by taking 10,000 or more steps a day. The average America takes fewer than 6,000.

- Smoking. SETMA provides a 7-page document on, and discusses in person, the imperative to quit smoking and the risk of exposure to "environmental tobacco smoke" or "second hand smoke," either at home or at work.

6. Please describe the issue or challenge that the nominee(s) addressed.

The first element of LESS is "lose weight." There is no question that losing weight – even by just a 5-10% decrease in body fat – benefits our health. In September 2004, the Journal of the American Medical Association (JAMA) published two articles on the benefit of nutrition and weight reduction. The first addressed the health benefits of weight reduction in the elderly between 70 and 90 years old. This study, done in Europe, showed the following results:

"During the 10-year follow-up, men and women between the ages of 70 and 90 years who had adhered to a Mediterranean diet (with resultant weight loss), were nonsmokers or had stopped smoking more than 15 years ago, were physically active, and used alcohol moderately (wine), had less than half the mortality rate from all causes, CHD, CVD, and cancer than those who did not."

The second study concluded, "...both physical activity and BMI play important roles in the development of type 2 diabetes and the magnitude of the association with diabetes risk was much greater for BMI than for physical activity. These findings underscore the critical importance of [body fat] as a determinant of type 2 diabetes and to further reduce the risk of diabetes with physical activity, it should be performed in conjunction with achieving weight loss."

The second element of LESS is "exercise." While this is commonly associated with going to the gym or other structured, formal work outs, exercise to benefit your health can simply mean being active. Especially for those whose job has them sitting at a desk all day, they have to walk, jog, cycle, swim or in some other way remain active to stay healthy. Getting people moving, no matter what their current condition, will benefit them.

Another recent study in JAMA, which examined the relationship of obesity and physical exercise in women with coronary artery disease, reached the following conclusion:

"Among women... [Obesity] was not independently associated with [heart disease]. However, lower self-reported physical fitness scores were associated with higher prevalence of [heart disease] and these results suggest that fitness may be more important than overweight or obesity for [heart] risk in women. Evaluation of physical activity and functional capacity using simple questionnaires should be an integral part of [heart disease] risk [assessment] and interventions aimed at increasing physical fitness levels should be included in the management of all women at risk for [heart disease]."

The final element of LESS is to "stop smoking." A critical part of our smoking initiative is addressing the health risks of "not smoking but inhaling." A puff of smoke has several billion free radicals - destructive, highly active particles which damage your body and health. Whether you inhale while smoking, or are close to someone who does, it damages your health.

The good news is that it is never too late to stop. Even those with emphysema and shortness of breath will benefit from stopping smoking. In addition to confronting smokers about the need to stop, and

giving them information and/or medication to help with the process, SETMA's EHR reminds providers to call the patient in one month to see if they have succeeded.

7. What were the health or healthcare improvement goals in the management and treatment of one of these conditions?

SETMA launched the LESS Initiative with confidence that it would change healthcare provider behavior and the quality of healthcare counsel SETMA's patients receive every time they come to the clinic.

The principle goals were to prevent the progress of pre-diabetes to full blown diabetes and of pre-hypertension to hypertension. In addition, with the contribution of physical inactivity to every known disease such as CHF, Cancer and the Cardiometabolic Risk Syndrome, LESS was designed to prevent this condition as well.

In addition, LESS was designed in response to the three lifestyle changes SETMA wanted taken by every patient who had any of the disease processes they commonly treat, including diabetes, hypertension, dyslipidemia, coronary artery disease and falls.

While addressing the three primary areas of the LESS Initiative may seem simple, SETMA's commitment to consistently addressing them at every patient visit led to a complex undertaking. Every time a patient visits a SETMA clinic, the objective was to supply a one page weight management assessment, a 7-page exercise prescription, and a 7-page smoking cessation guide, either for direct smokers or for non-smokers who are at work or at home with a smoker on the hazards of second-hand tobacco smoke.

8. Describe in detail how electronic tools were used to achieve the goals listed above.

SETMA has been using a secure EHR system from NextGen Healthcare since early 1999. Feeling the EHR could do much more than electronically document encounters, SETMA quickly expanded its objectives for technology use to include managing of patients. It began by developing disease-specific tools within the EHR related to managing diabetes, hypertension, high cholesterol and congestive heart failure. As it developed the LESS Initiative, a key step was to leverage the EHR to create a systemic, consistent approach to supporting patients in making desirable lifestyle changes such as losing weight, exercising more and quitting tobacco use.

In one example of how SETMA created electronic tools and templates within its EHR to meet these objectives, the organization turned the American Medical Association's 200+ page adult weight management program into an electronic, template-based format that emphasizes the risks associated with excessive weight and makes recommendations related to diet, exercise, and treatment. A similar approach was used in building other templates, including basing the exercise template on the work of The Cooper Institute in Dallas, TX.

For the step-by-step procedure followed by SETMA staff as part of LESS, see http://www.setma.com/Tutorial_LESS.cfm or the enclosed PDF document. It includes screenshots of numerous custom-built EHR templates used for each step of the LESS process. First, the nurse records

patient vital signs and history in the EHR and views any patient-specific alerts. Next, the nurse performs the three part LESS assessment and generates automatic results through the EHR templates, including: the patient's weight management, diabetes risk and recommended weight change; the creation of an exercise prescription based on weight, current regimen and the patient's own disease-related limitations; and finally the patient's direct or second-hand smoking habits along with cessation strategies.

Within the EHR templates, SETMA nurses can then create a reminder to follow up with the patient in one month. Finally, the nurse prints the full document to review verbally with the patient, explaining key points and how the personalized, recommended changes can help them improve their own health. As part of the physician's visit with the patient, he or she confirms that the patient understands the document, addresses questions and reinforces the positive behavior changes it calls for.

During these interactions with patients, nurses and physicians use the information generated by the EHR templates to identify, arrange for or make referrals to required support services, including gym memberships, disease management programs (currently targeting diabetes, congestive heart failure, hypertension, and high cholesterol) and smoking cessation counseling and treatment. The patient takes the document home and is reminded to bring the document to the next visit to evaluate progress against established goals.

9. Describe how patient care was affected or improved.

As reported by the Agency for Healthcare Research and Quality (AHRQ) in a July 2011 publication on the LESS Initiative, the program has contributed to a leveling off in the prevalence of overweight/obesity, above-average quit rates among smokers, better blood glucose control in those with diabetes, and fewer racial disparities in the care of some chronic conditions:

- **No increase in overweight/obesity:** An analysis of more than 32,000 patients seen by SETMA at least 6 times in the past 10 years found that average BMI has remained stable (rising only slightly, from 28.15 to 28.56). Similarly, the percentage of these patients with a BMI above 25 (the cutoff for being considered overweight) also remained stable, rising by only 0.49 percentage points (from 63.13 to 63.52%). This stabilization suggests the program has had a positive impact on weight management because it occurred as these individuals got older (BMI often increases with age), and during a time when rates of overweight/obesity rose for the nation as a whole. Although the LESS initiative cannot be considered solely responsible for this stabilization, program leaders believe it has been a major contributor due to its systematic, consistent focus on weight management and related behaviors at virtually every visit.
- **Above-average quit rates:** In the past 10 years, the LESS Initiative has helped at least 2,767 patients quit smoking. In addition, at least 15% of the 3,209 smokers who have visited the practice at least twice in the last 2 years have quit permanently. (Actual quit rates are likely higher, as documentation of those who quit does not always occur.) This rate is well above the 7% or lower average quit rate among smokers who, according to the American Cancer Society in 2011, want to stop smoking but receive little or no assistance in doing so.
- **Better blood glucose control:** Median hemoglobin A1c levels in patients with diabetes dropped from 7.78% in 2000 to 6.50% in 2008. Multiple initiatives (including disease management tools, a self-management education program, and an endocrinologist joining the practice) likely account for this decline, with the LESS initiative playing a supporting role.

- **Fewer disparities in chronic care:** The practice has virtually eliminated disparities in diabetes outcomes, with similar percentages of African-American and white diabetes patients having their blood glucose levels under control. The practice has made some (but less substantial) progress in reducing racial disparities in managing hypertension and high cholesterol. The LESS Initiative has played a supporting role in reducing these disparities, primarily through its systematic emphasis on addressing health-related behaviors for every patient (regardless of race) at virtually every visit.

10. Describe how practice life was affected or improved.

The LESS initiative functioning as both a clinical decision support and a clinical process support enabled SETMA providers to address these conditions at every visit whether in the clinic, hospital, nursing home or other setting. SETMA publicly reports on over 200 quality metrics by provider name at www.setma.com under Public Reporting. The progressive improvement shown here in the treatment of hypertension by exercise, weight reduction and smoking cessation is noteworthy.

11. Describe how the project affected patient/provider communication.

By design, the LESS Initiative dramatically increased information flow and communication between SETMA and its patients. It serves as a means to engage patients in their own healthcare and actively support them through the lifestyle changes they have to make for themselves in order to improve their health.

By not only providing a personalized document on weight management, exercise and smoking during each visit, but also requiring nurses/physicians to have a direct conversation with patients about the document, it enables reinforcement of key messages about healthier living and an opportunity to educate the patient, show personal support and provide custom referrals.

SETMA understands that if their providers simply hand the document to patients, most will not read it. But if they introduce it and then follow-up at the next visit to ask if they understood the material, they will increase its usefulness.

Here is a suggested introduction of the LESS Initiative, provided to all SETMA's providers:

"This is SETMA's LESS Initiative. We give this to every patient we see. LESS stands for "lose weight, exercise and stop smoking and/or avoid second-hand smoke." No matter what your age or health, these are the three most important things you can do for yourself. Please read this. Ask your healthcare provider why this is important; he/she will be happy to discuss this with you. And, the next time I see you, I would like to know if you have been successful in losing weight, exercising and avoiding tobacco smoke."

12. Assess how the nominees' project or initiative impacted the field at the national, state, regional or local level. What best practices are transferable to other organizations?

Several practices from the LESS Initiative are transferable to other organizations, especially the model templates and tools created within SETMA's electronic health record system. With support from a college intern with programming experience, SETMA's chief executive officer worked on a part-time basis over several months to develop the relevant templates for the program. They leveraged existing literature to apply proven approaches to educating patients on weight management, exercise and smoking cessation. In the example described earlier, SETMA leveraged the American Medical Association's adult weight management program to create an electronic, template-based procedure that emphasizes risks associated with excessive weight and makes recommendations related to diet, exercise, and treatment.

Training of nurses and physicians was also critical and repeatable. All of SETMA's clinic staff underwent initial training on how to use the LESS templates and how to discuss behavior change with patients. This training continues - the practice closes for a half-day each month to train nurses and physicians on use of SETMA's LESS templates and other disease management tools. A LESS tutorial is available to providers at any time. SETMA's CEO also uses regular staff meetings as an opportunity to train staff on how to work effectively with patients to promote behavior change.

Success of initiatives like SETMA's LESS project also depends on sharing responsibility among many members of a healthcare team, a practice that other healthcare organizations looking to make similar behavior changes among a population of patients can model:

1. The IT team has to make it possible to easily and conveniently produce the patients' documents and to audit the performance.
2. Nursing and support staff have to collect the data - weight, height, waist size, abdominal girth, hip measurements, neck size, chest size, body fat, and more – that will be used in determining the patient's health risk.
3. Nursing staff have to create, print and distribute the documents, as well as initiate the discussion with the patient of the information in each.
4. Healthcare providers - physicians and nurse practitioners – must be committed to interacting one-on-one with their patients about the imperatives for a lifestyle change as indicated by their reports.
5. Nurse management staff must audit the charts at the end of each day to make certain that the above steps have been done. SETMA established that a 95% effectiveness rate is their standard for program success.

In addition to engaging the patient's full care team, the healthcare provider organization must also establish internal or external resources to further help the patient make changes in their health. This impacts other service providers regionally, helping to establish a core care team for patients, similar to the objectives of a Patient-Centered Medical Home:

1. Patients at SETMA are referred to SETMA's Education Department for dietary education for weight management, diabetes, cholesterol, hypertension, the metabolic syndrome and other conditions where improvement is dependent upon patient dietary compliance.
2. Patients can also be referred to SETMA's weight management clinic, which has a proven record in helping patients. Utilizing the Adult Weight Management program published by the AMA, SETMA's electronic version of this excellent tool is used to assist patients in achieve their weight reduction goals.
3. Patients who are serious about cardiac and pulmonary conditioning can be referred to SETMA's cardiopulmonary rehabilitation program for assistance and guidance in that process.

A report of SETMA's LESS Initiative was published by the Agency for Healthcare Research and Quality in a July 2011 Innovation Profile, "Multispecialty Practice Uses Electronic Templates to Provide Customized Support at Every Visit, Contributing to Improved Patient Behaviors and Outcomes:"

<http://www.innovations.ahrq.gov/content.aspx?id=3223>. This recognition offers providers nationwide the opportunity to review and learn from the LESS Initiative as a model for enacting behavior change among their patient populations.

Also contributing to the broader impact of LESS, SETMA's electronic health record vendor NextGen Healthcare is incorporating the LESS Initiative into its published knowledge base to make this function available to all NextGen® Ambulatory EHR users. The details of LESS are published on SETMA's website making them accessible and reproducible by anyone with SETMA's cost or attribution.

13. Please provide a short biography of the individual

Southeast Texas Medical Associates, LLP was founded in 1995 by James L. Holly, M.D. and Mark A. Wilson, M.D. Their desire was to form a group practice and design a healthcare delivery system which would integrate all of the various components of a family's health needs in a multi-specialty setting. SETMA's founding partners took the best of the old system, which has provided outstanding healthcare to Southeast Texas for decades, and merged it with a new technological approach to primary healthcare delivery. SETMA is committed to maintain the health of patients, maintaining quality of life for patients and to do this is in a cost-effective way.

SETMA has expanded to become a true multi-specialty clinic, with a growing provider base that includes Pediatrics, Endocrinology, Ophthalmology, Internal Medicine, Nurse Practitioners, Family Practice, Cardiology, Infectious Disease and Neurology.

SETMA's work has resulted in noteworthy achievements and pedigree recognition from:

- **HIMSS Davies Award** (2006)
- **HIMSS Peer-Reviewed Stories of Success** (2011)
- **Joslin Diabetes Clinic Affiliation** as The Joslin Diabetes Affiliate at Southeast Texas Medical Associates (2010)
- **NCQA Tier Three Medical Home Recognition** (2010)
- **NCQA Diabetes Program Recognition** (2010)
- **Accreditation Association for Ambulatory Health Care (AAAHC)** accreditation for Ambulatory Care
- **AAAHC accreditation for Medical Home** (2010 and 2011)
- **Office of National Coordinator** of Health Information Technology of Health and Human Services' naming SETMA as one of thirty exemplary practices in the nation for Clinical Decision Support.
- **Gartner Business Intelligence** Semi-Finalist Award for Business Analytics
- **American Medical Association Physician Consortium for Performance Improvement (PCPI), Joslin Diabetes Clinic and Center for Medicare and Medicaid** using SETMA's database as a research tool for Care Transitions research; Performance Improvement CME research in Glucose control and cardiometabolic syndrome identification and treatment; cost-analysis research for Medicare recipients in a Medical Home setting.

14. Please provide specific achievements, such as how their efforts benefited their organization and/or the industry, or the policy or product they participated in, as well as what makes their efforts extraordinary.

SETMA's Seven Stations for Success in the treatment of diabetes includes Station Three which is the LESS Initiative.

The poster for this station states:

- L – Lose Weight – Excess fat leads to diabetes, high blood pressure and other health problems. Know your body fat, BMI and BMR.
- E – Exercise – Exercise helps lower body fat, blood sugar and blood pressure. How to exercise? START!
- S – Stop Smoking – Smoking causes heart disease.
- S – Stop Smoking – Trying to stop doesn't help; only stopping helps.

Make the Decision

Ask for help

Only you can stop

This exemplifies Dr. Elliott Joslin's famous quote about the care of patients with diabetes; he said, *"It is better to discuss how far you have walked than how little you have eaten."* -Elliot P. Joslin, MD.

In concept, tackling the three primary areas of the LESS Initiative – weight, exercise and smoking - may seem common, but SETMA's way of executing the program calls for an extraordinary level of commitment from all staff members. Under LESS, they have to consistently address these health risks at every single patient visit - a complex undertaking. Each patient not only leaves with a 15-page weight management assessment, exercise prescription and smoking cessation guide, but more importantly with an understanding of how critical these lifestyle choices are to their health. Nurses and physicians at SETMA display an exceptional dedication to engaging patients in their own healthcare, embodying the principles of Medical Home and care transformation that are driving towards a healthier America.