Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

October 20, 2016

TODAY'S WEBINAR

- Together 2 Goal® Updates
  - Webinar Reminders
  - Goal Post October Newsletter Highlights
  - National Day of Action
- Embed Point-of-Care Tools
  - Scott Hines, MD, Crystal Run Healthcare
- Q&A
  - Use Q&A or chat feature

Together 2 Goal®

WEBINAR REMINDERS

- Webinar will be recorded today and available the week of October 24th
  - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  - Email distribution
- Participants are encouraged to ask questions using the "Chat" and "Q&A" functions on the right side of your screen

Together2Goal®

GOAL POST OCTOBER NEWSLETTER HIGHLIGHTS


GOAL POST

A monthly newsletter of the national Together 2 Goal® campaign.

October 2016 Edition

Upcoming Dates

Campaign Spotlight

Resource of the Month

Institute for Quality Leadership

- **Monday, November 14**
  - Pre-Conference Session (Interactive CORE Program)
- **Tuesday, November 15**
  - Quality Improvement Leadership Council Meeting
    - Improving Care Delivery: Assessing and Addressing CVD Risk
    - Team-Based Approach to Diabetes Care
- **Wednesday, November 16**
  - Peer-to-Peer Breakout Session
    - New Approach to Improving Diabetes Care with In-Person Professional Education Training Model

Together 2 Goal®

GOAL POST OCTOBER NEWSLETTER HIGHLIGHTS


GOAL POST

October 2016 Edition

Campaign Spotlight

Together 2 Goal® will hosts first annual National Day of Action on November 3. Learn how your "actions" can empower the nation to better manage diabetes.

Read more

Campaign Spotlight

Together 2 Goal®

NATIONAL DAY OF ACTION: NOVEMBER 3

- **Online Pledge**
  - "Pledge" an action for diabetes!
  - Individuals and organizations can choose from sample actions or create your own!
  - Pledge form available at www.Together2Goal.org

- **Twitter Chat**
  - Chat about diabetes with patients, influencers, and others working to advance diabetes management
  - Chat scheduled for Nov. 3 from 2-3 p.m. EDT
  - Hashtag: #T2Gchat

Together2Goal®

TODAY'S SPEAKER

Scott Hines, MD

Chief Quality Officer

Crystal Run Healthcare

Point of Care Tools for Diabetes Management

Scott Hines, MD
Chief Quality Officer
Crystal Run Healthcare
October 20, 2016

Outline

- Introduction to Crystal Run Healthcare
- Point of Care Tools
  - Checklists
  - Gaps In Care Sheets
  - Point of Care Retinal Cameras
  - Best Practice Guidelines
- Patient Registries
- Outcomes

Outline

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Crystal Run Healthcare

- Physician owned MSG in NY State, founded 1996
- 350+ providers, >30 locations, 47 specialties
- Joint Venture ASC, Urgent Care, Diagnostic Imaging, Sleep Center, High Complexity Lab, Pathology
- Early adopter EHR (NextGen®) since 1999
- Care Managers since 2004
- Accredited by Joint Commission since 2006
- Level 3 NCQA PCMH Recognition 2009, 2012

Crystal Run Healthcare ACO

- Single entity ACO
- MSSP participant (since April 2012)
- NCQA ACO Accreditation (December 2012)
- 30,000 commercial lives at risk
- Medicare Shared Savings Program (MSSP)
  - 15,000 attributed beneficiaries

Outline

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Point of Care Tools

Measures, Measures Everywhere…

- Glycemic control (A1c >9, A1c <8, A1c <7)
- Screening for nephropathy
- Annual diabetic eye exam
- Blood pressure control
- Presence of a statin
- Immunizations (Pneumonia, flu, HBV)
- Comprehensive foot exam
- Aspirin prescription
- Tobacco cessation

Point of Care Tools

Checklists

- Pre-visit planning (primary care, endocrinology)
- Tracks 8 different performance measures
- Given to patient at end of visit

Point of Care Tools

Checklists

We want you healthy.
Crystal Run Healthcare

Patient Scorecard: Diabetes

At Crystal Run, we want you healthy! We are committed to working with you to manage your diabetes. We want you to enjoy the best possible quality of life for yourself. This scorecard shows what is important to take a look at when managing your diabetes. Meeting these goals will help you to reduce the problems related to your diabetes.

Measure	Goal	Your Score/Date		Your Score/Date		Your Score/Date	
Average blood sugar test (A1c)	Less than 7						
Blood Pressure	Lower than 130 and lower than 90						
Cholesterol	LDL less than 100						
Diet and Exercise	30 minutes 5 times a week						
Eye Exam	Once a year						
Foot Exam	Once a year						
Immunizations	Pneumonia vaccine only one time						
	Influenza vaccine once each year						
Screening for Kidney Disease	Once a year						

845-703-6999 CrystalRunHealthcare.com

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Point of Care Tools

Gaps in Care Sheets

- Replaced checklists in primary care, soon endocrinology
- Nightly automated process
- Identifies applicable clinical care measures based on demographics, chronic conditions
- Includes last performed, next due
- Includes HCC opportunities

Point of Care Tools

Gaps in Care Sheets

Gaps in Care

Related Measure	Recommended Action	Last Done	Next Due
Comprehensive Diabetes Care (CDC)-Eye Exam	Eye Exam		
NY State HIV Screening Law	HIV Screening	5/28/2013	05/27/2016
Breast Cancer Screening 40-74 (2015)	Breast Cancer Screen	8/7/2015	08/06/2016
Comprehensive Diabetes Care (CDC)-Nephropathy	Nephropathy Assessment	6/15/2016	06/15/2017
Comprehensive Diabetes Care (CDC)-HgA1c > 9	Most Recent HgA1c	9/10/2016	09/10/2017
Annual Monitoring for Patients on ACE or ARB (MPM)	Medication Monitoring - ACE/ARB	9/21/2016	09/21/2017
Influenza Immunizations Current Season (Payer)	Most Recent Flu Vaccine	9/21/2016	Completed
Cervical Cancer Screening (CCS)	Most Recent Screening	12/31/2014	12/30/2017
Tobacco Use Assessment and Tobacco Cessation Intervention	Most Recent Counseling	9/27/2016	09/27/2018
Colorectal Cancer Screening (COL)	Colon Cancer Screen - Colonoscopy	9/14/2015	09/11/2025

Point of Care Tools

Gaps in Care Sheets

HCC/HHS Opportunities

HCC-HHS	icd10	ICD-10 Description	Last Entered
20	E11.65	Type 2 diabetes mellitus with hyperglycemia	Completed 2016
20	E11.69	Type 2 diabetes mellitus with other specified complication	Completed 2016
21	E11.9	Type 2 diabetes mellitus without complications	Completed 2016
21	E13.9	Other specified diabetes mellitus without complications	Completed 2016

Point of Care Tools

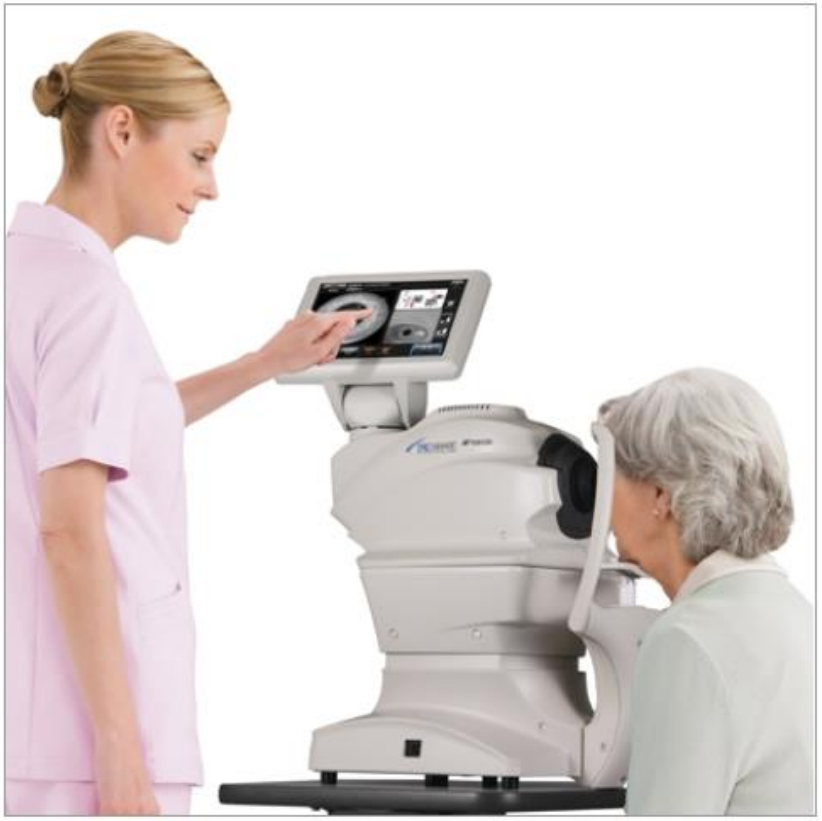
Point of Care Retinal Cameras

- Barriers
  - Need for dilation
  - Need for another appointment
  - Difficulty obtaining outside records

- Solutions
  - Point of care retinal cameras
  - Tracker forms

Point of Care Tools

Point of Care Retinal Cameras



Point of Care Tools

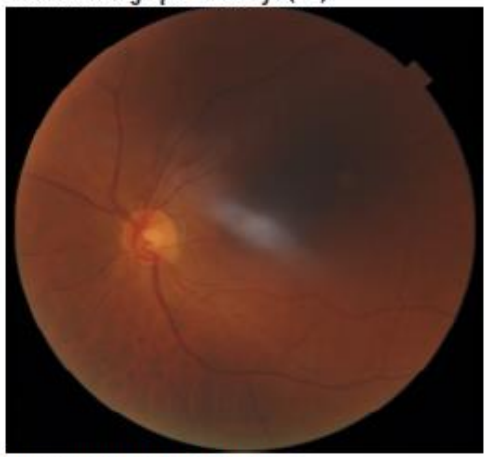
Point of Care Retinal Cameras

Referring Physician: Scott T. Hines, MD

Referring Clinic: Crystal Run Healthcare

Retinal Image Assessment and Management Plan

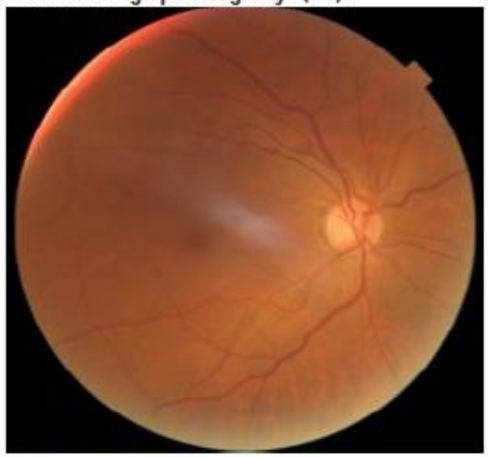
Fundus Photograph of Left Eye (OS):



Diagnosis for Left Eye (OS):

No diabetic retinopathy

Fundus Photograph of Right Eye (OD):



Diagnosis for Right Eye (OD):

No diabetic retinopathy

ICD-10 Diagnosis Codes:

E11.9 Type 2 diabetes mellitus without complications

Recommendation and Management Plan:

Follow up photographs in 12 months.

Point of Care Tools

Tracker Forms

The above-named patient is under the care of Crystal Run Healthcare. I hereby authorize the below provider to disclose my protected health information (information pertaining to my medical record) as indicated below:

(Fill in name and complete address of medical provider from whom information is being requested)

First Last

Physician and/or Provider: _____

Street Address: _____

City, State, Zip: _____

Phone and/or Fax: _____ Phone ( ) - Fax ( ) -

THIS INFORMATION IS TO BE DISCLOSED TO: **Attention Doctor:** Scott Hines MD

Crystal Run Healthcare
HIM Department - QI
155 Crystal Run Road
Middletown, NY 10941
FAX: 845-703-6271

PLEASE RELEASE THE FOLLOWING INFORMATION:

☐ Mammogram Report ☐ Colonoscopy Report including Pathology Report
☐ Diabetic Eye Exam ☐ Pneumonia/Influenza Vaccine ☐ Pap Smear
☐ Lipid Profile ☐ Hgba1c ☐ Urine Microalbumin ☐ Immunizations

Include (indicate by initialing): _____ Alcohol/Drug Treatment _____ HIV Related Info and test results _____ Mental Health Information

TO BE READ AND SIGNED BY PATIENT: Generate Document

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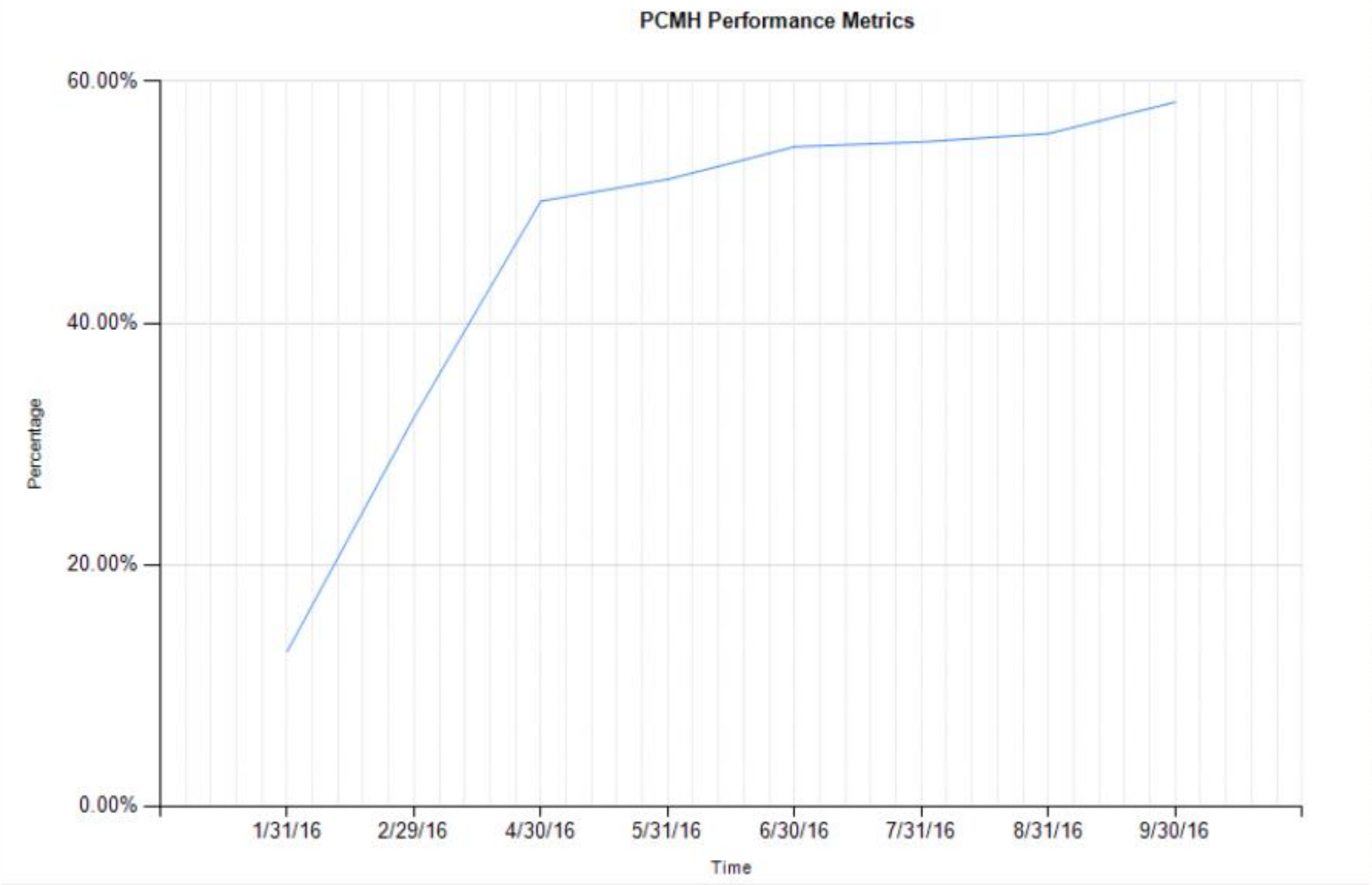
Point of Care Tools

Point of Care Retinal Cameras



Point of Care Tools

Best Practice Guidelines

- Variation Reduction
  - 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.

Point of Care Tools

Best Practice Guidelines

- Variation Reduction – Process
  - Step 1: Analyze Utilization
  - Step 2: Compare utilization between physicians
  - Step 3: Analyze the variation

Point of Care Tools

Best Practice Guidelines

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

Point of Care Tools

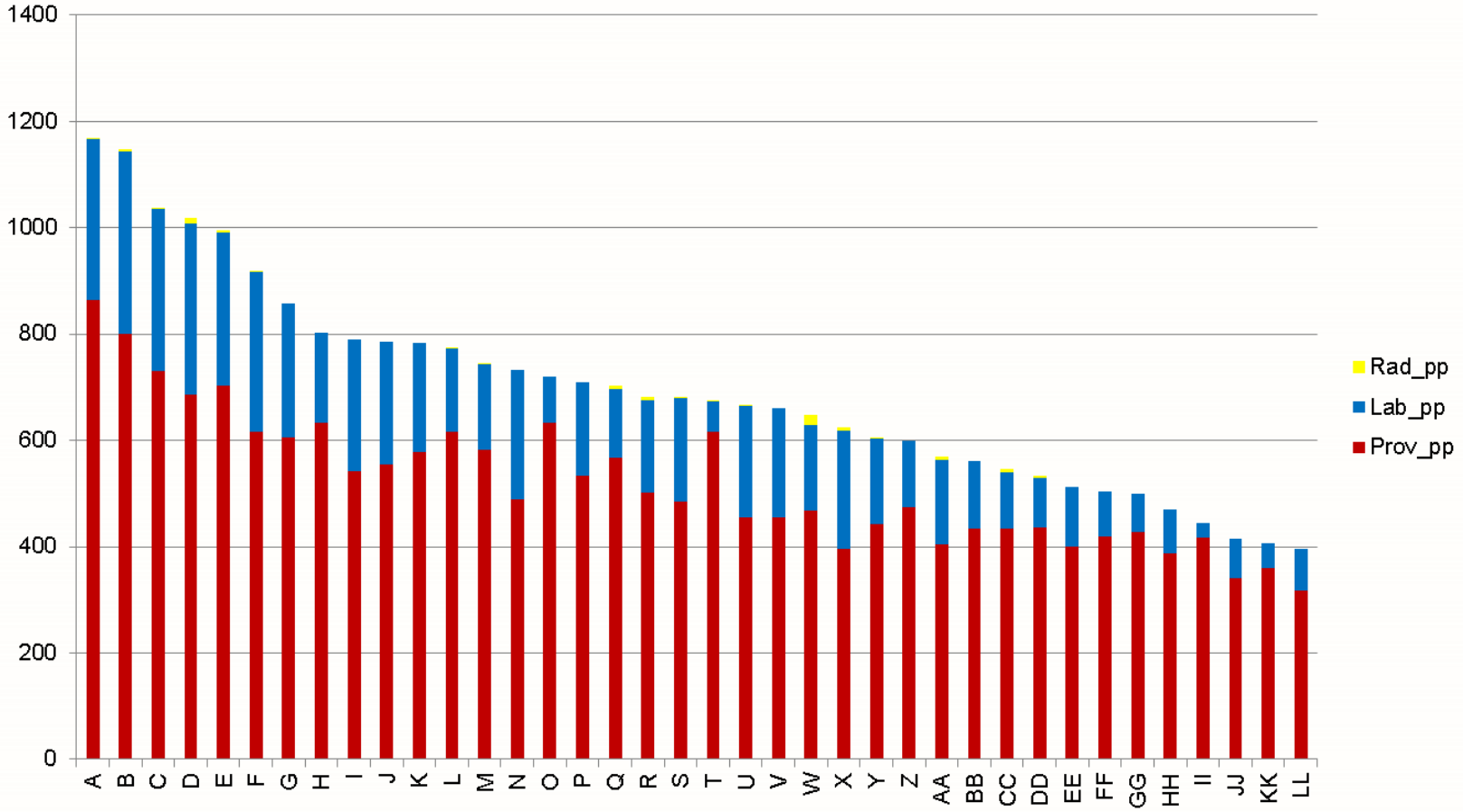
Best Practice Guidelines

- Step 1: Analyze Utilization

- Step 2: Compare utilization between physicians

Point of Care Tools

Best Practice Guidelines



Point of Care Tools

Best Practice Guidelines

- Step 1: Analyze Utilization
- Step 2: Compare utilization between physicians
- Step 3: Analyze the variation
  - What is the source of variation?

Point of Care Tools

Best Practice Guidelines

- What is the source of variation?
  - "My patients are sicker"
  - "My quality is better"
  - Are best practice guidelines being followed?

Point of Care Tools

Best Practice Guidelines

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

Point of Care Tools

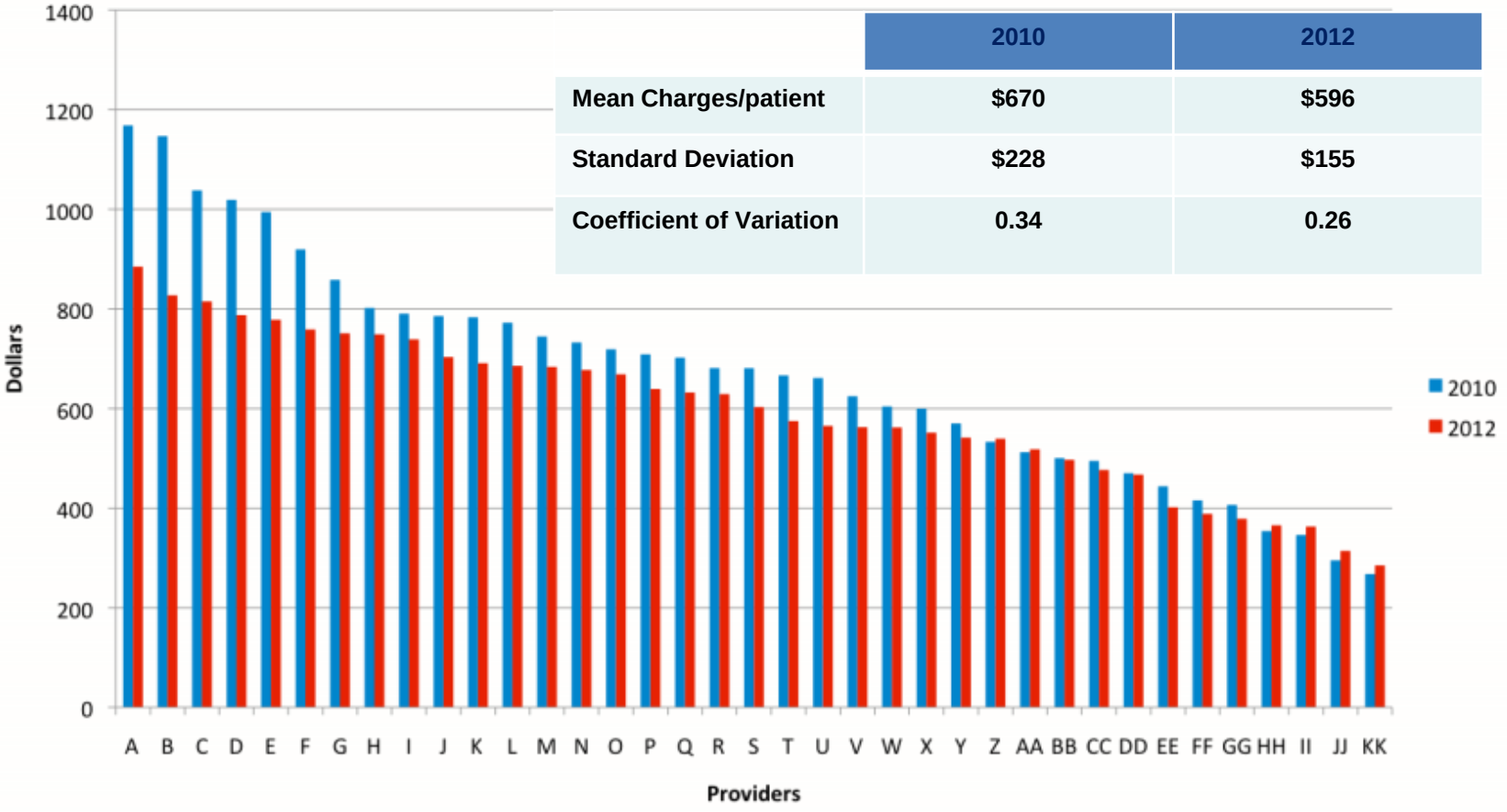
Best Practice Guidelines

- 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%**

Point of Care Tools

Best Practice Guidelines

	2010	2012
Mean Charges/patient	$670	$596
Standard Deviation	$228	$155
Coefficient of Variation	0.34	0.26



Crystal Run HEALTH

20 YEARS

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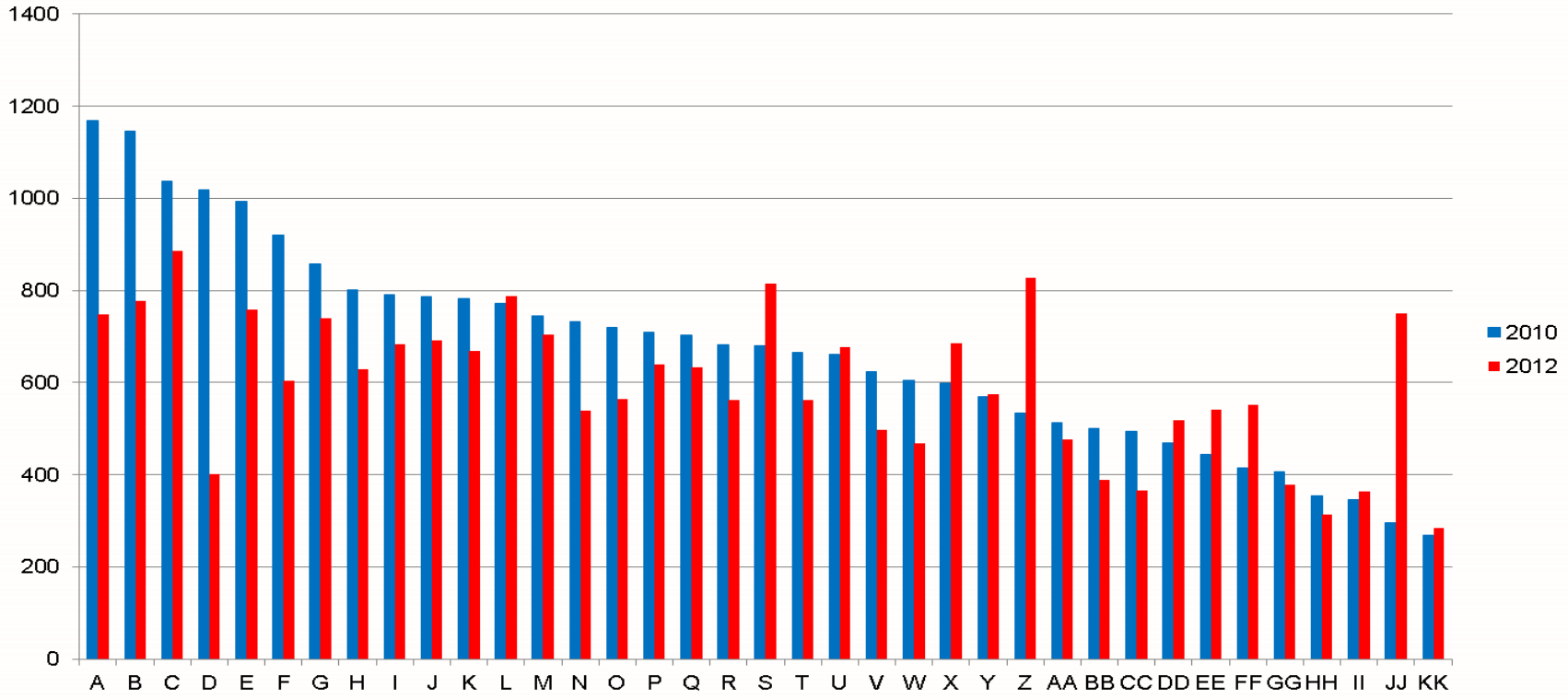
Point of Care Tools

Best Practice Guidelines



Crystal Run HEALTH

20 YEARS

We want you healthy.
Crystal Run Healthcare

Point of Care Tools

Best Practice Guidelines

Point of Care Tools

Best Practice Guidelines

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Point of Care Tools

Best Practice Guidelines

- Asthma, Pediatric
- Breast Cancer Treatment
- Cancer Screening
- Epicondylitis, Lateral
- Diabetes
- Gestational Diabetes
- Pre-Diabetes
- Hepatitis C Screening
- Hypercoagulable State
- Hyperlipidiema
- Hypertension
- Lung Nodules

History and Exam

Laboratory and Diagnostic Testing

Test	Frequency	Guideline
HGB AIC	CONTROLLED (A1c <7; no med change) – EVERY 6 MONTHS UNCONTROLLED (A1c >7; med changes) – EVERY 3 MONTHS GOALS	ADA 2011 GUIDELINES (S19, S42)
Lipids	Testing Treatment	ADA 2011 Guidelines (S29)
Urine Microalbumin	DM1 - Yearly (Start 5Y after Diagnosis) DM2- Yearly(Start at Diagnosis)	ADA 2011 Guidelines (S33)

Treatment Guidelines

Consultations

Disclaimer: This Best Practice Guideline is presented as a model only by way of illustration and all medical care at Crystal Run Healthcare

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Patient Registries

Care Optimization Team

- Four non-clinical staff led by nurse
- Utilize internal and payer derived registries
- Phone calls and letters to patients with gaps in care (diabetes measures, immunizations, well child visits)
- Direct phone line

Patient Registries

Care Optimization Team

Patient Last Name	First Name	ID #	DOB	Date last A1c	COT Notes	Date 1st call	Date 2nd call	Date letter
[redacted]				non diabetic	no A1C			
				5/24/2016		7/29/2016		8/15/2016
				none	refused/will call	7/29/2016		
				none	COT Scheduled 9/26	7/29/2016		
				3/29/2016	refused/will call	7/29/2016		
				none	refused	7/29/2016		
				3/31/2016	COT Scheduled 9/06	8/15/2016		
				3/4/2015		7/29/2016		8/15/2016
				3/18/2016	wife refused	7/29/2016	8/15/2016	
				no labs		7/29/2016		8/15/2016
				8/1/2015		7/29/2016		8/15/2016
				2/11/2016		7/29/2016		8/15/2016
				11/11/2015		7/29/2016		8/15/2016
				2/22/2016	COT Scheduled	7/29/2016		
				12/19/2014		7/29/2016		8/15/2016
				3/9/2016		7/29/2016		
				none	refused	7/29/2016	8/15/2016	
				3/16/2016	Moved	7/29/2016	8/15/2016	
				none		7/29/2016		8/15/2016
				6/23/2016			8/15/2016	
				4/13/2016	lmom f/up	7/29/2016	8/15/2016	

Patient Registries

Care Optimization Team

Measure	Pre-Intervention	Post-Intervention
Breast Cancer Screening	72.6% (Below threshold)	82.9% (maximum)
Chlamydia Screening	37.3% (Below threshold)	64.95% (maximum)
Colon Cancer Screening	65.4% (Below threshold)	82.23% (maximum)
Diabetic Control (A1c <7)	Unknown	51.00% (maximum)
Diabetic Nephropathy	75.5% (Below threshold)	95.42% (maximum)

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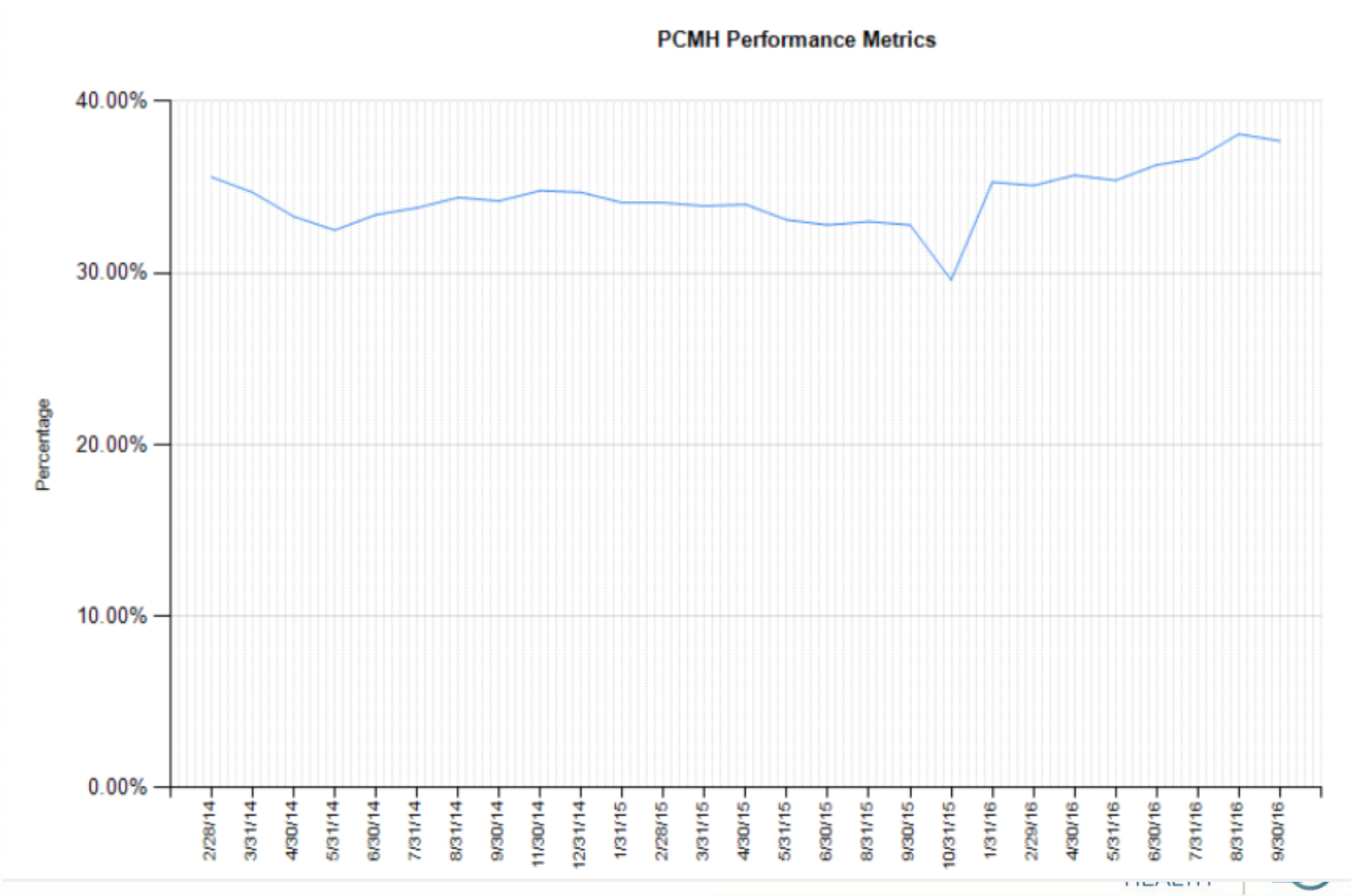
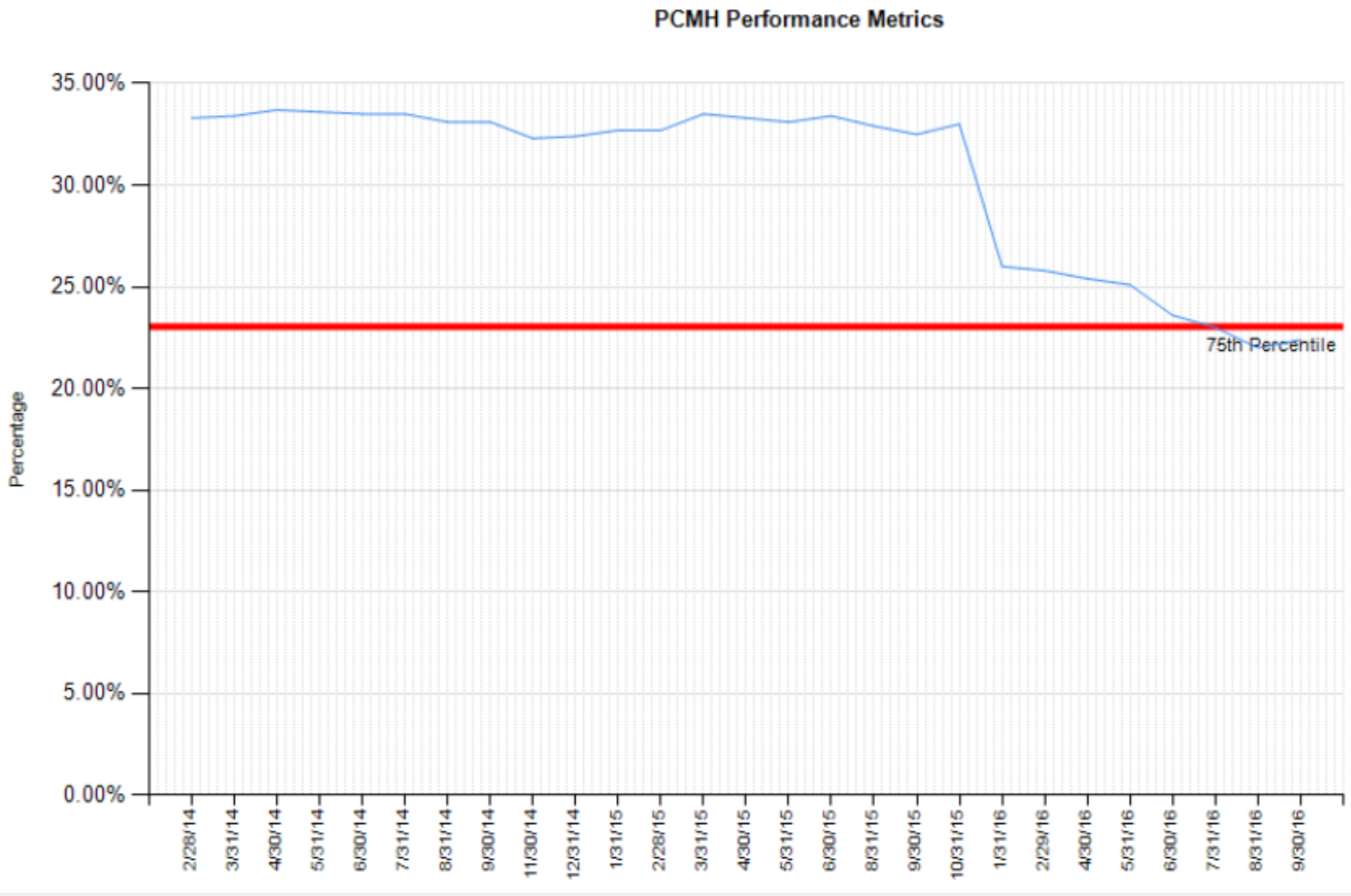
Outcomes

Hgb A1c <7



Outcomes

Hgb A1c >9



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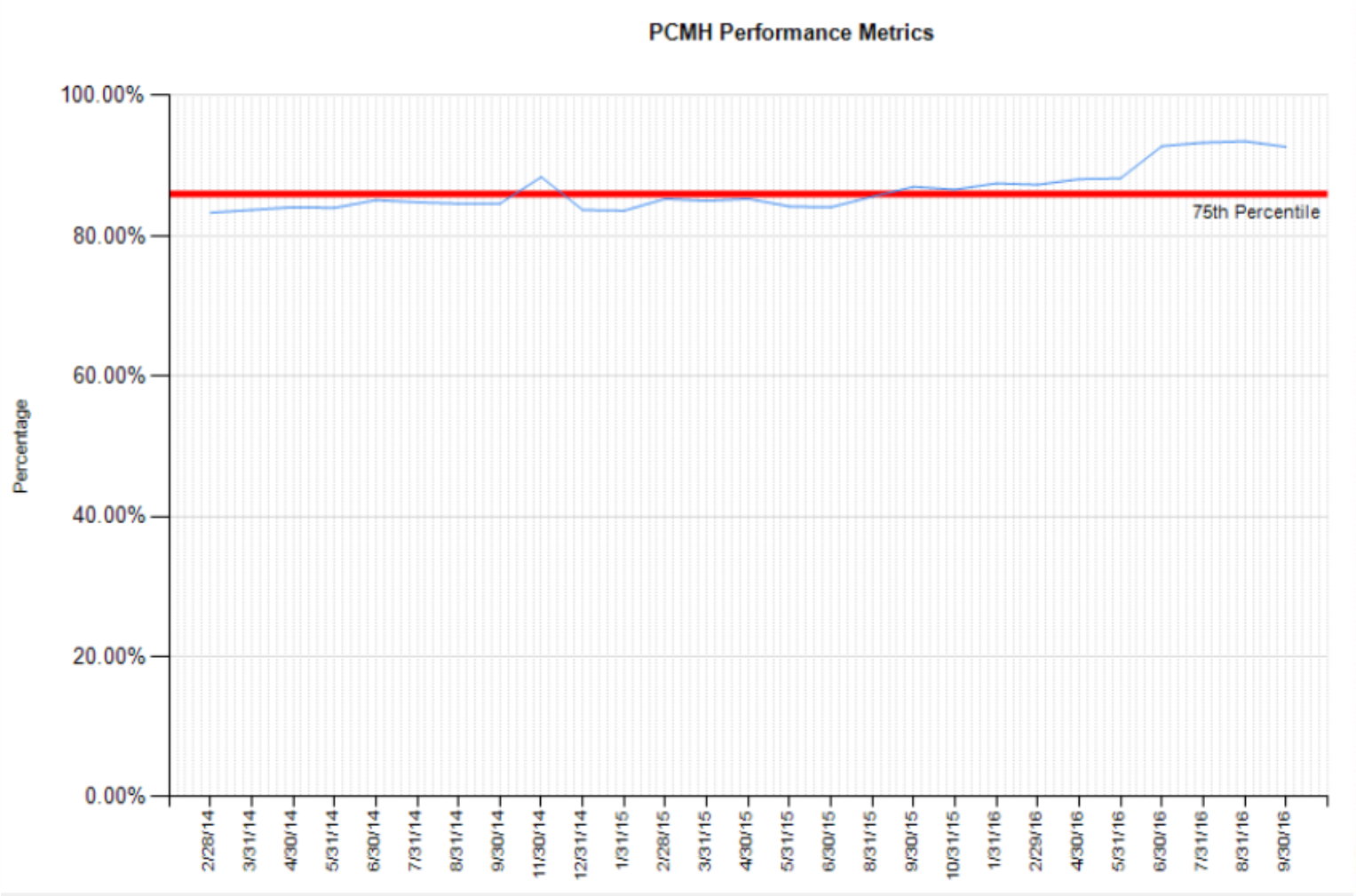
Outcomes

Nephropathy Screen



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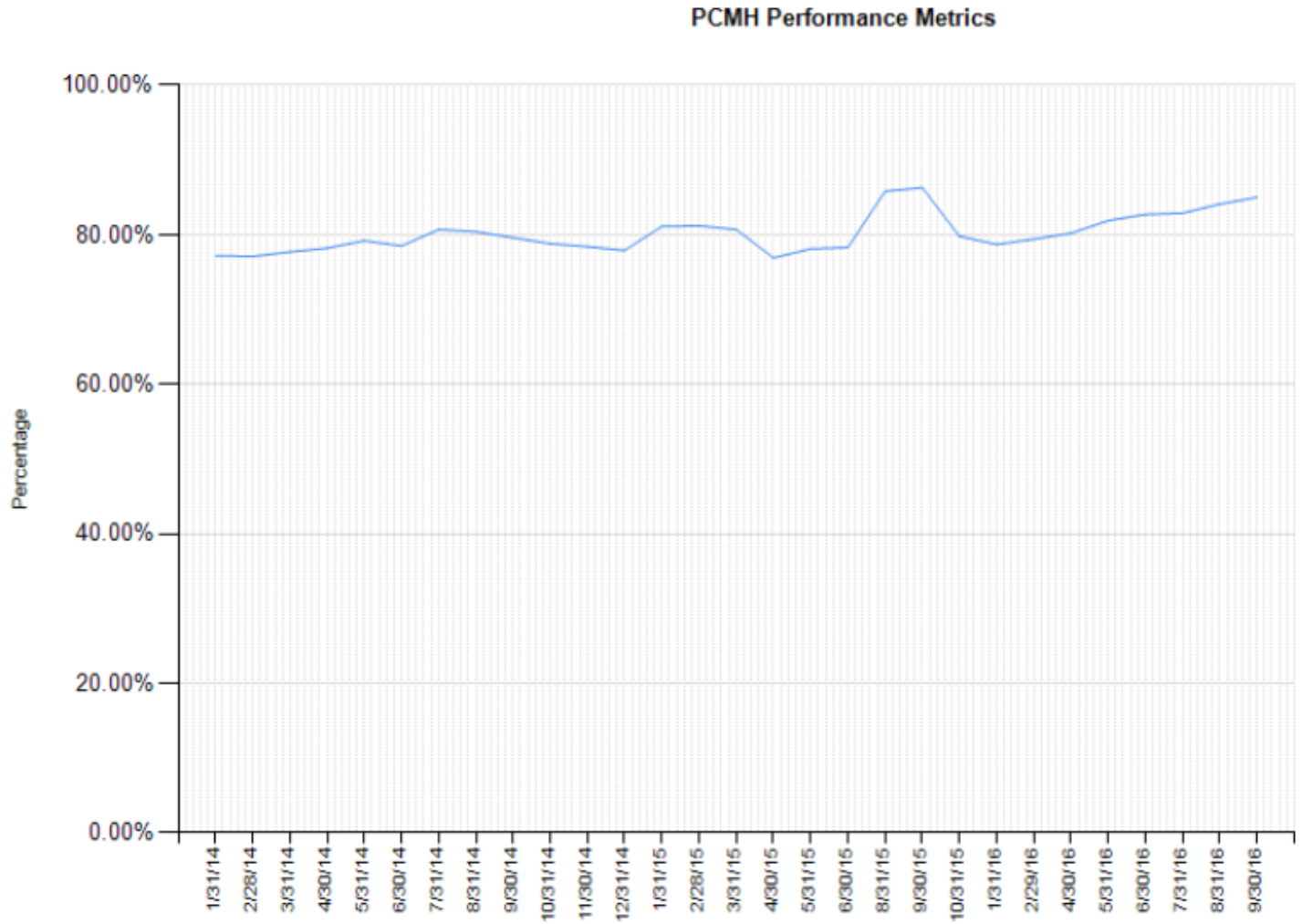
Outcomes

BP Control



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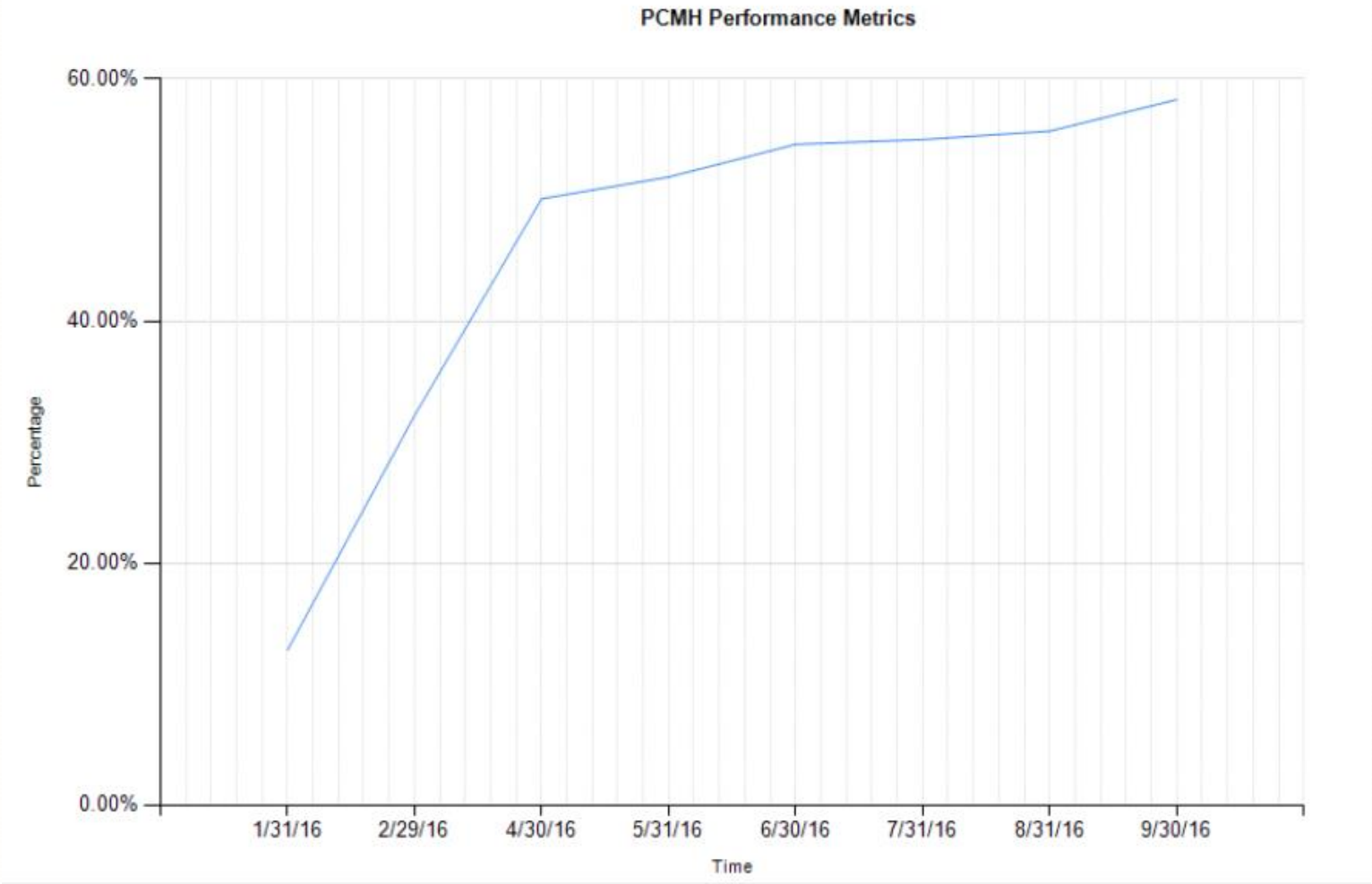
Outcomes

Diabetic Eye Exam



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Conclusions

- Point of care tools to improve diabetes care are a necessity given the number of diabetes related clinical quality measures
- Build point of care tools with input from practicing providers
- Proper utilization of point of care tools can improve quality performance