Highland Healthcare Associates IPA
Improving Diabetic Care Outcomes in a Clinically Integrated IPA Model

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**LCU overview:** Highland Healthcare Associates IPA is located in Winchester Ma, serving the communities of Winchester, Woburn, Burlington, Billerica, Medford, Malden, Reading, North Reading, Stoneham, Tewksbury, Wakefield and Wilmington. We have approximately 12,000 HPHC members and 60,000 members for our three largest payers. Our IPA is comprised of approximately 350 physicians with 110 being Primary Care Physicians including Internal Medicine, Family Practice and Pediatrics.

**Brief project description:** Our overall goal is to improve the safety and effectiveness of care we deliver to our diabetic patients. The IPA Leadership wished to utilize our position as a Clinically Integrated IPA to maximize our ability to impact our diabetic patients in a multifaceted, yet organized approach.

We felt strongly that to best maximize our resources, we would need to develop a collaborative process between our Clinical Consultants (RNs), our EMR Project Team, and other provider relations staff. We anticipated that this process would have a positive impact on our diabetic members by the sharing of processes across practices using EMR, and using Health Plan Claims data and other resources to assist practices in proactively identifying and tracking their diabetics. Also important was including all physicians that treat diabetics in this process including Podiatrists and Ophthalmologists, as well as Endocrinologists and PCPs.

The IPA Clinical Integration Strategic Planning Committee reviewed our Diabetic Outcomes performance in the 2006 HPHC Rewards for Excellence Program and utilized these results, MHQP results, and other health plan results to determine our IPA aggregate goals for 2008-2009 as follows:

- **Goal:** at least 55% of our diabetics will score at or below 7 for their HbA1c testing.
- **Goal:** at least 55% of our diabetics will score below 100 on their LDL-C testing.

These goals represent moving at least 11% of our diabetics from scoring above these goals to scoring at or below our goals.

- **Goals:** HbA1C Frequency of Testing:
  - Score at or above the Mass Statewide Rate for the MHQP Report 2008 (HEDIS 2009)
  - Score at or above the BCBSMA Network Score on the BCBSMA 2008 Quality Report

- **LDL-C Frequency of Testing:**
  - Score at or above the 2008 MHQP Mass Statewide Rate and the MHQP 2008 National 90th Percentile (whichever is greater) (HEDIS 2009)

**Diabetic Eye Exam:**
IPA Diabetic Eye Exam Rate will be at or above 79.40% (MHQP Mass 75th percentile for the 2008 MHQP report (HEDIS 2009).

**Key project components:**

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As mentioned above, the IPA, as part of its Clinical Integration Model, appointed a “Clinical Integration Strategic Planning Committee” (a subcommittee of the IPA Board of Directors). This Committee recognized the importance of comprehensive diabetes care and adopted it as one of the IPA Aggregate Performance Areas for 2008-2009.

- **A Performance Improvement Team** was appointed composed of an IPA Medical Director, an Endocrinologist, a PCP, and an Ophthalmologist. This team met to create a “Performance Improvement Plan” to facilitate, assist and provide incentives to IPA Physicians to meet the 2008-2009 goals.

- **Education Initiative:** Communication about the IPA Diabetic Goals, and the HPHC Quality Grant were essential to the success of this project.
  - Initial Memo was mailed to all our Primary Care Physicians, Endocrinologists, Ophthalmologists, Podiatrists, Nurse Practitioners, Physician Assistants, and Practice Managers.
  - The Project was presented at all meetings held with practices during the year, as well as highlighted in newsletters and reviewed in new MD orientations.

- **Project included all IPA MDs that treat our diabetic patients:** Provide patient registries, Instructions on use, incentives to maintain and use them.
  - Diabetic Patient Registries provided to IPA Ophthalmologists and IPA Podiatrists using 2007 health plan claims data from HMO Blue, HPHC, Tufts HMO and Fallon.
  - Identified diabetic patients that were treated by these specialists for diabetic foot care and diabetic eye care and their most recent visit dates.

  - Non-EMR PCP Practices were provided a list of their diabetic patients for HPHC, HMO Blue and Tufts HMO with a comprehensive registry template using excel format.
  - Instructions on how to maintain registries, obtaining test results from Meditech system, how to generate future patient lists through billing system included.

  - EMR PCP Practices were also provided these lists as above.
  - Developed checklist of items that physicians would need to develop for their EMR for comprehensive diabetic care (including alerts).
    - Encouraged each practice to contact their EMR vendor with this list.

- **Incentives Aligned with Performance:** the IPA Performance Measures for both PCPs and Specialists include diabetic performance measures. The IPA Differential Distribution Methodology for 2008 and 2009 rewards physicians who meet the measures and those who do not will forfeit their potential performance based funds.
EMR Team/Clinical Consultant Collaboration: The Clinical Consultants worked with the EMR Project Team to determine which practices needed our attendance at ‘Kick-Off’ meetings and after ‘go-live’ dates. They attended numerous meetings to introduce the IPA Clinical Guidelines, including the Diabetic Clinical Guidelines, from the perspective of what the MDs would need to capture in their EMR to track their performance on the guidelines.

Attended EMR Advisory Group meetings – two subcommittees formed: the Standardization Committee and the Interface Committee. These groups were formed to meet the needs expressed by the EMR users.

- The Standardization team’s goal is to determine ‘common’ items that each MD needs to be able to access from his/her EMR, as well as items that he/she would like to be shared across all IPA Providers, as well as the hospital.
- The Interface Committee’s goal is to take this information from the Standardization team and as it creates the Physician Portal, work to accommodate these mutual physician requests.

Development of other IPA resources to Assist in Comprehensive Diabetic Management

- The team worked with our consultants, Managedcare.com, to whom we send our health plan claims data for HMO Blue, HPHC, and Tufts HMO. This data is used by Managedcare.com to provide member and claims detail reports as follows:
  - Individual PCP Reports developed for IPA Clinical Guideline compliance, including our Comprehensive Diabetic Clinical Guidelines.
  - These reports are web based and can be drilled down to member level and claims detail level.
  - The member level detail can be saved to an excel file for the practice to use for diabetic registries.
  - The team is currently working to have outcomes data transferred to Managedcare.com from Winchester Hospital and be available on the diabetic reports in the near future.

Financial Incentives are in place via the HPHC Quality Grant Program for those IPA Physicians who achieve all IPA Diabetic Goals as outlined in project. (year end 2008 data)

Key project outcomes to date:

- Diabetic Patient Registries (definition, electronic patient lists, outcome measures for mid-year 2008 for HbA1c and LDL-C) provided to all Primary Care Physicians.

- Diabetic Patient Registries provided to Ophthalmologists and Podiatrists. Received mid year list of maintained registries by all IPA Ophthalmologists and Podiatrists.

- Initial and ongoing collaboration between EMR Project Team and Clinical Consultants result in formation of two teams to address standardization of data and interface needs of Physicians.
• Meetings with practices and individual physicians to ascertain how they are using their EMRs to capture needed information and/or create diabetic registries. Demonstration to practices (both MDs and Practice Managers) the process of downloading patient lists from our consultant, Managedcare.com, for the purpose of creating diabetic patient registries.

• Meetings with non-EMR practices to demonstrate process of creating registries from claims information on ManagedCare.com. Instruction on downloading to Excel, creating electronic registries and maintenance of registries.

**Identify any goals not achieved:** Awaiting 2008 year end data to determine goals met or not met. (See goals above).

**Plan for extending and sustaining achievements beyond the grant year:** Will continue to work with all practices (EMR and Non-EMR) on their diabetic patient registries and how to use the tools both EMR related and non-EMR (managedcare.com) to improve diabetic patient care. The IPA will be measuring its Performance Goals at year end 2008 and year end 2009. These current IPA Goals span a two year period.

**Lessons Learned/ Words of Wisdom**

• When working with numerous EMR vendors and various levels of Physician and Office Staff EMR experience, it is so important to find many approaches to meeting project goals. There are many means to the same end (improving comprehensive Diabetes Care) and it’s vital to determine which processes will suit certain practices.

• Some Physicians are extremely comfortable with technology and identifying those individuals, asking them to ‘mentor’ other physicians, has been an important piece to success in this project.

• Set up time to meet with as many practices as possible when rolling out a project such as this. Take time to listen to their concerns, find solutions, ‘partner’ with the practice, and set up an atmosphere of ‘trust’.

• Most Physicians want to excel – give them feedback on an ongoing basis and provide them tools to succeed. Providing our Physicians access to their diabetic patient lists and Diabetic Clinical Guideline Compliance on a monthly basis through Managedcare.com has been a huge success. The ease of accessing these reports through the IPA Website (through a link to Managedcare.com) has been and will continue to be useful tool to both EMR and Non-EMR practices.

• Persevere!