Journey in managing practice variation in Diabetes and Hypertension (Part 1/2)

Parag Agnihotri, MD
Medical Director, Continuum of Care
Sharp Rees-Stealy Medical Group
San Diego
University of Best Practice, San Diego
We have to address the changing demographics.
We have to be proactive in team based care.
We have to align with the payment reform.
We have to embrace the changing health care delivery system.
IHI’s Triple Aim

The Best Care, for the Whole Population, at the Lowest Cost.
Successful in Controlling Diabetes

Diabetes Bundle care

- 90th percentile commercial
  - California: 47%
- All insurance 2013
  - Sharp Rees-Stealy Medical Group: 52%

Top 4 in California
Above national 90th percentile
Advanced Perfect Care Diabetes Goals
Rolling 12 months
18-75 years

- A1c < 8%
- LDL < 100 mg/dl
- BP < 140/90
- Annual Nephropathy screening
The improvement in ‘All or none’ Diabetes bundled care

52% have advanced perfect care control

Change in BP criteria

48%Goal
Align Stakeholders
Q1. What is the average prevalence of Diabetes in Sacramento-Yolo county?

A. 2% of population

B. 6% of population ★

C. 20% of population

D. 30% of population

Source: 2009 [www.caldaibetes.org](http://www.caldaibetes.org)  
last accessed Jan 8 2013
Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958–2010

About 8% of Central, South, East San Diegans have Diabetes

Around 28% have Hypertension

17,000 Sharp Rees-Stealy members have been diagnosed with Diabetes
Q2. What is the total annual cost of healthcare for an individual with Diabetes?

A. $5000
B. $10,000
C. $14,000
D. $25,000

X C. $14,000
Total annual cost of diabetes care

$13,700 per member per year
of which about $7,900 is attributed to diabetes.

- hospital inpatient care (43% of the total medical cost),
- prescription medications to treat complications of diabetes (18%),
- anti-diabetic agents and diabetes supplies (12%),
- physician office visits (9%), and
- nursing/residential facility stays (8%).

Diabetes Care Vol 36 March 6 2013 American Diabetes Association
No reform without payment reform

Future Payment models
CMMI
ACO Shared Saving
Pioneer ACO
Commercial ACO
Capitation/Global payments/ VBP
FQHC Medical Home payment models

Managed Care Organization and the Quality of Diabetes Care
The Translating Research Into Action for Diabetes (TRIAD) study
Diabetes Care July 2004 vol. 27 no. 7 1529-1534
Diabetes bundled care (Advanced Perfect Care) is on the Sharp Rees-Stealy entity’s ‘Balanced Scorecard’ and annual stretch goals are set.
How do you address in a large multispecialty medical group with …

• 115 Primary Care Physicians

• 17,000 Diabetic patients

• 18 Clinic locations

• 2000 Clinic staff
Timeline on the Continuous Improvement Process in ‘All or none’ bundled care

Align stakeholders
Workflows
Team based
Patient engagement
Healthcare reform
Total Cost Of Healthcare
Lessons

30.0% 34.0% 38.0% 42.0% 46.0% 50.0%

40% goal
Timeline on the Continuous Improvement Process in ‘All or none’ bundled care

30.0%  34.0%  38.0%  42.0%  46.0%  50.0%

- Workflows on lists by Diabetes nurse and Clinic staff
- 40% goal

Align stakeholders  Workflows  Team based  Patient engagement  Healthcare reform  Total Cost Of Healthcare  Lessons
How to buy ‘buy in’?
SRS Quality Improvement Philosophy

- Disease registry
- Engage the physician
- Engage the patient
- Engage the staff
Q3. Effective way to engage physicians in a quality improvement project?

A. Physicians will figure out on their own

B. Simple outline on what you want the physicians to do. **X**

C. Hand out copies of Diabetes Association guidelines.

D. Campaign to patients ‘Ask your doctor about perfect diabetes care’.
Physician Engagement Strategy

1. What do you want your Physicians to do?
2. Do they know how to do the work?
3. Do they have the resources to do the work?
4. Are physicians motivated to do the work?

Ralph Jacobson is founder and principal of The Leader’s Toolbox and author of "Leading for a Change: How to Master the Five Challenges Faced by Every Leader." He is also a faculty member of the Physician's Leadership College. He can be reached at theleaderstoolbox.com.
Diabetes Project Three Rules of Success

1. Appointment every 4 weeks until achieve goal A1c
2. Laboratory every 4 weeks until at goal A1c
3. Titration of medication every 4 weeks until at goal A1c

Align stakeholders | Workflows | Team based | Patient engagement | Healthcare reform | Total Cost Of Healthcare | Lessons
Distribute the registry list (better be accurate)

List 1 - Diabetes Disease Manager

SHARP
Rees-Stealy Medical Centers

CONFIDENTIAL

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<th>Name</th>
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<td>Last LDL</td>
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Tuesday, February 15, 2011
SHARP Rees-Stealy Medical Centers
Monthly Diabetes Graphs
Diabetes Advanced Perfect Care by Site - August 2012

Peer Review

Higher Rate Means Better Control

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<thead>
<tr>
<th>Number of Patients Advanced Perfect Care</th>
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<td>EL CAJON</td>
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<td>Total Patients</td>
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Perfect Care Rate
SRS Goal: 40%
SRS Overall: 39%

Align stakeholders
Workflows
Team based
Patient engagement
Healthcare reform
Total Cost Of Healthcare
Lessons
Timeline on the Continuous Improvement process in ‘All or none’ bundled care care

- Align stakeholders
- Workflows
- Team based
- Patient engagement
- Healthcare reform
- Total Cost Of Healthcare
- Lessons

Reached 40%
Variation among SRS Practices

SHARP Rees-Stealy Medical Centers
Monthly Diabetes Graphs

SORRENTO MESA Diabetes Advanced Perfect Care - June 2013
Percent of Patients with A1c, LDL, Nephropathy Screening, BP Done in Previous 12 Months, and A1c < 8, LDL < 100, and BP < 140/90

Higher Rate Means Better Control

Align stakeholders, Workflows, Team based, Patient engagement, Healthcare reform, Total Cost Of Healthcare, Lessons
Timeline on the CIP in ‘All or none’ bundled care

Some of the Doctors and practices did most of the work

Change in BP criteria

40% Goal
Population Health (Better Health)

180,000 population

- IHA P4P
- Medicare Stars
- Pioneer ACO
- Aetna ACO
- MU Stage 2

Sharp Rees-Stealy reports around 100 Quality Measures Per year
Timeline on the CIP in ‘All or none’ bundled care

Change in BP criteria

48% Goal
For the rest of Dr. Agnihotri’s presentation, please return to the website and download Part 2 of the presentation at:
http://rightcare.berkeley.edu/sacramento