8th Annual Disease Management Colloquium

Retail-Based Healthcare Clinics:

Outcomes & Performance Measurement

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Overview

- Outcome Measurement Principles
- System vs. Practitioner Measures
- Setting the Bar
- Q & A

Measurement Principles

- As a new setting for care, retail health care providers know that measurement is critical
- To demonstrate care results to:
  - patients,
  - the medical community,
  - regulators and
  - payers but,
- ALL providers should ‘step up’ and measure their clinical quality

Measurement Principles

- Vast & chaotic array of current measurement activities:
  - Pay-for-Performance projects
  - Bridges to Excellence
  - Leapfrog
  - CMS
- All struggling for reliable methods and uniform adoption

Measuring Quality of Care

3 Dimensions of quality of care

1. Patient satisfaction & experience
2. Access of care
   - scheduling availability, wait times, etc.
3. Patient clinical & functional outcome
   - Results to demonstrate effectiveness and safety

Convenient Care Association Measurement Principles

- All CCA Members are committed to monitoring quality on an ongoing basis, including but not limited to:
- a) peer review;
  b) collaborating physician review;
  c) use of evidence-based guidelines;
  d) collecting aggregate data on selected quality and safety outcomes;
  e) collecting patient satisfaction data.

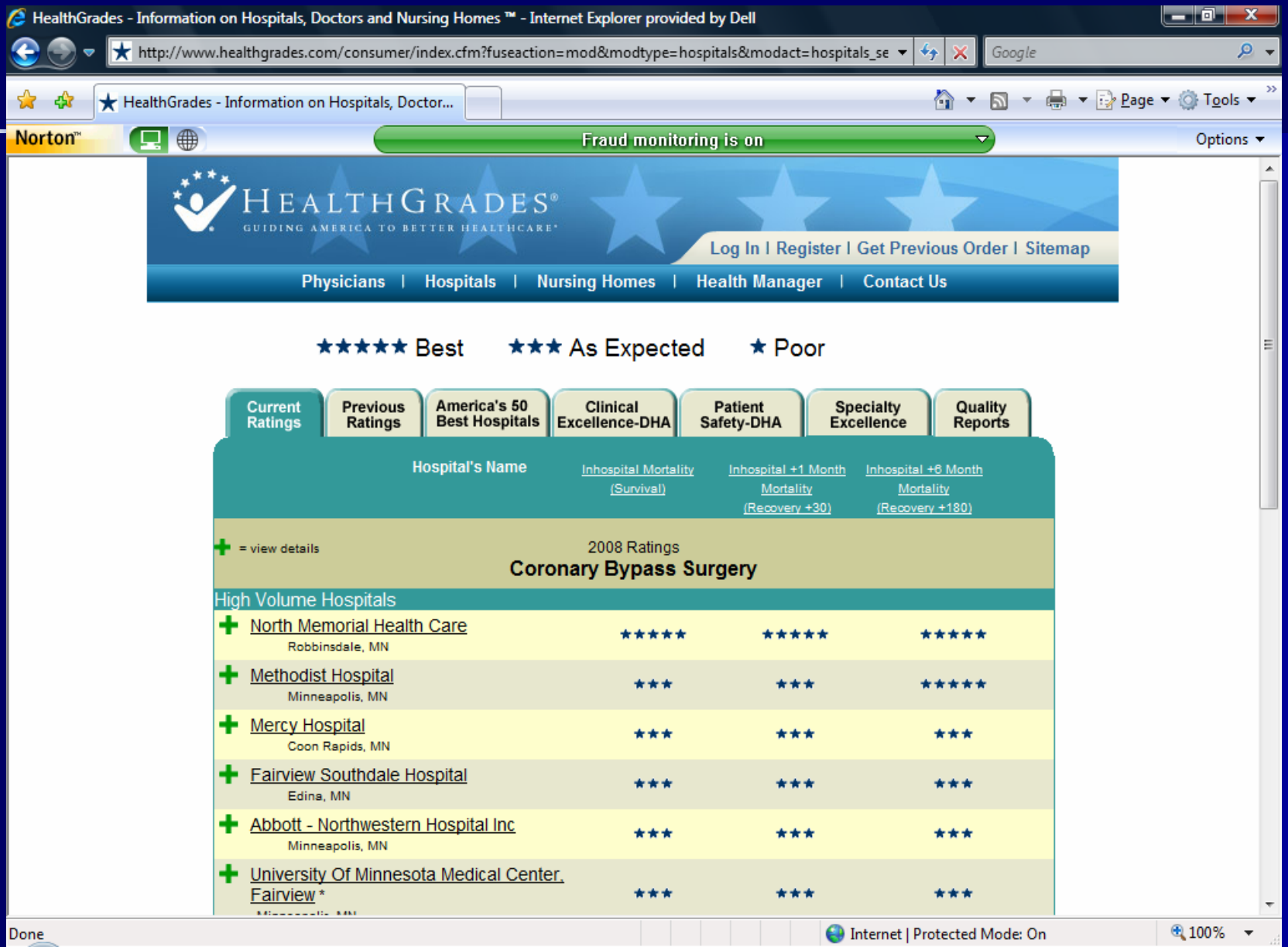
System vs. Practitioner level

- Both system-wide as well as individual practitioner measurements are helpful to understand the delivery of care
- System results: patient satisfaction, average wait times, generic medication prescribing rates, vaccine temperature control
- Individual results: complaints or commendations, rates of strep positive results, generic medication prescribing rate, proficiency testing

System Level Measures

- Examples of independent aggregators of data:
  - HealthGrades
    - www.HealthGrades.com
  - CMS
    - www.hospitalcompare.hhs.gov
  - MN Community Measurement
    - www.MNHealthcare.org
  - Carol, the Care Marketplace
    - www.Carol.com

HealthGrades



CMS Hospital Data

HHS - Hospital Compare - Process of Care Measure Graphs - Internet Explorer provided by Dell

http://www.hospitalcompare.hhs.gov/Hospital/Search/Results.asp

HHS - Hospital Compare - Process of Care Meas...

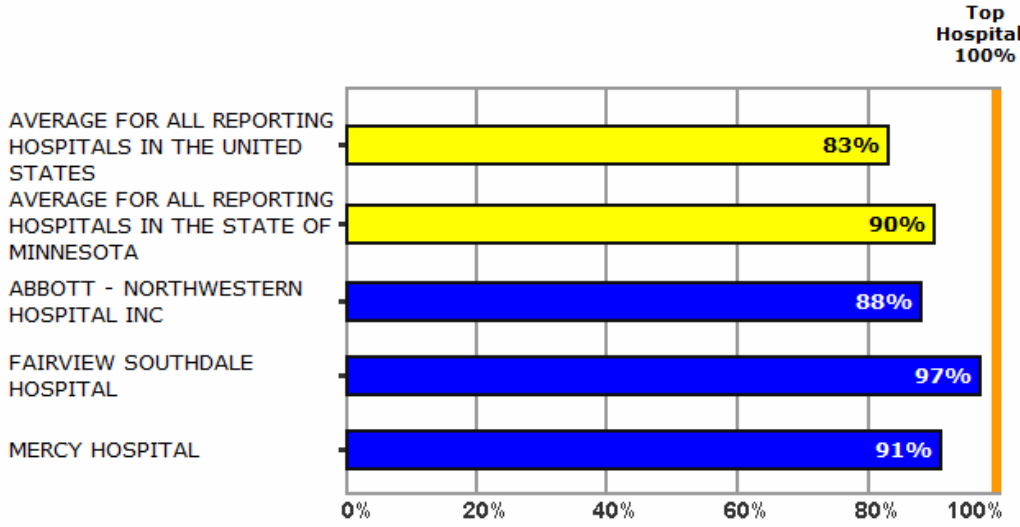
Norton™ Fraud monitoring is on Options

Heart Attack Graphs

Graph 1 of 8

Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)

The rates displayed in this graph are from data reported for discharges January 2006 through December 2006.



Top Hospitals represents the top 10% of hospitals nationwide. Top hospitals achieved a 100% rate or better.

Why is this Important?

ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) are medicines used to treat patients with heart failure and are particularly beneficial in those patients with heart failure and decreased function of the left side of the heart. Early treatment with ACE inhibitors and ARBs in patients who have heart failure symptoms or decreased heart function after a heart attack can also reduce

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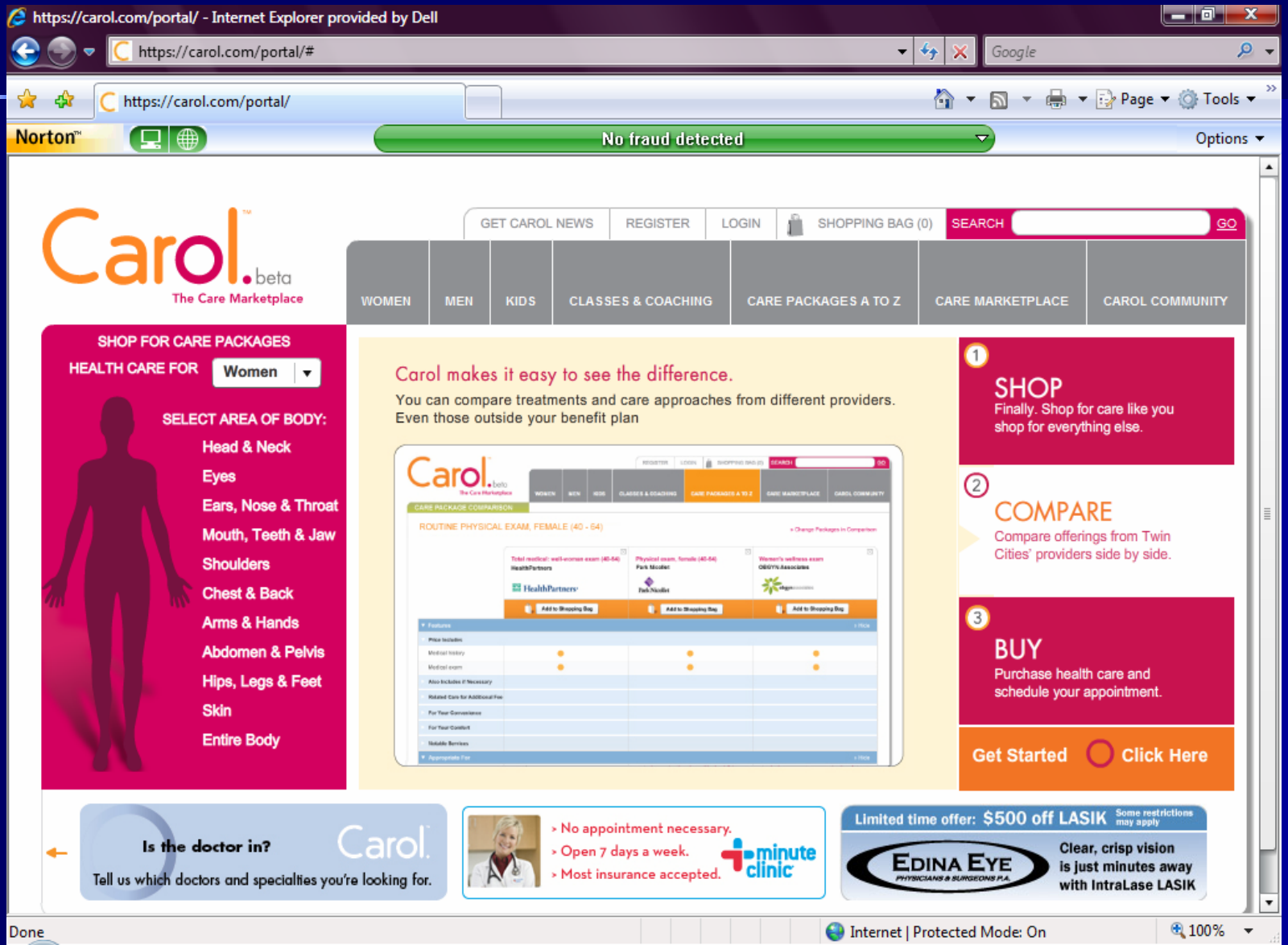
MN Community Measurement

Carol.com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Norton
No fraud detected
Options
Carol beta
The Care Marketplace
GET CAROL NEWS
REGISTER
LOGIN
SHOPPING BAG (0)
SEARCH
GO
WOMEN
MEN
KIDS
CLASSES & COACHING
CARE PACKAGES A TO Z
CARE MARKETPLACE
CAROL COMMUNITY
SHOP FOR CARE PACKAGES
HEALTH CARE FOR
Women
SELECT AREA OF BODY:
Head & Neck
Eyes
Ears, Nose & Throat
Mouth, Teeth & Jaw
Shoulders
Chest & Back
Arms & Hands
Abdomen & Pelvis
Hips, Legs & Feet
Skin
Entire Body
Carol makes it easy to see the difference.
You can compare treatments and care approaches from different providers.
Even those outside your benefit plan
1
SHOP
Finally. Shop for care like you shop for everything else.
2
COMPARE
Compare offerings from Twin Cities' providers side by side.
3
BUY
Purchase health care and schedule your appointment.
Get Started
Click Here
Is the doctor in?
Carol
Tell us which doctors and specialties you're looking for.
› No appointment necessary.
› Open 7 days a week.
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minute clinic
Limited time offer: $500 off LASIK
Some restrictions may apply
EDINA EYE
PHYSICIANS & SURGEONS P.A.
Clear, crisp vision is just minutes away with IntraLase LASIK
Done
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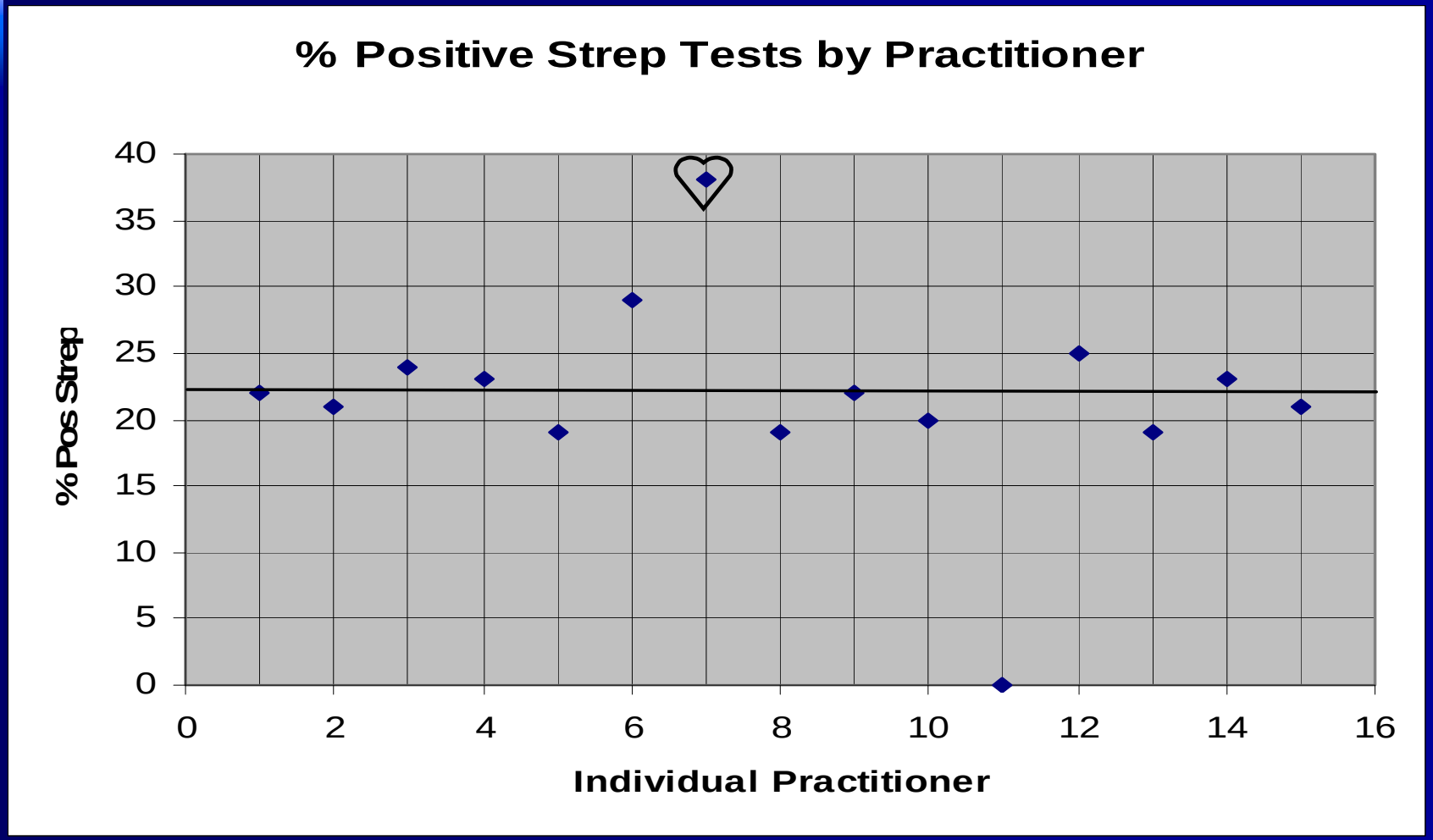
System vs. Practitioner level

- Combine the two types to find variation and control problems:

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Clinical Outcome Measurement

- Goal of care:
  - Curing disease is the ideal clinical outcome,
  - But measuring cure is very complex
- Interim step:
  - Process measures
- Assume: Use of nationally established clinical practice guidelines improve care by:
  - optimizing effectiveness and
  - improving safety
- Then: Measure adherence to guidelines for care

Setting the bar

- *Quality of Care in the Retail Health Care Setting Using National Clinical Guidelines for Acute Pharyngitis*
- Authors: Woodburn, Smith, Nelson
- American Journal of Medical Quality, Vol. 22, No 6, Nov/Dec, 2007

Measuring Adherence to Clinical Guidelines

- Study Summary:
  - ALL patient records (n=57,331) reviewed for evaluation of acute pharyngitis
  - Sept. 2005 to Sept. 2006
  - MN and MD MinuteClinics (n=28 clinics)
  - Guideline: 1) All sore throats need a rapid strep test and treat if positive, 2) if negative, strep culture and treat if positive.

Results

- Overall Positive Rapid Strep Test (RST): 23.5% of all sore throats (n=13,471)
- 99.75% of positive RST given an antibiotic
- Patients with neg RST (n= 38,810) had follow up confirmatory testing with 8.74% positive and 96.2% given an antibiotic

Results

- 99.05% (43,446) of patients with a negative RST, did not receive an antibiotic
- .95% (414) of negative RST patients received an antibiotic. 50% of these had other circumstances e.g. unable to get an RX if culture returned positive
- Compared to Lindner 2006 Arch Int Med article that 30% of patients received ABX with negative RST in PCP offices

Results Overall

- 99.15% guideline adherence for both appropriate prescribing of antibiotic for positive RST as well as avoiding antibiotic prescribing for negative RST

The Real Potential…

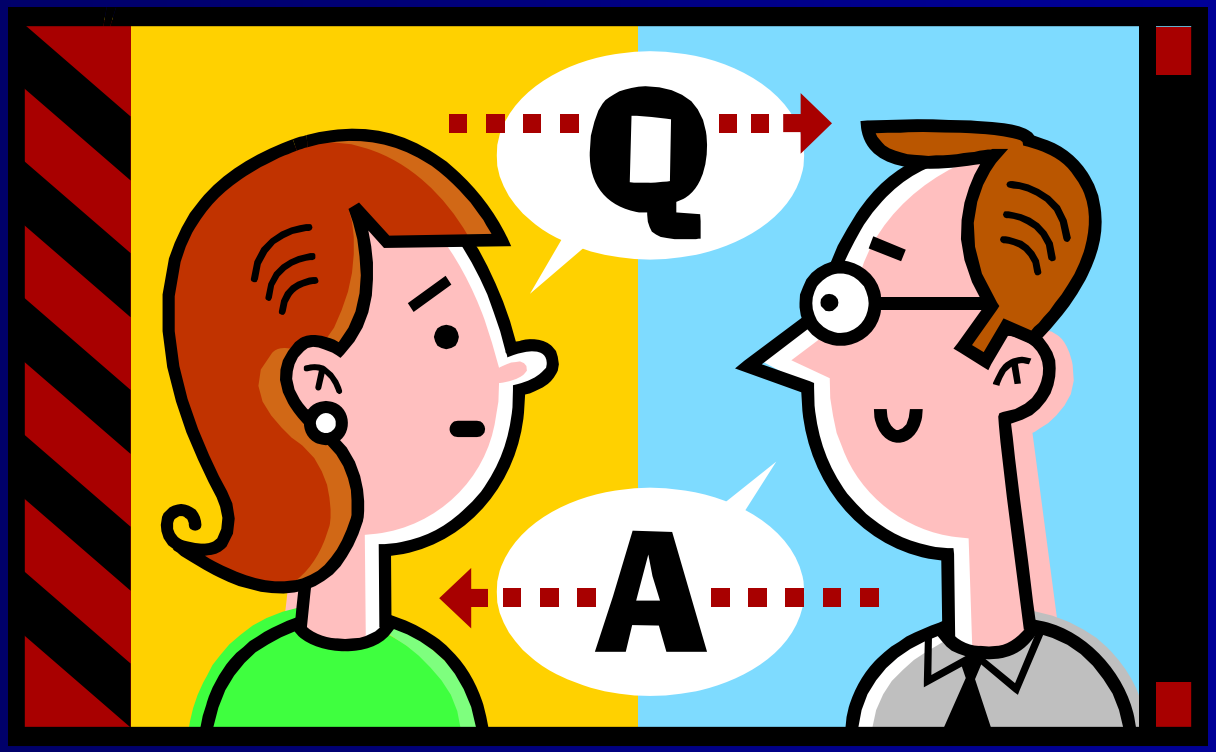
- "Near-Perfect Quality" lives in the retail healthcare setting
- Continuous quality measurement and improvement is possible and relatively easy
- Set a new bar of clinical performance and expectation
- How: Electronic Medical Records, well trained and experienced practitioners, limited scope of service, consistent training and adherence to guidelines

… And Possible Perils

The need for measuring and reporting outcomes in the Retail Health Setting

- Pressure for achieve economic results leading to poor decisions
- Losing focus on continuous measurement of individual performance
- Allowing patients to dictate antibiotic in absence of clinical rationale
- Refrigerator temperature control variation leading to vaccine inactivation & patient illness years in the future

Questions & Discussion



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