

Aligning Network Quality Goals

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***No real or apparent conflict(s) of interest
that may have a direct bearing on the
subject matter of this CME activity.***

Aligning Network Quality Goals

OVERVIEW

Introduction

- Background & Organization
- Business Case
- Case Study: Mammography
- Deliverables

Summary and Questions

Transition to an Accountable Care Organization

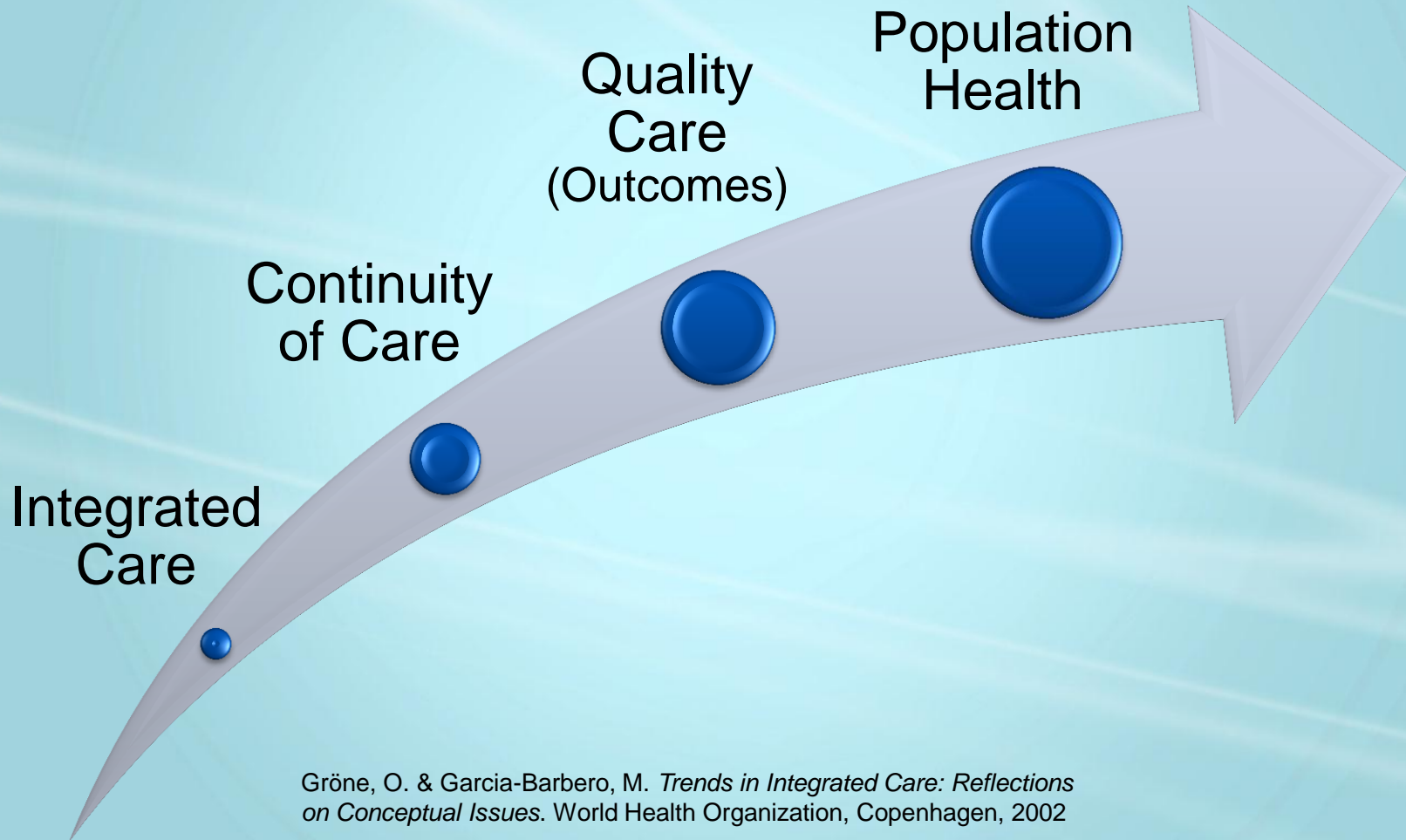
“The ability to design, organize and manage an efficient and effective clinical delivery system

... Integrate care across time, settings, disciplines, providers and geographies”

... Innovatively price and cost account for care delivery

... Rationally distribute premium and savings dollars”

Systems of Healthcare



Transition to an Accountable Care Organization

PHILOSOPHICAL CHANGES: A PARADIGM SHIFT

Traditional Model



Accountable Care Organization

Employment

Autonomy

Control

Balance of power

Clinical integration

Standard work

System improvement

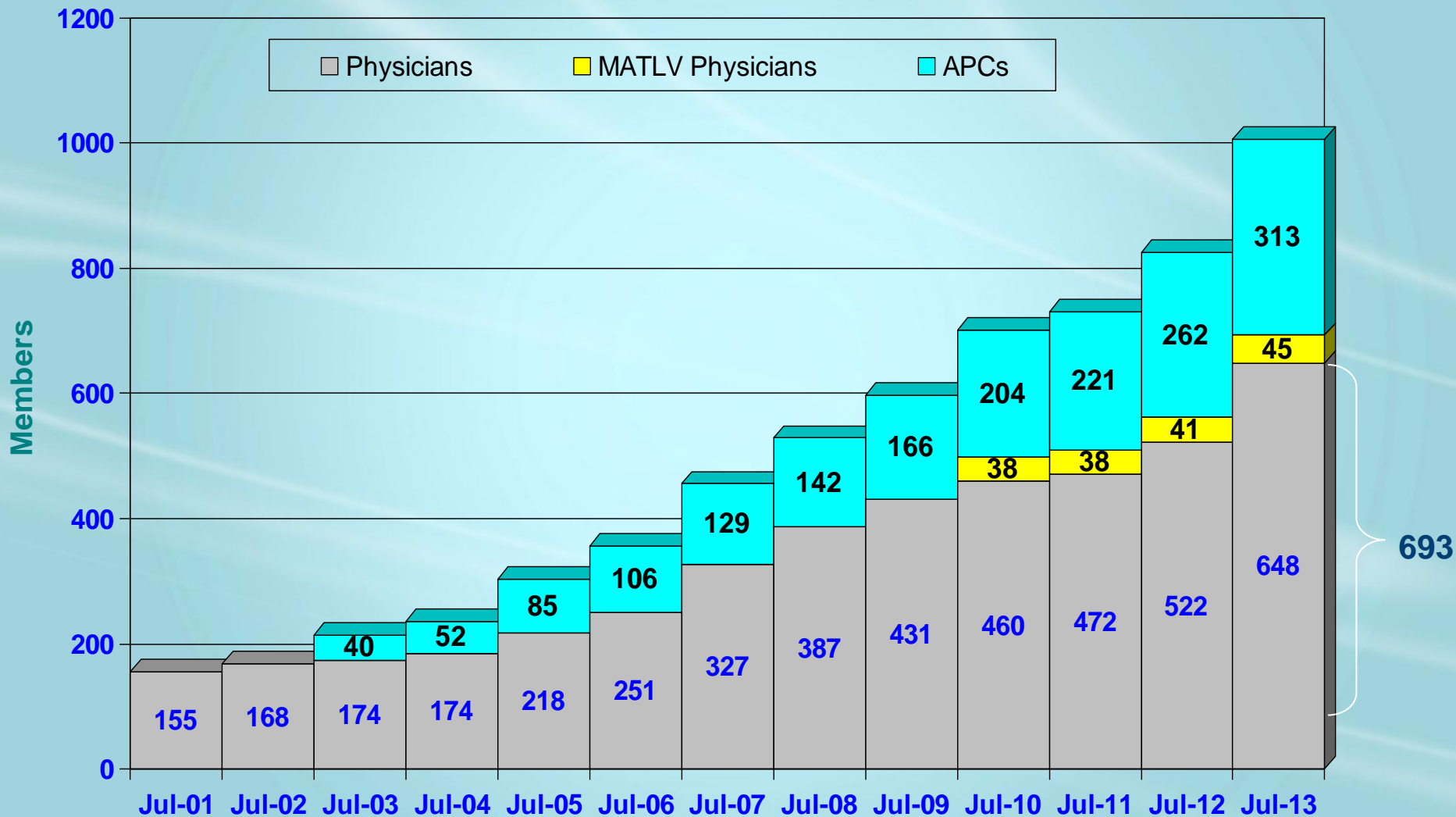
Shared leadership

LVPG – Who Are We?

Network's Large Multi-Specialty Group Practice

- We are 2,500 colleagues
- We have a \$400M Operating Budget
- We represent 50% of the active medical staff
- We touch >80% of network in-patients
- We will do 1.8 Million Visits in FY13
- We have 350,000 unique patients in our practices

Lehigh Valley Physician Group



44 LVPG Specialties

Adolescent Medicine

Bariatric Medicine

Burn Surgery

Cardiology

Cardiothoracic Surgery

Chiropractic

Emergency Medicine

Endocrinology/Diabetes

Family Medicine

General Surgery

General Internal Medicine

Geriatrics

Gynecology

Gynecologic Oncology

Hematology/Oncology

Hospital Medicine

Infectious Disease

Maternal Fetal Medicine

Neonatology

Neurology

Neurosurgery

Obstetrics/Gynecology

Oncologic Surgery

Ophthalmology

Palliative Medicine

Pediatrics, General

Pediatric Endocrinology

Pediatric Gastroenterology

Pediatric Hematology/Oncology

Pediatric Intensivists

Pediatric Neurology

Pediatric Pulmonology

Pediatric Surgery

Peripheral Vascular Surgery

Plastic Surgery

Psychiatry, Child & Adolescent

Psychiatry, General

Pulmonary

Rheumatology

Trauma Surgery

Transplant Surgery

Urogynecology

Urology

Wound Healing

Organization of LVPG

- 7 clinical departments-Chairs/Physician Executive Director/CMO
- Operations Leadership
 - Primary Care
 - Specialty Care
- Finance and Revenue Cycle
- Nursing
- 6 Service Lines

Lehigh Valley
Health
Network



```
graph TD; LVHN[Lehigh Valley Health Network] --- LVH17[Lehigh Valley Hospital - CC and 17th]; LVHN --- LVHM[Lehigh Valley Hospital - Muhlenberg]; LVHN --- LVPG[Lehigh Valley Physician Group]; LVH17 --- LVPHO[LV-PHO];
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The diagram is an organizational chart for the Lehigh Valley Health Network. At the top level is the 'Lehigh Valley Health Network'. This network branches into three main entities: 'Lehigh Valley Hospital - CC and 17th', 'Lehigh Valley Hospital - Muhlenberg', and 'Lehigh Valley Physician Group'. The 'Lehigh Valley Physician Group' is highlighted in red text. Below 'Lehigh Valley Hospital - CC and 17th', there is a sub-entity labeled 'LV-PHO'. All entities are contained within blue-bordered boxes with white backgrounds.

Lehigh Valley
Hospital - CC
and 17th

Lehigh Valley
Hospital -
Muhlenberg

Lehigh Valley
Physician
Group

LV-PHO

IMPLEMENTATION TIMELINE

Physician Group Leadership Structuring

Quality Improvement Goals Development



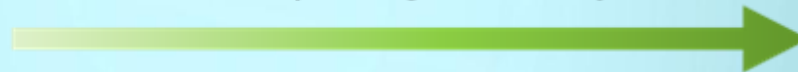
Operational Systems Implementation

Impaneling of Patients & Team-based Care Approach

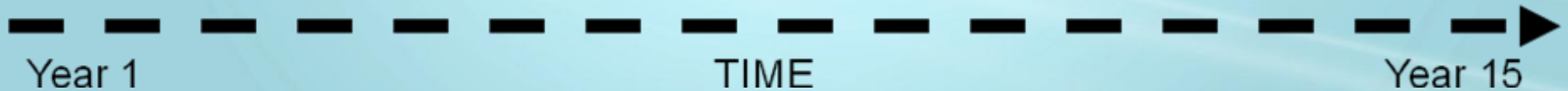
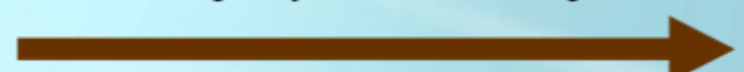
EMR System Implementation



Measurement and Reporting of Quality Outcome Data



Systems of Care Registry-Based Management

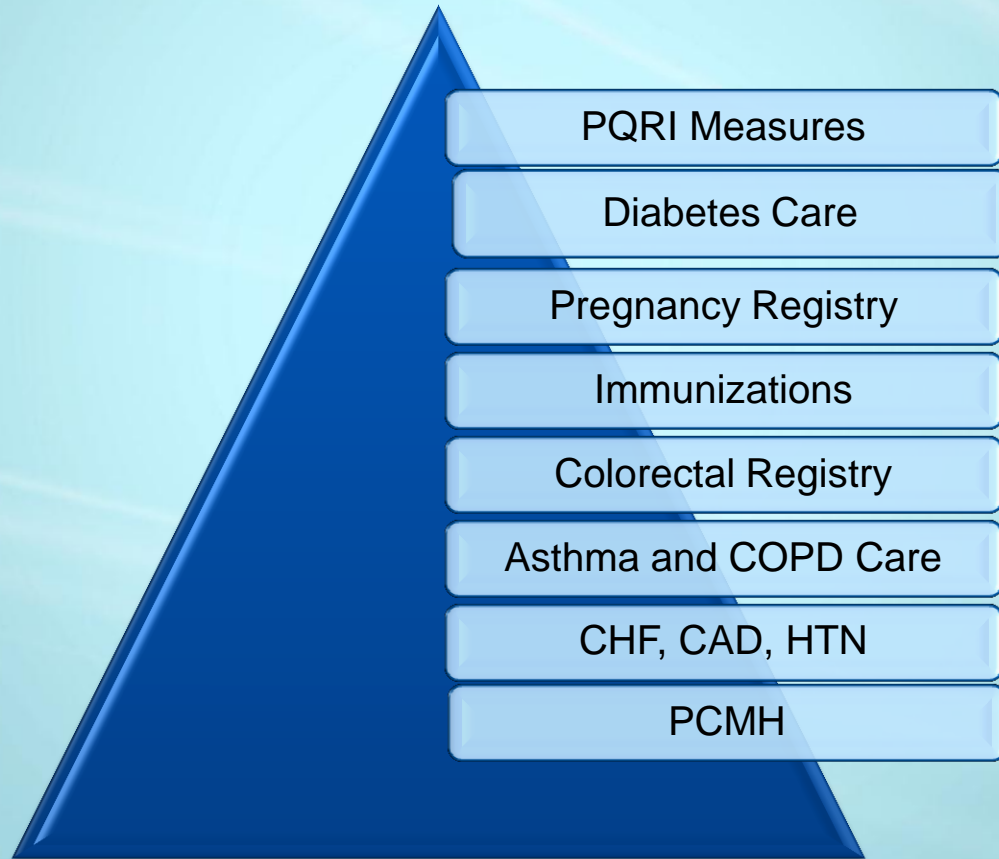


Business Case: LVPG/PHO Quality Goal Alignment

- Align quality/performance metrics
- Definitions and description standards
- Development of network CPG's
- Leverage with carriers for P4P
- Value-based purchasing
- Inclusion of the employed and aligned physicians

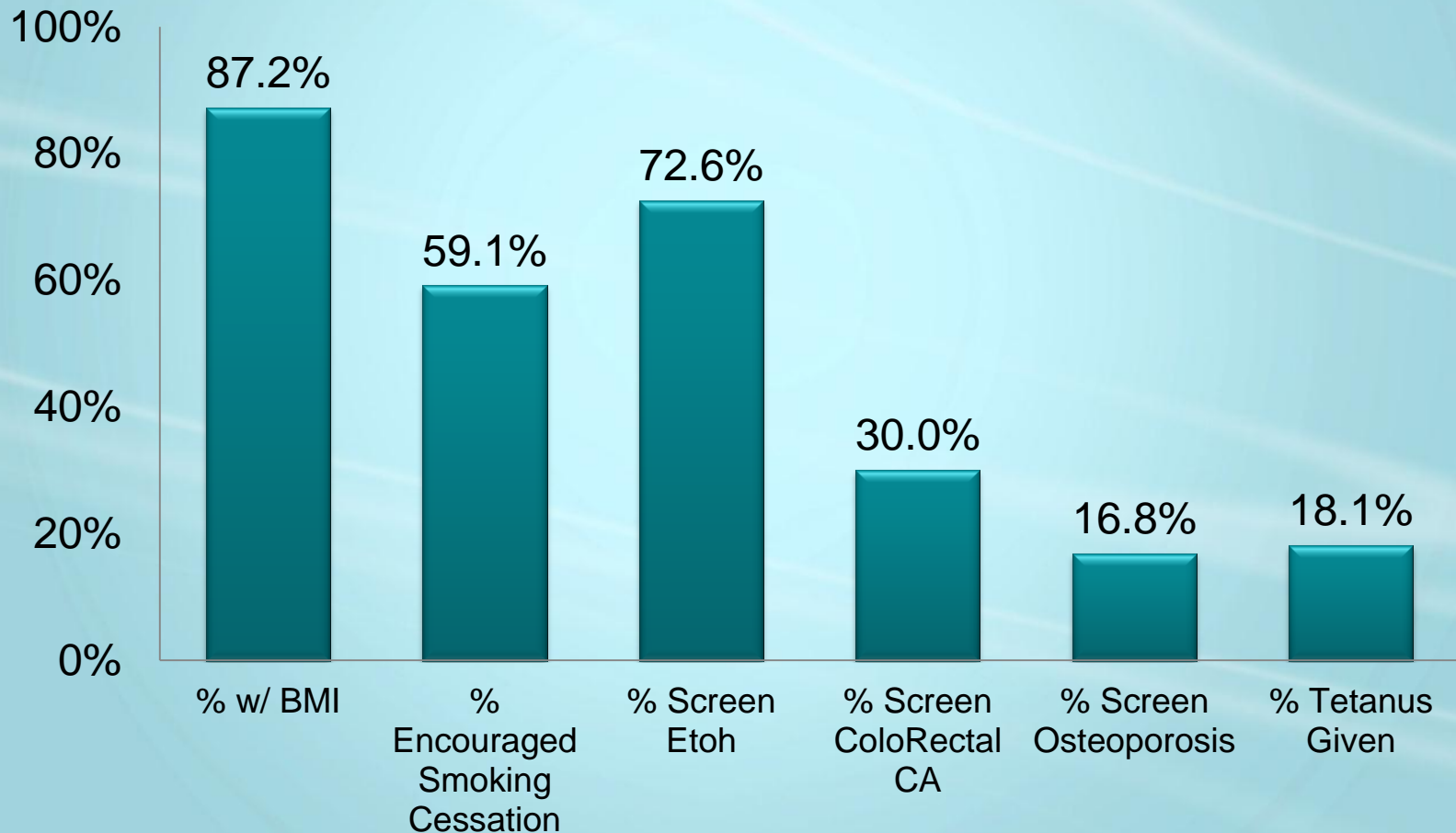
LVPG/PHO Quality Goal Alignment

Performance Categories



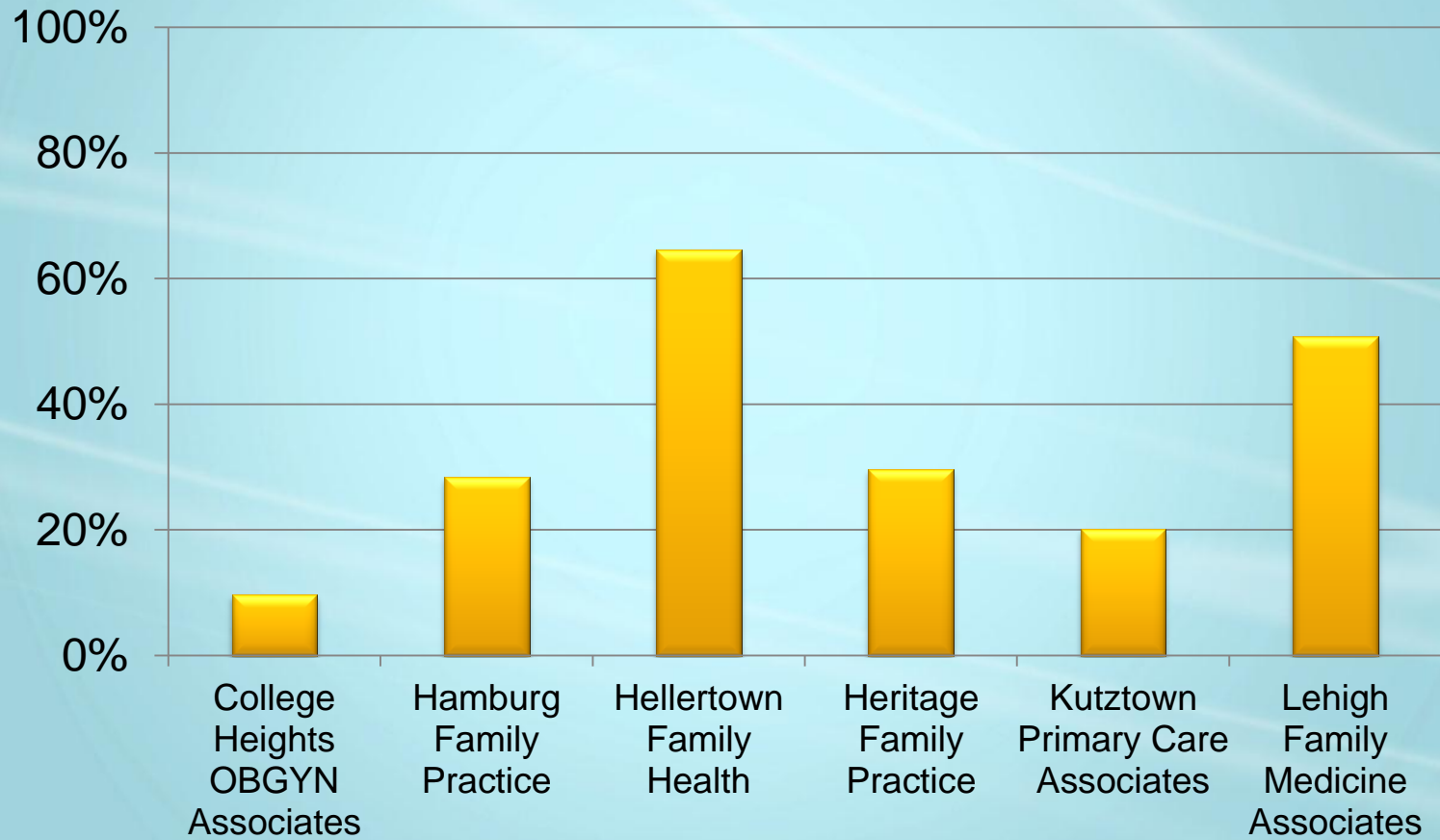
LVPG Preventative Care Audit

LVPG Rollup – 148,885 Pts



LVPG Preventative Care Audit

% Tetanus Given



Case Study: Insurance Partnership

- Aligned goals become our proposed quality incentive plan for negotiations
 - Incentives are aligned
 - Physician feedback is focused/aligned
- Forms the basis for commercial ACO conversations/pilots

Case Study: Insurance Partnership

- Quality Plan is entire population
- Insurers accept our data
- Together, we negotiate benchmarks/opportunities
- We obtain claims file from insurer
 - Desire exchange of data

Clinical Practice Council



The Clinical Practice Council was created as a forum for

***Leadership and Improvement Change** across the Network, Physician Group and entire continuum of care.*

Clinical Practice Council

- ✓ Organization around the “Continuum of Care” rather than the traditional departments
- ✓ Alignment of goals and resources of the Group Practice and Health Network.
- ✓ Unification of Purpose that is helping to fulfill the “Accountable” in ACO

Clinical Practice Council

***Delivery Of High Quality Consistent
Care Across The Patient Continuum***

***Multi-Specialty
Integrated Clinical
Practice***

***SPPI and
Standard Work***

***Culture Of Quality, Service
Excellence And Teamwork***

***Optimal Use Of
Information Technology***



Clinical Practice Council

The council brings together. . .

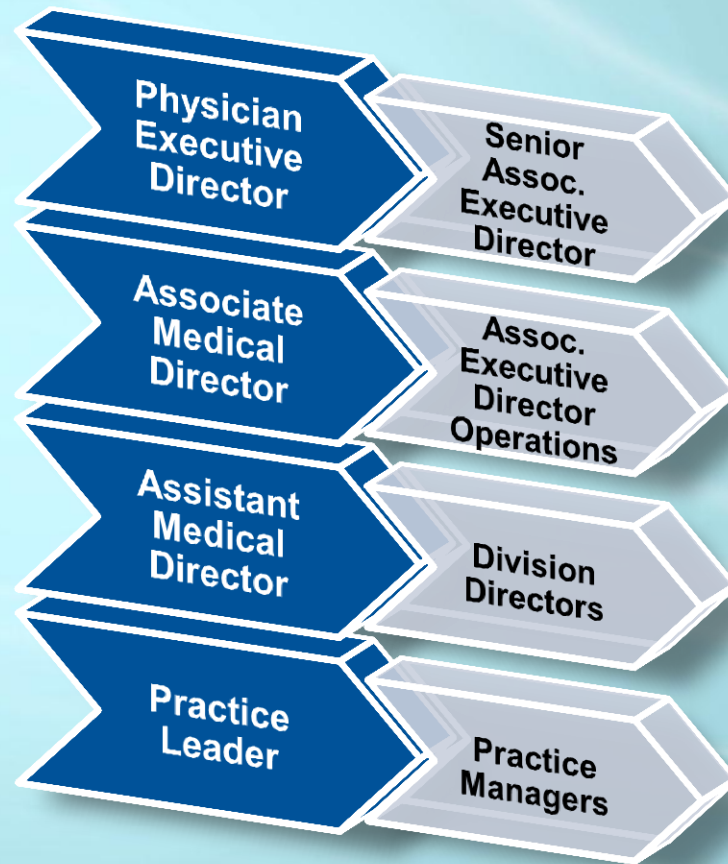
- ✓ *Physicians*
- ✓ *Administration*
- ✓ *Leadership*
- ✓ *Operations*
- ✓ *Nursing*
- ✓ *Organizational Development*
- ✓ *I/S*
- ✓ *Service lines and Departments*
- ✓ *Pharmacy*
- ✓ *Advanced Practice Clinicians*

Clinical Practice Council



Clinical Practice Council

Working Groups:
Coupling Physician
Leaders
with Administrators



Cross-Departmental EHR Content Committee

- Clinical, Operations, IT Across the Continuum
- Standards Define Work Processes
- Examples:
 - Referral Standards and tracking
 - Medication list standards, Reconciliation
 - Problem list management
 - Quality data entry

Aligning Network Quality Goals

“Be the change you wish to see in the world”

- Gandhi

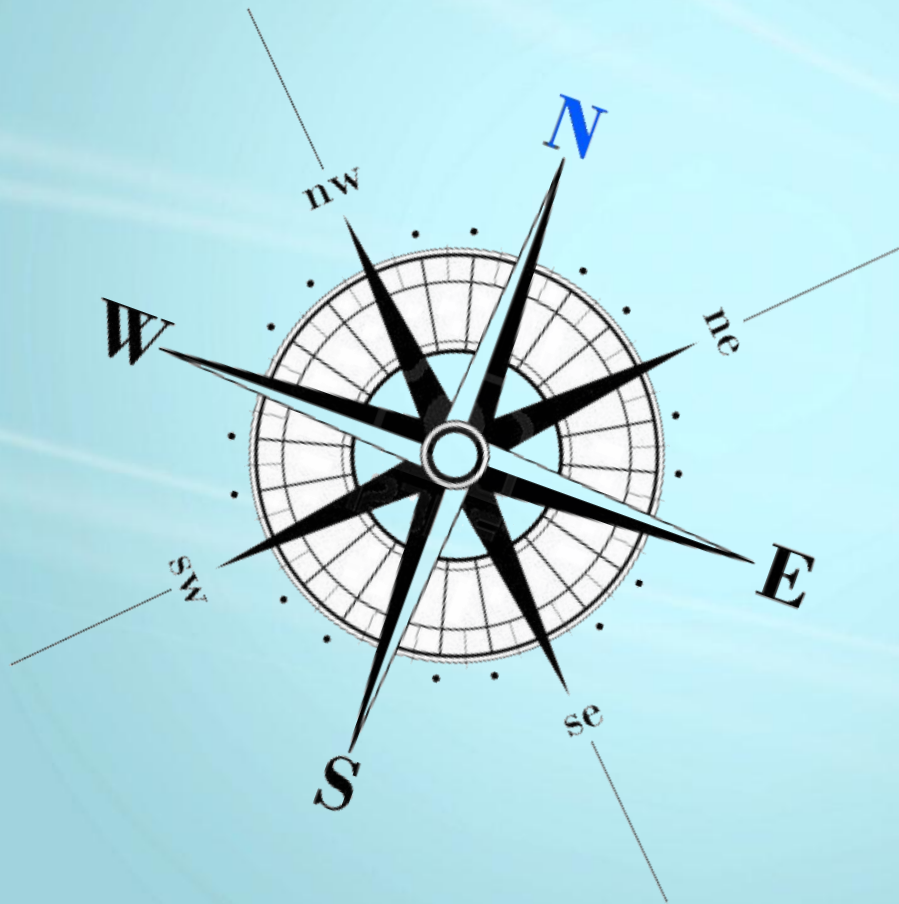


Aligning Network Quality Goals

- Align with Current Metrics
- Cross Silos as Much as Possible
- Choose Known Quantities
- Set Reachable Targets



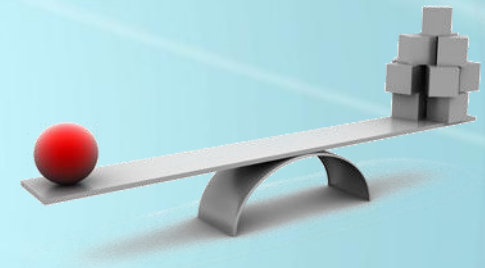
Aligning Network Quality Goals



Benchmarking

Comparing one's processes and performance metrics to best practices

- Internal vs. External
- Clinical Practice Benchmarking
- Perceived immeasurability and subjectivity
- Issues with Validity and Reliability



Defining Quality:

PROVIDER AND HOSPITAL ENGAGEMENT

- Network Quality Forums
- Network Improvement Council
- Physician Group Member Meetings
- Divisional Provider Meetings
- Practice Managers Meetings
- Board Level Engagement

Defining Quality:

METRIC SELECTION

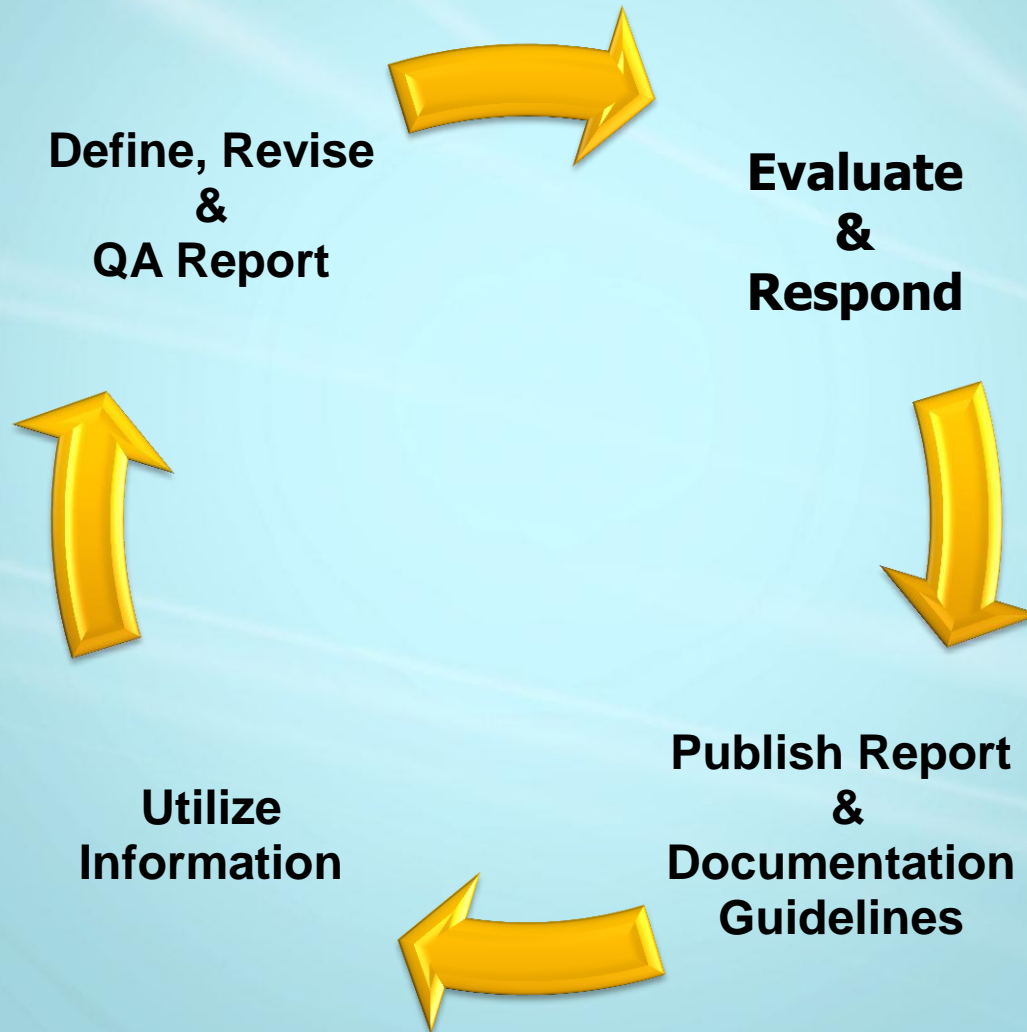
- Strategy:
 - Evidence-based,
 - Achievable
 - Meaningful
- Supportive structure is significant
- Standardizing processes for consistent data extraction
- Provider Engagement
 - Group → Division → Practice → Individual

Quality and Informatics

TRANSPARENCY

- Registries on Web-based Business Tool
 - Population and disease management
- Dashboards/Scorecards
 - RVU, patient satisfaction
- Forums
 - Performance Improvement Council (PIC)
 - Newsletters
- Visibility Walls

Quality Metric Reporting



CASE STUDY:

LVPG Mammography Quality Metric

- ✓ Part of FY '11 and '12 Network Quality Goals
(Readmission Rate, HAI, Core Measures)
- ✓ Ability to pull data from the EHR
- ✓ Predictable baseline measured for several years
- ✓ Touched Significant proportion of Group Providers
- ✓ Partnership with Network and Resources (BHS, etc)

LVPG Mammography Quality Metric

(prior to start)

NATIONAL RATE	76.0%
PENNSYLVANIA	76.4%
LVPG	66.0%

**Goal: Increase LVPG mammography screening rates over baseline
by percentage improvement**

0-3% improvement	(66-68% rate)	= 10 points
3% improvement	(68-70% rate)	= 15 points
6% improvement	(70-72% rate)	= 20 points
9% improvement	(>72% rate)	= 25 points

LVPG Mammography Quality Metric FY2012

Purpose: To improve the mammography screening rate in accordance with national guidelines.

Data Source: CPO (Divisions of Family Medicine, Internal Medicine and Obstetrics and Gynecology)

Data: All female patients age 50 or over at the beginning of the evaluation period, seen within the last two years that are currently active patients, not deceased. ***A woman is considered up-to-date (UTD) if her mammography was within 2 years from the date the report is run.***

LVPG Mammography Quality Metric FY2012

FY11 Baseline score 75.6% (average of last 8 months)

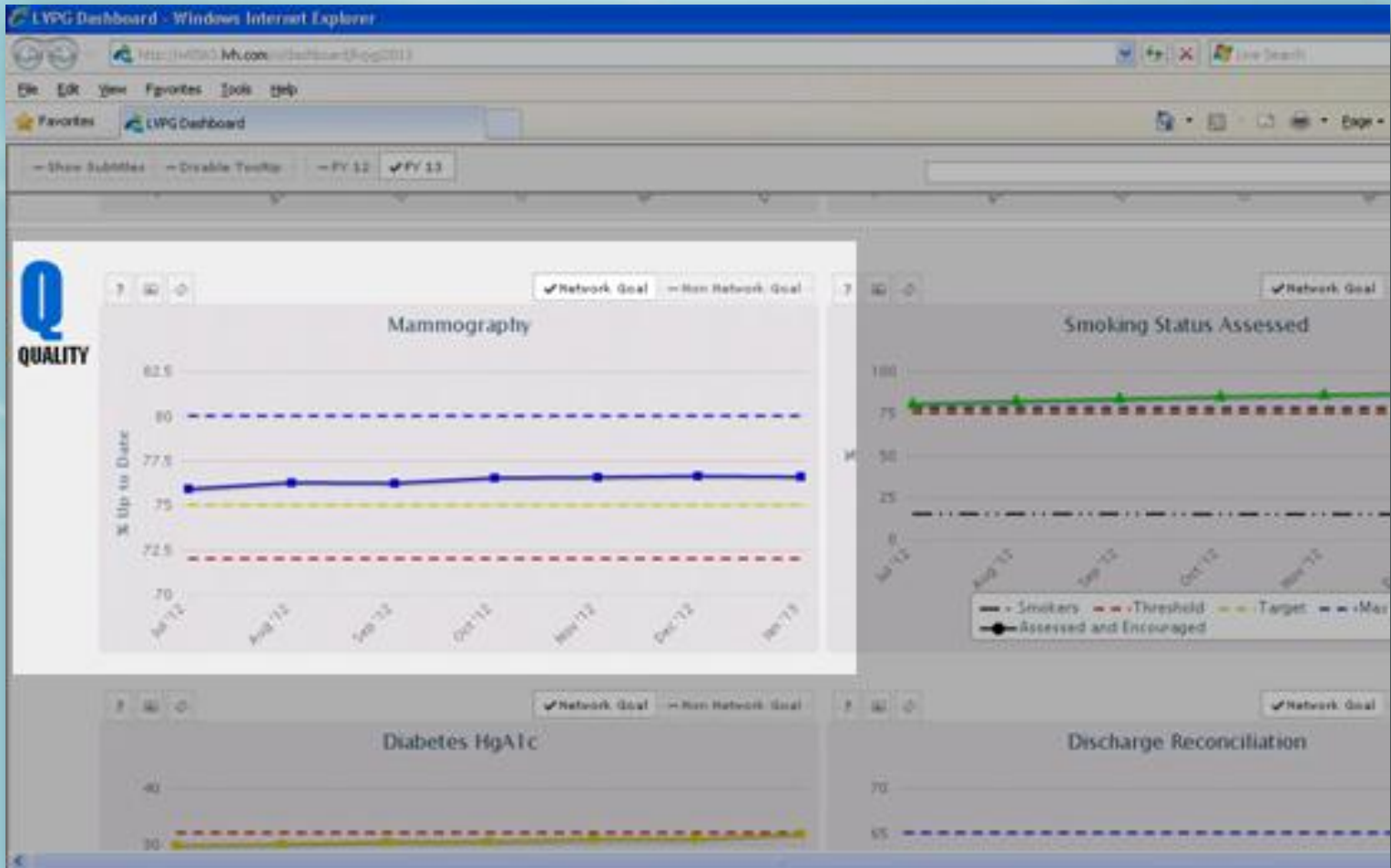
Threshold	Target	Max
avg+1.5%	avg+3.0%	avg+4.5%
76.7%	77.9%	79.0%
FY2011	69.3%	



Quality and Informatics DASHBOARDS



Quality and Informatics DASHBOARDS



LVPG Mammography Quality Metric

Divisional Comparisons

FM	70.1%
IM	71.0%
OB	82.4%
Total	76.5%

LVPG Mammography Quality Metric COUNTERMEASURES

Performance Feedback

- Transparency Reports by practice now pushed monthly

Targeted Interventions

- Low-performing practices targeted with clinical educator intervention

Accountability Review

- Quarterly review by division with LVPG administration

Proactive Management

- Embedded decision-support to prompt in CPO
- Exploring Phytel to reach out to patients overdue

INFORMATION EXCHANGE/STANDARD EDUCATION




LVPG Mammography Quality Metric FY2012

Purpose: To improve the mammography screening rate in accordance with national guidelines.

Data Sources: CPO (Divisions of Family Medicine, Internal Medicine and Obstetrics & Gynecology)

Significance: The LVPG Mammography Metric total score is one of four key components of the LVHN Quality Score and is reported monthly to the network.


$$\frac{\text{Patients with Mammogram in last 2 years}}{\text{Eligible patients by Division/Practice}} = \% \text{ Up-to-Date}$$

Up-to-Date?

A woman is considered up-to-date if her mammogram was within 2 years from the date the report was run. **It doesn't matter who ordered the mammogram.** If it was performed or captured in CPO anywhere in LVPG it's counted as done.

Eligible Population?

All female patients age 50 - 69 at the time the report is run, seen within the last two years and are currently active patients. Patients who have had a bilateral mastectomy or who have refused a mammogram, identified in CPO, are currently excluded.

Denominators by Report:

LVPG Total = Entire population of eligible patients in IM/FM/OB divisions
Division Rollup = Population of eligible patients seen in that division
Practice Rollup = Population of eligible patients seen in the practice

FAQ

How are mammograms "captured" in CPO for the report?

There are three ways we capture:

1. All mammograms done at Breast Health Services are interfaced and captured (they also send a "normal" letter on our behalf)
2. Scanned mammogram reports from outside facilities
3. Mammograms marked as "done" in the Preventative Care Screening form

Why is mammography the LVPG component part of the LVHN Quality Metric?

We chose this metric because we've had stable, predictable and measurable data for a period of time. It also encompasses several LVPG divisions and network resources and aligns with overall network goals.

How did we pick the numerator and denominator?

They were chosen after evaluation of national guidelines and published metrics and in consultation with LVHN and LVPG medical leadership. As with all clinical measures, this one will likely evolve over time to reflect our focus and values.

I ordered a mammogram but my patient didn't go. Doesn't that count?

No. We don't account for the order in accordance with all national metrics. It is important for results tracking and compliance. However, if a patient declines and this is recorded, we do currently drop them from the denominator. This will likely be eliminated in future years to keep us aligned with national guidelines.

Is it possible for a patient to be counted twice?

Yes. A patient might be eligible because they have been seen in more than one practice or division.

What can we do to help increase our score?

1. Assure data is being captured: Make certain scanned images are being named according to convention, ask patients at each visit about their mammogram and record in the Preventative Care Screening form, refer to BHS by using the ".mammobhs" quick-text
2. Institute practice-wide processes to identify and order mammogram screening for eligible patients. Some of our practices with the highest scores have empowered staff to ask patients about screening and provide mammogram prescriptions.
3. Proactive population management: Check your registry on HBI, evaluate it for accuracy, sort by those women overdue for mammograms and reach out to patients proactively.

PROTOCOL

2010-2011 LVPG Screening Mammogram Initiative Policy and Protocol

Purpose: Increase % of women, age 50 and over in LVPG Primary Care (GIMS, FM, OBGYN) who are up to date with mammography screening, to assure earlier breast cancer detection, safe quality patient care, and, for LVPG to benefit from Quality Incentive Programs. For FY 11 selected women will be asked screening mammogram questions by the clinical staff, per the Individual LVPG Practice Protocol at regularly scheduled visits.

Recommended Response to Patient Questions for the Clinical Staff

"There continues to be discussion regarding the most appropriate time to begin screening mammography, current recommendation from vary from 40 to 50 by the National Cancer Society (NCS), American Congress of Obstetricians and Gynecologists (ACOG), and the U.S. Preventive Services Task Force (USPSTF). The LVHN Breast Health Services recommends screening begin at age 40. Woman should make their own personal decision based conversations with their health care provider."

LVPG Practice Protocol

Because of differing professional guidelines for beginning screening mammograms, each (Practice, Division, Service Line, LVHN???) will determine the age at which the clinical staff will screen women, and the recommended screening frequency recommendation.

- At age _____ (40 or 50) and above, women will be screened by asking the following questions with responses documented their medical record.
1. When was your last mammogram?
 - a. Elicit exact or approximate date; document in the medical record
 2. Where was the mammogram done?
 - a. Elicit location; document in the medical record

At age _____ (40 or 50) women will be provided with a screening mammogram Rx every _____ (1 or 2) years.

Name of Practice _____ Date _____
Practice Leader _____ Date _____
Practice Manager _____ Date _____
Clinical Coordinator _____

TARGETED INTERVENTIONS

Site	December 2011 (Pre)	February 2012 (Post)	
Lehigh Internal Med Assoc	60.70%	64.69%	↑
Blandon Medical Group	63.20%	66.77%	↑
OB/GYN Assoc - Carbon County	66.70%	70.21%	↑
Riverside Family Practice	69.80%	71.72%	↑
Bethlehem Medical Center	54.20%	55.72%	↑
Valley Family Medical Center	63.40%	64.81%	↑
Heritage Family Practice	70.50%	71.53%	↑
Lehigh Family Medicine Assoc	68.90%	69.81%	↑
Hellertown Family Health	67.20%	67.80%	↗
Southside Family Medicine	49.70%	50.30%	↗
Pleasant Valley Family Practice	62.80%	62.26%	↓
Blandon Medical at Moselem	57.70%	54.93%	↓
Danielsville Family Medicine	71.90%	67.44%	↓
Moorestown Family Medicine	75.40%	68.77%	↓

EMBEDDED DECISION SUPPORT

Centricity



Mammogram Screening: We are working to improve breast cancer screening in our community. We do not see that you have a current mammogram documented in our medical record. Would you like to add documentation?

Yes

No

CDS Mammogram: Melanie J Test

Choose the most applicable selection below:

Commit

- Order Screening Mammogram
- Indicate Patient Declines
- Refer to Primary Care Physician
- Record in chart as done elsewhere

Results

Date

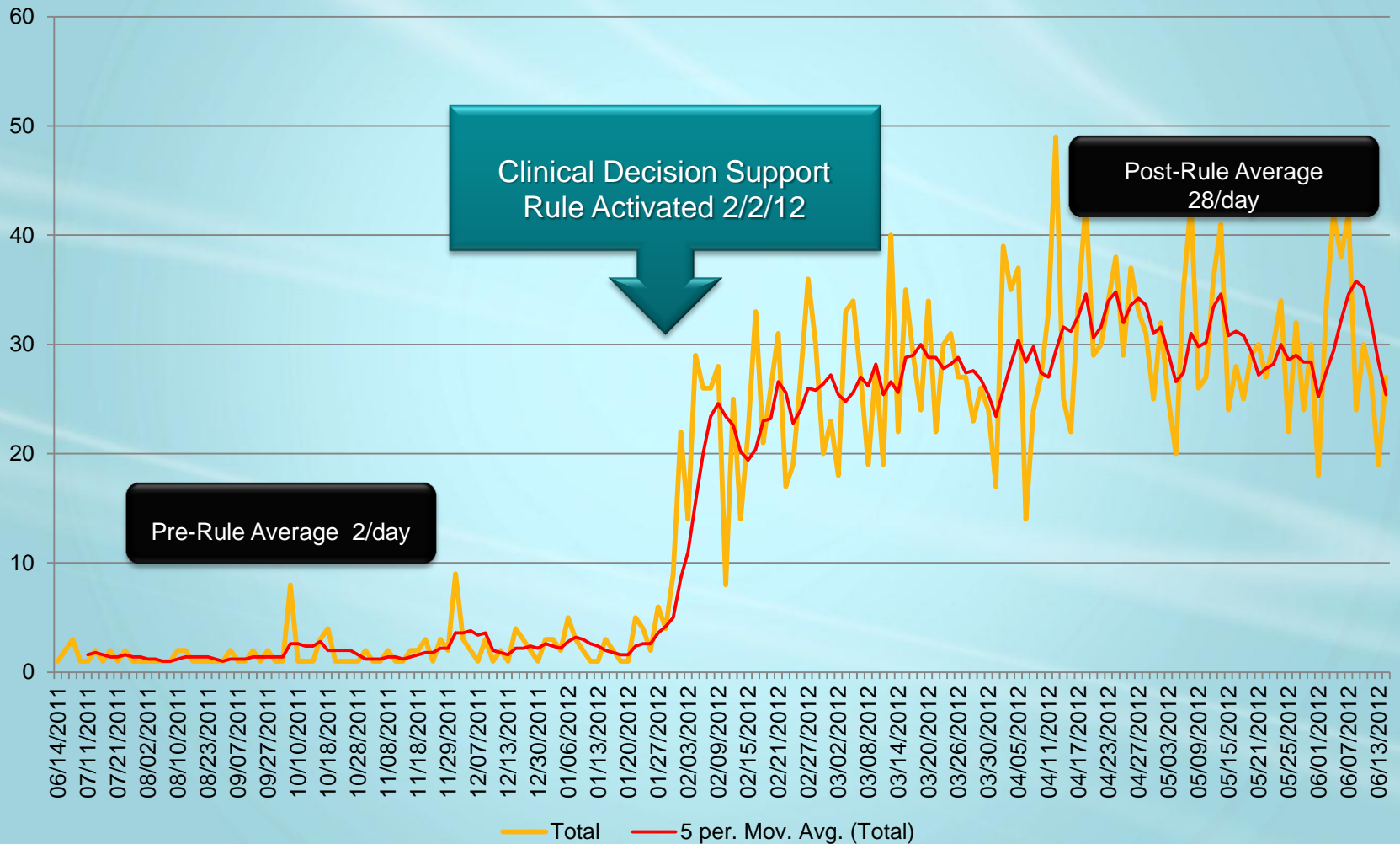
Mammogram

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

EMBEDDED DECISION SUPPORT



REPORT FEEDBACK

LVPG Mammography Quality Metric FY2012

Data through October

LVPG YTD AVG	77.0 %
Family Medicine	70.7 %
Internal Medicine	70.7 %
ObGyn	82.4 %

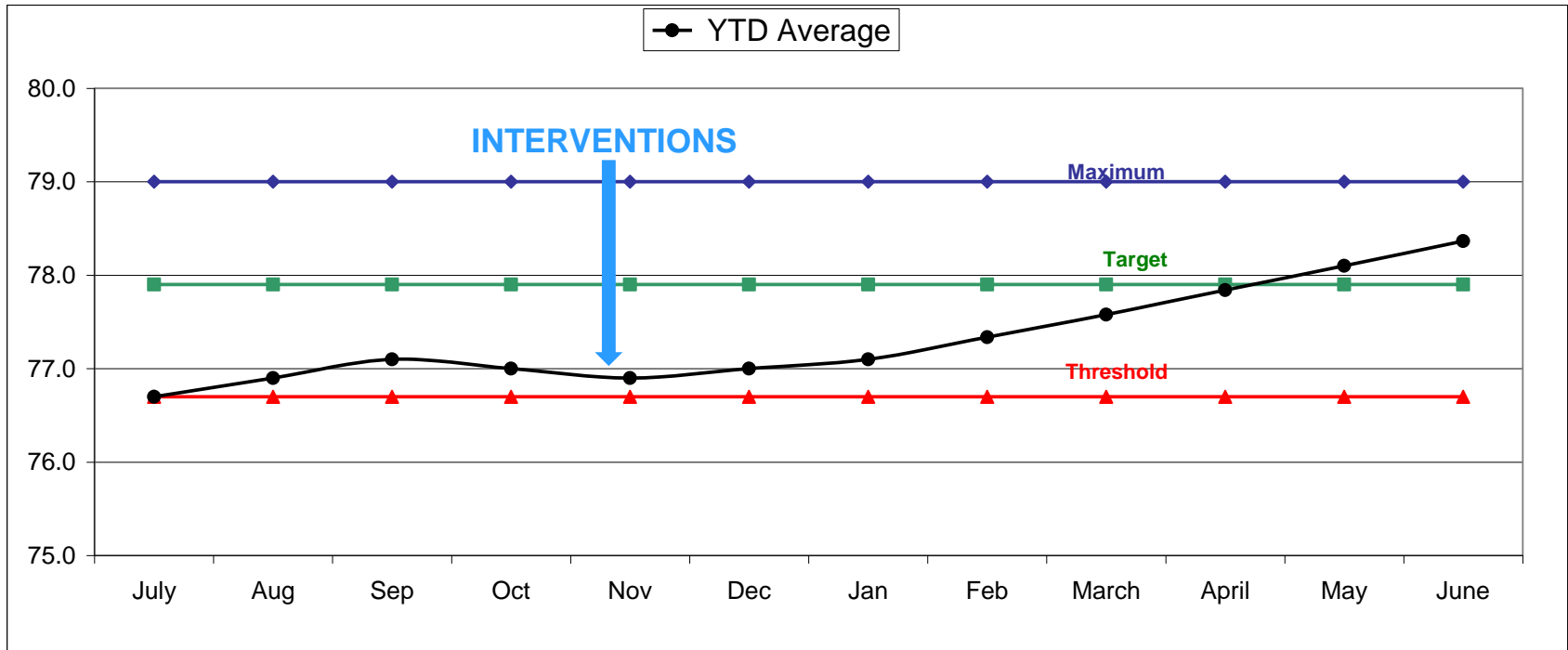
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Data Source: CPO (Divisions of Family Medicine, Internal Medicine and Obstetrics and Gynecology)

Data: All female patients age 50 - 69 at time the report is generated and seen within the last two years that are currently active patients, not deceased. **A woman is considered up-to-date (UTD) if her mammogram was within 2 years from the date the report is run.**

Site	LVPG Target	77.9%	% Up-to-Date
Hamburg Family Practice	●		98.6
Kutztown Primary Care	●		90.9
College Heights OBGYN -HCK	●		89.3
College Heights OBGYN -CC	●		85.2
OB/GYN Assoc -Paragon	●		84.7
College Heights OBGYN -THC	●		83.8
OB/GYN Assoc -AMC	●		83.1
OB/GYN Assoc -RPC	●		83.0
Bethlehem Gyn	●		80.2
Trexliertown Family Medicine	●		79.1
College Heights OBGYN -MHC	●		78.8
LVPG General Internal Medicine	●		77.0
Moorestown Family Medicine	●		75.0
Danielsville Family Medicine	●		73.9
Heritage Family Practice	●		71.5
Riverside Family Practice	●		67.9
Hellertown Family Health	●		67.1
Lehigh Family Medicine Assoc	●		67.1
Makhija & Associates OB/GYN	●		66.6
Valley Family Medical Center	●		64.6
Pleasant Valley Family Practice	●		63.1
Allentown Medical Associates	●		59.2
Lehigh Internal Medicine Assoc	●		56.8
Blandon Medical Group	●		54.4
Blandon Medical at Moselem	●		54.2
Bethlehem Medical Center	●		52.4
Lehigh Northampton Family Medicine	●		50.4
Southside Family Medicine	●		49.7
West Broad Street Family Medicine	●		42.8

LVPG UP-TO-DATE MAMMOGRAPHY SCREENING (Percentage Screened for Mammograms)



	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Maximum (>79.4%)	79.0	79.0	79.0	79.0	79.0	79.0	79.0	79.0	79.0	79.0	79.0	79.0
Target (>77.9%)	77.9	77.9	77.9	77.9	77.9	77.9	77.9	77.9	77.9	77.9	77.9	77.9
Threshold (>76.4%)	76.7	76.7	76.7	76.7	76.7	76.7	76.7	76.7	76.7	76.7	76.7	76.7
Actual	76.7	77.0	77.7	76.7	76.6	77.2	77.6	79.2	79.5	80.2	80.7	81.3
YTD Average	76.7	76.9	77.1	77.0	76.9	77.0	77.1	77.3	77.6	77.8	78.1	78.4

Deliverables



Developing strategy for metric definition that is evidence-based, achievable and meaningful



Standardizing processes for consistent data extraction



Provider Engagement (Group → Division → Practice → Individual)



Integration of process across geographic sites and traditional “silo” cost-centers



Improvement in Metric performance

Questions?



Cedar Crest



17th Street



Muhlenberg



8 Health Centers

A PASSION FOR BETTER MEDICINE.™

