

# DELIVERING VALUE THROUGH TECHNOLOGY

Mark Nelson, MD - EMR Physician Champion, Board Member

Krishna Ramachandran - Chief Information and Transformation Officer

Karen Adamson - Director, Epic Clinical Applications

DuPage Medical Group

| WE CARE FOR YOU

# DuPage Medical Group - Vitals

- Largest independent multi-specialty group in Chicago metro area
- 370+ Physicians; 2500 employees
- \$400 million Revenue
- 40 Specialties; 45+ Sites
- 350,000 Active patients; Serve 1/3 of DuPage County (Locations in 4 counties –DuPage, Will, Kane and Cook)
- Ancillaries include Imaging; Radiation Oncology; Ambulatory Surgery Center; Lab; Physical Therapy; Infusion Therapy; Sleep labs
- Dominant Physician Group at 3 area hospitals
- Established in 1999 (from groups practicing since the '60s)

# Our History – “Under one roof”

---



*Robert McCray realized that the suburbs' growing patient base would benefit from having nearby access to a group of advanced care specialists sharing office space as well as laboratory and x-ray facilities. **A place where all healthcare services would be conveniently located under one roof.***



# Under one "virtual" roof

Epic Home EC Schedule In Basket Chart Telephone Call Secure EMR Feedback Print Log Out EpicCare

Amicas, Lesa

**Amicas, Lesa**  
Female, 40 year old, 01/01/1970, GE12312388

Allergies: Latex, Penicillins, Sulfa Antibiotics FYI Ins: IL MED/UPDT Reg Status: ELAPSED

Snapshot w/ Labs

Report: Snapshot w/ Labs

**Snapshot**

Synopsis  
Order Entry  
Charting  
Enter/Edit Results  
Immunizations  
Medications  
Flowsheets  
Doc Flowsheets  
Letters  
FYI  
Problem List  
Allergies

**Demographics**

**Lesa Amicas** 123 TESTING LANE  
40 year old female GLEN ELLYN IL 60137  
630-957-8358

**Problem List** Chronic

Borderline high cholesterol  
Asthma  
DM (diabetes mellitus)

**Vitals**

	11/9/10	2/12/10	1/26/10	1/26/10	1/18/10
BP	120/90 mmHg	100/90 mmHg	110/90 mmHg	120/90 mmHg	120/75 mmHg
Weight	144 lb	142 lb	130 lb	--	--
Height	5'	5'	5'	--	--
Pulse	78	76	82	78	--
Resp	18	17	20	16	--
Temp	--	--	--	--	--
SpO2	--	--	--	--	--
Peak Flow	--	500 L/MIN	--	320 L/MIN	--

**Health Maintenance** Late Due Soon Hold

MAMMOGRAM, 1 YEAR 2/16/2011  
CHOLESTEROL, 5 YEARS 2/11/2015  
COLONOSCOPY, 5 YEARS 2/16/2015

**Allergies**

LATEX Hives  
PENICILLINS Hives  
SULFA ANTIBIOTICS Photosensitivity

**Medications** Long-Term

METFORMIN HCL 500 MG OR TABS  
ADVAIR DISKUS 100-50 MCG/DOSE IN AEPB  
LIPITOR 10 MG OR TABS  
PLAVIX 300 MG OR TABS  
CELEBREX 200 MG OR CAPS

**Immunizations/Injections**

Influenza 10/16/2009  
Tb Intradermal Test 1/1/2006

**Significant History/Details**


BMI: 28.12 (kg/m2)

**Family Comments** Edit

None

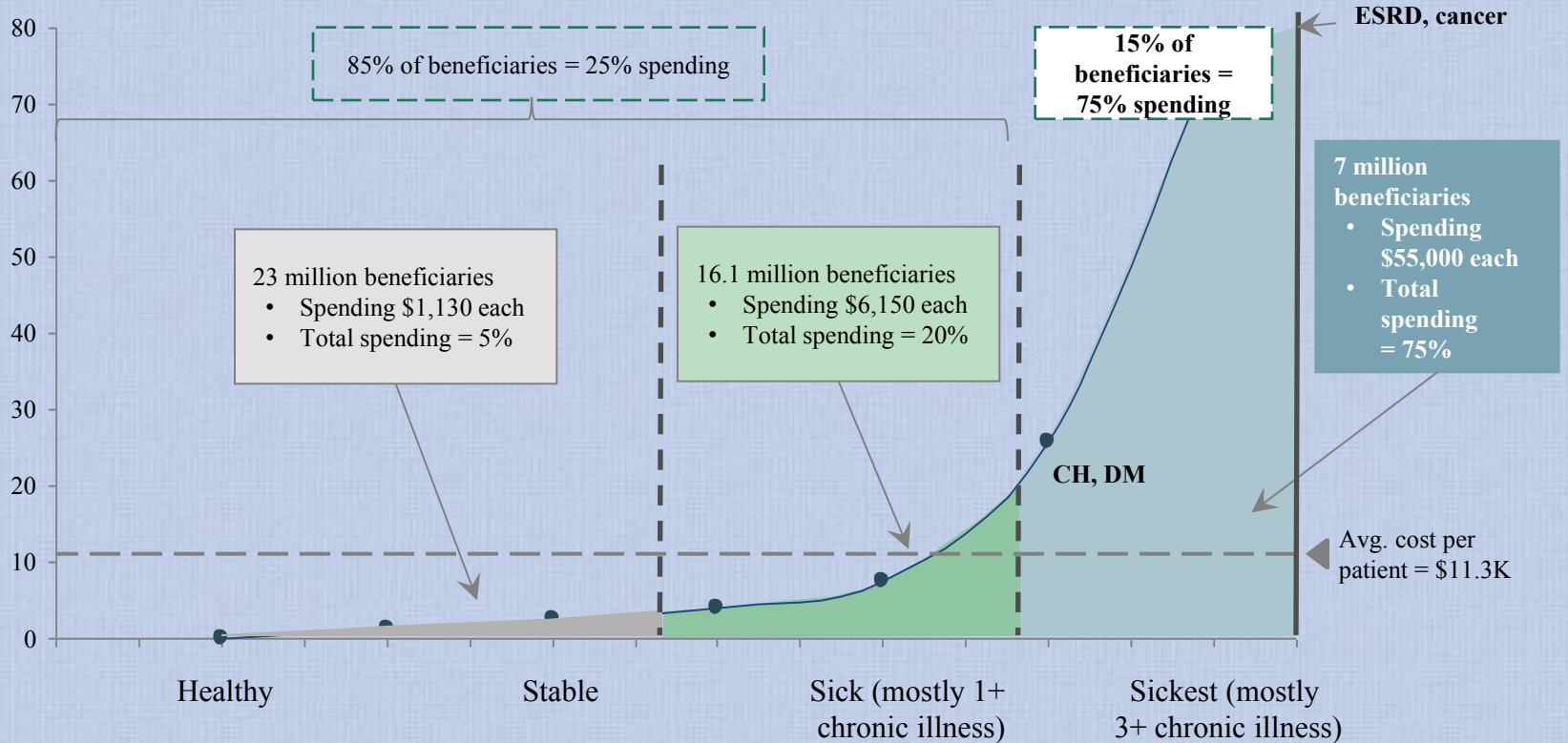
**Specialty Comments** Report Show All Edit

No comments regarding your specialty



# Health Care Today

Annual cost / beneficiary (K)



Source: The Boston Consulting Group

WE CARE FOR YOU

# Value Driven Health Care

---

**DMG's transformation to adapt to & lead the changing health care environment**

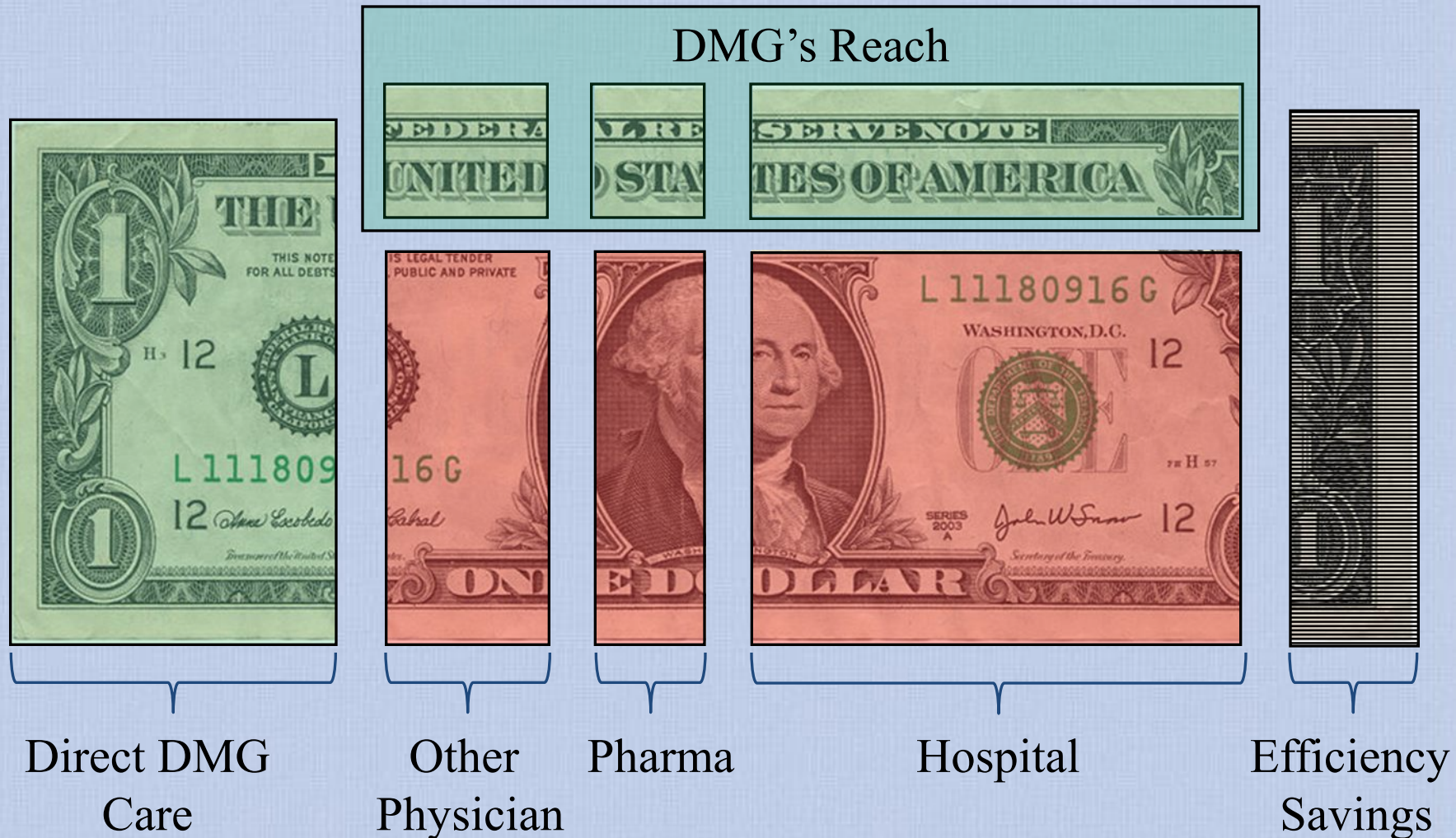
**Focused on:**

- Improving patient outcomes, experience
- Population management
- Reducing health care costs
- Streamlining business processes
- Increasing patient access to care



WE CARE FOR YOU

# Being Good Stewards



Technology is but a



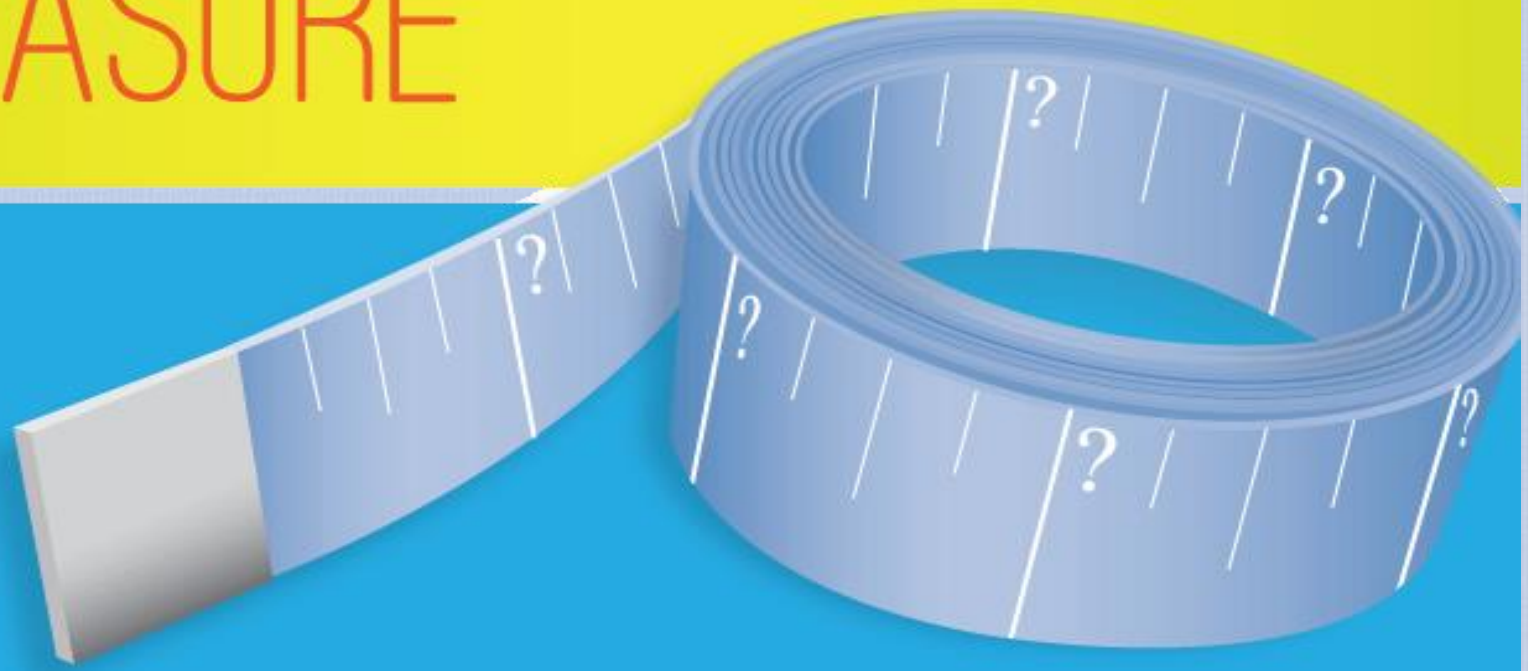




Your  
**EHR**  
go-live  
is the  
**Starting**  
Line

---

YOU CAN'T MANAGE  
WHAT YOU DON'T  
MEASURE



# stages of data

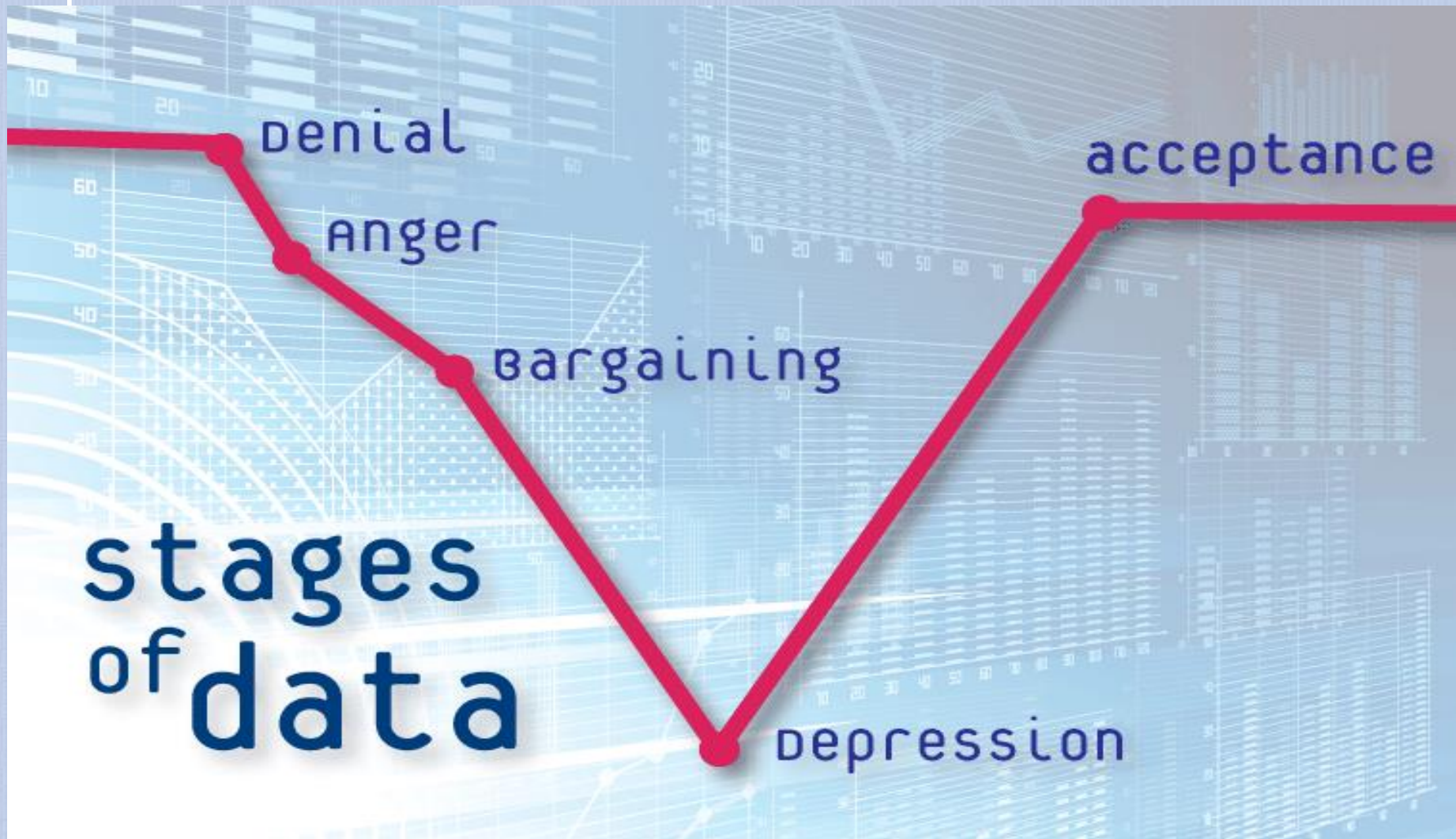
denial

anger

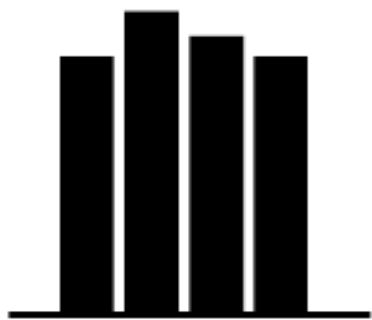
bargaining

depression

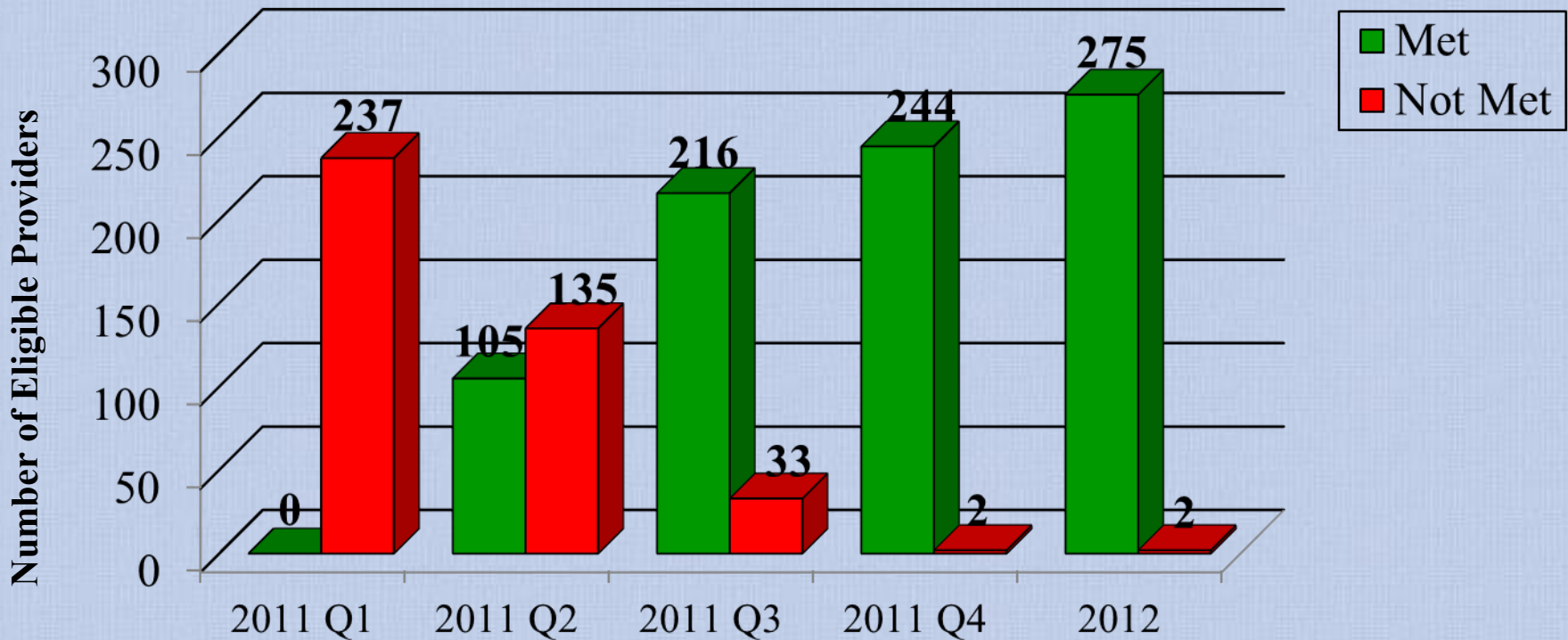
acceptance



DATA → INFORMATION → ACTION



# Our Meaningful Use Journey



# Point to the Destination

## Simple and Transparent Dashboard

### DMG Meaningful Use Summary

Practice Name	Prov Name	Order Entry (Physician Ordered Meds)		Problem List		E-Prescribing		Active Med List	
		Goal > 30%		Goal >= 80%		Goal >= 40%		Goal >= 80%	
		%	Chg Q2 vs. Q1	%	Chg Q2 vs. Q1	%	Chg Q1 vs. Q4	%	Chg Q2 vs. Q1
MAIN FAMILY PRACTICE	ANDERSON, JENNIFER	95.2%	-0.4%	76.1%	4.3%	7.1%	6.7%	98.5%	1.0%
MAIN FAMILY PRACTICE	BROWN, ANNA	98.9%	98.9%	80.9%	80.9%	20.0%	20.0%	97.8%	97.8%
MAIN FAMILY PRACTICE	CHENG, BARBARA	98.3%	98.3%	38.2%	38.2%	16.0%	16.0%	99.1%	99.1%
MAIN FAMILY PRACTICE	DAVIS, KAREN	97.3%	97.3%	85.2%	85.2%	28.1%	28.1%	90.7%	90.7%
MAIN FAMILY PRACTICE	SANDERS, ANDREW	96.8%	-0.6%	81.1%	1.8%	84.7%	-0.5%	99.7%	0.1%
MAIN FAMILY PRACTICE	SMITH, CHARLES	94.6%	-2.5%	78.4%	4.5%	70.0%	-10.9%	99.6%	0.0%

# Script the Critical Moves

Handbook with specific, actionable instructions

## Problem List Use

**Measure Definition:** More than **80%** of unique patients seen by the physician with at least one problem on their Problem List or the Problem List is marked Reviewed if no problems on the Problem List.

### ***Actions that impact this measure:***

There are three ways to access/update the Problem List:

1. Problem List in Charting
2. Order Entry
3. SnapShot



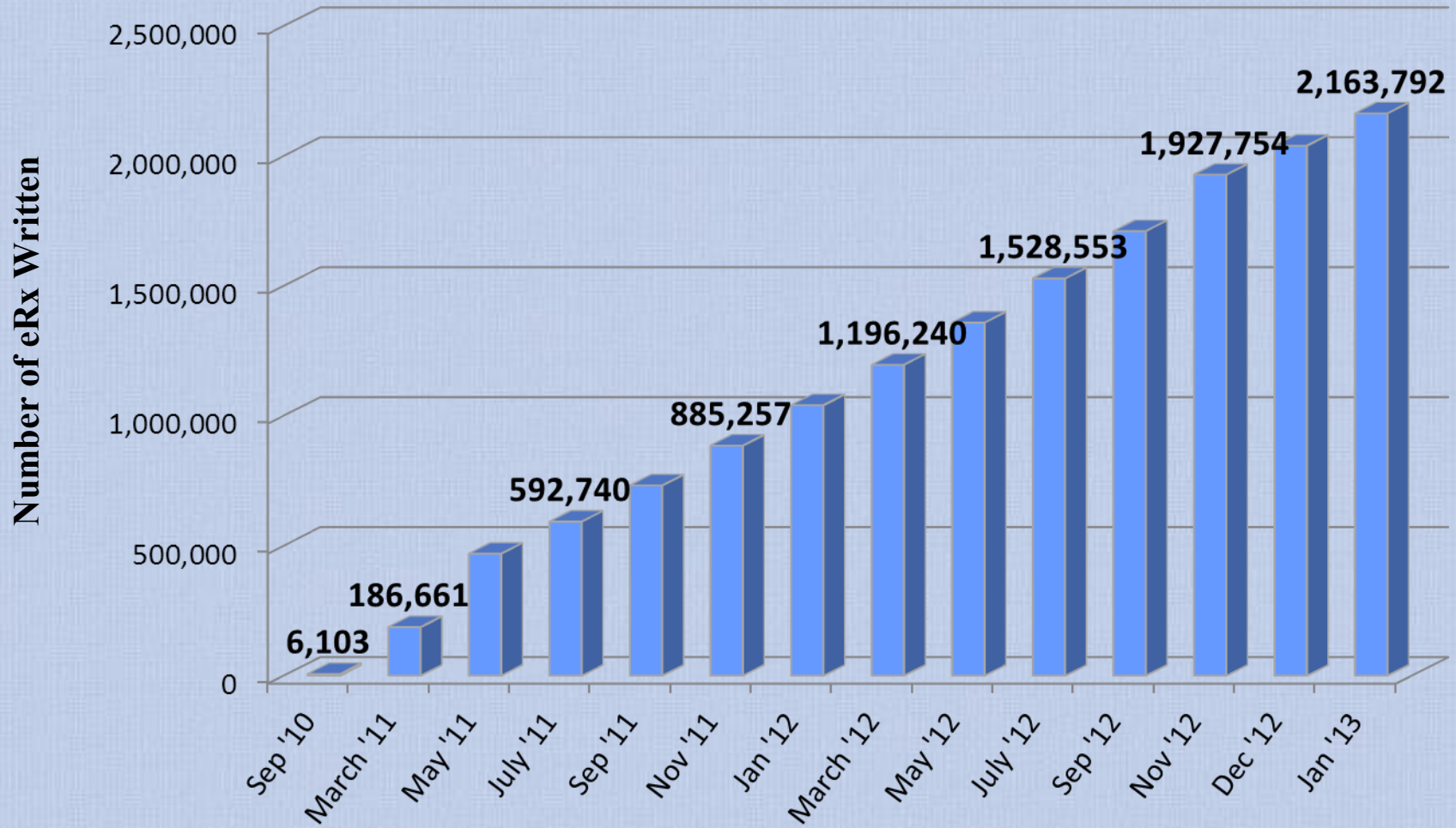
# Engage Hearts & Minds

**Over 60 Road Shows; Over 1000 miles logged**





# e-Prescribing



# MyChart

DuPage Medical Group

WE CARE FOR YOU

Home

Log Out

Welcome to MyChart



## You Might Want To...



Review the preventive care services we recommend you schedule soon.



Send a message to your doctor's office.



Request an appointment.



View your health summary.

## DuPage Medical Group News

Welcome to DuPage Medical Group's new MyChart site! We're happy to provide this tool to our patients to help them become active participants in their own health care.

Welcome,  
Deborah F Mychart

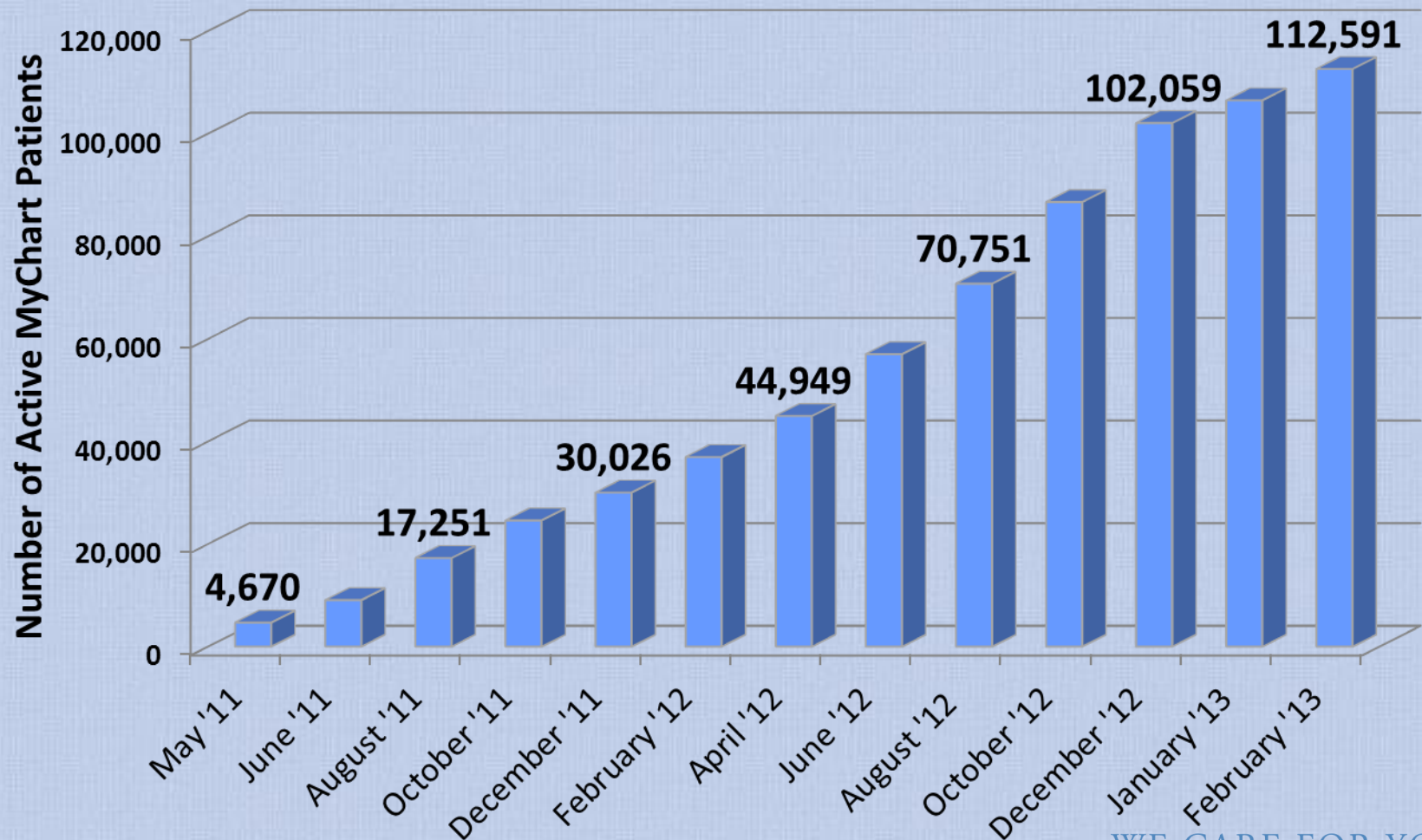
### My Medical Record

- Health Summary
- Download Summary
- Test Results
- Medications
- Allergies
- Immunizations
- Preventive Care
- Medical History
- Current Health Issues
- Health Trends
- Track My Health
- Letters

WE CARE FOR YOU

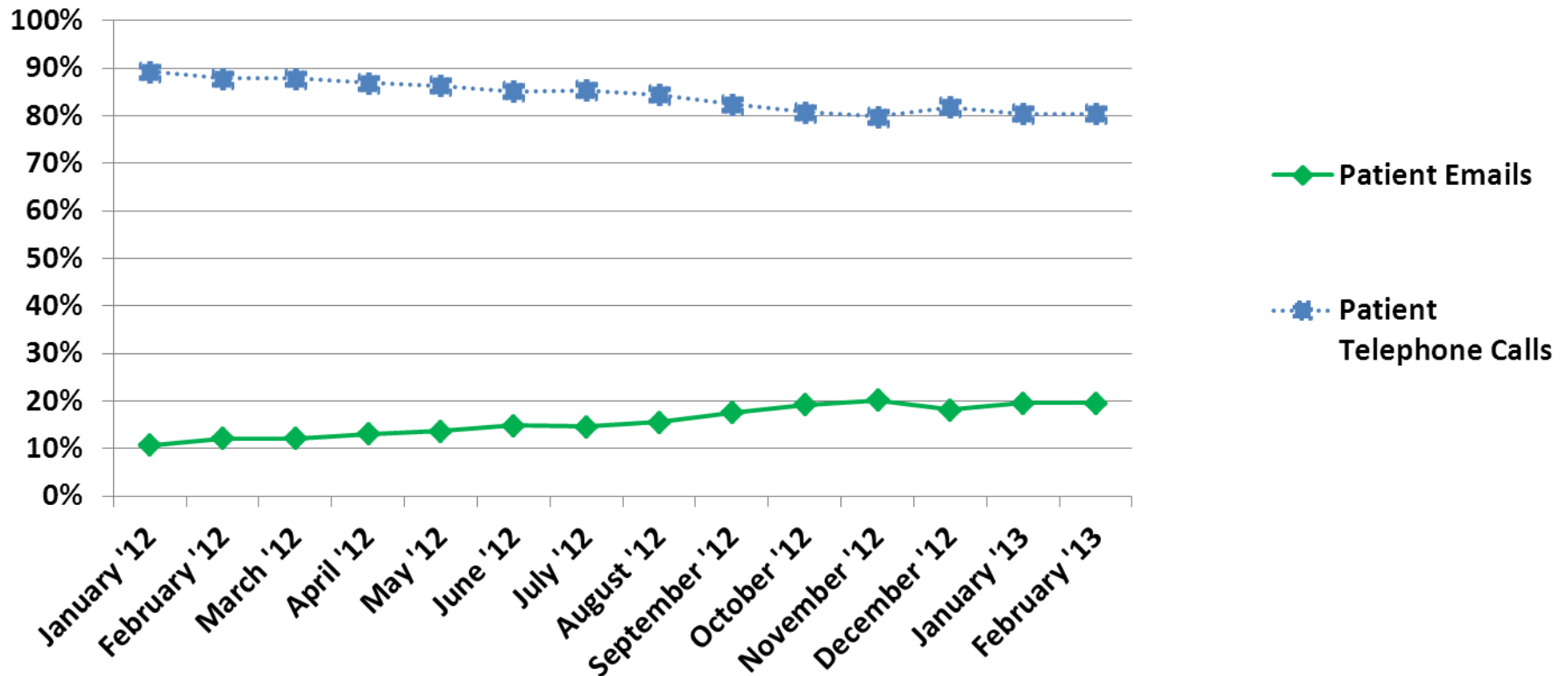
# MyChart Activation

*2013 Goal – 175,000 Active Patients*



# MyChart Messages = Fewer Calls

## Active MyChart Patient's Emails and Telephone Calls



# Patient Centered Medical Home

## Patient Access

- Same Day Appts
- After Hours
- Schedule Express

## Care Management

- Best Practice Alerts
- Phytel Outreach
- Inpt/ER Follow-up

## Care Coordination

- Discharge Summary to PCP workflow
- Illinois Health Partners

## Communication

- Dashboards
- Quality Reporting
- NCQA Recognition

**21 DMG primary care practices (111 doctors)  
achieved Recognition as a Medical Home!**

# EMR Pathways

Amicas, Andrea

**Amicas, Andrea**  
Female, 42 year old, 08/04/1968, GE12312313

Allergies  
Eggs Or Egg-derived Products, Sulfa Antibiotics, ...

Health Maintenance FYI  
Ins. None  
Reg Status SELF PAY

9/9/2010 visit with MARK NELSON for Partial Visit

Benefits Inquiry Print AYS

Charting

- Chief Complaint
- Vitals
- Medical Home Mgmt
  - BestPractice**
  - Diabetes Flowsheet
  - Asthma Flowsheet
  - CHF Flowsheet
  - COPD Flowsheet
  - Review Data
- Complete Visit
  - Allergies
  - History
  - Med. Review
  - Progress Notes
  - Problem List
  - SmartSets
  - Order Entry
  - Pt. Instructions
  - Follow-up
  - Sign Encounter

**Chief Complaint**  
Cough

**Vitals**  
+ New Set of Vitals  
None Taken

Other Vitals  
OB/Gyn Status: **Pregnant**  
Tobacco  
Status: Passive  
Packs/Day: 0  
Years: 0  
Comment: testing  
Reviewed: 9/8/2010

**BestPractice Advisories**

- Patient has a diabetes-related problem or diagnosis. Please follow appropriate guidelines.**  
 Open SmartSet: DIABETES - MEDICAL HOME [preview](#)
- Patient has a asthma-related problem or diagnosis. Please follow appropriate guidelines.**  
 Open SmartSet: ASTHMA - MEDICAL HOME [preview](#)
- Patient has a COPD-related problem or diagnosis. Please follow appropriate guidelines.**  
 Open SmartSet: COPD - MEDICAL HOME [preview](#)
- This patient has a CHF-related problem or diagnosis and is not currently taking Beta Blocker Medications.**  
Acknowledge Reason:   
 Open SmartSet: CHF- MEDICAL HOME [preview](#)

# Evidence-based Tools

SmartSets

**Opened SmartSets**

Associate Primary Dx New Dx Providers Next

Pharmacy Pend Sign Remove

**DIABETES - MEDICAL HOME**

*From BestPractice:* Patient has a diabetes-related problem or diagnosis. Please follow appropriate guidelines. [Click here for DMG's Diabetes Standards of Care](#)

- If HbA1c < 7%, continue present management
- If HbA1c between 7-9%, consider change in medication and/or referral to diabetic education
- If HbA1c > 9, and the patient is not improving, refer patient to endocrinologist

**Diabetes Care**

**Recommended Lab Orders**

Comp Metabolic Panel (14) [322000]

Hemoglobin A1C [001453]

Lipid Panel w LDL/HDL Ratio [235010]

Microalb/Creat Ratio, Random Urine [140285]

**Optional Lab Orders**

Assay, Thyroid Stim Hormone [004259]

C-Peptide [010108]

Glucose Fasting and 2Hr [001255]

Urinalysis w/ Microscopic [003772] (LabCorp)

**Referrals**

Diabetic Education - DMG [400168]

Endocrinology - Evaluate & Treat [400125]

Nephrology - DMG [400509]

Ophthalmology - Evaluate & Treat [400133]

Podiatry - Evaluate & Treat [400402]

**In-Office Injections, Procedures & Labs**

Glucose Blood Test [82962]

Medical Home Mgmt

**BestPractice**

COPD Flowsheet

Review Data

Complete Visit

Allergies

History

Verify Rx Benefits

Reconcile Dispens...

Disclaimer

**Review Data**

**Flowsheet Report**

[Go to Review Flowsheet](#)

COPD FLOWSHEET	5/14/2010	11/9/2010
FVC (L)	1.52	1.58
FVC % Predicted	55.5	57.5
FEV1 (L)	1.03	1.09
FEV1 % Predicted	50.5	51.2
FEV1/FVC (%)	0.68	.69
	5/14/2010	11/9/2010

[Go to Review Flowsheet](#)

**Patient Instructions (F3 to enlarge)**

MS Sans Serif 10 B / U S A 100%

**ASTHMA ACTION PLAN**

Brian Smart, MD  
 ASTHMA & ALLERGY CENTER  
 1801 South Highland Avenue  
 Lombard IL 60148  
 630-545-7833

You can use the colors of a traffic light to help learn about your asthma medicines.

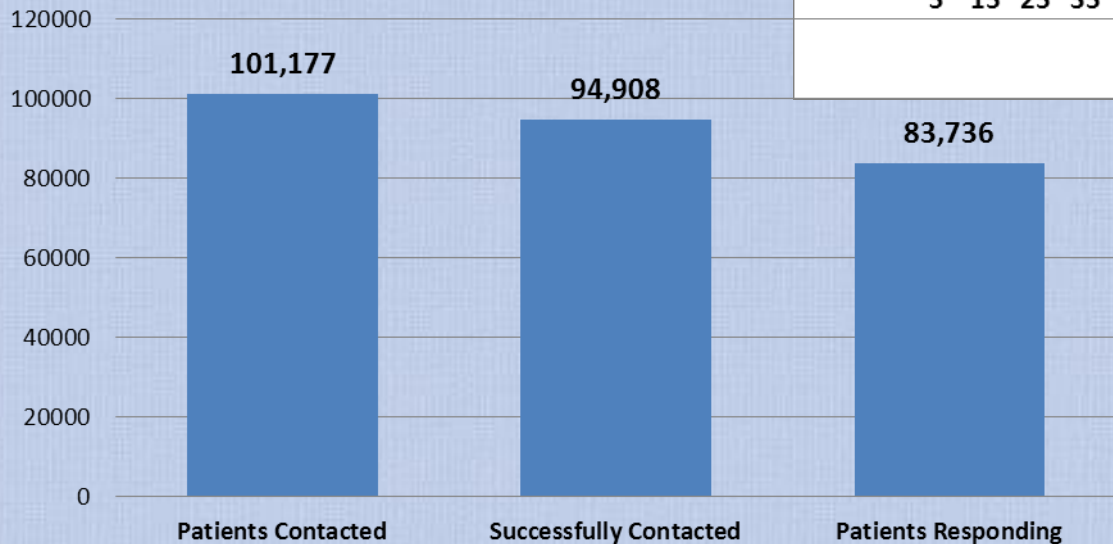
1. **Green** means **GO!** 80-100% Personal Best Peak Flow. Use controller medicine.

2. **Yellow** means **Caution.** 50-79% Personal Best Peak Flow. Use reliever medicine.

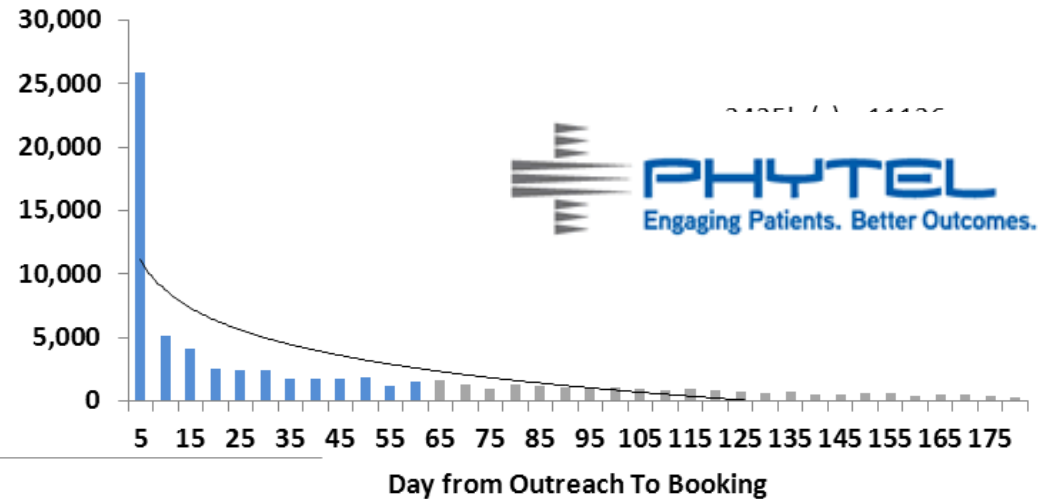
3. **Red** means **Stop.** <50% Personal Best Peak Flow. Get help from a doctor.

# Telephonic Outreach for Care Gaps

## Response Rates 2012



## Adherence Events CPT Codes





# Dashboards



## Adult PCP - Clinical Process and Outcome Dashboard Q4, 2012 (10/1/2012 - 12/31/2012)

Quality · Efficiency · Access

PRACTICE/PHYSICIAN NAME	ENCOUNTERS	UNIQUE PATIENTS	CLINICAL PROCESS (Per Encounter)		CLINICAL OUTCOME (Per Patient)		DIABETES MANAGEMENT (Per Patient)				
			BP RECORDED	BMI RECORDED	BP MANAGED (<=140/90)	BMI MANAGED (<=30)	DIABETIC PATIENTS	HbA1C PERFORMED	HbA1C MANAGED (<=7)	LDLC PERFORMED	LDLC MANAGED (<=100)



## Physician Operations Dashboard December-2012 (12/1/2012 - 12/31/2012)

Quality · Efficiency · Access

PRACTICE/PHYSICIAN NAME	HOURS WORKED	ENCOUNTERS	ENC/HOUR	SCHEDULE UTILIZATION	INTERNAL REFERRALS	WAIT < 15	ENC CLOSE LAG	CHARGE LAG (OFFICE)	CHARGE LAG (HOSPITAL)	PROBLEM LIST USE
-------------------------	--------------	------------	----------	----------------------	--------------------	-----------	---------------	---------------------	-----------------------	------------------



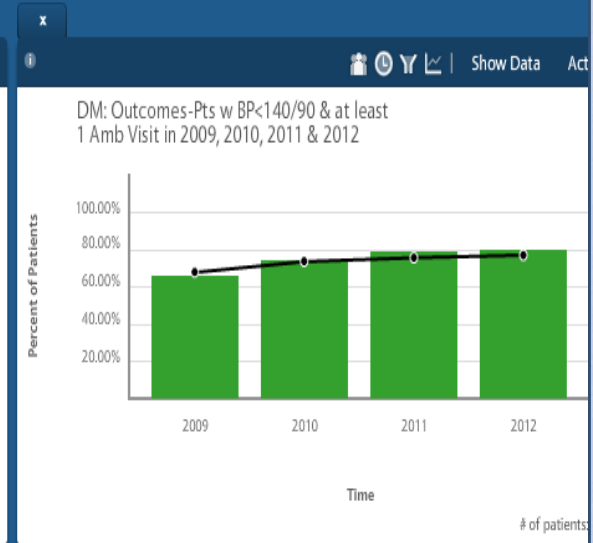
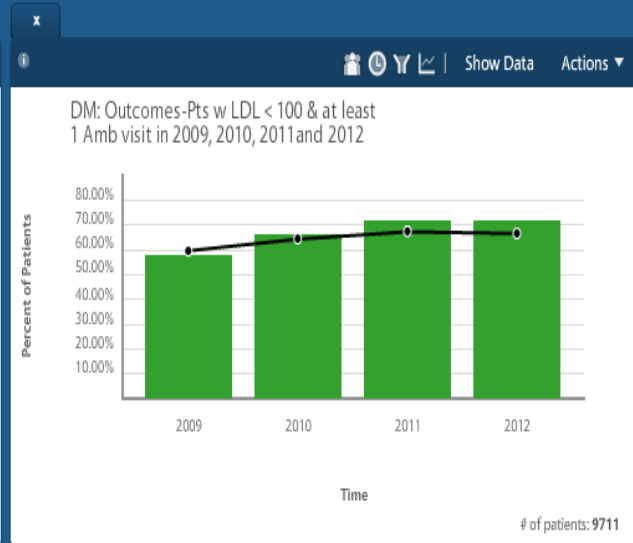
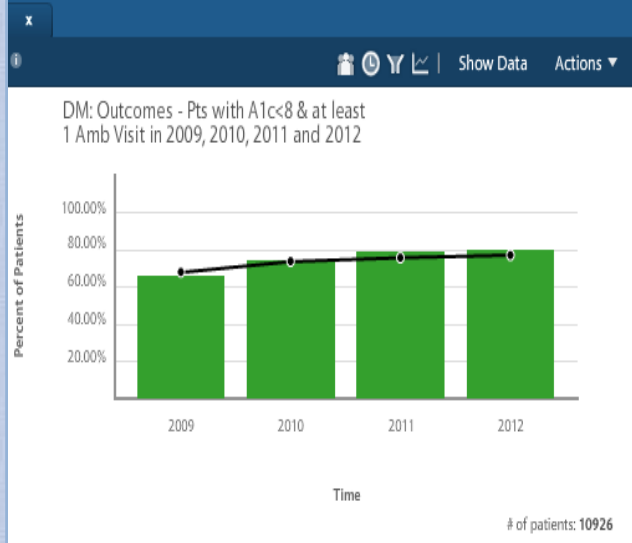
## Pediatric Clinical Process and Outcome Dashboard Q4, 2012 (10/1/2012 - 12/31/2012)

Quality · Efficiency · Access

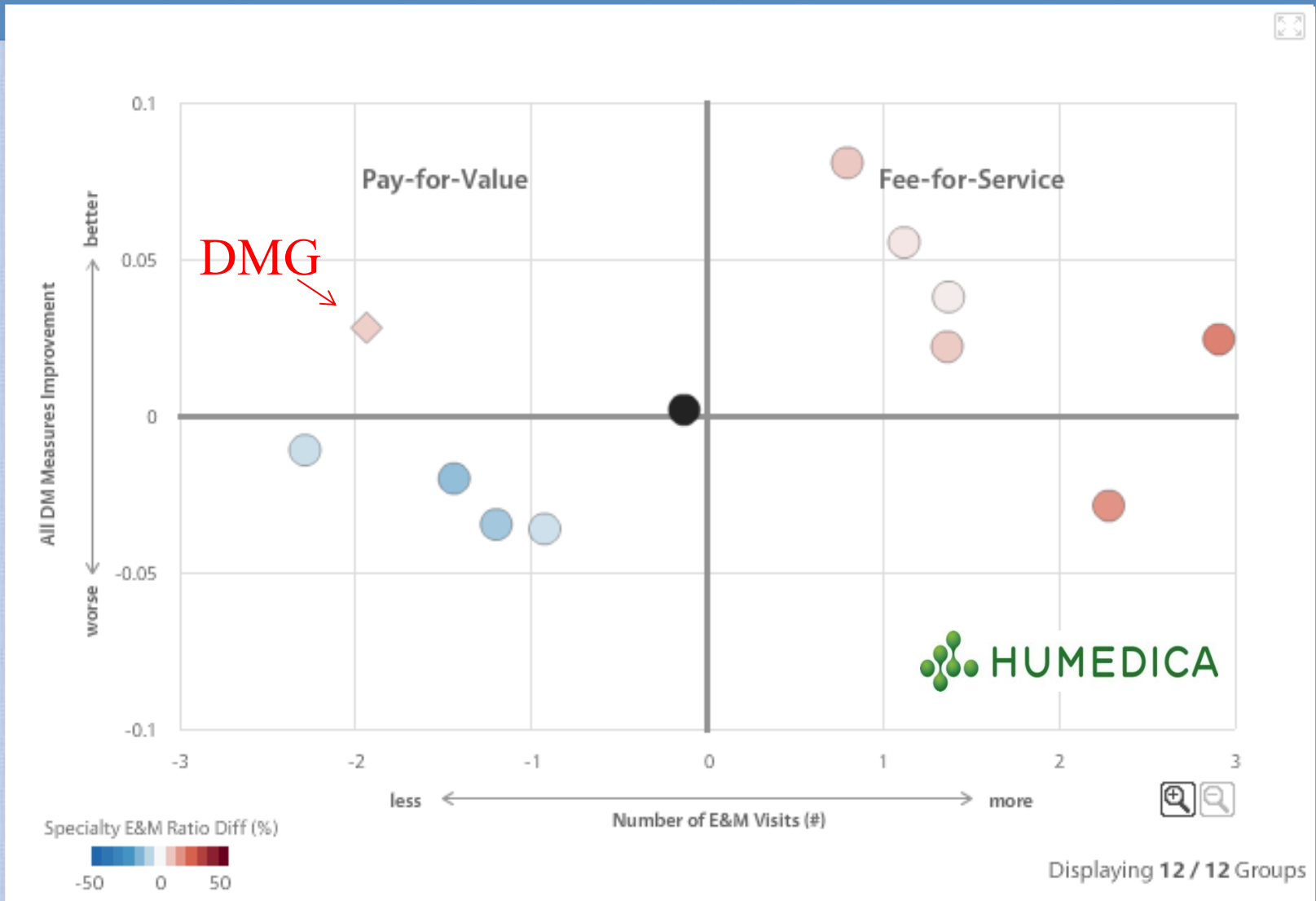
PRACTICE NAME/PHYSICIAN NAME	ENC	MEDICAID ENC	UNIQUE PATIENTS	WEIGHT ASSESSMENT & MANAGEMENT (AGE 2-17)			ASTHMA MANAGEMENT (AGE 5-17)				IMMUNIZATIONS (AGE 2-4)										INFANT ENC	
				BMI-%TILE ON FILE	BMI-%TILE<=85	PATHWAY USED	PATIENT COUNTS	AAP GIVEN	ACT SCORE	ON MEDS	PATIENT COUNTS	DTaP (4)	IPV (3)	MMR (1)	HiB (3)	HepB (3)	VZV (1)	PCV (4)	HepA (2)	RV (2-3)	Flu (2)	PPD RATE

# Clinical Outcomes

## Chronic Disease Outcomes 2009-2012 (DM,HTN,DYS) ★



# Diabetes – Outcomes vs. Cost

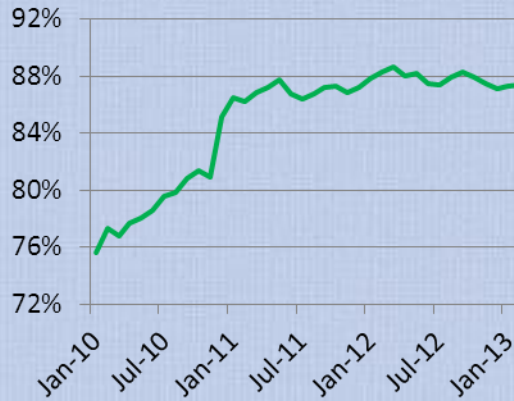


# Process Outcomes

### Copay Collection Rate



### Wait Times Under 15 Minutes



### Phone Abandonment



### Office Lag Days



### Hospital Lag Days



# Reduce ED Visits

- ED use is the leading cause of health spending growth
- ED visits are often non-emergent and avoidable
- **64%** of ED visits for DMG patients occurred during business and After Hours Care hours

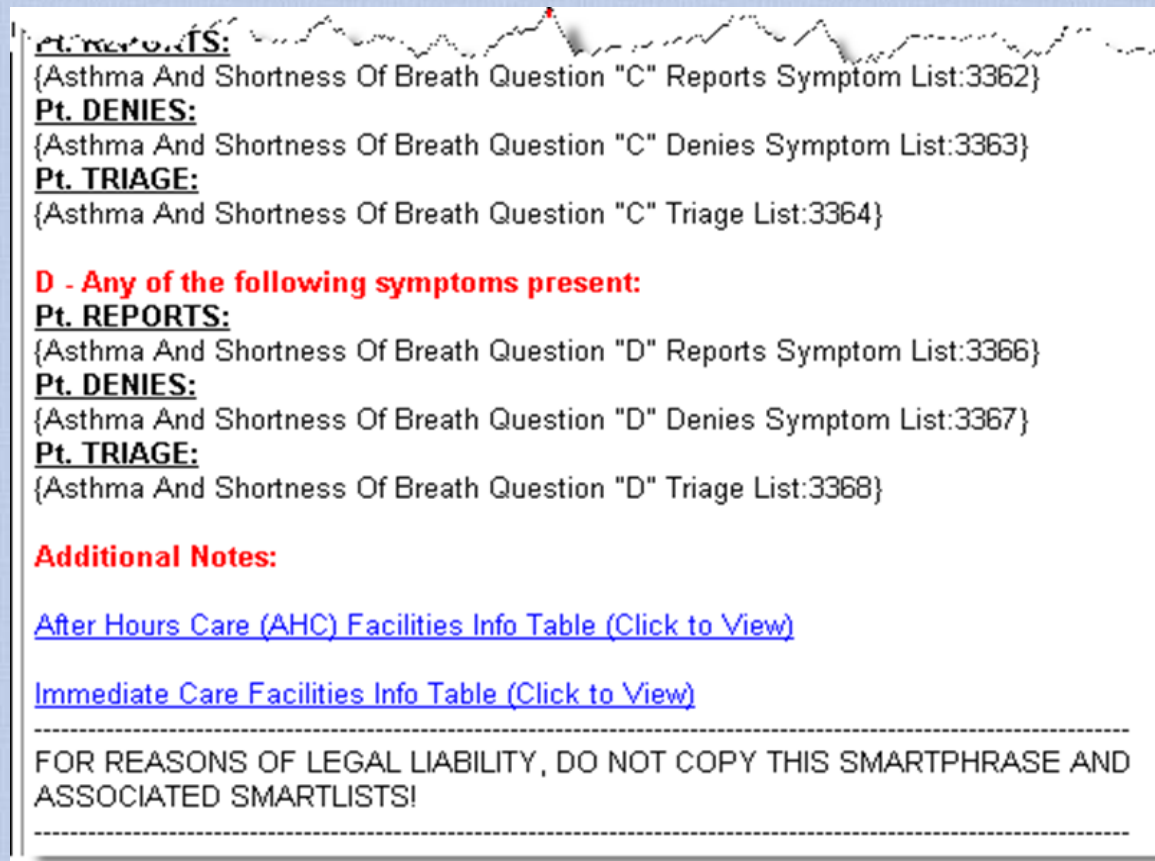
## Focus on 33 protocols:

- Account for >36% of DMG's ED volume (144 unique Dx codes)
- Aligned with BC/BS HMO's focus list to reduce ED visits

DMG ED Triage Protocol List		
ICD-9 Prefix	ICD-9 Prefix Desc	% of DMG ED Visits
Grand Total	% of All DMG ED Visits Represented by Triage Protocols	36.10%
789	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	4.94%
780	GENERAL SYMPTOMS	2.74%
784	SYMPTOMS INVOLVING HEAD AND NECK	1.80%
724	OTHER AND UNSPECIFIED DISORDERS OF BACK	1.47%
845	SPRAINS AND STRAINS OF ANKLE AND FOOT	1.41%

# ED Triage Protocols in the EMR

- Based on protocol responses, patient directed to DMG After Hours or Immediate Care (or ER if necessary).



**Pt. REPORTS:**  
{Asthma And Shortness Of Breath Question "C" Reports Symptom List:3362}

**Pt. DENIES:**  
{Asthma And Shortness Of Breath Question "C" Denies Symptom List:3363}

**Pt. TRIAGE:**  
{Asthma And Shortness Of Breath Question "C" Triage List:3364}

**D - Any of the following symptoms present:**

**Pt. REPORTS:**  
{Asthma And Shortness Of Breath Question "D" Reports Symptom List:3366}

**Pt. DENIES:**  
{Asthma And Shortness Of Breath Question "D" Denies Symptom List:3367}

**Pt. TRIAGE:**  
{Asthma And Shortness Of Breath Question "D" Triage List:3368}

**Additional Notes:**

[After Hours Care \(AHC\) Facilities Info Table \(Click to View\)](#)

[Immediate Care Facilities Info Table \(Click to View\)](#)

---

FOR REASONS OF LEGAL LIABILITY, DO NOT COPY THIS SMARTPHRASE AND ASSOCIATED SMARTLISTS!

---

# Top 15 “Frequent Flyers”

## Top 15 ED Use Patients w/ Detail by Practice by Physician

Hospitals Included: CDH, Edward & Good Samaritan

Period 2 (P2): 4/1/2012 to 8/31/2012 vs. Period 1 (P1): 11/1/2011 to 3/31/2012

Note: Due to hospital data limitations, no ED visits resulting in an inpatient admission are included for Good Samaritan Hospital

Patient Name + DOB	Gen	ED Visits (P2)	ED Visits (P1)	Chg P2 vs. P1	ED Facility	ED Visit Date	ED Visit Time vs. DMG Operating Hours	Admit ?	Discharge Dx
1-1961	F	1			EDW	7/18/12	M-F 8am-6pm		Respiratory Abnorm Nec
1-1961	F	1			EDW	7/18/12	M-F 8am-6pm	OBV	Shortness Of Breath
1-1961	F	1			EDW	7/11/12	M-F 10pm-8am		Acute Pancreatitis
1-1961	F	1			EDW	7/9/12	M-F 10pm-8am		Abdominal Pain, Epigastric
1-1961	F	1			EDW	4/29/12	Sun (AHC) 11am-4pm		Headache
1-1961	F	1			EDW	4/24/12	M-F 10pm-8am		Headache
1-1961	F	1			EDW	4/20/12	M-F 10pm-8am	OBV	Mgrn Unspecified W Intractable Mgrn W/O Status Migrainosus
1-1961	F	1			EDW	4/17/12	M-F 8am-6pm		Cluster Headache Syndrome, Unspecified
1-1961	F	1			EDW	4/6/12	M-F 10pm-8am		Cluster Headache Syndrome, Unspecified
1-1961	F		1		EDW	3/22/12	M-F 8am-6pm		Bronchitis Nos
1-1961	F		1		EDW	3/19/12	M-F 8am-6pm		Edema

- Physician-specific patient lists distributed quarterly
- Includes:
  - ED visit date & facility
  - Visit time (business hours, after hours, non-business hours)
  - Discharge Diagnoses

# Initial ED Use Reductions Observed

---

- **Overall ED use ↓ 3.5% (Jun-Nov 2012 vs. Dec 2011-May 2012):**
  - ↓ 616 ED visits
  - Estimated savings of \$1.5M in medical expenditures
  - All despite a net increase of 30 MDs during the reporting period



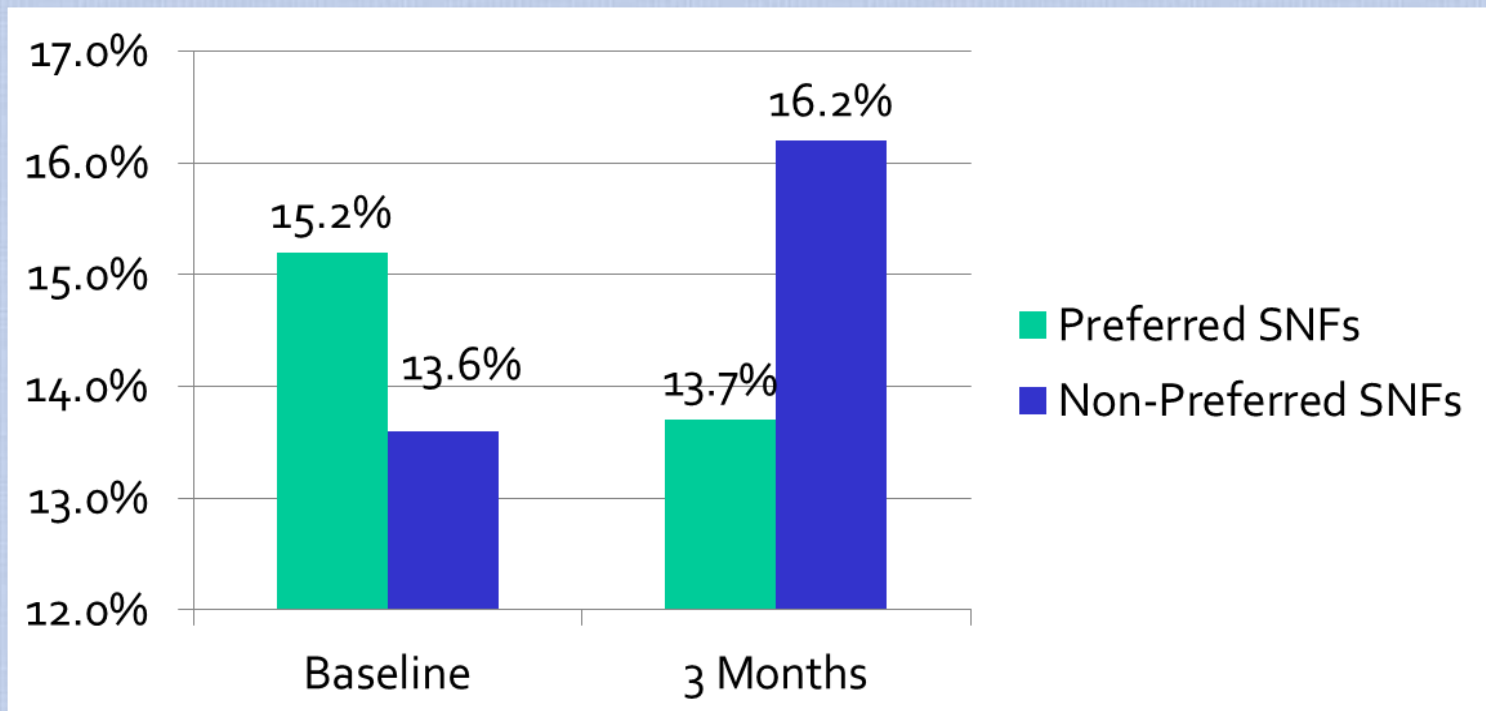
# SNF Preferred Partner Program

---

- **10 Preferred Partners selected in 2 hospital service areas**
- **Criteria:**
  - NP staffing to supplement PCP encounters
  - Standard documentation
    - Clinical pathways
    - Care transitions
    - NP documentation
    - Palliative assessment & education
- **Un-blinded reporting to drive accountability and progress**

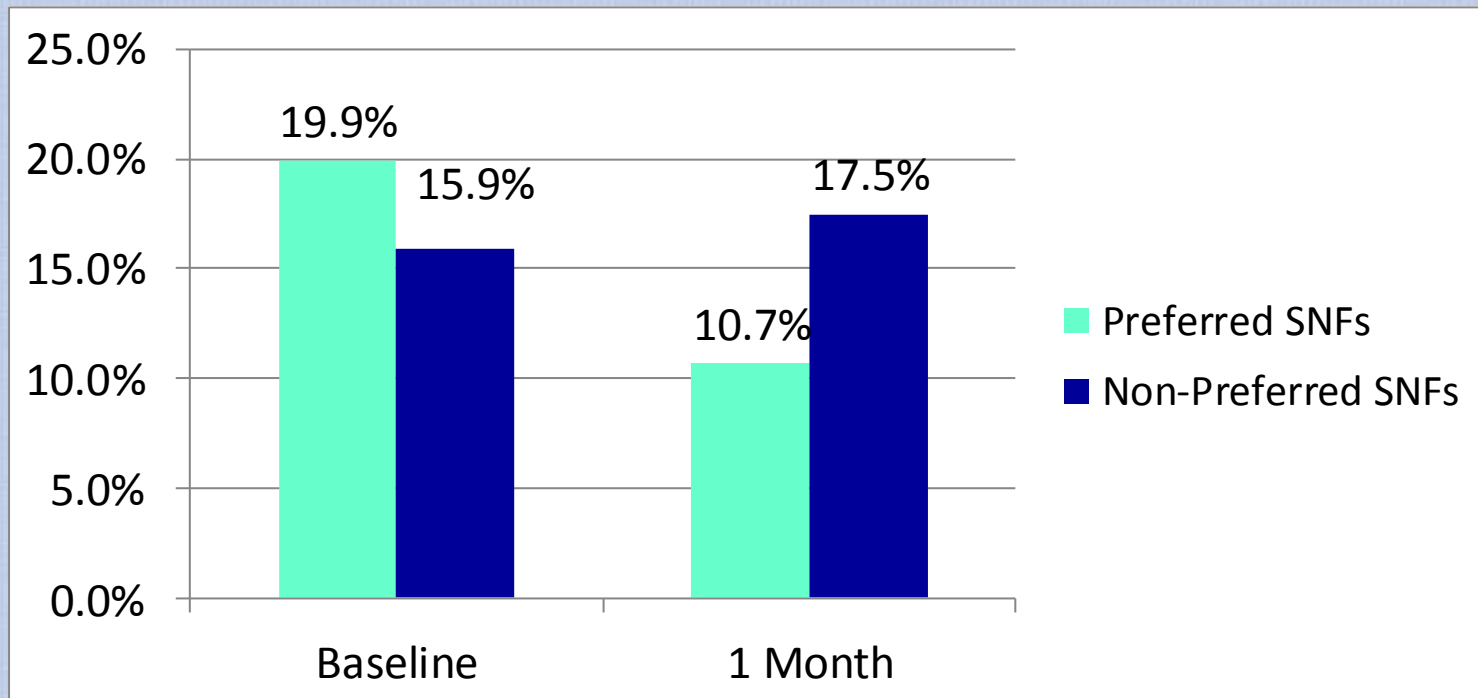
# SNF Preferred Partner Program

- **Hospital service area #1 - 30-day readmits initial results (first 3 months):**
  - Preferred SNFs: ↓1.5 percent points to 13.7%
  - Non-preferred SNFs: ↑2.6 percent points to 16.2%



# SNF Preferred Partner Program

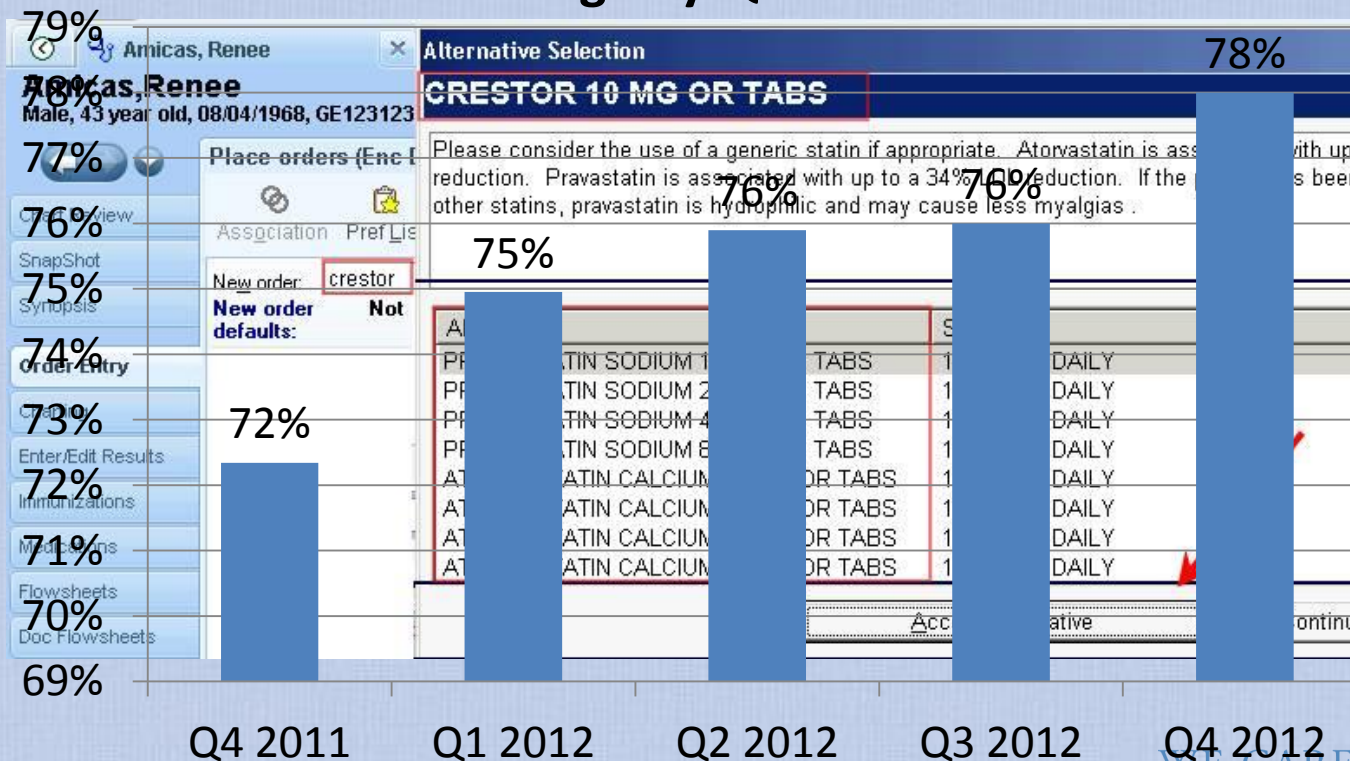
- **Hospital service area #2 - 30-day readmits initial results (first month):**
  - Preferred SNFs: ↓**9.2 percent points** to 10.7%
  - Non-preferred SNFs: ↑**1.6 percent points** to 17.5%



# Generic Usage

- Generics can provide equivalent effectiveness at less cost
- EMR Alternative Alerts implemented in January 2012
- Physicians receive quarterly dashboard with usage rate & patient lists

## Generic Usage by Quarter



# New Care Model: High-Risk Patients



BreakThrough  
CARE CENTER

- Identify the sickest patients
- Provide holistic, coordinated care
- Utilize the EHR to monitor patient health status and outcomes

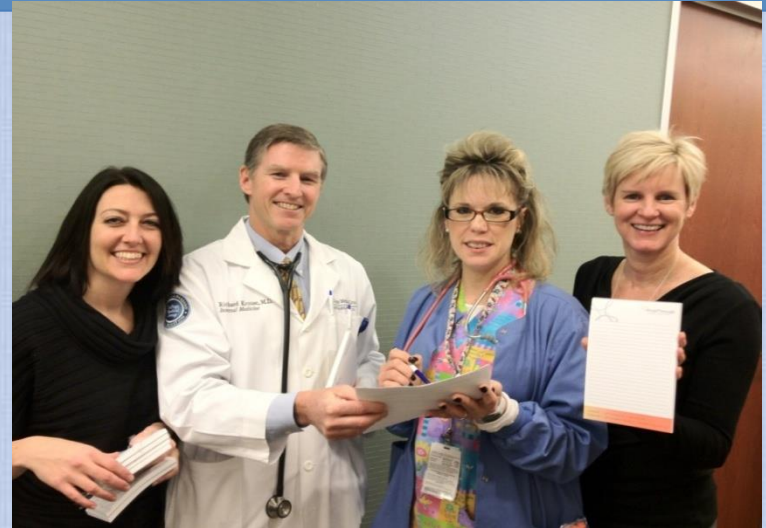
WE CARE FOR YOU

# Staffing – Specialized Training

- Clinical Manager
- APN
- 2 Health Coaches
- 2 Medical Receptionists
- 1 Physical Therapist
- 1 Lab Tech
- 1 X-ray Tech
- 1 Social Worker

## Trained in:

- Cardiac care, renal care, geriatrics, pulmonology, diabetes, COPD
- Social Service resources
- Age/Dementia Sensitivity
- Motivational Interviewing
- 40 hrs. Chronic Care



# Patient Identification



The screenshot shows the Epic EMR interface. At the top, there is a navigation bar with icons for Home, EC Schedule, In Basket, Chart, Telephone Call, Send Letter, and Secure. Below this is a patient selection bar with a search icon and the text "Jones, Mary". The main patient identification bar is red and contains the following information:

<b>Jones, Mary</b> Female, 72 year old, 01/04/1940, GE11354193	Allergies No Known Allergies	Health Mainte... FYI
---	---------------------------------	-------------------------

- **Predictive Modeling**

- Clinical Risk Factors: data mining EMR for selected high-risk factors
- Social/Mental Risk Factors: John Hopkins Telephone Assessment
- Hospital/ER Admissions Data: data mining ER and inpatient admissions data
- Co-Morbidity Factors: Utilizing Charlson Co-Morbidity Index from Humedica

- **Referrals**

- Primary Care and Specialists, Hospitalists

# Holistic, Coordinated Care

---

- On January 15 Dr. Krouse saw a patient with an HbA1c of 16.9
- Staff worked with him for 6 hours administering insulin and obtained stat labs to get real time results
- Patient was able to go home, with pharmacist calling to monitor blood sugar and insulin
- Patient also had a 4 in. abscess on his neck that General Surgeon treated him for urgently

***Without BCC: patient would have been in the ER for ~6 hours followed by a 3-4 day hospital stay***



# Monitor Status & Outcomes in EHR

## Home Monitoring (Numera)

- Blood Glucose, BP, Weight
- Readings uploaded, interface to EMR into flowsheets



Pat Baser's In Basket >> Pt Flowsheet

P	Status	Msg Da...	Msg Time	Patient	Subject
	New	02/18/2009	10:01 AM	Irwin, Jeremy[E197]	New results

← Back Link

### Patient Entered Flowsheet

The patient has submitted **new** Blood Pressure Monitoring data as shown below.

#### Recent patient entered flowsheet data

Time Taken	Time Submitted	Systolic (mmHg)	Diastolic (mmHg)	Pulse (beats/min)
02/18/09 9:33 AM	02/18/09 10:01 AM	122	79	63
02/18/09 9:01 AM	02/18/09 10:01 AM	120	82	64
02/17/09 7:53 PM	02/17/09 2:55 PM	125	85	64
02/17/09 8:33 AM	02/17/09 2:55 PM	118	81	68
02/16/09 12:43 PM	02/17/09 2:49 PM	126	84	65
02/16/09 11:32 AM	02/17/09 2:49 PM	121	82	69

# Reporting Workbench - BCC

- Reporting tool within EMR
- Real-time data
- Take action: view chart, schedule appointment, place orders, etc.
- Designated criteria: Weight, BP, Labs, Peak Flow, etc.

The screenshot shows a software interface for a reporting workbench. At the top, there are navigation tabs for 'View Sched', 'Arrived', 'Dept Appts', 'Staff Daily', 'Chart Desk', 'Special Request', 'Record Viewer', 'Mammo Follow-up', and 'Path Results'. Below this is a patient selection area for 'Jones, Mary' and a 'Reports' window. The main area displays a table of patient data with the following columns: MRN, Patient, DOB, Wt (Amb), Last Encount, Next Appt, Last BP, Last BP, Last HBA1, Last Creatinir, Last BNP, and Peak Flow (A). The table contains 13 rows of patient data.

MRN	Patient	DOB	Wt (Amb)	Last Encount	Next Appt	Last BP	Last BP	Last HBA1	Last Creatinir	Last BNP	Peak Flow (A)
GE278378	Test, Francis	11/12/1962	150 lb	11/27/2012		120	80				
GE111248	Jefferson, Rhode R	07/06/1961	168 lb	02/20/2012		120	74	0.84			
GE112184	Burnham, Thomas M	09/21/1943	208 lb	04/13/2012	1/31/2013	130	90	7.0	0.93		
GE113540	Test, Chris	07/10/1980	150 lb	12/05/2012		120	80				
GE312321	Chu, Alan Glen	09/06/1942	171 lb 1.6 oz	03/05/2012		116	86		0.92		
GE344989	Sites, Donald A	10/28/1945	281 lb	12/09/2012		142	82	7.7	0.83		324 L/min
GE345649	Phelan, Joyce T	09/19/1947	149 lb	12/09/2012		148	66	6.9	0.94		302 L/min
GE365077	Bennett, James T	08/27/1933	255 lb	05/03/2012		134	70		1.28	223.9	
GE370587	Wagner, Ch	12/12/1956	207 lb 6.4 oz	02/20/2012		130	70	6.1	1.07		
GE374924	Mencheca, Elida	09/20/1939	132 lb	03/16/2012		160	92		0.84		
GE375689	Kahn, Donna J	04/08/1960	128 lb	01/12/2012		136	78		0.72		
GE377580	Ardelt, Clarence A	09/12/1931	185 lb	03/08/2012		112	70		1.12	208.4	
GE379412	Brubaker, Lorraine M	05/20/1928	153 lb 9 oz	01/25/2011		112	74		1.28	1335.2	
GE379564	Chau, Thu	05/15/1951	139 lb 7 oz	04/19/2012		130	74	5.9	0.86		
GE380163	Wagner, Tracy Angela	03/10/1967	275 lb	12/09/2012		116	80		0.95		378 L/min
GE383524	Ellingsworth, Dennis R	09/21/1928	154 lb 3 oz	11/07/2011		148	80	8.8	1.15		

# Reporting Workbench: Primary Care

- Expanding to a broader community: IM, FM
- Initial reports focused on disease states: diabetes, pre-diabetes, hypertension, asthma, obesity, etc.
- Include health plan-required metrics
- Establish protocols for staff follow-up: schedule appointment, enter orders, refer to specialty, etc.

**My Patients with Diabetes [8074] as of Mon 12/10/2012 9:05 AM**

Filters Options | Chart Orders Encounter Refill Telephone Letter | Generate Letters HM Modifiers Add

Results loaded: 209 of 209      Results shown: 100 of 209

Patier	Age	PCP	Last Appt With Me	Next Appt <sup>1</sup>	Last HBA <sub>1C</sub>	Last BP(S)	Last BP(C)	Last LDL
Testir J	67 year old	Nelson, Mark P.	6/7/2012		13.4	142	90	125
Nguyi Q	45 year old	Nelson, Mark P.	3/8/2012		13.3	110	84	147
Ayala	47 year old	Nelson, Mark P.	9/14/2004		13.1	126	86	90
Shurtl H	58 year old	Nelson, Mark P.	1/16/2012		12.5	144	88	190
Sawa G	62 year old	Nelson, Mark P.	12/23/2011		12.4	130	80	55

# Questions?

Mark Nelson, MD

[Mark.Nelson@DupageMD.com](mailto:Mark.Nelson@DupageMD.com)

630-510-6915

Krishna Ramachandran

[Krishna@DupageMD.com](mailto:Krishna@DupageMD.com)

630-545-4038

Karen Adamson

[Karen.Adamson@DupageMD.com](mailto:Karen.Adamson@DupageMD.com)

630-545-3534



DuPage Medical Group

WE CARE FOR YOU