

REPORT 3:

Using Information to Give Good Care

Quality of Health Care for Medicare Patients
in Shelby County, Tennessee

August 2009

This **TAKE CHARGE** *for better health* report uses Medicare claims data from 2006 & 2007 to report primary care physician performance in doctors' offices across Shelby County.

Healthy Memphis Common Table would like to acknowledge the Robert Wood Johnson Foundation's *Aligning Forces for Quality* Initiative for supporting this report series through their grant.

This report was prepared by the Healthy Memphis Data Center with support from members of the Performance Measurement and Public Reporting Steering Committee of the AF4Q initiative. The Healthy Memphis Data Center is a collaborative effort of University of Tennessee Health Science Center, QSource, University of Memphis, Memphis & Shelby County Health Department and the Healthy Memphis Common Table.

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This report contains information using certain Medicare claims data from 2006 and 2007, which is provided to us by a third party. This information is limited in scope and this information does not provide a comprehensive assessment of any healthcare provider or the services provided by any healthcare provider. Therefore, you should not use this information as your sole source information for choosing any healthcare provider.

**Aligning Forces
for Quality** | Improving Health & Health Care in
Communities Across Greater Memphis

An initiative of the Healthy Memphis Common Table and the Robert Wood Johnson Foundation.

Copies of this report and additional data are available at:
<http://www.healthymemphis.org/>

Foreword

America's health care system needs to work better for everyone – for those who get care, give care and pay for care. Although we know many of the best practices to improve the quality of treatment, major barriers prevent these practices from taking hold and transforming care across the country. In most communities, health care is delivered through fragmented systems within which hospitals, clinics, doctors, nurses and patients struggle to understand what quality care is and how to achieve it. Beyond the burdens placed on providers and patients by dysfunctional health care systems, health care costs are growing at a rate that places bigger burdens on our country's economy. We all know that more costly care is not always better care.

In recent years, organizations across the public, private and non-profit sectors have begun to coalesce around concepts of value and public reporting of health care quality and price information. These concepts depend upon the belief that making information about the value of health care more available to relevant stakeholder groups—like consumers, doctors, hospitals and businesses—can promote both the quality of health care while reigning in costs.

Why is public reporting an important step toward improving care?

My Fellow Colleagues,

Public reporting on quality care data is here to stay. There are two basic approaches to take. One is to begrudge the whole issue and complain about how inadequate the reports may be or the other is to approach the concept with the thought of making it better. I am well aware of the inadequacies of basing quality care on claims data alone and not an actual chart review. However, at the present time that is what has been developed. Now is the time that we physicians must be proactive while working in the current system and help improve it. Who better to do this than the physicians and providers doing the day to day work on which we are being graded. The health care system can not sustain its current economic growth burden to America's GDP. WE must take ownership to identify what can best be measured and how to streamline processes to make our system more efficient. At the same time we can best point out the shortcomings of the current reporting system to the public. Finally, by examining practices across the community we might be able to identify what works well and what does not for different disease entities and reduce some of the healthcare cost.

Sincerely, Henry Stamps, MD



Healthy Memphis Common Table, the regional health improvement collaborative for the Mid-South, has taken the lead in public reporting of health care value in the Greater Memphis Area. These efforts are supported by the national Aligning Forces for Quality Initiative of the Robert Wood Johnson Foundation. Our efforts seek to increase accountability while protecting the interests of all those who get, give and pay for care as we strive toward improvement in the health care system.

We do not yet have the capacity to provide information to help ensure all patients receive well-coordinated care across providers, settings and levels of care. We also know we cannot currently provide information to doctors in order to gauge the use of resources to produce optimal patient outcomes. However, current efforts will drive our ability to improve public reporting that can be used to improve the value of health care as well as support the provider-patient relationship and reduce gaps in health disparities. We have to start somewhere. The information in this report is one step toward the big picture of future public reporting and multiple stakeholder accountability. It is our hope that all stakeholders will eventually be able to use quality information to enhance health decision-making.

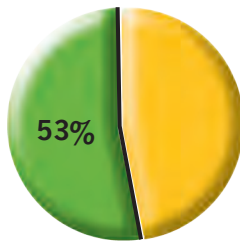
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Highlights

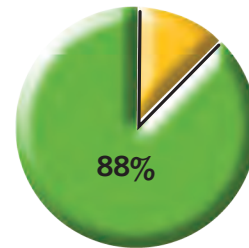
This report, shows performance results for approximately 200 doctors in 51 local offices that provide primary care services. The level of care provided in the majority of these offices is similar to or better than the care provided in offices throughout the country. The charts below show the percent of doctors' offices that meet or exceed the national average for providing the recommended health services.

Breast Cancer Screening



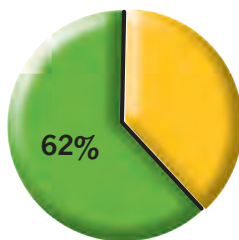
Over half of all doctors' offices provide annual breast cancer screening more often than the national average.

A1c (average blood sugar) Testing



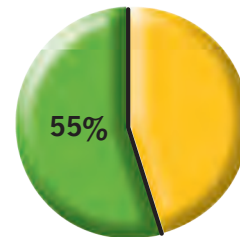
The majority of doctors' offices provide annual A1c testing (average blood sugar) more often than the national average.

LDL (bad) Cholesterol Testing Heart Disease



Nearly two-thirds of the local doctors' offices provide annual testing for bad cholesterol (if you have heart disease) more often than the national average.

LDL (bad) Cholesterol Testing Diabetes



Over half of the local doctors' offices provide annual testing for bad cholesterol (if you have diabetes) more often than the national average.

About the Report

The data presented in this report has been derived from single source administrative claims data as part of the Generating Medicare Physician Quality Measurement Results (GEM) project. The GEM project uses Medicare Fee-for-Service data to generate medical group performance information on health care services provided to Medicare beneficiaries. Within this project, medical group performance is based on twelve national performance indicators for ambulatory care. As a result of local collaboration between the Bluff City Medical Society, Memphis Medical Society and the Healthy Memphis Common Table, information on the four following indicators is available in this report:

Breast Cancer Screening

The percentage of female beneficiaries 40 to 69 years of age who had a mammogram to screen for breast cancer;

A1c Testing for Diabetes

The percentage of beneficiaries 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c testing;

LDL Cholesterol Testing for Diabetes

The percentage of beneficiaries 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C screening performed; and

LDL Cholesterol Testing for Cardiovascular Conditions

The percentage of beneficiaries 18 to 75 years of age who were discharged alive for AMI, CABG, PTCA or who had a diagnosis of ischemic vascular disease who had LDL-C screening performed.

Each performance measure is calculated by determining the number of people who should have received a health care service (the denominator) and the number of those people who actually received a recommended health care service (the numerator).

To be included in this report a medical group of two or more physician providers, identified by tax identification numbers (TINs), must practice within Memphis area and submit claims to the Centers for Medicare & Medicaid Services (CMS) for health care services provided to a sufficient number of Medi-

care Fee-for-Service (FFS) beneficiaries during 2006 and 2007. In addition, physicians practicing in these groups are identified through the cross-reference of data available through a commercial health plan. This report is limited to groups providing primary care services.

Using single source claims data provides valuable information about the quality of health care services provided to Medicare beneficiaries at a 'snapshot' in time. However, several limitations of this data source exist. First, the findings of this report are limited to a subset of a practice's patient population, primarily older adults, and should not be generalized to a broader population. In addition, this data provides a limited picture of the comprehensive care provided by a medical group practice since it only considers selected indicators for chronic disease and preventive services. Other minor limitations, such as methodology for patient attribution to a medical group, also exist. Overall, single source claims data are generally well accepted albeit on the lowest level of the hierarchy of data sources including multiple source claims, clinically enriched claims and electronic health record system data.

More information about the GEM project data can be obtained from the CMS website at <http://www.cms.hhs.gov/GEM>.

Overall Primary Care

The performance at fifty-one doctors' offices providing primary care services to Medicare patients in the Memphis area is shown in Table 1 on the following pages.

The rates in the table are created by dividing the number of patients who got a service by the total number of patients who should have gotten the service. For example, if a doctor's office scores a 50% on breast cancer screening, that means that half of all women over 40 who should have received a mammogram actually did.

Table 1 also shows a four-star rating system used to provide an overall primary care rating using the four indicators of quality care. For each indicator, a star is given if the doctors' office provides that service more often than the national average. In addition, a green up arrow A next to the indicator's rate shows improvement of 10% or greater between 2006 and 2007.

For Example, the Mid South Health Loop earned 3 out of 4 stars for providing annual breast cancer screening, A1c testing, and testing for bad cholesterol (among heart disease patients) more often than a typical doctor's office. The Health Loop also improved breast cancer screening rates by more than 10% between 2006 and 2007.

Table 1. Overall Primary Care Rating

Doctors' Offices, letters B-Me

Preventive Care
Breast Cancer Screening %
A1c Testing %
Diabetes Care
LDL Cholesterol Testing %
Heart Care
LDL Cholesterol Testing %

National Averages *	Overall Rating	59.3	80.7	77.6	81.7
Baptist Minor Medical Center	★	46.8	71.4	75.0	90.9▲
Bartlett Raleigh Internal Medicine		46.7	74.8	65.4	76.9
Bellevue Clinic	★★★	55.7▲	86.1	91.0	90.5
Church Health Center	★	79.8▲	31.5	15.4	36.4
Collierville Family Medical Center	★	51.2	83.3	59.4	79.1
Collierville Medical Specialist	★	48.7	73.3	69.3	87.5
Complete Health Care Center	★★★	58.4	82.6	81.8	86.1▲
Covington Pike Medical Clinic	★★★★	76.1	89.7	89.7	89.8
Cresthaven Internal Medicine Associates	★★★★	78.2	94.5	89.8	93.6
East Jackson Family Medical Center	★	53.6	86.5	74.9	75.0▲
Eastmoreland Internal Medicine (Midtown)	★	57.2	80.9	57.0	64.2
Eastmoreland Internal Medicine (Whitehaven)	★★★★	81.6▲	88.9	96.5▲	100▲
Family Physicians Group	★★★	57.7	90.8	83.1	90.0
Finn Cary MD And Associates	★★★★	68.0	87.7	84.2▲	83.3
First Care Medical Center	★★★	65.3	82.2	75.0	82.5
Forest Hill Family Practice And Aesthetics	★★	42.4	94.9	76.9	85.7
Geriatrics Group Memphis	★	54.8	81.6	47.4▲	76.5▲
Humphreys Family Practice Clinic	★★	54.3	88.9	76.2	93.6▲
Internal Medicine & Cardiology	★★★★	69.2	95.2	81.6	85.5
Jackson Randle Family Health Care	★★★	92.6	86.5▲	81.1▲	NA
Kulinski Garbarini Hoover & Awdeh		47.7▲	59.6▲	59.6	57.9
Light Clinic	★★★★	70.4	94.8	96.3	97.4
McKenzie and VanDeven, MD's	★★	55.3▲	84.2	63.2	82.4
Memphis Internal Medicine	★★★★	73.2	87.5	83.5	88.3
Memphis Medical Specialists	★★★★	70.1	92.2	84.0▲	83.8
Memphis Primary Care Associates	★	55.0	91.5	60.2	50.0
Methodist Teaching Practice	★★★	83.3	90.5	81.0	72.7

- ★ = Meets or exceeds national average for one indicator.
- ★★ = Meets or exceeds national average for two indicators.
- ★★★ = Meets or exceeds national average for three indicators.
- ★★★★ = Meets or exceeds national average for four indicators.
- No stars = Does not meet national average for any indicator.

▲Indicates improvement of 10% or higher between 2006 and 2007 rates for each indicator.

*This data is based on a report provided by the Healthy Memphis Data Center using Medicare claims data from 2006 and 2007.

Table 1. Overall Primary Care Rating

Doctors' Offices, letters Mi-W

National Averages*	Overall Rating	<div style="display: flex; justify-content: space-around; font-size: small;"> <div style="text-align: center;"> Preventive Care Breast Cancer Screening % </div> <div style="text-align: center;"> Diabetes Care A1c Testing % </div> <div style="text-align: center;"> Heart Care LDL Cholesterol Testing % </div> </div>			
		59.3	80.7	77.6	81.7
Midtown Internal Medicine	★★★	42.2	86.3	92.1	93.9
MidSouth Health Loop	★★★	64.9 [▲]	84.1	75.2	84.2
MidSouth Internal Medicine	★★★★	63.6	91.4	86.4	92.6
North Internal Medicine	★★★	53.3	88.6	88.1	89.3
Occumed	★★★	68.8	90.0	96.7	NA
Peabody Family Care	★★★	58.1	87.4	82.8 [▲]	84.5
Peabody Healthcare Group	★★	45.8	87.9	75.8 [▲]	90.0 [▲]
Penmarc Internal Medicine Associates	★★★	70.5	85.1	77.0	82.5
Practice of Dr. J Garbarini	★★★	39.3	90.5	91.3	89.4
Practice of Drs Rentrop & Geater	★	31.5	84.1 [▲]	69.3	75.0
Preventive Internal Medicine Group	★★★★	71.4	86.8	87.4	95.1
Primary Care Specialists	★★★	62.9	86.0	77.7	80.7
Prime Medical Group	★	53.2	81.3	76.0	72.7 [▲]
Raleigh Cordova Medical Group	★★	67.4	89.4	72.6	72.6
Reaves, Avila & Akins MD's	★★★★	83.3	90.0	91.3	97.9
Sanders Clinic	★★★★	68.1	88.9	88.2	91.0 [▲]
Southwind Medical Specialists	★★★★	63.5	89.7	79.8	81.7
The Family Medicine Group	★★	72.5 [▲]	79.4	79.4	78.3
The Medical Group	★★★★	66.2	86.9	81.8	83.1
UT Family Medicine	★★★★	61.4	82.5	79.0	82.7
UT Medical Group	★★★	74.3	86.1	81.5	80.4
Verzosa Ungab Internal Medicine	★★	60.9	94.9	70.3	73.4
Walker & Prasad MD's	★	52.7	83.5	63.5	68.8
West Clinic	★★	48.4	77.8	85.6 [▲]	87.0

★ = Meets or exceeds national average for one indicator.
 ★★ = Meets or exceeds national average for two indicators.
 ★★★ = Meets or exceeds national average for three indicators.
 ★★★★ = Meets or exceeds national average for four indicators.
 No stars = Does not meet national average for any indicator.
 ▲ Indicates improvement of 10% or higher between 2006 and 2007 rates for each indicator.
 *This data is based on a report provided by the Healthy Memphis Data Center using Medicare claims data using 2006 and 2007.

Preventive Care

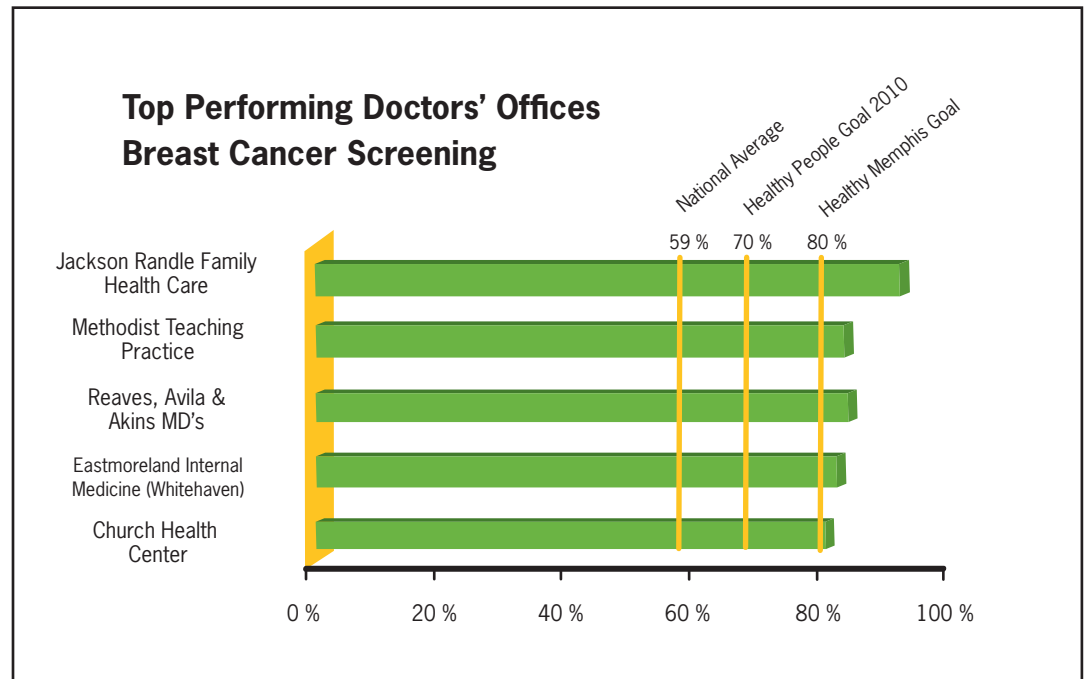


Figure 1

90th Percentile in Breast Cancer Screening - 2007

- The top five performing medical groups shown in Figure 1 were determined by breast cancer screening (BCS) rates at or above the 90th percentile of medical groups providing primary care services to Medicare beneficiaries throughout the Memphis area.
- Each of the five medical groups demonstrated excellence in care by meeting or exceeding three benchmarks including the national average (58%), the Healthy People 2010 (70%), and the Healthy Memphis Goal (80%) for preventive breast cancer screening.
- The Healthy Memphis Goal is set by the Physician Advisory Committee of the Aligning Forces for Quality Initiative in order to provide a standard that all primary care practices in Memphis and Shelby County can pursue excellence in care for breast cancer screening.

Diabetes Care

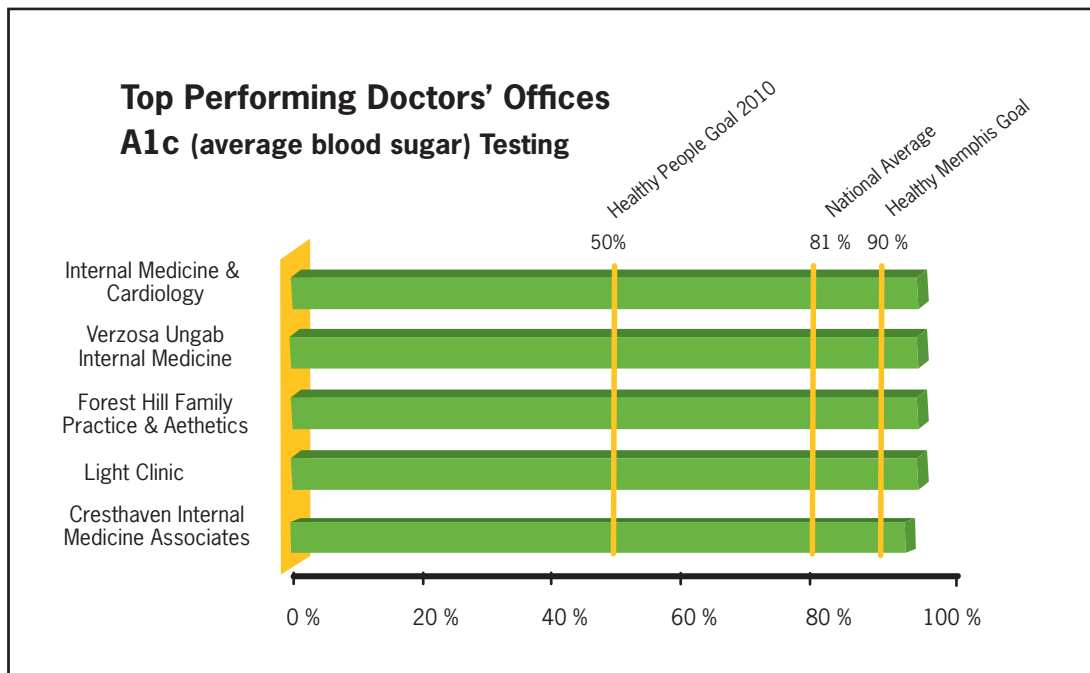


Figure 2

90th Percentile for Hemoglobin A1c Testing - 2007

- The top five performing medical groups shown in Figure 2 were determined by HbA1c testing rates at or above the 90th percentile of medical groups providing primary care services to Medicare beneficiaries throughout the Memphis area.
- Each of the five medical groups demonstrated excellence in care by exceeding three benchmarks including the Healthy People 2010 (50%), the national average (81%), and the Healthy Memphis Goal (90%) for HbA1c testing.
- The Healthy Memphis Goal is set by the Physician Advisory Committee of the Aligning Forces for Quality Initiative in order to provide a standard that all primary care practices in Memphis and Shelby County can pursue excellence in care for HbA1c testing in diabetes.
- Ten additional groups met the Healthy Memphis Goal for HbA1c testing: Memphis Primary Care Associates, MidSouth Internal Medicine, Family Physicians Group, Methodist Teaching Practice, the practice of Dr. J. Garbarini, Reaves Avila & Akins MD's, Occumed, Southwind Medical Specialists, Memphis Medical Specialists and Covington Pike Medical Clinic.

Diabetes Care

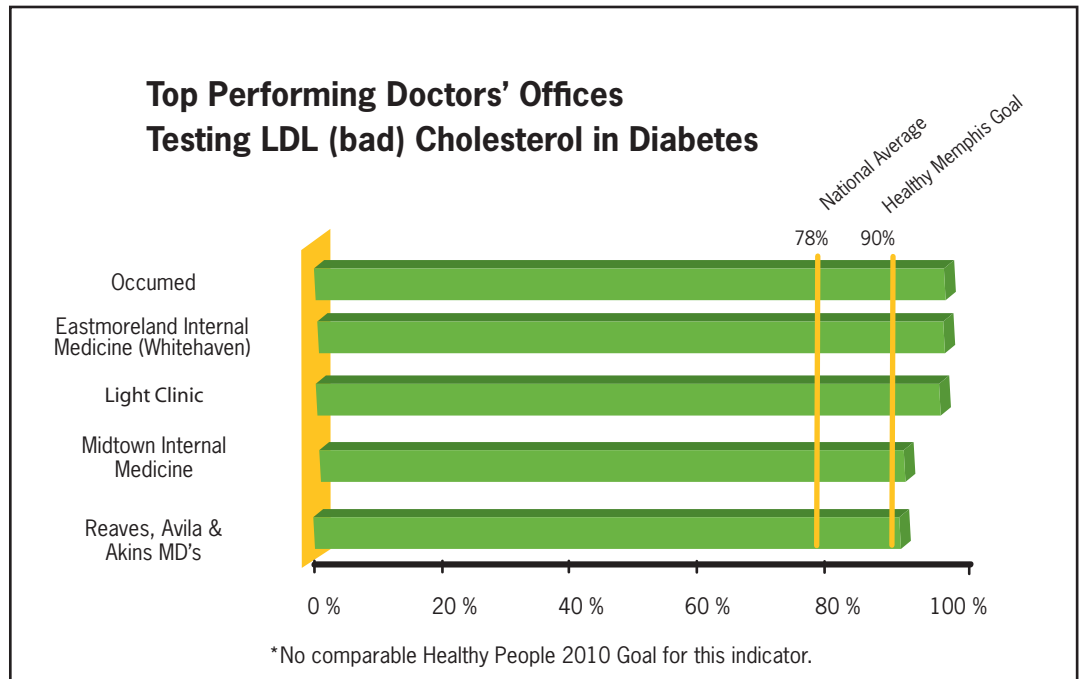


Figure 3

90th Percentile for LDL-C Testing in Diabetes - 2007

- The top five performing medical groups shown in Figure 3 were determined by LDL-C testing rates in diabetes at or above the 90th percentile of medical groups providing primary care services to Medicare beneficiaries throughout the Memphis area.
- Each of the five medical groups demonstrated excellence in care by exceeding two benchmarks including the national average (78%), and the Healthy Memphis Goal (90%) for LDL-C testing in diabetes.
- The Healthy Memphis Goal is set by the Physician Advisory Committee of the Aligning Forces for Quality Initiative in order to provide a standard that all primary care practices in Memphis and Shelby County can pursue excellence in care for LDL-C testing in diabetes.
- Four additional groups met the Healthy Memphis Goal for LDL-C testing in diabetes: Bellevue Clinic, Cresthaven Internal Medicine Associates, the practice of Dr. J. Garbarini and Covington Pike Medical Center

Heart Care

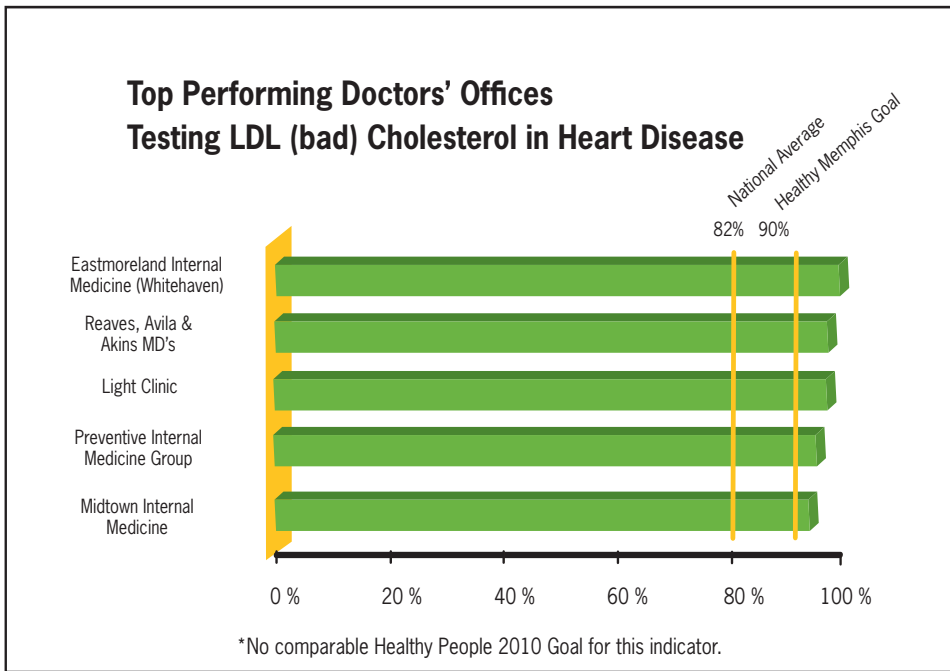


Figure 4

90th Percentile for LDL-C Testing in Cardiovascular Disorders - 2007

- The top four performing medical groups shown in Figure 4 were determined by LDL-C testing rates in heart disease at or above the 90th percentile of medical groups providing primary care services to Medicare beneficiaries throughout the Memphis area.
- Each of the four medical groups demonstrated excellence in care by exceeding two benchmarks including the national average (82%), and the Healthy Memphis Goal (90%) for LDL-C testing in heart disease.
- The Healthy Memphis Goal is set by the Physician Advisory Committee of the Aligning Forces for Quality Initiative in order to provide a standard that all primary care practices in Memphis and Shelby County can pursue excellence in care for LDL-C testing in heart disease.
- Nine additional groups met the Healthy Memphis Goal for LDL-C testing in heart disease: Cresthaven Internal Medicine Associates, Humphreys Family Practice Clinic, MidSouth Internal Medicine, Sanders Clinic, Baptist Minor Medical Center, Bellevue Clinic, Family Physicians Group, Peabody Health Care Group, and Covington Pike Medical Center.

Using Information to **Take Charge** for better health

Developing the capacity to use health information around standardized measures can help both patients and physicians to improve the quality of care in Greater Memphis. Below are selected best practices to improve the quality of care within primary care clinic settings.

What can physicians do to **Take Charge**?

Below are selected best practices to improve the quality of care within primary care settings

1. Partner with your patients to improve care by giving them a Quality Checklist so they will know and keep track of the most important aspects of care
2. Using a paper or electronic checklist or health care maintenance flow-sheet in the front of the chart to track the care your patients need most
3. Track the care your patients need most by using an electronic health record with a diabetes and preventive care registry
4. Use the MidSouth eHealth Alliance health information exchange and SharedHealth to track the care your patients get elsewhere and to make sure they get the follow-up care they need

See the Take Charge Toolkit on page 15 for specific tools that can be used to improve quality of care for patients.

Spotlight

Using a Registry to Make Sure Patients Get Recommended Care

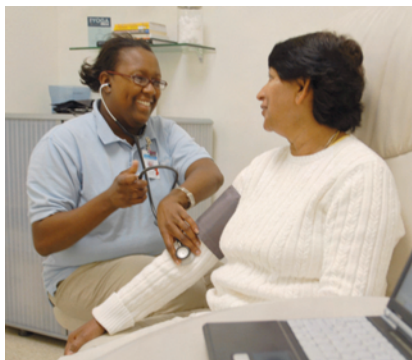
by: Susan Nelson, M.D.

In October 2005 when I joined Harbor of Health, a model all-electronic practice on Mud Island, I didn't know what to expect. We were supposed to be a truly patient-centered practice, but when it took me two hours to see my first patient because of my unfamiliarity with the electronic record I wasn't too sure we were model anything. Since then, we have come a long way. Our average door-to-door time has gone down to 39 minutes! My actual touch time with patients has increased by four minutes.

An important aspect of the patient-centered practice or 'medical home' that can tremendously impact the quality of care provided in the office is the use of a registry as a reminder for providing recommended care. Every doctor knows that we are overwhelmed with guidelines to remember. To make our lives easier, we have implemented Clinical Integration Networks of America's Protocol Engine (www.cina-us.com) that screens each patient's electronic chart at the time of the

office visit for recommended preventive and chronic disease services. For example, when I see a diabetic patient, I have a simple list of the preventive services that are due that day, with reminders to check their lipid panel or perform a monofilament exam on their feet or even to add an ACE inhibitor if they are not already taking one. I still grumble about the extra time it takes me to document an office visit, but I cannot argue against the fact that my immunization rates and preventive screening rates have gone up dramatically.

This increases revenue, and I can also print reports about the average A1c for ALL my diabetic patients; which I am using in discussions with payers to get increased reimbursements. For more information on building registries and other aspects of medical home infrastructure, go to www.transformed.com.



Take Charge Toolkit

Counsel and Educate Your Patients

CARE YOU NEED MOST			
	GOAL	MY NUMBER	AT GOAL?
FOR PREVENTION			
Blood Pressure	Less than 140/90		<input type="checkbox"/>
Total Cholesterol	Less than 200		<input type="checkbox"/>
LDL (Bad) Cholesterol	130 or less		<input type="checkbox"/>
Weight for Height	Goal _____		<input type="checkbox"/>
FOR RISK FACTORS			
Smoking			<input type="checkbox"/>
Healthy Eating			<input type="checkbox"/>
Daily Exercise			<input type="checkbox"/>
Aspirin			<input type="checkbox"/>
Colon Exam (Men over 50)			<input type="checkbox"/>
Pap Smear (Women)			<input type="checkbox"/>
Mammogram (Women)			<input type="checkbox"/>
COMMENTS			
Other Care _____			
Medication Changes _____			
Instructions _____			

- Quality Checklist –This tool is designed to be used in the doctor’s office in conjunction with brief counseling to remind your patients to get the care they need most.:
- The Quality Checklist includes essential preventive and chronic disease care corresponding to core quality reporting measures
- Patients can get the Quality Checklist at the front desk or from their nurse, medical assistant or doctor.
- Help your patients fill out their quality checklist during their visit and write down personalized instructions
- Partner with your patients to help improve practice quality scores

Build a Medical Home

TransformMED go to <http://www.transformed.com> for information on how to transform your practice and build the infrastructure to provide and get paid for medical home services. Use the Medical Home Implementation Quotient Online Tool to find out where your practice stands.



NCQA’s Physician Practice Connections®. Patient-Centered Medical Home™ go to www.ncqa.org for information on how to get accredited as a medical home

Use Electronic Health Records (EHRs)

ACP EHR Partners Program –Go to www.acponline.org and click on “Running a Practice” and “Electronic Health Records to access the EHR Comparison Tool



MidSouth eHealth Alliance -go to www.midsoutheha.org and learn to access your patients’ electronic health records throughout the MidSouth to improve patient care.



SharedHealth -go to www.sharedhealth.com to learn how to access your patients’ electronic health records through this health information exchange

Track Patient Care using a Registry



CHCF -go to www.chcf.org/topics/chronicdisease/index.cfm?itemID=133586 to learn how disease registries differ from EHRs and what you need to do to make sure that your HER has disease management capacity

Rules of Use

Healthy Memphis Common Table's **TAKE CHARGE** for Better Health Series

Overview

This purpose of this document is to guide users of the **TAKE CHARGE** for Better Health series. This series of public reports is intended to promote access to high-quality health care for all, support health improvement in our community and provide focus for quality improvement efforts. The use of information in this series of reports shall be consistent with the philosophy and guidelines described below. These guidelines apply to all reports released under the **TAKE CHARGE** for Better Health series, released by the Healthy Memphis Common Table, calendar year 2009 and beyond. The guidelines are governed by a board policy and will only be revised by the said Board of the Healthy Memphis Common Table.

Philosophy

Public reporting on indicators of quality of care through the **TAKE CHARGE** for Better Health series is an innovative effort to bring every stakeholder in the greater Memphis community – patients, hospitals, employees, nurses, insurers, doctors, EVERYONE – together to collectively and individually impact the health of our entire region. This series of reports provides information that can be used to understand what good care is and how to get it. It aims to engage the entire community in discussions about variation in care and how to improve the quality of care.

Improvements in health care quality and health outcomes require a high level of accountability among all stakeholders. The use of reliable data can lead to informed health care decision-making for consumers and providers. The **TAKE CHARGE** for Better Health series promotes and encourages consumers to actively partner with their physicians, hospitals, insurers, and employers in the management of their health. The information in these reports also supports sharing of lessons learned from efforts to improve delivery of health services. Through collaborative efforts, we can achieve a health care system that works for all stakeholders.

Guidelines for Use

The **TAKE CHARGE** for Better Health series of reports should be used solely for educational purposes with the primary intent of stimulating multi-stakeholder discussions around variation in care and quality improvement efforts. This information is not intended to be used for business purposes such as marketing/advertising, negotiating third party payer contracts or employee benefit planning.

Notify the Healthy Memphis Common Table (HMCT) of misuse. Individuals and organizations that identify any use of HMCT-produced results that is outside of these guidelines and rules should notify the HMCT via phone, email or a form on the HMCT website. The HMCT will review all contested uses and determine necessary action.

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