



Physicians Collaborate to Use Public Reports to Improve Diabetes Care

Starting in 2009, the [Health Collaborative](#) of Greater Cincinnati convened local physicians to see how they could use performance measures to improve care. The group focused on how to best determine whether diabetes patients received optimal care, as part of the Collaborative's work leading the local [Aligning Forces for Quality \(AF4Q\)](#) effort. This group became the Physician Leadership Group, creating guiding principles for the public reporting process and championing the effort with their peers.

Recognizing the importance of measures that matter, they started by vetting five factors—blood sugar, blood pressure control, cholesterol control, smoking cessation, and daily use of aspirin—known as the D5, an approach to measure diabetes care borrowed from [MN Community Measurement](#), another AF4Q alliance. Using recognized markers of optimal diabetes control helped ensure the measures' credibility from the start. The alliance also chose these measures to ensure that the data aligned with what matters most: patient care. The participating physicians voluntarily provided patient data to serve as an example for others in the community and build momentum. The Collaborative then provided each reporting practice with its D5 scores, as well as a community-wide score to serve as a benchmark. All results are displayed on the website [YourHealthMatters.org](#).

In the past three years, the report has grown to include 600 participating doctors. Between 2010 and 2012, the average rate of patients in a practice hitting the target for all five measures improved from 28 to 30 percent. The number of reporting practices increased by more than 25 percent from 2011 to 2012.

One practice in particular has seen tremendous improvement. In 2010, the TriHealth Physician Partners group in West Chester, Ohio, met the community average for percentage of patients in good control of their diabetes. Determined to be above average, a practice manager began running reports several times a week to see which patients had their diabetes under control. Those in good control were celebrated with certificates, while those who were struggling received extra attention, such as nutrition counseling or fitness support. Within one year, the practice's score rose 20 points to 48 percent, the greatest improvement rate of any reporting practice.

Today, the Physician Leadership Group continues to work with physicians in the community to share best practices on how to improve scores and guide future public reporting measures.

Aligning Forces for Quality

AF4Q is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in 16 targeted communities across America. These briefs distill some of the key lessons learned by these regional alliances of providers, patients, and payers as they work to transform their local health care and provide models for national reform.

Results:

28%  48%

One year increase in the number of patients in good control of their diabetes within the TriHealth Physician Partners Group

 25%

Increase in the number of reporting practices from 2011 to 2012



Increasing Colorectal Cancer Screenings by Engaging Physicians in Quality Improvement

An examination of its public reports led the [Wisconsin Collaborative for Healthcare Quality \(WCHQ\)](#) to engage physicians in an effort to improve the rate of screening for colorectal cancer as part of its work leading the *Aligning Forces for Quality (AF4Q)* initiative across Wisconsin.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States, yet one in three adults do not receive recommended screenings. After learning that screening rates in some practices were under 50 percent, WCHQ launched the Colorectal Cancer Screening Project, with the goal of increasing screening rates to 70 percent in two years.

To engage physician leaders, WCHQ created a member-led colorectal cancer project team composed of a dozen physicians and nurses to champion the effort. Over a six-month period, the team reviewed barriers and gaps to getting the recommended screenings and identified a set of best practices clinics can use to increase screening rates, including:

- Using electronic health records to flag patients who are behind in their screenings;
- Calling and/or sending letters to eligible patients to remind them to schedule appointments for screenings; and
- Training everyone within the practice to educate patients about the screening.

The project team shared best practices with other primary care physicians through an online toolkit and a series of physician-led webinars. WCHQ also led problem-solving conference calls for clinics participating in the effort to discuss successes and challenges. So far, WCHQ has found that members are good at helping each other tackle the challenges, and that there is a “healthy competition” among clinics that helps improve screening rates.

So far, the initiative has had great success. In 2012, WCHQ practices screened nearly 75 percent of patients for colorectal cancer, an increase from a community average of 68 percent in 2009.

Results:



Patients screened for colorectal cancer

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Analyzing Diabetes Data to Identify Best Practices for Quality Improvement

Better Health Greater Cleveland analyzed data from its public report to identify top-performing clinics so it could spread best practices as part of its work leading the *Aligning Forces for Quality* (AF4Q) initiative in Cleveland.

When reviewing the performance scores of local practices for diabetes care, *Better Health's* Data Center noticed that among the 35 participating practices, the top nine for pneumonia vaccination rates—a critical piece of quality diabetes care—were part of the MetroHealth System. The alliance reached out to MetroHealth and learned that the system had developed a protocol to increase vaccination rates after noticing that it was not meeting the standards set by the Centers for Disease Control and Prevention (CDC). MetroHealth's interventions included:

- Using its electronic health records to create a weekly report of patients scheduled for an upcoming appointment who needed the vaccine;
- Providing education materials at check-in about the pneumonia vaccine to patients identified in the report; and
- Authorizing nurses to offer and administer the vaccines.

After implementing the new protocols, 70 percent of MetroHealth's diabetes patients who were at high risk for pneumonia were vaccinated in the first year and 90 percent two years later, meeting the goals outlined by the CDC.

Better Health then asked MetroHealth to share its protocols so other practices could replicate them to improve their rates. The system agreed and presented the protocols to practices in other health care systems at *Better Health* meetings and in its printed and online reports. The impact of MetroHealth's quality improvement initiative soon multiplied across northeast Ohio, with vaccination rates of practices in other health systems climbing from 70 percent to 82 percent in just three years.

Results:

70%  82%

Three year increase in diabetes patients vaccinated for pneumonia across northeast Ohio

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