

Quality in a large health care system - Can we really do it?

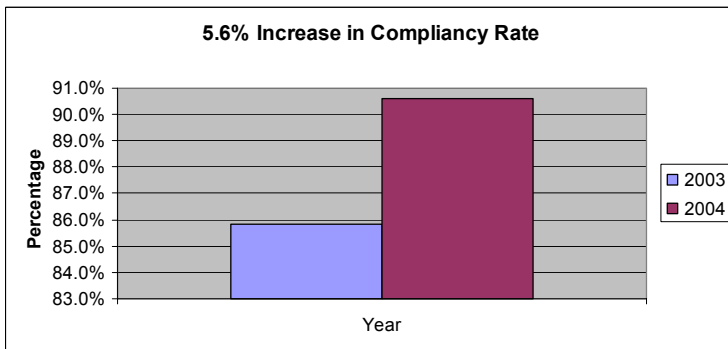
“I notice you have not yet come in for your diabetes lab, Mr. Smith. You told me would come in last week. I promise to stop calling you as soon as you do your lab test.”

I had to laugh when I overheard this conversation between one of the medical group’s patient advocates and a non-compliant diabetes patient. I also felt a sense of satisfaction, realizing that in a short time period, we had focused resources to improve our diabetes care throughout the health care system in which I work. How had we moved so far so quickly?

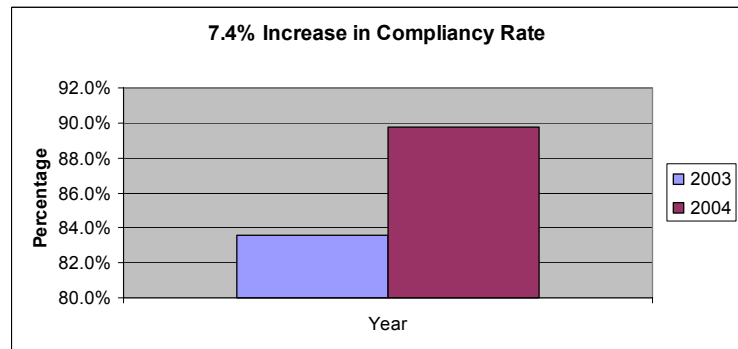
Sharp Health Care is the largest employer in San Diego, with over 14,000 employees. Sharp has four acute care hospitals, three specialty hospitals, and three medical groups. It is a challenge to align these various entities, and the development of strategic objectives around quality has been a major focus for the past five years.

Sharp leadership has included quality objectives in the system strategic plan, and the results are reported to the Board of Directors. Quality system strategic goals are mirrored in each entity’s strategic plan, and incorporated in administrators’ bonus formulas. Quarterly progress reports are posted on the intranet and a “dashboard” projected at quarterly leadership seminars. This combination of clear goals, personal financial incentives, and public reporting within the organization has led to dramatic improvements.

California’s Pay for Performance initiative provided an additional incentive for medical groups to improve specific quality indicators, including diabetes. Each Sharp group committed to improve the annual measurement of HbA1c in the diabetes population by 5%. I am responsible for quality metrics for two of the Sharp medical groups, with over 450 physicians and 20 sites throughout the San Diego region. Our strategies included an electronic diabetes registry, RN diabetes case managers, physician-specific incentive plans, standing laboratory orders, and outbound phone calls to non-compliant patients. Our 2004 results indicated substantial improvements.



Annual HbA1c measurement rate- medical group #1



Annual HbA1c measurement rate- medical group #2

The diabetes registry was internally developed, and provides a web-based view of electronic data. It includes demographic data, laboratory results, visit history, additional diagnoses, hospital and emergency room visits, and medications. The registry is updated weekly from the system's data warehouse. At one medical group, 2 RN case managers focus on high risk diabetes patients, coordinating care with the primary physicians. At the second medical group, a diabetes nurse practitioner heads a diabetes team that manages high risk patients.

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Screenshot of Diabetes Registry

We have chosen improved diabetes control (percentage of patient with HbA1c levels less than nine) as the system strategic goal for 2006, moving from a process to an outcome measure. We are devoting increased resources to this effort, with the expected benefit of better quality, service, and long-term cost reductions by preventing secondary complications.

Large medical organizations are increasingly recognizing quality as a strategic imperative. Execution of this strategy is difficult, given the size and competing interests of various parts of an integrated network. Sharp's success is due to clear goals, frequent feedback of progress through the dashboard, public reporting of the results, and alignment of organization strategy with entity and individual (including physician) incentives. Leadership at all levels is required to create the culture and incentives required to make this quality happen.

How might you start a similar process in your organization?

- Review your organization's strategic plan for quality measures
- Start with your local entity - add quality measures to the strategic plan
- Discuss with quality leaders in other parts of the organization the creation of system-wide quality measures
- Select a quality goal and institute regular internal public reporting
- Include quality measures in performance reviews of administrators