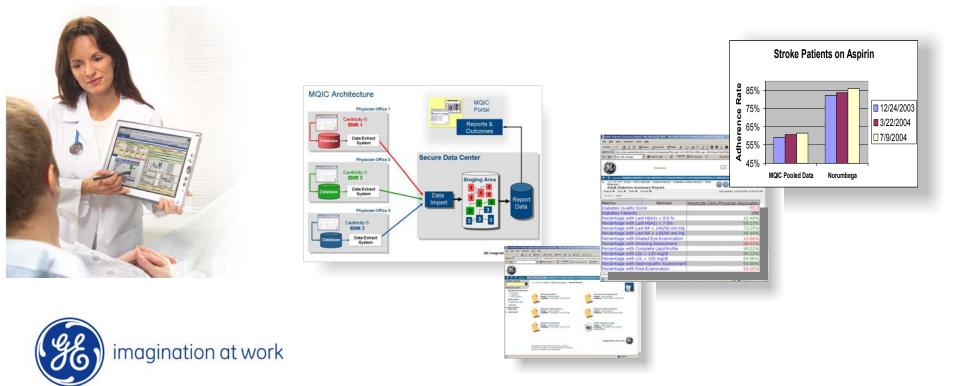
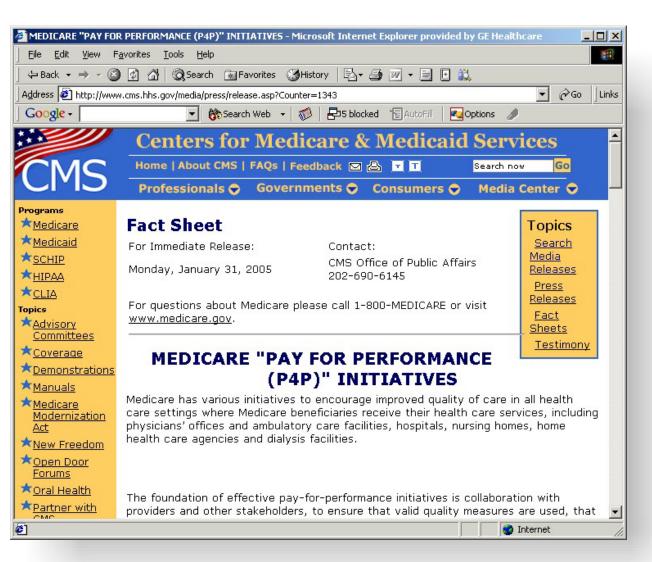
## **Centricity Physician Office**

#### Medical Quality Improvement Consortium

Allan Cook Clinical Data Services <u>Allan.cook@med.ge.com</u> 905 637 9101



#### National Response: Pay for Performance







Physicians are <u>lacking the information tools</u> <u>& processes</u> required to:

Improve quality & process of care

- •Measure clinical performance
- Increase reimbursement



#### Centricity Physician Office and Medical Quality Improvement Consortium (MQIC)



### MQIC: 5.0 Million Patients & Growing

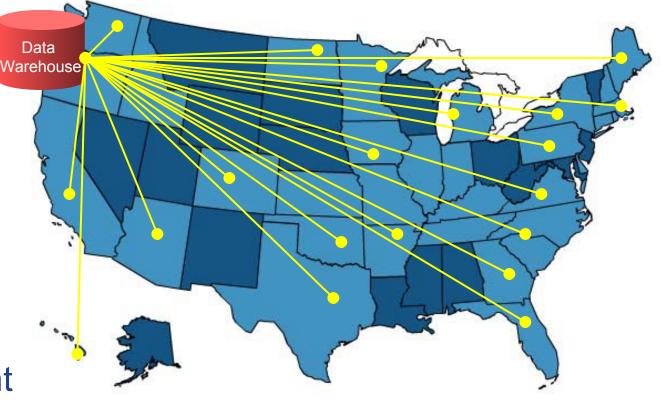
Centricity EMR Users

Use data to improve patient care

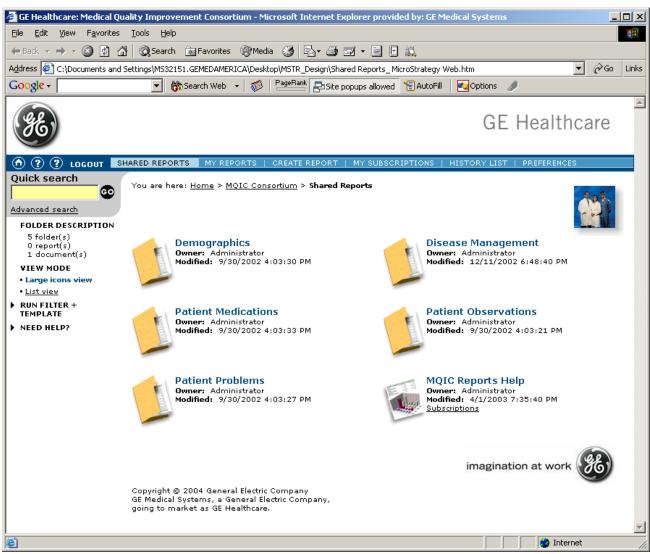
Strengthen clinical reporting

- Disease management
- Quality of care
- Practice profiles





#### **MQIC Web Portal**





imagination at work

5 / GE Title or job number / 5/11/2006

#### **Quality Reports**

	🖉 Secondary Prevention of Stroke, IHD, PVD. MicroStrategy Web Microsoft Internet Explorer provided by GE Medical Systems 📃 🗆 🗙								1		
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	Report Help					GE I	Healthc	are	-		
	⑦ ② LOGOUT SHARED REPORTS   MY REPORTS   CREATE REPORT   MY SUBSCRIPTIONS   HISTORY LIST   PREFERENCES         You are here: Home > MQIC Member > Shared Reports > Disease Management >         Secondary Prevention of Stroke, IHD, PVD         Report ♥ View ♥ Data ♥ Format ♥         Last update: 3/26/2005 5:22:39 PM         PAGE BY: none										
Member	Metrics	Stroke Patients	Stroke Patients on Aspirin	Stroke Patients on Aspirin (%)	Stroke Patients NOT on Aspirin	Stroke Patients NOT on Aspirin (%)	IHD Patients	IHD Patients on Aspirin	IHD Patients on Aspirin (%)	IHD Patients NOT on Aspirin	IHD Patients NOT on Aspirin (%)
Westside Physician Associates		103	65	63.11%	38	36.89%	196	161	82.14%		17.86%

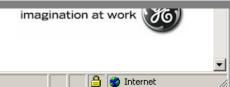




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#### **NCQA** Diabetes Recognition

🚰 Adult Diabetes Summary Report. MicroStrategy Web.	Microsoft Internet Explore	er provided by Comcast		_				
<u>File Edit View Favorites Tools H</u> elp					C			
Address 🗃 https://mqic.gemedicalsystems.com/microstrategy/asp/Main.aspx?evt=4001&src=Main.aspx.4001&reportViewMode=1&reportID=53Dl 💌 🔗 Go Links								
Google - vips med-vantage 💽 😚 Search Web	🛛 🧭 PageRank 🗗 201 bloc	cked 🔚 AutoFill 🛛 🔩 Op	ptions	🔌 👸 vips 👸 med va	ant: »			
Report Help		GE	ΞH	lealthcare				
Metrics	ember	<u>We</u> stside C	litiic	: Physician A	ssociat	es		
Diabetes Quality Score	and the second	🥐 Drill 🕨	∔ R	lesp Provider Loo	55	5.0		
Diabetes Patients		10000	+ P	Patient	2	58		
Percentage with Last HbA1c :	× 9.0 %	1.1.1.1	+ R	lesp Provider		3%		
Percentage with Last HbA1c <	and the second		388	alaan ah	58.13	3%		
Percentage with Last BP < 14	-0/90 mm Hg				73.25	5%		
Percentage with Last BP < 13	0/80 mm Hg				48.44	4%		
Percentage with Dilated Eye B	Examination				13.56	5%		
Percentage with Smoking Ass	essment				68.21	1%		
Percentage with Complete Lip	oid Profile 👘			a the same	99.22	2%		
Percentage with LDL < 130 m	g/dl				96.12	2%		
Percentage with LDL < 100 m	g/dl				84.88	3%		
Percentage with Nephropathy	/ Assessment				94.96	5%		
Percentage with Foot Examination	ation				53,10	3%		





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going to market as GE Healthcare.

#### **Clinician Level Detail**

				JL
<b>38</b> )	<u>Report Help</u>		GE Hea	althcare
You are here: <u>Home</u> > <u>MQIC Member</u> > <u>Shared</u> REPORTS   MY REPORT				
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Resp Provider	1255365537000600 13123			07293000700
Diabetes Quality Score	55.0	40.0	50.0	55.0
· · · · · · · · · · · · · · · · · · ·	141	63	50	35
Diabetes Patients		63 19.04%		
Diabetes Patients Percentage with Last HbA1c > 9.0 %	141		50	35
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0%	141 13.47% 63.12%	19.04%	50 10.00%	35 20.00%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg	141 13.47% 63.12% 74.46%	19.04% 60.31%	50 10.00% 54.00%	35 20.00% 54.28%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg	141 13.47% 63.12% 74.46%	19.04% 60.31% 57.14%	50 10.00% 54.00% 86.00%	35 20.00% 54.28% 82.85%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg Percentage with Dilated Eye Examination Percentage with Smoking Assessment	141 13.47% 63.12% 74.46% 42.55%	19.04% 60.31% 57.14% 17.46%	50 10.00% 54.00% 86.00% <b>34.00%</b>	35 20.00% 54.28% 82.85% 57.14%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg Percentage with Dilated Eye Examination Percentage with Smoking Assessment	141 13.47% 63.12% 74.46% 42.55% 10.63%	19.04% 60.31% 57.14% 17.46% 30.15%	50 10.00% 54.00% 86.00% 34.00% 4.00%	35 20.00% 54.28% 82.85% 57.14% 5.71%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg Percentage with Dilated Eye Examination	141 13.47% 63.12% 74.46% 42.55% 10.63% 75.88%	19.04% 60.31% 57.14% 17.46% 30.15% 60.31%	50 10.00% 54.00% 86.00% 34.00% 4.00% 64.00%	35 20.00% 54.28% 82.85% 57.14% 5.71% 54.28%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg Percentage with Dilated Eye Examination Percentage with Smoking Assessment Percentage with Complete Lipid Profile Percentage with LDL < 130 mg/dl	141 13.47% 63.12% 74.46% 42.55% 10.63% 75.88% 100.00%	19.04% 60.31% 57.14% 17.46% 30.15% 60.31% 98.41%	50 10.00% 54.00% 86.00% 34.00% 4.00% 64.00% 100.00%	35 20.00% 54.28% 82.85% 57.14% 5.71% 54.28% 97.14%
Diabetes Patients Percentage with Last HbA1c > 9.0 % Percentage with Last HbA1c < 7.0% Percentage with Last BP < 140/90 mm Hg Percentage with Last BP < 130/80 mm Hg Percentage with Dilated Eye Examination Percentage with Smoking Assessment Percentage with Complete Lipid Profile	141 13.47% 63.12% 74.46% 42.55% 10.63% 75.88% 100.00% 99.29% 92.19%	19.04% 60.31% 57.14% 17.46% 30.15% 60.31% 98.41% 87.30%	50 10.00% 54.00% 86.00% 34.00% 4.00% 64.00% 100.00% 96.00%	35 20.00% 54.28% 82.85% 57.14% 5.71% 54.28% 97.14% 97.14%



#### **Clinician Specific Reports**

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You are here: <u>Home</u> > <u>MQIC Member</u> > <u>My Reports</u> > <u>Mike</u> > Diabetes Quality Report for Dr. Winston			
Report ♥ View ♥ Data ♥ Format ♥	Last up	date: 4/14/2005	10:26:04 AM
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Aetrics			
Diabetes Patients	141		
IbA1c Control > 9.0 % (Goal 20%)	13.47%		
IbA1c Control > 9.0 % (10 points)	10.0		
IbA1c Control < 7.0 % (Goal 40%)	63.12%		
lbA1c Control < 7.0 % (5 points)	5.0		
lood Pressure Control < 140/90 mm Hg (Goal 65%)	74.46%		
lood Pressure Control < 140/90 mm Hg (10 Points)	10.0		
lood Pressure Control < 130/80 mm Hg (Goal 35%)	42.55%		
llood Pressure Control < 130/80 mm Hg (5 Points)	5.0		
ye Examination (Goal 60%)	10.63%		
ye Examination (10 Points)	0.0		
moking Status and Cessation Advice or Treatment (Goal 80%			
imoking Status and Cessation Advice or Treatment (5 Points)			
Complete Lipid Profile (Goal 85%)	100.00%		
Complete Lipid Profile (5 Points)	5.0		
DL Control < 130 mg/dl (Goal 63%)	99.29%		
DL Control < 130 mg/dl (7.5 Points)	7.5		
DL Control < 100 mg/dl (Goal 36%)	92.19%		
DL Control < 100 mg/dl (2.5 Points)	2.5		
lephropathy Assessment (Goal 80%)	92.19%		
lephropathy Assessment (10 Points)	10.0		
oot Examination (Goal 80%)	39.71%		
ioot Examination (10 Points) iotal Points	0.0		
otal Points	55.0		



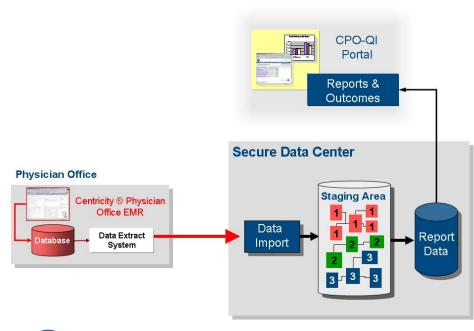
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### Centricity Physician Office - MQIC

 Helping physicians measure the impact of care decisions on outcomes





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36)	Report Help		GE H	lealthcare	Î	
Metrics	Membe	er <u>V</u>	<u>Vestside Clinic</u>	Physician A	ssoci	ates
Diabetes	Quality Score	Sec. A.				55.0
Diabetes	Patients					258
Percenta	ge with Last HbA1c > 9.0	%		and a straight	. 12.	40%
Percenta	ge with Last HbA1c < 7.0°	%			58.	13%
Percenta	ge with Last BP < 140/90	mm Hg		anang dining	73.	25%
Percenta	ge with Last BP < 130/80	mm Hg			48.4	44%
	ge with Dilated Eye Exam				13.	56%
Percenta	ge with Smoking Assessm	ient		all and a second second	68.	21%
Percenta	ge with Complete Lipid Pr	ofile	Charles and the s	Store and a	99.3	22%
Percenta	ge with LDL < 130 mg/dl -				96.	12%
Percenta	ge with LDL < 100 mg/dl	1.1.1.1.1.1.1	the pairs of web	tatik (Atlant	84.0	88%
Percenta	ge with Nephropathy Ass	essment			94.9	96%
Percenta	ge with Foot Examination	Sec. Sec. 1	the explorities for	No. and a second	53.	10%
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GE Medical S going to ma	Systems, a General Electric Company, rket as GE Healthcare.				-	
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 The Market's Only True "Plug-and-Play" Data Warehouse & Quality Reporting Service

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#### Patient Letter #1

The physicians at << >> are dedicated to providing the highest quality care for our patients. National guidelines recommend that all adults should have their cholesterol checked periodically, and that adults with a high cholesterol should be treated with diet or medications or both.

Specifically, guidelines from the National Education Program (NCEP) recommend that everyone age 20 and older should have their cholesterol measured at least once every 5 years, or more often if it is high. Persons with specific types of heart disease (coronary heart disease, or CHD), other diseases of the blood vessels (such as peripheral vascular disease or aortic aneurysm), or diabetes are at higher risk and should have their cholesterol checked at least every year.

In our office, we use a sophisticated computer system to track the status of your cholesterol tests. Our records show that you are due to have your cholesterol checked according to these guidelines.

Please call the office to arrange to have a cholesterol test done at your earliest convenience.

Please note that since this is based on our computer records, it may not accurately reflect tests that were ordered by another physician. If you had a recent cholesterol test done by another physician, or if you are getting your cholesterol treated by another physician, please let us know.

Feel free to call me or come in to discuss with me if you have any questions.

Sincerely,





#### Patient Letter #2

The physicians at << >> are dedicated to providing the highest quality care for our patients. National guidelines recommend that all adults should have their cholesterol checked periodically, and that adults with a high cholesterol level should be treated with a low-cholesterol, low-saturated fat diet. For people not at their cholesterol goal, medication is often recommended.

Guidelines from the National Education Program (NCEP) give specific recommendations for when treatment should be considered, based on the level of your "Low Density Lipoprotein" (LDL) cholesterol, or "bad" cholesterol, and based on your risk for heart disease.

In our office, we use a sophisticated computer system to track the status of your cholesterol tests. Our records show that based on the last time we checked your cholesterol, your LDL-cholesterol (or bad cholesterol) may be too high.

Please call the office to arrange to discuss with me the best way to help to reduce your cholesterol.

Please note that since this is based on our computer records, it may not accurately reflect tests that were ordered by another physician. If you had a recent cholesterol test done by another physician, or if you are getting your cholesterol treated by another physician, please let us know.

Feel free to call me or come in to discuss with me if you have any questions.

Sincerely,

Not at Goal



imagination at work

#### Automated Screening at Visit

🛃 Logician - Har	ry S. Winsto	n MD @ Southside C	linic (L	OCAL) - 08/	'08/2005-3:43 PM	1 - [Chart]				- 🗆 ×
<u>Go</u> <u>A</u> ctions <u>O</u> p	tions <u>H</u> elp									
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Scott L. Da 62 Year Old Male		<b>t</b> I/ <b>1943</b> ) Patient ID			ROTOCOLS	Ho			ork: <b>503-297</b> a) Group: BH	
Find Pt. Protoco	is Graph	🧭 Handouts						) Update	Phone Nt.	Refills
Summary	Problems	Medications	1	Alerts	Flowsheet	Orders	s Í Do	ocuments	1	
Problems				Medication	1 R				1	
PROSTATITIS DIABETES MELLIT	US, TYPE II, C	ONTROLLED			AB 2MG (DOXAZOS 500 MG (CIPROFLO		<i>.</i>	This patier allergies	nt has no knov	wn
				<b>▲</b>			Þ	Directive	28	
Flowsheet: Ent	erprise/Med	icine/Internal Medici	ne	Documents	: All (since 05/10/2	2005)	1	Registra	tion Notes	
	Date	Value		Date	Summar	γ	Status	Copay \$5	per office vis	it 🔺
HEIGHT	03/07/2002	74		08/05/2005 🖉	🥖 🗍 Ofc Visit		On Hold			
WEIGHT	03/07/2002	188		08/04/2005 🗸			On Hold			
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TEMP SITE	03/07/2002	oral		08/04/2005	Ofc Visit		Signed		ALC: NO	
PULSE RATE	03/07/2002	80			Viewing items since	e 05/10/2005		1	and a	
PULSE RHYTHM	03/07/2002	regular						6	1	1
RESP RATE	03/07/2002	12							St. mil	0
BP SYSTOLIC	03/07/2002	132							12 3	
BP DIASTOLIC	03/07/2002	72						17	1000	0
CHOLESTEROL									Start 1	
ны			<b>_</b>							2
For Help, press F1										



#### Screening

#### CT\_Loader: Scott L. Davenport

You do not need to explain the trial in detail or obtain consent from your patient. Simply consider the following criteria, and select the appropriate response below.

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)		Close
Your patient meets the initial screen. Click "Yes" to notify the coordinator or "No" if your patient is no longer interested.		No
Patient is willing to be contacted by a research coordinator if eligible	Yes	C No
Patient will allow limited chart review to determine eligibility	Yes	C No
Has ONE or BOTH of these diagnoses: HTN and/or Dyslipidemia	Yes	C No
Has documented Cardiovascular Disease: CHD, PVD, or Carotid disease	Yes	C No
Does your patient meet the following criteria:		



#### **Patient Not Eligible**

You do not need to explain the trial in detail or obtain cons consider the following criteria, and select the appropriate r			rtient.	Simply
Does your patient meet the following criteria:				
Has documented Cardiovascular Disease: CHD, PVD, or Carotid disease	()	Yes	<u> </u>	NI-
Has ONE or BOTH of these diagnoses: HTN and/or Dyslipidemia	0	Yes	œ	No
Patient will allow limited chart review to determine eligibility	œ	Yes		NO
Patient is willing to be contacted by a research coordinator if eligible	œ	Yes	0	No
Thank you for your interest, but your patient does not meet the initia Click 'Next Form' or 'Close' to continue.	al screenii	ng criteri	a for thi	is study.



#### **Potential Subject Identified**

#### 1. Clinician and Patient Notified

Logician
Thank you. The study coordinator will review this chart and contact the patient. Click 'Next Form' or 'Close' to continue with the visit.

## 2. Flag set in database for coordinator notification



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# Inquiry to Retrieve Interested and Eligible Patients

🛃 Logician - Harry S. Winston MD @ Southside Clinic (LOCAL) - 08/08/2005 4:20 PM - [Reports]	<u>- 0 ×</u>
Go Actions Options Help	
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Inquiries Reports	
Find Patients  Find Patients  Count Result: Search Result: Patients found: 1	
Active Patients Only           Davenport, Scott L.	
Where Date of Last STUDY	
is on or after	
08/01/2005	
Add Delete Replace	
Combine With	
Find Patients where:           STUDY (last entry) contains 'ACCORD'	
AND Date of Last STUDY is on or after '08/01/2005'	
Match case when searching mixed case text	F
Select Save Clear Count Viewy Item Print	
For Help, press F1	



### Lipid Management Form

Lipid Manageme	nt: Janet S. Farrell					
Screening	Assessment Manage Lipic	ls				
This patient is	This patient is up to date with lipid screening and does not require lipid management.					
		Screening Message				
		Area with Protocol				
		Recommendations				
			Bypass Lipid Form			
Prev Form (Ctrl+	PgUp) Next Form (Ctrl+PgDn)		Close			



#### Lipid Management Form

#### Lipid Management: Don C. Bassett

Screening Assessment Man	age Lipids				
Risk Factor Review		Medication Problems			
Criteria: Pr	evious Data or Update	Muscle Aches 🔿 Yes 🛛 🙃 No			
Has Diabetes:	No C Yes C No	Other 🤉 Yes 🔎 No			
Has CHD or other Atherosclerosis:	No C Yes C No	Lifestyle			
Has Hypertension:	No C Yes C No	Following TLC Diet C Yes • No			
Pamily Hx CHD:	G Yes C No	Regular Exercise 💿 Yes 🔿 No			
	<u></u>	Comments:			
On Antihypertensive:	Yes C Yes C No	Lab Review			
Current Smoker:	No C Yes C No	ALT(SGPT) 16 (09/20/2000)			
Total Cholesterol: 190 (09/10/200	D1) Flowsheet	AST(SGOT) 17 (09/20/2000)			
		CPK 6 (09/19/2000)			
HDL Cholesterol: 45 (04/08/2005	5) Flowsheet				
LDL Cholesterol: 163 (05/12/200	04) Flowsheet				
Systolic BP: 140 (04/02/200	3)				
Risk Factor Summary					
? CHD or Risk Equiv: No	? 10yr Probabilty of Cor Evt: 12%	? #Major RF: 2			
LDL Status Calculated Target: <130 Current: 163 (05/12/2004) LDL at Goal? No Override Target? C Yes C No					
	Go To Manage Lipids				
Prev Form (Ctrl+PgUp) Next Form (Ctrl+	PaDn)	Close			