Incentives for Medical Practice Transformation: The Bridges to Excellence Initiatives

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Why Practice Transformation?

"….In addition to digitizing the information that providers use to care for their patients within organizations; clinicians, patients, and policymakers are looking ahead to securely sharing appropriate information electronically among organizations…." 2006 HIT Summit Overview

The Universal Language of "sharing" is METRICS.

Therefore "digitizing the information" must include common language of metrics which would enable everyone accessing the data to compare and contrast their performances

Why Standard of Care Excellence?

"The Federal government, ….. responded with the introduction of a myriad of policies and strategies designed to improve the quality, safety and efficiency of healthcare through information technology" 2006 HIT Summit Overview

Templates for QUALITY care would be available for every practitioner caring for patients. Expensive complications, from chronic disease, that might be stemmed in its early phase by knowledge of EBM (evidence based medicine), would most often be avoided.

Quality

The Practice of Medicine is an ART. Medicine will continue to be an art: the applications of science, technology, and informatics into the practice of the art would continue to improve the Quality of Lifestyle (QOL) of patients. All physicians must aim at Quality Care with degree of excellence, in outcomes, as defined by peer reviewed randomized clinical trials (RCT) published in reputable journals, which are sources for evidence based medical (EBM) guidelines for all physicians.

EXAMPLE: Diabetes Care

- Americans entering the Healthcare System for the first time usually encounter the Primary Care Physician (PCP) assigned by insurer or recommended to the patient by others.
- Not surprising that more than 80% of the patients with type 2 diabetes are treated by PCP's. But barely 1/3rd "…. achieved established targets of diabetes control …."

Parchman, ML, et al Ann. Fam. Pract. 2006: 4(1);40-45

Targets for Diabetes mellitus (DM) Control

- World wide acceptance of standard targets for DM control, by major authorities on the diagnosis and treatment of diabetes, to all practitioners, has been made possible by mid-90's internet propagation
- Precise control of Glucose, A1c, Lipids, Blood pressure are well defined. Care of the eyes, heart, kidneys, and brain to prevent high cost of treating complications have been emphasized. Yet barely 1/3rd of patients get excellent DM care

Bridges to Excellence (BTE) Initiatives

Yes, every physician is a *good doctor* : a commonly repeated phrase by everybody – including me!

Before BTE

* All my patients are doing well based on the individual "success story" of palliation or cure that I rendered to a patient.
* I perceived that 80% - 100% of my patients achieved the target treatment goals of their illnesses, without doubt, and prognosis improved by my intervention.
* There was no solid data or metric guide to back my assertion. The ambience of the medical practice culture and vignettes from my postgraduate education certified my good standing within the medical community as a "good doctor".

Bridges to Excellence (BTE) Initiatives

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After BTE

* All my patients are not doing well based on population analysis of their diabetes and all the comorbid factors.
* Perceived self measurement (PSM) of 80% to 100% vs. real performance measurement (RPM) of 40% to 80% using BTE metrics (ADA/NCQA) was revealing.
* BTE catalysis of my practice exposed lags in eye retinal exams, urine microalbuminuria screenings, adequate glycemic control, and poor adherence to pharmacotherapy.
* BTE stimulated the re-tooling and system translation of my practice into excellent quality care: update on SOC guidelines; setup a default-to-action intervention; internal auditing of patient care data; and mechanism for patient re-education at every follow-up office visit.

BTE + HIT = 3rd Millennium Medicine

- Changing Medical Education, PG Training, and practicing physicians access to RCT data that benefits clinical outcomes
- EMR, e-PG Schools, Virtual University
- HIT: aggressive technology to integrate all aspects of the health care industry for all providers of services.
- BTE: continue campaign of excellence until 80% to 100% of PCP's could manage diabetes up to established guidelines and save the economy about $200billion worth of avoidable complications