



Utilization of HIT to Standardize and Improve the Quality of Care for Patients with Diabetes Mellitus

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Organization at a Glance

- Located in Jacksonville, Florida
- Eight medical divisions and Care Partners Technology
- 50 Physicians, ARNPs and PAs
- Family Practice, Internal Medicine, and Pediatrics
- Average 116, 000 active patients
- Implemented EMR system in 2003



FCP Diabetic Care Objectives

- Develop a system to manage complex, high risk, chronic care Diabetic patients by providing medical decision making to the Clinician at the Point of Care
- Identify Preventative Care Gaps with our at-risk patients with Diabetes
- Target focused interventions to standardize and improve quality of care for patients with Diabetes
- Monitor quality Interventions using standardized performance metrics
- Provide performance feedback to the clinicians



How We Used The EMR to Achieve our Quality Goals

- Utilized a team approach led by the Chief Quality Officer
 - IT, Lab, and Quality Departments
 - Quality Committee
 - IT Committee
 - Clinicians



- Simplified the Data Gathering and Reporting
 - Set -up triggers to populate health maintenance and HPI Template
 - Dates of lab tests
 - Dates of immunizations
 - Lab values
 - Used the Lab Orchard Harvest Reports for Clinician Education
 - Quarterly reports identifying average HbA1c and LDL by Clinician
 - Quarterly reports identifying patients with HbA1c over 7 by Clinician
 - Monthly reports of patients with Fasting Blood Sugar over 100
 - Monthly abnormal PSA, Occult Blood, and Lead Tests



- Population Management
 - System Reports are used to direct the Care Gap Team outreach activities
 - Patient letters and calls are completed and documented in the system
 - Preventative health needs
 - Outside radiology testing
 - Partner with payers to improve Health Outcomes
 - Hospital follow-ups for Medicare Advantage Patients
 - Aetna Care Considerations



- Created a Standard Template for all diabetes related visits
 - Includes ADA treatment guidelines
 - Prompts Clinicians to order dietician visits, diabetic group visits, referrals, medications, and immunizations
 - Pre-populated with most recent lab results.

HPI: Diabetes

HPI Diabetes3

HPI: Diabetes

(duration)

CONCERN

Initial

Symptom

Onset

Duration

Severity

(quality)

no change

controlled

Status

uncontrolled

partially controlled

CE

1

2

3

4

5

6

7

8

9

0

.

CE

1

2

3

4

5

6

7

8

9

10

Min(s)

Hr(s)

Day(s)

Wk(s)

Mo(s)

Yr(s)

**LAB GOALS: A1C<6; LDL<70; Trig<150; HDL>40 Labs (including CMP) every 3 to 6 months MicroAlb every 6 months
B/P GOAL: <130/80 All on STATIN, ASA, ACE or ARB**

A1C

//

MicroAlb

//

Trig

//

HDL

//

LDL

//

Location of Complication

retinal

skin

renal

impotence (ED)

vascular

neurologic

Context

ASA daily

overweight

pt on ACE

no complaints

pt on ARB

stress or depression

pt on insulin

On oral meds

pt on diet alone

Timing

eye exam w/ 1 yr

to be sched

flu vaccine current

pneumonia vaccine current

foot exam w/ 1 yr

to be sched

Modifying Factors

taking meds as dir

none

B/P controlled

lipids wellcontrolled

reg exercise

diabetic edu

to be sched

dietician consult

to be sched

group visit

to be sched

Associated Sx

none

polyuria

numbness

polydypsia

tingling

blurred vision

hypoglycemia sx

nausea

lightheaded

Pertinent Neg (assoc signs/sx)

none

polyuria

numbness

polydypsia

tingling

blurred vision

hypoglycemia sx

nausea

lightheaded

Comments Similar sx in past? yes no

Smoker? yes no former passive

Counseled re risks/benefits of tx

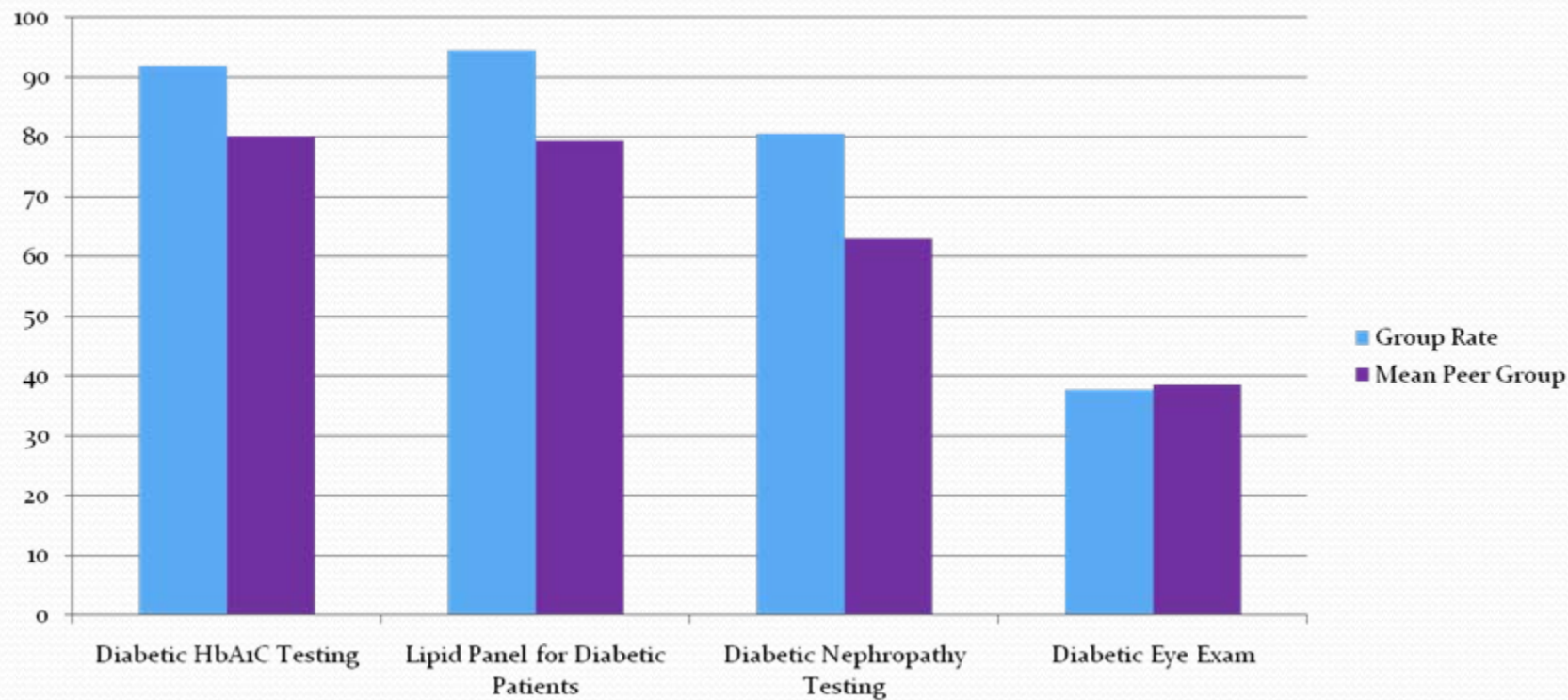
FHx of diabetes FHx noncontributory

REVIEW OF SYSTEMS

OK

Cancel

2008 DIABETES-RELATED PAY-FOR-PERFORMANCE MEASURES



2009 Results

Diabetic HbA1c Testing = 100

LDL Panel for Diabetic Patients = 94.6

Diabetic Nephropathy Testing = 100

Diabetic Eye Exam = 93.2



Challenges We Faced

- Ability to access data where it was stored
- Staff Not entering Information obtained into the system
- Managing inactive patients in the system
- Scanning Information in a consistent manner to allow for reporting



What We Learned And Wished We Had Known Sooner

- Data obtained from the EMR depends on the information entered
- Auto population of templates increased information exchange and retrieval
- Initial set-up and training of the staff is essential to ensure key data is collectable
- Ongoing management of the data is important
- Clinician involvement is ESSENTIAL
- Outcomes improve when templates provide clinical decision-making support