

Breakthroughs in Quality: Improving Patient Care in Wisconsin



Cindy Schlough
Director of Strategic Partnerships
Wisconsin Collaborative for Healthcare Quality
cschlough@wchq.org; (608) 826-6839
Pay for Performance Summit
March 9, 2010

Goals for Today

- Introduce Wisconsin Collaborative for Healthcare Quality
- Describe experience using performance measurement and public reporting to drive breakthroughs in quality
- Foster dialogue and new ideas for improving patient care



Who We Are

- Voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin
- Board of Directors includes representatives from member healthcare organizations, healthcare purchasers, consumers, and healthcare associations
- Staff includes performance measurement experts, collaborative bridge-builders, service professionals, and quality champions

Member Organizations

Health systems, medical groups, hospitals and health plans

Approximately 40% of all physicians, 50% of primary care physicians, and unknown % of RNs

- Aurora Advanced Healthcare
- Aurora Healthcare
- Aurora UW Medical Group
- Bellin Health
- Columbia St. Mary's
- Dean Health System
- Fort Healthcare
- Franciscan Skemp Healthcare – Mayo Health System
- Froedtert and Community Health
- Gundersen Lutheran
- Luther Midelfort – Mayo Health System
- Marshfield Clinic
- Medical College of Wisconsin
- Mercy Health System
- Meriter Hospital
- Monroe Clinic
- Prevea Health
- ProHealth Care Medical Associates
- Quad Med
- Sacred Heart Hospital
- St. Joseph's Hospital
- St. Mary's Hospital (Madison)
- ThedaCare, Inc.
- West Bend Clinic
- UW Hospital and Clinics
- UW Medical Foundation
- Wheaton Franciscan

Wisconsin employers and healthcare organizations

- Appleton
- Badger Meter
- Business Health Care Group
- Center for Patient Partnerships
- Chrysler
- Coalition of Wisconsin Aging Groups
- Confident Conversations
- GE Healthcare
- Greater Milwaukee Business Foundation on Health
- Health Forward Consulting
- MetaStar
- Serigraph, Inc.
- The Alliance
- Webcrafters
- WEA Trust
- Wisconsin Dept of Health Services
- Wisconsin Health Information Organization
- Wisconsin Hospital Association
- Wisconsin Medical Society

What We Do

- Raise the bar by developing better performance measures for assessing the quality and value of healthcare services
- Guide collection, validation and analysis of performance data
- Publicly report performance measurement results for healthcare providers, purchasers, and consumers
- Share best practices of organizations that demonstrate high quality care, enabling all to adopt successful methods

Building Better Performance Measures

- Create and maintain a set of ambulatory care measures that enable medical groups and/or health systems to collect and publicly report quality of care data – both clinical and administrative data – on **all** patients regardless of the payer
- Develop and maintain innovative measures of healthcare value
 - Demonstrate the relationship between quality outcomes and risk-adjusted charges for inpatient care for specific conditions: heart attack, heart failure, and pneumonia
 - Testing and developing an ambulatory care measure for diabetes by examining the relationship between quality

Primary Care

Preventive Care

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Osteoporosis Screening
- Adult Tobacco Use
- Pneumococcal Vaccinations

Chronic Care

- Diabetes Care
 - A1c Screening
 - A1c Control
 - LDL-C Screening
 - LDL-C Control
 - Nephropathy Monitoring
 - Blood Pressure Control
 - All-or-None Process
- Measure: Optimal Testing

Primary Care

Chronic Care

- Uncomplicated Hypertension/ Blood Pressure Control
- Cholesterol Management of Patients with Cardiovascular Conditions
 - LDL-C Screening
 - LDL-C Control

Episodic Care

- Postpartum Follow-up

Access

- Time to Third Next Available Appointment
 - Family Practice
 - Pediatrics
 - Internal Medicine
 - OB / GYN

Specialist/Non-Primary Care

- Society of Thoracic Surgeons – implementation in 2010
 - Isolated Coronary Artery Bypass Grafting (CABG)
 - Deep sternal wound infection
 - Post-operative permanent stroke
 - Operative mortality
- Chronic Kidney Disease – implementation in 2010 and 2011
- Cardiovascular, Orthopedics, Gastrointestinal and Behavioral Health – under consideration in 2010 and 2011



HOME | MEMBER TOOLS | NEWS | GLOSSARY | FEEDBACK | CAREERS | CONTACT US

WCHQ Wisconsin Collaborative for Healthcare Quality

About Us | Events | Members | Our Measures | Using Our Reports | **View Our Reports**

View Our Reports

Home > Reports

Welcome to our Performance & Progress Report

View Reports by Provider Type and Region(s)

TYPE OF PROVIDER

Physician Group

Hospital

Health Plan

View Reports by Region

All Regions
Central
Fox Valley
North Eastern
North Western
South Eastern
Southern
Western

View Map of Regions

NEXT

View Reports by Topic or Category

AMBULATORY CARE MEASURES
WCHQ Exclusive

[Chronic Care](#) **NEW**

[Episodic Care](#)

[Preventive Care](#) **NEW**

POPULATION FOCUS
NEW!

[WCHQ population results](#) **Updated**

CLINICAL TOPIC

[Access](#)

[Critical Care](#)

[Diabetes](#) **Updated**

[Health Information Technology](#)

[Heart Care](#) **Updated**

[Patient Satisfaction](#)

[Pneumonia](#)

[Surgery](#)

[Women's Health](#)

INSTITUTE OF MEDICINE CATEGORY*

[Safety](#)

[Timeliness](#)

[Effectiveness](#)

[Efficiency](#)

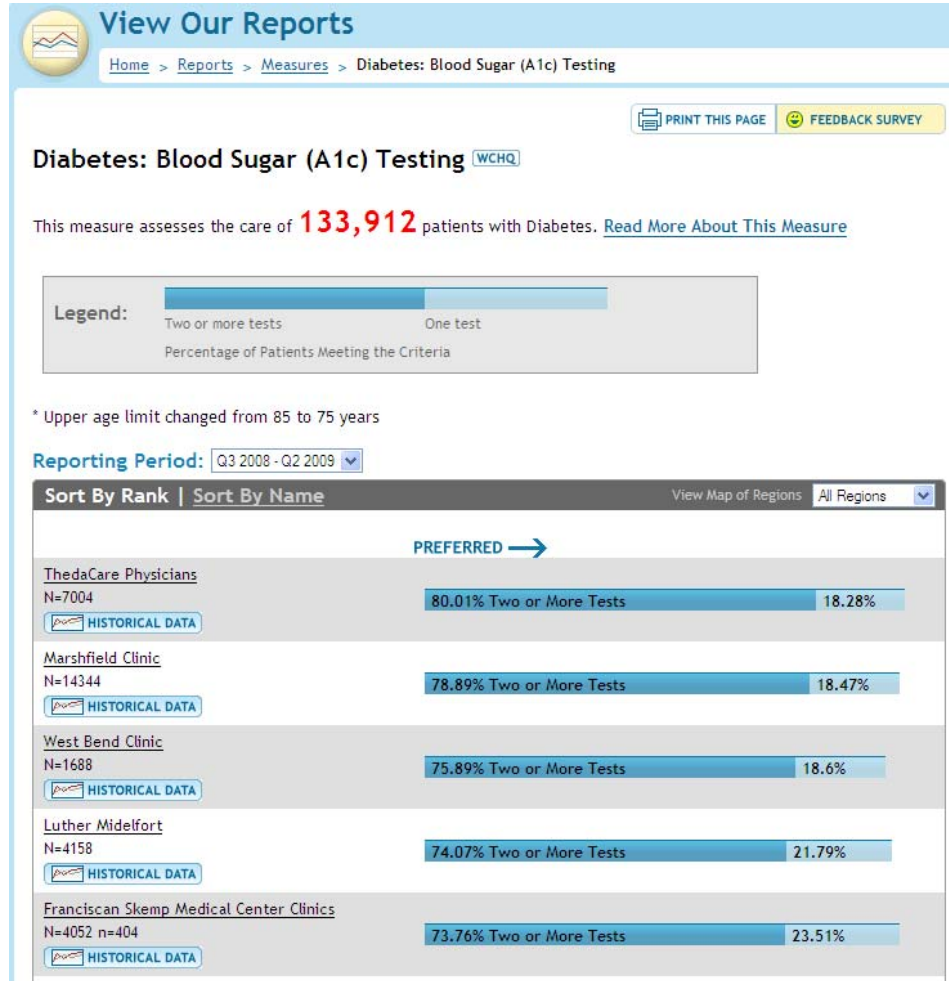
[Patient-Centeredness](#)

*Aims for Improvement

View reports by Type of Provider or Region.

View reports by Clinical Topic or IOM Category.

Sample Report: Diabetes: Blood Sugar (A1c) Testing



Sample Report: Diabetes All-or-None Process Measure



The Diabetes All-or-None Process Measure contains three goals:

- Two A1C tests performed during the 12 month reporting period
- One LDL-C cholesterol test performed during the 12 month reporting period
- One kidney function test performed during the 12 month reporting period and/or diagnosis and treatment of kidney disease

The American Diabetes Association recommends patients receive the three tests to prevent and reduce diabetes complications such as blindness, loss of limb, and kidney disease.

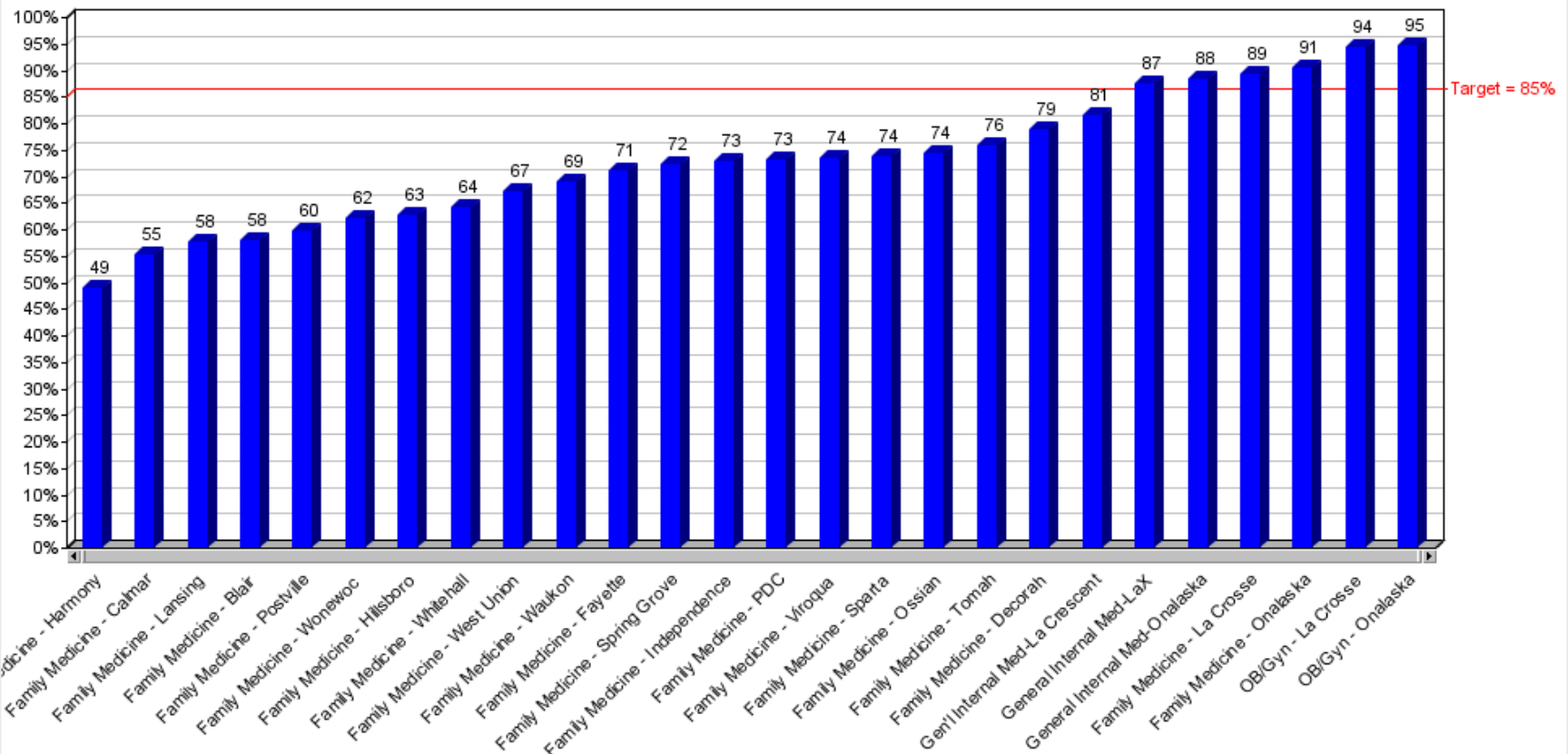
All three goals must be reached by each patient to meet the measure.

Healthcare member organizations

- Present internal data at aggregate, clinic, and individual levels
 - Report on monthly and quarterly basis
 - Ask questions and compare performance
 - Prioritize improvement projects
- Use measurement framework to establish priorities and targets
- Create alignment through compensation and incentive plans
- Participate in pay for performance programs

Member's Internal Data by Clinic

Comparison of Screening Rate-Cervical Cancer by Accounting Unit. 
Target: 85% -- Date of Data shown: 03/31/2008



Member's Clinical Quality Goals

IMPROVEMENT (continuous daily improvement)

Measure	Sponsor/ Lead	2008 (Sep)	2009 Target > of 20%imp or prev defined	COMP TARGET	WCHQ System Benchmark (Jun 08)	ThedaCare Provider Benchmark (Sep 08) N>30	Performan ce	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Hemoglobin A1c [A1c] control: A1c < 7.0	Mark Hallett/ Phys Leads	67%	73%	71%	66.85% Monroe TC - 64% (2)	86%	Plan												
							Actual												
Uncomplicated BP <140/90	Mark Hallett/ Phys Leads	77%	82%	81%	76.03% ThedaCare	90%	Plan												
							Actual												
Low Density Lipoprotein [LDL] control - Diabetes LDL <100	Mark Hallett/ Phys Leads	65%	72%	69%	64.53% ThedaCare	84%	Plan												
							Actual												
Low Density Lipoprotein [LDL] control - CAD LDL <100	Mark Hallett/ Phys Leads	73%	79%	79%	72.17% ThedaCare	88%	Plan												
							Actual												
Colorectal Cancer screening	Mark Hallett/ Phys Leads	70%	76%	74%	70.09% ProHealth TC - 67% (7)	88%	Plan												
							Actual												
Pneumococcal: vaccinated patients age 65 and older (internal)	Mark Hallett/ Phys Leads	68%	75% (internal)	NA	NA	88%	Plan												
							Actual												
Pneumococcal: vaccinated patients age 65 and older (WCHQ)	Mark Hallett/ Phys Leads	83%	86% (WCHQ)	NA	88.39% Franciscan TC - 79% (5)	98%	Plan												
							Actual												
Pediatric Immunizations with Prevnar	Mark Hallett/ Phys Leads	86%	93%	93%	NA	90%	Plan												
							Actual												
Adolescent Immunizations	Mark Hallett/ Phys Leads	93%	99%	99%	NA	98%	Plan												
							Actual												

Member's Quality Dashboard

Measure	2006	2007	2008 Target	Performance	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
BREAKTHROUGH RESULTS (strategy deployment)																	
Percentage of patients with INR in suboptimal range (<1.7, >4.9)		7.4	4.3	42% ↓	Plan	7.4	7.12	6.84	6.56	6.28	6	5.72	5.44	5.16	4.88	4.6	4.3
					Actual	7.0%	7.4%	6.4%	7.7%	8.1%	7.7%	7.9%	7.2%	7.6%	6.0%	6.2%	
					DPMO	69,916	74,217	64,390	76,959	81,130	77,269	78,642	71,916	75,812	60,181	61,943	
OSHA recordable injuries for employees		2.10%	1.22%	42% ↓	Plan	2.10%	2.02%	1.94%	1.87%	1.79%	1.72%	1.64%	1.56%	1.49%	1.41%	1.34%	1.22%
					Actual	9.7%	5.1%	8.5%	1.7%	2.3%	1.9%	1.9%	3.6%	1.8%	5.6%		
					DPMO												
IMPROVEMENT (continuous daily improvement)																	
Hemoglobin A1c [A1c] control: A1c < 7.0	65%	62%	68% (WCHQ)	Plan	62%	63%	63%	64%	64%	65%	65%	66%	66%	67%	67%	68%	
				Actual	63%	63%	64%	65%	65%	65%	65%	66%	67%	67%	66%		
				DPMO	369,588	365,847	355,658	349,563	351,127	350,388	348,798	339,142	334,987	333,629	340,235		
Uncomplicated BP <140/90	66%	74%	75% (WCHQ)	Plan	73%	73%	74%	74%	74%	74%	74%	74%	75%	75%	75%	75%	
				Actual	73%	74%	74%	75%	75%	76%	77%	77%	77%	78%	77%		
				DPMO	265,185	262,656	260,044	254,201	245,920	237,376	233,598	229,276	226,669	224,209	227,815		
Low Density Lipoprotein [LDL] control - Diabetes LDL <100	58%	62%	64% (WCHQ)	Plan	62%	62%	62%	63%	63%	63%	63%	63%	64%	64%	64%	64%	
				Actual	64%	64%	65%	65%	65%	65%	66%	65%	65%	64%	64%		
				DPMO	360,691	356,595	348,421	353,740	354,885	349,354	344,043	346,316	350,630	356,708	356,899		
Low Density Lipoprotein [LDL] control - CAD LDL <100	69%	73%	76% (WCHQ)	Plan	70%	71%	71%	72%	73%	73%	74%	74%	75%	75%	76%	76%	
				Actual	72%	72%	73%	72%	72%	73%	74%	73%	73%	72%	72%		
				DPMO	280,077	279,159	273,095	278,155	279,528	267,386	263,002	266,908	273,178	278,401	281,320		
Colorectal Cancer screening	52%	65%	68% (WCHQ)	Plan	64%	64%	64%	65%	65%	65%	66%	66%	67%	67%	67%	68%	
				Actual	67%	67%	68%	68%	69%	69%	70%	70%	70%	71%	71%		
				DPMO	333,769	329,114	323,978	317,491	312,880	307,631	303,732	300,724	297,861	294,823	291,429		
Pneumococcal vaccine: vaccinated patients age 65 and older	50%	65%	68% (internal)	Plan	64%	64%	65%	65%	65%	66%	66%	66%	67%	67%	68%	68%	
				Actual	69%	69%	69%	69%	67%	68%	68%	68%	68%	70%	71%		
				DPMO	314,328	309,304	307,004	309,912	325,336	319,592	318,814	318,668	315,126	299,683	293,548		
Pneumococcal vaccine: vaccinated patients age 65 and older	50%	78%	79% (WCHQ)	Plan	76%	76%	76%	76%	77%	77%	77%	78%	78%	78%	79%	79%	
				Actual	81%	81%	81%	82%	82%	82%	83%	83%	84%	84%	85%		
				DPMO	193,227	189,910	185,417	182,463	179,554	176,335	173,951	173,157	171,162	161,044	154,759		
Pediatric Immunizations with Prevnar	87%	86%	90%	Plan	87%	87%	87%	88%	88%	88%	88%	89%	89%	89%	90%	90%	
				Actual	86%	86%	86%	85%	87%	88%	88%	87%	86%	86%	86%		
				DPMO	13,865	139,579	140,240	149,041	127,517	123,705	122,175	131,821	139,077	137,538	140,845		

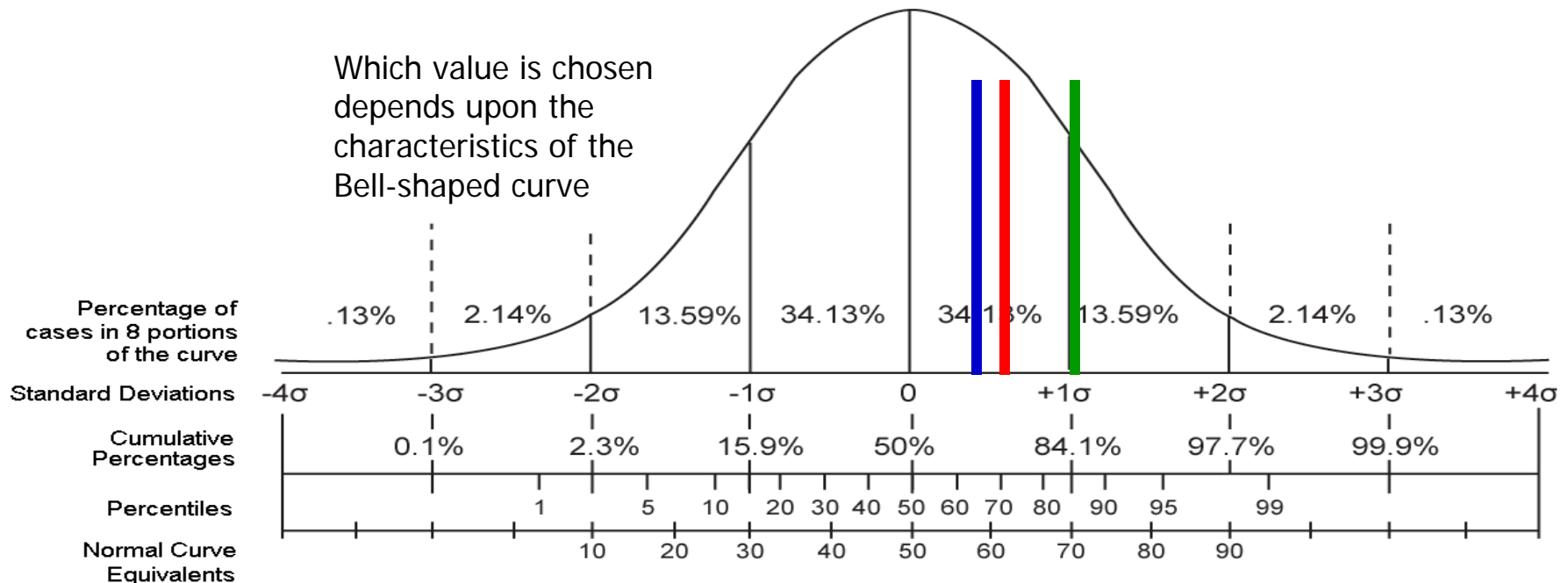
Member's Evolution in Goal Setting

1998-2008 goals reset annually at

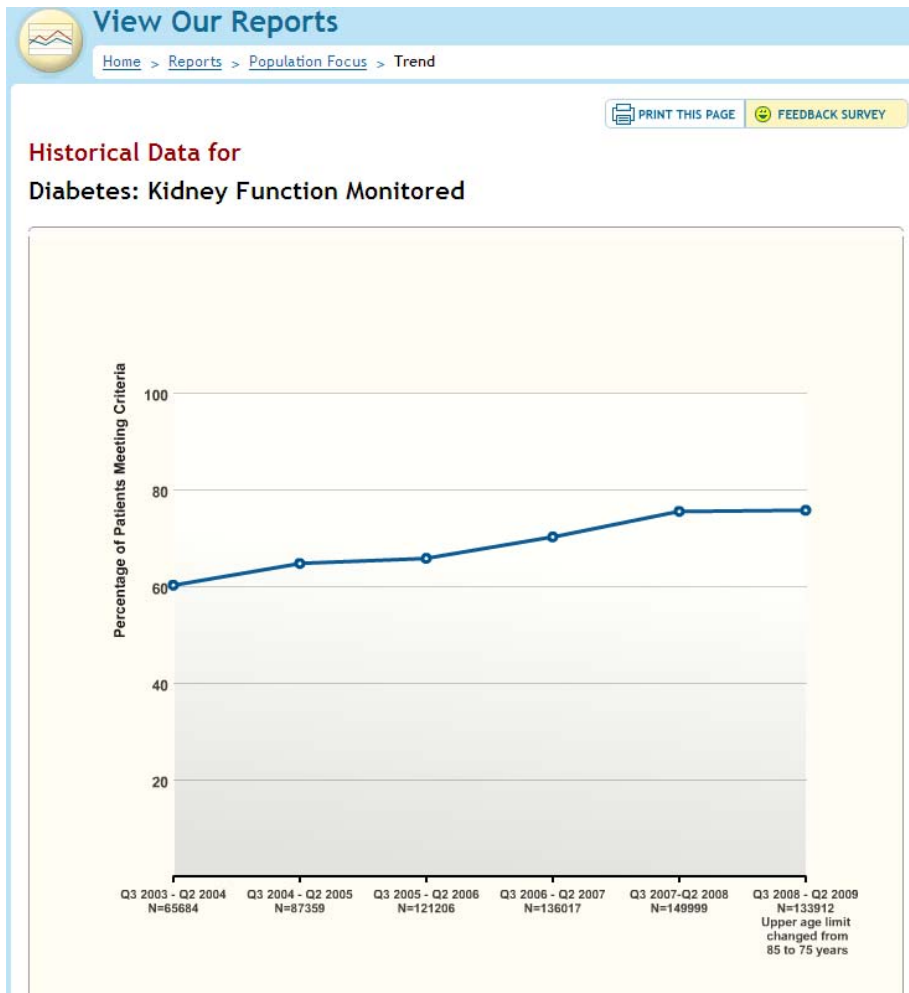
Lesser of top 1/3 performance or
statistically significant
improvement in overall rate

2009 goals set at

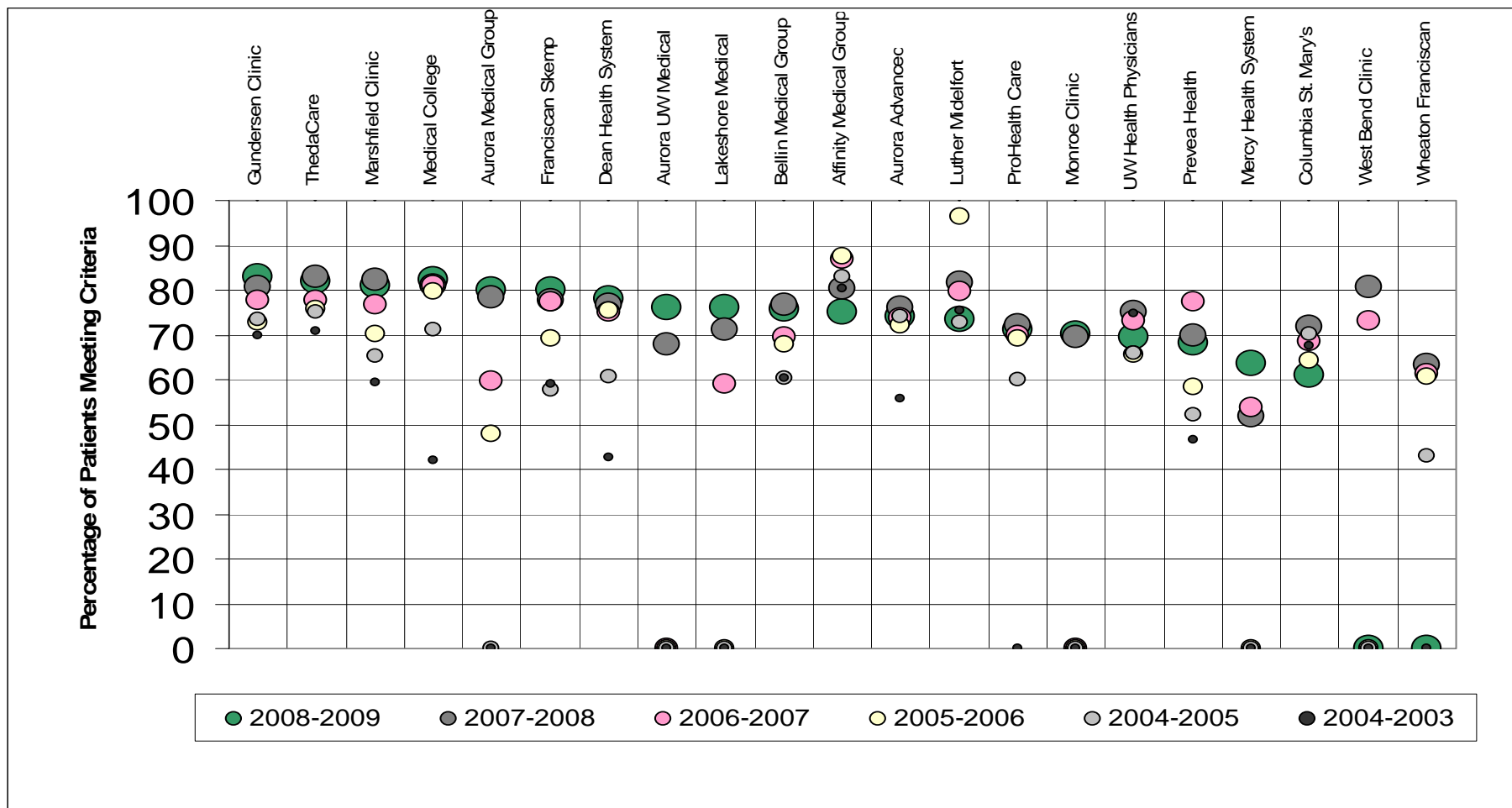
Greater of 20% improvement in overall
performance or statistically significant
improvement in overall rate



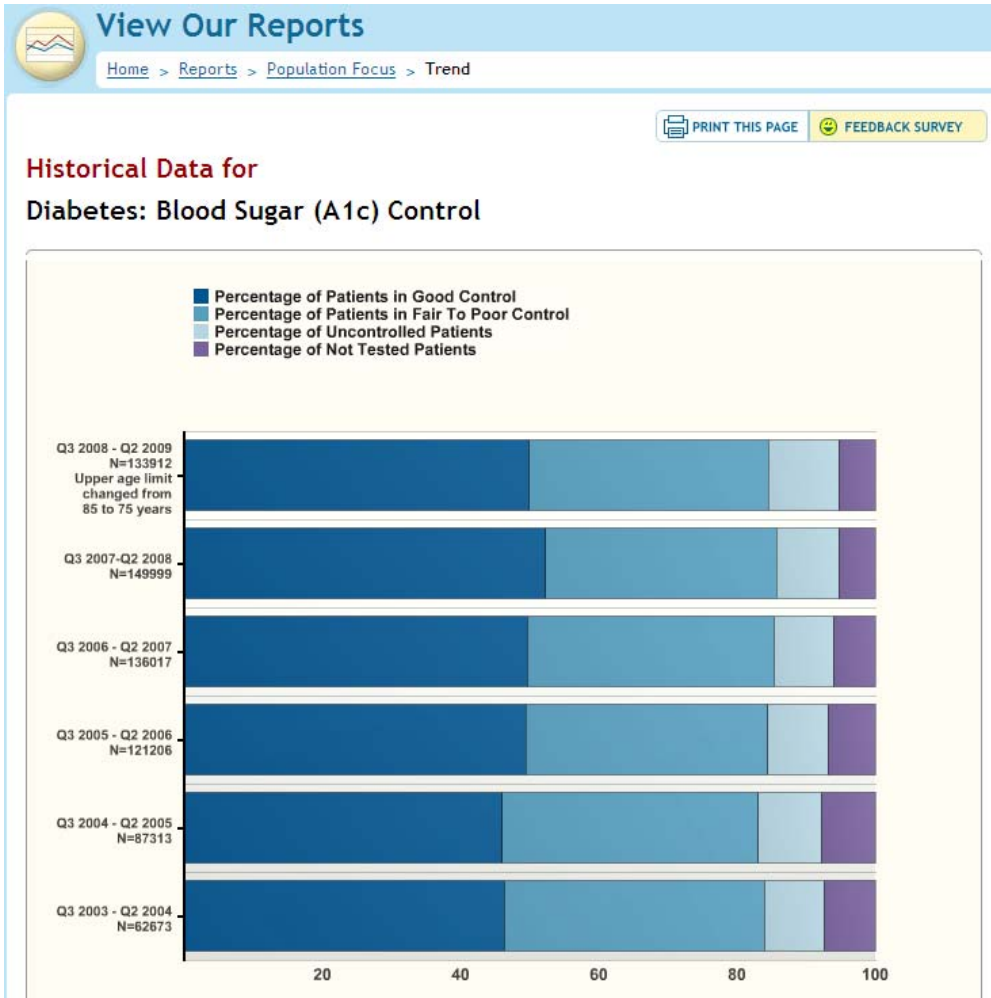
WCHQ Population Diabetes: Kidney Function Monitoring



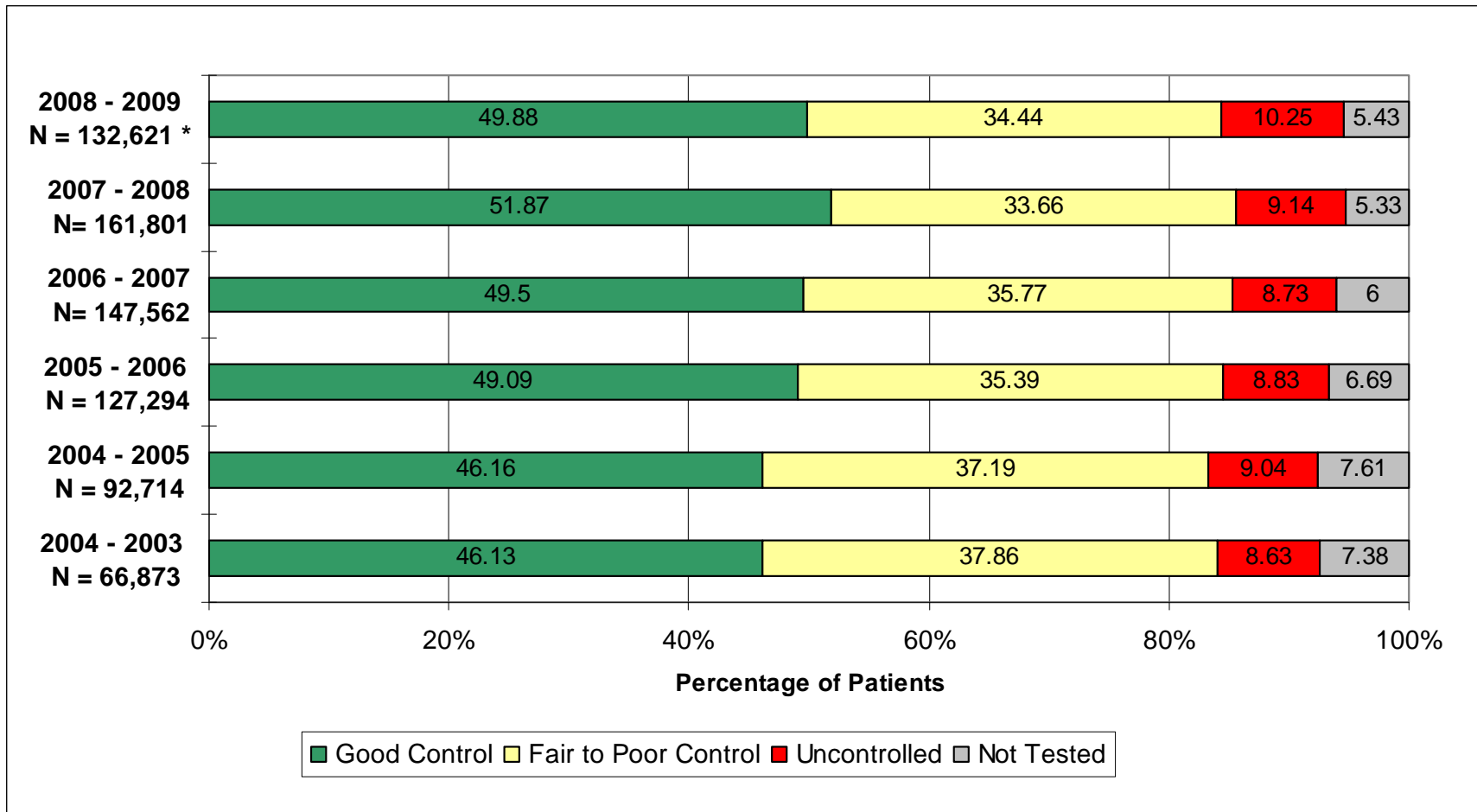
Diabetes: Kidney Function Monitoring



WCHQ Population Diabetes: Blood Sugar (A1C) Control



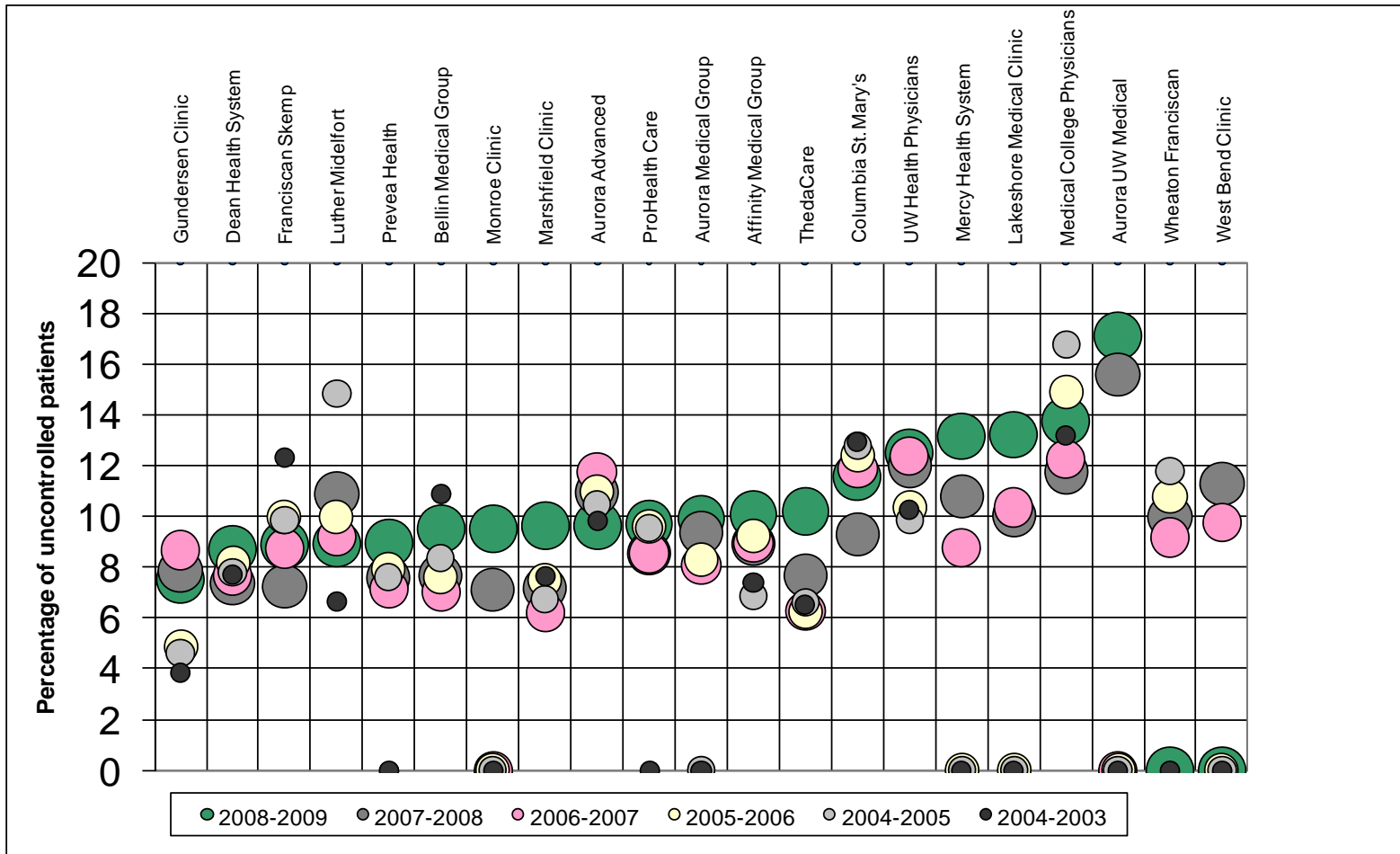
Diabetes: Blood Sugar (A1C) Control



* = Patient upper age limit was changed from 85 to 75 years with the release of 2008-2009 data.

Diabetes: Blood Sugar (A1C) Control - Uncontrolled, greater than 9%

A lower percentage is the preferred target and reflects better performance with fewer uncontrolled diabetes patients.



“It is not enough to do your best; you must know what to do, and then do your best.”

W. Edwards Deming

