

INTEGRATING EVIDENCE-BASED CARE IN A LARGE PHYSICIAN ORGANIZATION

Mary Barton Durfee, M.D.

President and Medical Director for Quality

Integrated Health Associates, P.C.

Ann Arbor, MI

OVERVIEW OF PROCESS IMPROVEMENT

- **Choose improvement area**
- **Reach consensus on choice**
- **Develop process to achieve goal by making the right thing the easy thing**
- **Sustain change**

Disclosures

*Accelerating the Dissemination and Translation of
Clinical Research into Practice*

**The Following Faculty have No Relevant Financial Relationships
with Commercial Interests**

Dr. Mary Barton Durfee

Panel Discussion I: Public and Private-Sector Partners for
Collaborative Translation



CHOOSING AN AREA OF IMPROVEMENT

- 1. Identify areas of impact**
 - High cost – e.g. high tech radiology, GUR
 - High risk – e.g. test tracking for abnormal test results
 - High volume – e.g. preventive guidelines
- 2. Identify guidance for improvement**
 - Evidence-based guideline – e.g. HTN control in DM
 - Academy recommendation – e.g. frequency of paps
 - Incentive-driven – e.g. urine for microalbumin yearly in DM- maintain revenue stream to support medical management and IT
- 3. Ability to measure outcome of improvement**
 - Consistent technique – e.g. the technique of taking a BP must be uniform in order to be assured that control of HTN in DM has improved
 - Need capability for reporting
 - Crucial to negotiating with payers
- 4. Consistent with organizational priorities**

ACHIEVING CONSENSUS

- 1. Clinical Quality Improvement Committee –**
 - Establishes priorities which are approved by the Board
 - Resolves issues of guidelines vs “standard of care”
 - E.g. USPSTF recommendations
- 2. Office Site Visits**
 - Build relationships; establish trust
 - Explain changes
 - Resolve concerns
 - Obtain valuable feedback to incorporate into plan
 - E.g. Advanced Medical Home
- 3. Disseminate Information Through Committee Structure**
 - Practice managers
 - Nursing leadership
 - Office meetings
 - Division meetings for providers
- 4. Be Inclusive – Improving care in an office requires a change in process that affects the work of every person in the office**

MAKE THE RIGHT THING THE EASY THING

- 1. Initiate process of a unified approach to care**
 - All adult medicine offices are on NextGen EMR with our Pediatric offices transitioning this year
- 2. Improve office work flow around a specific condition**
 - LEAN consultants provided by BCBSM program to address and improve the care of patients with diabetes
- 3. Embed evidence-based care into EMR templates**
 - E.g. Adding depression screening to DM templates
 - E.g. Include overdue preventative testing on telephone template
 - E.g. Use the USPSTF recommendations as the default on the prevention template
- 4. Educate/train staff to be able to perform new job expectations**
 - CDE/asthma educators/Medical Assistants

SUSTAINING CHANGE

- **Align compensation structure**
- **Create ability to transmit chronic disease information directly to payers, thereby improving accuracy of information and incentive payments**
- **Link with managedcare.com –**
 - agree on all payer measurement tool
 - natural competitiveness changes behavior
 - identifies top performers and those needing assistance
- **Align management incentives**
 - site medical directors and practice managers
 - company priorities established by all providers annually
- **Improve work flow through collaboration of medical management and IT staff with medical leadership**