USF Health

Quality Performance Indicators

Making Life Better ™

Systems and Quality Management Committee (SQMC) Service and Clinical Metrics

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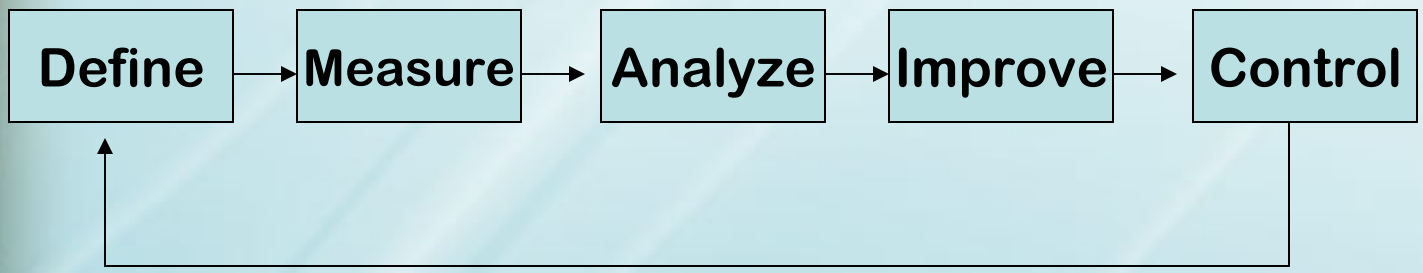
Quality in Health Care

- Lagging behind the business world
- Meeting or exceeding customer requirements and expectations consists of 2 components
  - Customer Service
  - Clinical Quality

SQMC Service and Clinical Metrics

Metric	Definition	Standards	Department	Division	Individual	USFPG
1. Patient satisfaction						
2. Patient complaints						
3. Patient complaints regarding providers						
4. Discharges of patients from USFGP						
5. Physician cancellations of patients' appointments						
6. Appointment availability						
7. USFPG Consultations						
8. Patient waiting time at visit						
9. Clinical measures						

Improvement Process



1. Patient Satisfaction

Metric	Definition	Standards
Patient satisfaction survey	1. External standardized benchmarks 2. Internal issues specific to USF 3. Recommend USF?	1. National comparisons 2. Self directed analysis 3. Net promoter score > 80%

USF HEALTH

Patient Satisfaction Survey

1. Was the waiting time in the office appropriate?
2. Did the Doctor explain the treatment to your satisfaction?
3. Would you recommend USF to your friends and family?
4. Other questions regarding service, staff, and providers

The One Number You Need to Grow!

- "How likely is it that you would recommend our company to a friend or colleague?"
- The more "promoters" your company has, the bigger its growth
- Indicates loyalty; When customers recommend you, they are putting *their* reputations on the line

Net-Promoter Score

- Based on responses on a 0-10 rating scale, group your customers into
  - "promoters" (9-10 rating)
  - "passively satisfied" (7-8 rating)
  - "detractors" (0-6 rating) extremely unlikely to recommend
- Subtract the percentage of detractors from the percentage of promoters
- "Get more promoters and fewer detractors"
- Companies that garner world-class loyalty receive net-promoter scores of greater than 80%

  - Harvard Business Review Dec 2003, 1-11

2. Patient Complaints

Metric	Definition	Standards
Total patient complaints	Any source. Broken down by categories	
	Time to resolution	<30 days

Patient Complaints

- Employee conduct
- Facility
- Confidentiality/HIPAA
- Fees and Insurance
- Discharge/Warning letters
- Message management
- Forms
- Appointment availability
- Promptness/wait time
- Answering service
- Coordination of services
- Medications
- Returning phone calls
- Scheduling
- Medical care/Physician conduct

3. Patient Complaints Regarding Providers

Metric	Definition	Standards
Patient complaints regarding providers	With medical merit per Medical Directors' evaluation Time to resolution	 < 30 days

Patient Complaints Regarding Providers

- Reviewed by Medical Directors
- History and patterns reviewed
- Chairman involvement when complaint judged to have medical merit
- Refer to Risk Management if indicated

4. Patient Discharges

Metric	Definition	Standards
Discharges of patients from provider or from USFPG	Reasons listed	

Patient Discharges

- Sometimes necessary for appropriate indications
  - Personal Incompatibility
  - Repeated missed appointments
  - Non compliance
  - Disruptive behavior
  - Patient non-payment of professional charges
  - Patient attempt to obtain prescriptions through fraudulent or unlawful means

Patient Discharges

- Implications to USFPG
  - Lost revenue of patient services
  - Cost of personnel's time in effecting discharge and necessary information to system for future communication
  - Coordinate with other providers in USFPG
    - Same Division
    - Other Divisions/Departments

5. Patient Cancellations

Metric	Definition	Standards
Physician cancellations of patients' appointments	Cancellations with less than 30 days notice. Reasons listed.	< 1% total visits

Patient Cancellations

- 720 of 30,000 (or 2.4%) patients appointments were cancelled in July by physicians less than 30 days from the appointments
- Number is too high
  - Inconvenient to patients causing change of plans, delay of care, and bad feelings
  - Cost to organization in lost revenue from visits, and manpower cost in rescheduling appointments
- Cancellations less than 30 days from appointment require Chairman's approval and signature (cancellation rate was twice as high 5 years ago prior to requiring Chairman's signature)

Patient Cancellations

- Reasons listed for the 720 cancellation
  - Change in academic schedule 216
  - No reason given 173
  - Annual leave 99
  - External meeting 44
  - O.R., illness, family, other 188
- Some cancellations are unavoidable (< 1%?)
  - Illness or family emergency
  - Unexpected surgical case
  - Cover by other faculty if possible?
- Need more detailed data and advanced planning efforts of Physicians, Directors, and Administration
- Data on rescheduling cancelled appointments

6. Appointment Availability

Metric	Definition	Standards
Next (3rd) appointment availability	1. Urgent 2. Symptoms 3. Preventive 4. Specialty	1 day 2-14 days 4 weeks 4 weeks

Appointment Availability

- Expectations based on our managed care contracts and national benchmark standards
- Data are for Chairman and Administration for evaluation of USFPG availability of Department, Division, or Service line
- NOT for "evaluation" of individual physician
  - Excellent physicians may have very long wait time until next available appointment, while physician in less demand may have very short wait time
  - Individual physicians have no control if Division is short of faculty for clinical coverage
  - (Exception may be if physician doesn't fulfill clinical responsibilities as assigned by Director/Chairman)

Appointment Availability

- Use 3rd available appointment rather than next appointment to give truer picture by allowing for recent cancellations

7. Consultations

Metric	Definition	Standard
7. Days required for consultation from USFPG to USFPG physician	% of USF to USF consults ordered that are actually scheduled for less than 30 days from request	>90%
• Consultations from USF physicians to other physicians	i. % to USF provider ii. % to non USF provider	>90% <10%

Consultations

- The goal is for the majority of consultations to be made to other USFPG Physicians rather than referring outside the group
- Appropriate availability for appointment for USF consultations (as listed on previous slide) must be established and accurately documented prior to holding individual physicians responsible to meeting this standard
- Consultations must be seamless for the patients and the referring physicians as the consultations are ordered by USF Physicians

8. Patient Wait Time

Metric	Definition	Standards
Patient waiting time to be seen by physician at appointment	Seen within scheduled appointment time < 20 min	> 90%

Patient Wait Time

- A major determinant of patient satisfaction
- Patients start to become anxious > 20 minutes after scheduled appointment time
- This is a wait time that should be a goal by appropriate and realistic appointment scheduling
- Individual physicians have some but limited control, and cannot be held individually responsible
  - Busy physician with more patients will have greater difficulty meeting this standard
  - Do not want to inhibit physician from adding urgent patient (which could make all patients from that point > 20 minutes late being seen)
- This can be used as a systems metric to evaluate and improve service, but cannot hold individual physicians responsible without other considerations

Service Quality vs. Clinical Quality: Is there a difference?

- Does patient perception of good care correlate with good quality care?
- Is there a way to objectively measure good quality in medical care?

- **Pediatricians and childhood immunizations**
  - **An established standard that can be accurately measured**
    1. **Good: Immunizations completed by age 2**
    2. **Bad: Immunizations not completed by age 2**

- **Pediatricians and childhood immunizations**
  - No correlation between the parents' perception of quality of care and true quality of care
  - The physicians judged to be excellent by the parents had no difference in the percentage of children completing recommended vaccinations by age 2
  - Service quality or perception of quality had no relationship to the clinical quality of medical care provided
  - Is this a reflection of the individual physician, the system, or both?

Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care

- Evaluated elderly patients in managed care organizations for
  - patient reported quality of health care and providers' communication
  - technical quality of care for 22 clinical conditions that are important in the care of elders
- Better communication was associated with higher global ratings of health care by patients
- Better technical quality of care was not associated with higher global rating of care by patients
- Assessments of quality of care should include both patient evaluations and independent assessments of technical quality

Chang et al, Annals of Internal Medicine, 144(9), 2006, 665

Clinical Measures

- Clinical quality of care may be the most difficult measurement to accurately obtain, measure, and quantify, but we do have some standards to track
- Electronic medical records are essential for accurate and ongoing measurements for improvements

9. Clinical Measures

Metric	Definition	Standards
Clinical measure	NCQA or other criteria as developed	Specific for metric

Clinical Measures (first 6 NCQA metrics)

Hgb A1c testing in diabetics	% patients age 18-75 tested within year
Lipid testing in diabetics	% patients age 18-75 tested within year
Cholesterol screening in cardiac patients	% patients age 18-75 tested within year of event
Childhood immunizations	% children that completed vaccines by 2nd birthday
Breast cancer screening	% women age 50-69 receiving appropriate screening
Pneumonia vaccination	% patients age 65 who have ever received vaccination

Important for USF HEALTH

- These measure if we have the appropriate infrastructure and support to ensure that the appropriate testing/treatment has been accomplished, not merely ordered
- Evaluates the overall quality of health care provided to our patients by the entire USF system, not just the action of the physician (ordering a test)

Asthma/Respiratory Illness

- Use of appropriate medications for asthma
- Appropriate treatment for children with URI
- Appropriate testing for children with pharyngitis
- % patients age 5-56 identified and treated during year
- % children age 3 months – 18 years not given antibiotic
- % children age 2-18 diagnosed, treated, received Group A strep test

Behavioral Health/Depression

- Antidepressant Medication: Optimal contacts for medication management
- Antidepressant Medication: Effective acute phase treatment
- Antidepressant Medication: Effective continuation phase treatment

- % patients 18+ years with new episode who had 3 F/U contacts during 12 weeks
- % patients 18+ years with new episode on meds 12 weeks
- % patients 18+ years with new episode remaining on meds for 6 months

Diabetes

- HbA1c Management: Poor control
- Lipid Management: Control (<130 mg/dl)
- Lipid Management: Control (<100mg/dl)
- Urine Protein Screening during year
- Eye Examination
- Foot Examination
- Blood Pressure Management: Control

- % patients 18-75 with HbA1c >9.0%
- % patients 18-75 with LDL-C level <130mg/dl
- % patients 18-75 with LDL-C level <100mg/dl
- % patients 18-75 tested for microalbumin
- % patients with eye exam
- % patients with foot exam
- % patients 18-75 blood pressure < 140/80 mmHg

Heart Disease

- Beta-Blocker treatment after heart attack
- Cholesterol management for patients with CV Conditions: Control
- % patients 35 post AMI received beta blockers discharge
- % patients 18-75 post CV Condition having LDL below 130mg/dl; 100mg/dl

Hypertension

- Controlling High Blood Pressure
- % patients 18+ with last blood pressure < 140/90mmHg

Prevention, Immunization, Screening

i. Cervical Cancer Screening	i. % women 18-64 receiving appropriate screening
ii. Colorectal Screening	ii. % patients 50-80 receiving appropriate screening
iii. Advising Smokers to Quit	iii. % patients receiving advice to quit
iv. Discussing Smoking Cessation Medication	iv. % patients recommended cessation meds
v. Discussing Smoking Cessation Strategies	v. % patients recommended cessation strategies
vi. Discussing Urinary Incontinence	vi. % patients 65+ with symptoms discussed with practitioner
vii. Receiving Urinary Incontinence Treatment	vii. % patients 65+ with symptoms receiving treatment
viii. Flu Shots for Older Adults	viii. % patients 65+ who received an influenza vaccination
ix. Flu Shots for Adults Ages 50-64	ix. % patients 50-64 who received an influenza vaccination

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1. Patient Satisfaction Survey	External and internal benchmarks Recommend USF to others	Comparisons Net Promoter Score >80%				
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7. Days required for consultation USFPG to USFPG physician • Consultations from USF physicians to other physicians	% of USF to USF consults ordered that are actually scheduled for less than 30 days from request i. % to a USF physician ii. % to non-USF physician	>90% >90% <10%				
8. Patient waiting time to be seen by physician at appointment	Within scheduled appointment time < 20 min	90%				
9. Clinical measures	NCQA or other criteria as developed	Specific for metric				

SQMC Service and Clinical Metrics
Department A

Metric	Definition	Standards	Department	Division	Individual	USFPG
1. Patient Satisfaction Survey	External and internal benchmarks Recommend USF to others	Comparisons Net Promoter Score >80%				
2. Total patient complaints	Any source. Broken down by category Time to resolution	 < 30 days				
3. Patient complaints regarding providers	With medical merit per Medical Directors' evaluation					
4. Discharges of patients from provider or USFGP	Reasons listed					
5. Physician cancellations of patients' appointments	Cancels <30 days notice. Reasons listed	< 1% total visits	2.7% 83/3090			0.8% 279/33,184
6. Next (3rd) appointment availability	1. Urgent 2. Symptomatic 3. Preventive 4. Specialty	1 day 2-14days 4 weeks 4 weeks				
7. Days required for consultation USFPG to USFPG physician • Consultations from USF physicians to other physicians	% of USF to USF consults ordered that are actually scheduled for less than 30 days from request i. % to a USF physician ii. % to non-USF physician	>90% >90% <10%				
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USF HEALTH

USF MEDICAL CLINIC
PROVIDER DRIVEN CLINIC CANCELLATIONS (BUMPS) WITHIN 30 DAYS OF APPOINTMENT
TOTAL SCHEDULED APPOINTMENTS 3090

DIVISION A
Sep-06

Provider	Date Change Form Received	Day of Week	Date of Cancelled Clinic	# of Days Difference	# of Affected Patients	Alternate Physician Covering Y/N	Reason given for change in Clinic Schedule	Patients Resched w/in 2 wks (per	Pts. Affected Beyond 2 weeks	Provider Signature	Chairman Signature	Rescheduled to next available Y/N; date
Provider A	9/25/2006	M	10/17/2006	22	3	N	Lecture	3	0	N	Y	Y,clinic opened 10/19/06
Provider B	9/18/2006	M	9/28/2006	10	1	N	New students starting	1	0	Y	Y	Y,clinic opened 9/27/06
Provider C	9/18/2006	M	9/29/2006	11	6	N	CME/Boards	0	6	N	Y	N,next available 10/27/06
Provider D	9/18/2006	M	)/12 & 10/13/	24	12	N	Annual Leave	12	0	Y	Y	Y,next available 10/4/06
Provider E	9/19/2006	T	10/13/2006	24	7	N	CME/Boards	7	0	N	Y	Y,next available 10/23/06
Provider F	9/19/2006	T	9/19/2006	10	23	N	Change academic schedule	23	0	Y	Y	Y,next available 10/2/06
Provider G	9/11/2006	M	9/11/2006	0	9	N	Illness	9	0	N	Y	Y,next available 9/14/06
Provider G	9/11/2006	M	9/12/2006	1	12	N	Illness	12	0	N	Y	Y,next available 9/15/06
Provider H	9/13/2006	W	9/20/2006	7	10	N	Change academi	0	10	N	Y	N,next available 10/12/06
Sep Totals					83			67	16			

83/3090 (2.7%) **16/3090 (0.5%)**

Quality Metrics Objectives

- Provide feedback to the physician and staff about their patient population Report quality performance data at multiple organizational levels
- Create actionable patient lists and improve care
- Data can be used for Pay for Performance incentives from outside organizations

Help physicians develop their own metrics that they believe will improve the care they are providing

- Service Measures (e.g.)
  - Start clinics on time
  - Dictations completed within 24 hours
- Clinical Measures (e.g.)
  - Antibiotics before surgical incision
  - Group B Strep cultures in pregnancy 36 weeks
- Selected by physicians in specialty

- Pertinent portions of dashboard available on physicians' Allscript sites for their review
- Selected portions available to the public on USF HEALTH website for transparency
  - Service/Clinical metrics
  - In future, the costs patients should expect to pay for their appointment or procedure (calculated for their insurance plan) can be posted

Quality Metrics Benchmarking

- Primarily for improvement of patient care
- Where possible, tie incentives to Group performance (Department, Division, Service Line). This encourages a team mentality in which everyone can work together and find solutions to improve patient care.
- Be very careful looking at individual physician level accountability on systems driven metrics
  - There is a tendency for an organization to overestimate the capability and power of metrics applied to individuals
  - Physicians often have limited control depending on the system in which they work

- AMGA Channeling Technology to Enhance Quality and Efficiency Sept 2006

- For individual physician evaluation, start with measures physicians can control and improve
  - Patient Satisfaction Survey
    - Treating patients with respect
    - Explaining treatment options to patients
  - Clinical metrics (NCQA and physician created metrics) once systems are in place to physicians' satisfaction
- The goal is to create an environment to allow everyone willing to participate in improving patient care to succeed, and be appropriately rewarded

Improving Quality of Care

- Physicians cannot do it on their own
- What is needed?
  - Reminders
  - Foolproof systems
  - Electronic signals…Patient can't leave clinic without the physician and nurses having a signal to get care right 100% of the time
    - Screening tests up to date?
    - Scheduling/appointment assistance
    - Has the 55 year old women in for a visit for high blood pressure had a mammogram in the past 12 months?
    - Are there any diabetic patients in USFPG who haven't had a Hgb A1c within the past year?
- USE METRICS REAL TIME ON PATIENT CHART FOR PROMPTS (e.g.)
  - Green box: Metric performed/completed and normal
  - Yellow box: Metric not completed, needs to be ordered
  - Red box: Metric abnormal

IOM – To Err is Human
1999

We can improve health care

"…but not by pointing fingers at caring health care professional who make honest mistakes. After all, to err is human."

"It may be part of human nature to err, but it is also part of human nature to create solutions, find better alternatives, and meet the challenges ahead."

Institute of Healthcare Improvement
Don Berwick, M.D. President and CEO

- **Key Message**
  - Healthcare quality is not nearly as good as it could be
  - These problems exist not because of bad people, but because of bad systems

A Better Health Care System

- At USF HEALTH, we have the talent, resources, leadership, and enthusiasm to do it right
- If we succeed in coordinating our efforts, we can follow through on this opportunity to develop a nationally prominent model of quality health care.