

# Are We Making Progress in Narrowing the Quality Chasm in the US?

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Effectiveness & Safety Research**

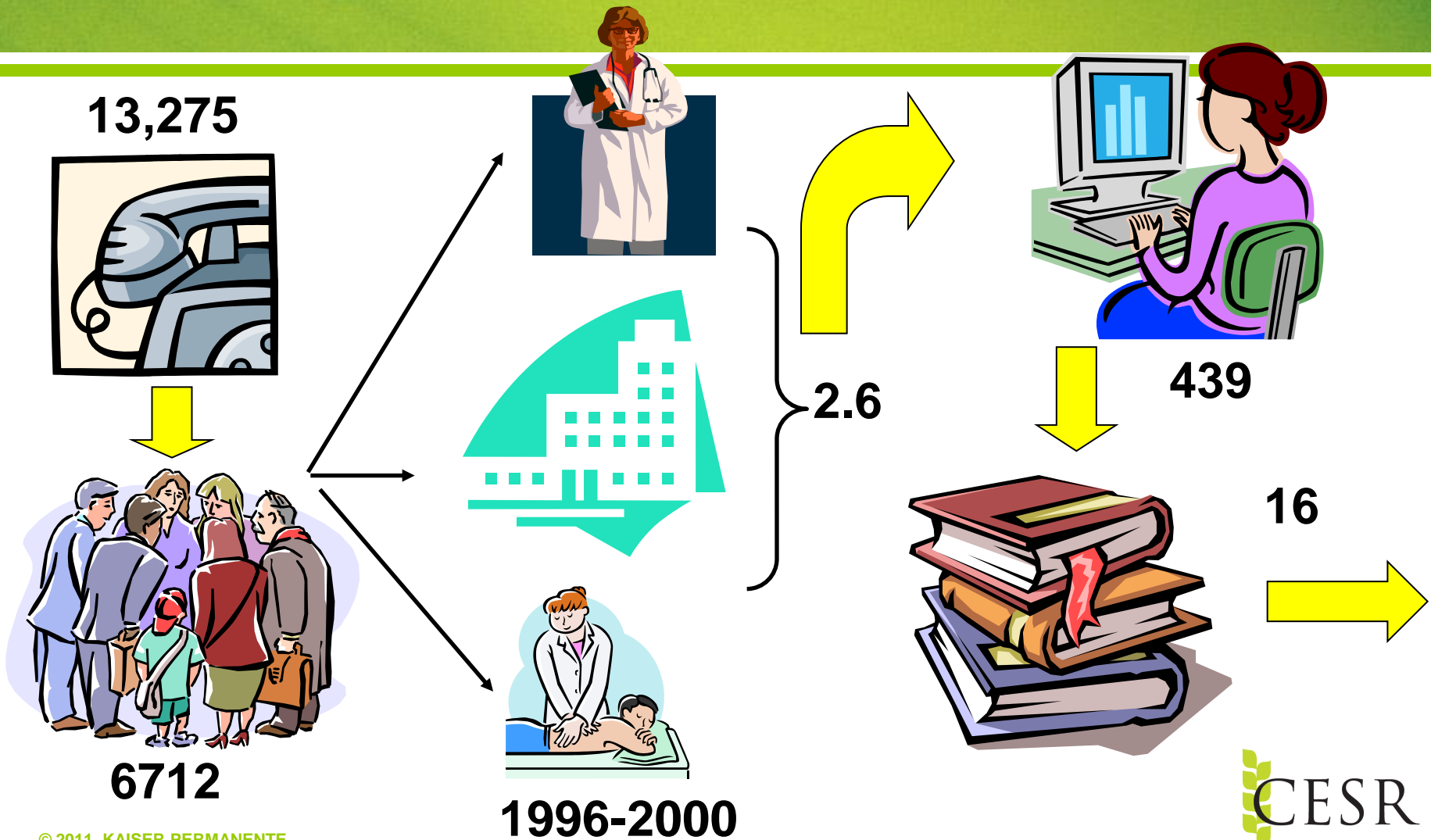
**December 7, 2011**

# Outline of Talk

- **US performance a decade ago**
- **Effects of three policy options**
- **An updated view of performance**
- **One example of what it takes to significantly improve quality**

# Determining the Size and Nature of the Quality Chasm

# Overview of Community Quality Index Study



# We Constructed an Opportunity Score

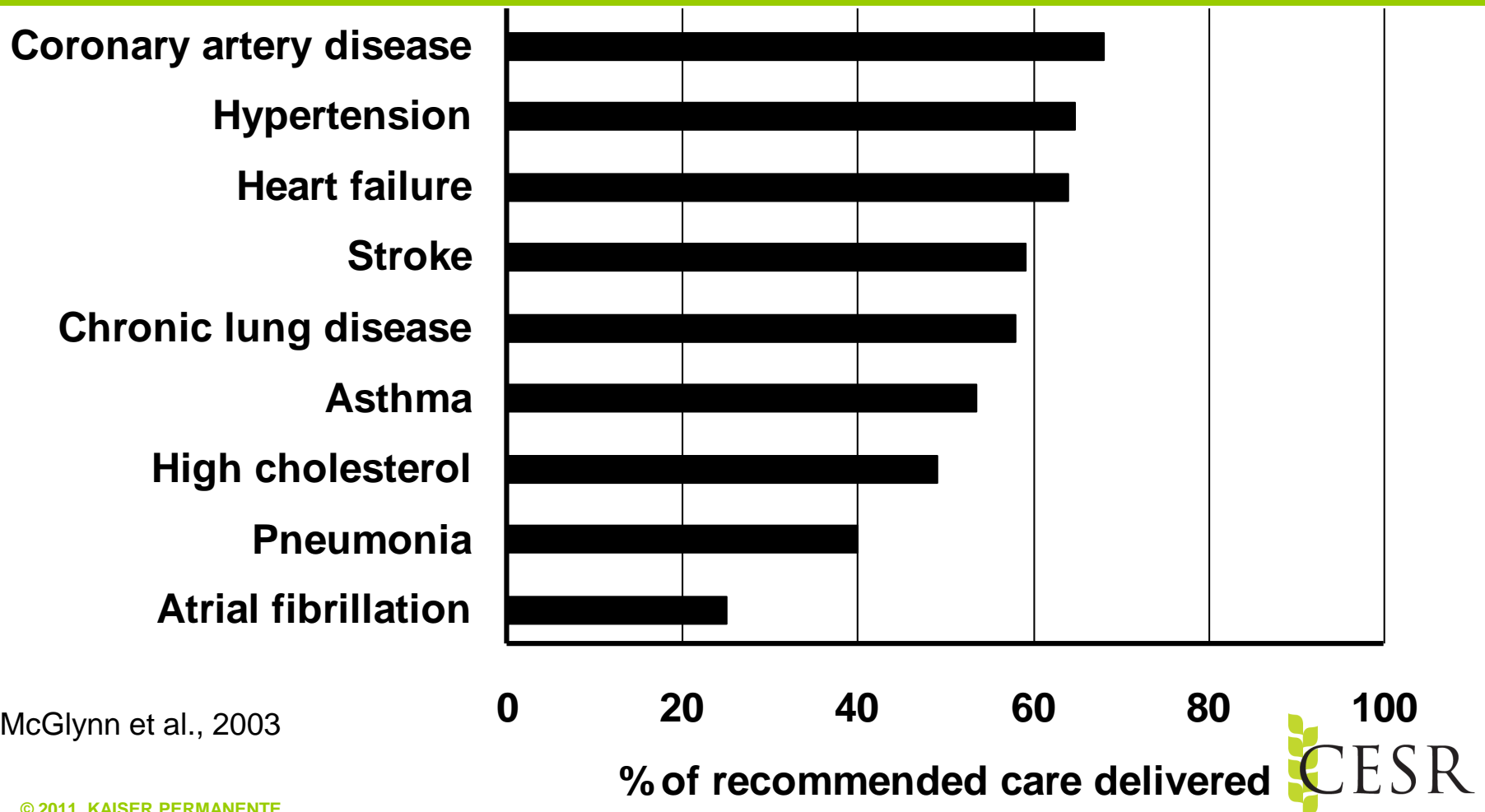
$$\text{Score} = \frac{\text{\# of times recommended care was delivered}}{\text{\# of opportunities to deliver recommended care}}$$

# On Average, About Half of Recommended Care for Adults Is Delivered



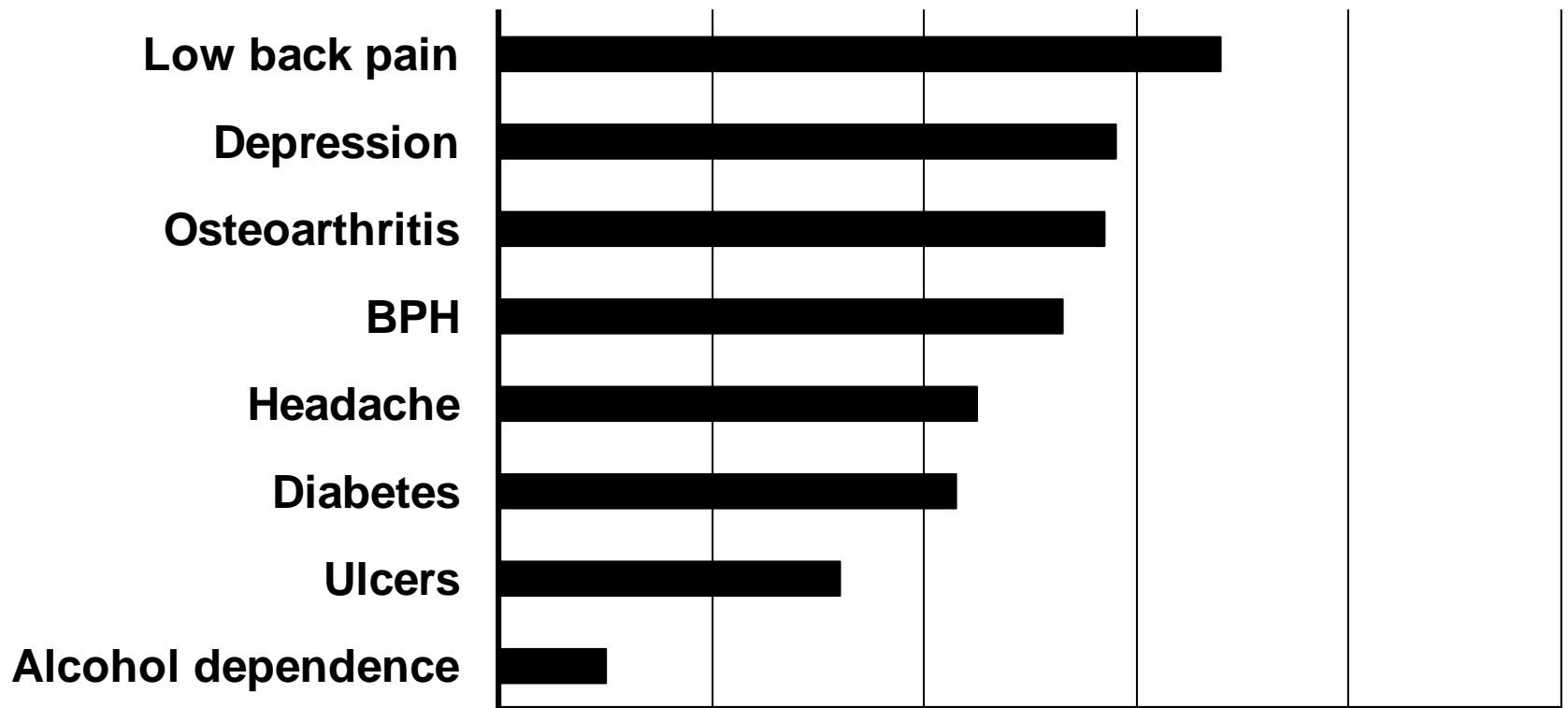
McGlynn et al, 2003

# Quality of Care for Cardiopulmonary Problems Varied Widely



McGlynn et al., 2003

# Significant Variation Existed in Management of Adults' General Medical Problems



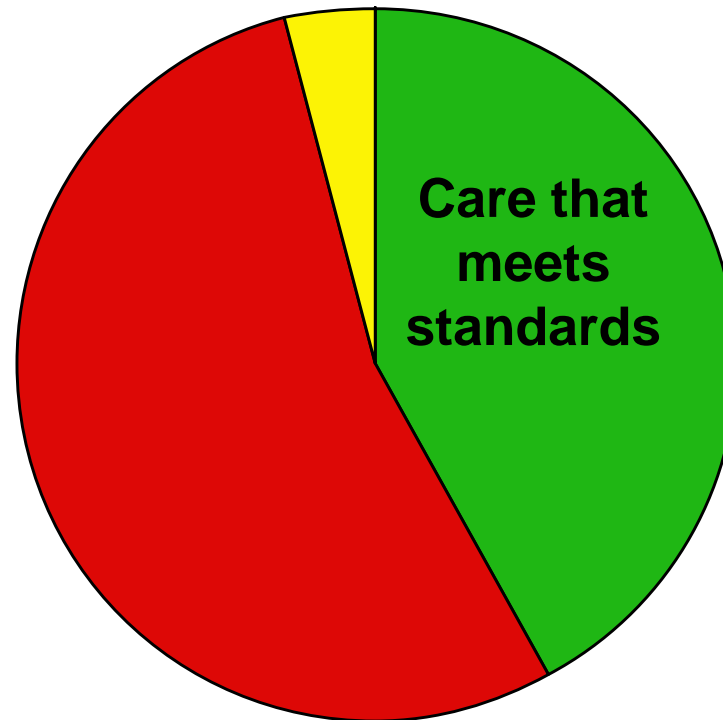
McGlynn et al., 2003

0 20 40 60 80 100  
% of recommended care delivered



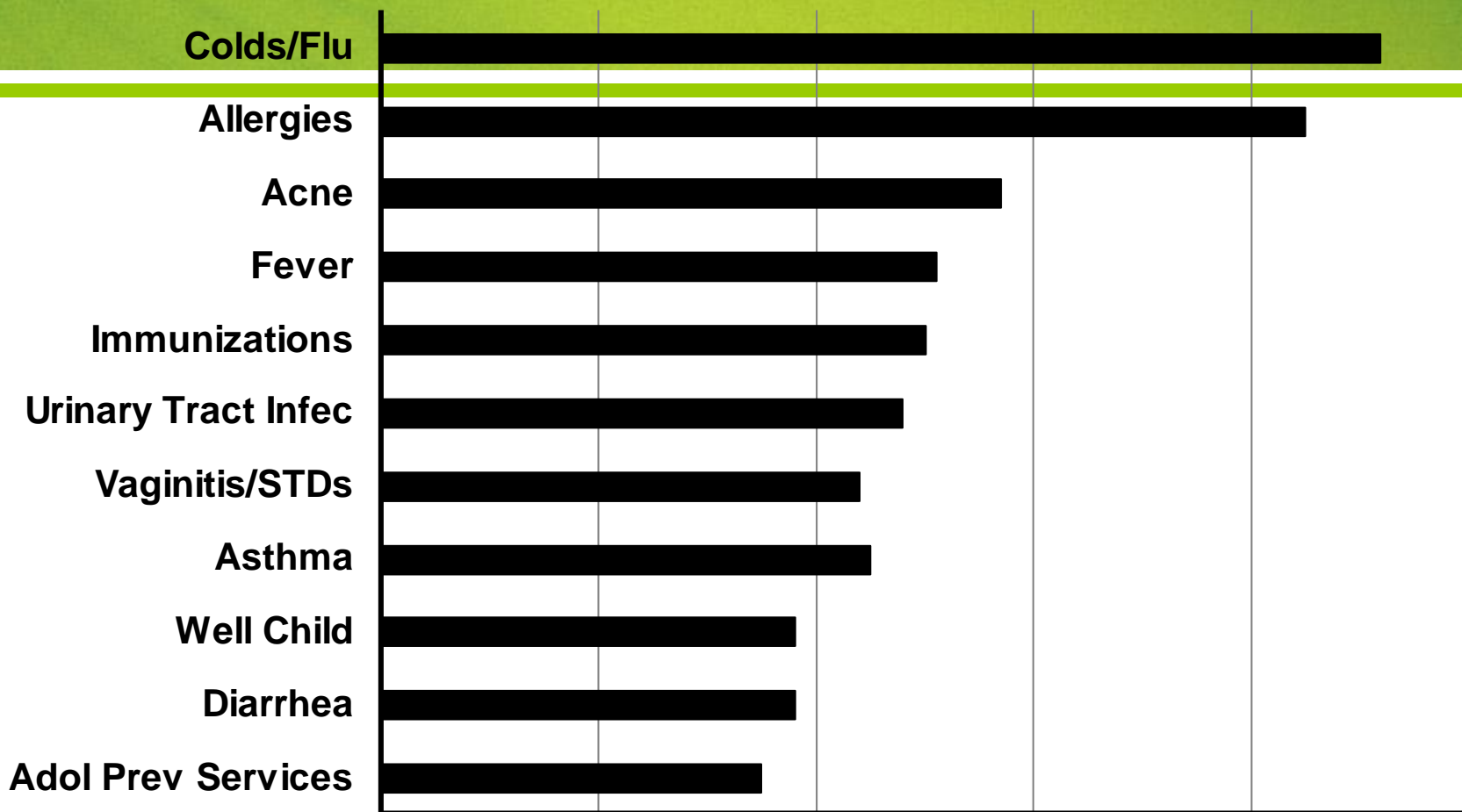


# Children Received Less than Half of Recommended Care



Mangione-Smith et al., 2007

# Quality for Children Also Varied by Condition



Mangione-Smith et al., 2007

0

20

40

60

80

100

% of recommended care received

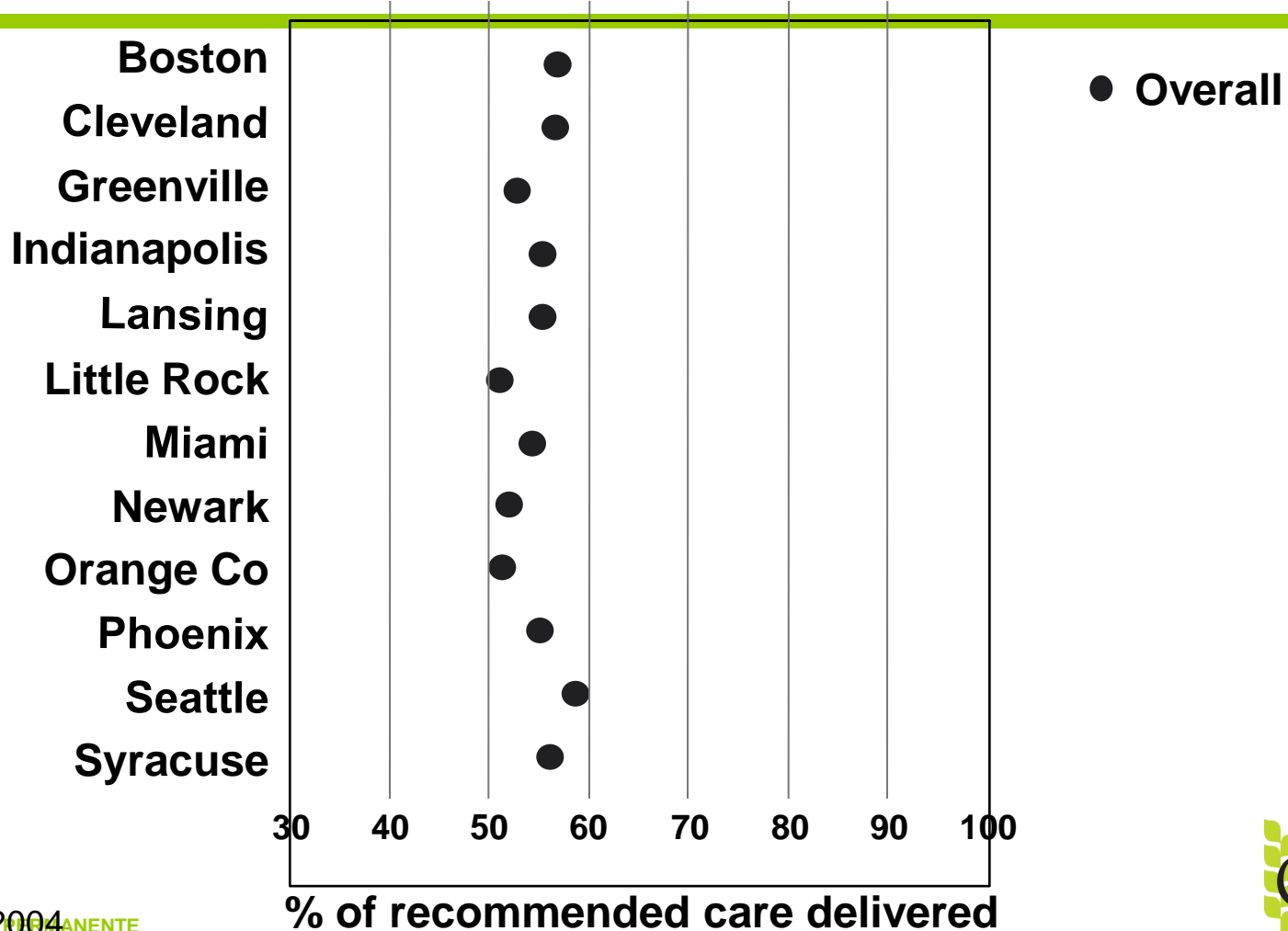


**Well, That May be True Nationally,  
but Care in My Community is Better**

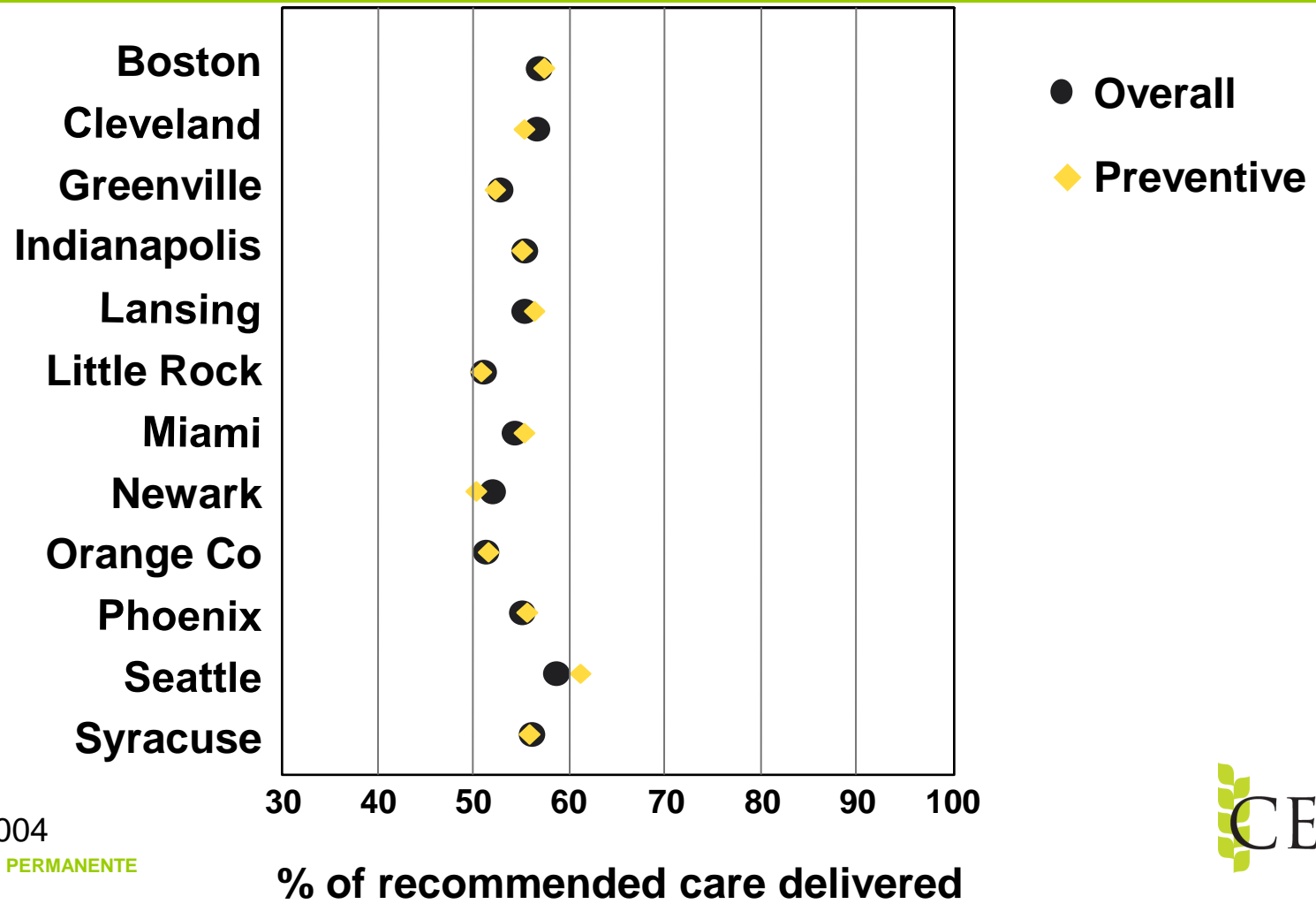
# We Examined Quality in Varied Markets



# And Found You Weren't Safe Anywhere...



# And Found You Weren't Safe Anywhere...

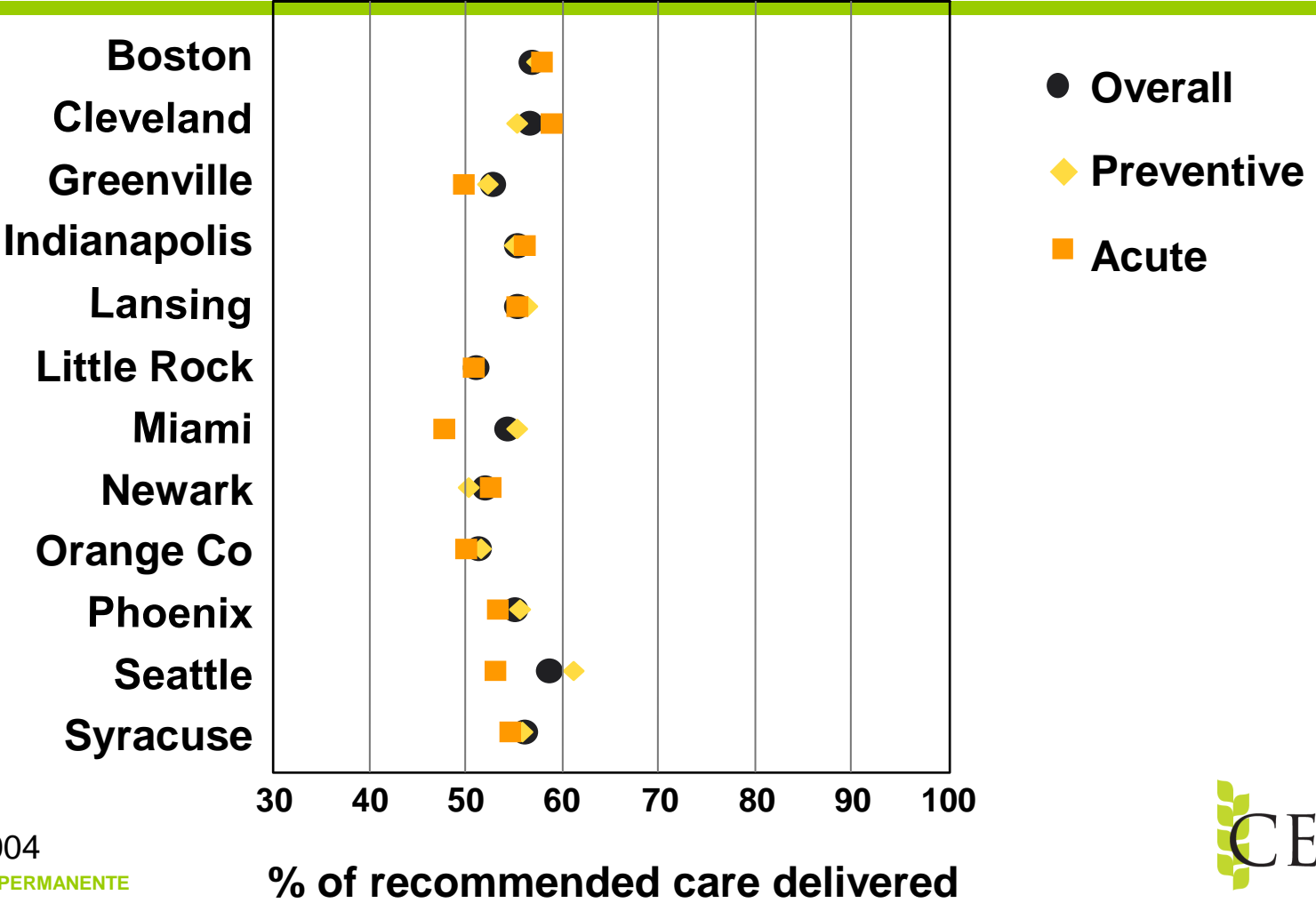


Kerr et al., 2004

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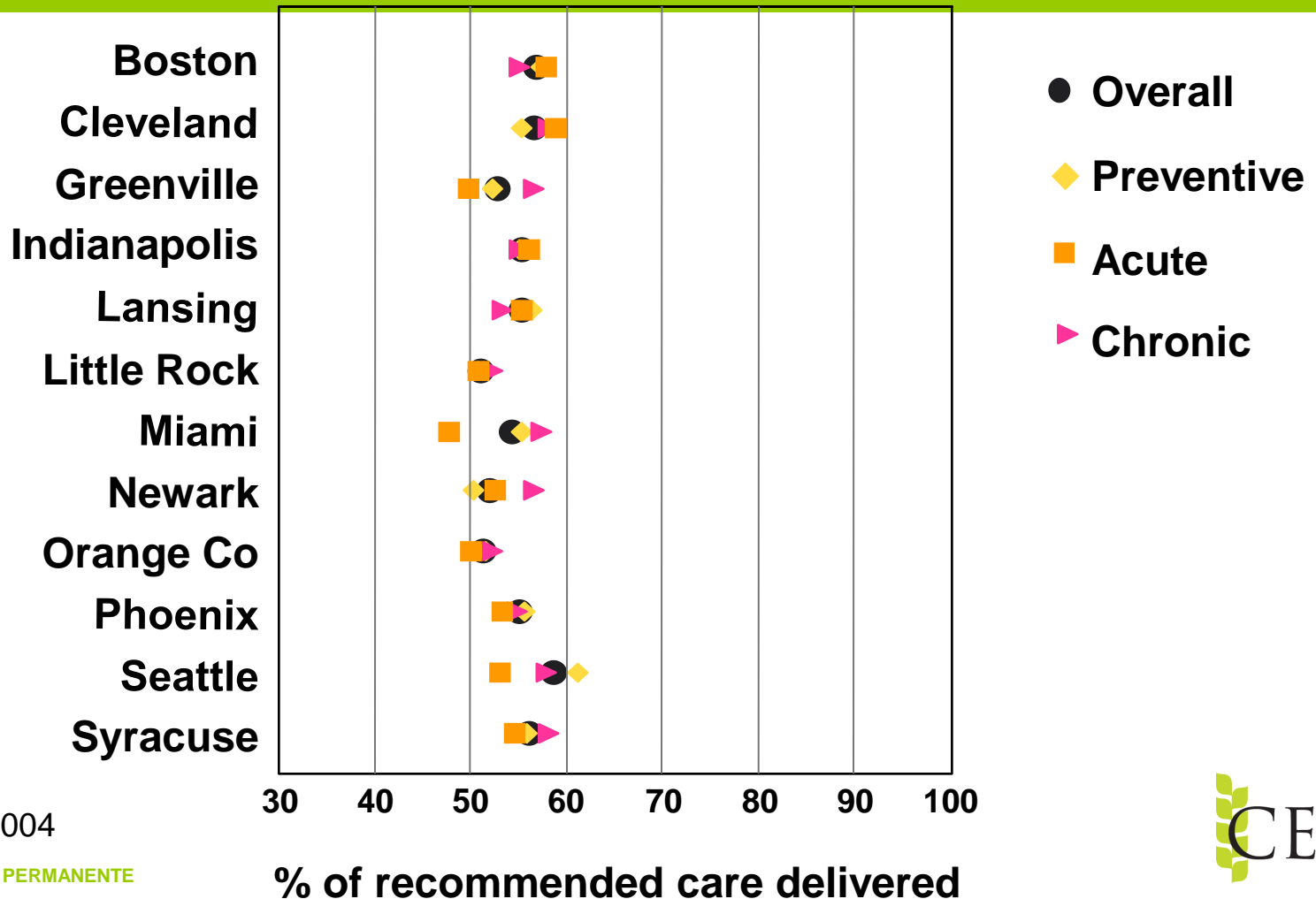
# And Found You Weren't Safe Anywhere...



Kerr et al., 2004  
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# And Found You Weren't Safe Anywhere...



Kerr et al., 2004

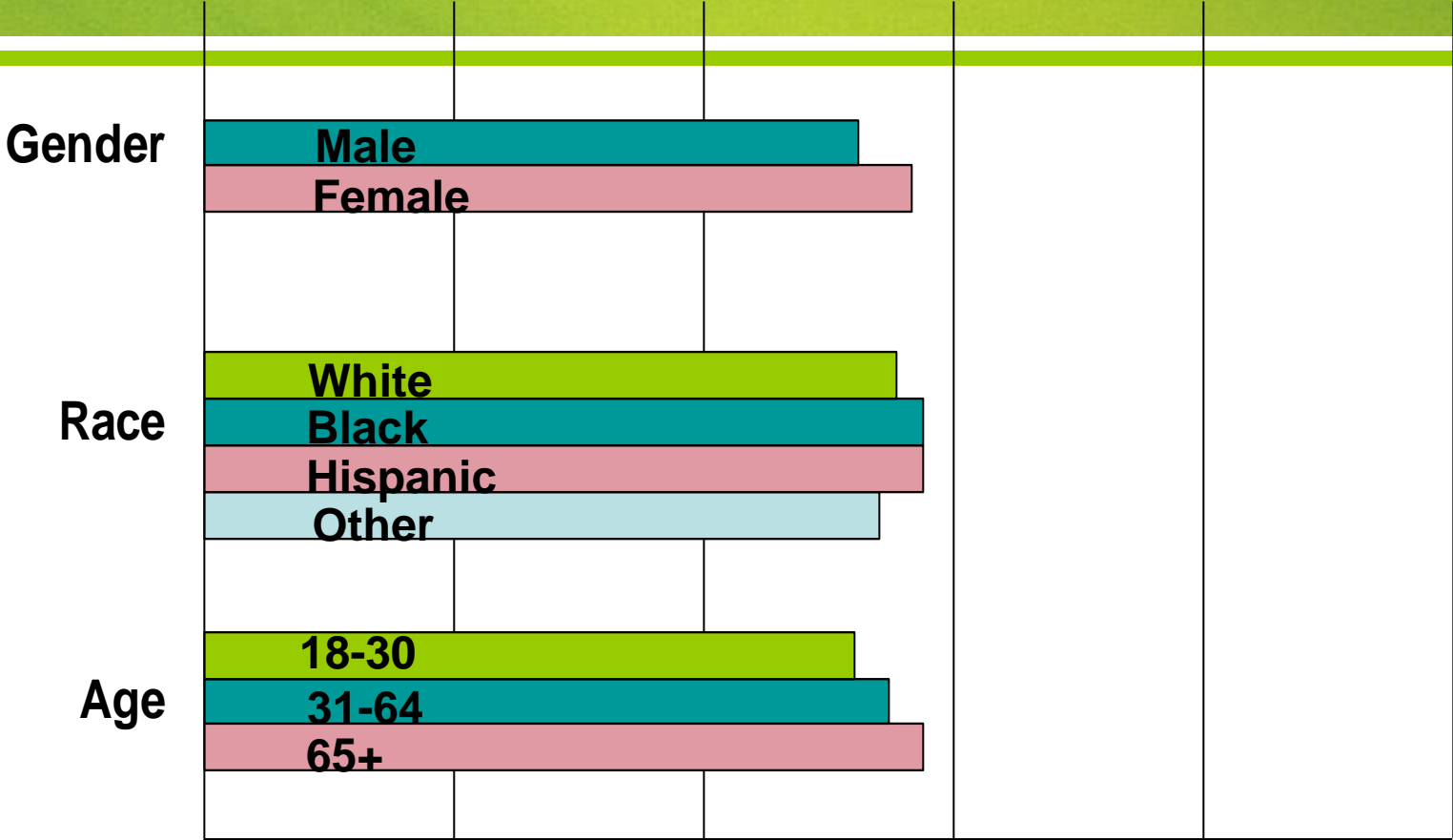
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# Some People May Have Problems With Quality, But My Care is Great

# No One Is Immune From Quality Deficits

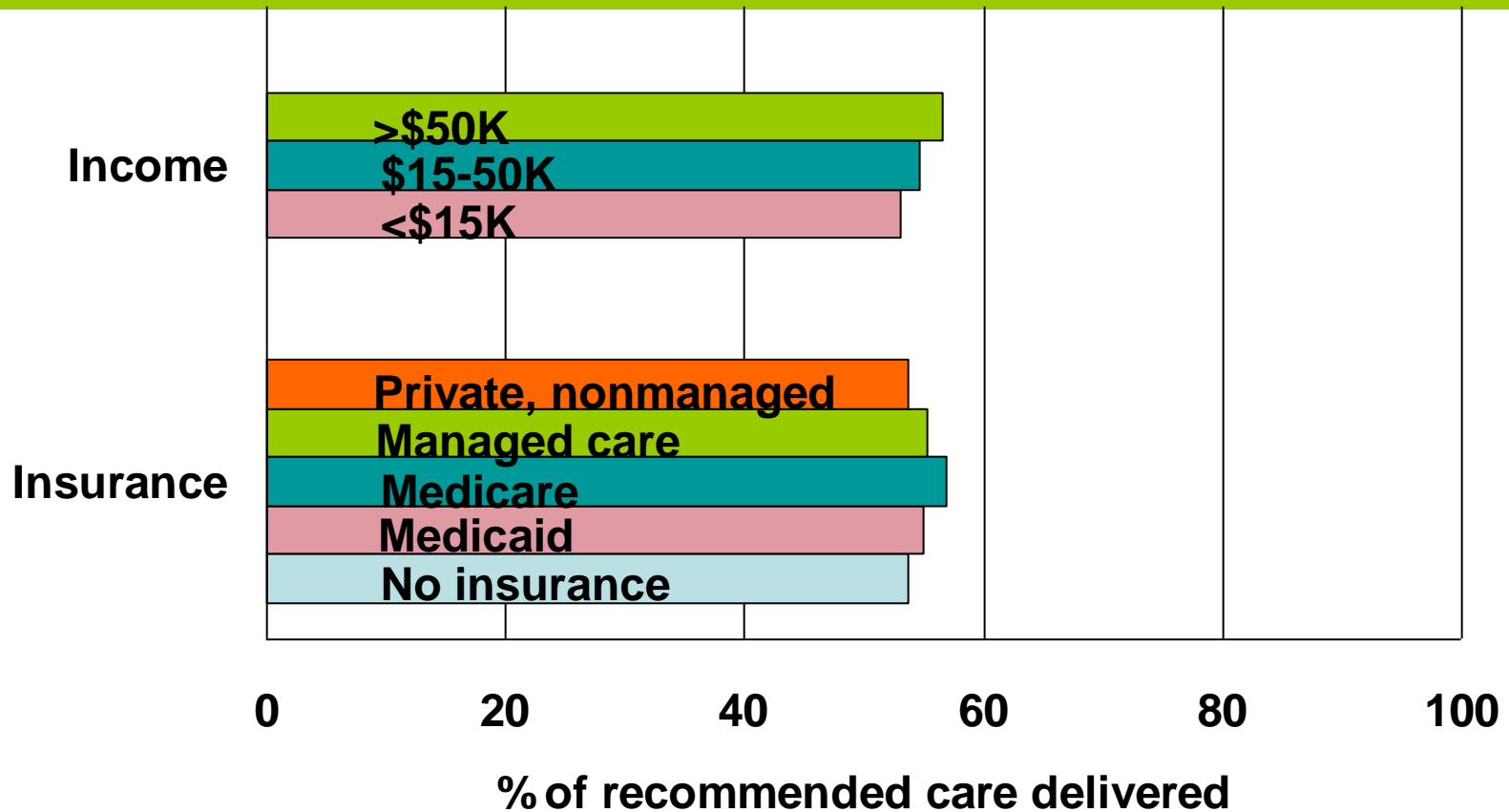


0 20 40 60 80 100

% of recommended care delivered



# Money Doesn't Buy Quality



# Study Was Critical for Stimulating Forward Movement

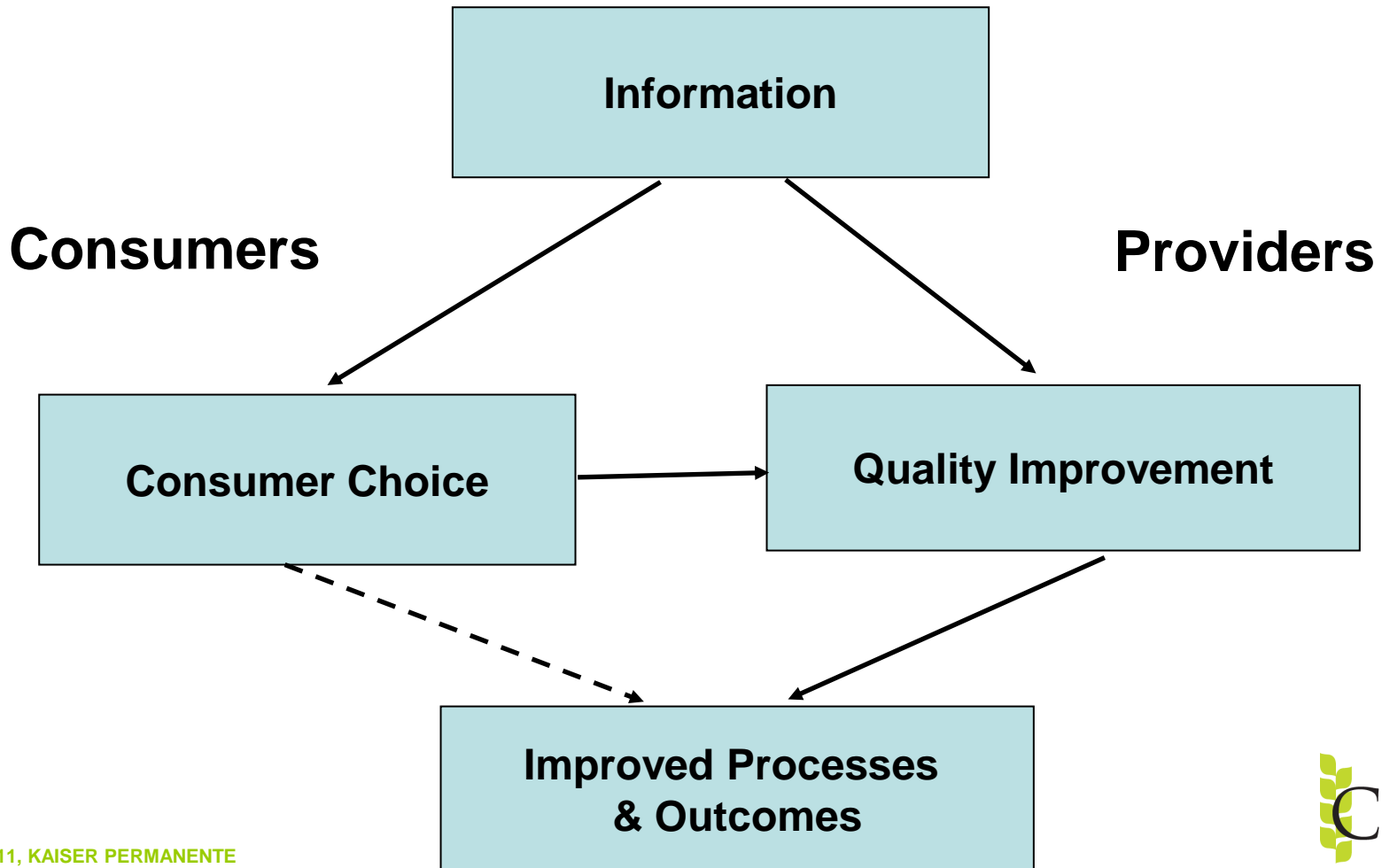
- **Breaking through denial that quality was substandard**
  - **Nationally**
  - **In diverse communities**
  - **For all people**
- **Allowed solutions to be entertained and tested**

# What Policy Options Have We Tried to Improve Quality in the US?

- **Public reporting of performance**
  - Centers for Medicare & Medicaid Services (CMS)
  - Agency for Healthcare Research & Quality
  - Private purchasers
- **Pay-for-performance**
  - CMS, private
- **Investment in electronic health records**

# Public Reporting

# How Does Public Reporting Work?



# What Do We Know About the Effect of Public Reporting?

<b>Entity</b>	<b>Effects on Consumer Choices</b>	<b>Quality Improvement Efforts</b>	<b>Clinical Outcomes</b>
<b>Health Plans</b>	<b>Mixed</b>	<b>No evidence</b>	<b>No evidence</b>
<b>Hospitals</b>	<b>No effect</b>	<b>Positive</b>	<b>Mixed</b>
<b>Physicians</b>	<b>Mixed</b>	<b>No evidence</b>	<b>Positive</b>



# So, Is It Worth It?

- **Public reporting is the right thing to do**
- **But it may not have large effects by itself**
  - **Other factors (financial incentives) still dominate**
  - **Biggest impact likely on providers rather than consumers**
  - **Continuing work on the implementation of these programs is necessary**

# Pay-for-Performance (P4P)

# What Is Pay-for-Performance?

- **Pay-for-Performance (P4P) programs use financial incentives to motivate hospitals and doctors to increase adherence to best practices**
- **Providers receive differential payments based on performance on a set of specified measures:**
  - **Clinical quality**
  - **Resource use (efficiency)**
  - **Patient experience**
  - **Information technology use or capabilities**

# P4P Is Not a New Idea

**“If a physician makes a large incision with an operating knife and cures it, or if he opens a tumor (over the eye) with an operating knife, and saves the eye, he shall receive ten shekels in money.”**

**“If a physician makes a large incision with the operating knife, and kills him, or opens a tumor with the operating knife, and cuts out the eye, his hands shall be cut off.”**

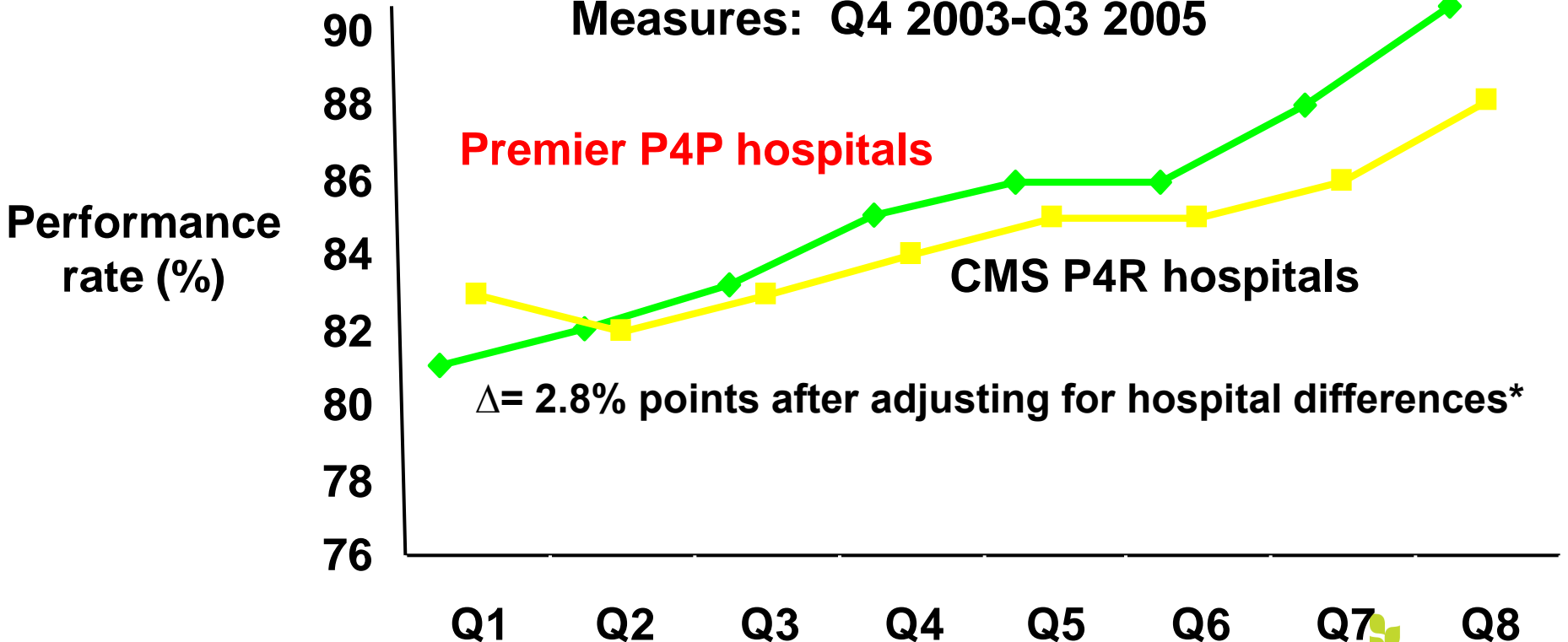
**-- Code of Hammurabi, 1750 B.C.**

# What Do We Know about Pay-for-Performance?

- **Little evaluation of pay for performance (P4P) has occurred**
- **The handful of published studies show modest positive results**
- **P4P program design matters in terms of program impact**
- **P4P alone is unlikely to solve quality and cost problems, but may be useful when combined with other policy levers**

# P4P Generated Slightly Greater Improvements than Public Reporting

Comparison of Performance on Composite of 10 Measures: Q4 2003-Q3 2005

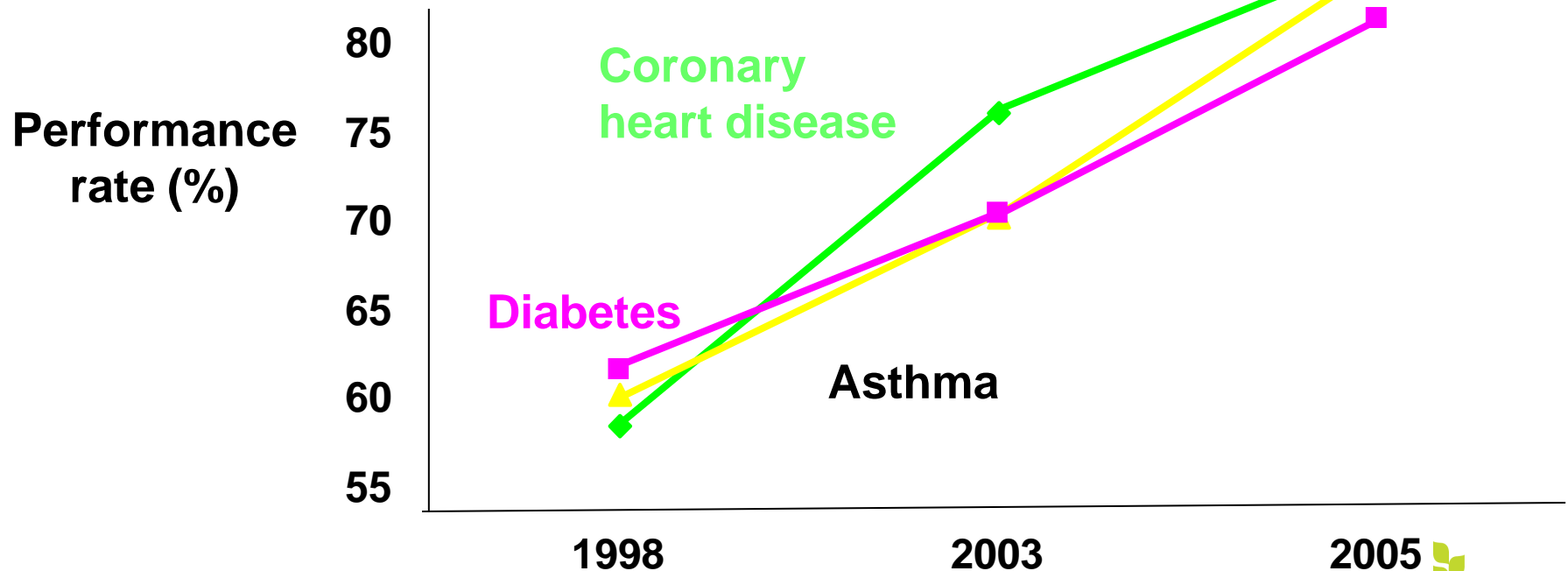


\*Study by Lindenaur et al., 2007 (*New England Journal of Medicine*)

# Did P4P Having an Impact in the UK?

## Changes in Composite Quality Scores in UK: 1998-2003

Δ = 4% points for asthma, 6% points for diabetes\*



\*Study by Campbell et al., July 12, 2007 (New England Journal of Medicine)

# Challenges in Implementing P4P

- **Data**: Under-investment in data infrastructure for population management and real-time monitoring can hinder system-level change
- **Operational infrastructure**: P4P programs require properly resourced operational infrastructure
- **Absence of available measures to support P4P**: In near term, with a small number of performance measures, providers will use stop-gap fixes rather than reengineer care processes



# Health Information Technology (HIT)

# What's The Theory?

- **All modern industry uses information technology to manage knowledge, processes**
- **Complexity of medicine has increased exponentially**
- **Many-to-many matching problem better handled by computers than human brains**

# What Do We Know About the Effect of HIT on Quality?

- **Systematic review (Chaudry et al, 2007)**
  - **257 studies met inclusion criteria**
  - **25% of studies from 4 academic centers**
  - **Benefits include increased adherence to evidence-based medicine, enhanced surveillance and monitoring, decreased medication errors**
  - **Questions about generalizability beyond the benchmark institutions**

# What Do We Know (cont.)?

- **UK Early Adopter Experience (Sheikh et al, 2011)**
  - **All 377 NHS hospitals expected to adopt health information technology by December 2010 but just 20% had done so**
  - **Variety of challenges encountered**
    - **Need to shift from “implementation” focus to “process of adoption”**
  - **Could be either “best case” or “worst case” analysis**

# What Do We Know (cont.)?

- **Impact on quality improvement (Jones et al, 2010)**

- **Basic systems provide small improvement in performance for 3 conditions**
- **Upgrades, improvements slow improvement**

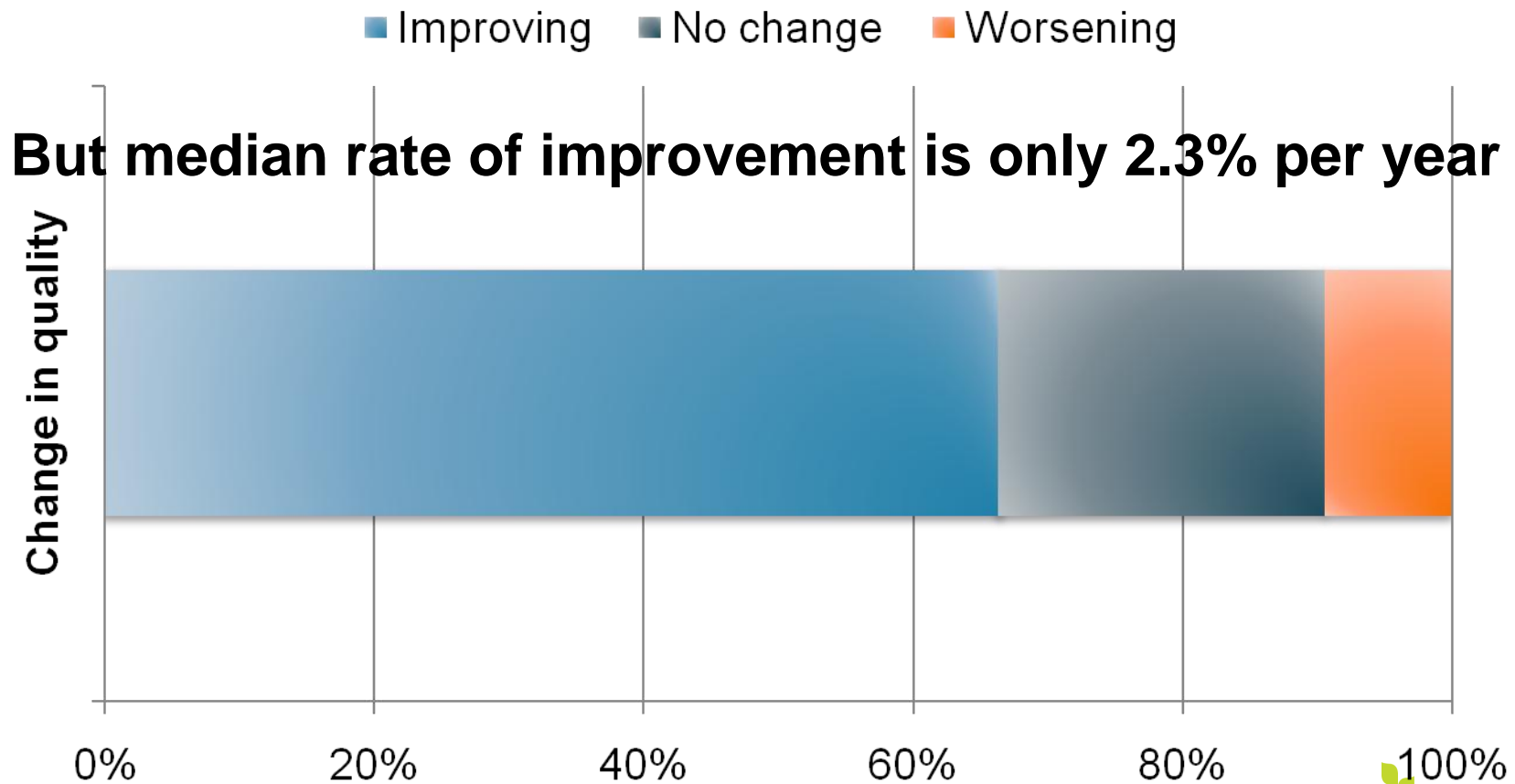
- **Heterogeneity of experience**

- **Hard to assess the technology & its use on a broad scale**
- **Led U.S. to develop standards for “meaningful use”**

# So Has the US Made Progress on Quality Performance?

- **Agency for HealthCare Research and Quality (AHRQ) tracks 250 indicators nationally & produces an annual report**
- **Until this year organized around the Institute of Medicine 6 domains of quality**
- **Measures not collected on a single population – “repurpose” existing data**
  - **Focus on 8 clinical areas: cancer, diabetes, end stage renal disease, heart disease, HIV/AIDS, maternal & child health, mental health & substance abuse, respiratory diseases**

# Most Quality Indicators Tracked Nationally Are Improving



# Why Is Quality Improvement So Hard?



# There Is No Single Solution

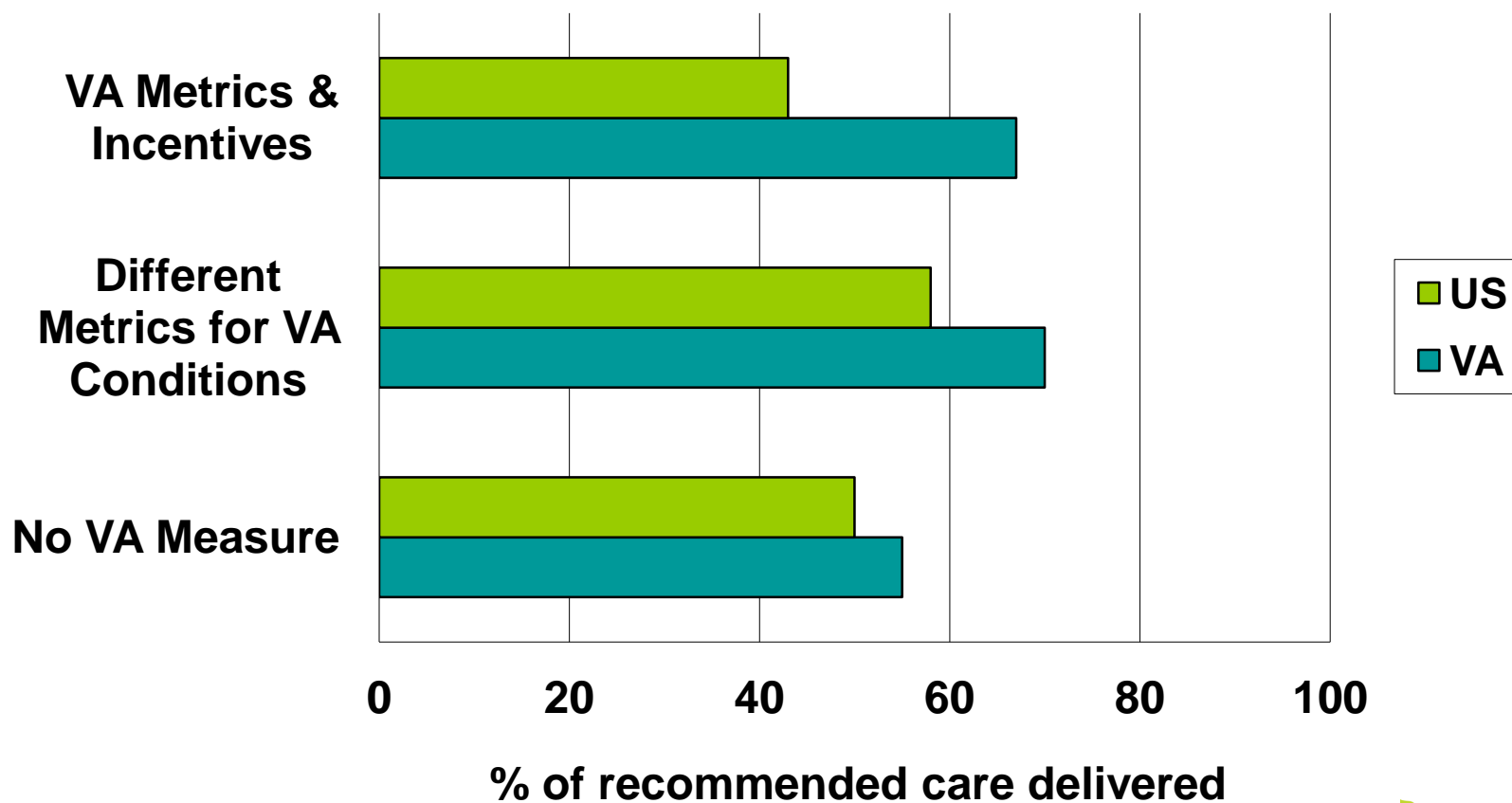
- **Measurement alone is not enough to drive improvement**
- **Financial incentives, especially when small relative to overall payment, isn't enough**
- **Health information technology is an enabler but it cannot create the will to change**
- **Improvement needs to be imbedded in front line operations**

# VA Combined Reporting, Incentives, Health Information & Showed Better Performance



Asch et al, 2004

# Greatest Differences Found in Metrics & Conditions Included in VA System



Asch et al., 2004

# It Takes A System...to Improve Quality

# Core Capabilities for Kaiser's Performance Improvement System

- **Leadership priority setting**
- **Systems approach to improvement**
- **Measurement capability**
- **Learning organization**
- **Improvement capability**
- **Culture**

# Creating Tools for Care Teams

- **Proactive Office Encounter**
  - All members of health care team collaborate to produce reliable care
  - Integrates processes, tools, and workflows to pro-actively address each member's preventive and chronic care needs before, during, and after each encounter.
  
- **Standardized Proactive Panel Management**
  - A standardized and centralized process where the healthcare team supports physicians in managing their panel of patients.
  - Identify patients with key, actionable care gaps, and provide patient-specific recommendations to help close key care gaps outside of a face-to-face encounter\* especially, for those patients not actively seeking care

# Decision Support Tools Available for a Range of Care Needs

*Serve as a Decision Support Tools  
in addressing the best care for our members while  
improving clinical quality outcomes*

**Proactive Office Encounter (POE) & Standardized Proactive Panel Management (SPPM)  
Pre-Encounter, Encounter, Pediatrics, Oncology, Obstetrics & SPPM Checklists Available**

## **Lab Screening Due**

- LDL
- A1c
- MAU
- Prenatal
  - ABO
  - RH
  - Indirect Coombs
  - CBC
  - HBsAG
  - UA/Urine Culture
  - Varicella Zoster
  - Rubella AG
  - GC/C
  - GTT
  - GBS

## **Immunizations Due**

- Flu
- Pneumovax
- Pneumococcal
- Tetnus
- All Pediatric

## **Cancer & Other Screenings**

- Mammogram
- Pap
- Colorectal
- Chlamydia (16-24 years)
- Syphilis (Prenatal only)
- HIV (Prenatal Only)

## **Asthma Specific**

- Asthma Questionnaire Needed
- Beta Agonist Overuse
- LABA Monotherapy
- ED or Hosp Visit and no IAI

## **Chronic Condition Initiatives**

- Dilated Retinal Exam Due
- Retinal Photo
- Monofilament Foot Exam Due
- SMBG Test Strips Need Refilling
- BMI Needed or Above Threshold
- Blood Pressure Measurement Needed

## **Questionnaires & Health Education**

- Alcohol
- Depression PHQ9
- Autism in Toddlers
- Advance Directive or POLST
- Diabetes H/E Class Needed
- Heart Failure Class Needed
- Healthier Living Class Needed

# Teams Can Create Different Reports With Data Updated Daily

The screenshot displays the 'Care Management' web application interface. At the top, there is a navigation bar with the title 'Care Management' and a user-specific header 'Personalized For ANTHONY F FARLEY'. A secondary navigation bar contains tabs for 'Home', 'Panel', 'Asthma', 'CVD', 'HF', 'Diabetes', 'HTN', 'CAD', and 'CKD'. A dropdown menu is open from the 'Panel' tab, listing options: 'Panel Drilldown Summaries', 'Print Drill', 'Panel Admin', 'Qry-Pt List By Criteria', 'Qry-Panel Query Builder', 'Panel Specification', and 'Panel Training Manual'. On the right side of the interface, there are 'Live Help' and 'Help' buttons.

The main content area is divided into several sections:

- Patient Search:** Includes a 'Region' dropdown menu set to 'Southern California' and an 'MRN' input field. Below these are buttons for 'Patient Profile' and 'Condition Summary'.
- Alert:** A notice stating: 'Most measures are based on a 12 month rolling window that refreshed yesterday. Pharmacy and Lab data may not reflect recent events made in the last 2-5 days. Information does not include outside contracted data. KP Hospital and KP ER data do not reflect recent events made since last month.'
- Drill:** A section with filters for 'Report' (set to 'Asthma'), 'Region', 'Area', 'Clinic', 'Dept', and 'PCP'. Below the filters are 'Get Patients' and 'Get View' buttons.
- Alert!** A detailed section explaining the data sources and criteria for various populations. It lists: 'Asthma' (ages 5-56), 'CHF' (adults > 17 yrs since Jan 1999), 'Diabetes' (adults > 17 yrs since Jan 1999), 'CAD' (adults > 17 yrs since 1995), 'CKD' (adults > 17 yrs since 1997), 'CVD' (adults > 17 yrs from CKD, CAD, HF, and diabetes), 'HTN' (adults > 17 yrs since 2000), and 'Panel Management' (adults > 17 yrs from CKD, CAD, HF, diabetes, CVD, HTN, and asthma; and pediatric patients 5-17 yrs from asthma). It also notes that the panel management population includes patients needing a pap smear, mammogram, or colorectal screening.



# Medical Group Directors Can View Physician-Specific Performance

Management My Panel | Back | POINT

Home Panel Asthma CVD HF Diabetes HTN CAD CKD

for ANTHONY F FARLEY Live Help Help Print Export Provider Batch Export

Ascending | Employer Group(s): None Search Group Region: CS | Area: LOS | Department: FAM |

Possible Diabetes Patients	Hospitalized		Total Hospital Discharges	Hospital Days	Length of Stay = Hospital Days / Nr. of Discharges	Missing Retinal Exams in last 12 mos		Missing Lipid lowering Rx for age 40+ in last 12 mos		Patients with Last LDL > 100 mg/dL		Missing ACEI/ARB Rx for age 55+ in last 12 mos		Having HgbA1C		HgbA1C > 9.0%		HgbA1C > 7.0%		No SMBG strip refills in last 4 mos		No SMBG strip refills in last 6 mos		Having LDL		Having Microalbumi		
	Pats.	%	Freq.	Days	Days	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.	%	Pats.
<a href="#">101</a>	22	21.8 %	35	179	5.1	<a href="#">23</a>	22.8 %	<a href="#">26</a>	27.4 %	<a href="#">51</a>	50.5 %	<a href="#">15</a>	15.8 %	<a href="#">84</a>	83.2 %	<a href="#">21</a>	20.8 %	<a href="#">50</a>	49.5 %	<a href="#">58</a>	57.4 %	<a href="#">50</a>	49.5 %	<a href="#">85</a>	84.2 %	<a href="#">73</a>	72.3	
<a href="#">240</a>	33	13.8 %	51	169	3.3	<a href="#">75</a>	31.3 %	<a href="#">74</a>	36.1 %	<a href="#">142</a>	59.2 %	<a href="#">43</a>	21 %	<a href="#">187</a>	77.9 %	<a href="#">100</a>	41.7 %	<a href="#">158</a>	65.8 %	<a href="#">178</a>	74.2 %	<a href="#">152</a>	63.3 %	<a href="#">190</a>	79.2 %	<a href="#">169</a>	70.4	
<a href="#">82</a>	21	25.6 %	35	92	2.6	<a href="#">18</a>	22 %	<a href="#">21</a>	29.2 %	<a href="#">47</a>	57.3 %	<a href="#">13</a>	18.1 %	<a href="#">67</a>	81.7 %	<a href="#">29</a>	35.4 %	<a href="#">42</a>	51.2 %	<a href="#">52</a>	63.4 %	<a href="#">43</a>	52.4 %	<a href="#">69</a>	84.1 %	<a href="#">60</a>	73.2	
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<a href="#">123</a>	30	24.4 %	35	77	2.2	<a href="#">18</a>	14.6 %	<a href="#">24</a>	21.8 %	<a href="#">57</a>	46.3 %	<a href="#">17</a>	15.5 %	<a href="#">104</a>	84.6 %	<a href="#">29</a>	23.6 %	<a href="#">63</a>	51.2 %	<a href="#">73</a>	59.3 %	<a href="#">62</a>	50.4 %	<a href="#">104</a>	84.6 %	<a href="#">98</a>	79.7	
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<a href="#">110</a>	33	30 %	51	179	3.5	<a href="#">9</a>	8.2 %	<a href="#">34</a>	34.3 %	<a href="#">54</a>	49.1 %	<a href="#">14</a>	14.1 %	<a href="#">96</a>	87.3 %	<a href="#">28</a>	25.5 %	<a href="#">56</a>	50.9 %	<a href="#">72</a>	65.5 %	<a href="#">62</a>	56.4 %	<a href="#">97</a>	88.2 %	<a href="#">89</a>	80.9	
<a href="#">64</a>	10	15.6 %	16	43	2.7	<a href="#">12</a>	18.8 %	<a href="#">24</a>	43.6 %	<a href="#">40</a>	62.5 %	<a href="#">13</a>	23.6 %	<a href="#">57</a>	89.1 %	<a href="#">24</a>	37.5 %	<a href="#">41</a>	64.1 %	<a href="#">39</a>	60.9 %	<a href="#">33</a>	51.6 %	<a href="#">57</a>	89.1 %	<a href="#">53</a>	82.8	
<a href="#">163</a>	39	23.9 %	66	195	3	<a href="#">12</a>	7.4 %	<a href="#">32</a>	21.2 %	<a href="#">70</a>	42.9 %	<a href="#">31</a>	20.5 %	<a href="#">151</a>	92.6 %	<a href="#">37</a>	22.7 %	<a href="#">94</a>	57.7 %	<a href="#">105</a>	64.4 %	<a href="#">88</a>	54 %	<a href="#">152</a>	93.3 %	<a href="#">137</a>	84.9	
<a href="#">178</a>	40	22.5 %	62	158	2.5	<a href="#">24</a>	13.5 %	<a href="#">30</a>	18.2 %	<a href="#">79</a>	44.4 %	<a href="#">14</a>	8.5 %	<a href="#">148</a>	83.1 %	<a href="#">45</a>	25.3 %	<a href="#">87</a>	48.9 %	<a href="#">109</a>	61.2 %	<a href="#">95</a>	53.4 %	<a href="#">148</a>	83.1 %	<a href="#">135</a>	75.8	
<a href="#">24</a>	5	20.8 %	6	10	1.7	<a href="#">0</a>	0 %	<a href="#">6</a>	46.2 %	<a href="#">19</a>	79.2 %	<a href="#">2</a>	15.4 %	<a href="#">13</a>	54.2 %	<a href="#">14</a>	58.3 %	<a href="#">16</a>	66.7 %	<a href="#">15</a>	62.5 %	<a href="#">13</a>	54.2 %	<a href="#">15</a>	62.5 %	<a href="#">12</a>	50.9	
<a href="#">2</a>	0	0 %	0	0	0	<a href="#">0</a>	0 %	<a href="#">1</a>	50 %	<a href="#">1</a>	50 %	<a href="#">0</a>	0 %	<a href="#">2</a>	100 %	<a href="#">0</a>	0 %	<a href="#">1</a>	50 %	<a href="#">1</a>	50 %	<a href="#">1</a>	50 %	<a href="#">2</a>	100 %	<a href="#">2</a>	100	

# Teams Can View Care Needs of Their Panel of Patients

POINT

Home Panel Asthma CVD HF Diabetes HTN CAD CKD

View this criteria with other Population

Live Help Help Print Export Batch Print Provider Batch Export

Order Ascending

Region : CS | Area : LOS | Department : FAM | PCP : ARIZ, FARIBA

Enrolled in MTM	Asthma	CVD	HF	CAD	CKD	HTN	Osteoporosis	Missing Lab	ACEI Rx Date	ACEI Intolerance flag	Last MA Date	Last MA	MA + Date	MA + Result	Last Serum Creatinine Date	Last Serum Creatinine	Lipid Rx Date	Statin Intolerance Flag	Last LDL Date	Last LDL	Last HAIC Date	Last SMBG strip date	Last HAIC	Rx Benefit	Last PCP Appt. Date	Last Endo Date	Last Hosp Date	Total Hosp Discharge	Hospital Days	
		CVD		CAD		HTN			10/06		11/06	134.8	05/06	56.3	5/19/2006	0.9	10/06		11/06	112	11/06	3/6/2006	7.1	Y	12/06	02/05				
		CVD				HTN	Y		01/07		03/06	39.1	11/05	62.7	3/14/2006	0.8	11/06		08/06	52	08/06	1/6/2007	6.8	Y	08/06					
		CVD						HLM															Y							
		CVD			CKD	HTN		M	11/06						6/7/2006	0.8			06/06*	90	06/06		5.9	Y	07/06	05/05				
		CVD				HTN	Y		09/06		10/06	9.6			10/3/2006	0.8	09/06		10/06	86	10/06	10/28/2006	6.2	Y	11/06					
		CVD				HTN			11/06		04/06	395.0							04/06	250	04/06	2/9/2006	6.4	Y	04/06					
		CVD		CAD		HTN			12/06		09/06	19.9			12/22/2006	1.2		09/06	58	09/06	8/16/2006	5.3	Y	09/06		12/06	2	4		
		CVD							01/07		10/06	33.4	04/06	32.0	10/26/2006	1.1	10/06		10/06	104	10/06	9/30/2006	7.9	Y	12/06					
											10/06	<12.3			8/1/2006	0.8			01/07*	91	10/06	8/7/2006	5.3	Y	08/06					
		CVD				HTN	Y		05/06*		12/06	8.0			12/8/2006	0.8	01/07		12/06	107	12/06	1/5/2007	6.7	Y	12/06		11/06	3	8	2
		CVD				HTN	Y		12/06		06/06	7.1			6/5/2006	0.8	11/06		06/06	67	06/06	12/4/2006	6.8	Y	06/06					
		CVD				HTN				Y	09/06	68.7	03/06	63.3			11/06		09/06	108	09/06	11/18/2006	6.5	Y	10/06					
		CVD				HTN			12/06		04/06	32.2					12/06		04/06*	88	04/06	4/20/2006	7.8	Y	12/06					
		CVD				HTN		HLM									12/06					11/29/2006		Y						
		CVD				HTN	Y		11/06		07/06	7.1			3/13/2006	0.8	06/06*		07/06	145	07/06		7.3	Y	01/07					
		CVD			CKD	HTN			12/06		12/06	6.4			12/6/2006	1.3	07/06		12/06*	42	12/06	10/12/2006	5.9	Y	12/06					
		CVD				HTN			12/06		12/06	<9.5			12/28/2006	0.8			12/06	100	12/06	10/8/2006	6.5	Y	12/06					
		CVD			CKD	HTN			11/06		09/06	15.9			9/18/2006	1.4	01/07		09/06*	128	09/06	1/10/2007	7.8	Y	11/06					
		CVD				HTN			11/06		01/07	<8.3	09/06	156.5	12/15/2006	1.2			09/06	132	01/07	1/10/2007	8.1	Y	01/07		12/06	2	6	
		CVD				HTN			11/06		06/06	25.8			6/17/2006	0.8	09/06		06/06	105	06/06	12/21/2006	6.8	Y	11/06					
		CVD				HTN			09/06		03/06	24.1			3/30/2006	1	09/06		09/06*	123	03/06		5.9	Y	12/06		02/06	1	1	

# Team Can Identify Patients by Risk and Opportunity Category

**Panel Management**  
Personalized For **ANTHONY F FARLEY**

Select Provider | Back | POINT

Panel Views | Populations | Search | Reports

- Provider View
- All Opportunities View
- High CAD Risk
- ER visit in 7 days
- No PCP visit in 12 mos
- Monthly Birthday
- Upcoming Visit in 2 weeks

[Live Help](#) [Help](#)

### Provider Selection

Region Area Clinic Dept PCP  
CS BFL IMP INT -----

### Patient Search

Region MRN  
Southern California

**Most measures are based on a 12 month rolling window that refreshed yesterday.** Pharmacy and Lab data may not reflect recent events made in the last 2-5 days. Information does not include outside contracted data. KP Hospital and KP ER data do not reflect recent events made since last month.

# Opportunities to Close Care Gaps Clearly Identified

**Panel Management** Select Provider | Back | POINT Panel Views Populations Search Reports

Personalized For **ANTHONY F FARLEY** Tuesday, January 23, 2007

Provider View | All Opportunities View | High CAD Risk | ER visit in 7 days | No PCP visit in 12 mos | Monthly Birthday | Upcoming Visit in 2 weeks

Provider View Other Populations Live Help Help Export Batch Print

View Records 1-50/512 Region : CS | Area : BFL | Clinic : IMP | Department : INT | PCP : WANG, DIANA T

Print CMSS Print Generate Letters Add to CMTS Reviewed/Re-Review

Print CMSS  
Print CMSS/SIG  
Print CMSS/SIG/CDCF

Action	MRN	Patient Name	Age	Gender	Gap Score	CDCF	Breast Cancer Screening Due	Cervical Cancer Screening Due	Colorectal Screening Due	Diabetes	CAD	CVD	HF	HTN	CKD	Asthma	Missing Lab	Missing Rxs	10 year CVD risk	Last PCP Appt Date	Next PCP Appointment	Reviewed Date	Re-review Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00000466	[REDACTED]	59	F	1	Y						STG1					3.3	8/9/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00001132	[REDACTED]	50	F	2	Y		LOW		LOW		STG1					11.1	10/6/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00000268	[REDACTED]	52	M	1	Y	Y										8.8	12/7/2005			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00001567	[REDACTED]	45	F	0	Y						CTL					3	8/7/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000102	[REDACTED]	67	F	3	Y	Y	MOD		LOW					AAC		9.6				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00001235	[REDACTED]	59	F	1	Y	Y										4.8	7/26/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	000005	[REDACTED]	84	M	0	Y						CTL					14.6	12/7/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000091	[REDACTED]	62	F	0	Y						CTL		COPD			4.7	6/19/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	000003	[REDACTED]	62	M	1	Y	Y										12.6				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	000006	[REDACTED]	39	F	2	Y	Y	MOD		LOW		CTL					2	12/7/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000079	[REDACTED]	67	M	1	Y	Y										10.5	2/3/2005			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000156	[REDACTED]	70	F	2	Y	Y					STG1					6.6	9/11/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	000014	[REDACTED]	53	F	1	Y	Y										8.6				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000114	[REDACTED]	54	F	1	Y	Y	MOD		LOW		CTL			AL		16.1	12/7/2006			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0000145	[REDACTED]	53	F	2	Y	Y					CTL						3/3/2006			

# Commercial HEDIS Rankings 2011 – Effectiveness of Care

## KP Ranked in the Top 10

1

- **Weight Assessment for Children**  
BMI Percentile
- **Comprehensive Diabetes Care**  
Medical Attention for Nephropathy

2

- **Adult BMI Assessment**
- **Appropriate Treatment for Children w/URI**
- **Comprehensive Diabetes Care**  
LDL Control <100

3

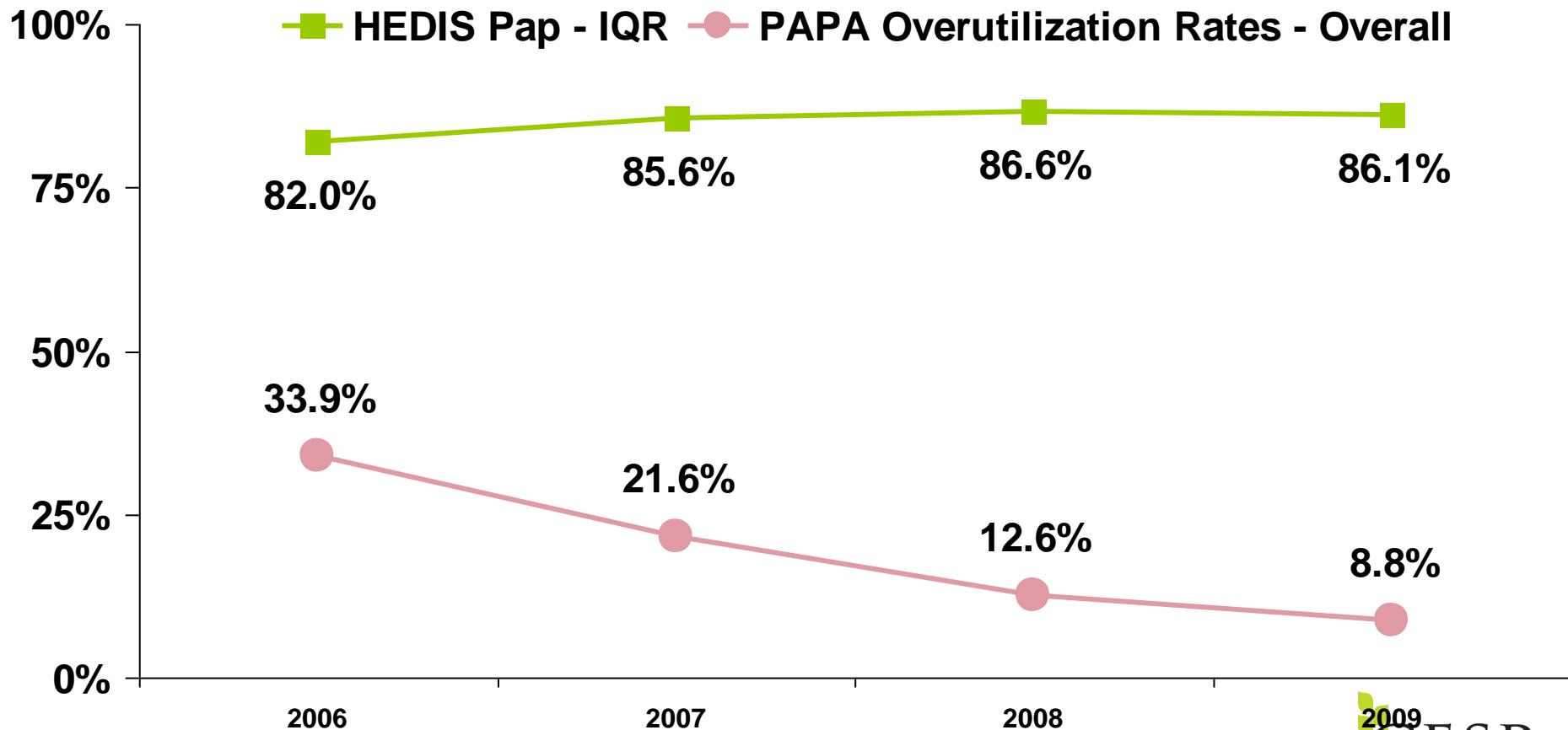
- **Controlling High Blood Pressure**
- **Comprehensive Diabetes Care**  
LDL Screening & Blood Pressure Control (<140/90)
- **Annual Monitoring for Patients on Persistent Meds**  
ACE or ARB

10

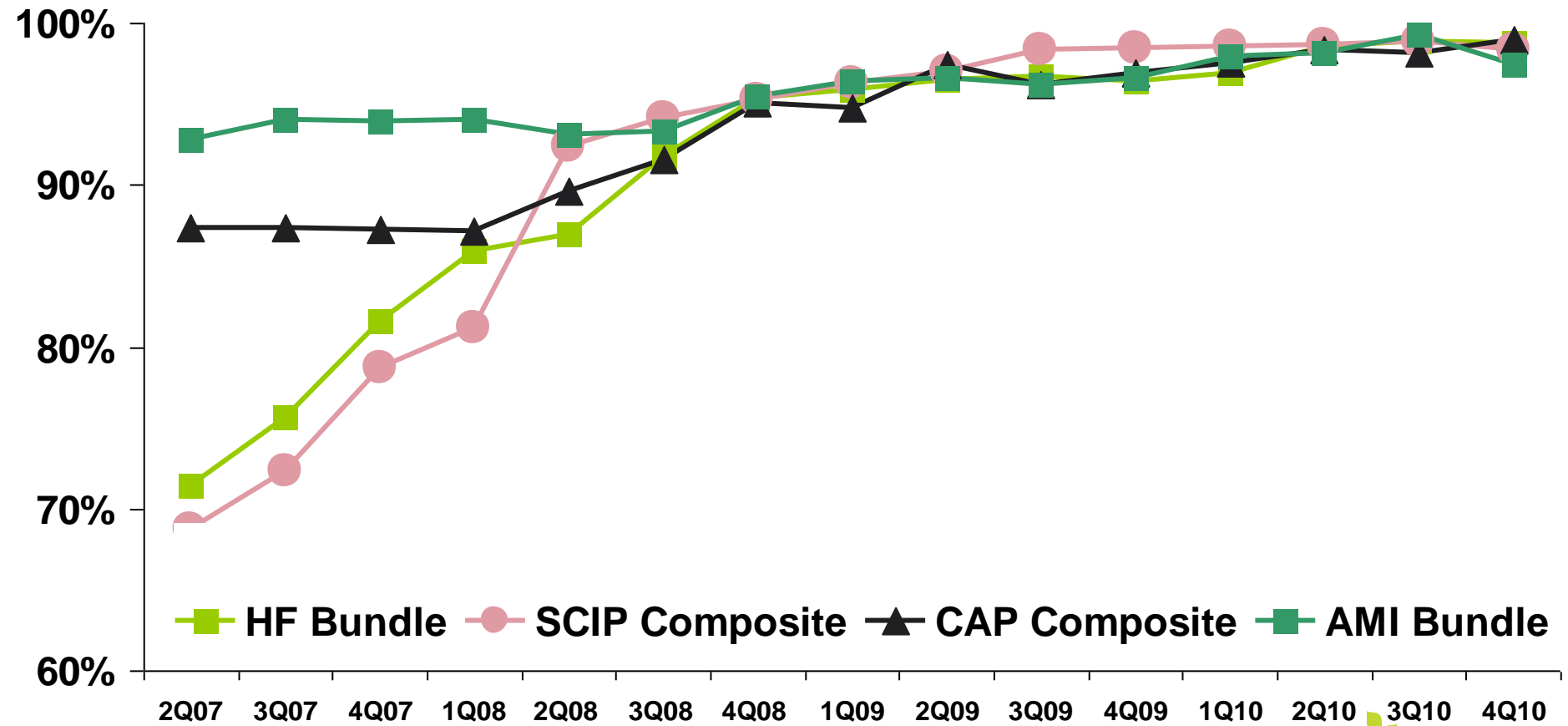
- **Obtaining Prescription Services for People with Asthma**
- **Appropriate Monitoring for Patients on Persistent Meds**  
LDL Control <100
- **Annual Monitoring for Patients on Persistent Meds**  
Diabetes Screening



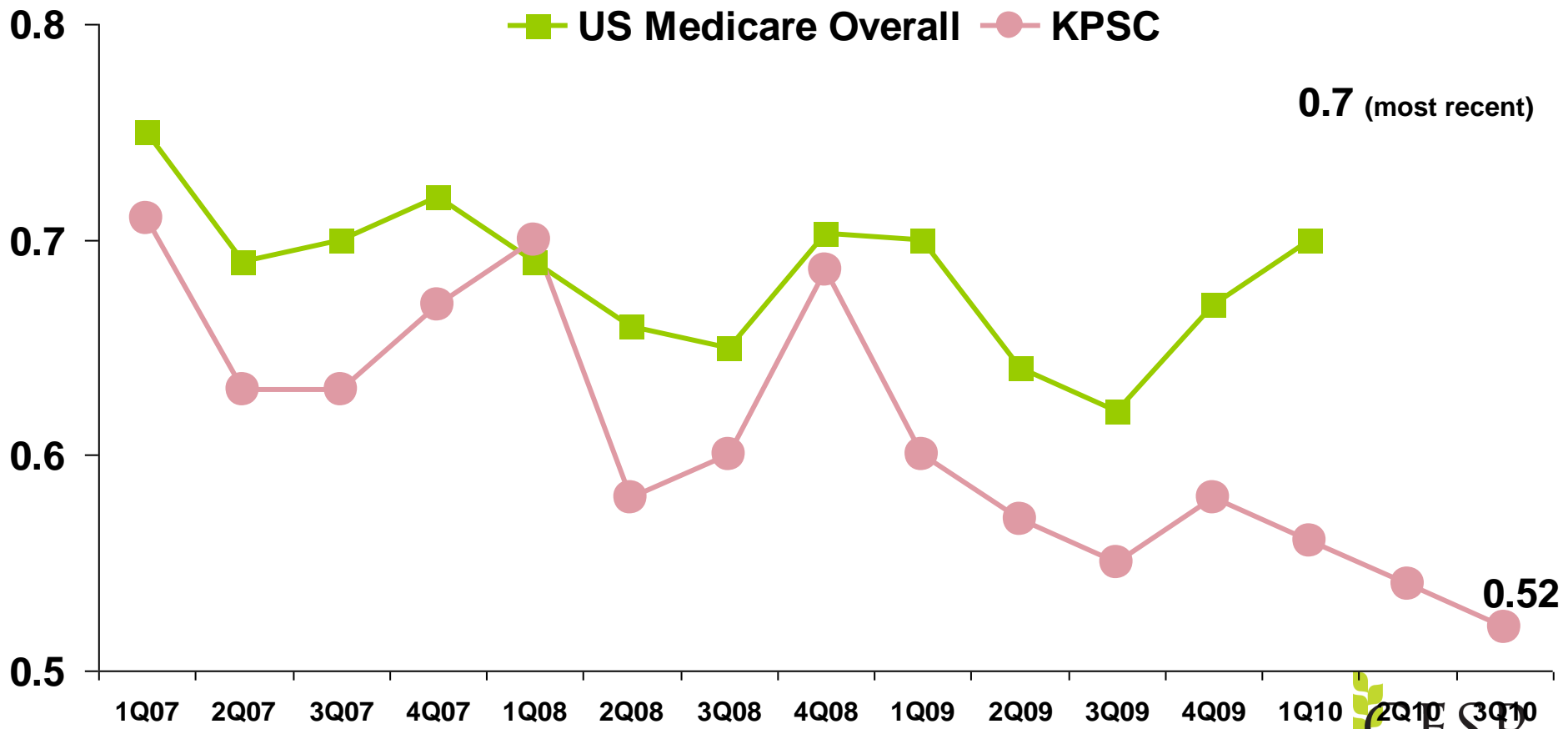
# Cervical Cancer Screening Rate Up and Unnecessary Testing Down



# Approaching 100% On Many Joint Commission Core Measures



# Better Than National Average Hospital Mortality Rates



0.7 (most recent)

0.52





# Concluding Thoughts

- **Establishing that a gap existed in quality was essential to motivate action**
- **Research has been vital to evaluate “good ideas” for closing the gap**
- **Systems approaches that combine multiple options most likely to succeed**