

Healthcare Reform
2010 and 2011 Changes
Facts and Myths
Major Quality Opportunities

Neil R. West, M. D.
ASQ Section Meeting
Feb 8, 2011

Current Structure

- Private Commercial Insurance
 - Myriad State Health insurance commission oversight
 - Standard health insurance
 - High deductible
 - Health Saving Accounts (HSA)
 - Self Funded (ERISA)
 - Preferred Provider (PPO)
 - Health Maintenance Org (HMO)
 - United Healthcare, Humana, Aetna, Cigna
 - Wellpoint, Anthem, Blue Cross Blue Shield
 - Group Health of Puget Sound (Co-op), HealthPartners (MN)
 - Kaiser Permanente (LA, Oakland, Portland, DC, Denver)
 - Geisinger Health System (Danville, Pa)

Federal and State Supported Health

- Veterans (VA system)
- Tricare (Military retirees, dependents)
- Medicare
 - Part A Hospital inpatient
 - Part B Physician and specialists
 - Part C Medicare Advantage
 - Part D Recently enacted Pharmacy Benefit (2003)
- Medicaid (Shared Federal and State funding)
 - Women and Children’s Programs –FQHC’s
 - Low income Adults
 - Disabilities
 - Mental Illness and disabilities
- Prisons (primarily state funded) *Arizona Spends more on prisons than Education!*

Medicare Part D Benefit

- \$310 deductible and 25 % coinsurance for enrollee to a total of \$ 2,840 and 75 % by plan
- In the 'Donut Hole' enrollee is responsible for 100 % of cost up to \$ 6,448
 - 50 % discount on brand name drugs
 - Generics Enrollee 93 % of cost; Plan 7 %
 - Estimate is that 14 % of enrollees reach gap
- Beyond the \$ 6,448 out of pocket costs the enrollee pays 5 % of cost, Medicare 80 % and the plan 15 %

Challenges facing Healthcare Industry

- Costs climbing at twice the inflation rate
- Aging population (both patients and medical professionals, nurses, etc.)
- Technology advances imaging CT, MRI, PET, laparoscopic surgery (*one CT equivalent to 400 chest x - rays*)
- Biological Rx (monoclonal & probiologics, genomics)
- Cancer care has increased from \$27 Billion to \$90 Billion
- Perverse incentives based on 'illness care' rather than 'wellness'
 - Readmissions are still paid
 - Frequent ER high users
 - Duplicate Lab studies
 - Duplicate Radiologic Procedures
 - *Yet, only half of people get the recommended services!*
- Identification of who and what are the drivers of cost (Predictive Modeling)

“If one can frame the debate, one wins the debate”

- ‘Obamacare’ - perjorative
- ‘Job killing healthcare bill’ – no evidence
- ‘Death panels’ – comparative effectiveness
- ‘Socialistic’ Takeover of Medical Care
- Ideological divide
 - Government help to regulate costs vs. Consumer knowledge to control costs
 - Medicaid moving to managed care rather than piece work fee for service
 - Medicare Advantage Care plans, HMO’s, PPO’s

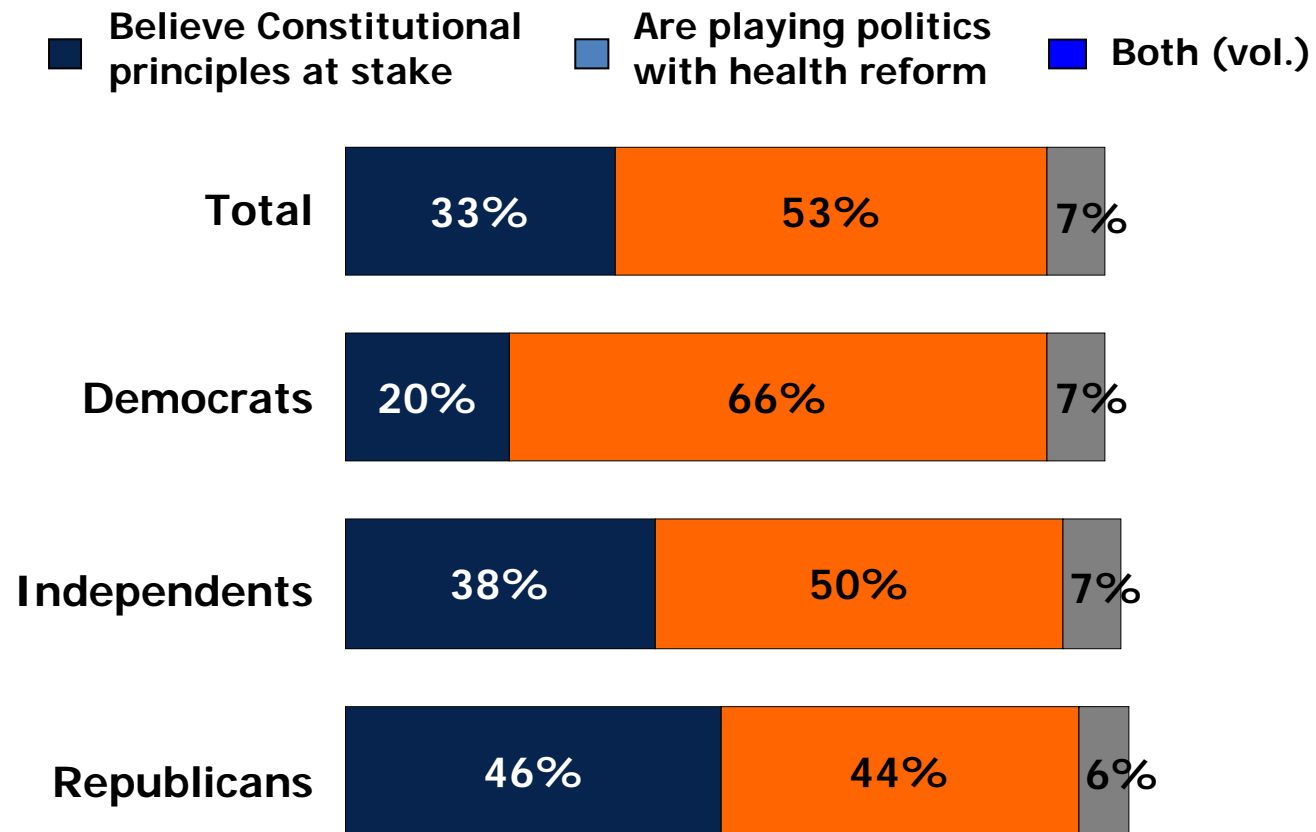
Healthcare Reform passed! What does it mean?

- **2010 impacts**

- Prohibits placement of lifetime limits, no rescision of coverage except in case of fraud
- Small Business tax credits with less than 25 employees. Average wages < \$50,000, Tax credit of 35 % of employers costs 2010 – 2013
- Patient Centered Outcomes Research (also known as Comparative Effectiveness Research) labeled as ‘death panels’ by opponents of reform bill (Has a \$ 1 Billion funding source)
- Drugs protected for 12 years rather than 7 years from generic substitutes for brand name
 - 340 B drug discounts
 - Medicare Part D recipients received \$250 + help when in the coverage gap
- Children covered on preexisting illnesses
 - Insurance companies are required to issue a policy to the child with preexisting conditions in a family policy
 - Dependent children can be covered until age 26

Half Say State Challenges to Individual Mandate are Political

As you may know, some state authorities are challenging the federal government's right to require all Americans to have health insurance. Would you say they are mainly doing this because they ...



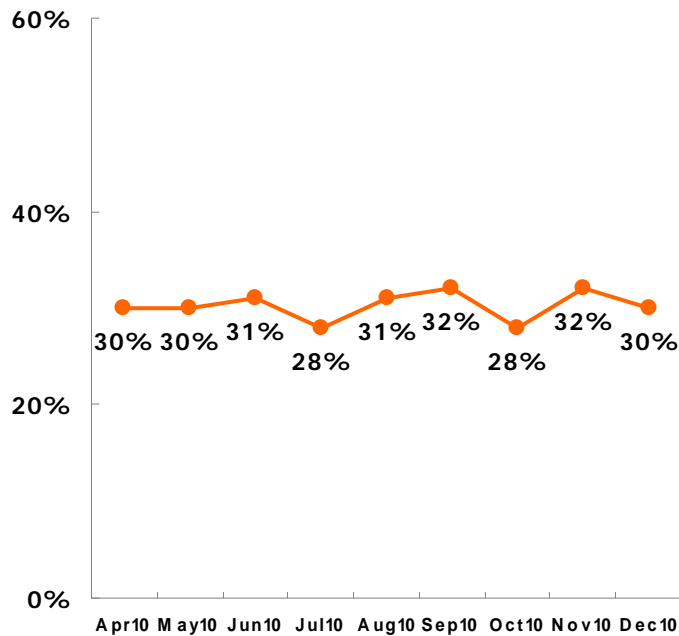
Note: Don't know/Refused answers not shown.

Source: Kaiser Family Foundation *Health Tracking Poll* (conducted August 16-22, 2010)

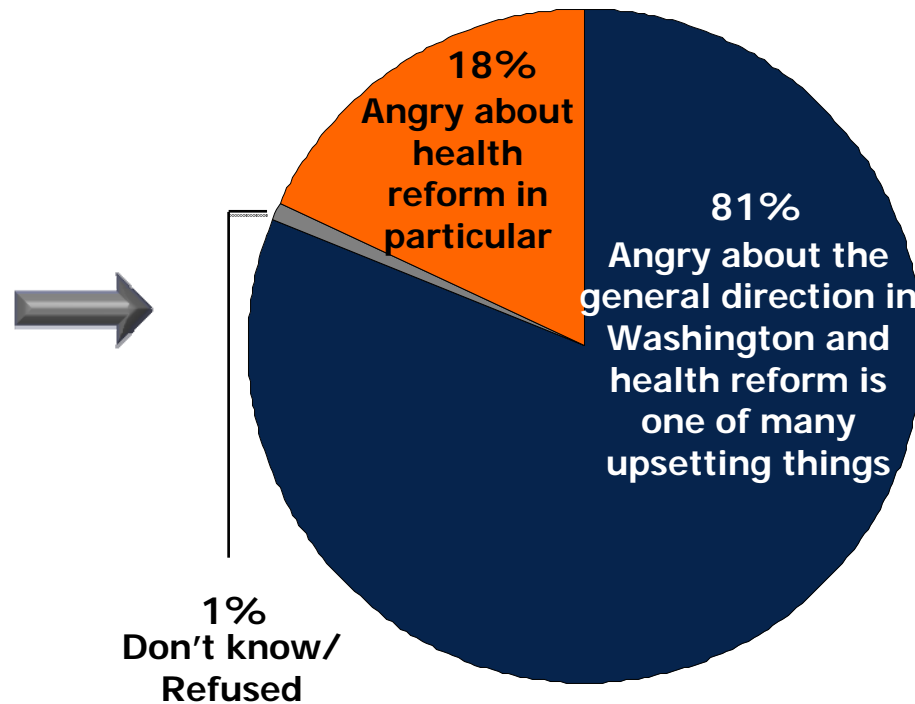
Neil R. West, M. D.

Anger More General Than Specific to Health Reform

Percent who say that 'angry' describes their feelings about the health reform law:



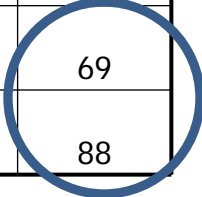
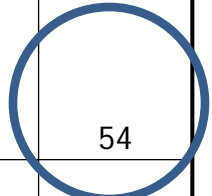
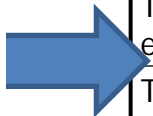
Among the 30% who feel 'angry' about the health reform law: Would you say you are angry about health reform in particular, or would you say that you are angry about the general direction in Washington and health reform is one of many things upsetting you?



Still, Most Want to Keep Key Provisions of the Law

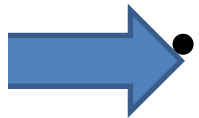
I'm going to read you several elements of the health reform law. For each, please tell me if you think lawmakers should keep it or repeal it?

Element	General Public		Voted Democrat		Voted Republican	
	Keep	Repeal	Keep	Repeal	Keep	Repeal
The law provides tax credits to small businesses that offer coverage to their employees	78%	18%	92%	6%	59%	36%
The law gradually closes the Medicare prescription drug "doughnut hole" or coverage gap so seniors will no longer be required to pay the full cost of their medications when they reach the gap	72	22	87	8	50	41
The law will provide financial help to low and moderate income Americans who don't get insurance through their jobs to help them purchase coverage	71	24	85	12	39	54
The law will prohibit insurance companies from denying coverage because of a person's medical history or health condition	71	26	82	16	61	35
The law will increase the Medicare payroll tax on earnings for upper income Americans	54	39	75	20	27	69
The law will require nearly all Americans to have health insurance or else pay a fine	27	68	44	49	9	88



2011 Implementations

- Innovation Center within CMS
- 10 % increase in Medicare Fee payment for primary care and general surgeons in underserved regions
- 50 % discount on brand name drugs filled in Medicare Part D coverage gap



- **Community Living assistance Services (CLASS)**

Voluntary insurance program deducted from wages, minimum 5 years beginning to draw in 2018

- **Premium Medical Loss Ratios of:**



- 85 % for group coverage
- 80 % for individual coverage
- Must provide rebates in 2011 to consumers

2012 and 2013

- **Accountable Care Organizations (ACO)**
 - Big focus now – Tucson Medical Center
 - Geisinger Health System in Pennsylvania
 - Carilion Health System – Roanoke, VA.
 - Norton Healthcare System - Kentucky
- **Bundled Medicare Payments**
 - How do you really calculate the relative risk of populations and that your costs were lower?
- **Bundled Medicaid Payments (Pediatrics)**

What and where can the Quality Professional Impact this system?

- *Redesign of care processes*
- *Automation of missed care milestones*
- *Development of datamarts and information to medical providers to focus on processes*
- *Eliminate unnecessary variation and non value added steps in care processes*

Distribution of costs

CHA Continuance Tables for Members ages 0 to 17

Incurred Claims between Nov. 1, 2004 and Oct. 31, 2005 (paid through Oct. 31, 2005)
Retail Pharmacy is included

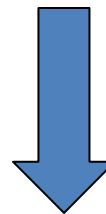
CHA Continuance Tables for Members ages 18+

Incurred Claims between Nov. 1, 2004 and Oct. 31, 2005 (paid through Oct. 31, 2005)
Retail Pharmacy is included

Cumulative Cost Distribution

Percentile	Costs	Percent of Total	# of unique members *	Avg Cost Annual per member*
Top 1.0%	\$ 12,501,296	33.6%	247	\$ 50,613
Top 5.0%	\$ 22,192,005	59.7%	1,234	\$ 17,984
Top 10.0%	\$ 27,334,675	73.5%	2,468	\$ 11,076
Top 20.0%	\$ 32,879,546	88.4%	4,935	\$ 6,663
Top 25.0%	\$ 34,303,684	92.2%	6,169	\$ 5,561
Top 50.0%	\$ 36,960,361	99.4%	12,338	\$ 2,996
* Total	\$ 37,198,087	100.0%	24,675	\$ 1,508

In this example 5 %
of patients represent
59 % of cost

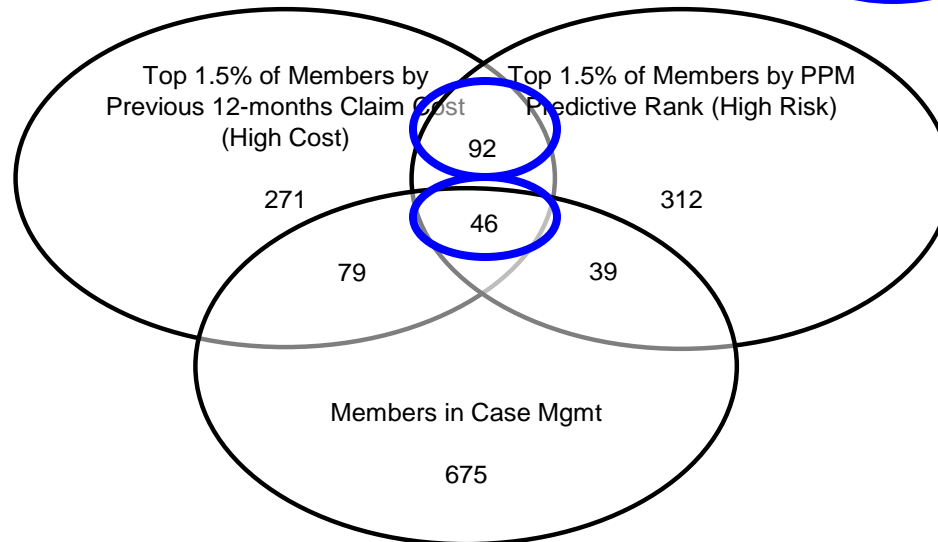


Individual Cost Distribution

Percentile	Costs	Percent of Total	# of unique members *	Avg Cost Annual per member**
Top 1%	\$ 12,501,296	33.6%	247	\$ 50,613
Top 2-5%	\$ 9,690,709	26.1%	1,234	\$ 7,853
Top 6-10%	\$ 5,142,670	13.8%	2,468	\$ 2,084
Top 11-20%	\$ 5,544,871	14.9%	4,935	\$ 1,124
Top 21-25%	\$ 1,424,138	3.8%	6,169	\$ 231
Top 26-50%	\$ 2,656,677	7.1%	12,338	\$ 215
Bottom 50.0%	\$ 237,726	0.6%	24,675	\$ 10

32
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32
29
20
34
59
32
1

MO Plan Members		32,536	
Top 1.5% of Mbrs by Claim Cost (High Cost)		488	
Top 1.5% of Members by Pathways Rank (High Risk)		489	
Members enrolled in Case Mgmt (1.4% of total population)		839	
Members in Top 1.5% of Cost (Previous 12 Months)		488	
Members <u>in Case Mgmt</u> and High Risk	46	9.4%	
Members <u>in Case Mgmt</u> , but not High Risk	79	16.2%	25.6%
Members that are High Cost AND High Risk, but not in Case Mgmt	92	18.9%	
Members that are High Cost, but not High Risk, and not in Case Mgmt	271	55.5%	74.4%
Members in Top 1.5% of Predictive Pathways Rankings		489	
Members in Case Mgmt, and High Cost	46	9.4%	
Members in Case Mgmt, but not High Cost	39	8.0%	17.4%
Members that are High Risk AND High Cost but not in Case Mgmt	92	18.8%	
Members that are High Risk but not High Cost and not in Case Mgmt	312	63.8%	82.6%
Members in Case Mgmt		839	2.6%
Members in Case Mgmt, NOT High Risk, and NOT High Cost	675	80.5%	
Members in Case Mgmt that are High Risk	39	4.6%	
Members in Case Mgmt that are High Cost	79	9.4%	
Members in Case Mgmt that are BOTH High Risk & High Cost	46	5.5%	



Identify Potential Patients for Case Management

Predictive Pathways™

Count of carriermemid	Primary Condition										Grand Total
Pcp Affil Fullname	Autism & Diabetes	Asthma	Moderate or S (blank)	Cancer	Biliary tract di	Abdominal pain	Major Depression	Other Affective			Grand Total
33	22	10	9	10	10	5	4	2	1	106	
7	5	2	6	1	2	1	1	1	1	26	
5	2	1	2	5	1	1	8			25	
3	6	9	1		1	2		1	1	24	
7	4	1		1	3	3		1		20	
6	2	5	1	2					1	17	
3	2	2	2	3					1	13	
4	2	2	2			2			1	13	
2	6	2		1						11	
6	1		1				1	1		10	
2	1	5			1			1		10	
3	2	1	1	1						8	
	1	2	2		1	2				8	
3	1		1	1				1		7	
4	1	1	1							7	
Grand Total	88	58	43	29	25	19	15	14	8	6	305

Hospital Metrics

- Readmissions for Heart Failure
- Preventable Falls
- Time to cath (PCI) for myocardial infarction
- Time to intervention for stroke care
- Examples of items that will not be reimbursed
 - Urinary tract Infections
 - Ventilator associated pneumonia
 - Central Line infections

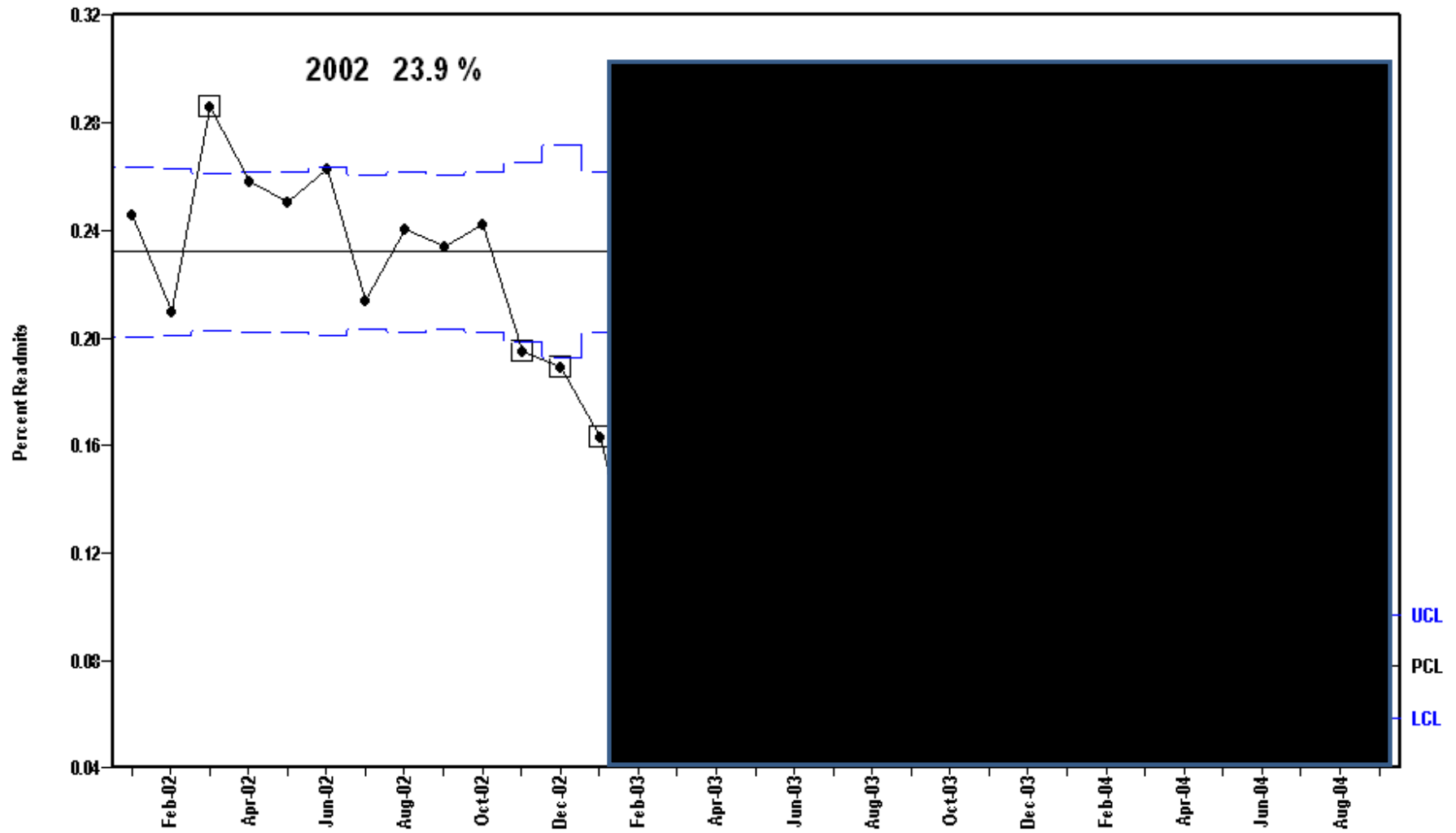
Readmissions – Is this a Quality Issue ?

NEJM by Stephen Jencks, M. D.

- April 09 article in New England Journal of Medicine (NEJM)
- 25 % of Medicare FFS Admissions are within 30 days of prior discharge
- What is rate for Commercial?
- What is rate for Medicaid?
- What is rate for self Funded?
- Have payers even studied this issue?
- 36 million hospital admissions per year in U.S.

Plan M Readmits / Admits

P Chart 2 STD Med Surg admits 2002 Baseline, 2003 to current

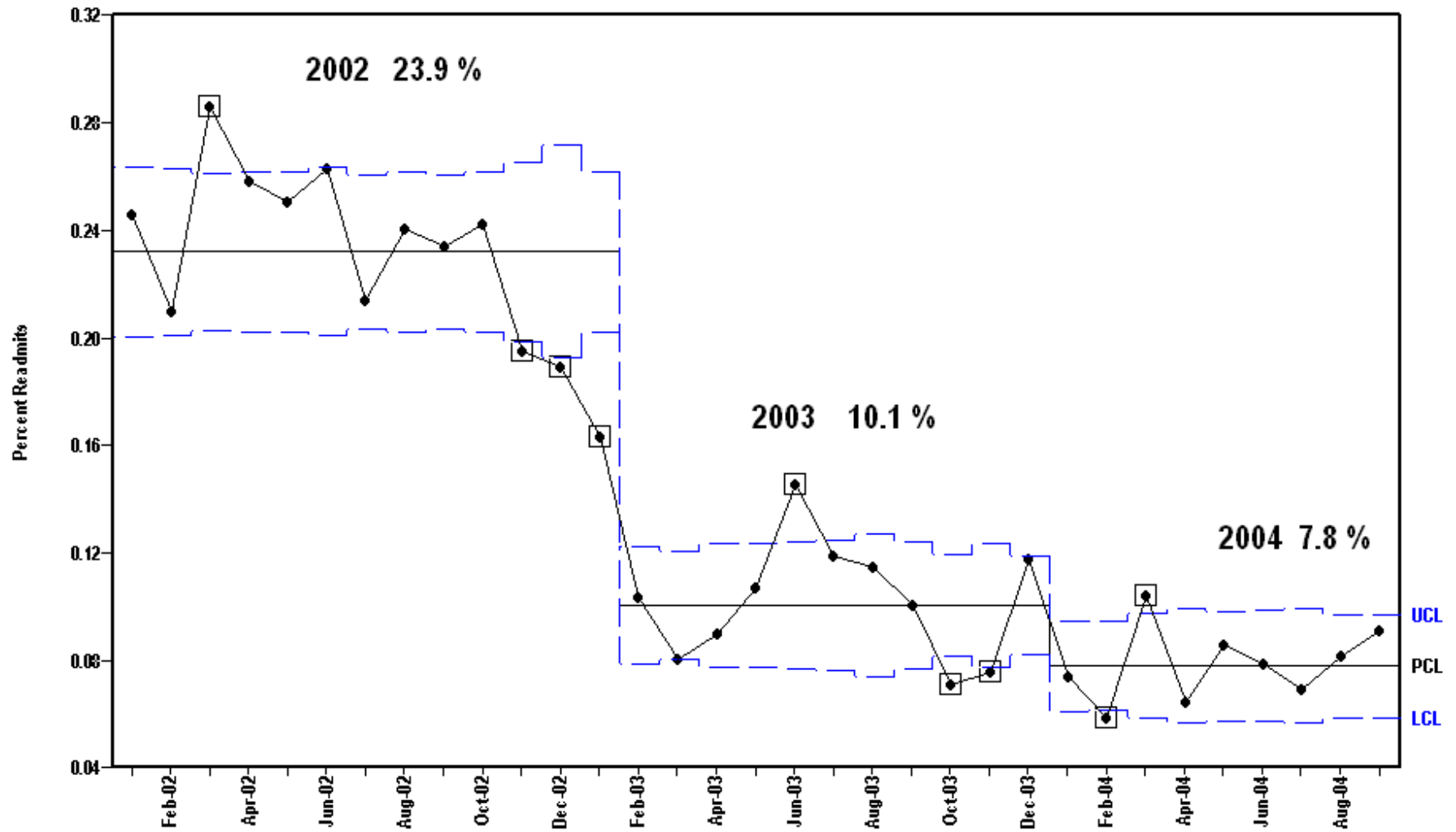


What was the intervention?

- Fishbone diagram of constraints etc.
- Implement phone call at 48 hours and 96 hours post discharge
 - Did the patient get their medications?
 - Do they have questions about the medications?
 - Do they have transportation?
 - Did they make an appointment for f/u?
 - Did all the durable equipment get in place?

Plan M Readmits / Admits

P Chart 2 STD Med Surg admits 2002 Baseline, 2003 to current

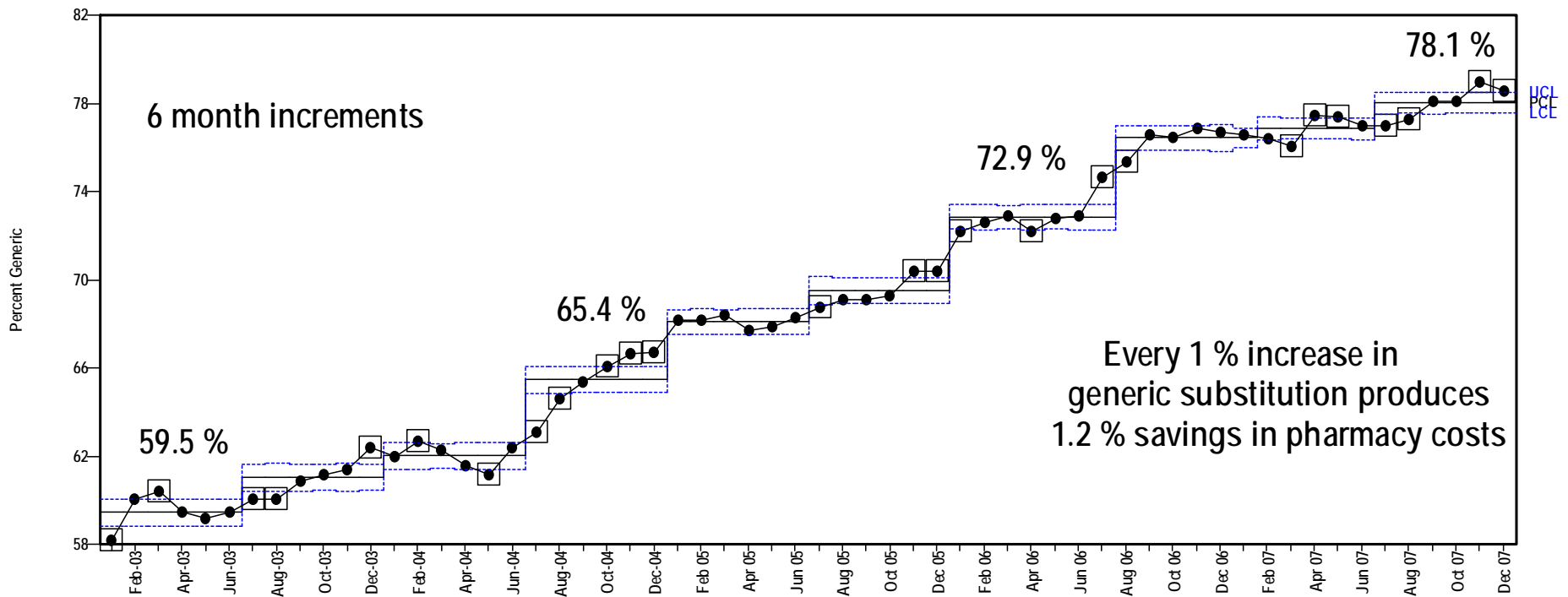


Problems with Measurements

- What is ‘truly different’ due to the medical practice or process vs. ‘what is due to chance?’
- What is due to the relative severity of the patient?
- Comorbidity – Diabetes by itself vs. diabetes with heart disease, or diabetes with heart disease + behavioral health Dx. This is not an exact science but a very real challenge!
- Present the information in an actionable way to physicians

Managing Pharmacy Costs

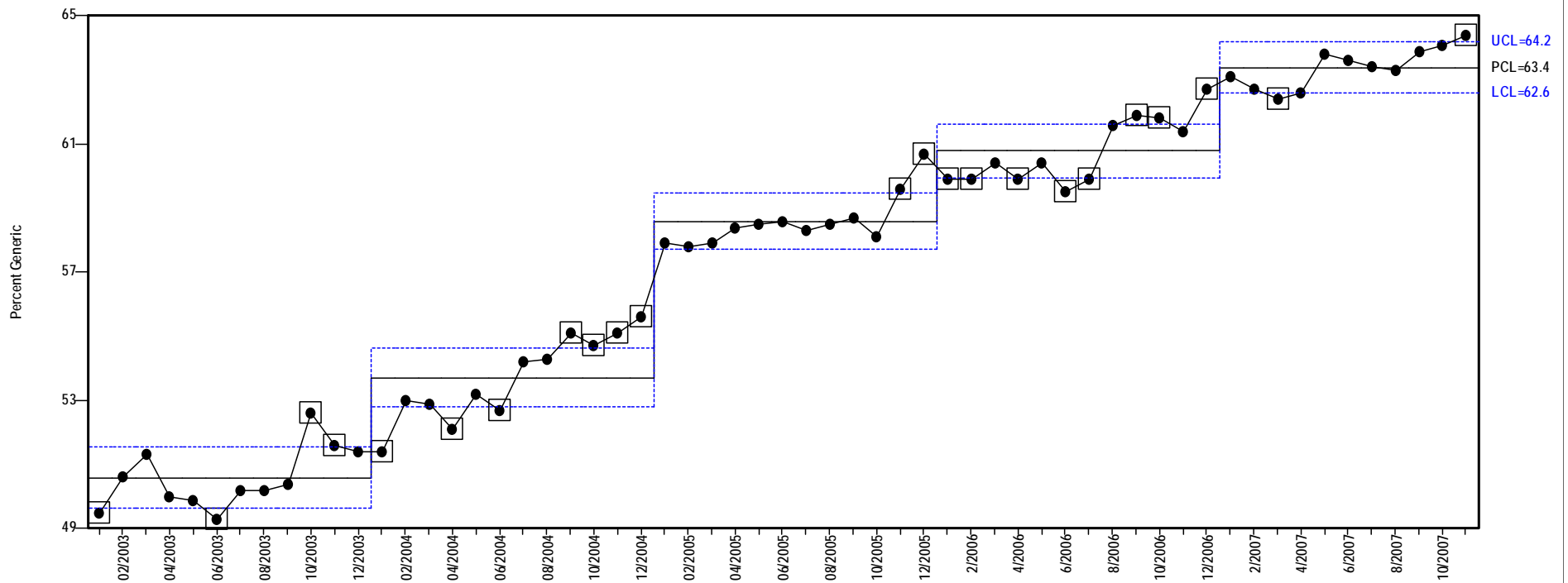
Maryland Physicians Care Change in Generic Prescribing Jan 2003 - Dec 2007



Commercial self funded

commercial Plan

Percent Generic Jan 2003 - Nov 2007 2 STD



Quarterly report to share with physician on drug utilization

Prescriber Utilization with Specialty Ranking

Prescriptions Filled Fourth Quarter 2004

MCY - MERCY CARE PLAN



Prescriber ID: [Redacted]
 Prescriber Name: [Redacted]
 Prescriber Address: [Redacted] 745

Specialty: IM	UNKNOWN		
Rx Count Rank	Ing Cost Rank	Rx Count PUPM	Ing Cost/Rx Rank
231 of 255	224 of 255	231 of 255	74 of 255

Quarter	Rx Count	Utilizing Members	Ing Cost	Rx Count PUPM	Ing Cost/Rx	Ing Cost PUPM	Generic % Rxs	Formulary % Rxs	DAW1 % Rxs
4Q 2004	807	80	\$22,983.35	3.36	\$28.47	\$95.76	75.8 %	96.7 %	0.9 %
3Q 2004	785	89	\$21,637.80	2.94	\$27.56	\$81.04	76.4 %	96.6 %	0.6 %
2Q 2004	818	95	\$22,939.51	2.87	\$28.04	\$80.49	74.4 %	96.3 %	0.0 %
1Q 2004	759	85	\$23,159.52	2.98	\$30.51	\$90.82	72.7 %	96.4 %	0.1 %
4Q 2003	732	87	\$20,992.09	2.80	\$28.67	\$80.43	72.8 %	96.2 %	0.3 %
Specialty Avg (4Q 2004)	197	30	\$9,222.05	2.16	\$46.77	\$101.21	69.4 %	97.1 %	0.6 %

Top Therapeutic Classes by Ingredient Cost						Top Drugs by Rx Count					
Prescriber Therapeutic Class	% Total	Ing Cost/Rx	Specialty Therapeutic Class	% Total	Ing Cost/Rx	Prescriber Drug Name	% Total	Ing Cost/Rx	Specialty Drug Name	% Total	Ing Cost/Rx
1 HMG COA REDUCTASE INHI	12.5 %	\$84.16	1 ANTIRETROVIRALS	20.4 %	\$471.49	1 LEVOTHYROXINE 50 MCG TAB	1.7 %	\$6.89	1 LIPITOR 10 MG TABLET	1.6 %	\$67.07
2 CALCIUM BLOCKERS	7.8 %	\$43.59	2 HMG COA REDUCTASE INHI	7.9 %	\$79.01	2 ACTONEL 35 MG TABLET	1.5 %	\$72.19	2 LIPITOR 20 MG TABLET	1.5 %	
3 PROTON PUMP INHIBITORS	6.0 %	\$72.23	3 NARCOTIC AGONISTS	4.4 %	\$109.19	3 HYDROCHLOROTHIAZIDE 25	1.5 %	\$1.37	3 ALBUTEROL 80 MCG INHALE	1.3 %	
4 MISC. ANTICONVULSANTS	5.7 %	\$101.10	4 INSULIN	3.3 %	\$67.77	4 MOEXIPRIL HCL 15 MG TABLE	1.4 %	\$36.80	4 OXYCODONE W/APAP 5/325	1.1 %	
5 FIBRIC ACID DERIVATIVES	5.1 %	\$53.73	5 DIAGNOSTIC REAGENTS	3.2 %	\$78.77	5 RANITIDINE 150 MG TABLET	1.4 %	\$15.05	5 PLAVIX 75 MG TABLET	1.0 %	
6 ACE INHIBITORS	4.9 %	\$19.70	6 MISC. ANTICONVULSANTS	3.1 %	\$114.12	6 RANITIDINE 300 MG TABLET	1.4 %	\$18.00	6 ACCU-CHEK CMFRT CURVE	1.0 %	
7 CALCIUM REGULATORS	4.8 %	\$73.18	7 GROWTH HORMONE	2.9 %	\$2,263.76	7 ATENOLOL 50 MG TABLET	1.4 %	\$5.14	7 ACTONEL 35 MG TABLET	0.9 %	
8 SYMPATHOMIMETICS	3.6 %	\$104.46	8 SYMPATHOMIMETICS	2.7 %	\$41.88	8 LIPITOR 10 MG TABLET	1.2 %	\$70.35	8 RANITIDINE 150 MG TABLET	0.9 %	
9 PLATELET AGGREGATION INHIBITOR	3.3 %	\$64.03	9 PLATELET AGGREGATION INHIBITOR	2.6 %	\$116.87	9 SOFTCLIX LANCETS	1.2 %	\$8.66	9 HYDROCHLOROTHIAZIDE 25	0.9 %	
10 INSULIN SENSITIZING AGEN	3.3 %	\$19.56	10 INSULIN SENSITIZING AGEN	2.5 %	\$119.45	10 PREMARIN 0.3 MG TABLET	1.1 %	\$26.78	10 LIPITOR 40 MG TABLET	0.7 %	
11 CALCIUM BLOCKERS	3.1 %	\$118.01	11 CALCIUM BLOCKERS	2.5 %	\$41.50	11 ATENOLOL 50 MG TABLET	1.1 %	\$4.38	11 SOFTCLIX LANCETS	0.7 %	\$9.67
12 PROTON PUMP INHIBITORS	2.8 %	\$21.10	12 PROTON PUMP INHIBITORS	2.2 %	\$69.87	12 ALLOPURINOL 300 MG TABLE	1.1 %	\$5.50	12 METFORMIN HCL 500 MG TA	0.7 %	\$15.75
13 SELECTIVE SEROTONIN REI	2.7 %	\$41.05	13 SELECTIVE SEROTONIN REI	1.9 %	\$40.71	13 FUROSEMIDE 40 MG TABLET	1.1 %	\$2.48	13 HYDROCODONE/APAP 5/500	0.7 %	\$6.79
14 CALCIUM REGULATORS	2.4 %	\$50.69	14 CALCIUM REGULATORS	1.8 %	\$69.54	14 DILTIAZEM ER 180 MG CAP S	1.1 %	\$41.76	14 FUROSEMIDE 40 MG TABLE	0.6 %	\$3.20
15 HEPATITIS AGENTS	2.2 %	\$26.96	15 HEPATITIS AGENTS	1.7 %	\$1,140.63	15 TRIAMTERENE/HCTZ 37.5/25	1.1 %	\$3.83	15 KLOR-CON M20 TABLET	0.6 %	\$18.35
16 DIBENZAPINES	1.9 %	\$17.98	16 DIBENZAPINES	1.6 %	\$167.28	16 ACCU-CHEK CMFRT CURVE S	1.1 %	\$40.63	16 FLONASE 0.05% NASAL SPR	0.6 %	\$60.13
17 ACE INHIBITORS	1.8 %	\$33.78	17 ACE INHIBITORS	1.6 %	\$13.87	17 METFORMIN HCL 500 MG TAB	1.1 %	\$17.95	17 BD ULTRA FINE II 1 ML SYRI	0.6 %	\$21.47
18 NARCOTIC COMBINATIONS	1.7 %	\$18.97	18 NARCOTIC COMBINATIONS	1.5 %	\$14.85	18 MOEXIPRIL HCL 7.5 MG TABL	1.0 %	\$17.30	18 LANTUS 100 UNITS/ML VIAL	0.6 %	\$73.90
19 IMIDAZOLE-RELATED ANTIF	1.6 %	\$13.43	19 IMIDAZOLE-RELATED ANTIF	1.4 %	\$172.39	19 NOVOLIN 70/30 100 UNITS/ML	1.0 %	\$46.16	19 LISINAPRIL 10 MG TABLET	0.6 %	\$8.05

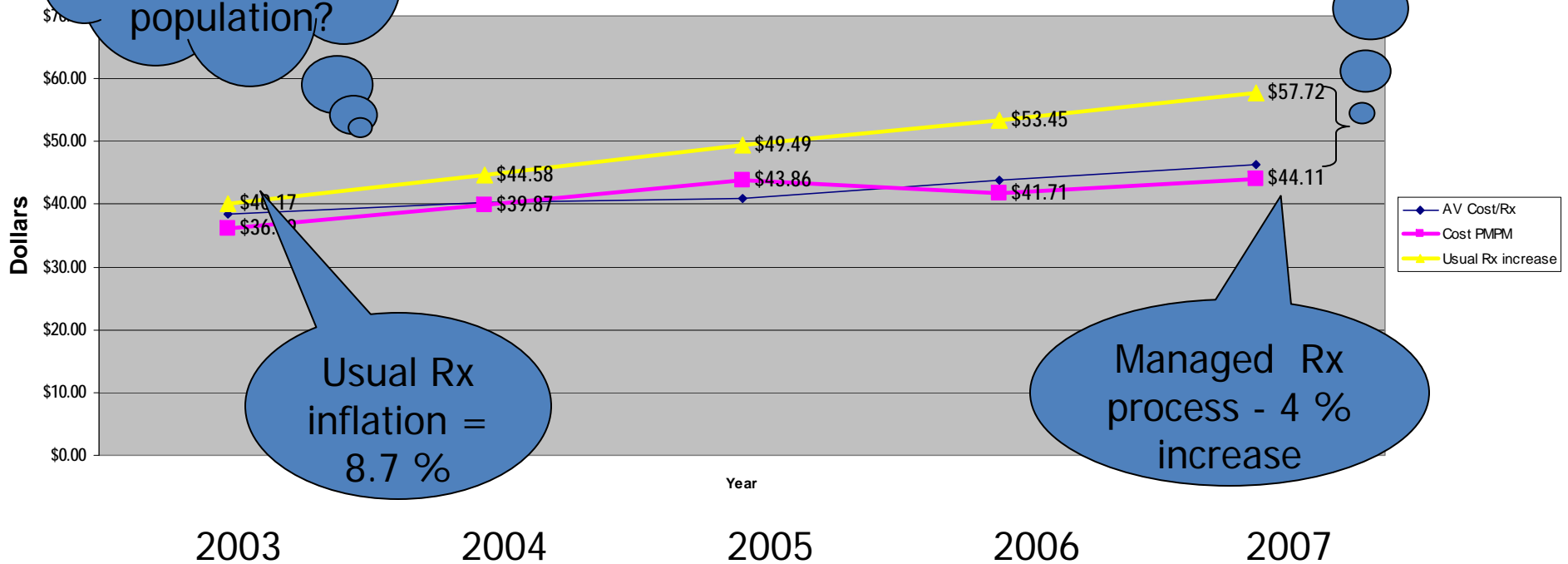
Light background is physician's experience

Shaded is peer group in specialty

What is the impact from Management of costs?

\$52 Billion Dollars

Comparison Rx inflation vs Observed costs



What if you could do this for the entire U.S. population?

Difference of \$13.62 * mem mths = \$50 Million dollars!!

Usual Rx inflation = 8.7 %

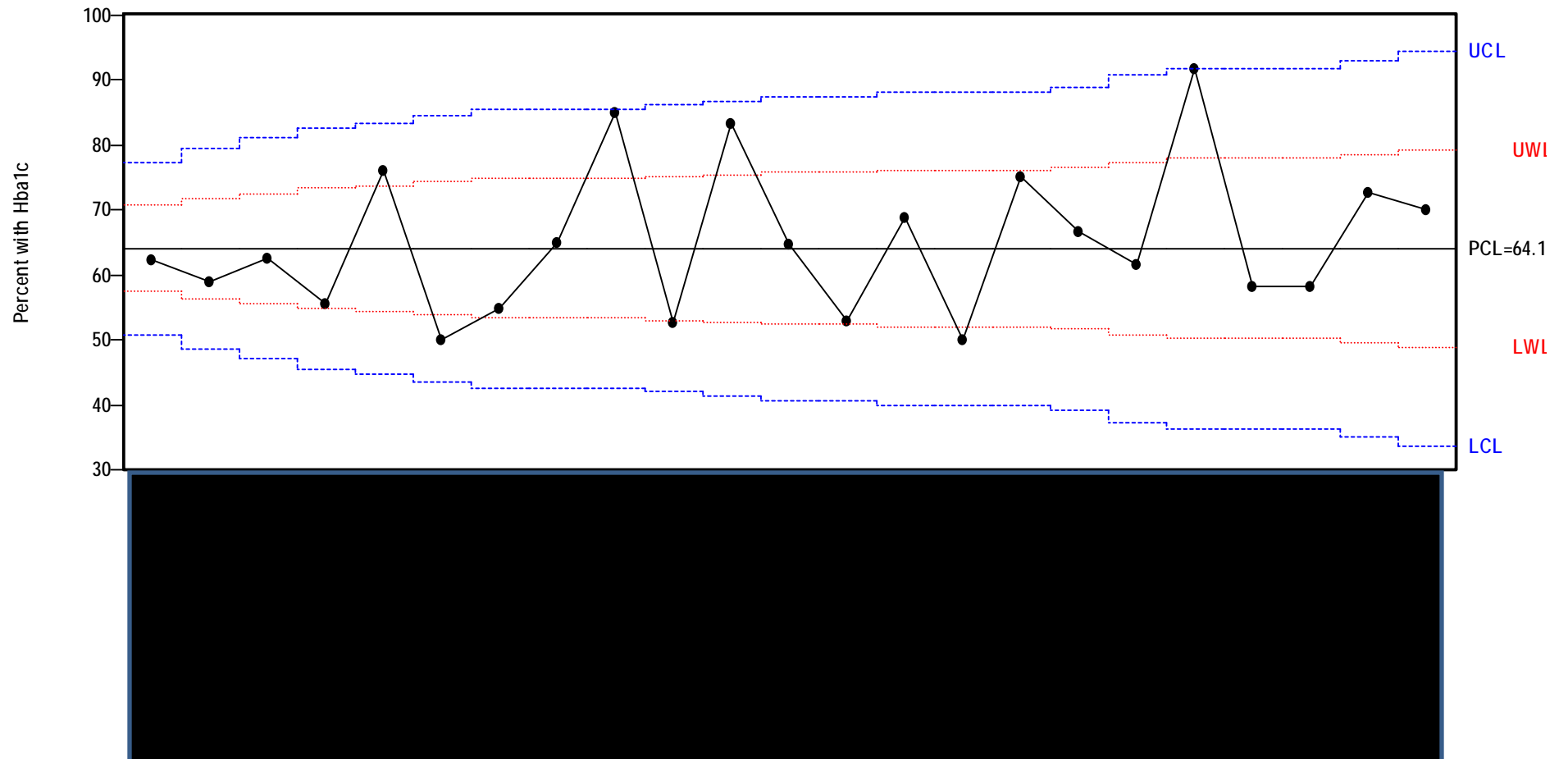
Managed Rx process - 4 % increase

Comparing clinics

August-06							
Metric	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total Pts.
Hb a1c	70.8%	53.8%	67.7%	55.6%	53.4%	72.3%	
LDL	62.0%	46.9%	60.2%	51.2%	47.5%	60.3%	
Retinal	29.5%	32.4%	34.0%	24.2%	23.6%	17.1%	
# Diabetics	366	275	886	572	570	350	3019
October-06							
Metric	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total Pts.
Hb a1c	74.6%	58.9%	68.6%	63.7%	60.7%	71.1%	
LDL	67.2%	54.8%	60.1%	57.7%	55.2%	59.1%	
Retinal	30.2%	30.8%	33.4%	26.8%	29.1%	18.1%	
# Diabetics	363	292	969	575	580	349	3128
Jan-07							
Metric	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total Pts.
Hb a1c	75.5%	64.2%	71.8%	65.2%	62.7%	73.4%	
LDL	70.8%	58.0%	61.7%	60.6%	57.9%	62.0%	
Retinal	35.1%	31.6%	32.9%	29.9%	30.8%	18.0%	
# Diabetics	359	307	925	566	598	316	3071

CMG PCP

Goal = 80 % of patient have Hba1c in the year



Wisconsin Collaborative www.wchq.org

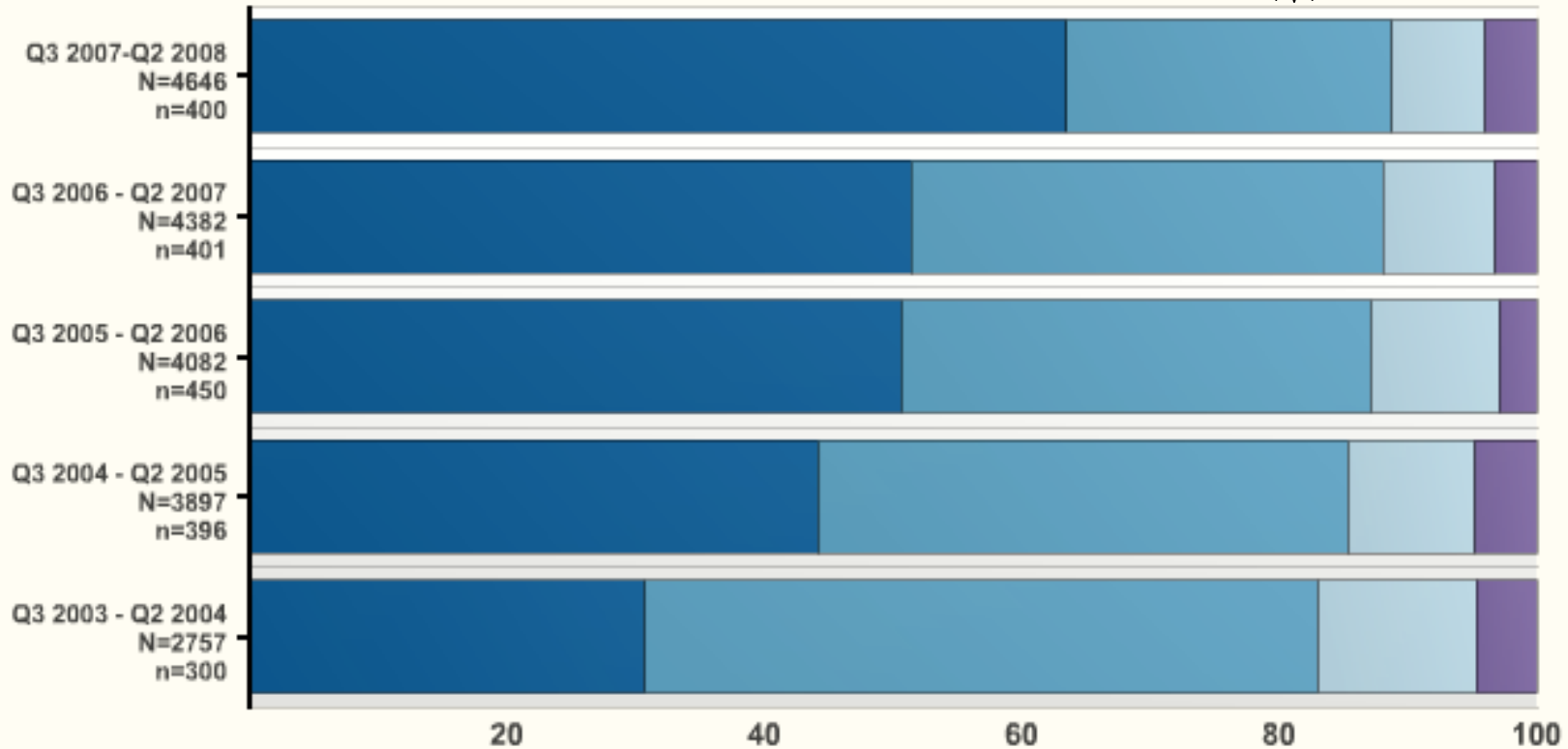
One of the better websites for a state!!

The screenshot shows the website's navigation bar with links for HOME, MEMBER TOOLS, GLOSSARY, FEEDBACK, CAREERS, and CONTACT US. Below the navigation bar are buttons for About Us, News, Events, Members, Our Measures, and View Our Reports. The main content area is titled 'View Our Reports' and includes a breadcrumb trail 'Home > Reports'. A welcome message reads 'Welcome to our Performance & Progress Report'. There are two main sections: 'View Reports by Provider Type and Region(s)' and 'View Reports by Topic or Category'. The 'View Reports by Provider Type and Region(s)' section includes a dropdown menu for 'Type of Provider' (Physician Group, Hospital, Health Plan) and a dropdown for 'Regions' (Central, Fox Valley, North Eastern, North Western, South Eastern, Southern, Western). A 'View Map of Regions' link and a map of Wisconsin are also present. A red 'NEXT' button is at the bottom of this section. The 'View Reports by Topic or Category' section is divided into three columns: 'AMBULATORY CARE MEASURES' (with sub-links for Chronic Care, Episodic Care, Preventive Care, and WCHQ population results), 'CLINICAL TOPIC' (with sub-links for Access, Critical Care, Diabetes, Health Information Technology, Heart Care, Patient Satisfaction, Pneumonia, Surgery, and Women's Health), and 'INSTITUTE OF MEDICINE CATEGORY*' (with sub-links for Safety, Timeliness, Effectiveness, Efficiency, and Patient-Centeredness). A note at the bottom right of this section states '*Aims for Improvement'.

Includes commercial, Medicaid and Medicare

Franciscan Skemp Medical Center Clinics

- Percentage of Patients in Good Control
- Percentage of Patients in Fair To Poor Control
- Percentage of Uncontrolled Patients
- Percentage of Not Tested Patients



Here is a medical group that is
Really moving in the right direction!!

n: Sample size of patient population measured

N: Total patient population measured (not a sample)

Q3 2009 - Q2 2010
 N=4265
 n=400

Q3 2008 - Q2 2009
 N=4052
 n=404
 Upper age limit
 changed from
 85 to 75 years

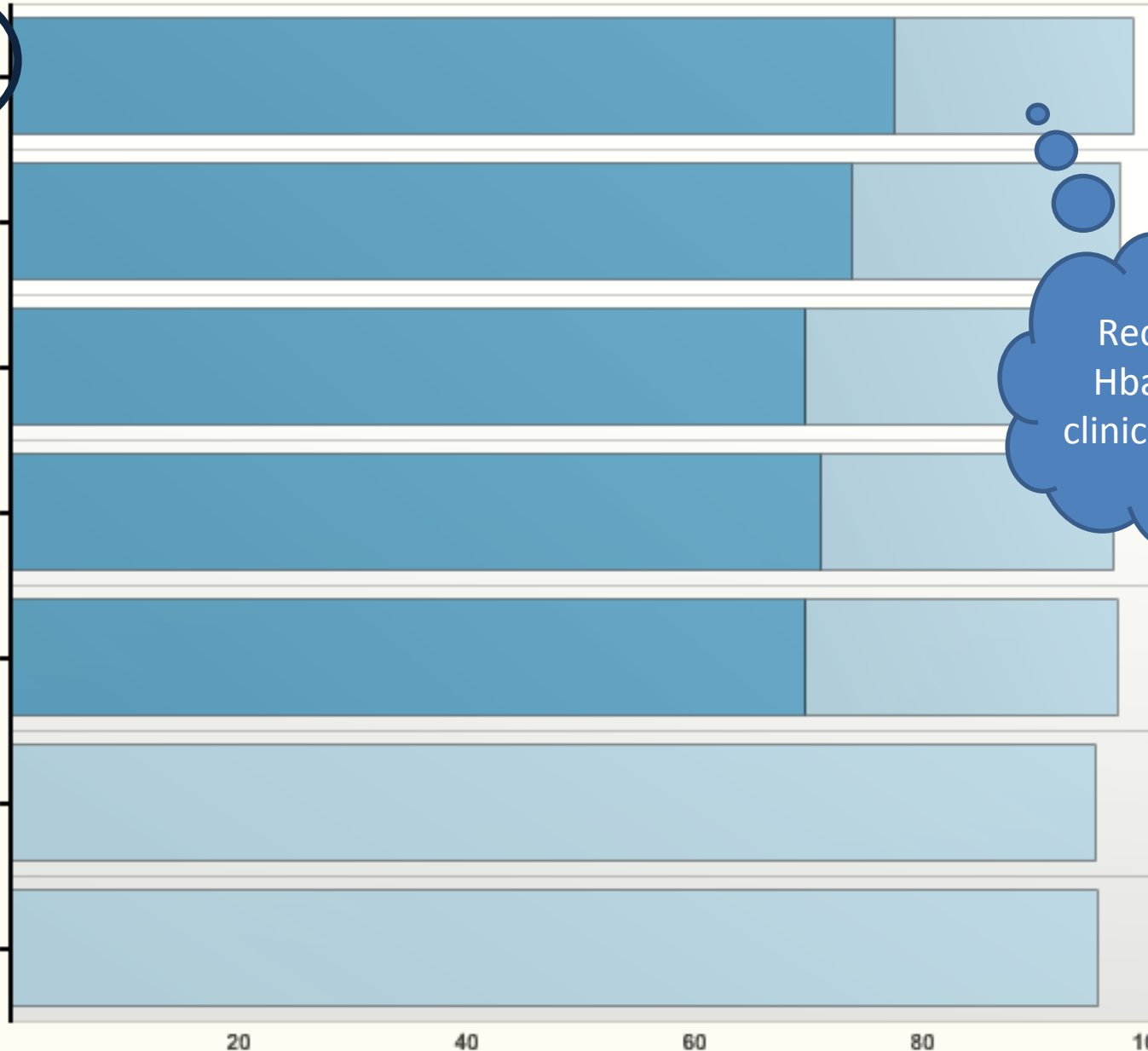
Q3 2007-Q2 2008
 N=4646
 n=400

Q3 2006 - Q2 2007
 N=4382
 n=401
 Represents Two
 or More A1c Tests
 >= to 60 days apart

Q3 2005 - Q2 2006
 N=4082
 n=450

Q3 2004 - Q2 2005
 N=3897
 n=396

Q3 2003 - Q2 2004
 N=2757
 n=300



Recall %
 Hba1c in
 clinics slide?

n: Sample size of patient population measured
 N: Total patient population measured (not a sample)
 Use caution when drawing conclusions for providers/organizations that have a small sample size

Diabetes Management – D 5

Show All

Category / Condition:

- Depression
- Diabetes**
- Blood Pressure
- Bad Cholesterol (LDL-C)
- Blood Sugar (A1c)
- Tobacco-free
- Aspirin Taken Daily
- Vascular Disease

Patient Experience

Health Information Technology

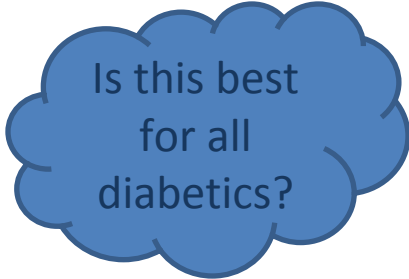
February 8, 2011

Diabetes

The best care for diabetes includes meeting five goals: The D5. This measure shows the percentage of diabetes patients, ages 18-75, who met all 5 goals:

- 1) Maintain blood pressure less than 130/80
- 2) Lower LDL or "bad" cholesterol to less than 100 mg/dl
- 3) Control blood sugar so that A1c level is less than 7%
- 4) Don't smoke
- 5) Take an aspirin daily, for those ages 40 and older

[read more ▶](#)






[What do these numbers mean?](#)

[◀ back to list](#)

Lakeview Medical Clinic

Overview | **Medical Group** | Location

Web: <http://www.lakeviewclinic.org>

Main Phone:  320-352-6591  Toll Free:  320-352-6591 

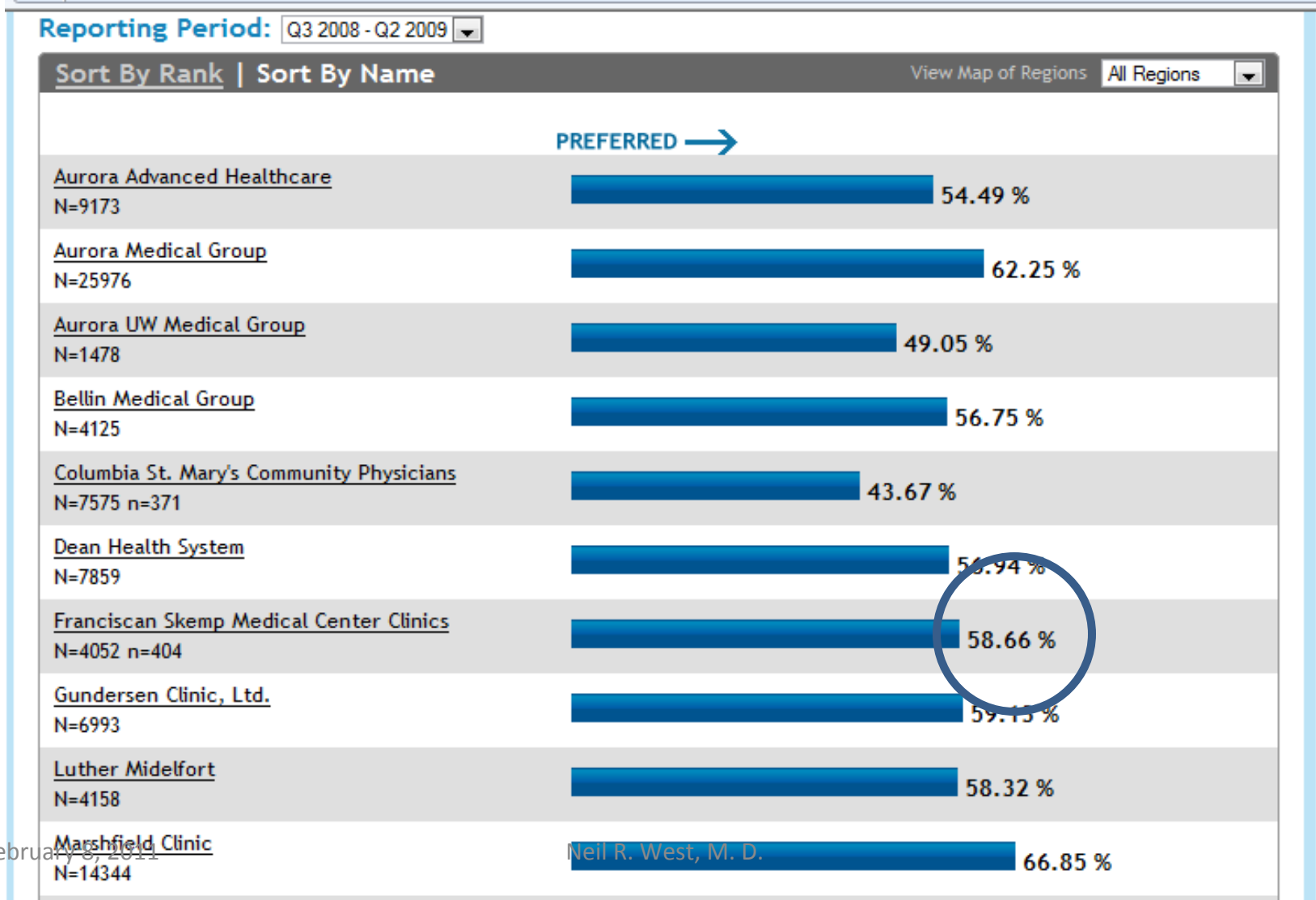
Neil R. West, M. D.

Diabetes

32

2009 Definitions Changed!!

Now measure is 'all or none'



 HISTORICAL DATA

Columbia St. Mary's Community Physicians

N=7847 n=396



2010 Data

 HISTORICAL DATA

Dean Clinic

N=8091



 HISTORICAL DATA

Franciscan Skemp Medical Center Clinics

N=4265 n=400



 HISTORICAL DATA

Gundersen Clinic, Ltd.

N=7306



 HISTORICAL DATA

Luther Midelfort

N=4517



 HISTORICAL DATA

Marshfield Clinic

N=14687



 HISTORICAL DATA

Medical College Physicians

N=4721



 HISTORICAL DATA

Mercy Health System

N=5525 n=359



 HISTORICAL DATA

Next Steps and Questions

- Redesign of followup to reduce Readmission
Identify where to build interventions
- Pharmacy prescribing patterns
Identify which drugs are driving the cost
- Managing Chronic illnesses
Which doctor's offices need redesign
- Managing to **wellness** not to Illness metrics