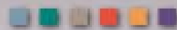
Assessment of ‘best practices’ in diabetes quality of care among physician organizations



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Objective

- To determine which practices used by physician organizations contribute to better glycemic control in a commercial HMO insured population.

Methods

- 12 high-performing POs, 5 lower-performing POs
- 25-60 minute semi-structured interviews on the phone
- Recorded and transcribed interviews
- Qualitative analysis using a comprehensive coding scheme

Best Practices Identified

- Care Management
- Patient Resources
- Feedback Mechanisms & Rewards
- Health Information Technology (HIT)

Care management

- "Medical home" "care team" – PCPs, endocrinologists, diabetes educators, case managers
- Regular reminder and follow-up system
- Exchange of info between PCP and specialist; Electronic tracking of referrals
- Systematic use of case managers and educators
- Diabetes clinics, group visits

Patient resources

- Classes and education
  - Lifestyle, cooking, diet, knowing numbers
- Patient self-management tools e.g., web portals, "health buddy"
- Tracking of class attendance
- Home visits by dieticians
- Translation services, bilingual staff

Feedback mechanisms & rewards

- Routine reporting mechanism to doctors
- Unblinded and blinded reports
- Creates competition
- Monetary rewards through P4P
  - Clinical quality, performance improvement, patient experiences, use of information technology

Health Information Technology (HIT)

- EMR or interactive electronic platforms
- Registries sometimes used in conjunction with EMR
- Supports care coordination
- Problematic to get older physicians to use electronic systems

Conclusions

- Characteristics of high performing POs
  - Adopted more resource-intensive strategies
    - Coordination of care tends to follow “medical home” or “care team” models
    - Emphasis on patient self-management by offering classes, web portals, home devices
    - Developed interactive electronic platforms or EMR
  - Focus on what works and improving further

Conclusions (continued)

- Characteristics of lower performing PO's
  - Struggling with basic standards of care such as regular screenings, reminders and follow-ups
  - Partial or no electronic platform, registry, EMR
  - Lack of support staff for care management e.g., educators, case managers
  - Challenged by composition of their patient population, e.g., SES, race, and low resources for quality improvement

Implications

- Patient engagement is key in managing chronic diseases
- A team-based approach to caring for patients includes not only care coordination but also organizational and staff 'culture'