

# Award-Winning Care as a Result of Self-Management Support by Health Coaches within Mercy Clinics, Inc.

Kelly Taylor, RN, MSN, CCM. Del Konopka, RN, MS. Dave Swieskowski, MD, MBA.



## NQF Measures Dec 05 - Oct 08

### Purpose

To improve the health status of our clinic patients with chronic illness and childhood immunization rates by providing consistent and proactive treatment using evidence-based standards of care.

### Description

Health Coaches were key in making our system work. **Decision Support:** We put into place *Practice Guidelines* and *Standing Orders* for chronic illness. **Clinical Information Systems:** A *Disease Registry* was expanded. **Delivery System Redesign** included adding, training, and certifying Health Coaches who facilitate planned care visits for patients with chronic disease. They maintain the *Disease Registry* and proactively contact patients who have care opportunities or who are not meeting goals. They conduct pre-visit chart reviews to evaluate and ensure patients are current within the standards of care. They place on the chart and use a disease-specific *Office Visit Form* checklist so all critical elements for care are addressed. Health Coaches provide **Self-Management Support (SMS)** by using a behavioral change model.

### Process

Health Coaches enter data in a *Disease Registry (Care Measures)* to track diagnoses, appointments, lab tests, and process and outcome measures. They partner with patients in using resources to optimally manage chronic conditions.

### Measurement

Adding new measures challenged us and helped us address the needs of a larger clinic population. Chronic disease and immunization measures were entered into the disease registry. Integrity of the data was monitored and maintained by our Director of Quality. *National Quality Forum* measures were chosen as our benchmark. Descriptive statistical analyses were used. Monthly, transparent processes' and outcomes' reporting to physicians and the clinics revealed the status of their own chronically ill patient population. This allowed MCI to compare results for the clinics and identify trends as a gauge for progress in disease management.

### Significance

The registry expansion involved adaptation by all the team members to ensure efficient, thorough, patient-centered care. Disease outcome measures compared very favorably to the NQF measures. We were recognized nationally for our quality of care by receipt of the American Medical Group Association *Acclaim Award* in fall 2008.

NQF measure	Diabetes Measures	2005 Results	2006 Results	2007 Results	2008 Results through 10/31/08	2008 GOAL	Denominator
	Number of engaged clinics	5	8	10	10		
	Number of Patients	3,023	5,079	6,989	6,874		
DM #1	% with HbA1c in last year	93%	94%	91%	99%	94%	All Pts in database
DM #2	Poor control - HgA1c > 9.0 Lower is better			16%	22%		All Pts in database Not done counts as > 9.0
DM #3	% with LDL in the last year	82%	89%	86%	82%	94%	All Pts in database
DM #4	% with LDL <130	72%	77%	76%	72%	80%	All Pts in database Not done counts as ≥ 130
DM #5	% with LDL <100	-	55%	58%	55%	55%	All Pts in database Not done counts as Not done counts ≥ 100
DM #6	% with Microalbumin in 1 Yr.	76%	81%	78%	70%	80%	All Pts in database
DM #7	Eye Exam documented	-	-	45%	41%	70%	All Pts in database
DM #8	Foot Exam documented	-	-	29%	-		All Pts in database
DM #9	% with BP < 140/80	-	-	53%	57%	75%	All Pts in database Not done counts as ≥ 140/80
	% with BP < 140 systolic	86%	83%	-	-		Pts with BP in last 1 yr
DM #14	% with HbA1c ≤ 8.0	78%	82%	83%	75%	75%	Pts with HgA1c in last 1 yr
DM #14	% with HbA1c ≤ 7.0	-	60%	62%	57%	55%	Pts with HgA1c in last 1 yr
	Hypertension P4P Measures	2005	2006	2007	2008 Results through 10/31/08	2008 GOAL	
	Number of Patients	1268	3508	10,674	12,742		
AMB #11	% with BP in the last yr.	96%	96%				All Pts in database
AMB # 13	% with BP < 140/90			63%		75%	All Pts in database Not done counts as ≥ 140/90
	% with BP < 140 systolic	75%	85%				Pts with BP in last 1 yr
	Immunizations				2008 Results through 10/31/08	2008 GOAL	
	Number of Patients				127		
AMB # 34	% fully immunized at age 2				90%	85%	Registry data collection for 2008 is just starting
	Asthma						
	Number of Patients						
AMB # 1	% with freq of day & night Sx OR % with classification of asthma				52%	80%	Registry data collection for 2008 is just starting

Contact: [dkonopka@mercydesmoines.org](mailto:dkonopka@mercydesmoines.org)