

UniNet

Healthcare Network

2009 Annual Quality Report

Clinical Integration in Practice



**Quality,
efficiency,
patient safety and
education**



Mission Statement

UniNet Healthcare Network is an umbrella organization clinically integrating medical care providers by promoting superior quality, safety and efficiency for our communities. We unite our providers through education, disease management, performance review, delegated credentialing and contracting.

UniNet

“The people will gradually demand more of their medical advisers” ⁽¹⁾

Indeed, that day has arrived.

We are proud to present this quality report to the leaders of the Omaha/Council Bluffs Metropolitan area to show how the physicians and hospitals of UniNet are addressing the demand for clinical excellence. Since our inception 10 years ago, we have developed and implemented multiple clinical protocols; instituted disease management programs (diabetes, heart failure, and lung disease), conducted physician performance reviews and have awarded over 12,000 hours of continuing medical education. The physician members who practice at Alegent Health and Creighton University in conjunction with our hospitals have truly made an impact in the way care is delivered in the metropolitan area. The keys have been interdependence, cooperation and transparency of quality data; all fostered by physician leadership. It is undeniably a unique culture for a diverse group of medical practitioners.

Please take time to review the data presented and discuss it when you see one of our physicians. We have committed ourselves to ongoing training in order to deliver the best healthcare possible.

Stephen J. Lanspa, M.D., MMM
Board Chair

⁽¹⁾ Charles H. Mayo collected papers Mayo Clinic and Mayo Foundation 1913

2009 Initiatives at a glance	Quality	Efficiency	Patient Safety	Education
Diabetes Care Connection	x	x		x
Chronic Disease Management	x	x	x	x
Asthma	x	x		x
Outpatient DVT	x	x	x	x
Pharmacotherapy		x		x
E-Prescribing		x	x	
Colonoscopy	x			
Blood Products			x	x
Ophthalmology PQRI	x			
Radiology		x		x
Chlamydia	x		x	
Evidence Based Care	x		x	



Hospitals

- Alegent Health Bergan Mercy Medical Center
- Alegent Health Immanuel Medical Center
- Alegent Health Lakeside Hospital
- Alegent Health Midlands Hospital
- Alegent Health Mercy Hospital
(Council Bluffs, IA)
- Alegent Health Community Memorial Hospital
(Missouri Valley, IA)
- Alegent Health Memorial Hospital
(Schuyler, NE)
- Alegent Health Mercy Hospital
(Corning, IA)
- Creighton University Medical Center
- Memorial Community Hospital (Blair, NE)
- Lasting Hope Recovery Center

Over 1000 Physicians and Ancillaries

- Independent Providers
- Creighton Medical Associates
- Alegent Health Clinic
- Alegent Health at Home
- Alegent Health Outpatient Surgery
- Alegent Health Outpatient Physical Therapy
- Alegent Health Quick Care
- Creighton Medical Associates Laboratory
- Alegent Health Laboratory
- Alegent Health Outpatient Imaging
- Creighton University Medical Center
Physical Therapy
- Creighton University Medical Center
Outpatient Surgery
- Creighton University Medical Center
Outpatient Imaging
- Hospice of Southwest Iowa
- Lakeside Endoscopy Center
- Alegent Health Lakeside Surgery
- Alegent Health Express Care

Diabetes Care Connection Outcomes

The UniNet Diabetes Care Connection Program is in its third year of existence. All UniNet Family Medicine, General Internal Medicine and Endocrinologists participate in this program to improve the quality of care provided to their diabetic patients. The program is patterned after the National Committee for Quality Assurance’s (NCQA) Diabetes Physician Recognition Program and utilizes chart flow sheets, quarterly reminder lists and physician education to improve compliance with nationally recognized treatment recommendations. This past year 12 UniNet physicians received recognition from the NCQA for excellence in diabetic care.

Table 1

Diabetes Care Connection

Measure	NCQA Goal	July, 2005- Dec, 2005	Jan, 2008 Dec, 2008
HbA1C completed in last year		93.6%	97.7%
HbA1C Poor Control > 9	≤15%	12.0%	8.3%
HbA1C Control < 7	≥40%	50.3%	58.9%
BP Control ≥140/90	≤35%	30.8%	24.9%
BP Control <130/80	25%	38.9%	42.9%
Smoking Status and Cessation Advice or Treatment*	80%	75.8%	73.4%
Complete lipid profile		78.3%	86.2%
LDL Control ≥130 mg/dl	≤37%	46.1%	23.2%
LDL Control <100 mg/dl	36%	42.6%	59.3%
Nephropathy Assessment	80%	49.9%	75.3%
Foot Examination	80%	37.0%	76.9%
Eye Examination*	60%	43.4%	42.8%
TOTAL PATIENTS SEEN		3092	8797

*Change in reporting on eye exams and smoking made by NCQA after 2005. Recommended eye exam no longer acceptable and smoking must be assessed annually even in non-smokers

Patients 18 - 75 years of age who have been seen at least twice in the reporting year.



Glucose control, as measured by a patient’s hemoglobin A1c, is a central focus of diabetic management. Improved glycemic control results in reduced complications such that for each 1% decline in HbA1c there is a 21% reduction in risk for complications or diabetic-related deaths.⁽¹⁾ Poor glycemic control speeds the development of complications and increases the cost of care and lost work time.

UniNet physicians had a lower percentage of their patients with poor glycemic control (defined by an HbA1c >9%) compared to national averages. (Table 2)

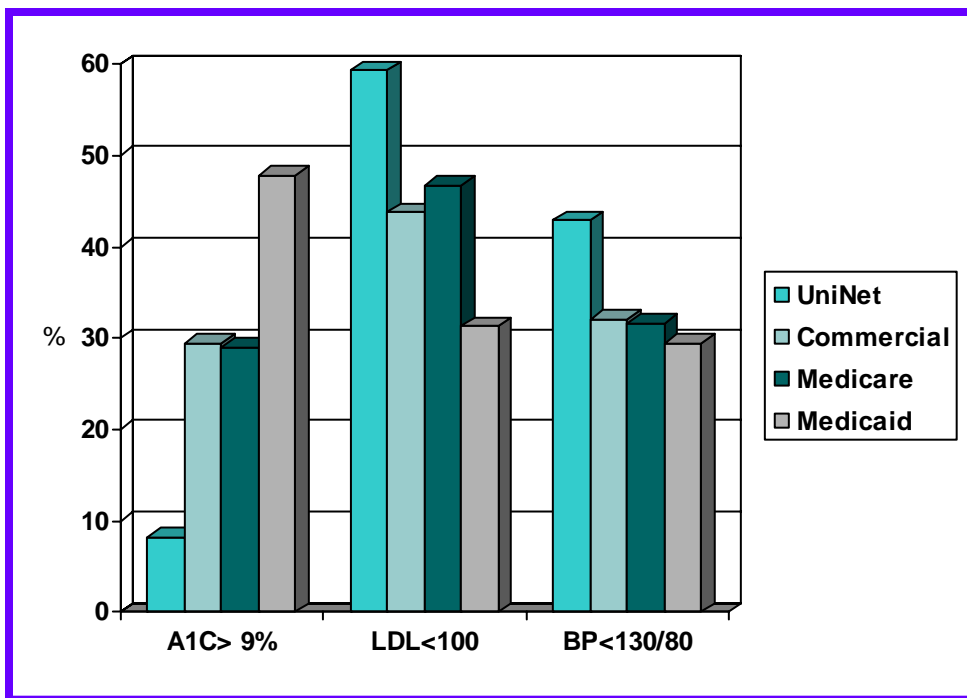


¹Stratton I, Adler A, Neil A, et al. Association of glycemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ* 2000;321:405-412.

Diabetics are three times more likely to develop hypertension than non-diabetics, and the combination of diabetes and hypertension is associated with an increased risk of cardiac events, nephropathy and retinopathy.^(1, 2) Diabetes increases the risk of coronary events twofold in men and fourfold in women. Strict blood pressure control (<130/80) is associated with a significantly lower risk of retinopathy, stroke and diabetes related death.⁽³⁾ **Almost 43% of diabetic patients cared for by UniNet providers reached this blood pressure goal, which exceeds the national average and the NCQA goal of 25%. (Table 2)**



Table 2



Compiled from
2008 HEDIS data
The State of Healthcare Quality 2008
NCQA Diabetes Physician Recognition Program

86% of diabetics die from complications of cardiovascular disease.⁽⁶⁾ LDL cholesterol control has been shown to significantly reduce this risk.⁽⁷⁾ **Almost 60% of UniNet providers' patients met the goal of achieving an LDL of <100 mg/dl compared to the national average (and the NCQA goal) of 36%. (Table 1, 2)**

¹ Wingard D, et al. National Diabetes Data Group. Diabetes in America 2nd ed. Washington D.C. 1995

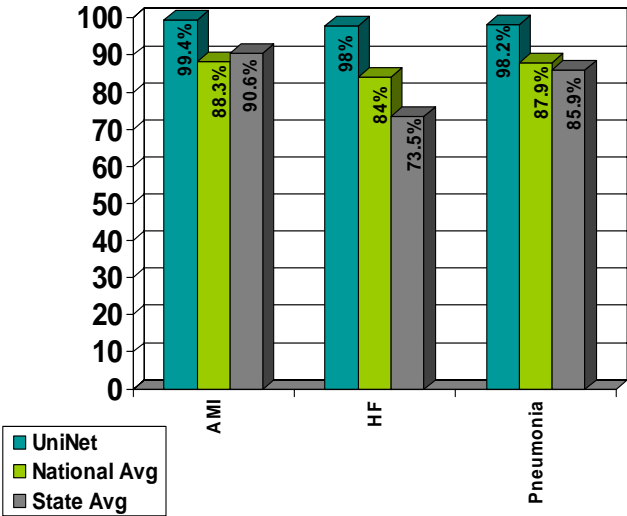
² American Diabetes Association *Diabetes Care* 2005;25:S71-S73.

³ UK Prospective Diabetes Study Group (UKPDS 38). *BMJ* 1998;317:703.

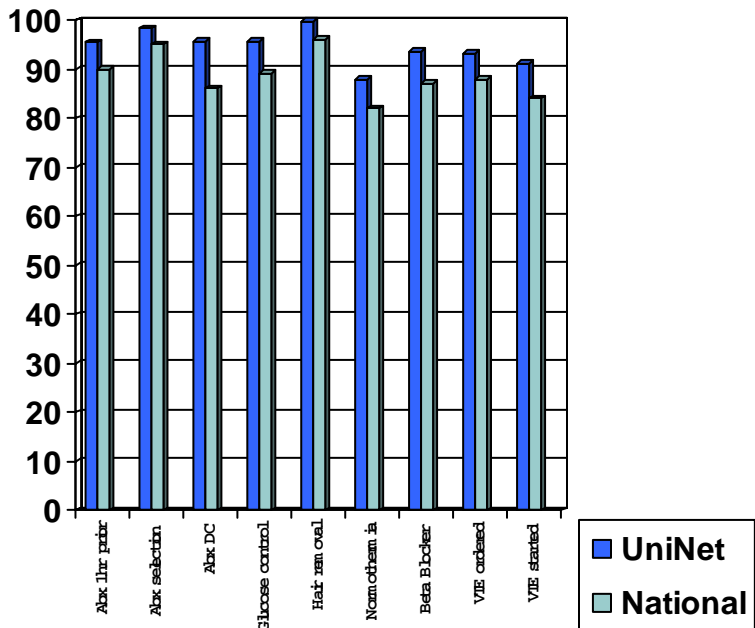
Hospital Quality

Hospital Compare, a new website/web tool developed to publicly report credible and user-friendly information about the quality of care delivered in the nation's hospitals, debuted on April 1, 2005. The measures reported on *Hospital Compare* reflect recommended treatments for heart attack, heart failure and pneumonia, as well as surgical infection prevention.

Core Measure Composite



SCIP- Surgical Care Improvement Project Composite



UniNet's 10 hospitals are committed to continuous quality improvement; each facility exceeds both state and national averages for achievement of Joint Commission Core Measures for these three common, yet serious medical conditions. In addition, UniNet facilities exceed national benchmarks for the performance of surgical care quality measures including the prevention of surgical infections.

Evidence Based Care

Through the collaborative efforts of UniNet hospitals and staff, seven standard order sets have been created to assist physicians in providing evidence based care of hospitalized patients. The resources and expertise from both Alegent Health and Creighton University Medical Center are combined in a process which blends best evidence, practice and local experience to optimize hospital care. This initiative will also serve as a foundation for the future implementation of computerized physician order entry (CPOE) at each of the facilities.



Evidence Based Medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

BMJ 1996;312:71-72 (13 January)

The collaboration has resulted in order sets for:

- Acute MI and Chest pain evaluation
- Pneumonia
- Pre-op evaluation
- Hyperglycemia management
- Chronic obstructive pulmonary disease exacerbation
- Depression
- Colon surgery

Asthma In Our Community



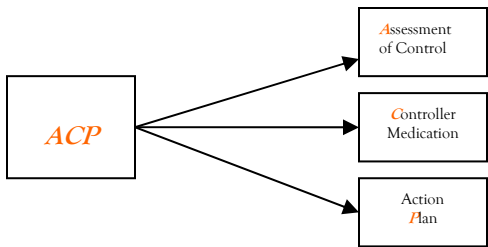
UniNet Asthma Care Program (ACP)

This program was implemented in August 2008 and is based on 2007 National Heart Lung and Blood Institute Guidelines to help providers focus on:

- Current control of asthma symptoms
- Treatment with long-term controller medications

The ACP program provides a one-page flow sheet to:

- Visualize trends in control and changes in step therapy
- Collect data for the provider's practice



In 2002 a study concluded that in Douglas and Sarpy Counties asthma was a more serious threat than in the rest of the state, or the nation. From 1990-2004 asthma killed 237 residents of those counties. A follow up study in 2007 revealed that asthma continues to be a major health problem with average annual death rates higher than the Healthy People 2010 target rate in all age groups. Attack on Asthma NE has reported that for the 2007-2008 school year only 27% of individuals with a history of asthma had a plan on file.

UniNet created a partnership with Omaha Public Schools to encourage the development and use of an Asthma Action Plan for each school child with asthma as developed and approved by the American Lung Association.

UniNet ACP Program Outcomes

	UniNet Success Rate	National or Local Avg.
Assessment of control	92%	N/A
Use of controller medication	88%	59% ⁽¹⁾
Action Plan	68%	27%

(1) Ann Allergy Asthma Immunol. 2008; 100:222-229

Developing an Asthma Action Plan for yourself and /or loved ones is an effective way to manage asthma symptoms and prevent asthma emergencies.



Disease Management



UniNet's Disease Management Nurses work via telephone with each referred patient to address:

- Understanding their disease process
- Recommended diet
- Follow up appointments
- Personal goals
- Identifying changes in symptoms
- When to contact their physician.
- Medication management
- Barriers to care
- Referral to Social Work services when indicated

Disease Management Programs are offered free of charge to any patient of a UniNet Provider.

Program guidelines:

- Diabetes, Heart Failure and Respiratory disorders, as well as any associated co-morbid conditions
- English or Spanish language
- Access to a telephone
- Live at home or in setting where patient manages their own care

Disease Management Outcomes

- 9564 patient contacts in 2008
- 4576 patient contacts January to April, 2009
- 100% of returned patient satisfaction surveys indicated agreement with the statement: *"The program helped me learn to take better care of myself."*

Satisfaction surveys are mailed to all patients who graduate or leave the program.

Education

Continuing education is essential for physicians to keep abreast of the advances in medical care. UniNet requires all providers to complete educational programs to keep them informed of our clinical initiatives and major advances in care. As a network, we are dedicated to keep our members informed of strategies to improve efficiency, quality and outcomes of care.

- 20 current offerings available on uninet.com
- 6-10 new programs created yearly
- Authored and contributed to by clinical experts in the network
- Over 12,000 hours of continuing medical education credit awarded

Outpatient DVT



Outpatient treatment of DVT (deep vein thrombosis) with Low Molecular Weight Heparin is safe and cost-effective for carefully selected patients and should be considered if the required support services are in place.

Clinical Practice Guideline from the American College of Physicians and the American Academy of Family Physicians

UniNet designed evidence-based orders for safe home management of uncomplicated venous thrombus. With the support of Alegant Health at Home, patients meeting appropriate criteria have an alternative to an inpatient hospital stay.

Outpatient DVT Program Outcomes

- 55 patients with DVT treated in outpatient setting
- Zero complications requiring hospitalization
- \$5750 per case cost savings when compared to inpatient stay

E-Prescribing

UniNet has committed to require all Providers to e-prescribe.

- Currently several providers are participating in a pilot with NeHII (Nebraska Health Information Initiative), as well as using other vendors to facilitate this transition.



“more than 1.5 million Americans are injured every year by drug errors”
IOM (Institute of Medicine)

“widespread adoption of electronic prescribing can eliminate medication errors that result from the misreading of handwritten prescriptions”

Medicare Improvements for Patients and Providers Act of 2008-MIPPA

Cost Effective Pharmacotherapy

UniNet supports these ongoing initiatives to educate providers and promote the most cost effective medication options for patients:

- Partnering with CUMC School of Pharmacy
 - Publish and distribute a current drug formulary list covered by the three major insurance plans
 - Maintain a web site for general drug and generic alternative information at <http://druginformation.creighton.edu/default.asp>
 - Produce the Health Matters newsletter on new drug information and distribute to all UniNet members
- Distribute medication cards to patients
- Compile each member provider's generic prescribing rates as required for rec credentialing



Specialist Work Groups

Ophthalmology



UniNet Ophthalmologists collect individual practice data each quarter to audit for compliance with the Medicare PQRI (Physician Quality Reporting Initiative) measures for ophthalmology. Each provider is required to submit data for a minimum of three measures most applicable to their practice.

- **Primary Open Angle Glaucoma**
 - Proper optic nerve evaluation performed
- **Age Related Macular Degeneration**
 - Appropriate treatment delivered
- **Dilated Fundus Examination**
 - Exam performed includes macular thickening, hemorrhage and severity
- **Cataracts**
 - Proper assessment of visual function status
 - Appropriate pre-surgical testing performed
 - Appropriate pre-surgical evaluation performed
- **Diabetic Retinopathy**
 - Complete eye exam performed
 - Communication with primary physician

Ophthalmology Quality Outcomes

100% successful completion of measures, December 2008

Specialist Work Groups

Obstetrics/Gynecology

UniNet Chlamydia Initiative –started spring 2009

Women age 25 and younger presenting for a PAP will be educated on Chlamydia, and testing will be completed unless the patient opts out.

- Projected local impact:
 - 5% to 15% of those treated will be positive for Chlamydia.
 - Of these, if left untreated, 40% would develop PID (pelvic inflammatory disease).
 - Cost of treatment for PID is \$1,167 per patient⁽²⁾

(1) Nebraska Department of Health and Human Services

(2) Take Action on HEDIS

Chlamydia is the most frequently reported sexually transmitted disease in the US- CDC

US Preventative Services Task Force strongly recommends that clinicians routinely screen all sexually active women aged 25 years and younger

Locally, Douglas County rates are 34% higher than the US average and twice the Nebraska rate⁽¹⁾

Gastroenterology

Effective colonoscopists should be able to reach the end of the colon $\geq 95\%$ of the time in screening cases

A screening colonoscopy should detect precancerous polyps in $\geq 25\%$ of men and $\geq 15\%$ of women over 50 years old⁽¹⁾

Physicians who take > 6 minutes to examine the colon when withdrawing the endoscope found significantly more precancerous polyps⁽²⁾

⁽¹⁾The American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy (ACGE/ACG) Taskforce on Quality in Endoscopy

⁽²⁾Barclay,et al, N Engl J Med Dec 14, 2006

UniNet GI Initiative-Colonoscopy Outcomes

- Data gathered from 1204 screening cases
- Average withdrawal time for UniNet GI physicians is almost 9 minutes
- 98.7% of cases were completed to the end of the colon
- 46.3% of cases had polyps
- No perforations of the colon

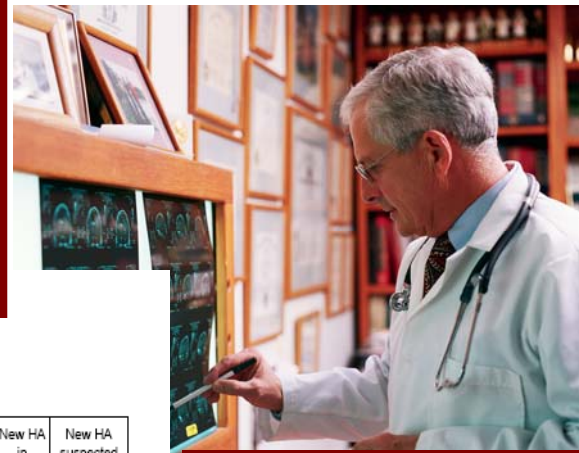
Specialist Work Groups

Radiology

Medical imaging continues to account for a major portion of annual healthcare cost. UniNet's efforts to contain these costs locally include: physician education, monitoring and reporting of utilization for key high-end imaging modalities and reporting of radiology auto-referral rates.*

In February 2009, UniNet published an educational program titled "Clinical Indications For the Use of Advanced Breast Imaging" focusing on the appropriate utilization of MRI and nuclear imaging modalities.

UniNet facilitated a committee to standardize patient preps for imaging at all member facilities.



Clinical condition--Headache

	Relative Cost	Relative Radiation Level	Nontraumatic HA with normal exam	Worsened chronic HA	Sudden onset severe HA	Sudden onset unilateral HA	HA suspected complication sinusitis/or mastoiditis	New HA in HIV + patient	New HA in pregnant patient	New HA suspected meningitis/ encephalitis
CT head without contrast (CPTII 70450)	\$\$	Low	**	4	9	8	7	6	8	8
CT head without and with contrast (CPTII 70470)	\$\$	Low	**	4	6	6	6	5	5	6
MRI brain without and with contrast (CPTII 70553)	\$\$\$	None	**	4	6	8	8	8	5	8
MRI brain without contrast (CPTII 70551)	\$\$	None	**	4	7	8	7	8	8	6
MRA head with or without contrast (CPTII 70548)	\$\$\$	None	**	2	8	8	**	3	5	6
CTA head (CPTII 70498)	\$\$	Low	**	2	8	8	7	3	2	3

** No recommendation from ACR

Screening patients with isolated non-traumatic HA by means of CT or MRI is NOT warranted. (0.4% yield)

Card # 7

UniNet also distributes radiology point-of-care reference cards to physicians summarizing evidence based recommendations for appropriate imaging for nine common conditions. See example: Imaging studies related to headache

Radiology Work Group Projects in Process:

- Appropriate use of MRI to evaluate low back pain
 - Each case of low back pain in which an MRI was ordered in the emergency room was audited by the work group to verify that the testing complied with evidence based guidelines on the appropriate use of imaging for low back pain
 - Emergency room physicians will receive a report on their compliance with the guidelines and comparison to their peers
- Auto-Referral Rates* (i.e. how often a radiologist recommends additional imaging as part of his/her evaluation of a medical image)
 - Studies suggest that 19 to 31% of all abdominal CAT scans result in further imaging studies at the request of the radiologist ⁽¹⁾
- UniNet's Radiology Work Group has completed an evaluation of four facilities so far with an **average auto-referral rate of only 11%**

⁽¹⁾Acad Radiol 1997; 4:802-805 ⁽²⁾ American Journal of Emergency Medicine (2007) 25, 396-399

Specialist Work Groups

Pathology



Plasma is the main product implicated in TRALI- Transfusion Related Acute Lung Injury-which is the leading cause of transfusion related mortality.

Transfus Med Review 2004

The largest avoidable risk to patients from transfusions is probably due to transfusions of plasma for inappropriate or unproven clinical indications.

Cohen H, Avoiding the use of FFP. Br Med J 1993;307:395-396

Blood Product Utilization

In 2007, the UniNet Pathologist Specialty Work Group recognized the need for physician education regarding appropriate use and potential complications of blood and blood products.


An education program was produced and distributed: “Blood Component Transfusion: Indications and Associated Risks including Transfusion-Related Acute Lung Injury (TRALI).” UniNet continues to monitor the use of blood products in its Omaha area facilities.

Blood Product Initiative Outcome:

- Plasma infusions *decreased in UniNet facilities by 11.43%* from 2007 to 2008
- *700 fewer units of plasma* were infused in 2008 compared to 2007

Standardization

To continually improve efficiency, the Pathology Work Group has addressed the need for a more standardized approach to the interpretation and reporting of certain specimens. In 2008 the group designed programs and slide studies targeting thyroid biopsies and serum electrophoresis.



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