Analysis

The ABCS of Managing Patients with T2DM: A Patient-Centered QIE Initiative

NJAFP New Jersey Academy of Family Physicians

Successes

Learners agreed or strongly agreed that the education was relevant to their practice. The education was considered by far to be the most valuable aspect of the program, followed by PDSA work.

Far exceeded goal in all but 2 quality measures. Exceptions: A1c control worsened but that's probably related to a huge increase in testing. BP control included a distal goal of 5% improvement and teams improved just 2 points below the goal.

Challenges

Denominator shift. Large increases in denominators in summer 2017 watered down early improvement trends. Outliers caused denominators to swing from the 1600s to 4000 and back again, impacting aggregate outcomes. NJAFP countered with practice-specific run charts and unblinded internal reporting.

EHR reports. EHRs are a significant barrier to QI work. MIPS measure reports ought to be freely available in all MU-certified EHRs. But some practices in this project could not find the reports or the EHR would not provide monthly reports, just quarterly. NJAFP provided free EHR technical assistance.

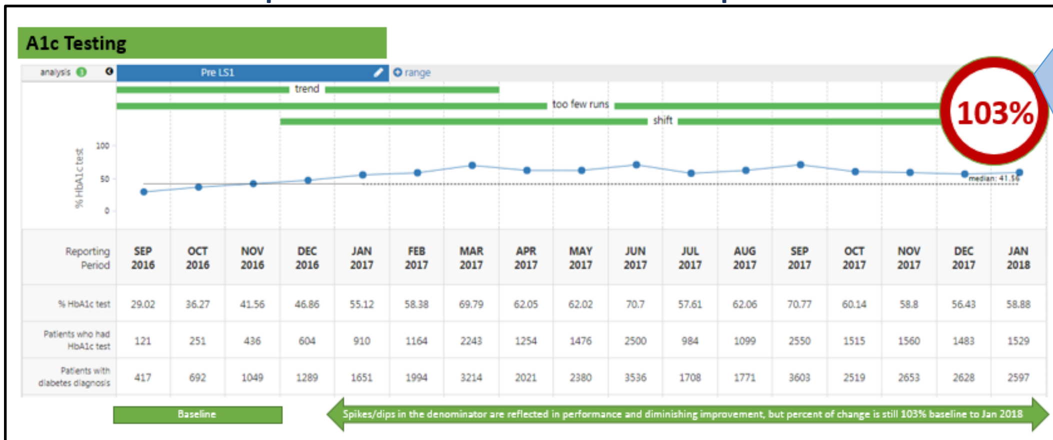
Complicated registry. NJAFP needed a way to quantify care plan documentation, which is difficult to collect because of the lack of a distinct, searchable field. To collect robust care plan data, NJAFP created a project registry with quarterly submission. But there were too many fields and reporting suffered. If we use project registries again, they will be much simpler with fewer fields.

Quality Measure Results

Measure	Baseline	Jan-18	Percent Change	Expected Change	Difference Actual/Expected
A1c Testing	29.02	58.88	103% 👍	10%	93% 👍
BP Control	71.21	73.61	3% 👍	5%	-2%
LDL Control	10.67	34.04	219% 👍	5%	214% 👍
Tobacco screen	68.8	89.03	29% 👍	10%	19% 👍
Measure	**Baseline**	**Dec-17**	**Percent Change**	**Expected Change**	**Difference**
A1c Control	34.99	42.33	21%	-5%	-26%
Closing referral loop	12.5	24.27	94% 👍	10%	84% 👍

A1c Control Analysis

Process measure improvement critical to outcomes improvement



Reporting Period	SEP 2016	OCT 2016	NOV 2016	DEC 2016	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUN 2017	JUL 2017	AUG 2017	SEP 2017	OCT 2017	NOV 2017	DEC 2017	JAN 2018
% HbA1c test	29.02	36.27	41.56	46.86	55.12	58.38	69.79	62.05	62.02	70.7	57.61	62.06	70.77	60.14	58.8	56.43	58.88
Patients who had HbA1c test	121	251	436	604	910	1164	2243	1254	1476	2500	984	1099	2550	1515	1560	1483	1529
Patients with diabetes diagnosis	417	692	1049	1289	1651	1994	3214	2021	2380	3536	1708	1771	3603	2519	2653	2628	2597

Because a missing A1c value is counted as poorly managed, NJAFP staff and faculty pushed practices to update A1c values. Practices cannot begin to improve A1c values until the testing data is complete and accurate. We saw a huge improvement in testing and a corresponding decline in A1c control. It's not uncommon for practices discover that many more of their patients with T2DM have unmanaged A1c as testing improves. It's a shock for health care teams but also a great opportunity to improve outcomes.

Sample PDSA

- Change: develop a registry of diabetes patients who are not optimally controlled, or have not had A1c in a year
- Result: improved levels of diabetic control
- Next: continue to focus on patients in registry to improve outcomes among all patients and meet target goals set by the practice and value-based payer programs