PUBLISH TRANSPARENT INTERNAL REPORTS

Unblinded performance reports are generated and distributed at least quarterly to providers and care teams, as well as administrative leadership. Action plans establish targets for improvement and address performance. There is a process to recognize and spread best practices.

Internal transparent reporting in the context of quality initiatives can foster a culture of candor and provide ongoing feedback that enhances performance and improves outcomes. This transparency also serves as an important driver of accountability for individual providers, care teams, and the entire organization.

Tracking and reporting quality data through such reports can:

- Motivate everyone to improve performance;
- Recognize high performers;
- Disseminate their best practices across the organization;
- Provide the opportunity for leadership to better understand and address system and workflow barriers to improving care;
- Mobilize and motivate all care team members to create solutions that improve performance;
- Prepare the group for the shift to publicly-reported data; and
- Promote changes in clinical behaviors, such as following evidence-based guidelines, ordering recommended tests, and addressing patient adherence.

Transparent internal reports should clearly show the baseline and progress toward the goal for appropriate clinical measures and include comparative graphs or charts organized by individual provider, care team, and site of care. Diabetes-related metrics should align with your organizations' strategic quality goals, which might reflect value or risk-based contracts or participation in state or national programs including Together 2 Goal®.

TIPS TO EFFECTIVELY CREATE TRANSPARENT INTERNAL REPORTING

If your organization does not currently publish transparent internal reports:

- Start by reviewing individual reports confidentially with providers to assure data accuracy and address any concerns.
- Discuss the purpose of the reports and recognize high performers at group meetings to garner understanding and buy-in.
- Determine frequency and dissemination of reports.
- Communicate timeline for unblinded reports.

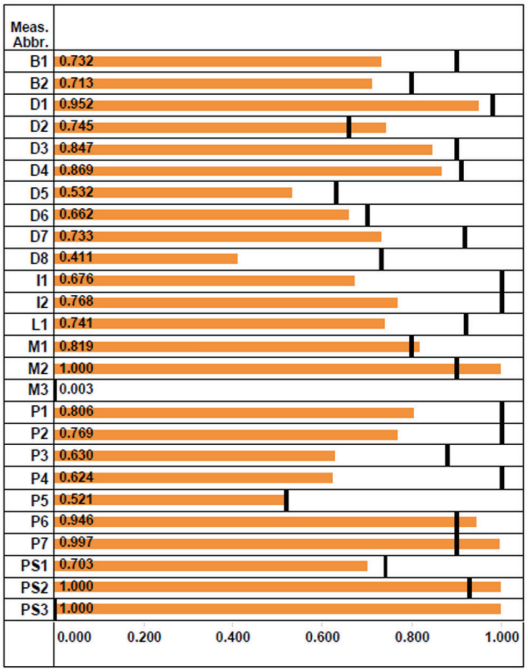
If your organization currently publishes transparent internal reports:

- Determine if reports are being reviewed by all care team members.
- Consider delivering reports by hand, reviewing reports at beginning of meetings, or posting results publicly to convey importance of reports.
- Continue to discuss the purpose of the reports, preferably at group meetings, to garner understanding and buy-in.
- Include an up-to-date worklist of patients not at goal (refer to Use a Patient Registry plank) and develop an action plan with clear timelines, responsibilities, and accountability.
- Create friendly competition between providers or sites of care by offering incentives, such as a healthy lunch or gift card, to the teams with most improvement.

TOOL: PATHWAYS TO EXCELLENCE REPORTS

CORNERSTONE HEALTH CARE, P.A.

Bundle	Meas. Abbr.	Measure Name	Num.	Den.
BP Control	B1	Adult High BP Screen	29,341	40,056
	B2	HTN BP <140/90	16,177	22,694
Diabetes	D1	DM HbA1c Test	10,797	11,340
	D2	DM HbA1c <8.0%	8,235	11,054
	D3	DM HbA1c Performed and <9.0%	8,658	10,226
	D4	DM LDL Test	9,849	11,340
	D5	DM LDL <100mg/dl	5,881	11,054
	D6	DM Lipid Lowering Agent if LDL >100	2,269	3,430
	D7	DM Nephropathy Screening	8,447	11,521
	D8	DM Retinopathy Screening	4,200	10,226
Immun.	I1	Influenza Immunization	47,960	70,995
	I2	Pneumonia Vaccination	20,095	26,154
Lipid Mgmt.	L1	Cholesterol Screening for Cardiovascular Care	19,720	26,598
Misc.	M1	ACE ARB Therapy CAD, DM, LVSD	1,241	1,516
	M2	HF BB Therapy for LVSD	4	4
	M3	Depression Remission at 12 Months	3	1,154
Preventative Screening	P1	Adult BMI Screen and Follow-up	63,816	79,146
	P2	Breast Cancer Screen	16,343	21,264
	P3	Cervical Cancer Screen	13,084	20,759
	P4	Colorectal Cancer Screen	14,632	23,435
	P5	Depression Screen and Follow-Up	45,021	86,330
	P6	Tobacco Use and Cessation Counseling	80,571	85,189
	P7	Annual Comprehensive PCP Visit	26,528	26,598
Pt. Safety	PS1	Screen for Future Fall Risk	18,291	26,003
	PS2	High Risk Medication	26,597	26,598
	PS3	Documentation of Current Medications in EMR	79,682	79,682

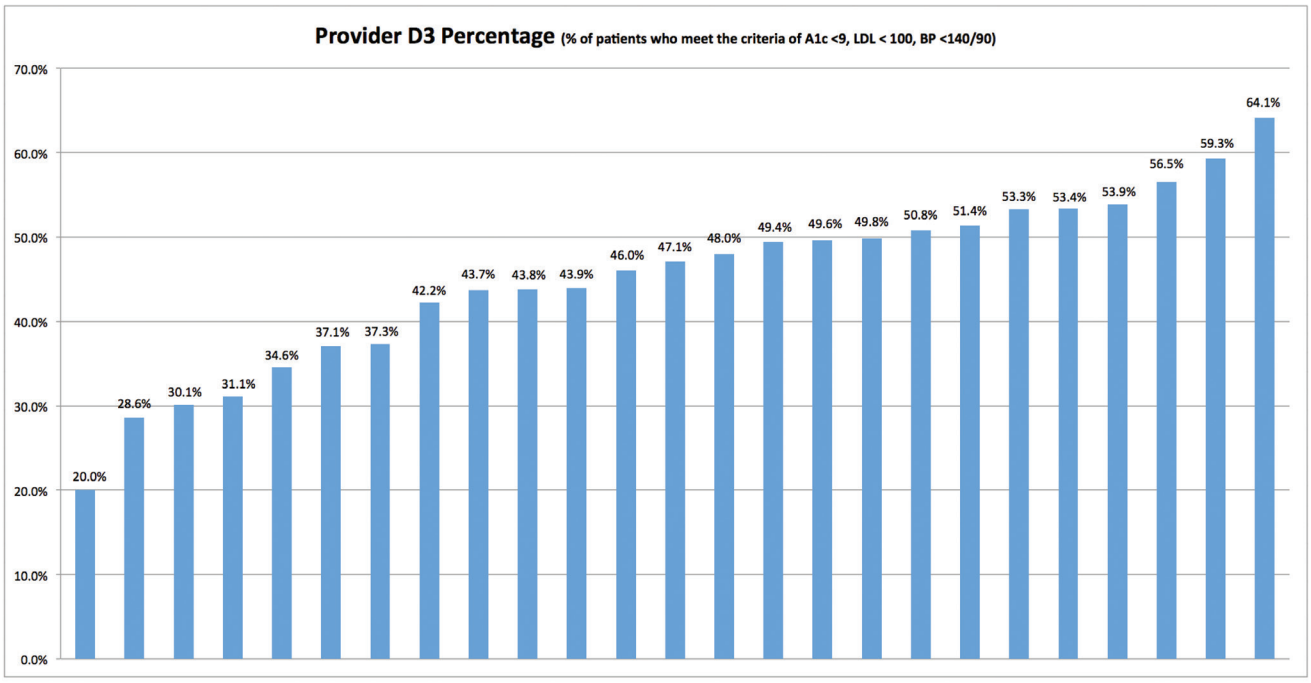


Diabetes Pathway to Excellence Metrics

Metric	Cornerstone Goal
DM Retinopathy Screening	73%
DM BP <140/90	68%
DM HbA1c Test	91%
DM LDL Test	90%
DM Nephropathy Screening	89%
DM HbA1c <8%	70%
DM LDL <100mg/dl if LDL >100	64%
DM HbA1c Performed >9 or missing	<13%
Daily Aspirin DM and IVD	36.5%
DM Tobacco Non-Use	36.5%
DM Lipid Lowering Agent	80%

TOOL: PROVIDER D3 PERCENTAGE

PREMIER MEDICAL ASSOCIATES, P.C.



TOOL: WORK LIST BY PHYSICIAN

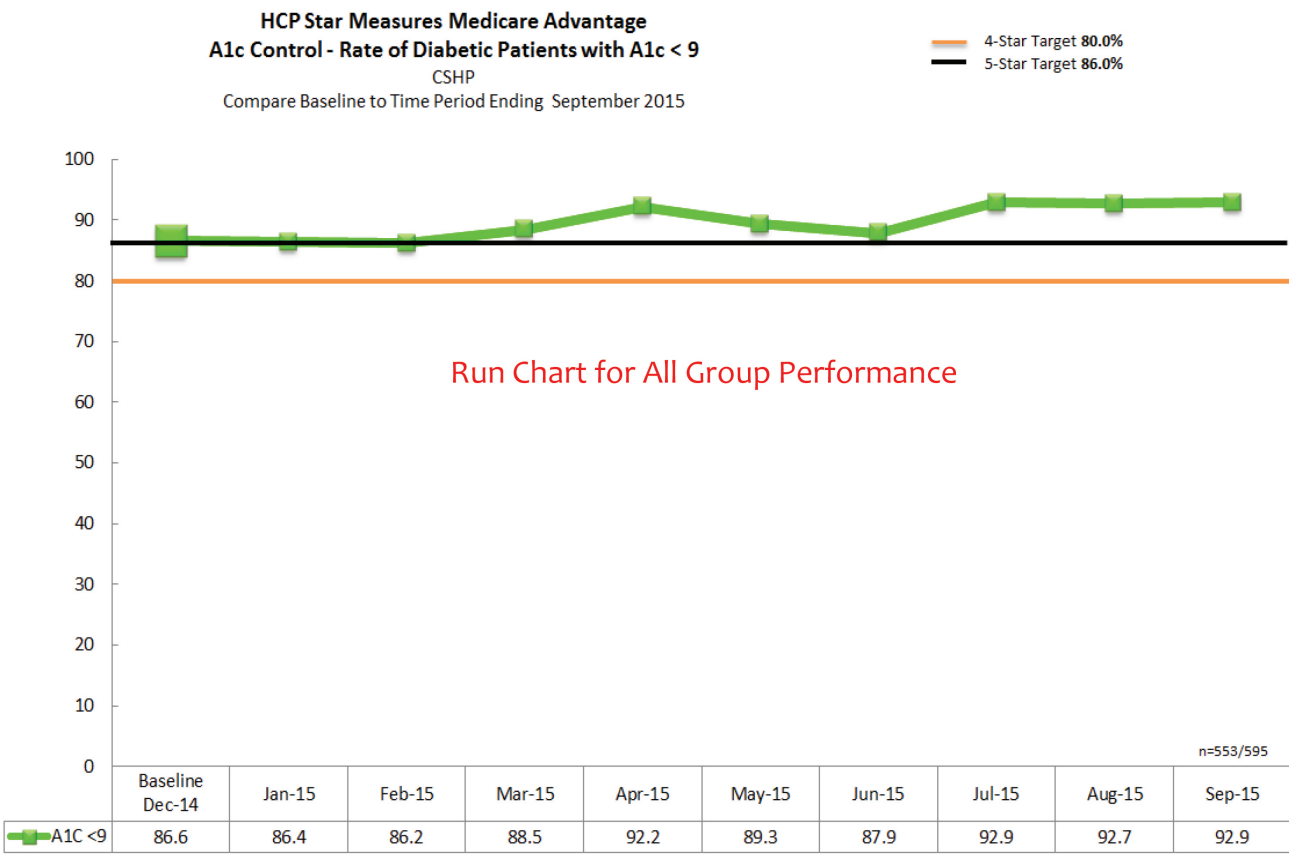
COLORADO SPRINGS HEALTH PARTNERS

DM: Pts w A1C >= 9% or w/o Urine Albumim Roundhouse
Patient List

Patient ID	Current PCP	Last A1c	Date of Last A1c	Pts had Urine Albumim	Date of Urine Albumim	Pt w Dx of Dm (Problem List) [Up to End of Time Period]	Pt w Dx of Dm w/o Dx of Sec/Gest DM [Up to End of Period]
		6.0	03/09/2015	No		Yes	Yes
		7.6	10/28/2015	No		Yes	Yes
		7.1	12/10/2014	No		Yes	Yes
		12.8	08/28/2015	Yes	08/28/2015	Yes	Yes
		9.8	09/12/2015	Yes	09/112/2015	Yes	Yes
		6.8	08/17/2015	No		Yes	Yes
				No		Yes	Yes
		7.1	05/21/2015	No		Yes	Yes
		5.7	12/08/2014	No		Yes	Yes
				No		Yes	Yes
		7.3	05/19/2015	No		Yes	Yes
		9.3	10/30/2015	Yes	10/30/2015	Yes	Yes
		5.0	08/28/2015	No		Yes	Yes
		5.7	09/14/2015	No		Yes	Yes
		10.1	09/04/2015	Yes	11/04/2015	Yes	Yes
				No		Yes	Yes
		7.9	10/06/2015	No		Yes	Yes
		9.3	08/25/2015	Yes	04/29/2015	Yes	Yes
		6.5	04/30/2015	No		Yes	Yes
		5.7	08/28/2015	No		Yes	Yes
				No		Yes	Yes
				No		Yes	Yes
		5.8	06/01/2015	No		Yes	Yes
				No		Yes	Yes

TOOL: TRANSPARENT REPORTS

COLORADO SPRINGS HEALTH PARTNERS

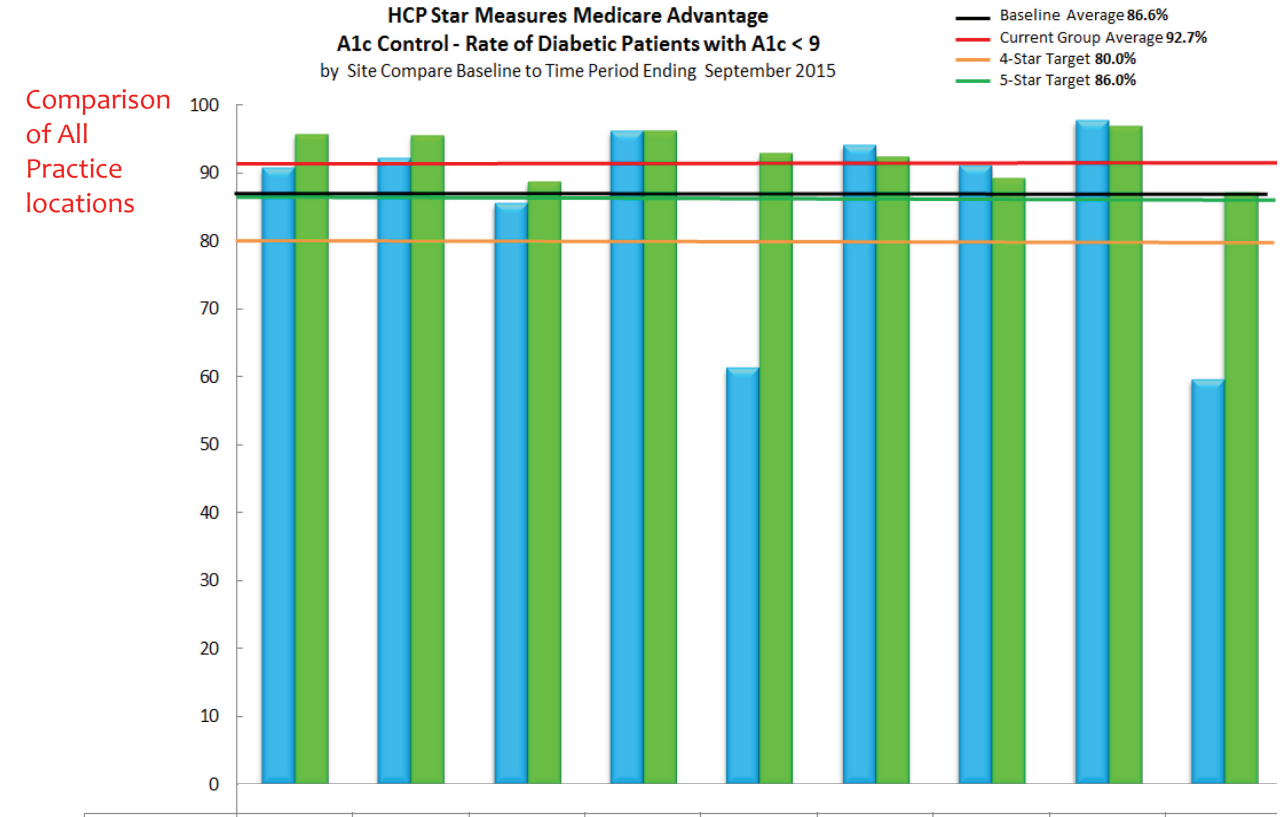


	Baseline Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A1C <9	86.6	86.4	86.2	88.5	92.2	89.3	87.9	92.9	92.7	92.9

Definitions: Percentage of members 18-75 with diabetes (Type I and II), and most recent A1c level < 9. **Exclusions:** Members who do not have a diagnosis of gestational diabetes, steroid-induced diabetes, or polycystic ovaries.

Run Date: 11/16/2015

Comparison of All Practice locations



Baseline DEC-14	90.7	92.1	85.5	96.2	61.4	94.1	91.1	97.7	59.7
Sep-15	95.7	95.6	88.7	96.2	92.9	92.3	89.3	96.9	87.1

Definitions: Percentage of members 18-75 with diabetes (Type I and II), and most recent A1c level < 9. **Exclusions:** Members who do not have a diagnosis of diabetes, or who have a diagnosis of gestational diabetes, steroid-induced diabetes, or polycystic ovaries.

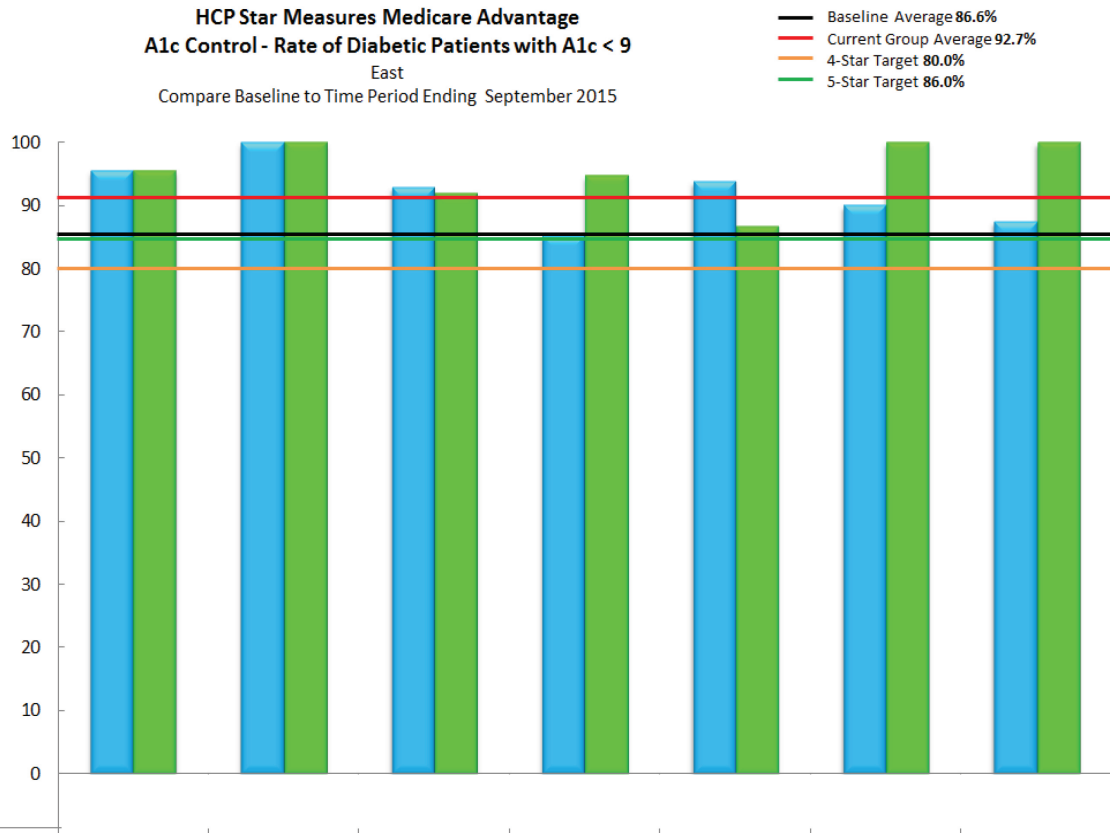
*Average of providers by site.

Run date: 11/16/2015

TOOL: TRANSPARENT REPORTS (CONTINUED)

COLORADO SPRINGS HEALTH PARTNERS

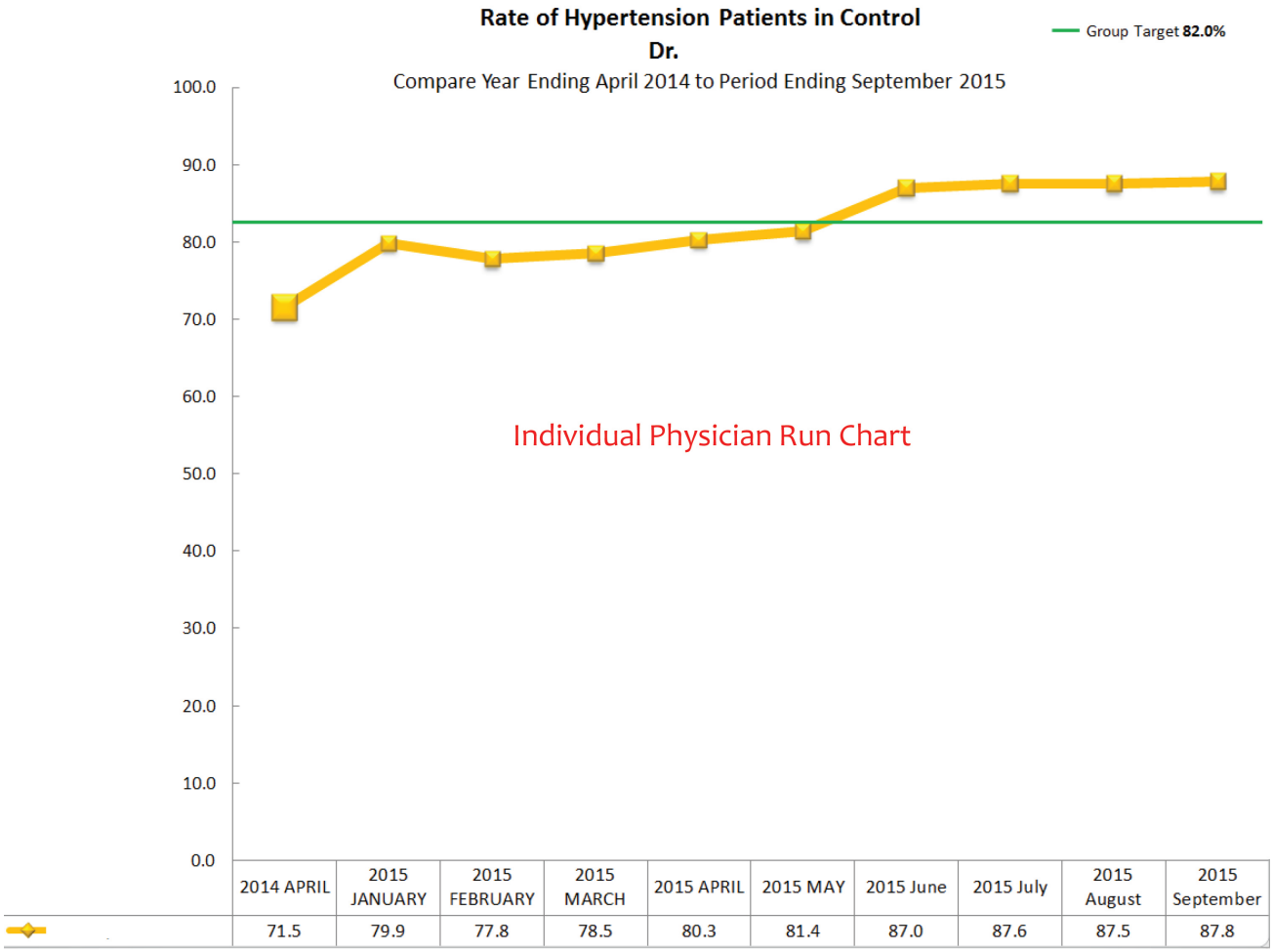
Comparison of All Physicians at Practice Site



Baseline Dec-14	95.5	100.0	92.9	85.2	93.8	90.0	87.5
Sep-15	95.5	100.0	92.0	94.7	86.7	100.0	100.0

Definitions: Percentage of members 18-75 with diabetes (Type I and II), and most recent A1c level < 9. **Exclusions:** Members who do not have a diagnosis of diabetes, or who have a diagnosis of gestational diabetes, steroid-induced diabetes, or polycystic ovaries.

Run date: 11/16/2015



	2014 APRIL	2015 JANUARY	2015 FEBRUARY	2015 MARCH	2015 APRIL	2015 MAY	2015 June	2015 July	2015 August	2015 September
	71.5	79.9	77.8	78.5	80.3	81.4	87.0	87.6	87.5	87.8