Physician Practice Profile Using MIDAS+™

Linda White, RN, MS, CHCQM
Medical Staff Quality Manager
St. Luke’s Episcopal Hospital, Houston, Texas

Bruce Boley
Midas Project Manager
St. Luke’s Episcopal Hospital, Houston, Texas
Objectives

• Describe why the comprehensive profile was created and the need to provide meaningful and useful data.

• Discuss ways that the MIDAS+ Quality module was used to create a comprehensive Physician Practice Profile.

• Demonstrate the Physician Practice Profile.
**Purpose for Developing the Practice Profile**

- Set and communicate expectations
- Recognize good performance
- Enable physicians to view their performance against peers.
- Reappointment – JCAHO Standards
  - Evaluate physician performance at reappointment (MS.4.40).
  - Analyze aggregated performance improvement data on an ongoing basis (PI.2.10).

JCAHO 2005
SIT BACK
AND
ENJOY
Background and Infrastructure

• 888-bed nonprofit primary and tertiary teaching hospital
• Home of the Texas Heart Institute: Performs approximately 1500 aortic-coronary bypasses and valve replacements annually
• A major orthopedic and neurological surgery center: Performs approximately 1500 laminectomies and fusions, and 1000 hips and knee replacements
• Affiliations with University of Texas and Baylor Medical Schools
Background and Infrastructure

Technical Configurations:

- ADT Interface
  - HIS McKesson STAR → MIDAS+ HL7 Interface
  - MIDAS+ → HIS McKesson STAR Scripting Interface
- DAB Interface
  - Medical Records SoftMed ClinTrac → MIDAS+ HL7 Interface
  - Medical Records SoftMed ClinTrac → MIDAS+ Batch Interface
- Surgical System Interface
  - OR Software SIS → MIDAS+ Daily Batch Interface
- Lab (Microbiology) System Interface
  - LIS GE Triple G Ultra → MIDAS+ Daily Batch Interface
- Core Measures Interface
  - Numerous Systems → MIDAS+ Scripting Interface
Introduction

• What is Profiling?

Definition

“...the collection, collation, and analysis of data to develop provider-specific profiles”.

Kongstevdt, PR, 1996
In evaluating the ability to perform requested privileges and when renewing or revising privileges, criteria could be based on pertinent review of:

- Operative procedures and other procedure(s)
- Mortality rates
- Medication usage
- Blood usage
- Medical records
- Utilization management
- Meeting and committee attendance
- Risk management data

JCAHO 2005
Project Background

- **November 2004 – January 2005**
  - Market research conducted to assess if there was software that could support St. Luke’s needs for the development of a practice profile.

- **February 2005**
  - Decision made to develop the practice profile prototype with a clinical application currently used in-house (MIDAS+).

- **February 2005 – May 2005**
  - Development of the practice profile prototype

- **May 2005 – February 2006**
  - Presented practice profile to the Medical Executive Committee and Orthopaedic Service and development of Cardiology profile.

- **February 2006**
  - Revised practice profile prototype
Determine what data to collect

• Data must be relevant

• Data must be useful and drive physician performance improvement

• Data must be under the physician’s control

“Information is dangerous when it has no place to go, when there is no theory to which it applies, no pattern in which it fits, when there is no higher purpose that it serves”. Postman, N, 1993
How will data be used?

• To improve individual and specialty performance

• For continuous performance improvement
Pyramid Model

- Appoint excellent physicians
- Set and communicate expectations
- Measure performance against expectations
- Manage poor performance
- Take corrective action

Marder, R, Sheff, RA, 2004
Define quality in a measurable way

Six Dimensions of Performance

• Technical quality
• Service quality
• Patient safety
• Resource utilization
• Peer and co-worker relationship
• Citizenship

Marder, R, et al, 2004
Technical Quality: Clinical skills and management

- Mortality rates
- Complication rates
- Risk-adjusted outcome data instead of raw data
- Appropriateness of treatment or procedures
- CMS core measure data compliance with evidence-based medicine

Marder, R, et al, 2004
Service Quality: Accessible and service-oriented

- Responsiveness when paged
- Timely Consults
- Patient Satisfaction Data
- Thorough, timely, and legible documentation

Marder, R, et al, 2004
Patient Safety: Compliance with patient safety–driven rules or practices

- Approved medication abbreviations

- Surgical site-marking

- Incidents of illegible medication orders

Marder, R, et al, 2004
Resource Utilization

- Delayed starts in OR/Procedure area
- ICU stays
- Blood and medication utilization
- Cost per case in comparison to other physicians
- Length of stay in comparison to other physicians

Marder, R, et al, 2004
Peer and Coworker Relationships

- Collegiality with nursing staff
- Friendly and respectful of others
- Patient interactions
- Responsiveness

Marder, R, et al, 2004
Citizenship: Compliance with Medical Staff Rules

- Timeliness of Medical Record Completion
  - History and Physicals
  - Discharge Summaries
  - Operative Notes

- Meeting Attendance

- ER Coverage

Marder, R, et al, 2004
Performance Indicator Types

- **Rules indicators**: represent directive, rule, standards, or generally recognized professional guidelines for the practice of medicine.

- **Rate indicators**: identifies potential performance differences among physicians using aggregated outcomes or processes of care.

- **Review indicators**: identifies individual cases potentially requiring physician review due to case complexity or significance.

Marder, R, Burroughs, J, Spurlock, B., 2005
What data should be included?

- Provider Data
- Comparative Data
- Explanation of Data
Provider Data

- General responsibility (e.g., medical records completion, drug usage, etc.)

- Specialty-specific reflects the activities carried out by the individual physician within his or her department, specialty, and scope of practice.
Comparative Data

- Internal historical databases
- External databases
  1. Large proprietary vendors (Premier, MIDAS+, etc.)
  2. Specialty databases (ACOG, ACC, etc.)
  3. Electronic claims data from medical record abstract used for billing
  4. Peer-reviewed medical reports and journals
Explanation of Data

– Describe the format so physician can read it accurately

– List the sources that supplied the data

– Acknowledge the data’s limitations
How do you collect data?

• **Data sources**
  - Medical Record
  - Quality Management Department
  - Case Management Department
  - Risk Management Department
  - Infection Control
  - Patient Services

• **Prioritize data**
Data Presentation and Distribution

• Present data visually
  – Data should be aggregated, trended, compared to benchmarks, and graphically presented
    • Tables
    • Graphs
    • Scorecard
How Often Will the Practice Profile Be Distributed?

• Future plans are to have the information readily available to physicians on the hospital Physician InFoNet.

• Practice profiles will be included in the individual physician's reappointment file at the time of each reappointment.
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Practice Profile – Report Types

• Facility Report

• Specialty Report

• Provider Report
### Practice Profile – Report Content

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**Practice Profile – Formatting**

- Run SmarTrack Reports as Required
- Export to MS Excel
- Execute Microsoft Excel Macro (MS VBA)
  - This will format the spreadsheet including page breaks, headers, footers, alphas, and numerics for printing.
AHHHHH ... SAIL ON....

AND A SPECIAL THANKS TO:

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Questions & Comments

• Thank You...
References


