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Together 2 Goal®

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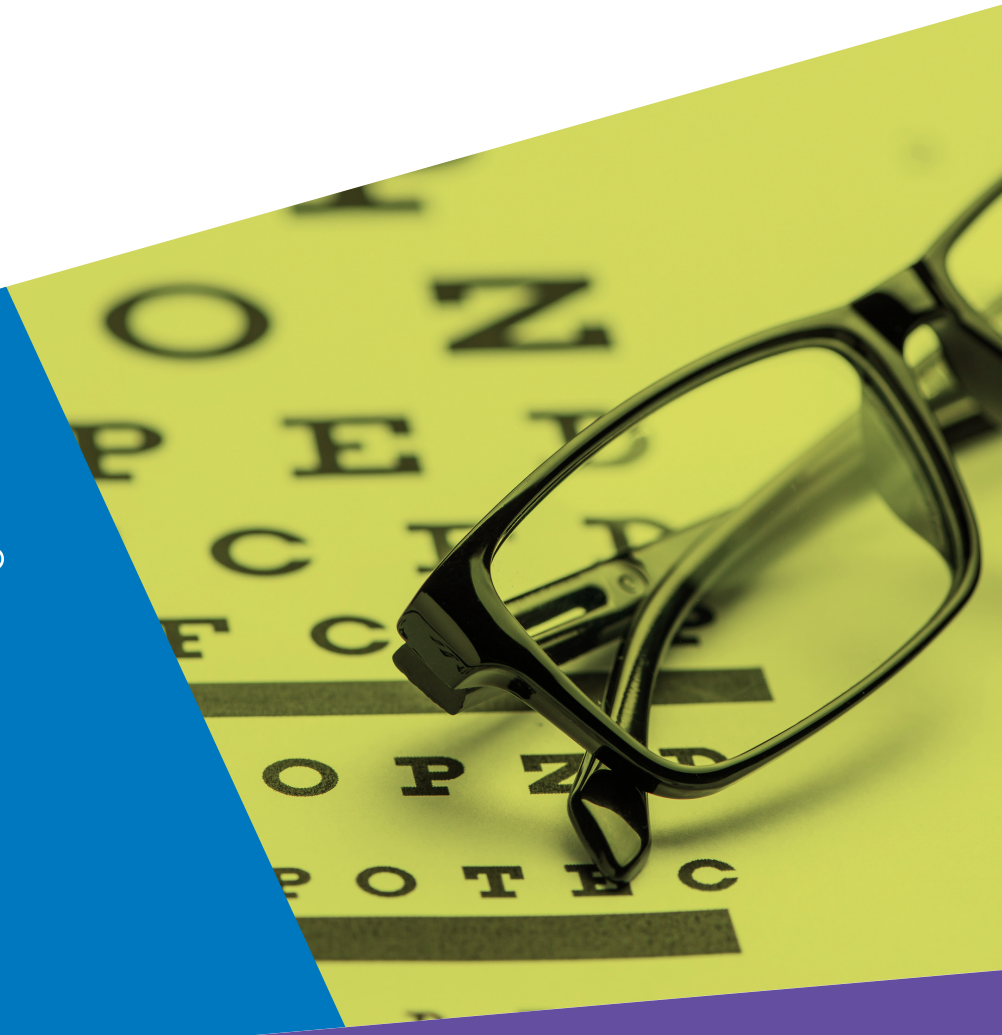

Together 2 Goal® Innovator Track Eye Care Cohort

Case Study

Watson Clinic, LLP

Organizational Profile

Established in 1941, Watson Clinic (watsonclinic.com) is an independent, physician-owned organization with nearly 1,600 employees that serve the greater Lakeland, Florida, area. Watson Clinic has nearly 300 total physicians and 216 full-time equivalent (FTE) physicians; nearly 20% of the clinic's providers are primary care providers. With 40 specialties that operate in 13 locations across three counties, Watson Clinic conducts more than one million outpatient visits per year.

Executive Summary

According to the 2020 National Diabetes Statistics Report from the Centers for Disease Control and Prevention (CDC), more than 34 million Americans have diabetes, with up to 95% of those having Type 2 diabetes.[1]

Diabetes is the leading cause of new cases of blindness in adults, and diabetes-related blindness costs the United States about $500 million annually.[2] The American Diabetes Association (ADA) recommends that people with diabetes get an eye exam following their diagnosis and at regular intervals every one to two years following.[3] Despite these recommendations, a significant portion of patients with diabetes are not meeting the recommended screening guidelines.[4]

AMGA convened the Together 2 Goal® (T2G) Innovator Track Eye Care Cohort (Eye Care Cohort) to address this problem by allowing groups to explore ways to increase eye exam rates for people with diabetes.

In an effort to retain its focus on providing the best possible care to patients, Watson Clinic elected to participate in the Eye Care Cohort to continue improving awareness around how important it is for patients with diabetes to complete recommended eye exams.

During the 12-month Eye Care Cohort, Watson Clinic focused on the importance of raising awareness among providers and staff about the importance of eye exams for people with diabetes, capturing eye exams for patients with diabetes correctly in the electronic health record (EHR), and identifying best practices to obtain outside eye exam results. Watson Clinic worked internally with its Clinical Informatics (CI) team to identify any patients who met the criteria and were missing an eye exam. Watson Clinic mailed letters and sent notifications through the patient portal and held a campaign to encourage patients to obtain and send back the results of outside eye exams. Leveraging existing analytics tools, Watson Clinic created registries to help providers identify those patients that were missing eye exams.

During the 12-month program, Watson Clinic demonstrated 37% relative improvement in documented retinal screening from baseline.

Program Goals and Measures of Success

The primary measure of the Eye Care Cohort was the proportion of Type 2 diabetes patients in the T2G Cohort with a documented screening for diabetic retinal disease. This measure, selected by the Eye Care Cohort Advisory Committee, was based on an adapted version of the HEDIS 2018 Technical Specifications for Physician Measurement: Comprehensive Adult Diabetes Care: Eye Exam Numerator (see Appendix).

During the Eye Care Cohort, Watson Clinic worked to align the collaborative measure with its existing goals. Watson Clinic's goals were to:

- Improve the quality of care provided to all patients
- Improve workflows for care teams and providers
- Improve patient care gap identification and capture external diabetic eye exams in the EHR
- Utilize existing EHR tools to help providers better identify their high-risk patients and meet care gaps
- Educate providers and care teams on where and how to enter data into the EHR and support the development of standardized workflows

Existing Diabetes Population and Care Structure

Watson Clinic serves more than 11,000 patients with diabetes. The clinic's primary care physicians, endocrinologists, and cardiologists collaborate to provide diabetes patients with the best possible care. Providers develop the best treatment plan for each individual patient—to include pharmacologic treatment when appropriate—by reviewing the patient assessment, vital signs, and all laboratory values. Providers use individual smart phrases within their office note templates that pull in hemoglobin A1c (A1c) and LDL cholesterol and provide the ability to set goals. When necessary, they make internal referrals to the cardiology department and the diabetes education department for additional support (e.g., educational classes).

To manage its fast-paced practice, Watson Clinic converted to Epic for its EHR in April of 2017. Watson Clinic has protocols in place for treating diabetes patients and educational materials embedded in their EHR; these were developed prior to the Cohort and continued to be used during the Cohort.

During the collaborative, Watson Clinic used Optum One to monitor and report the Eye Care Cohort measures. Optum One created variables using underlying data from a variety of data sources including prescription tables, prescription history/ patient reports, CPT/G codes, health maintenance tables, and ICD codes. These reporting templates were used to retrieve data needed for AMGA reporting and to identify populations for Watson Clinic interventions.

These methods identified that around 10,000 of Watson Clinic's diabetes patients met the criteria specific to the Eye Care Cohort.

Interventions

Watson Clinic focused on several interventions during the Eye Care Cohort. Initial efforts centered around educating and raising awareness among staff about the importance of having diabetes patients complete eye exams and the importance of capturing patients at time of appointment. Project team leaders raised awareness about project goals by meeting with clinical directors and the Quality Improvement Committee on a regular basis to share information and provide data updates after each measurement period.

Watson Clinic identified the need to address and focus on patients with diabetes who were missing an eye exam. By leveraging the existing EHR, Watson Clinic was able to notify around 9,500 eligible patients by mail and through its patient portal. Letters were sent to eligible patients in small groups on a weekly basis. To complement these notices, Watson Clinic encouraged patients to request results of diabetic eye exams completed by outside providers by providing a medical release of records with the letter. A new process was created to have all outside eye exams scanned in by CI for efficiency. Due to the complexity of some results, exams were then sent to the clinic's ophthalmology technicians to determine and enter results into EHR.

Outcomes and Results

Watson Clinic saw significant improvement in the Eye Care Cohort measure. At baseline 27% of denominator patients (2,547 patients) had a documented diabetic eye exam. By the end of the program, one year later, 37% of Cohort patients (3,749 patients) had a documented exam. This represented a 37% relative improvement from baseline and translated into an additional 1,000 patients with a documented screening as a direct result of these improvements.

Lessons Learned and Ongoing Activities

During the Eye Care Cohort, one of the key lessons Watson Clinic learned is the importance of detailed project plans and timelines. In retrospect, the group felt that developing a more comprehensive project plan and incorporating clear timelines at the start of the initiative would have been beneficial.

The team also determined that identifying and engaging appropriate leadership such as a physician champion is important to project success. The project team also noted that engaging team members from the CI Department is important, as they can lead information technology initiatives such as changes to the EHR.

The team at Watson Clinic feels that, in the future, there is an opportunity to increase understanding about how to interpret eye exams for quicker entry into the EHR by providing additional education to the care teams.

Watson Clinic experienced a few challenges throughout this collaborative. One was a mapping issue between Optum and Epic during baseline reporting. The mapping issue was corrected and Watson Clinic was able to update preliminary data and reports from Optum for the remainder of the collaborative. Other challenges included delays in entering external eye exams and data entry errors, both related to the complexity of the results. This led Watson Clinic to use ophthalmology technicians to enter the diabetic eye exams in the EHR.

Watson Clinic is located in Florida and has many transient "snowbird" patients (i.e., patients who live in Florida in winter and return to their homes in the northeast and upper Midwest for the remainder of the year). This presents a unique challenge when obtaining outside eye exams given that many are completed in other states.

Watson Clinic will continue to track eye exams for the population specific to this Cohort. The Quality Improvement team at Watson Clinic has set a goal to focus on a small group of providers and observe their current workflow. Watson Clinic is hopeful this will identify opportunities for improvement.

Watson Clinic is working with the CI team and clinical directors on the development of order sets within Epic for patients with diabetes. Additionally, the project team is having conversations around whether they want to implement bulk orders in Epic.

Watson Clinic plans to explore the feasibility of opening half-day clinics at satellite offices or once-weekly clinics at its main location for patients who need diabetic eye exams. Watson Clinic is invested in finding ways to better engage and communicate with patients in the clinic and over the phone to emphasize the importance of recommended eye exams.

References

1. Centers for Disease Control and Prevention. 2020. National Diabetes Statistics Report, 2020 (Rep.). Retrieved from cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf.

2. Centers for Disease Control and Preventions. n.d. Diabetic Retinopathy. Retrieved from cdc.gov/visionhealth/pdf/factsheet.pdf.

3. Solomon, S. D., Chew, E., Duh, E. J., Sobrin, L., Sun, J. K., VanderBeek, B. L., Wykoff, C.C., Gardner, T. W. (2017). Diabetic Retinopathy: A Position Statement by the American Diabetes Association. *Diabetes Care*, 40(3), 412-418. doi:10.2337/dc16-2641.

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Eye Care Cohort Measure

Measurement is a cornerstone of all facets of the T2G campaign, including the Innovator Track. During the Eye Care Cohort, groups measured rates of documented screening for diabetic retinal disease among the T2G Cohort with Type 2 diabetes and tracked improvement.

In keeping with AMGA Foundation's philosophy to measure improvement using existing industry-standard measures when possible, the denominator for the Eye Care Cohort was defined to be the same as the T2G Cohort for the campaign (i.e., patients with Type 2 diabetes who meet the T2G campaign criteria to be included in the four individual core components and the diabetes bundle measure). This denominator is broadly defined as patients age 18–75 with:

- Two or more eligible ambulatory encounters with an eligible primary care, endocrinology, cardiology, or nephrology provider in the last 18 months **AND**
- At least one Type 2 diabetes on a claim or problem list in that same 18-month period.

For complete denominator measure specifications with inclusion and exclusion criteria, see Together 2 Goal® Campaign Measurement Specifications (v3, April 2019).

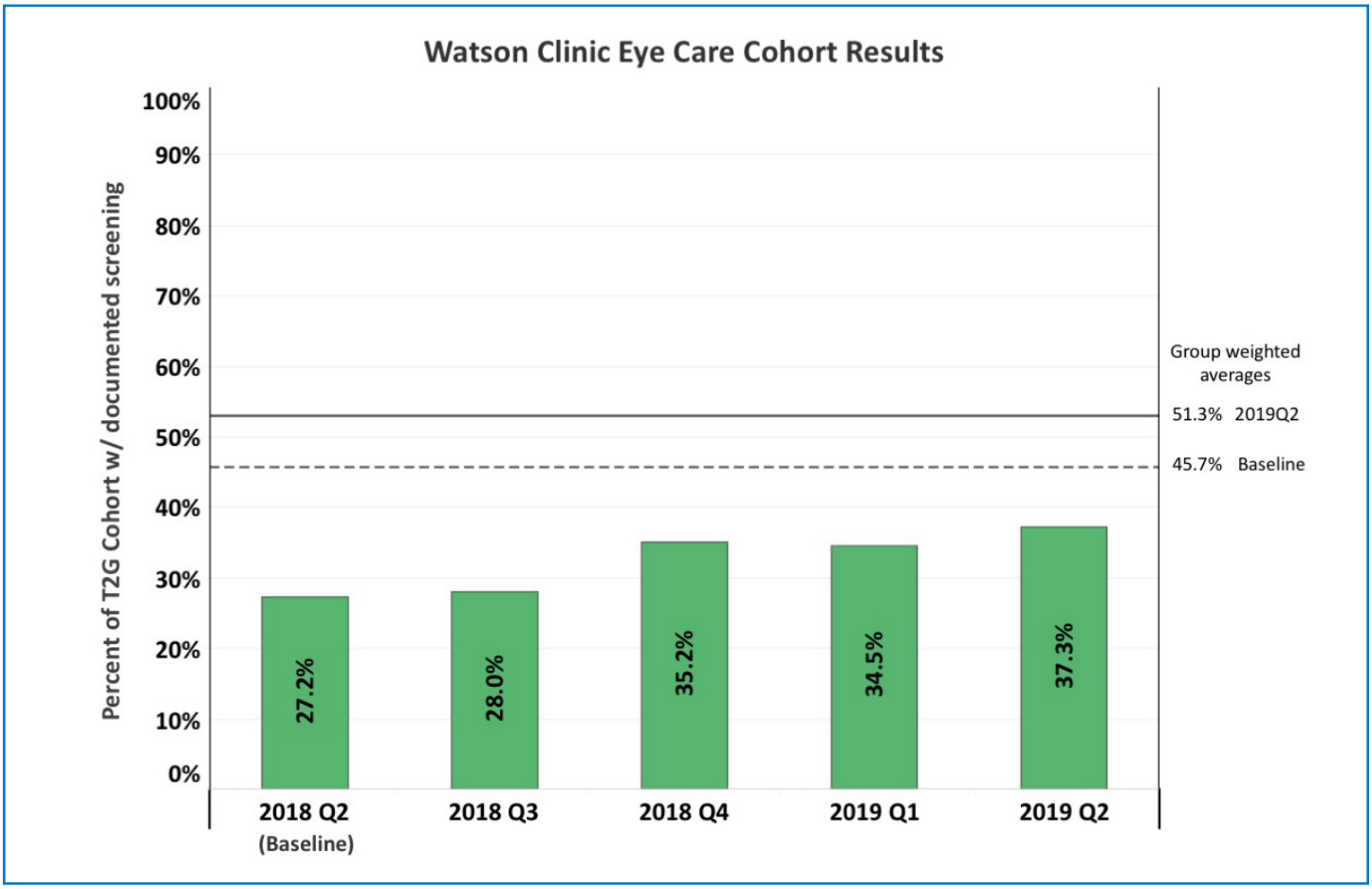
The numerator for the measure was determined to be those T2G Type 2 diabetes patients who met the criteria for HEDIS 2018 Technical Specifications for Physician Measurement: Comprehensive Adult Diabetes Care: Eye Exam Numerator.

Screening or monitoring for diabetic retinal disease was identified by electronic data or medical record review and included:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year;
- A negative retinal exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year; or
- A bilateral eye enucleation anytime during the patient's history through the end of the measurement period.

Eye Care Cohort participants were provided detailed measure specifications and relevant HEDIS value sets.

Watson Clinic Eye Care Cohort Results



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