

# Reducing errors and achieving excellence in Diabetes care



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# Objectives

- Define **Medical Errors** in Primary care
- Discuss the errors (barriers) that **prevent achieving excellence** in Diabetes Care
- Discuss the impact of the Diabetes Master Clinician Program (DMCP) of the Florida Academy of Family Physicians in **increasing quality, decreasing cost, overcoming barriers and decreasing errors in Diabetes**



# Definition of a Medical Error

- Correct action did not proceed as intended
- The intended action is not correct
- Failure of a planned action to be completed as intended or
- Use of a wrong plan
  - Institute of Medicine Committee on Quality of Healthcare in America Definition of Medical Error

# Medical Error-indicates blame-Need another Word

- Usually think of a wrong medicine being given or the wrong surgery being done
- Errors in the outpatient setting are **not as dramatic** and the consequences are usually delayed.
- Usually in the area of Prevention or delayed diagnosis
- Test may not have been done
- Abnormal result not followed up.
- **The problem is not the Dr but the system**

# System Issues

- Think of how things are done in your office or clinic
- Do things only happen **when the patient requests them?**
- Do you have a system to **remind** yourself and your patients when a test or immunization is needed?
- **Does your patient know** what is needed for quality care for their general health and for a chronic disease?
- Lets look at a **system for decreasing errors in your patients with Diabetes.**

# Ideal System

- Has evidenced based standards that all the clinicians and staff **agree**
- Staff (nurses and assistants) **authorized** to complete some of the standards
- **Patients are aware of the standards** and expected to help with adherence to the standards
- System exists to inform practice and patient of **adherence to standards at office visit.**
- System exists to inform practice of adherence to standards for **total population of patients**

# Key Components

- Physician has to learn how to lead his/her office team and **delegate to the nurse/assistant.**
- Physician has to be comfortable with “being measured” the initial measurement is the start and is not an evaluation of the physician— **it is an evaluation of the system**

# Evidence Based Standards

- National Standards for **HbA1c, LDL and B/P**
- Standards for **annual tests** for Diabetic Retinopathy, Urine Microalbumin, Foot exam, Daily Aspirin, Influenza shot and Pneumovax
- Mostly from the **American Diabetes Association** but also use the National Cholesterol Project and JNC 7 for Blood Pressure

# Measurement tools

- Reports for the Physician and the Patient at time of visit- **guides the visit**
- Population based Reports that identify–
  - Patients at increased risk because of **increased HbA1c, LDL, B/P, Non-HDL, Triglycerides etc**
  - Patients who **do not have documented** annual recommendations or daily ASA

**Group visits provide an additional way of using tools to help patients reach goals.**

**Actual group visit-patients completing first part of medical record.**



MDCP Medical Record for Santa Claus

Age: 63

Sex: Male

Non-Smoker

Medical Record #: r7554

	Goal	Aug 2008	May 2008
<b>Weight</b>		235	240
<b>BP</b>	< 130/80 Best < 120/80	125/80	148/88
<b>Tests</b>			
<b>HbA1c</b>	< 7 Best < 6	6.5	8.5
<b>Total Cholesterol</b>	< 135	237	250
<b>LDL</b>	< 100 Best < 70	170	165
<b>HDL</b>	> 40	37	35
<b>Non-HDL</b>	< 130 Best < 100	200	215
<b>Triglycerides</b>	< 150	150	250
<b>Medication</b>			
Daily ASA	Take daily	Yes	Yes
<b>Other</b>			
Group Visit		No	No

Important Yearly Activities	Goal	Status	Next Test Due	Most Recent Test
Eye Check	1 time a year	OVERDUE		
Foot Check	1 time a year	Completed	5/22/2009	5/22/2008
Urine Micro Albumin	1 time a year	Completed	5/22/2009	5/22/2008
Flu Shot	1 time a year	OVERDUE		

Special Vaccine	Goal	Status
Pneumovax (Twice if over 65)	1 <sup>st</sup>	1st Shot Completed

Saves  
Clinician 5  
minutes

Age: 63

Sex: Male

Non-Smoker

Medical Record #: r7554

	Goal	Aug 2008	May 2008
<b>Weight</b>		235	240
<b>BP</b>	Less than 130/80 Best 120/80	125/80	148/88
<b>Tests</b>			
<b>HbA1c</b> (Sugar for 3 months)	Less than 7 Best if 6	6.5	8.5
<b>LDL</b> (Lousy or bad cholesterol)	Less than 100 Best if 70	170	165
<b>HDL</b> (Happy or good cholesterol)	Greater than 40	37	35
<b>Triglycerides</b> (another bad fatty substance)	Less than 150	150	250
<b>Medication</b>			
Aspirin or Anti-coagulant (to prevent heart attacks)	Take daily	Yes	Yes

Important Yearly Activities	Goal	Status	Next Test Due	Most Recent Test
<b>Eye Check</b> (to prevent blindness)	1 time a year	OVERDUE		
<b>Foot Check</b> (to check for numbness and sores)	1 time a year	Completed	5/22/2009	5/22/2008
<b>Urine Micro Albumin</b> (to check for kidney failure)	1 time a year	Completed	5/22/2009	5/22/2008
<b>Flu Shot</b> (to prevent flu)	1 time a year	OVERDUE		

Special Vaccine	Goal	Status
<b>Pneumovax</b> (to prevent a special pneumonia: given once in a lifetime - twice if first was given before age 65)	1 <sup>st</sup>	1st Shot Completed

Empower  
the  
Patient

**Patients Meeting ADA Goals On Most Recent Tests**

Clinic ID		HbA1c	LDL	BP	HbA1c & LDL & BP
75	Percentage Met Goals Patients	<b>63%</b> 300 478	<b>46%</b> 115 248	<b>57%</b> 295 515	<b>21%</b> 49 229
All Clinics	Percentage Met Goals Patients	<b>55%</b> 6407 11667	<b>55%</b> 6076 11087	<b>55%</b> 7068 12859	<b>20%</b> 2018 10170
<b>GOALS</b>		<b>&lt;7.0</b>	<b>&lt;100</b>	<b>SP&lt;=130</b>	

	Goals	All Clinics	Clinic's Average
# of Patients		13381	516
# of Visits		42577	1419
Weight		211	198
BMI		34	33
Waist Range		41	
B/P	119/79	<b>133/77</b>	<b>131/72</b>
EyeCheck	Once a year	21 %	8 %
FootCheck	Once a year	33 %	1 %
HbA1c<	<6	<b>7.4</b>	<b>7.0</b>
Total Chol	<135	<b>181</b>	<b>185</b>
LDL	<70	<b>101</b>	<b>106</b>
HDL	(M: >40 F: >50)	46	44
Non-HDL	<100	<b>135</b>	<b>141</b>
Triglycerides	<150	<b>175</b>	<b>178</b>
U Micro Alb	Once a year	29 %	6 %
Pneumovax	Once	30 %	3 %
FluShot	Once a year	22 %	3 %
Daily ASA	100%	49 %	21 %

**Report comparing clinic with all other clinics in the project.**

**Patients Meeting ADA Goals On Most Recent Tests**

Clinic		HbA1c	LDL	BP	HbA1c & LDL & BP
Clinic 71	Percentage Met Goals Patients	<b>47%</b> 90 192	<b>53%</b> 100 190	<b>67%</b> 137 205	<b>19%</b> 33 175
All Clinics	Percentage Met Goals Patients	<b>55%</b> 6147 11241	<b>55%</b> 5829 10664	<b>55%</b> 6765 12362	<b>20%</b> 1914 9775
<b>Goals</b>		<b>&lt;7.0</b>	<b>&lt;100</b>	<b>SP&lt;=130</b>	

01

Clinician		HbA1c	LDL	BP	HbA1c & LDL & BP
01	Percentage Met Goals Patients	<b>46%</b> 63 136	<b>53%</b> 72 137	<b>66%</b> 97 147	<b>20%</b> 25 126
<b>Goals</b>		<b>&lt;7.0</b>	<b>&lt;100</b>	<b>SP&lt;=130</b>	

02

Clinician		HbA1c	LDL	BP	HbA1c & LDL & BP
02	Percentage Met Goals Patients	<b>48%</b> 23 48	<b>49%</b> 21 43	<b>65%</b> 31 48	<b>15%</b> 6 41
<b>Goals</b>		<b>&lt;7.0</b>	<b>&lt;100</b>	<b>SP&lt;=130</b>	

**Report comparing one physician to another**

**Most Recent HbA1c Sept 08**

Clinic	Very High ( $\geq 9$ )	High ( $\geq 7$ & $\leq 9$ )	Target (HbA1c $<7$ )	Not Tested	Total Patients	# of Patients
69	19	32	44	46	141	141

*Reports to discover patients at high risk*

**Most Recent LDL**

Clinic	Very High ( $\geq 130$ )	High ( $<130$ & $\geq 100$ )	Target High ( $<100$ & $\geq 70$ )	Target Low (LDL $<70$ )	Not Tested	Total Patients	# of Patients
69	26	40	28	23	24	141	141

Eye Check

- Daily ASA
- Eye Check
- Foot Check
- Flu Shot
- Urine Micro Albumin

leted an Eye Check in the last 365 days.

Charming, Prince	
Claus, Santa	
coward, sue	
Crew, Sara	01/14/2006
Crowe, Debbie	
Cruce, Margaret	08/18/2005
Dean, Jean	12/16/2005
Dees, Raymond	
Doe, Jane	05/09/2006
doe, jane	05/05/2005
Doe, John	07/08/2005
Doll, Barbie	07/01/2007
Dough, Lotta	04/21/2005
Duck, Donald	06/17/2007
Flannery, sean	08/23/2005
Flash, The	
Gamba, Josette	09/11/2006
Garand, George	
Grambling, Sara	04/25/2005
Grubbs, Eleanor	08/17/2005
HAGG, MARY	12/24/2005

Report listing patients that have not had annual tests and immunizations or documented ASA

# Impact of Nurses over 8 month period in 140 patients

<u>EyeCheck</u>	Once a yr	<u>2 %</u>	<u>59 %</u>
<u>FootCheck</u>	Once a yr	<u>10 %</u>	<u>82 %</u>
HbA1c<	<6	7.8	7.4
Total Chol	<135	189	184
LDL	<70	112	106
HDL	(M: >40 F: >50)	43	45
Non-HDL	<100	146	139
Triglycerides	<150	175	166
U Micro Alb	Once a yr	<u>6 %</u>	<u>63 %</u>
Pneumovax	Once	<u>32 %</u>	<u>76 %</u>
<u>FluShot</u>	Once a yr	<u>1 %</u>	<u>66 %</u>
Daily ASA	100%	<u>45 %</u>	<u>65 %</u>

1. Nurse gave patients and physicians report cards
2. Nurse Ordered tests per protocol and
3. Nurse did the foot exams

## Samples of various practices as of Oct 2008

<b>Clinic Number</b>	<b>HbA 1c &lt;7</b>	<b>LDL &lt;100</b>	<b>B/P &lt;130/80</b>	<b>All 3 same time</b>
<b>National</b>	<b>48%</b>	<b>33%</b>	<b>33%</b>	<b>7%</b>
<b>All DMCP Clinics</b>	<b>55%</b>	<b>55%</b>	<b>55%</b>	<b>20%</b>
<b>3</b>	<b>70%</b>	<b>66%</b>	<b>55%</b>	<b>29%</b>
<b>20</b>	<b>70%</b>	<b>71%</b>	<b>68%</b>	<b>34%</b>
<b>22</b>	<b>58%</b>	<b>53%</b>	<b>66%</b>	<b>30%</b>
<b>37</b>	<b>67%</b>	<b>55%</b>	<b>75%</b>	<b>31%</b>
<b>53</b>	<b>65%</b>	<b>66%</b>	<b>66%</b>	<b>35%</b>
<b>64</b>	<b>77%</b>	<b>82%</b>	<b>59%</b>	<b>41%</b>
<b>75</b>	<b>63%</b>	<b>46%</b>	<b>57%</b>	<b>21%</b>

# Towers Perrin actuarial evaluation 2006 Bridges to Excellence

<b>ADA Quality Indicator</b>	<b>Yearly Cost Savings if indicator achieved</b>
<b>HBA1C <math>\leq 7</math></b>	<b>\$279.00</b>
<b>LDL <math>\leq 100</math></b>	<b>\$369.00</b>
<b>Syst BP <math>\leq 130</math></b>	<b>\$474.00</b>
<b>Total yearly savings</b>	<b>\$1122.00</b>

**Yearly cost savings as of October 2008**  
**Extrapolated from Bridges to Excellence data**

<b>Quality Indicator (# Pts reaching goal over national average)</b>	<b>Cost Savings</b>
<b>HBA1C (775)</b>	<b>\$216,225.00</b>
<b>LDL (2377)</b>	<b>\$877,113.00</b>
<b>Syst BP (2767)</b>	<b>\$1,311,558.00</b>
<b>Total savings in 1 Year</b>	<b>\$2,765,070.00</b>



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## Presidents Welcome Message

Dear Colleagues,

On behalf of the Florida Academy of Family Physicians Board of Directors, and FAFP Foundation Board of Trustees, I welcome you to the new face of the FAFP website. Over the course of the last six years your leadership and staff have tried to design and build a website you can be proud of that will meet your needs as practicing family physicians. We believe this new format and its future content of news and information meets this objective.

The new home page is a sample of how the website will appear over the next year as our website technician modifies the pages and links to steer you in the right direction for the most comprehensive information important to your practice and our specialty. The photos that will appear on the website are highlights from our recently held CME Weekends, Summer Break Away, and other Academy and Foundation events throughout the year.

For now, please be sure to mark your calendar for the upcoming 101st Family Medicine Weekend Meeting, December 12-14, 2008 at the beautiful Ritz-Carlton Amelia Island Resort. You can click on the registration link below to register online for this event.

We encourage you to peruse the entire website for the latest information on regulatory change, practice management and enhancement, and clinical training programs such as the Master Clinician Programs addressing Diabetes, Obesity and COPD. You will also find up-to-date information on legislative and election information, and member benefits. Click on the link on the left side of the website entitled "FAFP Family Doctors Lounge" and become a participant in online discussion groups with your family physician colleagues.

Thank you for your patience as we continue to improve FAFP communications programs. Thank you for your continued support for the Florida Academy of Family Physicians, the only medical organization in Florida that represents the interests of Florida's Family Physicians.

Timothy Davlantes, MD  
FAFP President

### 2008 Summer Breakaway Meeting Photos



Tim Davlantes, MD  
FAFP President



[Alliance for Diabetes Education in Communities](#)

[Description of Diabetes Master Clinician Program](#)

[Training manual for DMCP](#)

[Training manual for Group Visits](#)

[Training Manual for DMCP Registry](#)

[Diabetes Teaching Power Point](#)

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**ADA Standards of Diabetes Care**

[2008 Standards of Care for Diabetes](#)

[Consensus Algorithm for Rx Nathan](#)

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**Discovering Patients Concerns in Diabetes**

[Diabetes Concerns Questionnaire](#)

[Diabetes Concerns Assessment Form](#)

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[Health Care Literacy Tips](#)

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**Dr Shahady Published Articles on Diabetes**

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**Patient Handout Information**

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**Thank You**