Residents' QI Education: Initiatives in Diabetes Management in Primary Care

The Problem

AGCME requires that residents participate in QI projects in the ambulatory setting, including projects on chronic diseases. Achieving standards of care for patients with diabetes (DM) presents challenges at the individual and systems levels.

Aim/Goal

Residents will improve adherence to clinical guidelines for diabetes management by assessing their performance on key DM quality indicators (LDL, A1C, BP, etc.) and developing strategies and action plans to improve DM care for their panels of patients in an ongoing way.

The Team

Diane Brockmeyer MD; Carol Bates MD; Fred Goldman MD; Gila Kriegel MD; Kelly Graham MD; Elizabeth Sandman MD; Mark Aronson MD; Hans Kim MD; Scot Sternberg, MS (Medicine QI); Gail Piatkowski (Decision Support); Carolyn Conti (Decision Support); HCA Residents.

The Interventions

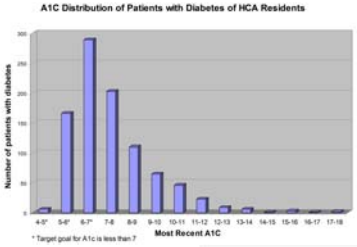
- Structured QI intervention for all Junior and Senior residents in HCA, to be implemented in two phases, fall 2010 and spring 2011.
- Diabetes registry data made available to each resident for their panel.
- Residents reviewed and "cleaned" their registry data – i.e., indicated whether they are the primary care physician for this patient and if the patient indeed has diabetes, in order to establish baseline performance.
- Residents compared their performance to standards of diabetes care
- During 30 minute mentored sessions, residents met in small groups to:
  - Review their performance
  - Describe challenges (individual and systems) to providing DM care
  - Propose action plans for their individual panels
  - Discuss action plans at the systems level
- In the weeks-months following the group sessions, residents are implementing their action plans.

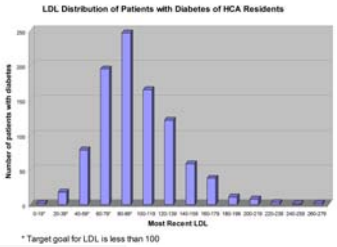
The Results/Progress to Date

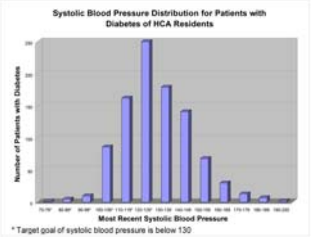
Residents developed individual action plans including: Patient outreach (phone, letter); scheduling specific visits for DM care; addressing depression and other patient barriers (involve SW, Community Resource Specialists, set up The Ride); partnering with NPs in HCA; planning to review DM registry q 3 months; referrals for eye care; using DM Sheet in OMR during patient visits.

Baseline performance measures for residents were as follows:

- 50% of patients with diabetes had their A1c within target goal of <7.
- 57% of patients with diabetes had their LDL within target goal of <100.
- 54% of patients with diabetes had systolic blood pressure within target goal <130.







Lessons Learned

- Support from non-MDs / future Medical Home model will be crucial to maintain and expand focus on DM measures.
- Systems issues identified include:
  - Need for increased numbers of DM patients managed by residents;
  - Coordination between HCA and other DM providers (i.e. Joslin) could be enhanced;
  - Supports are needed to assist residents in making outreach to patients;
  - Opportunities exist for allowing patients better ownership of their DM care and outcomes.
- Residents' action plans varied in scope – a longer discussion session may be helpful.

Next Steps

- During their spring ambulatory time, residents will measure the impact of their interventions on key DM measures, on individual panels and on resident panel as a whole.
- Systems issues will need to be addressed where possible.
- Expand this panel review to HCA faculty.

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact

Diane Brockmeyer, MD/ dbrockme@bidmc.harvard.edu