GLPTN Spotlight: Northwestern Medical Group

Decreasing poorly controlled diabetes

As part of Great Lakes Practice Transformation Network (GLPTN), Northwestern Medical Group (NMG) is consistently working on quality improvement (QI) at its 19 primary care practices. One champion of QI is Radhika Mehta, MPH, Clinical Quality Leader at NMG and a Quality Improvement Advisor for GLPTN. Radhika and her team have been focusing on Hemoglobin A1c poor control measure and have set a goal of decreasing the percentage of patients with poorly controlled diabetes.

To tackle this aim, they began by cleaning their EHR data and standardizing documentation. A1c measurement and diagnoses previously were recorded in a number of different ways, causing performance to appear artificially low. After the data was cleaned up, the team was able to narrow the patient list to more accurately reflect their diabetic patient population.

Next, the team separated poorly-controlled diabetic patients aged 18-75 into two groups: Those who had no labs documented for the past year, and those with A1c measurements greater than 9 percent. "The data showed that about 50% of our non-compliance was due to no labs having been documented in the EHR," explained Radhika. This was due to either no labs performed or labs performed outside NMG with no results recorded. After sharing findings with leadership, the team committed to making point-of-care testing standard at all locations. Some practices already had the point-of-care devices, but others needed to acquire them. Once Quality and Operations were able to work with the Lab department to acquire machines for the rest of the primary care practices, it took a team effort to set up the machines and instate new workflows. Lab, Quality, Operations, Nursing, and professional development departments all contributed to implementation. The team also ensured medical assistants (MAs) and other end users were properly trained so the new initiative could roll out seamlessly.

A point-of-care device used for the quantitatve measurement of hemoglobin A1C in blood. Instructions for how to use the device can be found here.

With the equipment and workflows in place at every location, the team could then focus on addressing diabetes control from other angles. Starting in September 2017, the A1c measure was included on physician performance reports regularly reviewed with providers and their peers. The reports facilitate open discussion on the quality measures tracked by NMG, with time spent brainstorming ways the EHR could better be utilized to enhance performance. When the group came together to review which patients needed to complete labs or reduce A1c numbers, they were better able to identify ways to address the issues. "That's where the point-of-care equipment comes into play," says Radhika. Being able to complete tests and assess results quickly helped the team tackle both components of the A1c measure. Patients and physicians alike were happy to have easy access to information that can facilitate the creation and discussion of a care plan outlining management objectives.

In the third quarter of 2015, 44.2 percent of diabetic patients had no labs in the past year or had A1c > 9 percent or higher. In December 2017, the data showed the number had dropped to 29.7 percent and it continues to decrease. NMG plans on maintaining the strategies they implemented and could also assess other QI measures similarly.