

2015 | ANNUAL REPORT



St. Tammany  
Quality Network

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# STQN GOVERNING BOARD UPDATE

## *2015 Year in Review*



*Patrick J. Torcson*

**Dr. Patrick Torcson, M.D.**  
STQN Governing Board Chairman

2015 was a year of significant growth and development for the St. Tammany Quality Network (STQN). STQN now consists of more than 240 physicians in 36 different specialties. Our member physicians and the STQN committees and sub-committees continue to lead efforts that advance the quality agenda as a high-performing clinical integration network aligned with St. Tammany Parish Hospital (STPH).

The network growth has resulted from the thoughtful and diligent review process of our STQN Network Operations Committee (NOC). Dr. Mark Dominguez, NOC Chairman, has provided the guidance needed in developing a comprehensive network of quality-focused physicians in the many specialties that support managing the care of our community. The NOC has also provided a roadmap to identify specialty gaps so that a majority of citizens in western St. Tammany Parish can continue to receive care close to home. In addition to network development, the NOC continues to develop a strategy for an information technology infrastructure that can provide results and data across the continuum of physicians in the network in order to better coordinate care.

The STQN Performance Management Committee (PMC) is transforming the delivery of healthcare in the region. Under the leadership of Dr. Michael Hill,

this team is diligently working to reduce surgical site infections, reduce readmission rates, improve sepsis management and make substantial improvements in many other hospital-level performance initiatives. In the ambulatory setting, the PMC continues to focus on wellness, prevention and screening, and chronic disease management as part of our population health agenda. The STQN advancement of quality outcomes has been recognized by other healthcare professionals including a poster presentation at the 2015 Making a Difference in Infectious Diseases conference for antibiotic stewardship and a presentation on a nurse-driven protocol for sepsis management at the Ochsner Research Night.

The STQN Finance and Contracting committee, led by Dr. James Lacour, has secured numerous commercial insurance contracts exclusive to STQN members and greatly increased the number of covered lives cared for by our network. STQN is the exclusive physician network provider for the STPH self-insured employee group. As of January 1, 2016, STQN participates in six commercial contracts, including products held by Blue Cross, Humana and United, and participates in the Medicare Shared Savings Program as part of the Ochsner Accountable Care Network. There are a limited number of Accountable Care Organizations in the state and we are excited and honored to be part of a growing number of physician networks that have embraced the alternative payment models that the Centers for Medicare and Medicaid Services (CMS) continue to promote.

In order to position STQN for the future, the STQN Board has finalized a strategic plan for years 2016 through 2018 that focuses on value-driven initiatives in line with the "Triple Aim" of improving quality of care, improving population health and lowering cost. Most importantly, our strategic plan places a high priority on a fourth aim of assisting physicians in creating a better environment to practice medicine (Annals of Family Medicine, September 2014). Our STQN members and our patients deserve nothing less.

# STQN 2015 INITIATIVES

## *Population Health Management:*

### *Utilizing Tools & Strategies to Identify Gaps in Care*

Proactive disease prevention and early disease detection strategies are crucial to improving the health of a community. It is advantageous to actively manage chronic conditions, such as diabetes or heart failure, rather than waiting for an unexpected catastrophic occurrence. For example, STQN is actively engaged in working with member physicians to ensure that diabetic patients have the recommended screenings and treatment in order to maintain their health. Effective management will increase the likelihood of diabetic patients managing their chronic conditions and achieve favorable outcomes.

Disease prevention is a key strategy to managing populations. Breast and lung cancer are prevalent in our community, therefore, STQN has adopted an aggressive screening approach to improve patient outcomes. In fact, the network's results exceed national standards on breast cancer screening rates and tobacco cessation education. In addition, the network successfully focused on pediatric immunizations and influenza vaccinations in adults over 65. These initiatives will substantially decrease the chances of illness in both pediatric and adult populations.

Finally, there is a national focus on the rising cost of prescription medications. For many patients the high cost of prescription medications is an obstacle to adhering to a medication regimen necessary to manage an acute or chronic condition. Evidence has shown that medication adherence decreases as the cost to acquire needed prescriptions increases. Therefore, STQN is encouraging member physicians to promote and prescribe generic medications when appropriate.

## *Improving Quality of Care:*

- ▶ **Diabetes**
- ▶ **Vascular Diseases**
- ▶ **Chronic Kidney Disease**
- ▶ **Hypertension**
- ▶ **Efficient Use of Resources**
- ▶ **Cervical Cancer Screening**
- ▶ **High-risk Medications**
- ▶ **Patient & Caregiver Experience**

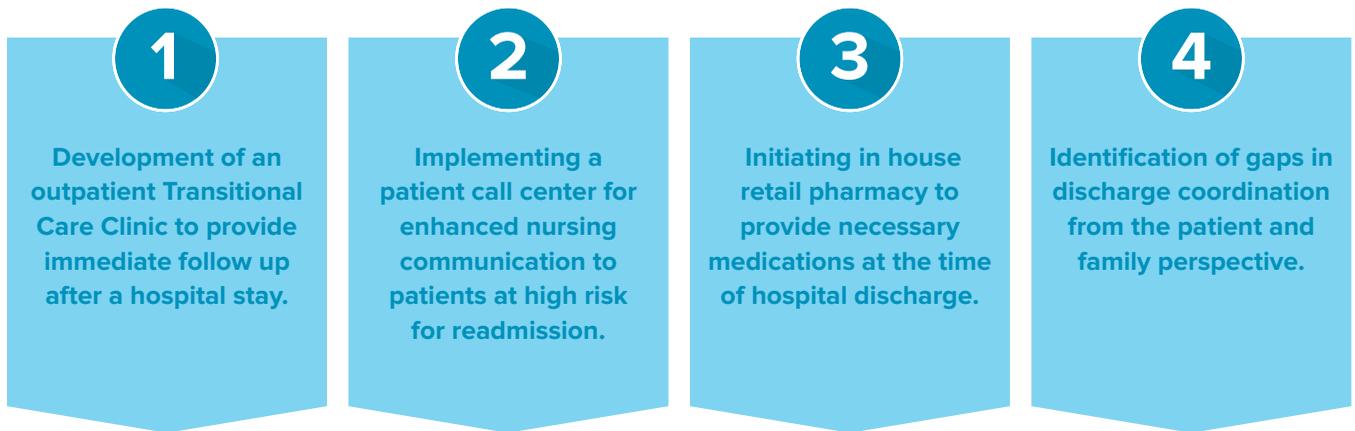


# STQN 2015 INITIATIVES

## *Readmissions Reduction*

Reducing readmissions is an important aspect of improving quality and lowering healthcare spending. Accordingly, STQN led the Post-Acute Steering Committee in the development of a multi-disciplinary approach to reducing readmissions. This multi-disciplinary collaboration between STPH and STQN resulted in a significant reduction in the 30-day all-cause readmission rate for STPH.

**This committee identified key indicators involved in unplanned hospital readmissions and is implementing the following programs:**



### **STPH 30 Day YTD Average–All Causes Readmissions 2015**

Percentage of All Payers .....	10.73%
Percentage Medicare .....	13.25%
CMS National Average 2014 .....	15.60%
<small>(CMS: Centers for Medicare and Medicaid Services)</small>	

# STQN 2015 INITIATIVES

## *Readmissions Reduction*

### Seamless Care Coordination Across All Settings

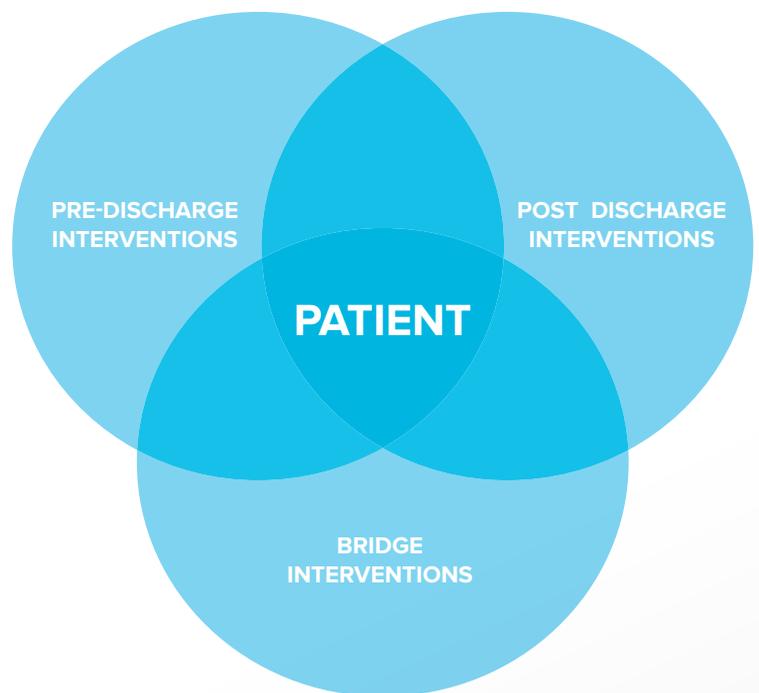
Successful clinically integrated networks develop tools and strategies to provide effective communication when patients transition across the continuum of care following an acute hospitalization. This process involves the development of a post-acute strategy that will improve patient clinical outcomes, improve the patient experience and reduce medical costs. Post-acute care can account for up to 50 percent of the costs associated with an acute illness. The development and implementation of an effective post-acute care strategy is a high priority in order to reduce excessive healthcare spending costs in our region.

### Development of Post-Acute Network

A comprehensive plan was developed for post-acute care that harmonized with the “Triple Aim” approach of better care for each patient, better health for the whole population and lower cost for the healthcare system. A patient-centered standardized approach of the plan included the pre-discharge plan, hospital discharge processes and the establishment of post-discharge coordination of care.

#### THE GOALS OF THE POST-ACUTE CARE PLAN INCLUDED:

-  **Better Patient and Family Experience With the Discharge Process**
-  **Reduced Readmissions to the Hospital**
-  **Improved Patient Clinical and Functional Outcomes**



#### WHAT IS POST-ACUTE CARE?

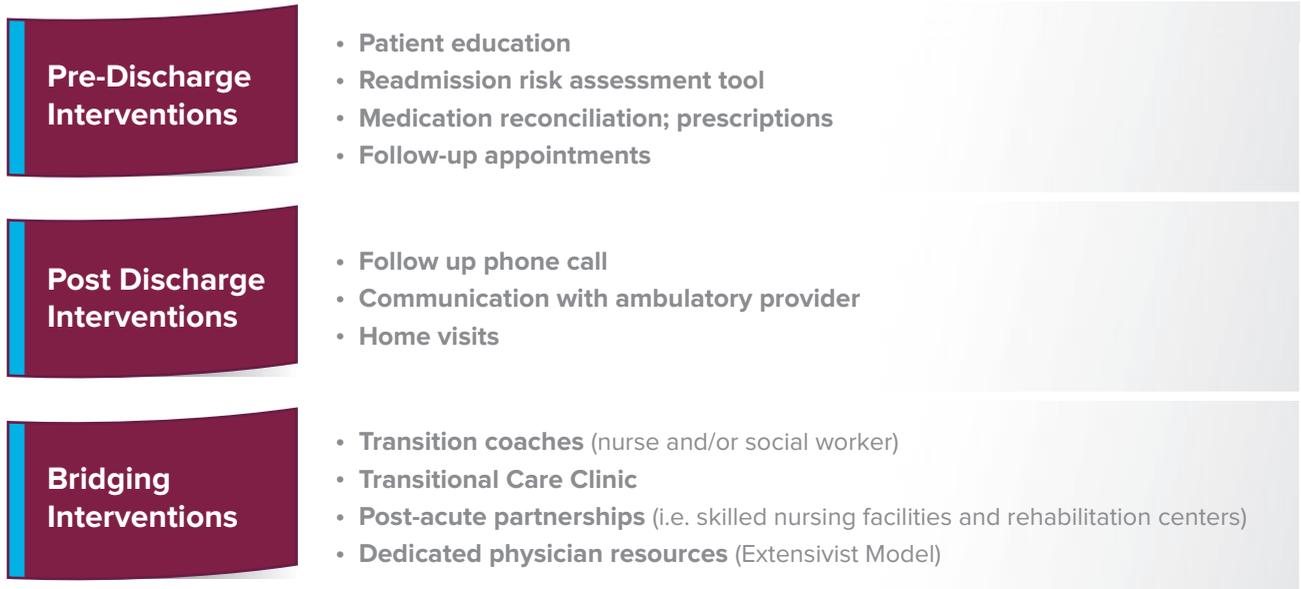
Post-Acute Care is any care that occurs outside of the hospital after discharge.

- Home Health/Hospice
- Skilled Nursing Facility
- Outpatient Rehabilitation
- Nursing Home

# STQN 2015 INITIATIVES

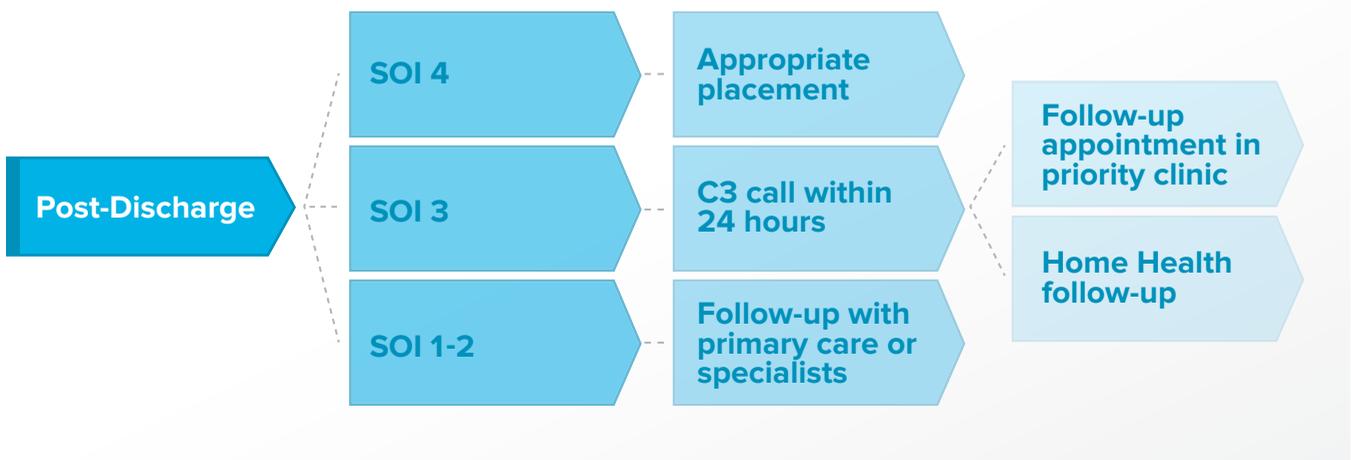
## Readmissions Reduction

### Transitions of Care Processes



### Post-Acute Needs of High Risk Patients

The STPH Transitional Care Clinic will focus on addressing the post-acute needs of patients at high risk for readmission. A patient’s specific risks for readmission are stratified and categorized according to severity of illness (SOI) with those at the highest risk placed into the SOI 3 category. Research has shown that these patients will benefit from additional resources shortly after discharge to avoid a potentially preventable emergency room visit or hospital readmission.



# STQN 2015 INITIATIVES

## *Medicare Spend per Beneficiary—A Measure of Efficiency*

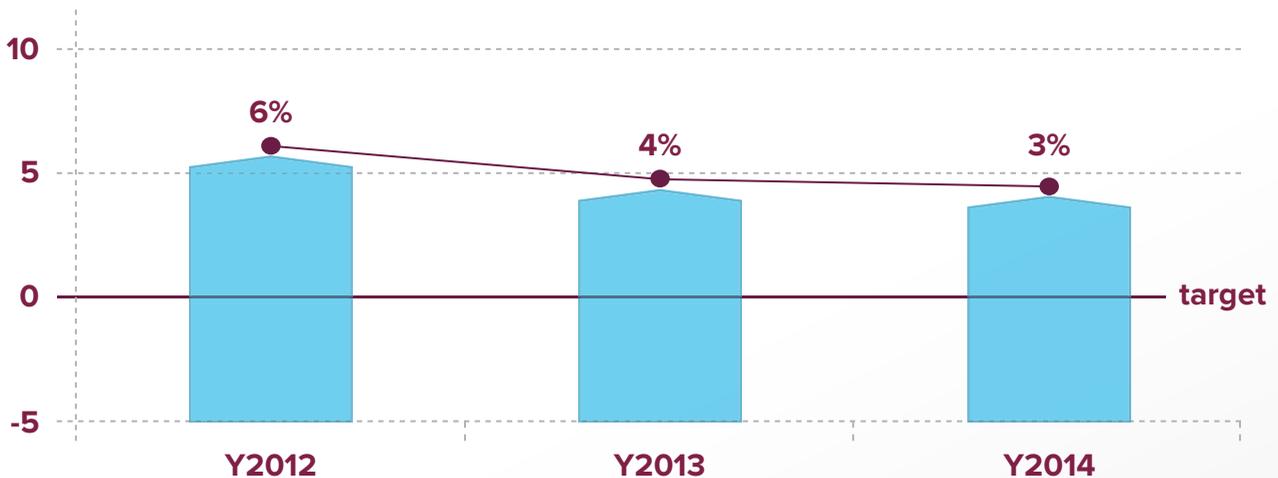


A major goal of the Affordable Care Act of 2010 is to reduce healthcare spending in the Medicare population. CMS calculates an annual Medicare Spend per Beneficiary (MSPB) for each and every hospital in the United States. Hospitals with higher than average spend are now financially penalized through the Hospital Value-Based Purchasing Program. In addition, high cost may lead to an increased patient financial burden.

At STPH, there has been a coordinated effort to reduce these costs that include improving awareness of contributing factors that increase patient care cost with potential minimal improvement in outcomes. A focus on efficiencies in patient care and judicious use of healthcare resources is an important part of the culture of STQN and STPH. The result has been a progressive decrease in MSBP while improving quality outcomes.

### **STPH—Medicare Spend per Beneficiary (MSPB)**

Percent Over Target



# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

STQN is continuously striving to maintain effective communication across the growing network and develop strategies to keep our member physicians engaged through education and awareness. An effective communication and education strategy for STQN member physicians is vital with the rapid rate of change in healthcare. This approach needs to address both broad-based, system-level topics, as well as those unique and particular to each physician and associated specialty. One of the strengths of STQN is the ability to engage physicians in face-to-face, group-level discussions. This results in productive dialogue regarding best practices and solutions to overcome associated challenges.

In April 2015, more than a hundred member physicians gathered at the STQN annual meeting to discuss 2014 accomplishments and the strategic objectives for 2015. Throughout the past year, STQN also sponsored seven Continuing Medical Education presentations covering topics such as imaging techniques, management of septic patients, new management strategies of diabetic patients, pediatric vaccines, novel oral anticoagulants, influenza prevention and treatment, and preventing physician burnout. Educational offerings were not exclusive to clinical topics. For example, STQN in partnership with STPH sponsored educational sessions on the conversion of ICD-9 to ICD-10 coding.

Establishing baseline performance expectations for each STQN physician is important to drive quality improvement across the entire network. In 2015, each physician was provided a personalized performance scorecard on a quarterly basis, along with an opportunity to meet with the STQN medical director to acknowledge successes and develop strategies for improvement.

Recognition of outstanding performance has been part of the STQN culture over the past two years through the STQN Medical Director's award. This award recognizes member physicians for their contribution to the network and, more importantly, to improving the care of patients in west St. Tammany Parish. Eight STQN member physicians received awards during 2015 (please see page 16 for details on the recipients).



# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## Clinical Quality Update

### Clostridium Difficile/Oncology

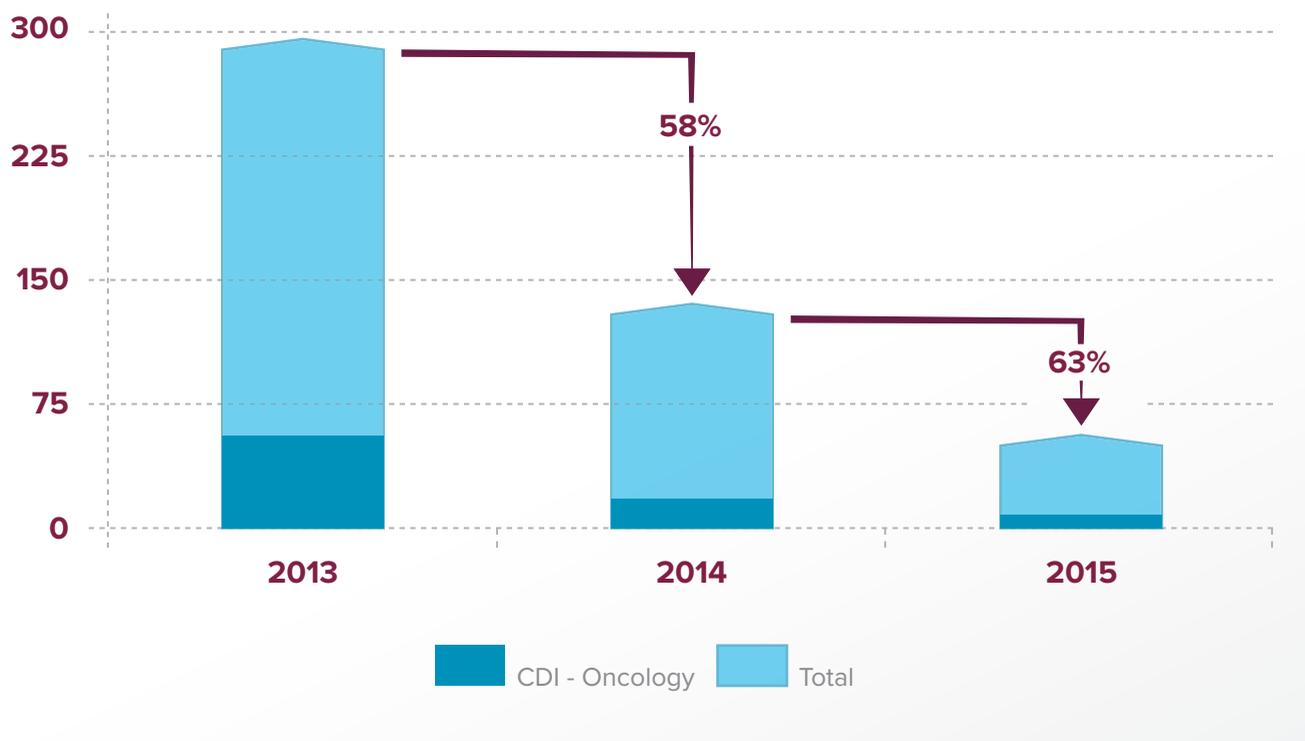
The increasing incidence of *C. difficile* associated diarrhea (*C. diff*) in immunocompromised patients is one of the major problems facing healthcare professionals. The prominent risk factor associated with this disease is antibiotic therapy. Oncology patients are one of the groups that are particularly susceptible to this disease. In an effort to reduce the incidence of *C. diff*, STQN initiated a *C. diff* prevention program in an affiliated outpatient oncology clinic. In an effort to quantitate the results of these interventions, *C. diff* rates were measured before and after implementation and reassessed on a continuous basis throughout the year.

#### The elements of this program involved:

- A** Discussing risk factors for *C. diff* with Oncologists and their staff
- B** Targeting specific interventions that reduce the incidence of *C. diff* (isolation, hand hygiene, environmental cleaning, decreasing antibiotic utilization and patient education)

## STPH 2013–2015 Oncology Diagnosis & *C. difficile* Infection

Percent Decrease



# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## *Clinical Quality Update*

### Antibiotic Stewardship

The Centers for Disease Control (CDC) Get Smart for Health Care campaign encourages antibiotic stewardship programs to ensure that antimicrobials are utilized appropriately within the hospital setting. A multidisciplinary antibiotic stewardship team was organized by STQN. The team included an infectious disease physician, clinical pharmacists, the Department of Hospital Medicine, and an infection preventionist.

The multidisciplinary team instituted a systematic concurrent review of antimicrobial usage within STPH. The review included the indication for antibiotic prescribing, the antibiotic agent, culture results and the duration of antibiotic therapy. The process included tracking the use of targeted agents through real time review and direct intervention with prescribers. The purpose of this stewardship effort was to reduce antimicrobial usage and therefore reduce the development of multi-drug resistant organisms and antibiotics side-effects including *C. diff* infection.

Because of the judicious use of antimicrobial agents at STPH, the Total Antibiotic Cost was reduced to \$11 per Adjusted Patient Day in October 2015 compared to \$26 in October 2012. The reduction resulted in a total savings of approximately \$1.5 million since the stewardship program was implemented. At the same time, there was a concomitant decrease in the rate of *C. diff* infection and a reduction in hospital length of stay.

### Total Antibiotic Cost per Adjusted Patient Day



The reduction resulted in a total savings of approximately **\$1.5 MILLION.**

# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## *Clinical Quality Update*

### 40 Week Initiative

In 2015, STPH entered into an agreement with the Louisiana Department of Health and Hospitals as part of a state-wide initiative to lower cesarean section rates (C/S rates).

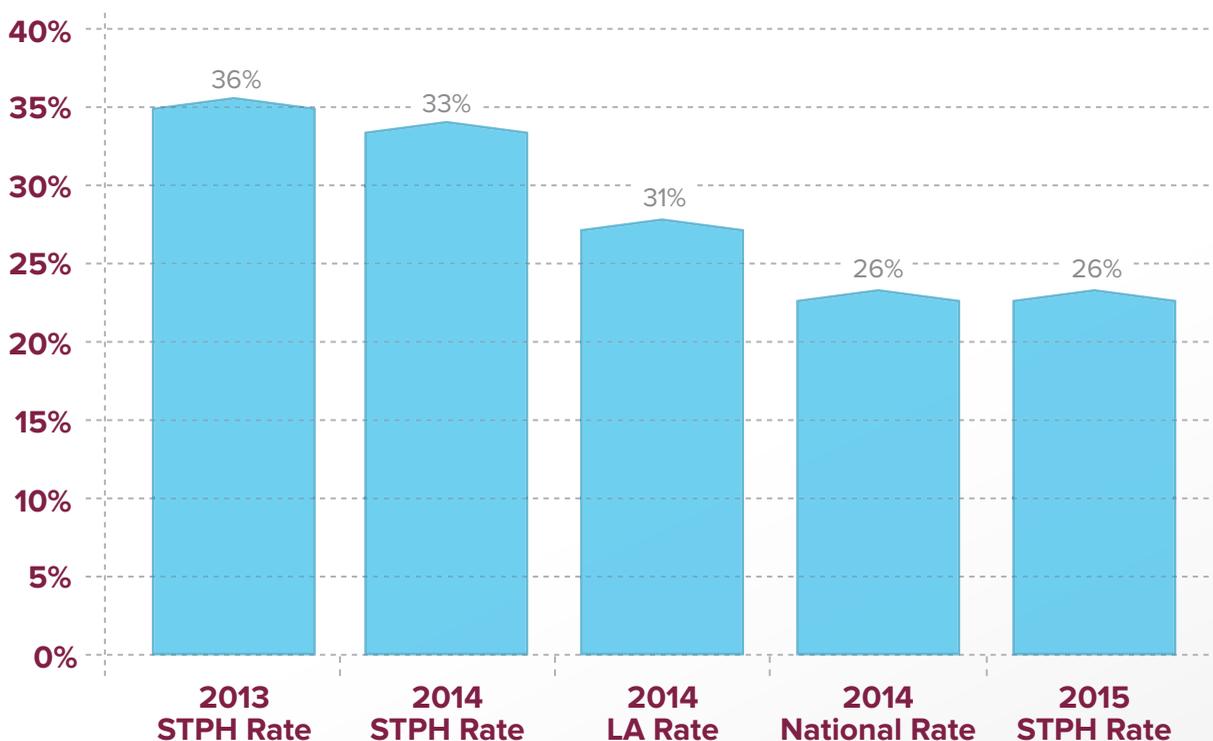
**This agreement involved a commitment to work toward three goals:**

- 1 Decrease harm in first time deliveries (nulliparous) by reducing non-medically indicated inductions prior to 39 weeks of gestation
- 2 Improve women and family engagement regarding non-medically indicated inductions
- 3 Eliminate non-medically indicated elective deliveries prior to 39 weeks

Dr. Rachael Cresap, an OB/GYN physician and member of the PMC, was the physician champion for this initiative and as a result of this effort the STPH C/S rates in nulliparous women have markedly improved.

## 2015 YTD – Low-Risk Primigravida Cesarean Section Rate

Target = 23.9%



# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## *Clinical Quality Update*

### Sepsis

Sepsis is a life threatening response to an infection that may lead to tissue damage, organ failure and death. Patients who develop sepsis have an increased risk of complications, face higher healthcare costs and longer hospital stays. Early recognition and treatment are essential in decreasing complications and mortality rates. The sepsis initiative was developed by the Centers for Medicare and Medicaid Services (CMS) to incorporate best practice clinical pathways that have been proven to reduce morbidity and mortality.

**In accordance with this initiative STQN, in partnership with STPH, has developed a sepsis care program that involves the following:**

- Standardization of care plans
- Education of clinical staff and physicians
- Development of sepsis order sets
- Timely initiation of clinical interventions
- Tracking performance measures (such as length of stay, morbidity and mortality)

**Initial CMS sepsis reporting indicates that STPH is 88% compliant with more than 60 evidence based practices specific to sepsis.**



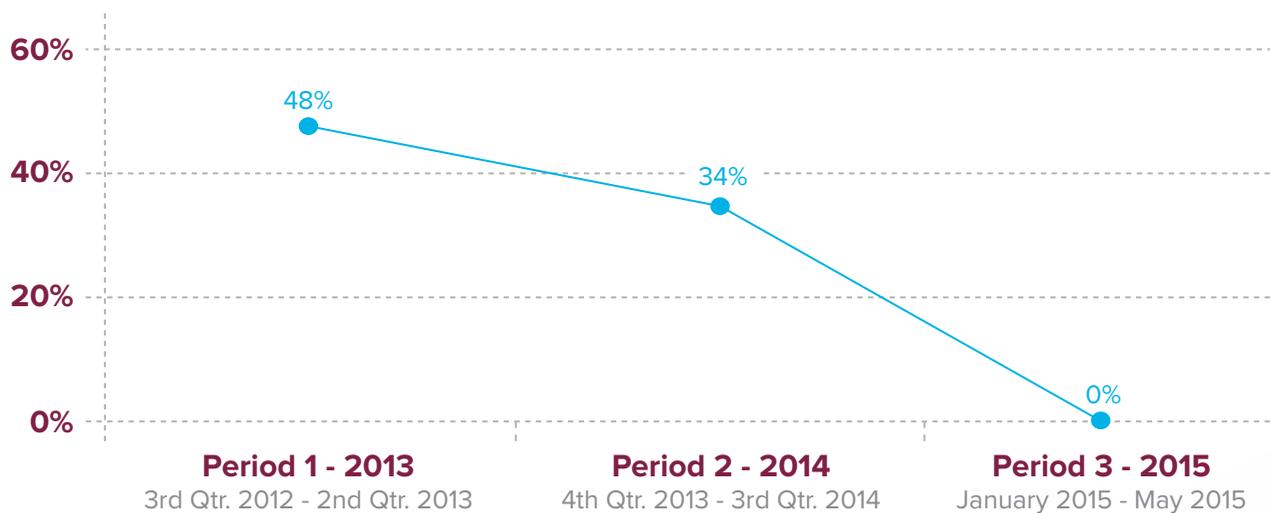
# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## *Clinical Quality Update*

### Emergency Department Performance Initiatives

To reduce unnecessary imaging and patient radiation exposure in the Emergency Department, the PMC established a sub-committee that included representatives from Radiology and Emergency Medicine. Guided by STQN, this group met quarterly to identify performance improvement opportunities which included the volume of imaging procedures in the emergency department. This committee trended radiology utilization by each emergency room physician, established guidelines for abdominal CT scans, and is in the process of developing a benchmark for head CT utilization.

### CT With And Without Contrast



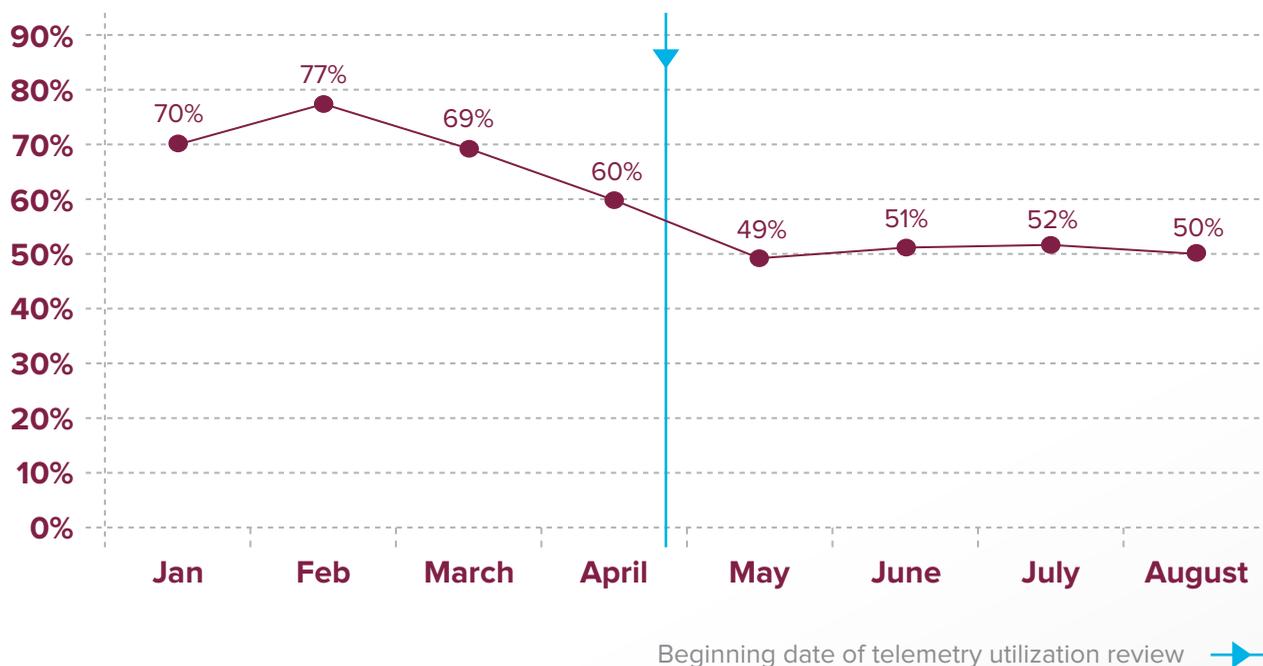
# ENGAGEMENT OF PHYSICIANS THROUGH EDUCATION & AWARENESS

## *Clinical Quality Update*

### Telemetry Utilization

Inpatient telemetry monitoring has been overused in hospitals and is a potential source of avoidable health system cost that does not add benefit to patients. The Choosing Wisely national initiative through the American Board of Internal Medicine and the Society of Hospital Medicine has focused on limiting continuous telemetry monitoring on inpatients outside of ICU settings. STQN established an appropriate use of continuous telemetry monitoring program that included the development of specific clinical criteria for telemetry monitoring and implementation of a protocol for discontinuation of telemetry monitoring after 48 hours. There has been a significant reduction in telemetry use since these measures have been instituted.

### 2015 Telemetry Utilization



# PROVE OUR VALUE

In late 2014, STQN and STPH partnered to manage the healthcare of the STPH employees and their dependents in a newly created Exclusive Provider Organization (EPO). Over the previous four years medical expenses for this important population had been increasing resulting in increased costs to employees and the hospital. The goal of this exclusive partnership was to provide the best and most efficient care to this population, with the expectation that the overall health outcomes for our employees would improve over time. In 2015, the EPO exceeded national benchmarks in a majority of the quality measures as compared to similar health plans, while at the same time reducing overall health plan costs.

## St. Tammany Parish Hospital Exclusive Provider Organization

Per Member Per Month



## STQN Annual Meeting

February 21, 2015



# 2016 STRATEGIC PLAN

STQN was established to align key physicians and STPH in a patient-centered healthcare delivery system with a focus on quality and efficiency. To be successful, the network must strategically position itself for the future. The leadership recognizes that patient care delivery has changed dramatically over the last few years. In 2015, the STQN Board and Committee members went through a six-month process to develop a strategic plan with five key strategies.

Primarily, as the foundation for the strategic plan, STQN is creating an infrastructure that aims to improve the health of the residents of west St. Tammany. To accomplish this, gaps in care will be identified utilizing data analytics. This will improve care coordination across the continuum.

Secondly, in order to meet the growing healthcare needs of the parish, a qualitative and quantitative needs assessment was performed. This analysis identified gaps in specialty services and specialties in which access to timely care was limited. The results will drive the recruitment strategy.

In addition, continuous care innovation and redesign are crucial to improving outcomes. For STQN to accomplish this, it will require adding multi-disciplinary teams that focus on developing best practices and clinical guidelines across the continuum of care. This continuum of care consists of primary care in the physician's office, secondary and tertiary care in the hospital, and post-acute care that may occur in settings such as the home, skilled nursing facilities or outpatient rehabilitation settings.

Recent studies show that most of a patient's healthcare occurs in settings outside of the physician's office or hospital. Strong community partnerships are important in managing the care of patients throughout multiple settings. Therefore, STQN is actively working to identify these partners and develop systems to minimize gaps in care, streamline communication between providers and improve quality outcomes.

Finally, STQN will continue to develop and provide resources that can be shared by the network physicians to further the mission of being a high-performing healthcare delivery system. Quality and performance initiatives often require an increase in administrative resources which can be time consuming and place additional financial burdens on a medical practice. Development of shared resources will assist physicians in meeting the new demands for quality initiatives as well as improve patient outcomes and enhance the physician's experience.

## Mission Statement

Our mission is to align key physicians and St. Tammany Parish Hospital in a patient centered, healthcare delivery system that is accountable for quality of care and cost of care.

## Vision Statement

STQN will be a clinically integrated organization that provides the highest quality and the most efficient care to the patients we serve and position the hospital and the aligned physician partners for present and future success.

## Values Statement

As a physician group we value compassion and empathy for patients; effective communication across the continuum of care; expert clinical knowledge and judgment; a focus on teamwork; the belief that the practice of Medicine is a service calling and a privilege.

# AWARDS & RECOGNITIONS

## 1st Quarter

**Leslie Kelt BS CPHQ CIC** received the St. Tammany Quality Network's first quarter 2015 Medical Director Award for her outstanding management in infection prevention in several key areas.

"Leslie was – and continues to be – instrumental in leading initiatives that promote employee and patient safety as it relates to minimizing central line and surgical site infections, as well as early detection of sepsis," said STQN Medical Director Dr. Mike Hill. "She also worked tirelessly to ensure the hospital was prepared and stays in compliance with state and federal guidelines regarding Ebola initiatives."

Kelt serves as department head of Infection Prevention and employee health at St. Tammany Parish Hospital.



## 2nd Quarter

Four physicians received the second quarter Medical Director Award for their work in developing and presenting two separate continuing medical education courses to St. Tammany Parish Hospital physicians and clinical staff.



**Dr. Ralph Millet** and **Dr. Jonathan Wise** provided a primary care and specialty care perspective on the management of diabetic patients in both settings. Key points covered included new, innovative therapies, nutrition recommendations, as well as an update of the most recent medical literature regarding screenings and treatment options.



**Dr. Joseph Landers** and **Dr. Allen Lacour** presented clinical pathways for the appropriate ordering of imaging exams and proper treatment of those patients who have an initial diagnosis of primary back pain. Effective ordering minimizes imaging exposure to patients and following treatment guidelines aims to get patients back to full function as soon as possible.

# AWARDS & RECOGNITIONS



## 3rd Quarter

**Dr. Robert Faucheux** and **Dr. Rachel Cresap** received the third quarter Medical Director Award for their work in developing and presenting continual medical education to St. Tammany Parish Hospital physicians and clinical staff as well as spearheading a statewide initiative for safer pregnancies and deliveries.

Dr. Faucheux developed an educational course on childhood vaccines, which has had a spotlight in the media lately. More specifically, he presented to fellow physicians and clinical staff the myths and facts regarding childhood vaccinations and why they are important.

Dr. Rachael Cresap was recognized for spearheading a statewide initiative that aims to lower the amount of early deliveries, which include elective C-sections, and encourages women to wait the full 40-weeks of pregnancy unless medically indicated. Ample research supports that babies need a full 40-weeks to grow and develop. In addition, inducing labor is associated with increased risks.



## 4th Quarter

The St. Tammany Quality Network presented its fourth quarter Medical Director Awards to two member physicians for implementing new technology and protocols, and providing education to continuously improve patient care.

**Dr. Ricardo Blanco**, a critical care specialist and pulmonologist, was recognized for the implementation of Endobronchial Ultrasound (EBUS), which is primarily used for the diagnosis of lung cancer. EBUS is a breakthrough, minimally invasive technique that aids in the early detection of lung cancer. In addition to his work with EBUS, Dr. Blanco was also instrumental in providing sepsis treatment education to the St. Tammany Parish Hospital medical and nursing staff.

**Dr. Malcom Gray Napier**, a hospitalist at St. Tammany Parish Hospital, was also recognized for his contribution to improving sepsis care. He was instrumental in the implementation of the Centers for Medicare and Medicaid Services (CMS) septic shock protocol. Identification and early detection of sepsis helps improve patient outcomes and increase safety.



## Honorary Medical Director Award

Louisiana's State Epidemiologist and Chief of Infectious Disease, Dr. Raoult Ratard, presented a lecture on influenza and vaccines to medical and nursing staff at St. Tammany Parish Hospital in September. "Dr. Ratard continues to be a valuable resource for infection prevention strategies at St. Tammany Parish Hospital," Dr. Michael Hill, STQN Medical Director, said. "He continues to be involved in educating our physicians and nurses at our hospital and his contributions to patient care and safety have been invaluable."

Dr. Ratard received an Honorary Medical Director Award from the St. Tammany Quality Network for his efforts in presenting on influenza and vaccines. He is an expert in Infectious Disease and Community Health and board certified in preventive medicine. He has worked in public health for more than 43 years and has been with the Louisiana Office of Public Health for 15 years.

# ST. TAMMANY QUALITY NETWORK

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