

# WHAT'S UP?

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Flagstaff  
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## Defining value in healthcare

Current economic conditions, healthcare reform, market forces and consumers are driving healthcare providers to redefine "value." Value is created through the delivery of high-quality, cost-effective healthcare services that are easy to access, and meet with high patient satisfaction. This redefining process will require a shift in healthcare operations at many levels.

Historically, quality was about focusing on providers who didn't meet basic quality criteria. Now, quality must be shaped by continuous process improvement. Healthcare is not only about taking care of the very sick, but about prevention and keeping people healthy and out of hospitals.

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New partnerships are being formed between outpatient and inpatient leaders, including nurses, physicians and hospitals. This kind of alignment is crucial to weather the tides of economic pressures of the future and the

upcoming challenges of healthcare reform.

As healthcare becomes more transparent and providers restructure to meet these new demands, physicians want accurate, timely data that

is severity-adjusted, and that is presented in a way that is meaningful to improving care processes.

At FMC we have formed a Clinical Value department, which has been created to partner with healthcare providers to provide accurate

*Value, continued*

## Crimson Advantage: Physician quality tool at work at FMC

Since fall 2010, the Clinical Value department has been methodically rolling out the Crimson product to physicians at FMC. By now, most departments have seen the tool, and there has been follow-up with physicians who have requested an individual demo. To request a demo, call Sherry Mace at ext. 12711 or Keli Openshaw at ext. 12197.

Crimson also has allowed the opportunity for focused review of data and process improvement opportunities. With the FMC Hospitalist group, the approach to care for the inpatient with chest pain was discussed. This process identified the need for creation of an

*Crimson at work, continued*

## Value, cont.'d

quality outcomes data while working with them to remove variation that is not patient dependent in care processes and improve clinical, service and cost outcomes. Although our focus is not on cost per se, we know that through clinical quality improvement, cost reduction will follow. This department is in its formative stages but is beginning to take shape. The Clinical Value department director is Sherry Mace M.S., F.N.P.-c. Sherry has been the Orthopaedic Service Line Coordinator at FMC for the past four years. She has worked closely with the Ortho/Neuro/Spine physicians to create FMC's Spine & Joint Surgery Center. This instrumental collaboration has allowed a free exchange of ideas based on data provided and requested, using the Ortho/Neuro division meeting as a forum. Sherry and these physicians have made many care improvements using the data collected. This has taken trust and a willingness to consider new ideas, and I commend the Ortho/Neuro team for the improvements they have made.

Keli Openshaw has worked closely with medical staff for more than three years in her role as Physician Relations Coordinator at FMC. She has advocated for medical staff on issues large and small, serving as a liaison between Medical Staff and Administration. Keli will transition to the Clinical Value department, keeping her role in Physician Relations but expanding into working with providers on these quality improvement initiatives. Keli and Sherry will provide one-on-one

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training on Crimson, a quality database for physicians provided by The Advisory Board Company. Crimson allows physicians to benchmark their clinical data against local, regional and national physicians. It allows physicians to have data at their fingertips, accessible from any computer with Internet access. More than 400

hospitals and 150,000 physicians nationwide participate in Crimson.

Clinical Value will assist physicians with data interpretation and process improvement initiatives, while the Quality Management department will continue focusing on hospital quality initiatives. The two departments will streamline to

work together as we use these initiatives to help unite hospital and physician together, as a healthcare team.

Sherry and Keli both have spent time with physicians recently reviewing Crimson data and beginning to explore with physicians possible improvement initiatives. These have ranged from documentation practice changes to looking at readmission rates based on care patients receive after a patient has been discharged from the hospital to creating and revising standardized order sets. So in other words, we're looking at how we can partner together best as providers in healthcare. It may be a process issue that needs fixing, or it may be something new for the physician to learn. Either way, it's positive and proactive and meant to be all about working together to improve value.

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## Crimson at work, cont.'d

inpatient chest pain order set with an eye to decreasing inappropriate variation in the care processes.

FMCH also looked at CHF patients. In reviewing the cases, the physicians determined that their care within the hospital had been appropriate, but perhaps as a healthcare team, we could be better disease managers. To that end, Sherry Mace and others have been sitting on a CHF Readmission Team exploring what post-discharge efforts can be made to avoid readmission. This includes educational follow-up calls to the patients as well as better utilization

of homecare.

With surgeons, Clinical Value has been an advocate for adding standard criteria to order sets that will make it easier for physicians to document why they did or didn't do something. Many times, this will standardize documentation to ensure core measure criteria is recognized and met. An example of this is perceived non-compliance with meeting VTE prophylaxis requirements — in some cases, particularly trauma patients, there are reasons not to give anticoagulants. By adding exclusion criteria to the trauma order set,

we've helped make it easier for physicians to document.

Future plans also include working with FMC's Clinical Documentation Specialists to develop a documentation guide for physicians with tips on what to say to ensure proper coding. Through coding, a patient's severity and risk of mortality are determined.

FMC orthopedists and other physicians also are launching a Geriatric Fracture Care program that will improve the coordination of care across many disciplines, in turn lowering the morbidity and mortality of this patient population.