Cleveland Clinic

Outcomes 2006

Family Health Centers




U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals
U.S.News
America's Best Hospitals

Outcomes | 2006

Quality counts when referring patients to hospitals and physicians, so Cleveland Clinic has created a series of outcomes books similar to this one for its institutes and departments. Designed for a health care provider audience, the outcomes books contain a summary of our surgical and medical trends and approaches; data on patient volume and outcomes; and a review of new technologies and innovations. We hope you find these data valuable. To view all our outcomes books, visit Cleveland Clinic's Quality Web site at clevelandclinic.org/quality/outcomes.



Table of Contents

Chairman's Letter 5

Division Overview 7

Quality & Outcome Measures 8

Patient Experience 18

Innovations 20

Staff Listing 22

Family Health Center Contacts 24

Locations 25

Cleveland Clinic Overview 26

Online Services 27

Cleveland Clinic Contact Numbers 28

Chairman's Letter



On behalf of Cleveland Clinic Family Health Centers, I am pleased to share our 2006 quality Outcomes. Our physicians and staff are dedicated to continuously improving the qualities of both our medical care and the patient care experience at our Family Health Centers.

Quality, innovation, teamwork, and service remain the cornerstones of our efforts. Through the use of our electronic medical record system, our physicians are given a variety of tools to enhance their efforts to improve quality of care. Tools include computer checks for medication interactions, reminders for important health maintenance activities, such as mammograms and immunizations, and computer support for the management of chronic problems such as diabetes and hypertension. Every 3 months, our physicians receive reports of the quality measures for their own practices with comparisons to their peers and national benchmarks. They use this data to target efforts for further quality improvements.

Cleveland Clinic teamwork is well represented by our Quality Council, a vitally important group of leading physicians who meet monthly to guide our quality improvement initiatives. The Quality Council, led by Dr. James Gutierrez, chartered several Performance Improvement Teams to develop and implement innovations for the improvement of chronic disease outcomes.

Each Family Health Center has a World Class Service Team that involves front-line employees, nurses, administrators, and physicians. These teams work hard to improve the patient care experience. Most importantly, our patients' overall ranking of their experience with our care places us near the top of all health care providers.

We hope this 2006 report will serve as a valuable tool and reinforce your confidence in the quality of our care and caring. Please write to us about your experiences and let us know how we can better serve you.

Sincerely,

David L. Bronson, M.D., FACP
Executive Director
Cleveland Clinic Family Health Centers

Division Overview

About the Family Health Centers

Family Health Centers' goal is to provide the highest quality health care in convenient locations to families across Northeast Ohio. Cleveland Clinic's Division of Regional Medical Practice began in 1993 with the opening of a family health center in Independence, Ohio. Today, 14 locations offer primary, specialty, imaging and surgical services. Three family health centers include convenient ambulatory surgery centers and three more offer endoscopy services.

In 2006, our 350+ providers completed appointments for more than 1.3 million patients. We also added new patients, totaling more than 34,000. We continue to work toward expanding our services for the convenience of our patients.



Regional Medical Practice
Quality Council

Quality & Outcome Measures

Quality Performance Measurements

In our quality monitoring and improvement efforts, we have focused on measures to improve:

- Screening for common preventable or treatable conditions, such as breast cancer, colorectal cancer, and diabetes.
- Management of common chronic conditions, such as diabetes and high blood pressure.
- Care for common childhood illnesses, such as colds and sore throats.
- Prevention of infectious disease via immunizations.

Over the past several years, performance measurements have been refined and expanded. Physicians are given regular feedback on their practices. This information is used to identify opportunities to improve our performance which, in turn, improves care provided to patients.

In selecting measures, standards developed by prominent national organizations have been used. The National Committee for Quality Assurance (NCQA), US Preventive Services Task Force, National Quality Forum (NQF), Ambulatory Quality Alliance and several other organizations are very active in this area. By choosing measures commonly used nationally, we can directly compare our own performance with other physicians and organizations across the country. Furthermore, we strive to develop measures for care that are:

- Shown to be beneficial based on medical studies,
- Important for large numbers of our patients, and
- Cost-effective.

In performing measurements, data are collected from **MyPractice**, the Cleveland Clinic's electronic medical record system. This tool automatically collects data on all our patients, defined by age, gender or medical condition. Our performance is reviewed on a quarterly basis. This allows regular, timely information to guide improvements in patient care.

Diabetes Management

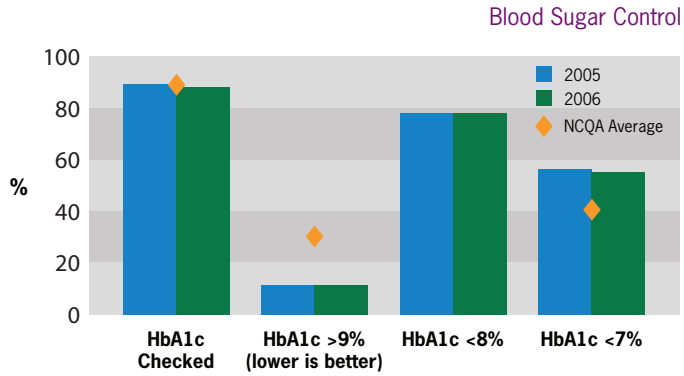
Diabetes is an increasingly common disease that can lead to multiple circulatory, neurologic, eye and kidney problems. We closely monitor how the care of our diabetic patients adheres to guidelines and targets promoted by prominent organizations, most notably, the American Diabetes Association (ADA). Note that these targets reflect ideal levels of care aimed at minimizing diabetes complications; they are often very difficult to achieve in actual clinical practice.

Diabetes Screening

It is recommended all adults ages 45 and older periodically be tested for diabetes (ADA). The percentage of our patients over 45 screened for diabetes with a fasting blood sugar within the past 3 years were evaluated. By the 4th quarter of 2006, fully 90% of our patients had documented testing for diabetes.

Blood Sugar Control in Diabetes

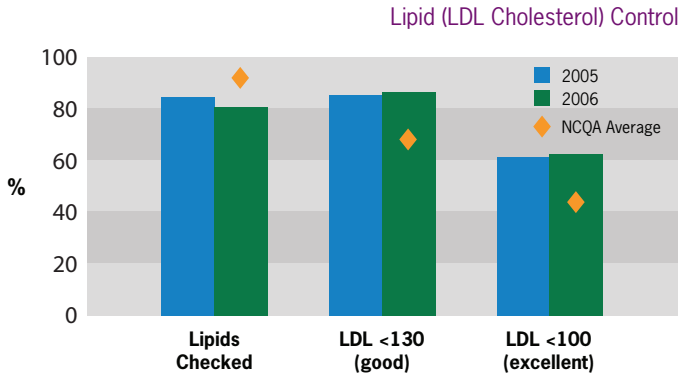
HbA1c is a measure of control of blood sugar in diabetics, with lower numbers (better sugar control) being linked to a lower risk of diabetic complications. The percentage of our diabetic patients whose hemoglobin A1c is checked at least once during the past year are evaluated. Furthermore, we examine the percentage of diabetics who are *inadequately* controlled (HbA1c > 9%, NCQA Measure) as well as those with *good* (HbA1c < 8%) and *excellent* (HbA1c < 7%) controls:



4th Quarter 2005 vs 2006 averages
2005 NCQA National Averages: HbA1c Checked 87.5%
HbA1c >9% 29.7%
NCQA Diabetes Physician Recognition Program Target 40% for HbA1c <7%

Lipid (LDL Cholesterol) Control in Diabetes

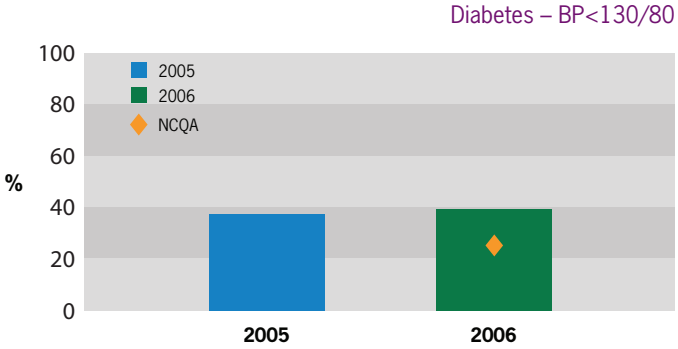
Diabetes is a significant risk factor for atherosclerosis ("hardening of the arteries") in the heart and other blood vessels. Aggressive control of high cholesterol, specifically LDL ("bad") cholesterol, has been shown to prevent or delay atherosclerosis, as well as improve outcomes in patients with existing atherosclerosis. Good (LDL < 130) and excellent (LDL < 100) cholesterol managements are monitored in our diabetic patients with performance significantly better than national averages (NCQA Measure).



NCQA 2005 Lipid Check 92.3%
LDL <130 67.5%
LDL <100 43.8%

Blood Pressure Control in Diabetes

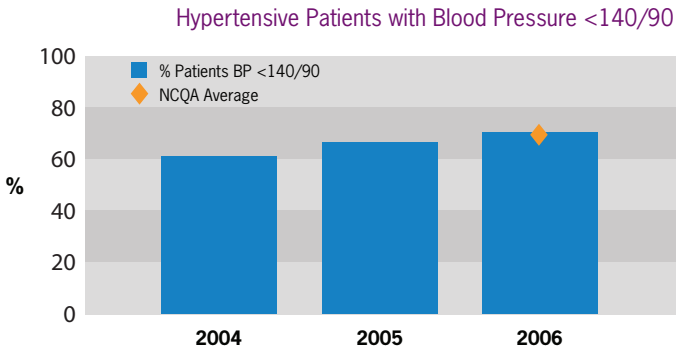
Diabetes and high blood pressure often occur simultaneously in the same patient. Excellent blood pressure control (< 130 / 80) is recommended in diabetic patients to help prevent complications such as heart and kidney diseases. This aggressive target for blood pressure control in diabetic patients is very difficult to achieve in practice.



NCQA Diabetes Physician Recognition Program Target 25%

Hypertension (High Blood Pressure)

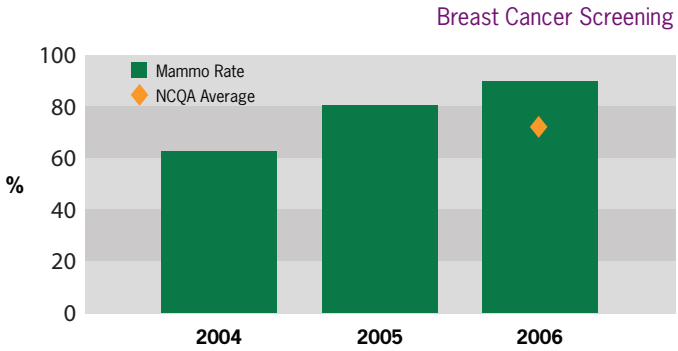
Hypertension is a very common condition. Appropriate control of high blood pressure has clearly shown it can prevent stroke and other cardiovascular problems, including heart attacks. The percentage of patients with high blood pressure who had a blood pressure reading less than 140 / 90 at their most recent visit (NCQA, NQF Measure) were evaluated. Our performance showed steady improvement throughout 2005 and 2006; it is higher than nationally reported averages. For the fourth quarter, 70% of our hypertensive patients were controlled.



NCQA 2005 Average 68.8%

Breast Cancer Screening

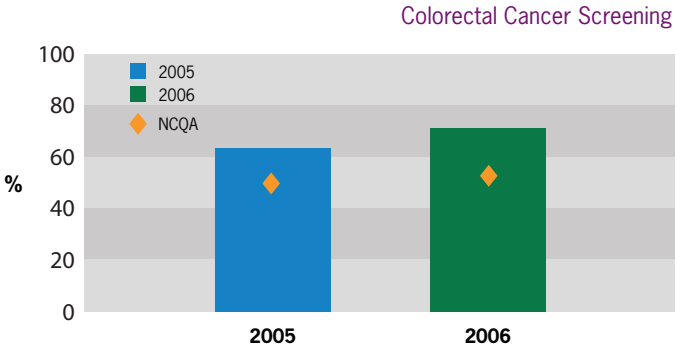
Mammography has been shown to detect early breast cancers, as well as improve survival of women diagnosed with breast cancer. The number of women, ages 50 to 70, who have undergone mammography screening for breast cancer within the past two years (NCQA and NQF Measure) were evaluated. Our performance is significantly better than national averages reported by NCQA. By the 4th quarter of 2006, 89% of our eligible women had mammograms.



Mammography Rates for the 4th Quarters of Respective Years
NCQA 2005 Average 72%

Colorectal Cancer Screening

Appropriate screening tests have clearly shown they can lead to earlier detection and reduced mortality from colorectal cancer. We evaluated the percentage of patients ages 50 and older who had documentation of colon cancer screening using colonoscopy, flexible sigmoidoscopy, and / or stool occult blood testing. Our screening percentages continue to be considerably better than NCQA nationally reported rates.



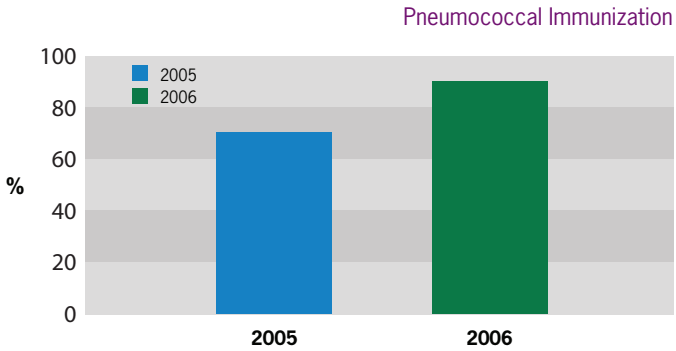
NCQA 2005 Screening 49%
NCQA 2006 Screening 52%

Osteoporosis Screening

Osteoporosis is an increasingly common chronic condition, especially in women over age 65. Fractures caused by osteoporosis, especially in the hip and spine, have been shown to lead to considerable pain, loss of independence, and even death. Therefore, we monitor the percentage of women age 65 and older who have been screened for osteoporosis with a bone density (DEXA) scan. In 2006, 85% of our eligible women had documentation of bone density assessment.

Pneumococcal Immunization

Immunization against pneumococcal pneumonia has been shown to lower mortality from pneumococcal illness and is recommended for older adults. Pneumococcal immunization was a major focus of improvement for us in 2006. The percentage of adults ages 65 and older that had documentation of pneumococcal immunization (NCQA measure) was measured. Our fourth-quarter 2006 rate was 90%, up significantly from 70% last year.



Childhood Immunization Status

Thorough immunization is critical to ensure children are protected from common and potentially severe childhood illnesses. Our Pediatric and Family Medicine physicians do an excellent job with vaccinations. We regularly monitor the percentage of 2-year-olds who receive the complete set of recommended immunizations – diphtheria-tetanus-pertussis, polio, measles-mumps-rubella , haemophilus influenzae B, hepatitis B and varicella (chicken pox). Eighty-five percent of our patients received complete immunization compared with a 77% national average reported by the NCQA in 2005. In 2006, a performance improvement team was formed to continue promotion of our pediatric and adolescent immunization practices.

Pharyngitis and URI Care in Children

Overuse of antibiotics is a major contributor to the growing problem of resistant bacteria in this country. Inappropriate antibiotic use also increases cost of care and exposes patients to medication side effects. It is, therefore, important to ensure antibiotics are used only when appropriate. Two measures of antibiotic use are monitored in our pediatric population.

First, the percentage of children, ages 2-18, with a sore throat (pharyngitis) who received antibiotics ONLY if there was documentation of testing for Streptococcal infection ("strep throat") were evaluated. Fully, 96% of our patients met this criteria compared with 69.7% reported by the NCQA in 2005.

Second, the percentage of children 3 months to 18 years of age who were seen for an upper respiratory infection (URI) and NOT prescribed an antibiotic within 3 days were evaluated. (Since URIs are caused by viruses, antibiotics are not appropriate). Eighty-three percent of our patients were not given antibiotics, equal to the 2005 NCQA national rate.

Future Measures

In 2007 monitoring for cervical cancer screening and adolescent immunization is planned. Our breast cancer screening measure will be extended to women between the ages of 40 and 50. We strive to broaden our quality monitoring programs to continually improve the care we provide to individuals of all ages.

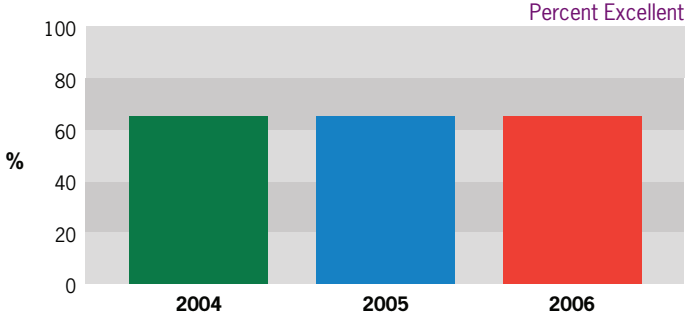
Impact

Our aim is to improve the quality of our care for one reason: our patients. As a result of recent measures, patients receive consistent, timely preventive and chronic care management. Our physicians are better equipped to prevent avoidable problems. In addition, our electronic medical record technologies empower patients to take an active role in their own care and track their progress over time. These measures ultimately provide a more positive experience.

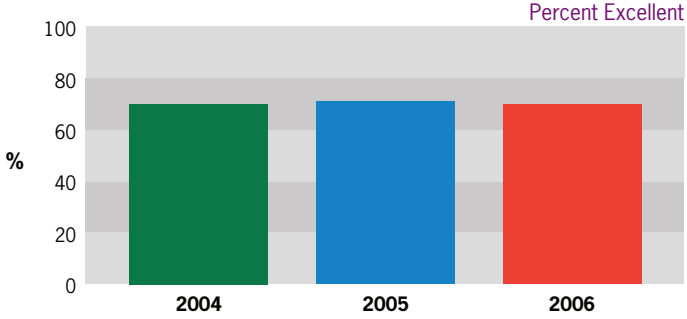
Patient Experience

We ask our patients about their experiences and satisfaction with the services provided by our staff. Although our patients are already indicating we provide excellent care, we are committed to continuous improvement.

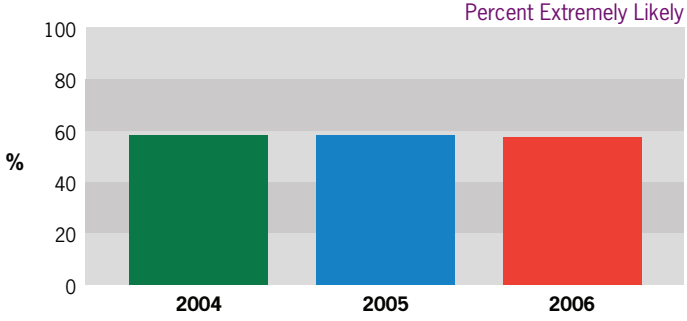
Family Health Centers
Overall Rating of Care
Percent Excellent



Overall Rating of Provider Care
Percent Excellent

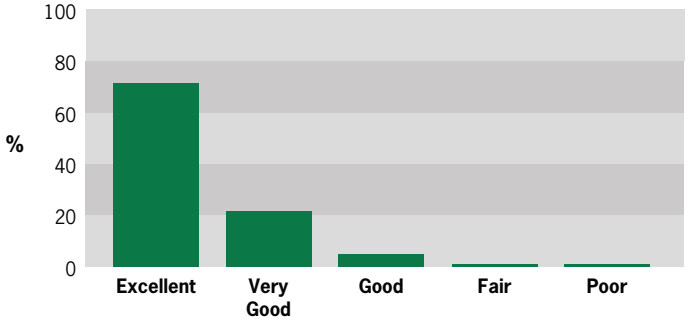


Would Recommend Provider
Percent Extremely Likely

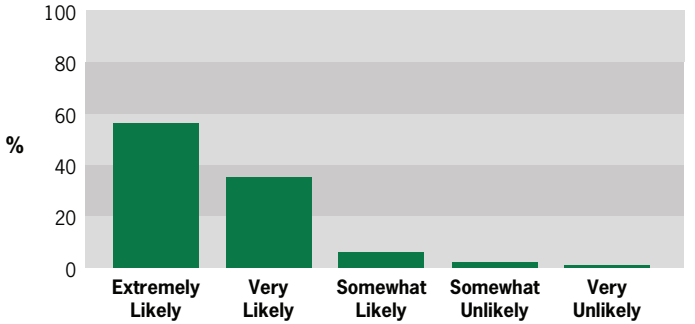


Ambulatory Surgery Centers

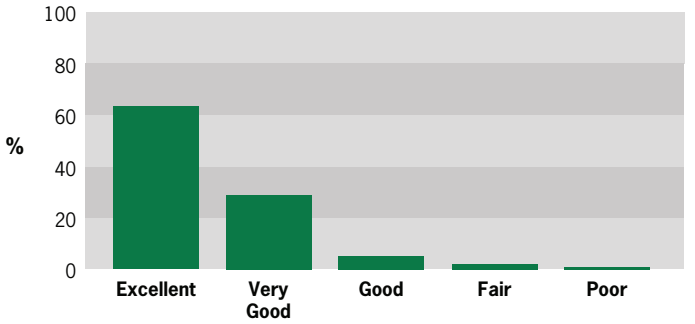
2006 Overall Rating of Care



2006 Would Recommend Provider



2006 Overall Rating of Provider Care



Innovations

eCleveland Clinic

The eCleveland Clinic **MyPractice** electronic medical record system streamlines the flow of clinical information among departments and even physical locations. Incorporating radiology and laboratory data for a more powerful, comprehensive electronic medical record, **MyPractice** is being integrated throughout Cleveland Clinic hospitals and family health centers.

The **MyPractice** "Best Practice" alerts for breast screening and pneumococcal immunization are currently in use at all family health centers. Alerts appear on the computer screen during an office visit, telephone exchange or prescription refill request, allowing mammograms and vaccinations to be scheduled in a timely manner. This provides multiple opportunities for Cleveland Clinic's Family Health Center personnel to link to scheduling.

For patients, eCleveland Clinic **MyChart** offers a secure, Internet-based connection to portions of their own electronic medical record. Nearly 15% of Family Health Center patients signed up for **MyChart** in 2005; in 2006 enrollment increased to 20%.

Performance Improvement Teams

In an effort to continually improve our patients' quality of care, performance improvement teams were formed in 2006 for hypertension, diabetes and pediatric immunization practices. These groups work to develop innovative ways to ensure patients receive the best preventive and chronic disease care. Here is the membership of one of our groups.



Diabetes Performance Improvement Team

Hospitalist Program

To assist with the complexities of inpatient and outpatient management, several Family Health Centers participate in Cleveland Clinic's 'hospitalist' program. This program includes physicians who visit hospitalized patients at our Cleveland Clinic hospitals. This allows the primary care physician to focus on their busy outpatient schedule, knowing that their patients who are hospitalized are receiving the best possible care. Future plans include expansion to other Family Health Center locations and additional Cleveland Clinic hospitals.

Staff Listing | Chairman



David L. Bronson, M.D.
Executive Director, Cleveland Clinic Family Health Centers

David L. Bronson, M.D., chairs the Division of Regional Medical Practice, which includes the Cleveland Clinic Family Health Centers, and is a member of the Board of Governors, Board of Trustees, and the Executive Management Team at Cleveland Clinic. Dr. Bronson has been with Cleveland Clinic since 1992, and served as Chairman of the Department of Internal Medicine prior to founding the Division of Regional Medical Practice in 1995.

Dr. Bronson received his medical degree from the University of Vermont and completed a residency in internal medicine at the University of Wisconsin and the University of Vermont. Dr. Bronson is Chair of the Board of Governors of the American College of Physicians and serves as secretary of the Board of Directors of the American Medical Group Association. He has been recognized as a Top Doctor in *Northern Ohio Live* magazine and in *Best Doctors in America*.

Dr. Bronson is a reviewer for several journals. He has also published and presented papers in the areas of preoperative assessment, quality improvement, smoking cessation, predictive instruments, practice management and patient satisfaction.

Staff Listing

Chairman
David L. Bronson, M.D.

Quality Review Officer
James Gutierrez, M.D.

Beachwood/JCC Family Health Center
Michael Rabovsky, M.D.

Cleveland Clinic Community Cancer Centers
Dale Cowan, M.D., J.D.

Cleveland Clinic Wooster
James Murphy, M.D.

Independence Family Health Center
Cynthia Deyling, M.D., M.S.H.C.M.

Lorain and Elyria Family Health Centers
John Costin, M.D.

Solon and Chagrin Falls Family Health Centers
Richard Kratche, M.D.

Strongsville and Brunswick Family Health Centers
Vance Brown, M.D.

Westlake/Lakewood/Avon Pointe Family Health Centers
Curtis Rimmerman, M.D., M.B.A.

Willoughby Hills Family Health Center
Thomas Morledge, M.D.

A complete staff directory of our 350+ family health center physicians is available online at www.clevelandclinic.org/FHC

Family Health Center Contacts

To schedule an appointment at a Family Health Center near you, please call:

Beachwood Family Health and Surgery Center	216.839.3000
Brunswick Family Health Center	330.225.8886
Chagrin Falls Family Health Center	440.893.9393
Cleveland Clinic in Avon (Internal Medicine)	440.899.5555
Cleveland Clinic in Avon (Pediatrics)	440.899.5550
Cleveland Clinic/Hillcrest Hospital Rehabilitation and Sports Health	216.378.6240
Elyria Family Health Center	440.366.8822
Independence Family Health Center	216.986.4000
Lakewood Family Health Center	216.521.4400
Lorain Family Health and Surgery Center	440.204.7400
Solon Family Health Center	440.519.6800
Strongsville Family Health and Surgery Center	440.878.2500
Westlake Family Health Center	440.899.5555
Willoughby Hills Family Health Center	440.943.2500
Willoughby Hills Sports Health and Orthopaedic Rehabilitation Center at Chardon Road	440.516.5400
Cleveland Clinic Wooster	330.287.4500

Locations



Beachwood
26900 Cedar Road
Beachwood, Ohio 44122

Brunswick
3724 Center Rd, Suite 100
Brunswick, Ohio 44212

Chagrin Falls
551 East Washington St.
Chagrin Falls, Ohio 44022

Cleveland Clinic In Avon
36901 American Way
Avon, Ohio 44011

Cleveland Clinic/Hillcrest Hospital Rehab/Sports Health
26001 S. Woodland
Beachwood, Ohio 44122

Elyria
1260 North Abbe Road
Elyria, Ohio 44035

Independence
5001 Rockside Road
Independence, Ohio 44131

Lakewood
16215 Madison Ave.
Lakewood, Ohio 44107

Lorain
5700 Cooper Foster Park Road
Lorain, Ohio 44053

Solon
29800 Bainbridge Road
Solon, Ohio 44139

Strongsville
16761 Southpark Center
Strongsville, Ohio 44136

Westlake
30033 Clemens Road
Westlake, Ohio 44145

Willoughby Hills
2570 Som Center Road
Wlby Hills, Ohio 44094

Willoughby Hills Sports Health And Ortho
29017 Chardon Road
Wlby Hills, Ohio 44092

Wooster
721 E. Milltown Road
Wooster, Ohio 44691

Cleveland Clinic Overview

Cleveland Clinic, founded in 1921, is a not-for-profit academic medical center that integrates clinical and hospital care with research and education. Today, 1,700 Cleveland Clinic physicians and scientists practice in 120 medical specialties and subspecialties.

Cleveland Clinic's main campus, with 41 buildings on 130 acres in Cleveland, Ohio, includes a 1,000-bed hospital, outpatient clinic, subspecialty centers and supporting labs and facilities. Cleveland Clinic also operates 13 family health centers, eight community hospitals, two affiliate hospitals, and a medical facility in Weston, Florida.

At the Cleveland Clinic Lerner Research Institute, hundreds of principal investigators, project scientists, research associates and postdoctoral fellows are involved in laboratory-based research. Total annual research expenditures exceed $150 million from federal agencies, non-federal societies and associations, and endowment funds. In an effort to bring research from bench to bedside, Cleveland Clinic physicians are involved in more than 2,400 clinical studies at any given time.

In September 2004, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University opened and will graduate its first 32 students as physician-scientists in 2009.

For more details about Cleveland Clinic, visit clevelandclinic.org

Online Services

eCleveland Clinic

eCleveland Clinic uses state-of-the-art digital information systems to offer several services, including remote second opinions through a secure Web site to patients around the world; personalized medical record access for patients; patient treatment progress access for referring physicians (see below); and imaging interpretations by the Department of eRadiology's subspecialty trained academic radiologists. For more information, please visit eclevelandclinic.org.

DrConnect

Online Access to Your Patient's Treatment Progress

Whether you are referring from near or far, our new eCleveland Clinic service, Dr**Connect**, can streamline communication from Cleveland Clinic physicians to your office. This new online tool offers you secure access to your patient's treatment progress at Cleveland Clinic. With one-click convenience, you can track your patient's care using the secure Dr**Connect** Web site. To establish a Dr**Connect** account, visit eclevelandclinic.org or e-mail drconnect@ccf.org.

MyConsult

My**Consult** Remote Second Medical Opinion is a secure, online service providing specialist consultations and remote second medical opinions for more than 600 life-threatening and life-altering diagnoses. My**Consult** remote second medical opinion service allows you to gather information from nationally recognized specialists without the time and expense of travel. For more information, visit eclevelandclinic.org/myconsult, e-mail eclevelandclinic@ccf.org or call 800.223.2273, ext 43223.

Cleveland Clinic Contact Numbers

How to Refer Patients
24/7 Hospital Transfers or Physician Consults
800.553.5056

General Information
216.444.2200

Hospital Patient Information
216.444.2000

Patient Appointments
216.444.2273 or 800.223.2273

Medical Concierge
Complimentary assistance for out-of-state patients and families
800.223.2273, ext. 55580, or email: medicalconcierge@ccf.org

International Center
Complimentary assistance for international patients and families
216.444.6404 or visit www.clevelandclinic.org/ic

Cleveland Clinic in Florida
866.293.7866

www.clevelandclinic.org

Cleveland Clinic is determined to exceed the expectations of patients, families and referring physicians. In light of this goal, we are committed to providing accurate and timely information about our patient care. Through participation in national initiatives, we support transparent public reporting of healthcare quality data and participate in the following public reporting initiatives:

- Joint Commission Performance Measurement Initiative (www.qualitycheck.org)
- Centers for Medicare and Medicaid (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)
- Leapfrog Group (www.leapfroggroup.org)
- Ohio Department of Health Service Reporting (www.odh.state.oh.us)

In addition, this publication was produced to assist patients and referring physicians in making informed decisions. To that end, information about care and services is provided, with a focus on outcomes of care. For more information, please visit the Cleveland Clinic Quality Web site at clevelandclinic.org/quality.



Cleveland Clinic

9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a not-for-profit multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education division and a research institute.

© The Cleveland Clinic Foundation 2007

Cover photograph by Stephen Travarca