Cleveland Clinic

Outcomes 2006

General Internal Medicine




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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.



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Chairman's Letter



The mission of the Department of General Internal Medicine at Cleveland Clinic is to meet the needs of our customers for superior primary and consultative general internal medicine care. This includes patients seeking such care, external and internal referring physicians, and businesses needing executive health services. These needs are met by a systematic approach to care that emphasizes value, provides the highest quality at the most reasonable cost, and teaches this approach to residents, fellows and students.

The Department is aggressively managed to meet its mission by being customer oriented, seeking continuous improvement and maintaining a constant view of our mission. The Department's growth enables it to provide superior inpatient and outpatient consultation, excellence in education and a significantly expanded base of primary care within our main campus facilities. Departmental research focuses on the core competencies required to achieve this mission, particularly research in quality and health services delivery.

Richard S. Lang, M.D., M.P.H., F.A.C.P.
Chairman, Department of General Internal Medicine

Department Overview

The Department of General Internal Medicine is composed of 60 physicians, three nurse practitioners and supporting nurses and ancillary staff. Services include:

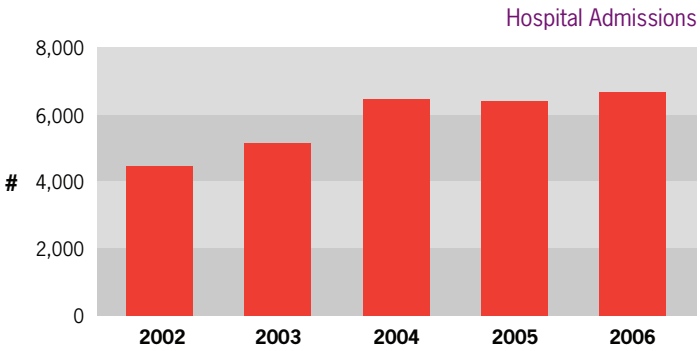
- Outpatient primary care
- Outpatient consultations for physician-referred or self-referred patients
- Geriatric medicine
- Women's health
- Preventive medicine and executive health
- Preoperative assessment and consultation
- Post-acute services
- Hospital inpatient care and consultations

Simultaneously, education of medical students, internal medicine residents and fellows is carried out in many of these activities and is a major commitment of the department staff.

Several members of the physician staff have additional interests and responsibilities in clinical research, medical informatics and clinical quality improvement.

Total Outpatient Visits 2006: 100,697

New Outpatient Visits 2006: 2,004



National and Regional Leadership

- Recognized national leader in the fields of geriatric medicine, hospital medicine, women's health and executive health
- Leadership in the American College of Physicians
- Member of the National Board of Medical Examiners USMLE Test Development Team
- Editors of major textbooks in their respective fields: *Clinical Preventive Medicine*. AMA Press 2004; *Diagnostic Procedures Handbook*. Lexi-Comp, Inc., 2001. Secrets of Hospital Medicine, Jaffer A, associate ed. 2006 Surgical Innovations: Improving Quality of Life. R. Palmer Ed. Clin Geriatr Med 2006; 22: (3)
- Medical Directorship of the Cleveland Orchestra
- Twenty-one department physicians achieving Fellowship in the American College of Physicians
- Multiple department physicians listed in "Best Doctors" directories

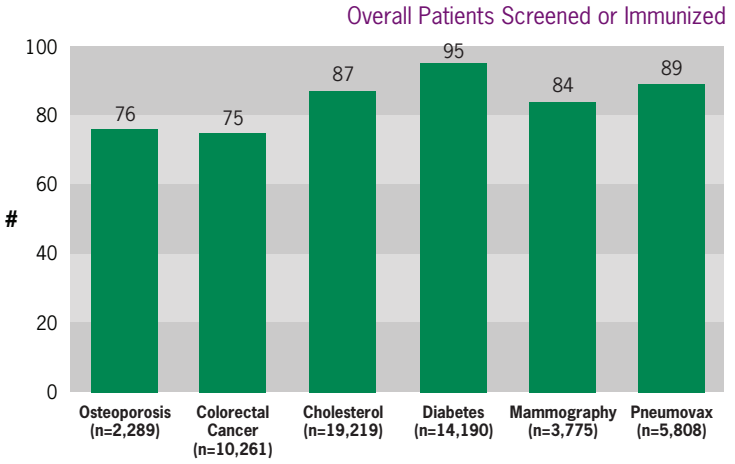


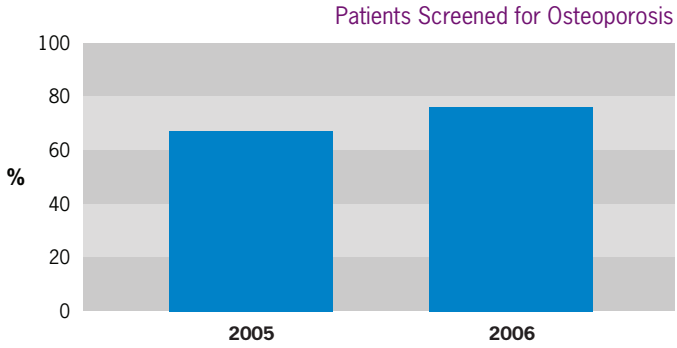
Quality & Outcome Measures

2006 General Internal Medicine Ambulatory Patients Screening Rates and Pneumococcal Immunizations

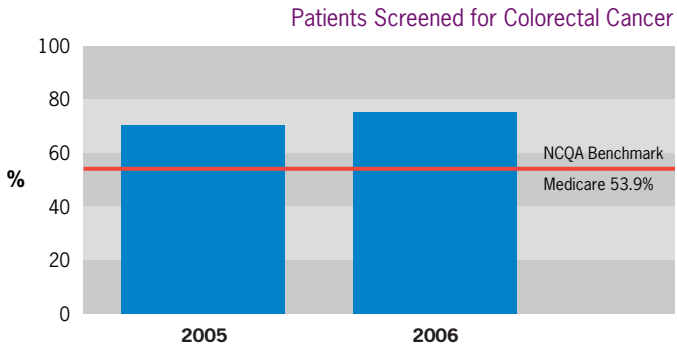
Measures selected for reporting are among the most important measures in preventive medicine. Additional measures for reporting will be introduced in the coming year.

Eligible patients: General Internal Medicine (GIM) Primary Care Physician (PCP) as listed in the electronic medical record (EMR). Patient had at least one visit in the practice site of the PCP in the prior two years.

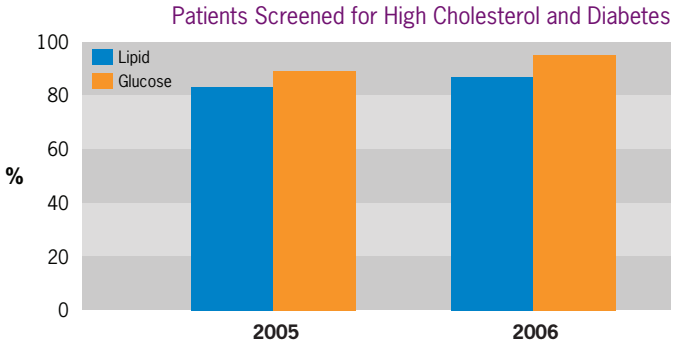




Measure Definition: Women aged 65 years or older at the most recent visit who had bone density measurement at any time or documentation the patient refused screening.

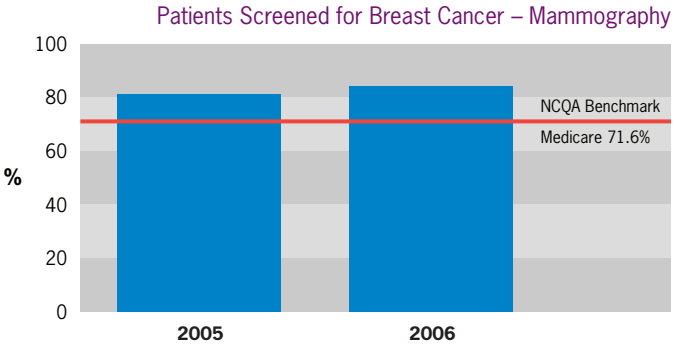


Measure Definition: Patients aged 50 years or older at the time of their most recent visit who had any of the following: colonoscopy in the prior 10 years, flexible sigmoidoscopy in the prior five years, fecal occult blood testing in the prior 12 months or documentation the patient refused screening.

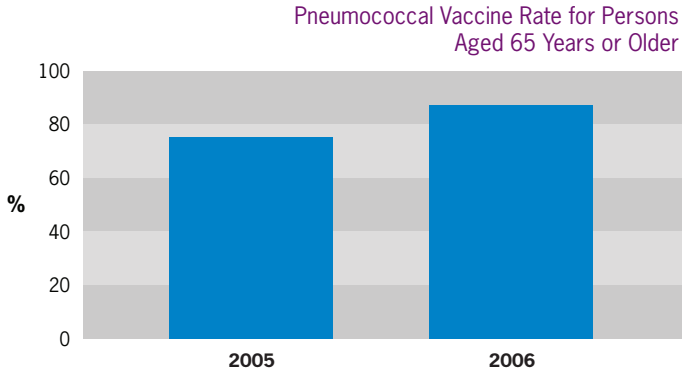


Measure Definition:
Cholesterol: Patients aged 20 years or older who have had a lipid panel (including total, HDL, LDL cholesterol and triglycerides) or direct LDL-cholesterol measurement or documentation the patient refused screening.

Diabetes: Patients 45 years or older with a blood glucose determination within the last three years or documentation the patient refused screening.



Measure Definition: Women aged 52 years to 69 years who have a recorded mammogram or the patient refused or is ineligible.



Measure Definition: Patients aged 65 or older at the time of their most recent visit who received Pneumovax or refused immunization.

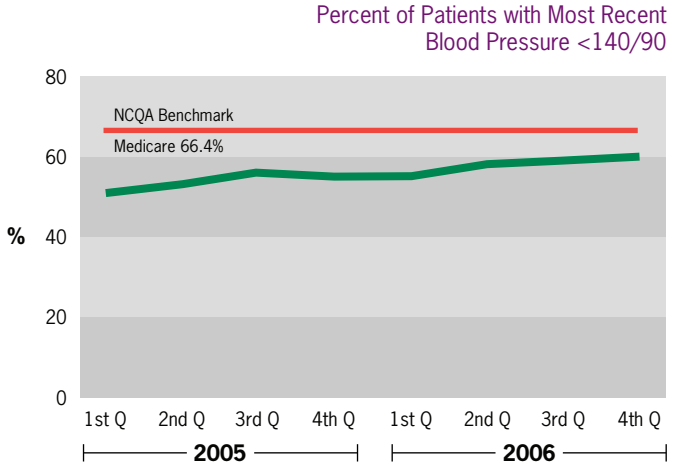
2005-2006 General Internal Medicine (GIM) Ambulatory Hypertension Control Rate

Percent of patients with most recent blood pressure <140/90

Hypertension is a major treatable cause of premature illness, particularly stroke, heart failure and kidney disease. Control of high blood pressure can be challenging and we are increasing efforts to improve control.

Eligible Patients: Patients who have a diagnosis of hypertension of any type in the electronic medical record (EMR) and have been seen at least once in the area of the primary care physician (PCP) in the prior 12 months.

Percent Compliance: The percent of eligible patients who, at the most recent electronic medical record measurement, had a blood pressure below 140 systolic and below 90 diastolic.



Ambulatory Diabetes Measures

Diabetes care is a complex but very important process, involving the physician, patient and other disciplines that includes educators, nutritionists, and pharmacists. Newer medications are becoming available and more systematic approaches to diabetes care are being developed.

Eligible Patients: Patients who have a diagnosis of hypertension of any type in the electronic medical record (EMR) and have been seen at least once in the area of the primary care physician (PCP) in the prior 12 months.

HBA1C and LDL Order Rate: Percent of eligible patients who had a hemoglobin A1c in the prior 12 months or LDL-cholesterol measurement documented in the EMR in the prior 12 months.

HBA1c > 9%, < 8% and < 7%: The percentage of patients having the result indicated, using the most recent HGBA1c measurement in the previous 12 months.

Blood Pressure Control in Diabetes: Percent of eligible patients who, at the most recent EMR measurement, had a blood pressure below 130 systolic and below 80 diastolic.

LDL <130 mg/dl, and <100 mg/dl: The percentage of patients having the result indicated, using the most recent LDL-cholesterol measurement in the previous 12 months.

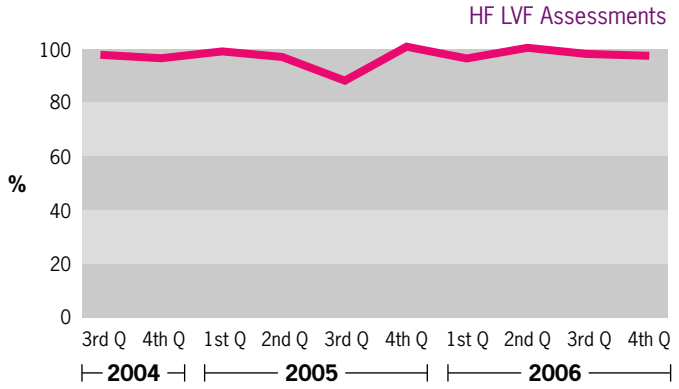
Measure	Published Benchmark (% achieving goal)	Q4 2004	Q4 2005	Q4 2006
Hba1c order rate	88.9*	93	93	91
% Hba1c tests > 9 (lower is better)	23.6*	N/A	15	16
% Hba1c tests < 8	75.6	71	74	71
% Hba1c tests <7	N/A	46	49	48
BP <130 80	42.8 **	29	32	34
LDL order rate	93.3*	81	85	84
%LDL tests <130	71.6*	83	85	84
%LDL tests <100	50.0*	58	61	61

* NCQA Medicare State of Health Care Quality 2006

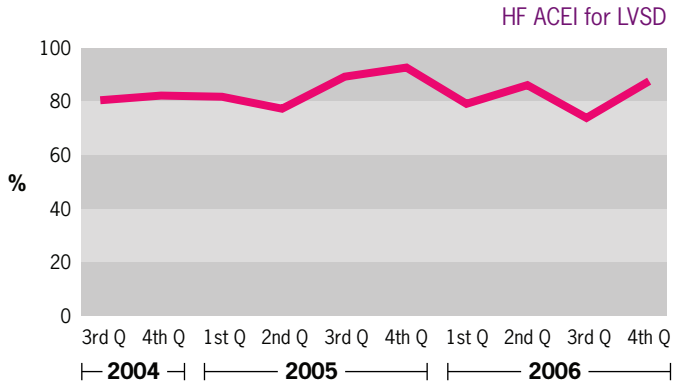
** Health Partners, Minnesota, 2005 data

CMS/Joint Commission Core Measures: Heart Failure

Heart Failure Eligible Patients: Patients discharged from the department with a diagnosis of congestive heart failure (HF).

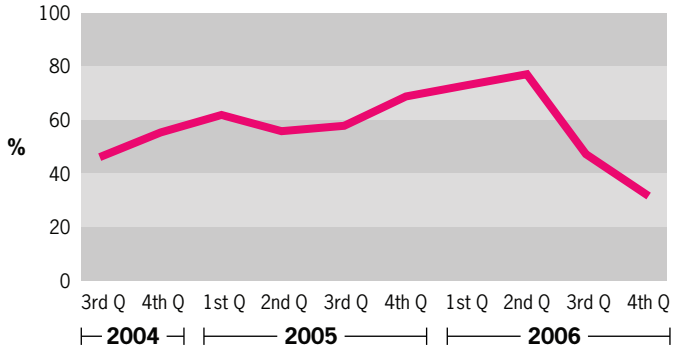


Patients with a diagnosis of heart failure discharged with a documented measurement of left ventricular function (LVF) in the medical record.



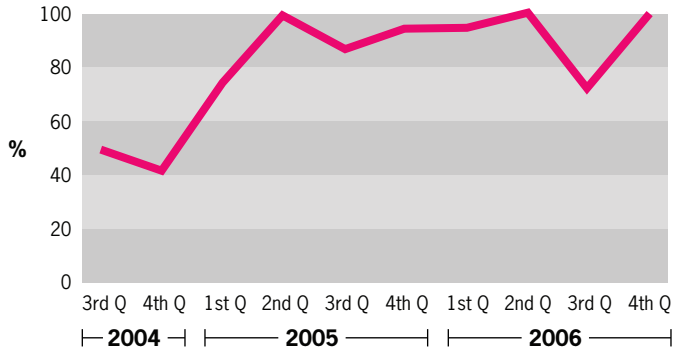
Patients with a diagnosis of heart failure discharged with the following being true: treated with an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocking drug or had a documented contraindication to both classes of drug.

HF Discharge Instructions



Patients with a diagnosis of heart failure discharged with documentation that the patient received comprehensive discharge instructions for heart failure including diet, weight monitoring, activity level, medications, symptom management and next appointment.

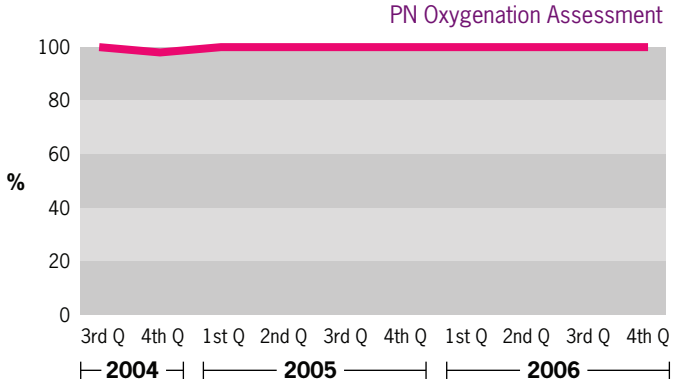
HF Smoking Cessation



Patients with a diagnosis of heart failure discharged with documentation that the patient received counseling or intervention for smoking cessation.

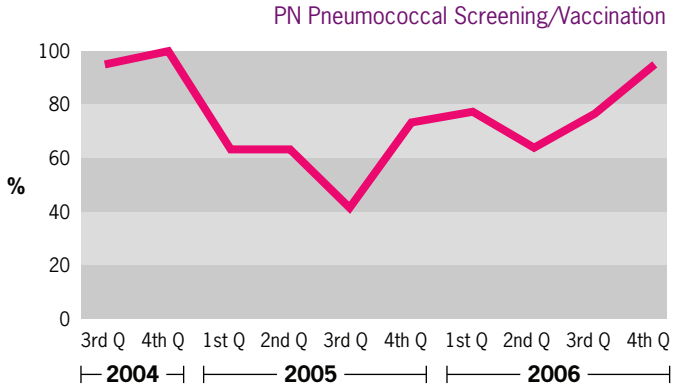
CMS/Joint Commission Core Measures: Community Acquired Pneumonia

Overall Definition: Patients discharged from GIM with an admitting diagnosis of community acquired pneumonia.*



Measure Definition: Percentage of GIM community acquired pneumonia patients whose oxygenation was assessed with an arterial blood gas measure mentor pulse oximetry within 24 hours of admission.

*Note: Virtually all community acquired pneumonia patients were admitted from the Emergency Medicine Department. The additional measures of antibiotic administration time are reported in the Emergency Medicine *Outcomes* book.



Measure Definition: Percentage of GIM community acquired pneumonia patients screened for vaccine status and who were not vaccinated due to refusal or contraindications, or needed vaccine and received it prior to discharge.

Standardized Mortality Ratio

The standardized mortality ratio (SMR) is a commonly used method of representing the mortality experience for a group of patients. Increasingly, it is used to indicate quality of care and to make comparisons.

SMR = observed deaths / expected deaths (1 represents the average mortality, less than 1 represents a better than expected mortality rate)

The APR DRG (All Patient Refined Diagnosis Related Groups) risk adjustment method is used in this calculation.

Over the last three years, the SMR for admissions to General Internal Medicine dropped from 0.77 to 0.51.

Major Diagnostic Category*	SMR 2004	SMR 2005	SMR 2006
Nervous System	0.98	1.13	0.48
Respiratory System	0.75	0.63	0.53
Circulatory System	0.55	0.59	0.59
Digestive System	0.73	0.87	0.42
Hepatobiliary System and Pancreas	1.23	1.17	0.37
Musculoskeletal System and Connective Tissue	1.15	0.87	0.17
Skin, Subcutaneous Tissue and Breast	0.38	0.26	0.73
Endocrine, Nutritional and Metabolic	1.96	0.71	0.67
Kidney and Urinary Tract	0.48	0.64	0.39
Blood and Blood Forming Organs and Immunological Disorders	0.35	0.48	0.87
Infectious and Parasitic Diseases	0.84	0.56	0.58
Grand Total for all patients	**0.77**	**0.72**	**0.51**

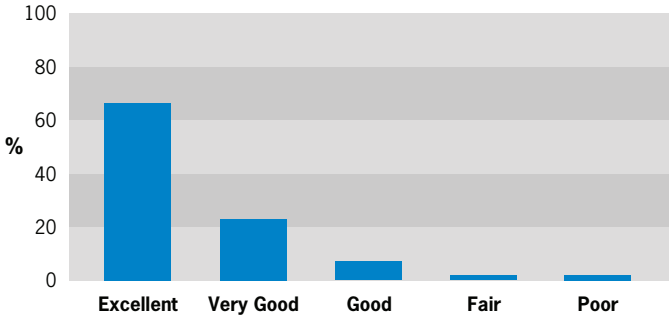
* Denotes Major Diagnostic Categories with 100 or more patients in each of the last three years.

The values for years 2004 and 2005 have changed from those published in the 2005 edition of this book. This is because normative data have been updated using 2004 data.

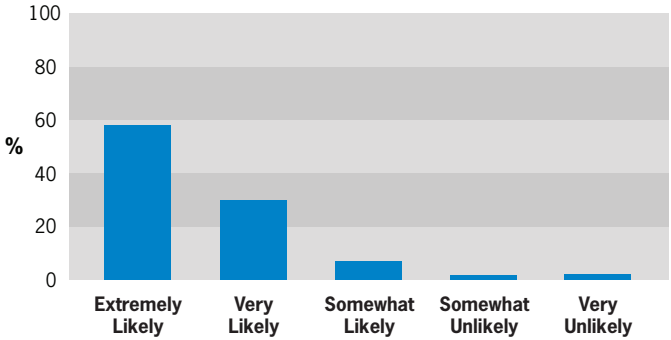
Patient Experience

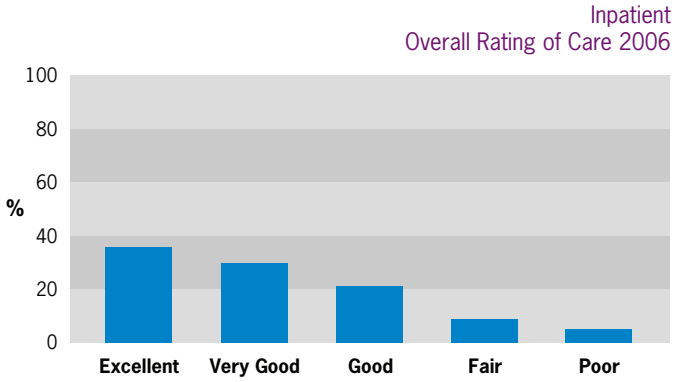
We ask our patients about their experiences and satisfaction with the services provided by our staff. Although our patients are already indicating we provide excellent care, we are committed to continuous improvement.

Outpatient
Overall Rating of Care 2006



Outpatient
Would Recommend Provider 2006





A Note Regarding H-CAHPS, the New National Standard for Reporting Hospital In-Patient Experience of Care:

The service excellence data displayed above shows results from an external patient experience survey administered for Cleveland Clinic.

A new national standard patient experience survey instrument called H-CAHPS was instituted across the country on October 1, 2006. Public reporting of initial results on CMS's Hospital Compare website is anticipated in late 2007. Accordingly, Cleveland Clinic outcomes booklets will transition to reporting H-CAHPS inpatient service excellence results in 2007.

Innovations

Educational Innovations in General Internal Medicine in 2006

Role in Education

The Department of General Internal Medicine provides leadership in the education of internal medicine residents, medical students, fellows and practicing physicians. The department holds a weekly Medical Grand Rounds series accredited for Continuing Medical Education. The department offers Fellowships in Women's Health, Geriatric Medicine, Hospital Medicine and Medical Informatics. The department has made major editorial contributions to *Cleveland Clinic Journal of Medicine, Journal of the American Geriatrics Society, Journal of Hospital Medicine,* and *Annals of Internal Medicine.*

Innovations in 2006:

Cleveland Clinic Lerner College of Medicine (CCLCM) core curriculum.

- A new "Basic Core Curriculum" for third-year students integrates Internal Medicine, Family Medicine and Surgery and includes seminars and a new online assessment system.

CCLCM: Longitudinal Clinic for first- and second-year students
Preventive Care and Clinical Reasoning

CCLCM: Introduction to Acute Care for second-year students
A new course assisting with the transition from ambulatory to inpatient care

CCLCM Acute Care Preceptorship for second-year students

CCLCM Geriatric Medicine rotation for fourth-year students, commencing March 2007

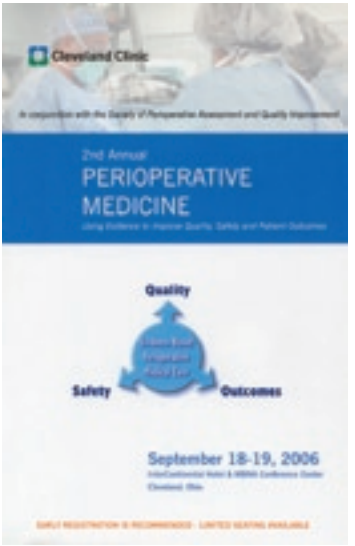
CCLCM and Medical Informatics. A portfolio of tools developed to support medical students and faculty:

- Patient-based Experience System for documentation and feedback and assessment for students and their teachers in years 1-2
- Clinical Assessment for students after year 2, and their teachers
- E-Portfolio to support self-directed learning and documentation of competency

Other Innovations in Education

2006 "Geriatrics: Your Future is Now Conference," sponsored by the Euclid Hospital Geriatric Assessment Program, held September 20, 2006, with 400 attendees.

Perioperative Medicine Summit 2006. A national/international CME event held in collaboration with the Society of Perioperative Medicine and Quality Improvement.



Women's Health Education

Mala Sivanandy, M.D., won a North American Menopause Society training award in 2006.

Expanded Women's Health public educational outreach via multiple written publications and the 5th Annual Speaking of Women's Health® conference held July 22, 2006.

Other Medical Informatics and Education

Center for Online Medical Education and Training (COMET) supports institutional online training in a variety of fields and is an integral part of training at Cleveland Clinic. Its director is a physician in the Department of General Internal Medicine.

- Online learning and content management system, custom built and maintained by COMET employees.
- Class Manager is a special tool that supports live classroom-based training.
- The COMET system and team support institutional training for major areas that include HIPAA, OSHA, Environment of Care and Patient Safety.

Primary Care and Outpatient Consultation

Physicians provide care related to internal medicine, primary care and consultative medicine (for patients referred to the department from within and outside the institution). In addition, many staff physicians serve as attending physicians on the inpatient service. All staff physicians are involved in educational activities both in the medical school and the residency program. Many are involved in research, information technology, performance improvement and the e-Cleveland Clinic program.

Innovations in 2006:

Disease Management
Use of clinical pharmacists and nurse practitioners is increasing for disease management, particularly diabetes.

Outpatient Consultations
A new procedure was implemented, involving Cleveland Clinic Global Patient Services, to improve planning for patients referred for consultation or self-referred for second opinions. The Concierge Program coordinates these appointments in close consultation with the physicians and provides travel and lodging assistance to patients.

Preventive Medicine

The Section of Preventive Medicine provides consultation resources in preventive medicine, wellness and fitness to individuals, businesses and industry. The section is a national leader in preventive medicine, recently publishing a major textbook in this field. The section has partnered with business groups in wellness and executive health, and provided wellness and preventive care education programs for business and consumer groups. The Section of Preventive Medicine offers Executive Health Examinations, Premier Executive Health Program, Women's Executive Health Program, Spouse Executive Health Program, Group Executive Health Program, and Federal Aviation Administration medical certification examinations.

The section partnered with Canyon Ranch to broaden the scope of executive health services and is collaborating with the Department of Psychology to provide an Adult Attention Deficit/Hyperactivity Disorders clinic.

IMPACT Center and Hospitalist Program

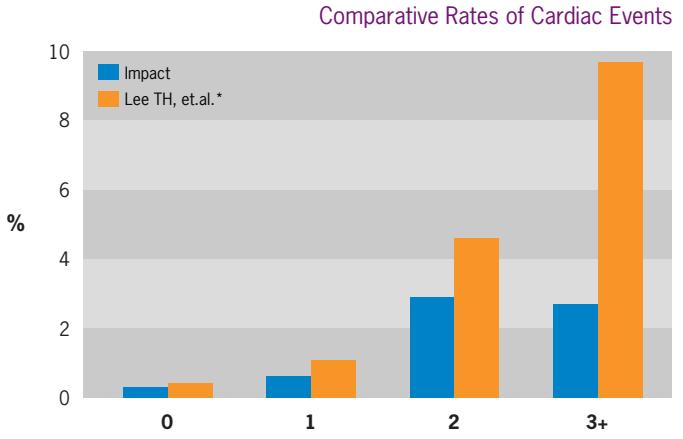
The section of Hospital Medicine includes 28 physicians who provide the majority of the department's inpatient care within Cleveland Clinic's main campus hospital.

In addition, physicians in this section provide preoperative assessments in the Internal Medicine Preoperative Assessment Consultation and Treatment (IMPACT) Center and consultations for inpatients of other services in the hospital, as well as provide care in the subacute unit, a skilled nursing facility of Cleveland Clinic.

Two Hospitalist fellows are receiving advanced training in hospital medicine.

Innovations in 2006:

- New patient education material for patients coming to the IMPACT Center.
- Development of a blood conservation protocol that will serve patients undergoing joint replacement surgery.
- Perioperative cardiac event and mortality data for IMPACT in 2005 compared to the published data.



This figure illustrates the rates of perioperative cardiac events (defined as a measured troponin > 0.2) for patients evaluated before noncardiac surgery in the Internal Medicine Preoperative Assessment Consultation and Treatment (IMPACT) Center in 2005. Outcomes data appear better at every level of risk stratified by the RCRI criteria compared to a large published study by Lee TH, et al.

*Lee TH, Marcantonio ER, Mangione CM, et al. Derivation and prospective validation of a simple index for prediction of cardiac risk of major noncardiac surgery. Circulation 1999;100:1043-1049.

Women's Health

The Section of Women's Health collaborates with the Departments of Gynecology, General Surgery, Breast Cancer, Endocrinology and Psychiatry to provide interdisciplinary women's healthcare services. The section works with these areas and other healthcare professionals throughout the institution to comprehensively address difficult women's health issues and problems.

Innovations in 2006:

- Innovation visits from other institutions to study how we deliver interdisciplinary women's health in our Women's Health Center.
- Call back for women with abnormal baseline bone density: documented a 50% return rate for follow-up bone densities and have recommended this as a national benchmark.
- Shared medical appointments and on-site social worker for psychosocial issues.
- Periodontal health in postmenopausal women who have osteoporosis in collaboration with Case Western Reserve University School of Dental Medicine.

Geriatrics

Geriatrics consists of an interdisciplinary team of health professionals dedicated to the assessment and care of frail, older patients with complex medical and social problems. The section provides a valuable service by assisting primary care physicians in the management of their most frail, elderly patients. Staff physicians, geriatric medicine fellows and other health professionals participate in the development of a comprehensive, coordinated care plan.

Clinical and academic geriatric medicine are provided through educational and research activities with an emphasis on improving the quality of life of the older patient. Areas of research for this section include outcomes of hospitalization for the frail elderly, anti-coagulation in older adults with atrial fibrillation, dietary supplements in older adults, falls, and assessments and counseling of older drivers.

The section also participates in the multidisciplinary Aging Brain Clinic which provides comprehensive assessment for treatable causes of cognitive and other neurological problems in the elderly.

Recent Innovations:

- Geriatric Oncology Clinic: a multidisciplinary geriatric assessment clinic to address the needs of older cancer patients and long-term cancer survivors.
- Geriatric Medicine Web site: clevelandclinic.org/geriatrics

The Web site describes Cleveland Clinic's geriatric services and provides links to community-based health services and other related Web sites.

- Euclid Hospital Geriatric Assessment Program

Nursing

- The Department of General Internal Medicine's Nurse Manager received the Cleveland Clinic Nurse of the Year award in 2006.
- "Your Medical Resource Guide"

Our Nurse Manager was also largely instrumental in putting together a comprehensive resource for patients admitted to medical services at the main campus hospital. This new guide is distributed to patients admitted to Cleveland Clinic and complements a similar guide for surgical patients.



Medical Informatics and Quality Improvement

Several physicians in the department are active in medical informatics and the department itself has been a leader in implementing many initiatives within the institution. Examples of innovations in 2006:

- **E-prescribing:** General Internal Medicine was among the first institutional adopters of e-prescribing, which increases efficiency of prescription management and the accuracy of the prescriptions themselves.
- **E-research:** A group developed within the department and the Information Technology Division and supports several clinical trials with federal and private funding.
- **Performance reports to primary care physicians:** Quarterly reports are provided to primary care physicians on specific performance measures in prevention and disease management. The scope of the reports was increased in 2006 and they are no longer anonymous.

New Knowledge

Research and education are key ingredients in all our clinical activities. Here is a list of selected publications from our department that highlight some of our most recent activities.

Selected Publication Highlights

Ahmed TF, Khandwala F, Abelson TI, Hicks DM, Richter JE, Milstein C, Vaezi MF. Chronic laryngitis associated with gastroesophageal reflux: prospective assessment of differences in practice patterns between gastroenterologists and ENT physicians. *Am J Gastroenterol* 2006;101:470-478.

Bronson DL. Review: Self help interventions for smoking cessation are not effective unless tailored to the individual. *Evid Based Med* 2006;11:48.

Factora R, Palmer RM. Functional assessment. In: Yoshikawa TT, Rajagopalan S., eds. Antibiotic Therapy for Geriatric Patients. Boca Raton, FL: Taylor & Francis; 2006:37-52.

Factora R. When do common symptoms indicate normal pressure hydrocephalus? *Cleve Clin J Med* 2006;73:447-457.

Factora R, Luciano M. Normal pressure hydrocephalus: diagnosis and new approaches to treatment. *Clin Geriatr Med* 2006;22:645-657.

Fares WH, Aneja A. Should beta-blockers be discontinued when a patient is admitted to the hospital with acutely decompensated heart failure? *Cleve Clin J Med* 2006;73:557-559.

Jaffer AK, Brotman DJ. Prevention of venous thromboembolism in the geriatric patient. *Clin Geriatr Med* 2006;22:93-111.

Jahed A, Messinger-Rapport BJ. Vitamin D supplementation may prevent hip fractures in older adults. *J Am Med Dir Assoc* 2006;7:403-404.

Kanter SJ, Factora RM, Suh TT. Does this patient have primary progressive aphasia? *Cleve Clin J Med* 2006;73:1025-1027.

Kaw R, Michota F, Jaffer A, Ghamande S, Auckley D, Golish J. Unrecognized sleep apnea in the surgical patient: implications for the perioperative setting. *Chest* 2006;129:198-205.

Kaw R, Gota C, Bennett A, Barnes D, Calabrese L. Lupus-related hepatitis: complication of lupus or autoimmune association? Case report and review of the literature. *Dig Dis Sci* 2006;51:813-818.

Kaw R, Golish J, Ghamande S, Burgess R, Foldvary N, Walker E. Incremental risk of obstructive sleep apnea on cardiac surgical outcomes. *J Cardiovasc Surg* 2006;47:683-689.

BJ Messinger-Rapport, RM Palmer. Role of functional assessment in evaluating and managing infections in long-term care. In: Yoshikawa TT, Ouslander JG, eds. Infection Management for Geriatrics in Long-term Care Facilities. New York, NY: Informa Healthcare; 2006:31-48.

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Staff Listing | Chairman



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Chairman, General Internal Medicine

Appointed: 1986

Specialty Training: Residency - Cleveland Clinic, Cleveland, Ohio

Other Education: A.B. - Harvard University, Cambridge, MA

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M.P.H. - University of Michigan School of Public Health, Ann Arbor, MI

Specialty Interests: Preventive medicine and health screening

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David D.K. Rolston, M.D.,
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Andrea Sikon, M.D., Clinical Director E-13

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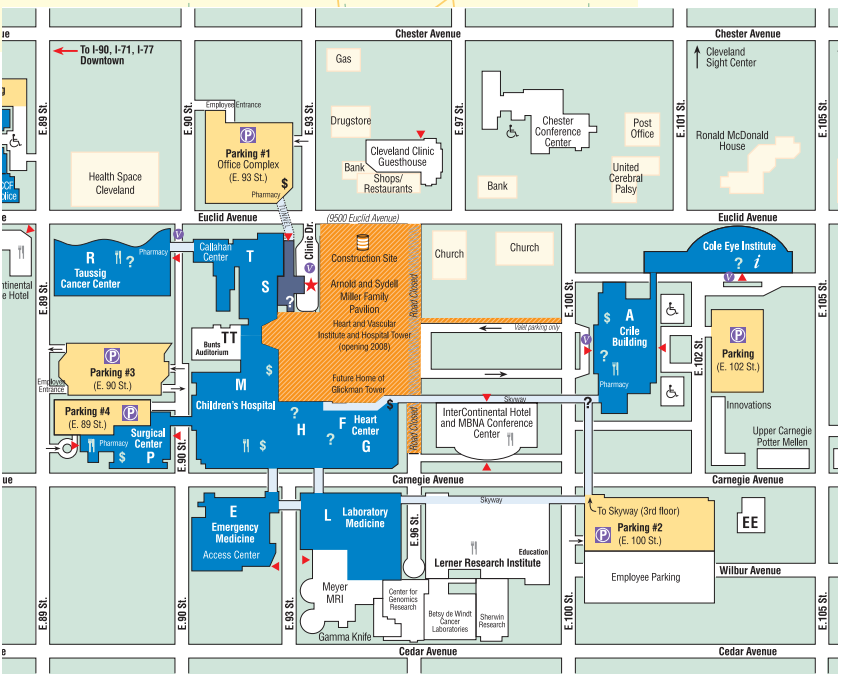
Crile (A):

1. A11 – Preventive medicine: executive health
2. A10 Women's Health
3. A13 Impact: preoperative consultations
4. A91 Internal Medicine: primary care and consultations and Geriatric Medicine.

S: 5. S70 Internal Medicine: primary care

E: 6. E13 Internal Medicine: primary care


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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

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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

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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.

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