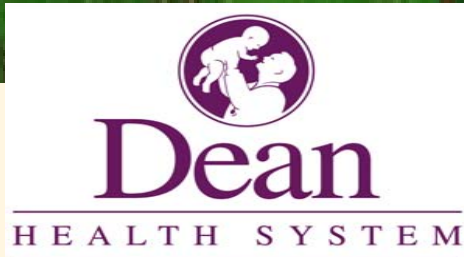
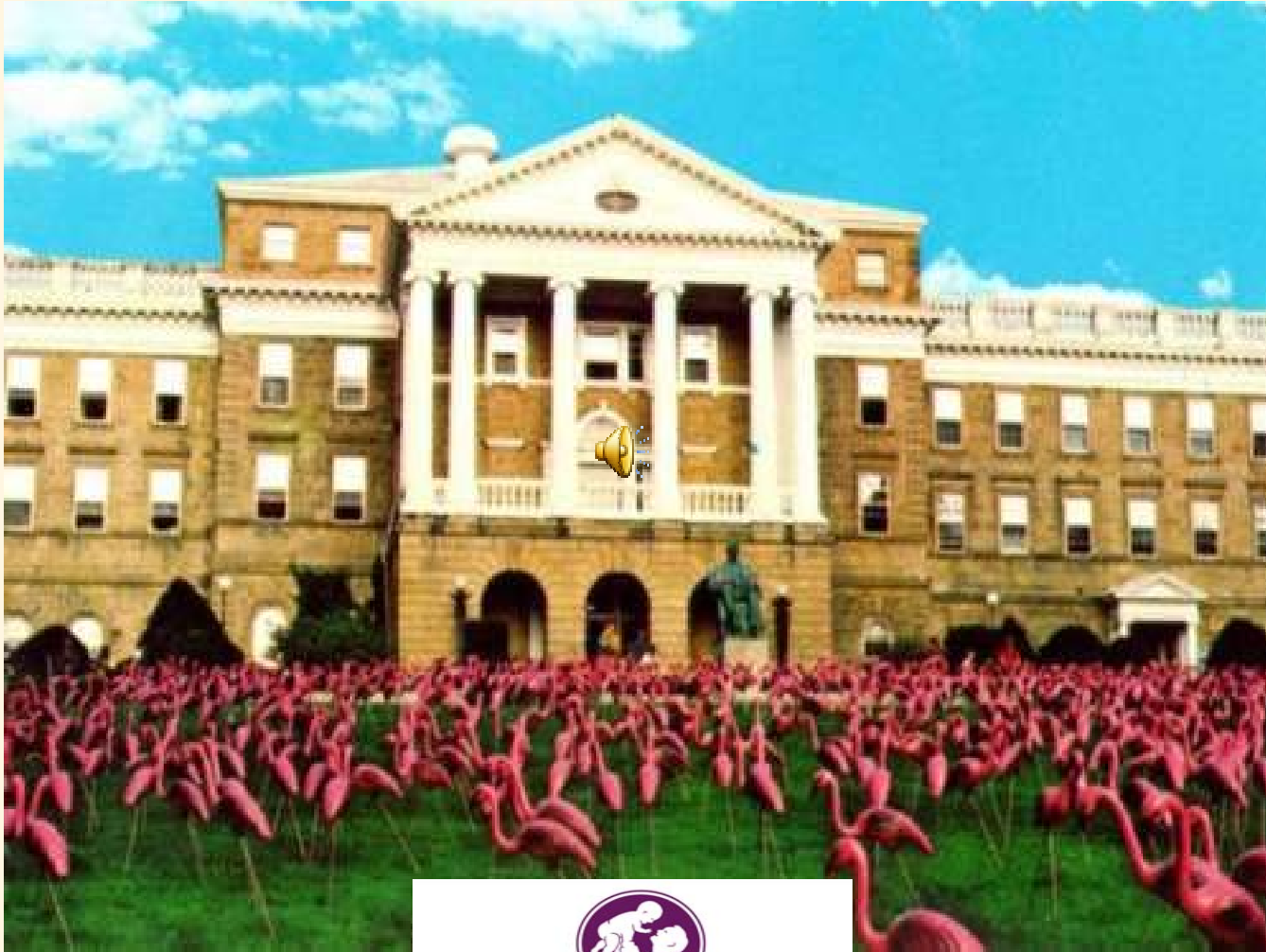


Dean Medical Center Dean Health Plan



Improving LDL Screening Following an Acute Coronary Event

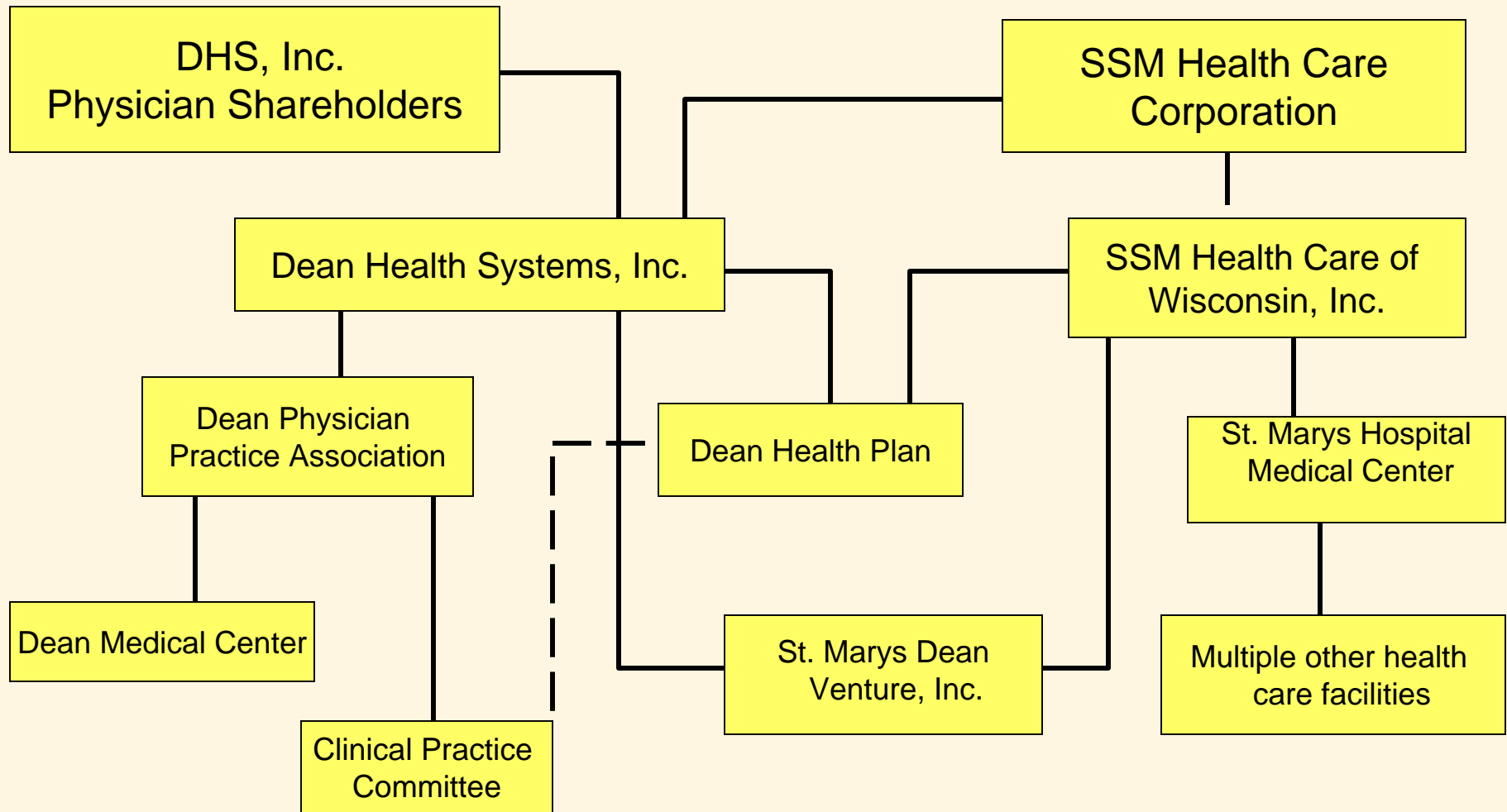


Project Team

- Jennifer Close-Goedjen, MS – Dean Health Plan
- William Koller, Jr., MD – Dean Health Plan, Dean
Medical Center
- Albert Musa, MD – Dean Medical Center
- Daniel Staddler, MD – Dean Medical Center

- Penny Bogrand – Dean Health Plan
- Jack Bowhan – Dean Health System
- Leslie Gruendel – Dean Health Plan
- Jill Hanson – Dean Health Plan
- Mark Kaufman, MD – Dean Health Plan
- Timothy Lechmaier, MD – Dean Medical Center
- Francis Pagel – Dean Health Plan

ABBREVIATED ORGANIZATION CHART



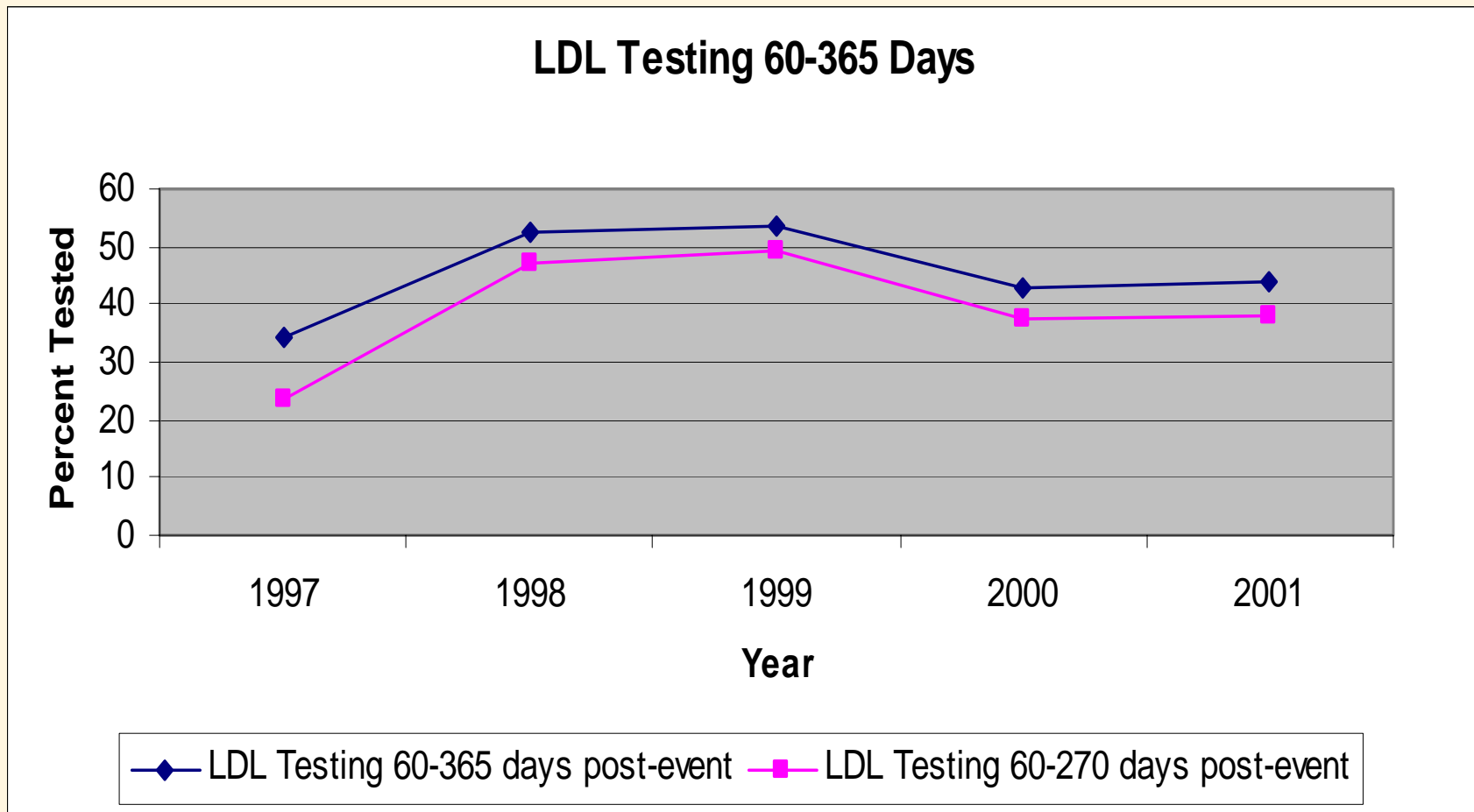
Lipid Testing after an Acute Coronary Event: The Importance

- Total cost of cardiovascular disease in US estimated to be \$329.2 billion (American Heart Association, 2002)
- Increasing prevalence of cardiovascular disease in DHP population (DHP Population Analysis, 2004)
- Scientific evidence supporting importance of routine lipid testing and active lipid control in prevention of subsequent coronary events (e.g., Cannon, et al. 2004, Nissen, et al., 2004)

Lipid Testing after an Acute Coronary Event: The History

- 2000 – HEDIS results in 25th percentile
- 2001 -- Quality Improvement Medical Management Committee (QIMMC) identified as system-wide clinical opportunity for improvement
- 2002 – Member intervention implemented as part of IHC-ATP project (Dr. Mark Kaufman)
 - LDL screening reminder mailed to member
 - LDL educational brochure included

Why remind members at 270 days post-event?



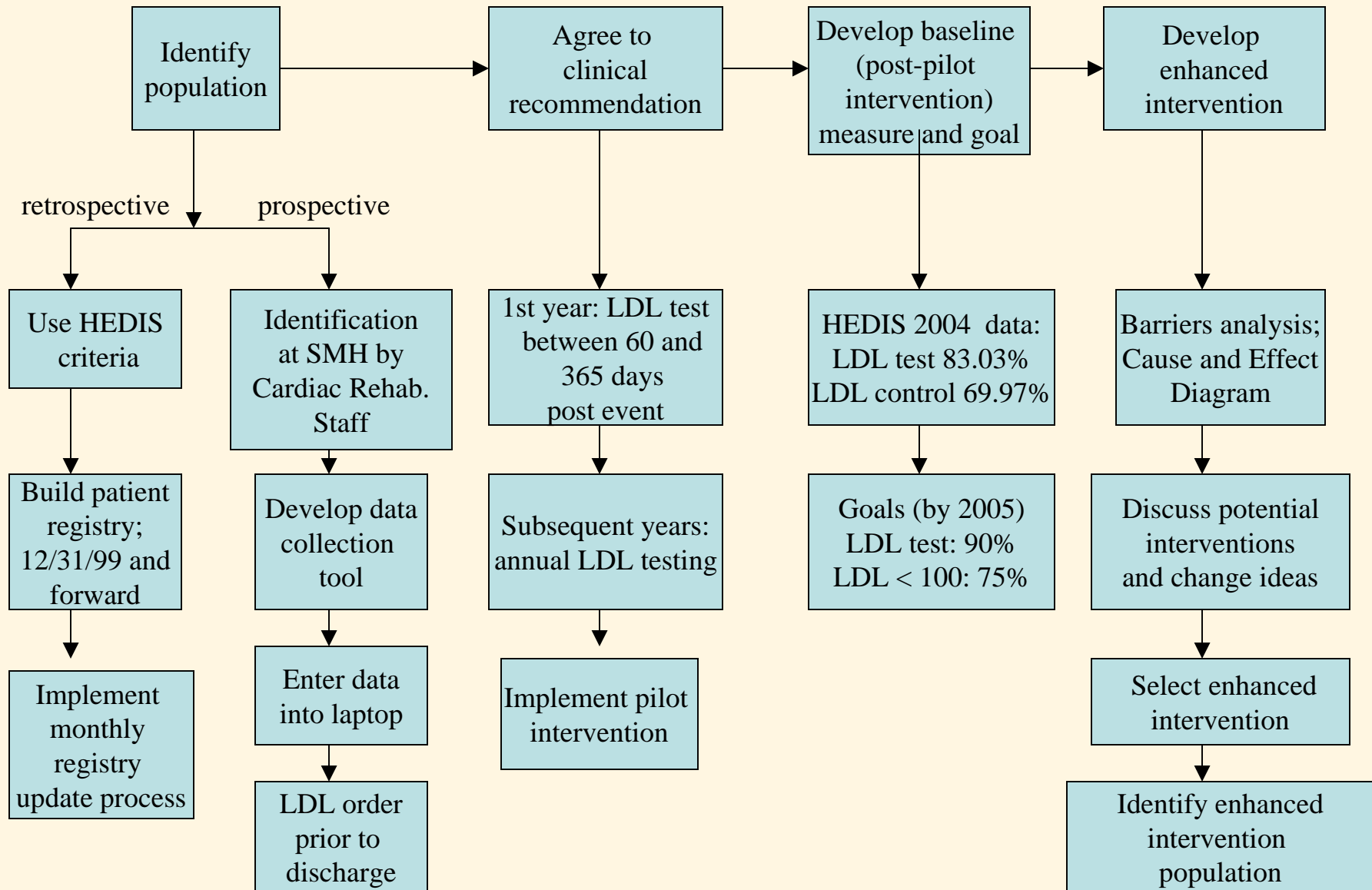
Aim Statement

- In the next 12 months, we will improve the 60-300 day post-acute coronary event (i.e., AMI, PTCA, CABG) LDL screening rate by 10%.

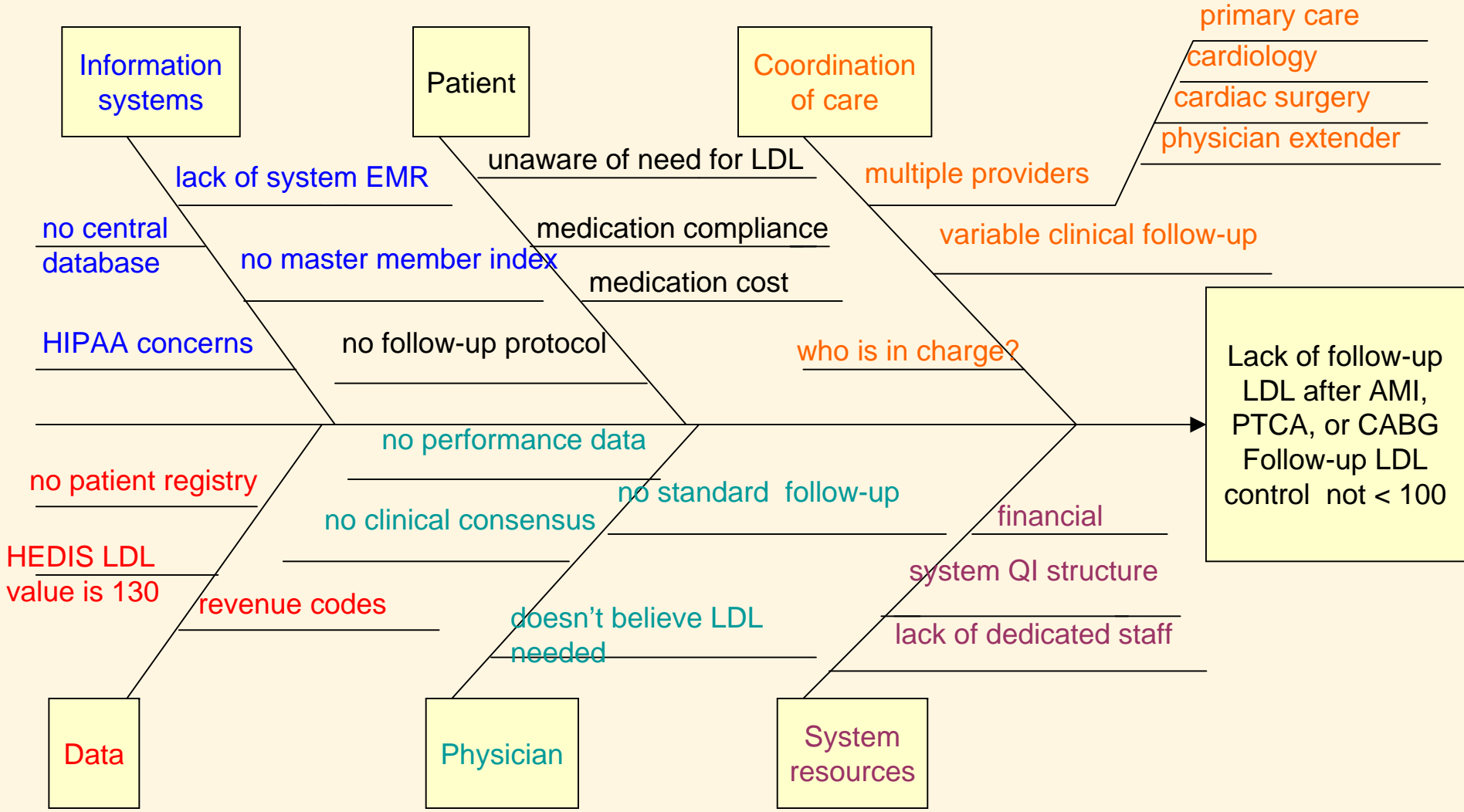
Primary Customers

- Patients/Members
- Clinicians (PCPs and Cardiologists)
- Employers (Purchasers)
- NCQA

Project Process Flowchart



Cause and Effect Diagram



Improvement Opportunity

- Actively engaging practitioner in improvement
 - Practitioner letter
 - Practitioner alert
 - Copy of member materials
 - Request assistance
- Why focus on practitioners?
 - 2002-2004 – addressed member, data, and information systems “causes”
 - Implemented member registry
 - Implemented member intervention
 - Resolved revenue code issues

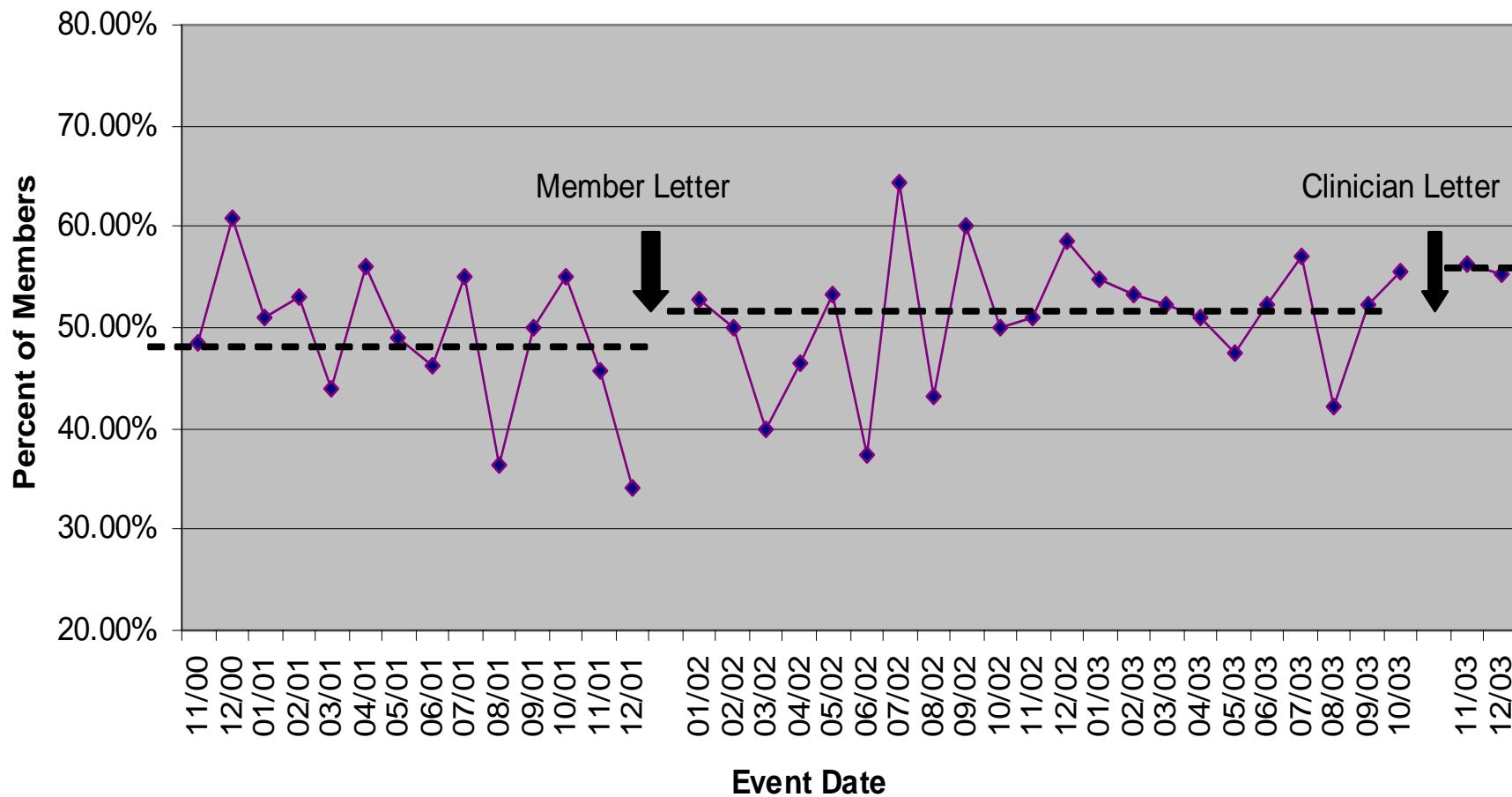
Data Specifications

- Identify members with an acute coronary event
 - HEDIS Technical Specifications for Cholesterol Management after an Acute Coronary Event Measure
 - Administrative Medical Claims
 - Member Identification Number
 - Member Name
 - ICD-9 Code (410.x1, 36.01, 36.02, 36.09, 36.1, 36.2) or DRG Code (105, 107, 109, 112, 121, 122, 516)
 - Event date
- Determine if LDL Test received in 60-270 days following event date
 - HEDIS Technical Specifications for Cholesterol Management after an Acute Coronary Event Measure
 - Administrative Medical Claims
 - Member Identification Number
 - Member Name
 - CPT code (80061, 83715, 83716, 83721)
 - Date of Service
- Identify assigned primary care practitioner for members without an LDL screening
 - Imputation Algorithm
 - Quarterly Imputation File
 - Member identification Number
 - PCP Code
 - Primary Care Practitioner Name/Clinic Location

Data Sources

- Administrative Medical Claims
 - Member Number (11 digits)
 - Member Name (Last Name, First Name, Middle Initial)
 - ICD-9 code or 410.x1, 36.01, 36.02, 36.09, 36.1, 36.2)
 - DRG Code(105, 107, 109, 112, 121, 122, 516)
 - Date of Acute Coronary Event (mm/dd/yyyy)
 - CPT Code (80061, 83715, 83716, 83721)
 - Date of LDL Screening (mm/dd/yyyy)
- Quarterly Imputation File (internally generated SAS database)
 - PCP Code
 - Primary Practitioner Code (xxxxx)
 - Primary Care Site Code (xxx)

LDL Test Following an Acute Coronary Event (60-300 Days)



Next steps

- Evaluate effectiveness of practitioner intervention
- Collaborate with CPC task force to improve system-wide screening rates
- Implement automated reminders and lab orders through EMR
- Compare performance to local competitors using HEDIS 2005 data