About the SMN

Our Mission

The Sutter Medical Network provides a leadership role in developing a physician and provider network—coordinating patient care, as well as creating a culture of quality, service and affordability throughout the Sutter Health system.

Our Standards

Physician Organizations commit to these five performance standards for participation in the SMN:

- Quality Pay for Performance
- Patient Satisfaction
- Reducing Patient Wait Times
- Patient Enrollment in Online Services
- Variation Reduction

Participating Physician Organizations

- Brown & Toland Physicians
- Central Valley Medical Group
- Mills-Peninsula Medical Group
- Palo Alto Medical Foundation, including Palo Alto Foundation Medical Group and Peninsula Medical Clinic
- Sutter East Bay Medical Foundation, including East Bay Physicians Medical Group
- Sutter Gould Medical Foundation, including Gould Medical Group
- Sutter Independent Physicians
- Sutter Medical Foundation, including Sutter Medical Group and Sutter North Medical Group
- Sutter Pacific Medical Foundation, including Marin Headlands Medical Group, Physician Foundation Medical Associates and Sutter Medical Group of the Redwoods

How We're Raising Our Standards

- Broadening quality measurement to include more points of care—primary and specialty—and a larger population of patients
- Focusing on appropriate utilization and referrals to support seamless coordinated care
- Furthering physician connectivity to provide timely and relevant information at the point of care
- Sharing relevant encounter and clinical data to help impact quality and affordability
- Expanding the SMN Participation Standards to support consistent delivery of quality, personal, affordable care across the network

COVER PHOTOS: Clockwise from left, SMN award-winning physicians: Kay Judge, M.D., Sutter Medical Group; Garrett Smith, M.D., Brown & Toland Physicians; Mita Gordo, M.D., Gould Medical Group; Mark Daniel Cook, M.D., Sutter Gould Medical Foundation’s Community Provider Network
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We Plus You.

These three words summarize the Sutter Medical Network’s (SMN) commitment to partnership. Whether we’re working together as a multispecialty team to care for our patients or joining forces across hallways and regions, partnering allows us to harness the best of each of us. It empowers us to uphold our promise to provide our patients consistent, high-quality, affordable care.

Thanks to the focus, dedication and collective strength of thousands of SMN physicians, we continue to earn top honors from statewide and national organizations. In 2013 the Integrated Healthcare Association named six SMN physician organizations as top performers. And an independent study by the Dartmouth Institute for Health Policy and Clinical Practice found that Sutter-affiliated doctors and hospitals are among those providing the nation’s most efficient and consistent quality care.

We are living in a new era of transparency, and consumers have unprecedented access to health care data. Although we continue to move in the right direction, major shifts in the health care industry require extraordinary new approaches to practicing medicine. These changes demand we work together to deliver high-value patient care—a powerful combination of high clinical quality, exceptional service and lower overall costs.

The SMN continues to make significant progress toward this end. Here’s how we’re doing it:

Reducing Clinical Variation. Providers are often surprised by how much variation exists between their treatment and prescribing patterns, and those of their colleagues. With quality outcomes in mind, physicians in medical groups across our Sutter Health system are partnering to reduce discrepancies in care.

Helping Physicians Partner with Patients. In partnership with Sutter Health University, the SMN offers physicians the opportunity to learn ways to better communicate and connect with patients through The Art of Communicating with Patients courses. The program increases physician satisfaction and helps improve patients’ perception of the care they receive.
Coordinating Patient Care. Care coordination plays a big role in providing our patients quality, affordable care. Throughout this report, you’ll read stories about how multi-disciplinary teams within SMN physician organizations are reimagining the way we deliver care. They’re collaborating to meet individual patients’ needs and goals, empowering patients by equipping them with the tools they need to manage their health, and tracking progress together using our electronic health record.

Making Progress on Clinical Integration. Physician leaders at each of Sutter Health’s five medical foundations and four affiliated independent practice associations continue to work toward clinical integration. In the fall of 2013, they came together to discuss progress in their regions. They reviewed quality, utilization management, electronic health record connectivity and provider relations data. The leaders left with an action plan focused on narrowing the gaps.

Encouraging In-Network Referrals. In 2013, all SMN physician organizations reviewed, signed and returned an executed copy of the SMN Reciprocity Agreement. With in-network referrals identified as a critical area of development for this work, SMN members agreed that having a reciprocal rate structure for referral services would encourage referrals within network and enhance the patient experience. The SMN’s Reciprocity Agreement provides a pre-established arrangement to cover patients that are enrolled on a capitated or risk basis.

These achievements are possible because of the extraordinary partnerships that exist in our 5,000-physician network. I’m proud of the tremendous accomplishments we’ve achieved by working together, but our work is not done.

Our ability to evolve—to continue to make transformative, inspiring progress—depends not only on partnership, but on a common motivation and commitment to providing all patients a high-value, personalized experience that’s not available anywhere else.

Best Regards,

Jeff Burnich, M.D.
Senior Vice President and Executive Officer
Sutter Medical Network
A FAMILY’S STORY

Compass Connect Program Helps a Family Navigate Elderly Parents’ Care

“Don’t know what we would have done without this program. It saved our family.”
— Diane Davis, family member of a Compass Connect patient

Before enrolling her parents in Sutter Gould Medical Foundation’s (SGMF) Compass Connect program, Diane Davis and her three siblings and their families took turns staying with their 90-year-old mother and 92-year-old father to provide home care. Both parents have multiple and serious chronic health conditions, including kidney and heart failure, diabetes, colitis, high blood pressure, neuropathy and prostate problems. Diane’s mother is blind, and both parents were underweight.

“My siblings and I were doing our best to care for them in their own home, but we’re not medical professionals,” Diane says. “Mom and Dad have needs beyond our scope, and I felt they required a different level of care.”

Compass Connect is a health care service based on the patient-centered medical home care delivery model of coordinated, accessible, high-value care. A multi-disciplinary team, including a physician, care coordinator, nurse navigator, geriatric psychiatrist, social worker and pharmacist, work together to provide care according to the patient’s needs and goals. This team tracks patient status and communicates with each other through Sutter’s electronic health record.

Through Compass Connect, “we’re reimagining the way care is delivered,” says Kenneth Phenow, M.D., MPH, SGMF’s medical director of quality. “The concept of patients traveling to a medical office to be taken care of by one doctor is a very provider-centric model that is rapidly becoming outdated. Now we want to meet patients where they are in a more patient-centric manner and bring them value with the team-based approach.”
Studies show that the sickest patients—5 percent of the total patient population—use more than 50 percent of health care resources. Many of these patients fall into the "sickest" population subset and require disease management care for chronic conditions.

At Compass Connect, "our mission is to provide better quality and better outcomes at better prices," Dr. Phenow explains. "By using a team to coordinate care more effectively, providing better access, and serving as a trusted health care advisor, we can reduce costs and improve patients' health and quality of life."

When Diane’s parents first enrolled in the program, a Compass Connect physician came to their home, sat down with the entire family, performed a complete evaluation, and created a plan of care tailored to their needs and goals. For example, a clinical pharmacist adjusted the couple’s multiple medications to ensure that there were no drug interactions or adverse side effects—a previously undetected cause of recurrent hospitalizations. The team’s physician also led crucial conversations with the couple about such challenging topics as the need to stop driving.

Today Diane reports that her parents feel great and have relocated to an assisted living facility. Since enrolling in Compass Connect, they have had no falls, trips to the emergency room or hospital stays. They’ve also gained some needed weight and are properly managing their medications.

“I don’t know what we would have done without this program,” she says. “It saved our family.”
Bringing Value

to Our Patients: Service

Delivering compassionate care to our patients is essential to providing true value. When a clinician makes a personal connection with a patient, the experience becomes meaningful and memorable and enhances patient satisfaction.

A trusted relationship between a physician and a patient can also lead to better quality care and better medication adherence. A recent study found that patients who trust their doctors are three times more likely to take their prescriptions as prescribed,¹ while nonadherence is associated with adverse outcomes and higher costs of care.²

Today’s health care consumers expect—and deserve—a personalized, high-value experience. Providing a quality experience enhances patient loyalty, differentiates the care received in the Sutter Medical Network, and means clinicians and staff are doing the right thing for patients.

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¹ Leslie R Martin, Summer L Williams, Kelly B Haskard, and M Robin DiMatteo
Ther Clin Risk Manag. 2005 September; 1(3): 189–199. Published online 2005 September
Making a Difference in the Lives of Patients and Their Families

Sutter Health’s Advanced Illness Management (AIM)® program bridges the gaps between the hospital setting, the community physician’s office and the home for persons living with advanced, chronic illness. These patients are considered to be at risk of dying in the next 12 to 18 months and may be actively pursuing curative treatment. AIM care consists of evidence-based, patient-centered behaviors, actions and protocols to ensure patients receive the right care and support at the right time, including:

- Care management and coordination
- Medication reconciliation
- Symptom management
- Health coaching for self management
- Palliative care consultation
- Advance care planning

Much of the success of the AIM care management service is that the model of care and coordination is delivered consistently across care settings (home, physician office and hospital) and it remains connected with the patient over time, even when they are feeling better. This shift in approach to care management thereby helps move the focus of care for advanced illness out of the hospital and into the home and community.

AIM Expansion

In 2012 the Centers for Medicare & Medicaid Innovation awarded Sutter Health a three-year, $13 million Health Care Innovation Award to support the program’s expansion. AIM now operates in all five Sutter Health regions, with nine teams covering 14 counties.

On average, AIM teams care for 1,500 patients each day. Since the program’s inception, teams have cared for nearly 5,000 patients systemwide.

“Receiving this support has been a gift. My dad sees it that way too.”
— family member of an AIM patient

“I feel like a member of the AIM team. They take my insight seriously.”
— family member of an AIM patient

"Dr. Berna is without exception the best primary doctor I have ever had.”
— a Sutter Medical Group patient

Zoe Berna, M.D.
Family Medicine, Sutter Medical Group
SMN Quality Care Award Winner, 2013
How AIM Helps Patients and their Families
Current internal analysis demonstrates that at 90 days post enrollment, AIM patients experience:

- a 63 percent reduction in hospital stays
- a 25 percent reduction in emergency room visits
- a 63 percent reduction of time spent in the ICU

In 2013, staff made more than 30,000 home visits and more than 7,000 calls to AIM patients in their homes.

AIM Brings At-Home Comfort
For more than 20 years, 81-year-old Robert “Bob” Martinez has struggled with diabetes. He’s had four toes amputated and suffers from vascular disease and congestive heart failure.

After his last hospital stay, Bob and his family decided to look into Sutter Health’s AIM program. He now receives regular visits at his home in Oakland from a physical therapist and nurse. They have helped him improve his diet and begin a regular physical therapy routine—things he wasn’t willing to do in the hospital.

Bob is happy at home, doing what he loves—playing dominoes once a week and visiting regularly with his beloved son and daughter. He calls his AIM team his “extended family” and “a blessing from heaven.”

“I wouldn’t be alive without them,” Bob says.
Providing Patients  
Timely, Accessible Care

Convenient access to care is a major driver of patient satisfaction. Patients want to schedule timely appointments, and they want to feel as though their time is being valued on the day of their appointment.

The SMN’s Participation Standard for wait times tracks the length of time patients wait to get into their doctor’s office for both short- and long-range care needs. The standard also tracks the time patients spend waiting to see their provider on the day of their appointment—in the reception area and in the exam room. In 2013, eight of our 11 physician organizations met the wait time standard.

Improving Patient Satisfaction

The SMN team helps doctors and medical groups stay informed about what patients are saying about their overall care experience, using the Press Ganey Medical Practice Survey. Distributed to patients across the physician network, the tool allows the SMN team to provide medical groups and doctors with meaningful feedback from patients about their care experience. This rich data encourages the spread of practices that are working and pinpoints areas that need focus.

Enhancing Patient Relationships

The SMN and Sutter Health University partner to help physicians enhance their patient communication skills through The Art of Communicating with Patients (ACP) program. Designed with the clinician in mind, ACP instructors share practical skills and competencies with doctors, to increase physicians’ satisfaction and improve patients’ perception of the care they receive during their visit.

In 2013, 152 SMN physicians participated in ACP training, bringing the total number of doctors who have taken the course since 2007 to almost 600.

How the SMN Met Timely Access Goals in 2013

• The SMN set a goal of a wait time of three days or fewer for a short (urgent) appointment for primary care and achieved an average 3.5 days wait time.

• The SMN set a goal of a wait time of 10 days or fewer for a non-urgent appointment and achieved an average 6.4 days wait time.

• Press Ganey, our patient satisfaction survey provider, supplies us a national percentile ranking for each survey question, to let us know how we’re doing compared to organizations around the country. For the “Degree to which you were informed about any delays” question, the SMN set a goal of a 50th percentile ranking or higher for each physician organization, and earned an average 52nd percentile ranking.

• For the “Wait time at clinic (from arriving to leaving)” question, the SMN set a goal of a 50th percentile ranking or higher for each physician organization and earned an average 59th percentile ranking.

Jeffrey Burack, M.D.  
Internal Medicine, Brown & Toland Physicians  
SMN Quality Care Award Winner, 2013

“Dr. Burack is excellent. I never feel rushed. He takes the time to ask questions and to answer my questions.”  
—a Brown & Toland Physicians patient

Jeffrey Burack, M.D.
Internal Medicine, Brown & Toland Physicians
SMN Quality Care Award Winner, 2013
In 2013, eight of our 11 physician organizations met the wait time standard.

**WAIT TIMES**

- **Q1 83.5%**
- **Q2 84.2%**
- **Q3 85.0%**
- **Q4 85.0%**

**WAIT TIME AT CLINIC**

- **Q1 82.7%**
- **Q2 83.5%**
- **Q3 84.5%**
- **Q4 85.0%**

**INFORMATION ABOUT DELAYS**

**PATIENTS’ WAIT TIME PERCEPTIONS**

**THE ART OF COMMUNICATING WITH PATIENTS**

- **152 physicians** participated in training.

**PATIENTS’ OVERALL SATISFACTION WITH PHYSICIANS**

- **Q1 89.8%**
- **Q2 90.0%**
- **Q3 90.5%**
- **Q4 90.7%**

What SMN Physicians Say About ACP:

“I absolutely recommend this for all doctors. I truly feel this has helped me focus on my patients. I would attend again.”

“Because of this course, I can honestly say that I enjoy my practice more.”

Doctors learn ways to maximize

- Agenda Setting
- Empathy
- Shared Decision Making
SMN Patient’s Choice Awards:
Doctors Making Personal Connections

The SMN’s nearly 5,000 physicians strive to provide patients the best possible care experience.

The 2013 SMN Patient’s Choice Award recognized two physicians in each region—one primary care and one specialist—whose patients reported consistently high satisfaction with their care and their overall experience in the Care Provider sections of the 2012 Press Ganey surveys.

2013 WINNERS

CENTRAL VALLEY REGION
Yvonne J. Brouard, M.D., Pediatrics, Gould Medical Group
Leslie Sackschewsky, M.D., OB/GYN, Gould Medical Group

PENINSULA COASTAL REGION
Karen G. Harrington, M.D., Family Medicine, Palo Alto Foundation Medical Group
Kristin Razzeca, M.D., Infectious Diseases, Palo Alto Foundation Medical Group

SACRAMENTO SIERRA REGION
Matthew W. Guile, M.D., Obstetrics/Gynecology, Sutter Medical Group
Beth Ward, M.D., Pediatrics, Sutter Medical Group

WEST BAY REGION
Thomas A. Neal, M.D., Family Medicine, Sutter Medical Group of the Redwoods
Garrett A. Smith, M.D., Medical Oncology, Brown & Toland Physicians

EAST BAY REGION
Sarah C. Handelsman, M.D., Pediatrics, Brown & Toland Physicians
Peter Schneider, M.D., Urology, Brown & Toland Physicians
2013 WINNERS

CENTRAL VALLEY REGION
Yvonne J. Brouard, M.D., Pediatrics, Gould Medical Group
Leslie Sackschewsky, M.D., OB/GYN, Gould Medical Group

PENINSULA COASTAL REGION
Karen G. Harrington, M.D., Family Medicine, Palo Alto Foundation Medical Group
Kristin Razzeca, M.D., Infectious Diseases, Palo Alto Foundation Medical Group

SACRAMENTO SIERRA REGION
Matthew W. Guile, M.D., Obstetrics/Gynecology, Sutter Medical Group
Beth Ward, M.D., Pediatrics, Sutter Medical Group

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Garrett A. Smith, M.D., Medical Oncology, Brown & Toland Physicians

EAST BAY REGION
Sarah C. Handelsman, M.D., Pediatrics, Brown & Toland Physicians
Peter Schneider, M.D., Urology, Brown & Toland Physicians

Mark Daniel Cook, M.D.
Family Medicine, Sutter Gould Medical Foundation’s Community Provider Network
SMN Quality Care Award Winner, 2013

“Dr. Cook has been the most wonderful doctor I have ever had. He is always available and helpful, not to mention warm-hearted and courteous.” — a Sutter Gould Community Provider Network patient

Garrett Smith, M.D., Brown & Toland Physicians
Today’s consumers factor cost into their health care decisions, weighing their options with an eye on value. Patients want to know that they are choosing quality, affordable care, and payers rely heavily on both quality and cost metrics to calculate reimbursement.

This makes transparency about what it costs to deliver health care services increasingly important and the SMN’s focus on achieving quality and affordability targets imperative.

The SMN supports doctors and care teams in analyzing variation in care delivery in order to provide high-quality care in a way that can result in lower costs for both patients and payers.
Reducing Clinical Variation

Clinicians are often surprised by how much variation exists between their evaluation and treatment patterns of patients and those of their colleagues. With their patients in mind, clinicians in medical groups across the Sutter Health system are partnering to reduce unnecessary discrepancies in care. In doing so, they not only achieve the delivery of consistent quality, but also reduce the total cost of care.

Last year, the number of active variation reduction projects throughout the system increased, as did the sophistication of clinicians’ efforts. Teams addressed more than 250 projects on a wide variety of topics, from the appropriate use of skin testing to use of imaging in the evaluation of abdominal pain.

Variation Reduction Progress in 2013

• 98,069 patients attributed to variation reduction projects
• 704 clinicians participated in variation reduction projects

Helping Patients make Important Treatment Decisions

According to a recent study, most Californians (nearly 80 percent) want to plan with their doctor for the care they will receive should they become seriously ill. However, only 7 percent of Californians have done this. In addition, research suggests that Advance Directives (AD) can be associated with lower levels of Medicare spending.

1 California Healthcare Foundation, Final Chapter: Californians’ Attitudes and Experiences with Death and Dying, February 2012.
Last year, clinicians at East Bay Physicians Medical Group’s (EBPMG) Primary Care Department decided to look at their own data related to conversations with patients about their wishes for treatment in the event of serious illness. They found that only 12 percent of their patients age 65 and over had an AD or Physician Orders for Life Sustaining Treatment (POLST) scanned into Sutter Health’s electronic health record (EHR), and there was considerable variation among clinicians.

EBPMG Primary Care Chief Dr. Malaika Stoll facilitated a discussion in her department about how to best help patients make advanced-illness treatment decisions. The department decided to launch a variation reduction project aimed at increasing the number of patients age 65 and over with an AD or POLST form saved in the EHR.

“It’s an important project,” Dr. Stoll says. “We’re improving care for patients, providing a service that they desire, and at the same time reducing total cost of care.”

The clinicians shared their unblinded data related to these goals with each other and discussed how best to engage patients in conversations about advanced-illness treatment during a typical 15 minute primary care visit.

Since the project launched, the number of EBPMG patients age 65 and over with an AD or POLST scanned into the EHR has nearly doubled, from 12 to 22 percent. Upon hearing about EBPMG’s success, clinicians at other Sutter medical groups have taken on this project, as well.

The team identified three goals for their project:

• Achieve a statistically significant increase in the percentage of patients age 65 and over with evidence of discussion in the EHR about advanced-illness treatment decisions
• Achieve a statistically significant increase in the percentage of patients age 65 and over with scanned documentation in the EHR of advanced-illness treatment decisions
• Achieve a statistically significant increase in the percentage of patients age 65 and over with a POLST or AD scanned into the EHR
CASE STUDY

Use of Throat Cultures and Rapid Strep in the Diagnosis of Acute Pharyngitis

**Palo Alto Medical Foundation - Urgent Care Department**
Variation Reduction Urgent Care Project Leads: Nichola Carpendale, M.D., Kathy Corby, M.D., Lisa Lam, M.D., ThanhAn (Viviane) Nguyen, M.D.
Variation Reduction Champion: Laura Holmes, M.D.

**Background.** Clinicians in Palo Alto Medical Foundation's (PAMF) Urgent Care Department identified variation in the use of rapid strep and throat cultures in the diagnosis of acute pharyngitis.

**Opportunity.** Throat cultures are not recommended for the routine primary evaluation of adults with pharyngitis, nor for the confirmation of negative rapid antigen tests. Clinicians saw an opportunity to avoid these tests for patients with pharyngitis.

**Goal Statement.** Provide appropriate screening for patients with acute pharyngitis, in accordance with the Centers for Disease Control’s (CDC) guidelines.

**Objective.** Apply the CDC’s GetSmart Campaign standard, which recommends avoiding rapid strep and throat cultures for patients with none or only one of the following criteria: (1) history of fever, (2) tonsillar exudates, (3) no cough, and (4) tender anterior cervical lymphadenopathy (lymphadenitis).

**Benefits**
- Decreases unwarranted testing
- Aligns with CDC guidelines
- Decreases costs for the patient
**Metrics.** The primary metric is the change by culture volume, the number of rapid strep tests and confirmatory cultures. From the start of the project to December 2013, the volume of confirmatory throat cultures decreased by 1 percent—significant when applied to 40,000 people. The balance measure is the increase in the number of peritonsillar abscesses. The rate of peritonsillar abscess decreased from 0.008 percent to 0.006 percent of all pharyngitis cases.
CASE STUDY

Appropriate Use of Imaging in the Evaluation of Abdominal Pain

Gould Medical Group - Urgent Care Division
Department Project Leads: Ton Ngo, M.D. and Gary Misslbeck, M.D.
Variation Reduction Champion: Ken Phenow, M.D.

Background. Urgent care clinicians at Gould Medical Group found significant variation in their use of imaging for patients who presented with abdominal pain.

- At the start of the project, 49 percent of patients who complained of abdominal pain received imaging studies (x-ray or CT scan).
- Clinicians regularly ordered images for abdominal pain between 27 and 73 percent of the time. The clinicians were unaware of the variation, and each assumed they were doing the right thing.
- There are no clear national recommendations for use of imaging with evaluation of abdominal pain.

Opportunity. Unnecessary imaging results in radiation, as well as unneeded additional costs to the patient and the health care system. Clinicians saw an opportunity to understand why there was such variation in the ordering of studies for abdominal pain.

Goal Statement. Reduce the rate of imaging studies ordered for patients with abdominal pain by a statistically significant amount—as measured by Sutter’s EHR ordering rate—without any adverse impact to the patient (e.g., increase in the rate of hospital or emergency department admissions within seven days of the urgent care visit).

Benefits
- Results in appropriate evaluation and treatment of patients with abdominal pain
- Reduces patient exposure to radiation
- Reduces costs to patient and to the health care system

Action. We shared unblinded data with the clinicians, giving them feedback about their rate of ordering imaging tests compared to their peers. The discussion that followed led to the collective adoption of a new standard.
The group average rate of ordering images was 49%. This was reduced to 40% after the project.

**Metrics.** The primary metric is the percentage of patients who complained of abdominal pain who had an x-ray or CT scan study completed. Before the project started, 49 percent of patients received an imaging study. After the project began, 40 percent of patients received an imaging study. The cost measure tracked the approximate costs avoided when imaging studies were not done. To be sure that the decrease in use of imaging studies was not harmful to the patient, clinicians also monitored patient hospital and emergency room admissions within seven days of the patient’s visit to Urgent Care.
Bringing Value to Our Patients: Quality

The SMN collects and analyzes specific data on many measures and helps physicians individually and collectively meet performance targets on quality measures key to becoming a clinically integrated network. This focus on quality often leads to new approaches that also make care more affordable.

A collective physician network allows the SMN to:

- coordinate care to meet our patients’ needs
  find ways to reduce clinical variation

- measure and track our performance—at the individual, organization, and network level

- meet payer and patient demand for quality transparency

- provide patients the best possible care
Increasingly, quality measurement programs are expanding from pay-for-performance on quality only to include pay-for-value. Pay-for-value incorporates total cost of care and underlying utilization measures in performance measurement and incentive payments.

The Centers for Medicare and Medicaid Services, through the Physician Quality Reporting System (PQRS), adds value-based payments beginning in 2015, using 2013 data. Results for PQRS among Sutter Health’s five medical foundations in 2012 show:

**Hospital Admissions for Ambulatory Sensitive Conditions**

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>Acute Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Four medical foundations were more favorable than the national average, and three rated better than the high-quality threshold</td>
<td>• All five medical foundations were more favorable than the national average, and one rated above the high-quality threshold</td>
</tr>
<tr>
<td>• No foundations were below the low-quality threshold</td>
<td></td>
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**Total Per Capita Costs of Patient Care**

All five medical foundations had lower costs than the national average.

**Per Capita Costs of Patients with Chronic Conditions**

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Coronary Artery Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All five medical foundations were better than average, and one rated better than the low-cost threshold</td>
<td>• Four medical foundations were better than average</td>
</tr>
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<table>
<thead>
<tr>
<th>COPD</th>
<th>Heart Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Three medical foundations were better than average, with two better than the low-cost threshold</td>
<td>• All five medical foundations were better than average, and one rated better than the low-cost threshold</td>
</tr>
</tbody>
</table>
In 2013, we measured quality through a total of 33 clinical measures and four measures shared between the ambulatory and acute care settings. Paying close attention to these 37 measures not only allows us to improve our performance, it also strengthens doctor-patient relationships and provides us the opportunity to focus on the whole person. It allows us to take preventive steps that help keep our patients well.

**What the SMN Did in 2013 to Improve Quality**

- Worked to further align Sutter’s electronic health record system with quality measurement by identifying new and enhanced decision support tools
- Continued to track four shared measures, crossing inpatient and outpatient settings
- Awarded 15 physicians the SMN Quality Care Award—a new award that identifies physicians in the areas of Internal Medicine, Family Medicine and Pediatrics with the top quality scores in their region

**Partnering in Prevention**

Made up of practicing physicians, the SMN’s Health Maintenance Committee helps doctors partner with patients by overseeing the creation each year of materials that can complement clinicians’ health maintenance conversations with their patients.

In 2013 care centers throughout the network communicated with their patients about the importance of health screenings, using 74,000 brochures, 3,000 posters and 3,500 wall charts produced by the committee.

The SMN also shared health maintenance recommendations with patients via:

- Phone outreach
- My Health Online email reminders
- Patient mailers
- Sutter Health’s website, sutterhealth.org

"Dr. Harrington knows her patients and remembers what is going on in their lives. She is the best doctor I ever had!" —a Palo Alto Foundation Medical Group patient

Karen G. Harrington, M.D.
Family Medicine, Palo Alto Foundation Medical Group
SMN Patient’s Choice Award Winner, 2013
A Snapshot of Clinical Quality Metrics

As a medical network, we strive for continual improvement in delivering on our commitment for the highest possible quality care. To best understand how we’re delivering on that promise, the SMN tracks performance at the physician level, organization level, and collectively at the medical network level. The data are tracked to the physician level so leaders, doctors and care teams can identify and share successes and focus on areas for improvement.

In 2013 the SMN tracked performance in 33 clinical quality measures. Of those, 26 measures can be compared year over year at the overall medical network level. At right, the SMN’s overall performance in these 26 measures is shown, comparing data from measurement years 2012 and 2013.

In addition, the SMN tracks year-over-year performance based on industry level benchmarks for 2012 from the Integrated Healthcare Association (IHA) P4P Program in California. IHA data are publicly reported on the OPA (Office of the Patient Advocate) website.
In 2013, the SMN tracked the performance of 33 clinical quality measures. Of those, 26 measures can be compared year-over-year at the overall medical network level.

For 8 commercial quality measures, SMN’s 2013 performance was equal to or above the 2012 SMN result.

For the remaining 10 commercial quality measures, SMN’s 2013 performance saw little to no improvement: performance shortfall year over year is less than 5 percent.

For 3 Medicare quality measures, SMN’s 2013 performance was equal to or above the 2012 result.

For 2 Medicare quality measures, SMN’s 2013 performance saw little to no improvement: performance shortfall year over year is less than 5 percent.

For 2 Medicare quality measures, SMN’s 2013 performance saw no improvement: performance shortfall year over year is 5 percent or more.

The SMN’s 2013 performance for generic prescribing was equal to or above the 2012 SMN result.

The SMN also tracks year-over-year performance based on industry level benchmarks for 2012 from the Integrated Healthcare Association (IHA) P4P program in California.

- For 1 commercial quality measure, SMN’s 2013 performance was at or above the ninetieth percentile.
- The remaining 17 commercial quality measures were between the fiftieth and ninetieth percentiles.
- For 3 Medicare quality measures, SMN’s 2013 performance was below the fiftieth percentile.
- The other 4 Medicare quality measures were between the fiftieth and ninetieth percentiles.
- For generic prescribing, performance was between the fiftieth and ninetieth percentiles.

### Commercial Quality Measures

- Adolescent Immunizations-Tdap
- Asthma Medication Ratio
- Avoidance of Antibiotics for Adults with Acute Bronchitis
- Breast Cancer Screening
- Cardiovascular Management—LDL Control (<100)
- Cardiovascular Management—LDL Screening
- Childhood Immunizations—Combo
- Colorectal Cancer Screening
- Diabetes—HbA1c Control (<7)
- Diabetes—HbA1c Screening
- Diabetes—LDL Screening
- Diabetes Care—Optimal Diabetes Combo #1
- Evidence-Based Cervical Cancer Screening
- Imaging Studies for Low Back Pain
- Monitoring Patients on Persistent Medications
- Testing Chlamydia
- Testing for Children with Pharyngitis
- Upper Respiratory Infection

### Medicare Quality Measures

- Breast Cancer Screening
- Cardiovascular Management—LDL Screening
- Colorectal Cancer Screening
- Diabetes Care—HbA1c Control (<9)
- Diabetes Care—LDL Control (<100)
- Diabetes Care—LDL Screening
- Diabetes Care—Nephropathy Monitoring

### Other

- Generic Prescribing

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**KEY: Year-Over-Year Performance**

- **SMN Performance Indicators**
  - Performance equal to or above the 2012 SMN result
  - Little to no improvement: Performance shortfall year over year is less than 5 percent
  - No improvement: Performance shortfall year over year is 5 percent or more

**KEY: SMN Performance Compared with IHA Performance Indicators**

- Performance is at or above the 90th percentile
- Performance is between the 50th-90th percentiles
- Performance is below the 50th percentile
Colorectal Cancer Screening for Commercial and Medicare Patients

Current State. Nationwide, estimated new cases from colon and rectal cancer in 2012 equaled 103,170 (colon) and 40,290 (rectal). Colorectal cancer is the second leading cause of cancer death in the United States, but with regular screening, it can be found early, when treatment is most effective.¹

Impact to Health. The American Cancer Society estimated in 2013 that 50,830 people would die from colon and rectal cancers.²

Impact on Costs. Because colorectal cancer is predominantly a disease of middle and old age, the costs related to treatment are likely to increase as the population ages. Hospital admissions for colorectal cancer are expected to double by 2050.³

Sutter Medical Network Performance, 2012-2013. Since 2012, SMN physician organizations have increased the appropriate screening of adults age 50-75 for colorectal cancer by 3 percentage points, or more than 3,000 additional patients screened.

The American Cancer Society estimated in 2013 that 50,830 people would die from colon and rectal cancers. Since 2012, SMN physician organizations have increased the appropriate screening for adults age 50-75 for colorectal cancer by 3 percentage points, or more than 3,000 additional patients screened. 

SMN COLON CANCER SCREENINGS, 2012-2013

Screenings for commercial and Medicare patients saw a drop in the last quarter of 2013, but were still higher than at the start of 2012.
Appropriate Treatment for Children with Pharyngitis

Current State. Commonly seen in children, acute pharyngitis is usually caused by a virus. Only 15 to 30 percent of cases are caused by group A streptococcus bacteria. Pharyngitis is generally over treated with antibiotics.¹

Impact to Health. Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance. To limit bacterial resistance, antigen tests (rapid Strep kits) or culture should be positive before beginning antibiotic treatment.²

Impact on Costs. One in five visits to a pediatric health care provider results in a prescription for an antibiotic, accounting for nearly 50 million antibiotic prescriptions each year in the United States, as well as excessive costs for unnecessary therapy and for health care visits resulting from side effects.³

Sutter Medical Network Performance, 2012-2013. Since 2012, SMN physician organizations have increased the appropriate screening of children age 2-18 diagnosed with pharyngitis by 10 percentage points.

Pediatric antibiotic prescriptions account for nearly **50 million** prescriptions each year in the United States.

**SUTTER MEDICAL NETWORK PERFORMANCE, 2012-2013**

Since 2012, SMN physician organizations have increased the appropriate screening of children age 2-18 diagnosed with pharyngitis by **10 percentage points**.
Recognizing Excellence:
SMN’s Quality Care Awards

The SMN Quality Care Award recognizes three primary care physicians in each region—one family medicine physician, one internal medicine physician, and one pediatrician—with the highest overall Quality Pay for Performance (P4P) scores on 20 measures, compared to all other eligible clinicians in his or her region.

CENTRAL VALLEY REGION
Mark Daniel Cook, M.D., Family Medicine, Sutter Gould Medical Foundation’s Community Provider Network
Mita Gordo, M.D., Internal Medicine, Gould Medical Group
Alberto Cajigas, M.D., Pediatrics, Gould Medical Group

EAST BAY REGION
Samantha Malm, M.D., Family Medicine, East Bay Physicians Medical Group
Jeffrey Burack, M.D., Internal Medicine, Brown & Toland Physicians
Olivia Lang, M.D., Pediatrics, Brown & Toland Physicians

PENINSULA COASTAL REGION
Amy Culver, M.D., Family Medicine, Palo Alto Medical Foundation Medical Group
Victoria Kaufmann, M.D., Internal Medicine, Palo Alto Medical Foundation Medical Group
Kenneth Rosenbaum, M.D., Pediatrics, Palo Alto Medical Foundation–Mills Peninsula Division

SACRAMENTO SIERRA REGION
Zoe Berna, M.D., Family Medicine, Sutter Medical Group
Kandeel Judge, M.D., Internal Medicine, Sutter Medical Group
Patricia Tansey, M.D., Pediatrics, Sutter Medical Group

WEST BAY REGION
Ana Pacheco-Clark, M.D., Family Medicine, Sutter Medical Group of the Redwoods
Kenneth Murachanian, M.D., Internal Medicine, Sutter Medical Group of the Redwoods
Sonja J.F. Huie, M.D., Pediatrics, Brown & Toland Physicians

“Dr. Malm is dedicated to her patients and goes out of her way to make sure their needs are met.”
—Louis Wu, M.D., East Bay Physicians Medical Group Medical Director/Chief Medical Officer
Physicians Focus on Documentation to Improve Patient Care

In 2011, Medicare introduced an annual wellness visit, free to patients as part of the Affordable Care Act. During the visit, physicians have the opportunity to perform a comprehensive health assessment to identify and document existing and new conditions.

Led by Sutter Health West Bay Region Vice President and Chief Medical Officer Kelvin Lam, M.D., the SMN’s Risk Adjustment Factor team supports affiliates by providing tools, resources and strategies to help them identify, document and code Medicare Advantage patients’ chronic conditions.

Proper documentation during annual wellness visits ensures Sutter Health receives appropriate reimbursement for the complexity of the care clinicians provide. What’s more, it allows providers to take a holistic view of a patient’s health.

“Appropriate coding allows us to see with fresh eyes what has been quietly standing by,” says Palo Alto Medical Foundation Associate Medical Director Suzanne Pertsch, M.D. “When studied carefully, our patients’ medical records tell a very detailed story of the impact even mild disease imparts on a patient’s life.”

This isn’t just an ambulatory care issue, adds Dr. Lam. Clinicians in hospitals and other care settings access our Sutter electronic health record, and use the documentation to inform their treatment plans.

“Proper documentation and coding allows us to provide the appropriate care in all settings in which we see the patient,” Dr. Lam says.
Focus on Generic Prescribing

Current State. From headaches to heart disease, millions of Americans depend on generic drugs to treat their medical conditions. They represent 69 percent of the total prescriptions dispensed in the United States.\(^1\)

The Food and Drug Administration (FDA) rigorously tests generics and must prove that they are the same medicine with the same active ingredient, strength and dosage as their brand-name counterparts.\(^2\)

Impact to Health. The high cost of brand-name drugs may lead patients to take their prescribed medications inappropriately. A recent study found that nearly 25 percent of patients said they stopped taking a medicine because it was too expensive.\(^3\)

Impact on Costs. Generic drugs continue to be one of the few areas health care consumers can count on for health savings. On average, the cost of a generic drug is 80 to 85 percent lower than the brand name drug.\(^4\) And over the last decade, generics have saved commercial third-party payers $552 billion, with future savings expected to accumulate at an increasing rate.\(^5\)

\(^1\) Generic Pharmaceutical Association, Facts at a Glance.
\(^2\) Generic Pharmaceutical Association, http://www.gphaonline.org/about/generic-medicines/
\(^3\) Prescription Solutions, “New survey: More than half of Americans do not take prescription medicines as instructed, pointing to growing public health problem.” Diabetes Week, November 23, 2009, 212.
\(^4\) US Food and Drug Administration/Facts About Generic Drugs.
of the total prescriptions dispensed in the United States are generic drugs.\textsuperscript{1}

of patients said they stopped taking a medicine because it was too expensive.\textsuperscript{3}

CURRENT STATE

69%

IMPACT ON HEALTH

25%

IHA CA STATEWIDE AVERAGE 2012

80.6%

SUTTER MEDICAL NETWORK’S GENERIC PRESCRIBING RATE

76.0%

SUTTER MEDICAL NETWORK’S GENERIC PRESCRIBING RATE

77.2%

IHA CA STATEWIDE AVERAGE 2011

82.1%

In the last quarters of both 2012 and 2013, Sutter Health’s rate was higher than the IHA statewide average.
Bringing Value to Our Physicians and Patients:
Technology

When health care providers have the tools to access complete and accurate patient data electronically, patients receive better medical care. Electronic health records (EHRs) can improve physicians’ ability to diagnose diseases and reduce—and even prevent—medical errors, improving patient outcomes.¹

The SMN partners with physician organizations to expand EHR connectivity across our network and provide community physicians access to important patient data. In doing so, we uphold our mission of collectively improving quality, service and affordability.

“Our goal is not to reinvent the wheel, but to identify best practices and leverage them across the system.”
— EHR Ambulatory Physician Director Steven Lane, M.D., MPH

Sutter’s Electronic Health Record: Facilitating Care Coordination

Sutter Health’s EHR gives clinicians access to the information they need to provide patients and their families higher quality, more convenient and coordinated care. It also helps reduce variation in clinical practice and operations, which is critical to ensuring patient safety, service and affordability.

Hospitals across Sutter Health continue a large-scale implementation of the same Sutter EHR used in care centers, making record sharing easier between inpatient and outpatient settings. Seventeen of Sutter Health’s acute care facilities have implemented this technology.

Sutter EHR Continuous Improvement Efforts
The work doesn’t stop after a medical group goes live on the EHR. Physician champions throughout the network continuously work to improve and optimize the system and user proficiency.

Sutter Medical Group, for example, has 28 clinician mentors, each of whom helps between five and 40 doctors with “at the elbow” user support to help them become more efficient users of the system. And at Palo Alto Medical Foundation, champions developed alternatives to slogging through lengthy training manuals, including a Wiki tool and video tutorials for training physicians.

Champions share best-practice efforts like these with their peers, leading to an optimized experience for all Sutter-affiliated clinicians.

“We’re piloting changes at a local level and then moving them out to the rest of system,” says EHR Ambulatory Physician Director Steven Lane, M.D., MPH. “Our goal is not to reinvent the wheel, but to identify best practices and leverage them across the system.”
SutterLink: Providing Independent Doctors Access to Important Patient Data

Sutter Health’s SutterLink gives community providers and their teams access to view-only, decision-making data. The application provides secure, remote access to the Sutter EHR.

Clinicians can view, among other things: problem lists, patient encounter notes, lab results and referrals. They can also order, review and cancel lab and radiology tests at Sutter-affiliated facilities, submit new referrals and share results with patients using My Health Online. In 2013, nearly 5,000 physicians and team members used SutterLink to access data—a 50 percent increase over 2012.

Sutter Community Connect: Expanding Electronic Health Record Connectivity

To extend electronic health record connectivity to community physicians, in 2011, Sutter-affiliated hospitals introduced Sutter Community Connect (SCC), an EHR option for independent doctors. SCC is the same robust EHR used in Sutter medical foundations and hospitals, with slight modifications for independent practices.

SCC’s extensive education and support programs help medical practices understand and plan for the ICD-10 transition, e-prescribing and the next stages of Meaningful Use.

As of the end of 2013, more than 339 providers in 135 practices across all five Sutter Health regions had implemented SCC.

“We love Sutter Community Connect. It integrates us with a variety of outside labs and gives us insight into the care our patients receive outside our office.”
—Anupama Bhat, M.D., Rheumatologist, Sutter Independent Physicians

“Dr. Tansey is wonderful (truly amazing actually!) and I’ve already referred friends to her!”
—a Sutter Medical Group patient

Patricia Tansey, M.D.
Pediatrics, Sutter Medical Group
SMN Quality Care Award Winner, 2013
Giving Patients Anytime Access to Their Health Information

New and existing patients continue to express high satisfaction with Sutter Health’s online services. Through My Health Online (MHO), nearly half of all adult patients have anytime access to their health records and most lab test results. They also have an easy way to email their care teams, request appointments, pay bills online, and much more.

MHO also sends patients customized health maintenance messages, reminding them to schedule preventive screenings and exams. This can lead to detecting serious illnesses in early stages and supports early intervention.

Partnering Brings Patients Easy Online Health Care Access

When it comes to encouraging patients to sign up for MHO, Sutter Medical Group Family Medicine Physician Zoe Berna, M.D. finds that a team-based approach works best.

At the start of the patient’s appointment, Dr. Berna’s medical assistant checks to see if patients are signed up for MHO. If not, she signs them up right in the exam room.

Dr. Berna follows up by reminding patients that MHO provides online access to lab results. She also encourages them to download the MyChart app, which allows them to quickly access their appointments and test results from a smartphone.

“My Health Online helps save patients and clinicians time and provides an easy way for us to communicate,” Dr. Berna says. “By working together, my staff and I ensure patients understand what a great tool it is, and how easy it is to sign up.”
In 2013, clinicians used My Health Online to:

- Release 3,004,659 lab test results securely
- Deliver 893,076 health reminder messages
- Renew 1,053,015 medication requests
- Reply to 1,418,843 secure e-messages
- Process 359,355 payments

"Dr. Sackschewsky is the best OB-GYN I have had in ages. She is vastly intelligent and has an excellent bedside manner." — a Gould Medical Group patient

Leslie Sackschewsky, M.D.
Obstetrics/Gynecology, Gould Medical Group
SMN Patient’s Choice Award Winner, 2013
Sutter Health’s sickest patients account for much of our health care expenses, preventable hospital admissions and preventable inpatient deaths. Sutter Health’s Case Management Model identifies these patients and helps them with complex case management needs.

The model’s aim is to build on existing programs across the Sutter Health system—such as Palo Alto Medical Foundation’s (PAMF) Champion for Coordinated Care Program—and build on them.

Designed for patients with multiple chronic health conditions, the Champion program seeks to improve self-management by linking them to a team of nurses, coaches, health educators and clinical pharmacists.

Jennifer Lai, M.D., a PAMF internal medicine physician, referred her patient Patricia “Pat” Karns to the Champion program following Pat’s type 2 diabetes diagnosis.

Pat had struggled for years to manage her health. After suffering a stroke, she felt often “defeated,” and unable to summon the momentum to continue making healthy lifestyle changes.

“I tried to do things on my own, but it was difficult,” Pat says.

Edward Yu, M.D., a family medicine physician and medical director of quality at PAMF, says the Champion program is designed to empower patients to better manage their chronic conditions.

“When this happens, patients stay healthy and don’t have to come to us with complications and escalations in their conditions. This frees up physicians to care for other patients,” Dr. Yu says.
For patients who need help setting goals and following their care plans, the program offers health coaching. Pat now meets each week with a coach to set and review her short- and long-term goals, including exercising daily, losing weight and reducing her medications. Together they discuss how she wants to improve her health and where she needs help.

With the encouragement of her coach, Pat began recording her blood sugars, blood pressure and food intake daily. Using a pedometer recommended by the Champion program, she started logging her daily steps, which increased her physical activity each day. After physical therapy sessions to help her regain strength and coordination from her stroke, she also charts her progress—and any frustrations she experiences.

“[My team] has been extremely supportive, and this makes me want to continue,” Pat says, adding that she now feels more comfortable telling Dr. Lai and her other physicians about how she’s feeling emotionally and where she struggles. “I know I can reach out and be understood. I don’t feel judged.”

Dr. Lai praises the program for giving her and her patients invaluable tools and resources.

“Previously, I had limited time during appointments to provide everything that my patients needed,” she says. “Now I can partner with a team to take care of my patients in a more thorough and efficient way. I feel more satisfied knowing my patients are taken care of and their conditions are well managed.”

“I’m really grateful for the program,” Pat says. “It’s empowering for me to see that I can make changes—and that it’s OK to reach out to others to enable those changes. This has been a very freeing experience.”
Applauding SMN Physician Organizations

In its Standards of Excellence Survey, the California Association of Physician Groups honored SMN physician organizations for their care management, patient-centered care, health information technology, accountability and transparency. Survey honorees:

- Brown & Toland Physicians
- Palo Alto Medical Foundation
- Sutter East Bay Medical Foundation
- Sutter Medical Foundation
- Sutter Gould Medical Foundation
- Sutter Pacific Medical Foundation

The Integrated Healthcare Association (IHA) identified six SMN physician organizations that demonstrated the best overall performance on select health care quality, patient experience and information technology measures:

- Sutter Gould Medical Foundation
- Palo Alto Medical Foundation
- Palo Alto Medical Foundation — Mills-Peninsula Division / Mills-Peninsula Medical Group
- Sutter Pacific Medical Foundation — Sutter Medical Group of the Redwoods
- Sutter Medical Foundation — Sutter Medical Group
- Sutter East Bay Medical Foundation

IHA’s most improved winner:

- Sutter Gould Medical Foundation

The California Department of Managed Health Care (DMHC) honored four SMN physician organizations for achieving national 90th percentile ranking on at least one of DMHC’s key Right Care Initiative control measures:

- Palo Alto Medical Foundation
- Palo Alto Medical Foundation — Mills-Peninsula Division / Mills-Peninsula Medical Group
- Sutter Gould Medical Foundation
- Sutter Medical Foundation — Sutter Medical Group