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Western Slope Study Group, Inc.

A Nonprofit Organization

Outcomes Journal

June 2001

Volume 1, Issue 5

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CONFERENCE CALL

October 19 & 20 Adam's Mark
Osteoporosis Convention
Presented by Community Hospital
and Grand Valley Osteoporosis
Coalition

MEDIA WATCH

KAFM Public Radio 88.1fm. 12:00
noon every third week.

Vision Statement

The Western Slope Study Group, (WSSG) is a not-for-profit 501(c)(3) organization whose primary goal is to effect positive change and to correct problems in practice, products, procedures, and systems through education and research.

KADRE Medical Model Research

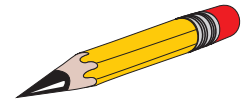
KADRE

1. **Knowledge** = Basic Science + Clinical Experience + Systematic Review, current best evidence, learning, information.
2. **Assimilation** application, which produces: guideline, algorithm development, frame of reference, pathway, logical sequence, clinical decision making
3. **Data** collection, processing. The practitioner utilizes: objective science, recording measurement, statistics, compilation, objective observation, surveys, outcome tools.
4. **Reflection:** true evaluation, data analysis, peer-based analysis, feedback, outcome assessment.
5. **Education:** "best practice", evolution, enlightenment, prognosticators, benchmarks, performance measures, summary. The active learning process feeds back to new **Knowledge**.

According to Webster's dictionary, "knowledge" is the fact or condition of knowing something with familiarity gained through experience or association; acquaintance with or understanding of a science, art or technique. Knowledge applies to facts or ideas acquired by study, investigation, observation, or experience. "Education" is defined as the action or process of teaching or of being taught; the knowledge and development resulting from an educational process. (See Diagram)

(3) Total Hip and Total Knee Replacement Project

The Orthopaedic Cooperative for the Western Slope of the Colorado Rocky Mountains is initiated to develop a best practice model in total joint replacement. Application to joint replacement is a *continued on page 6*



EDITOR'S NOTE FOR JUNE OUTCOMES JOURNAL

WSSG announces a new change in the Outcomes Journal! As of June 2001, the Outcomes Journal will be a quarterly publication, rather than the monthly version we have produced since January. The main reason for this change is that we have become so busy that a monthly publication is too difficult to manage right now. We also feel that a quarterly publication can better serve our medical community in that the time will allow for better research of information and give others an opportunity to participate as well. Our intention is to continue to provide a vehicle through which all of those in our area interested in evidence-based practice and the study of clinical outcomes may communicate and learn from the collaborative effort we see building.

Other announcements:

On May 24th WSSG staff applied for a grant funding opportunity provided by

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**Letter of Intent from:
Western Slope Study Group**

**To:
Agency for Healthcare Research and
Quality (AHRQ)**

**IMPLEMENTATION OF A QUALITY IMPROVEMENT
ORGANIZATION AND DEVELOPMENT OF A CLINICAL
OUTCOMES RESEARCH CENTER.**

Investigator: Michael P. Dohm, M.D.

2356 North 7th Street,
Grand Junction, Co. 81501
970-243-9970 Office
RFA-HS-01-008 Agency for Healthcare Research and Quality
(formerly AHCPR)

I. OVERVIEW: EXECUTIVE SUMMARY

The Western Slope Study Group (WSSG) is a not-for-profit (501 C-3) organization committed to the promotion of evidence-based practice and outcomes research. The commitment is to the investigation and improvement of the delivery of health care through literature review, development of practice algorithm, use of outcomes measures and analysis of data to improve delivery of health care, patient safety, diminish medical errors and promote best practice.

This letter of intent is a request for a grant of \$375,000.00 to fund the development and implementation of a regional quality improvement organization and clinical outcomes center for the western slope of Colorado. We hope to promote a collaboration of allied health professionals, including allopathic, osteopathic and other health care givers in our region in association with St Mary's hospital, Community Hospital, Rocky Mountain HMO and the Mesa County Independent Physician Association. We are following the blue print outlined by Dr. Robert Keller from the Maine Medical Assessment Foundation - who was funded by the Agency for Healthcare Policy and Research by grant #5R18 HS0683, 1991 – 1996 – and evolving from our experience over the last four years in evidence-based practice and outcomes analysis.

In our medical region encompassing over 350,000 people, eastern Utah and western Colorado, which we believe is quite typical of much of health care practice, there is little to no establishment of a peer based systematic process of education and reflection on actual and personalized practitioner health care delivery. WSSG proposes to utilize its experience, resources and leadership to organize and coordinate a community peer-based practitioner Study Group, which would regularly review medical practice, educate each other through dissemination of practice evidence (outcome data) and develop practice guidelines.

Western Slope Study Group's (WSSG) primary goal is to effect positive change and to correct problems in practice, products, procedures, and systems through education and research. WSSG sponsors study groups which provide educational forums for physician discussion to further evaluate best practice and to propagate evidence-based practice. Study groups, patient registries and outcome analysis, presently sponsored by WSSG, diminish physician uncertainty in areas with a wide variance of treatments. WSSG believes that physicians are the natural leaders in developing innovative approaches to improving delivery of health care as well as the reduction of medical errors.

The WSSG was founded in 1997 as a multidisciplinary not-for-profit corporation dedicated to musculoskeletal education and research. WSSG's activities have historically centered on orthopaedics since the founder and director, Michael Dohm, M.D. is an orthopaedic surgeon. However, WSSG has established itself as an attractive program for multidisciplinary participation. Medical journal reviews, known as "Journal Clubs," sponsored and coordinated by WSSG now include: Orthopaedic Surgeons, both M.D. and D.O., physician interns, orthopaedic technicians, physical therapists, chiropractors and family physicians, among others. Local urologists and alternative practitioners, such as naturopaths, have shown interest as well.

Ideally, each journal review group focuses on high volume, high variability and commonly performed procedures specific to the specialty of interest. Past experience shows that when doctors have data about variations of treatment, they can and do address the causes of that variation. Physicians are responsible people who want to practice responsibly.

As the scope of WSSG has broadened, our organization has changed to accommodate this. These changes are in EDUCATION and DATA. Physician education follows involvement in outcome studies, setting benchmarks and performance measures. Data collection is expanding, creating a greater, more comprehensive database of effectiveness according to patient centered outcomes. Data analysis will provide information to assess risk and cost effectiveness of treatments for physicians, patients, and health care providers.

Success of this study would be measured by a positive improvement in a community health outcome, such as the establishment of practice-wide depression screening guidelines or improved osteoporosis management as documented by adherence to the

National Osteoporosis Foundation guidelines or establishment of a reliable and valuable system of orthopaedic data collection and analysis system through a national web-based collection system organized and maintained by WSSG. Physicians from many disciplines will be engaged in study group activities establishing benchmarks for best practice. WSSG will evolve into a center for information regarding evidence-based practice and play a role in improving patient safety. Such improvement will be possible by WSSG's contribution to the creation of a culture that encourages the identification and prevention of errors by offering training and guidance. Physicians and health care professionals will be supported in the establishment of algorithmic methods by using the tools established by the American Academy of Orthopaedic Surgeons (AAOS) and other outcomes tools tailored to specific specialty associations and multidisciplinary networks for our region as well as the nation.

II. A BRIEF DESCRIPTION OF THE PROBLEM WSSG IS ADDRESSING AND HOW WSSG WILL BE A VALUABLE PART OF THE REDUCTION OF MEDICAL ERRORS

In our medical region encompassing over 350,000 people, eastern Utah and western Colorado, which we believe is quite typical of much of health care practice, there is little to no establishment of a peer based systematic process of education and reflection on actual and personalized practitioner health care delivery.

- * The Institute of Medicine (IOM) released a report entitled, *To Err is Human*, which estimated that between 44,000 and 98,000 people die each year in hospitals from medical errors.

- * Errors are inevitable with such wide variations in physician treatments for the same diagnoses based on individual physician preference of what is helpful treatment, rather than scientific data - there is a lack of such scientific data to assess the appropriateness of treatments utilized.

- * The cost of health care is overwhelming - 14% of the GNP.

- * There is a marked discontent among all involved.

a) Physicians have less decision-making ability in their area of expertise but still have responsibility when things go wrong.

b) Managed Care Organizations (MCO) impose their assessment on what is necessary and for what they will pay, often at the expense of effectiveness.

c) Patients, who have the most at stake (their lives and well being) have little control of the care they receive and for which their insurance companies pay.

- * There is no demonstration of the cost effectiveness of many services.

- * There is physician resistance to doctors profiles (which can educate doctors on how their practice style differs from their peers) because they assume these could be used against them by Managed Care Organizations to not reimburse costs or to not contract with them.

A Quality Improvement Foundation is an alternative method of delivering appropriate and cost effective care. WSSG proposes to establish a Quality Improvement Foundation (QIF) to function at a regional and state level. The Western Slope Quality Improvement Foundation (WSQIF) will be an educational resource for physicians and will provide a winning solution for physicians, patients, and MCO's. WSSG believes that the voluntary cooperation and professional commitment of physicians is essential to improving the quality and appropriateness of care. This method preserves the integrity of the patient/doctor relationship and cultivates physicians' cooperation in changing their own behavior.

As a Quality Improvement Foundation we intend to:

1. Complete collection of current research data, including data entry and analysis. WSSG is using Cedaron software which has the ability to perform data analysis by using sorting fields of interest, such as surgeon, codes, employer, work status, individual functional measure, etc. The software includes progress scales such as physical functioning, mental health, treatment expectations, co-morbidities, and more. Data comparisons can be made either singly or conglomerate.

2. Expand the arena of outcomes research. What began as a pilot project for one practitioner in 1996 grew to include 14 practitioners for two orthopaedic practices in 1998. This expanded to currently include orthopaedic providers of the Rocky Mountain HMO and will soon include the Veterans Administration. We are currently working together with Rocky Mountain HMO on a Clinical Depression Registry and considering a patient registry for diabetes and ultimately many chronic diseases. This registry currently includes the patients from sixteen local family physicians. The Veterans Administration has been in negotiations with us and we will soon have most orthopaedic surgeons in western Colorado joining as members. We are hopeful that other disciplines will follow.

3. Use outcome research to change the way decisions are made in questionable cases. The applications of Outcome Research include:

a) Decision analysis to identify strategies most likely to maximize positive outcomes.



b) Shared patient decision making after information is disseminated to patients.

c) Practice guidelines based on Outcomes Research provide strong evidence to make definitive recommendations.

III PRINCIPLE COMPONENTS

A. Physician Involvement: Doctors are invited to participate in outcomes research and assessment studies, to be part of the data to provide a scientific basis for treatment utilization. Most physicians involved in this first step volunteer to be part of the second step, the study groups. The result of this research helps in areas where there is continued disagreement about treatment choices.

B. Availability of financial resources to continue current projects, expand and complete new projects: this is the purpose for our letter of intent to the AHRQ.

C. Methodological expertise: Dr. Michael Dohm, MD, Orthopaedic Surgeon, Director of WSSG, Catherine Welty, MPH, PT and Britt Smith, MSPT all have definitive backgrounds in scientific method, patient care and evidence-based criteria learning. Catherine Welty also holds a master's degree in Public Health from University of Northern Colorado, emphasis in health education.

For over 5 years, WSSG has employed orthopaedic outcome measurement tools developed by the American Academy of Orthopaedic Surgeons in a number of projects studying patient-based functional assessment.

We have established scaffolding for data collection and evaluation and have a forum for discussion and dissemination of this information such that medical practice is evaluated and enhanced.

EXAMPLE: A questionnaire is completed upon the first visit to the physician. (Presently lengthy, but constantly being reviewed to reduce length for efficiency and patient' convenience.)

- * Education of patient
- * Economics: Employment, etc.
- * Detailed description of pain or problem
(anatomical drawings included to pinpoint pain, etc.)
- * How long have they experienced pain?

Many other questions are asked to establish a good background on the patient. This information is then compared to normative data to set a baseline. From that point all other visits to this and other physicians follows the logical sequence based on this early data. Ultimately this data will be measured 1,5,10 and 20 years down the line to follow the long-term outcomes.

D. Dissemination Plan:

Study Groups - Physicians are invited to participate in a confidential educational forum where they can learn how their practice differs from their peers, and the causes of those differences. Most physicians who participate in the outcomes research volunteer to be part of a study group. These physicians then dis-

seminate this information about patterns of care with other physicians. The result has been physicians voluntarily modifying their own practices.

Once physicians are educated about how the model works, they are enthusiastic about how it can help them improve. The physicians themselves have helped to promote and expand the role of the WSSG.

2. Professional Forums

2000: April, WSSG presented a course on evidence-based practice in Denver

2001: February 14, same course presented at American Physical Therapy Association in San Antonio, TX.

2001: March 2, Dr. Dohm presented the program to the annual conference of the AAOS in San Francisco.

2001: May 12th will be the meeting of the western slope chapter of the Western Orthopaedic Association and Dr. Dohm will present again.

3. Monthly Newsletter Publication to interested physicians and healthcare providers on the western slope of Colorado, the Outcomes Journal, established 1-15-01

4. Orthopaedic Cooperative for the Western Slope, established February 2001

5. Journal Clubs for literature review have been ongoing since 1997, meeting regularly every Wednesday evening.

FUNDING:

The WSSG has already created change on the Western Slope. Study groups, patient registries and outcome analysis presently sponsored by WSSG have been successful in disseminating information for quality improvement of health care provider knowledge. We have participated in the development of a DVT prophylaxis pathway in total joint patients at both St Mary's and Community hospitals. We have been fundamental in the development of the Grand Valley Osteoporosis Coalition and are helping to determine our community practice frame of reference for caring for patients with osteoporosis. The patient web site currently in process will create a similar shift for patients by offering them education tools in outcomes research to better enable them to make informed decisions. The data provided by the various studies will give physicians analytical outcomes to enable them to improve their current practice. We have demonstrated our commitment to educational process required for evidence-based practice and to the creation of a culture that encourages the identification and prevention of errors by offering training and guidance. With appropriate funding we anticipate continuing to effect positive change in correcting problems in practice, products, procedures, and systems through expanded education and research.

The University of Colorado School of Medicine and the Colorado Health Outcomes Program Present the 3rd Annual Rocky Mountain...

Evidence-Based Health Care Workshop

August 5-9, 2001
Keystone, Colorado



The Colorado Health Outcomes Program will present the 3rd Rocky Mountain Workshop on How to Practice Evidence-Based Health Care on August 5-9, 2001. This five-day workshop will focus on teaching the basics of, and developing further insights into, the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services.

The practical strategies taught at the EBHC Workshop have been developed over the past 25 years by clinicians, epidemiologists, biostatisticians, health economists and others working together to combine basic scientific principles with common sense. Our workshop faculty includes some of the leading evidence-based health care researchers. Past participants included physicians, nurses, policy makers, physical therapists, medical librarians and educators.

For more information on the **3rd Rocky Mountain Workshop on How to Practice Evidence-Based Health Care**, follow the links through the website <http://www.uchsc.edu/sm/pmb/coho/ebhc2001/home.htm> or contact:

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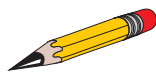
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KADRE: continued from page 1

more easily understood, less complicated use of the KADRE model.

Up to 56 orthopaedists of the Western Slope of the Colorado Rocky Mountains are involved. Each is responsible to consent their own eligible patients and directs the patient-derived survey data through a dedicated office staff person to WSSG.

Paper entry is most reliable but the move is to web-based data entry of estimated 50% utilization within one year of initiation. Data is collected via AAOS developed measurement tools.



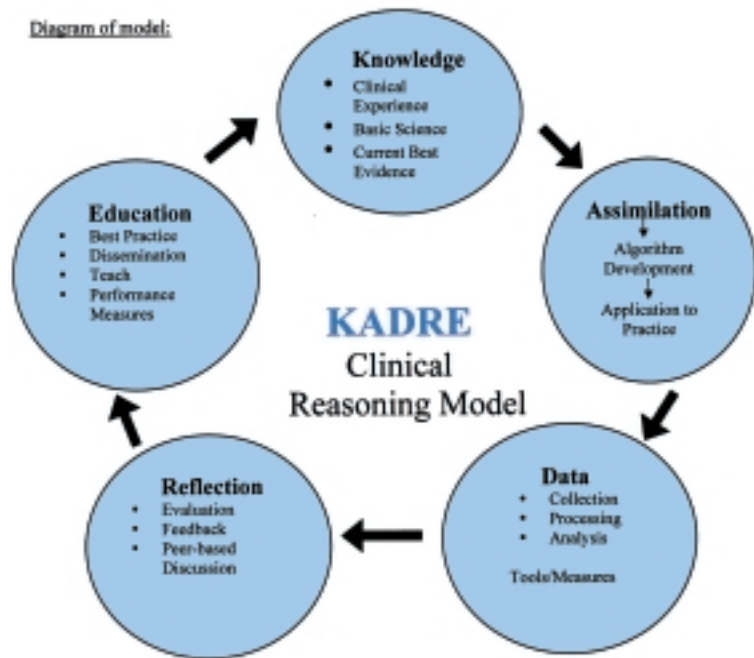
Editor's Notes: continued from page 1

the Agency for Healthcare, Research and Quality, (AHRQ), a division of the National Institute of Health (NIH). This was a significant experience for a number of reasons.

First, it forced us all to seriously reevaluate priorities and matters of importance with respect to our goals and abilities. Dr. Dohm and Cathy Welty created an impressive document as the application required extensive narrative pertaining to a research plan and vision statement, etc. We have provided a brief summary of the KADRE model designed by Dohm and Welty in this edition for your review.

Secondly, we discovered that our staff works well together as a team. We were notified of the opportunity in the last week of April and had until May 10, 2001 to submit a letter of intent. No problem. Now we'd have some breathing room for the

Diagram of model:



actual application. The deadline for the application was set way down the line at May 24th! After a half day or so of hand wringing, waling and gnashing of teeth we got down to business and managed to make the deadline. (With Dr. Dohm and Paul Harshman filling out air bills at Federal Express in the last 15 minutes of air mail time). Success! Piece-a-cake!

Approval will be announced in July to 4 to 7 recipients. We sincerely hope to be one of them. WSSG has established relationships within the AHRQ with Drs. Clancy and Cummings of the Outcomes and Research division of AHRQ and the guidelines for grantees fits WSSG's vision like a glove. If funding is approved WSSG will be well on its way to being a Quality Improvement Organization that will work to help physicians regain control of their practices and methods and to improve patient outcomes for a better quality of life.

Western Slope Study Group, Inc. *thanks our sponsors:*



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