### Health System Scorecard: How Are We Doing?

<table>
<thead>
<tr>
<th></th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Target</th>
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<tbody>
<tr>
<td><strong>Patient Satisfaction</strong></td>
<td></td>
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<tr>
<td>Overall Inpatient</td>
<td>83%</td>
<td>81%</td>
<td>84%</td>
<td>85%</td>
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<tr>
<td>Overall Ambulatory</td>
<td>89%</td>
<td>86%</td>
<td>76%</td>
<td>80%</td>
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<tr>
<td>Overall ED</td>
<td>82%</td>
<td>97%</td>
<td>95%</td>
<td>85%</td>
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<tr>
<td><strong>Financial Success</strong></td>
<td></td>
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<tr>
<td>Adjusted Margin</td>
<td>12.3%</td>
<td>6.2%</td>
<td>8.9%</td>
<td>8.2%</td>
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</tbody>
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**utmb Health**
The 2009 American Reinvestment & Recovery Act (ARRA) includes many measures to modernize our nation’s infrastructure, one of which is the “Health Information Technology for Economic and Clinical Health (HITECH) Act”.

The HITECH Act supports the concept of electronic health records - meaningful use (EHR-MU), an effort led by Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC). HITECH proposes the meaningful use of interoperable electronic health records throughout the United States health care delivery system as a critical national goal.

In addition to a reduction in errors, the increased availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation there are many benefits to Electronic Health Records (EHRs). Most of us have already directly encountered many of the ways in which they provide complete and accurate information and can be easily exchanged between various health care providers. Records are also accessible to our patients through portals such as myChart, enabling them to access electronic copies of their medical records as well as the ability to share information securely. Of equal importance, patients are thereby empowered to take a more active role in their health and in the health of their families.

As the term is most frequently used, Meaningful Use refers to a financial incentive program to encourage health care providers across the country to make the switch from paper to electronic health records (EHRs). Stipulations of the program require providers to show they are using certified EHR technology in ways that can be measured significantly in quality and in quantity (i.e., e-prescribing).

In addition, participating providers must ensure that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care; and that in using certified EHR technology, the provider must submit information on quality of care and other measures.

The concept of meaningful use rests on ‘5 pillars’ of health outcomes policy priorities, namely:

1. Improve quality, safety, efficiency, and reducing health disparities
2. Engage patients and families in their health
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protection for personal health information

To qualify for incentive payments, the following specific meaningful use requirements must be met in the following ways:

- **Medicare EHR Incentive Program**—Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program.

- **Medicaid EHR Incentive Program**—Eligible professionals and eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years.

- **Adopted**: Acquired and installed certified EHR technology. (For example, can show evidence of installation.)

- **Implemented**: Began using certified EHR technology. (For example, provide staff training or data entry of patient demographic information into EHR.)

- **Upgraded**: Expanded existing technology to meet certification requirements. (For example, upgrade to certified EHR technology or add new functionality to meet the definition of certified EHR technology.)
How are we doing at UTMB Health?

To date, successful applications for Meaningful Use Adopt Implement and Upgrade incentive funds from Texas Medicaid have brought $3.5 million to John Sealy Hospital and $2.8 million to our Faculty Group Practice (FGP) in the first four months of FY12. The FGP should receive another $100,000 early in the calendar year. Congratulations to everyone, as we were all part of the important work.

In the coming months, we will need to step up to the larger expectations of Medicare and Medicaid Meaningful Use. The total possible incentive funds are over $3 million. Review of our initial results for the objectives and menu objectives is reassuring that we are on the path to continued success.

However, this success is contingent on the participation and diligence of all our physicians and providers. Remember, FGP incentive funds are earned one eligible provider (EP) at a time - all must be successful for us to maximize our incentive payments to FGP.

Opportunities for improvement:

Initial results reveal the following opportunities for improvement by multiple physicians and providers:

1. **Problem lists.** 80% of all patients seen by an EP must have at least one problem on the master problem list. This issue is particularly prevalent in our pediatric practices. Please make sure that you move “encounter” problems to the master problem list, as appropriate, with every patient visit. If none are appropriate to place on the master problem list, please add “no active problems” to the list.

2. **Smoking status.** 50% of all patients seen by an EP must have smoking status documented, if their age is greater or equal to 13. This issue is particularly prevalent in our pediatric practices. We are working with the health system to make this part of the intake process for our clinics. Please work with your own clinic staff to fulfill this requirement.

3. **Medication reconciliation.** 50% of all patients seen by an EP with a transition of care must have medication reconciliation documented. This issue is particularly prevalent in our adult practices. This can be accomplished by following the documentation processes in Epic and using the “mark as reviewed” button.

4. **After visit summary (AVS).** 50% of all patients seen by an EP must receive an AVS related to the visit within three business days. This is an issue across all segments of our practice. We are working with the health system to standardize this process in our clinics and have the front desk perform this function after scheduling a follow-up appointment. Please fill out the pertinent parts (medications, orders, patient instructions and others) of your Epic notes, and this will information will automatically be pulled into the AVS for your patient.

Thanks for your attention and focus on these issues and for your many contributions to the success of UTMB.
Dr. Angelica S. Robinson appointed to leadership role with statewide Breast Health Collaborative

Dr. Angelica S. Robinson has accepted a role as Director-at-Large for the Gulf Coast Region of the Breast Health Collaborative of Texas. The Breast Health Collaborative is a network of more than 350 nonprofit and corporate organizations and individuals dedicated to improving access to breast health services. Their mission is to educate, advocate, and leverage resources to ensure no Texan goes without breast health care.

The responsibilities of a Director-at-Large include representing and reporting on breast health information, access issues, disparities and needs in their public health service region. There are eight total public health service regions in the state of Texas. UTMB has been a member of the collaborative since it was founded; other academic institutions actively involved with this statewide effort include Baylor College of Medicine and M.D. Anderson Cancer Center.

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**UTMB is on the Journey to Magnet Excellence**

Posters showcasing “Working Wonders for Excellence Everyday”

January 9-16 in Café on the Court

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**Epic Certifications as of December 2011**

Hearty congratulations to the following that have earned Epic application certifications:

- Charlene Adams: Chronicles Install Utilities
- Cheryl Arnold: Single Billing Office Administrator
- Ejay Birkmeyer: Single Billing Office Administrator, Resolute HB Administrator
- Jennifer Butler: Single Billing Office Administrator
- Gretchen Hall: ADT/Prelude Registration
- Sara Jackson: Single Billing Office Administrator
- Laurence Laughlin: Single Billing Office Administrator
- Tammy Leonard: Prelude
- Chris Ligon: ADT/Prelude Registration
- Robin Linton: Single Billing Office Administrator
- Billie McClellan: ADT/Prelude Registration
- Marilyn Moy: Prelude Registration
- Valerie Peterson: Single Billing Office Administrator
- Lynette Pullen: Prelude Registration, Cadence Scheduling
- Beth Quigley: Prelude Registration
- Rajini Rajendran: Clarity ETL Administration
- Randy Shelton: Single Billing Office Administrator
- Kirk Sherer: Resolute PB Administrator, Single Billing Office Administrator
- Cindy Smith: Resolute PB Administrator
- Mary Smith: Single Billing Office Administrator
- Lisa Swackhamer: Single Billing Office Administrator
- Larry Thompson: Prelude
- Karen Welsh: ADT/Prelude Registration, Data Courier Administrator
- BJ Willard: Single Billing Office Administrator
UTMB Health’s Patricia S. Beach, MD and Karen A. Brykczynski, BSN, MSN, DNSc were among twelve faculty members from health institutions within The University of Texas System to have been inducted into The University of Texas Academy of Health Science Education, an organization of distinguished scholars recognized for their teaching excellence.

“These honorees bring their exemplary scholarship to the classroom, the bedside and the laboratory as to enrich health education in Texas,” said Dr. Kenneth I. Shine, UT System executive vice chancellor for health affairs. “We are very proud of their accomplishments.”

Since 2005, more than 100 UT System educators have been inducted into the Academy. Members represent a diverse group of educators from the many disciplines in health science education who fulfill the strict criteria set by the Academy. Among the criteria on which prospective members are judged are: direct teaching; curriculum development; counseling and mentorship; leadership; and educational scholarship and research.

In addition to recognizing and supporting excellence in teaching, the Academy’s goals include encouraging the development and implementation of innovative education projects, promoting curriculum design and reform, providing financial assistance for innovative educational projects and fostering faculty research.

The new members are:

- Patricia S. Beach, MD; UT Medical Branch
- Gregory J. Botz, MD; UT M.D. Anderson Cancer Center
- Karen A. Brykczynski, BSN, MSN, DNSc; UT Medical Branch
- Shine Chang, PhD; UT M.D. Anderson Cancer Center
- Ponciano D. Cruz, Jr., MD; UT Southwestern Medical Center
- Steven Curley, MD; UT M.D. Anderson Cancer Center
- Larry C. Driver, MD; UT M.D. Anderson Cancer Center
- Edward F. Jackson, PhD; UT M.D. Anderson Cancer Center
- Jeffrey E. Janis, MD; UT Southwestern Medical Center
- Glen A. Medellin, MD; UT Health Science Center – San Antonio
- Jerry W. Shay, PhD; UT Southwestern Medical Center
- Patricia L. Starck, DSN, RN; UT Health Science Center – Houston

An induction ceremony for the Academy’s newest members will be held in conjunction with the 8th annual Innovations in Health Science Education Conference on Feb. 23-24 at the J.J. Pickle Research Campus.
“My husband, my kids and I absolutely love, respect and trust Dr. Michael Binder! He’s a great doctor. He talks directly to the kids and asks them questions, too, versus just talking to the parents about the kids’ issues. We have never felt rushed by Dr. Binder, but instead we feel he is giving us all his attention in listening to us! He is patient and explains things in more detail if we don’t understand. I never thought we’d have such a wonderful pediatrician so close to our home.

All of the doctors and nursing staff at Friendswood Pediatrics are also excellent. We love the quiet and calm Dr. Cynthia Judice exudes. She has such great practical advice, too! Not only is she and obviously smart doctor, she is so very pleasant, too! Dr. Crystal Sierra is also very observant, smart and pleasant.

Last, but not least, the support staff is always very polite, helpful and dedicated. This is so different than another Friendswood pediatricians’ office we initially visited. I am so glad I have found our medical home office!”

“An update from our family to you is long overdue. As an infant, our son was life-flighted from Beaumont, Texas to UTMB on February 25, 2005. He had respiratory distress and his lungs had collapsed. When he arrived to your NICU unit, we did not know if he would live.

Since then, we moved from Texas to Florida (could not get enough of the hurricanes). Our son is now six years old. He is in the first grade in Science/Math magnet program and is doing well. In fact, he will be tested next week for the Gifted/Talented program. To think where we started with him to where we are now is overwhelmingly emotional!

We have told his story over and over – and I know that some stories do not turn out like his did. I recognize that the work that you and your staff do is likely quite emotional at times. Thank you so much for the work that you do. Our son is living proof of the importance of this work. Thank you for helping to save a gift that almost slipped out of our lives forever.”

“I would like to thank you and all the NICU staff for all the hard work you have done with my baby. I could truly see that all of you cared about his outcome. I just returned home from Texas not too long ago, and at this time, he is at Yale New Haven Hospital getting weaned of his medications. He should be home for good in a few days.

He will be sent home with the nasogastric tube, and has already been referred to the Birth to Three Program in Connecticut. He was a little overwhelmed by all of his big brothers and sisters, so we have been taking one of his siblings each day to the hospital so they can get to know him. This special time has worked out for all of them and they are so in love with their baby brother. Please know how thankful our family is for the care you have given our son.”

“Edith Ngamga was caring and knowledgeable of her job. This was the BEST nurse I’ve encountered at UTMB.”

“Nurses Rosalyn Ogunkunle and Brittany Green (Gyn/Onc) were very nice and professional. Brittany goes above and beyond with her care and help.”

Other positive mentions:

Minnie Scott, Eric Trout and Jason Sheaffer (Blocker Burn Unit); Tara Bell (CT/Vascular Surgery); Emily Escamilla (ER) and Donna Bertolino (ACE Unit)