

Where we've been...

Diabetes is the sixth leading cause of death by disease in the United States and affects approximately 16 million Americans. Appropriate and timely screening and treatment can significantly reduce the burden of diabetes.

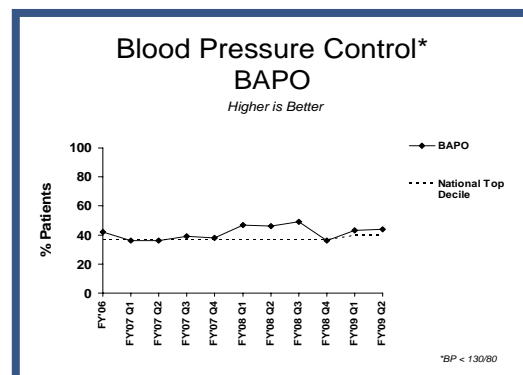
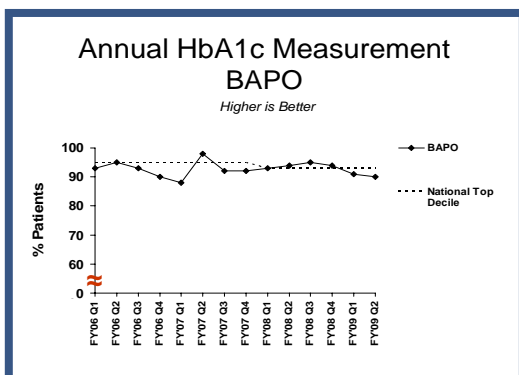
The Diabetes Physician Recognition Program was developed by the National Committee for Quality Assurance's (NCQA) in collaboration with the American Diabetic Association (ADA) to recognize physicians who provide "high quality diabetic care." To date more than 50 BMP physicians have been recognized. Through our partnership with the International Diabetes Center (IDC), we continue to work on continuous improvement in diabetes care in the adult primary care practices. The use of evidence-based clinical decision-making and education helps to reduce morbidity and mortality and to optimize patient self-management.

CIS tools, including diabetes registries, health maintenance, the diabetes flow sheet, and Diabetes Power-Note, have helped to promote improved care. Multidisciplinary staff within the practices all play a role in promoting improved healthcare using technology.

To determine our performance, we monitor key diabetes measures, including HbA1c, LDL, nephropathy assessment and retinal eye exam being performed annually, and blood pressure control. Treatment goals for patients with diabetes include treating to target for optimal control of HbA1c <7, LDL <100, and blood pressure less than 130/80.

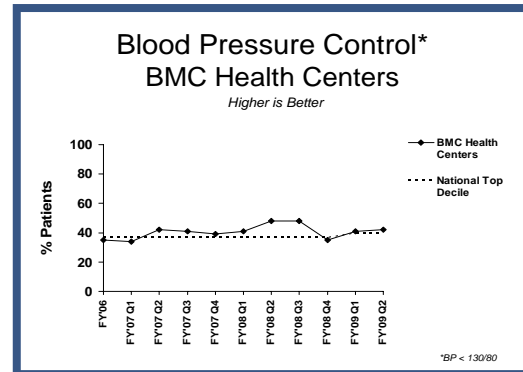
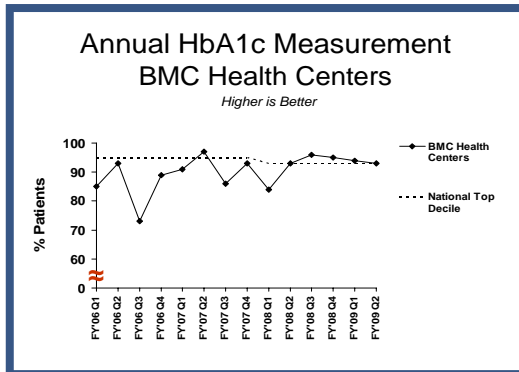
Where we are now...

BAYSTATE AFFILIATED PRACTICE ORGANIZATIONS (BAPO) For FY 2009 YTD, 91% of eligible patients had an HbA1c level measured, 51% of whom were considered to be at target glycemic control (HbA1c < 7.0), compared to the national top decile of 49%. Seventy-five percent had a fasting lipid profile performed, 53% of whom were considered to be in "excellent control" (LDL < 100), compared to the national top decile of 52%. Forty-seven percent of patients had blood pressure at goal of under 130/80. Additionally, 73% had nephropathy assessment performed.

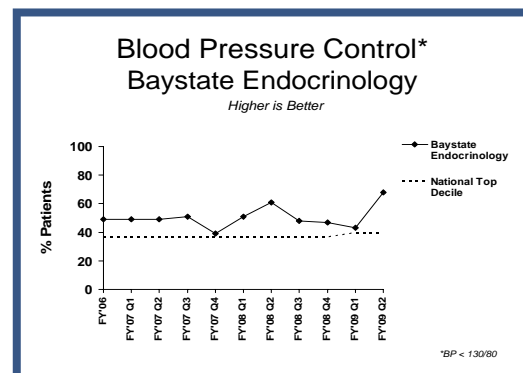
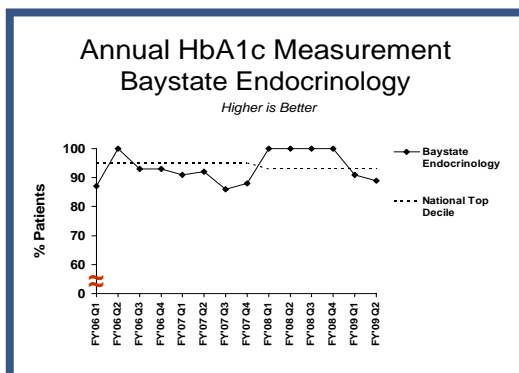


DIABETES MANAGEMENT

BMC HEALTH CENTERS In FY 2009 YTD, 94% of eligible patients had an HbA1c level measured, 30% of whom were considered to be at target glycemic control (HbA1c < 7.0), compared with the national top decile of 49%. Seventy-seven percent had a fasting lipid profile performed, 41% of whom were considered to be in “excellent control” (LDL < 100), compared with the national top decile of 52%. Forty-five percent of patients had blood pressure at goal of under 130/80. Additionally, 75% had nephropathy assessment performed.



BAYSTATE ENDOCRINOLOGY AND DIABETES For FY 2009 YTD, 90% of eligible patients had an HbA1c level measured, 31% of whom were considered to be at target glycemic control (HbA1c < 7.0), compared with the national top decile 49%. Seventy-two percent had a fasting lipid profile performed, 49% of whom were considered to be in “excellent control” (LDL < 100), compared to the national top decile of 52%. Fifty-five percent of patients had blood pressure at goal of under 130/80. Additionally, 79% had nephropathy assessment performed.



Where we are going...

Disease management for chronic conditions is a priority for our system and our communities. BH has demonstrated that through the support and adoption of the Institute of Medicine's Six Aims of Care/STEEEP in building effective and efficient models of care, it underscores our mission to improve the health of people in our communities every day with quality and compassion. Expanded use of CIS and new tools will continue to enhance care to our patients.