



Sharecare Diabetes Solution

Clinical Effectiveness and Successful Outcomes

“Through a combined effort, we achieved higher overall health metrics for our patients with diabetes—including better A1C control and ongoing screening for diabetic neuropathy, nephropathy, and retinopathy. Long-term success includes reduced myocardial infarctions, strokes, dialysis, and ulcers—moving towards true healthcare outcomes as opposed to measurement metrics. With a multidisciplinary team and supportive administration, we exceeded expectations and delivered successful clinical outcomes. Ongoing efforts continue to provide our patients with diabetes the best possible quality of life.”

—Dirk Steinert, MD,
Internal Medicine/Pediatrics and Medical
Director Population Health, Ascension
Columbia St. Mary's Health System

For almost 30 years, Ascension Columbia St. Mary's (CSM) Health System, located in Milwaukee, WI, has partnered with Sharecare (formerly Healthways, Inc), to deliver comprehensive diabetes and glycemic management services to its patients. Sharecare supports the infrastructure in hospitals for improving both clinical outcomes and satisfaction, and obtaining/maintaining quality recognition, while simultaneously increasing revenue and maximizing cost savings. Outpatient diabetes management services are deployed to support the Wisconsin Collaborative for Health Care Quality (WCHQ), the American Diabetes Association of Standards of Medical Care and the National Quality Forum for Optimal Diabetes Care. In addition, the outpatient diabetes self-management education program at CSM has been accredited by the American Association of Diabetes Educators.

WCHQ is a multi-stakeholder, voluntary consortium consisting of Wisconsin healthcare organizations and other healthcare stakeholders in its membership. The members use the performance measures to drive improvement efforts and share best-practices across organizations.¹ WCHQ performance measures were designed using national standards as a guideline to help the prevention or reduction of future diabetes-related complications in Wisconsin.

By uniting claims, clinical and patient data, WCHQ is able to track each member across a sophisticated measure set to evaluate both clinical processes and intermediate outcomes. The WCHQ-endorsed measures for testing, screening and control of adult with diabetes include²: A1C Testing, A1C Control, Blood Pressure Control, Kidney Function Monitoring, Tobacco Status is Tobacco Free and Statin Use.

The WCHQ ranked CSM #1 out of 23 health systems in the diabetes all-or-none process measure for optimal testing. The measurement required patients to meet both goals: two A1C tests performed and one kidney function test during a 12-month reporting period and/or diagnosis and treatment of kidney disease. CSM set the benchmark as the top performer by receiving 77.12% of 7,848 patients meeting the optimal testing requirement with values of 8.0% or below. The A1C level is an indication of average blood glucose control over the last several months and is a strong predictor for diabetes complications. A person without diabetes should have an A1C value around 4.0% to 6.0%. The closer the A1C value is to normal, the lower the risk for developing long-term diabetes complications, such as eye, heart or kidney disease.

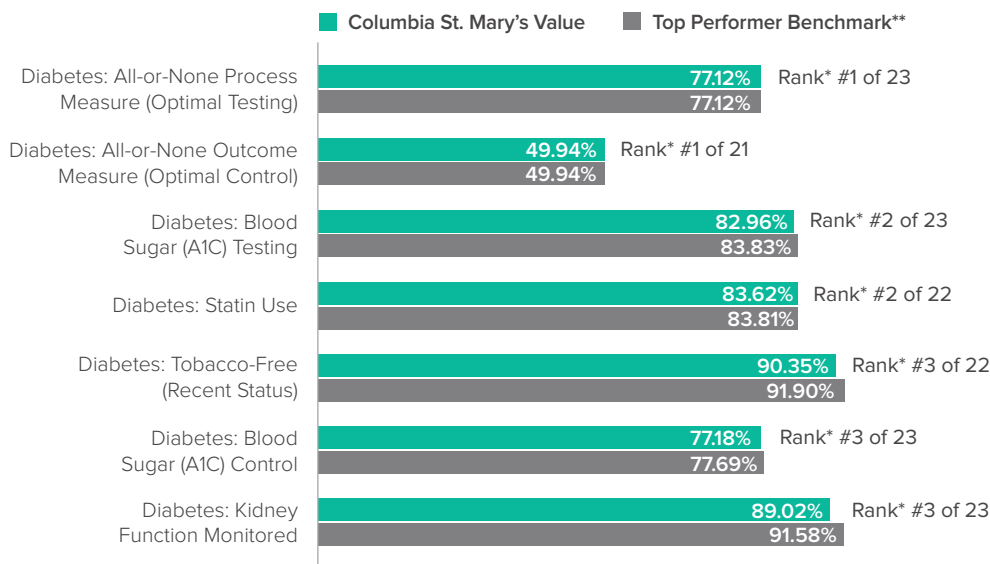
CSM also ranked #1 among 21 health systems in the diabetes all-or-none process measure for optimal control by achieving a value of 49.94% compliance out of 7,848 patients. Bundled requirements included the most recent A1C test result less than 8.0%, most recent blood pressure measurement less than 140/90 mm Hg, tobacco non-user, daily aspirin or antiplatelet for diabetes patient with ischemic vascular disease (IVD) unless contraindicated, statin use for patients 40 through 75 or IVD of any age. WCHQ

participating organizations had to meet all of the requirements to be considered in this category.

Testing the A1C is one of the best ways to understand how different foods, medications and activities affect a patient’s diabetes control over the past several months. With two or more tests, patients met the A1C testing requirement at 82.96% and ranked CSM #2 of 23 health systems. For eligible diabetes patients using statins to control blood cholesterol, CSM ranked #2 of 22 health systems. Below are the complete diabetes-specific chronic care measurements and the associated effectiveness of Columbia St. Mary’s during the Q1-2015 to Q4-2015 reporting period as ranked and valued by WCHQ.

The diabetes program at Columbia St. Mary’s, in partnership with Sharecare, consistently outperforms other health systems within the area. A1C results show CSM has the best A1C control within the Metro-Milwaukee area & southeastern Wisconsin, ranking third in the state. Bundled optimal control requirement ranks CSM as the best in Wisconsin out of 21 health systems. In the process measure for optimal testing, CSM ranks first out of 23 health systems. As a top performer, CSM sets the benchmark for all other health systems in achieving clinical effectiveness and successful outcomes for diabetes care.

Columbia St. Mary’s Health System Diabetes Results— Wisconsin Collaborative for Healthcare Quality



* Rank: Based on "Good Control" for A1C Control and LDL Control measures, and to "Two or More Tests" for Blood Sugar (A1C) Testing.

** Benchmark: Applies to "Good Control" for A1C Control and LDL Control measures, and to "Two or More Tests" for Blood Sugar (A1C) Testing. The default benchmark is the top performer.

¹<http://www.wchq.org/index.php>

²http://www.wchq.org/reporting/measures.php?topic_id=11