

Physicians at Sugar Creek

## **Organization Name:**

Physicians at Sugar Creek

## **Organization Address:**

14023 Southwest Freeway  
Sugar Land, TX 77478  
(281) 325-4100 phone  
[www.sugarcreekphysicians.org](http://www.sugarcreekphysicians.org)

## **Organization Contact:**

David Bauer, MD

## **Schema Archetype**

Outpatient, Multispecialty

## **Schema Factors**

Outpatient, Urban, Office Setting, >10 Providers

## **Organization Summary**

Physicians at Sugar Creek is a family medicine practice affiliated with Memorial Hermann. The practice has over 50 physicians and a PharmD, a dietician, a psychologist, a patient navigator and a licensed counselor on staff. Sugar Creek sees approximately 46,000 patients per year. They also act as a teaching practice and have 14 physicians with faculty appointments and 42 residents spend time at Sugar Creek.

Physicians at Sugar Creek have been recognized by the NCQA as a Patient Centered Medical Home. They have also been recognized by the NCQA for their work improving outcomes for diabetes.

## **IT Environment**

Physicians at Sugar Creek have used GE Centricity since 1998. Memorial Hermann offers some support for the EHR and CDS, but Sugar Creek works essentially independently. They do not share a database with Memorial Hermann, other than administrative such as billing purposes.

Sugar Creek has been able to customize the drug-drug interactions, drug-allergy, and drug-condition alerts that GE Centricity provides. The evidence based knowledge in GE Centricity is updated quarterly so that Sugar Creek has to do little work in terms of updating the evidence behind the alerts.

## **CDS Achievement**

Sugar Creek has called upon a variety of resources to support their robust CDS systems. In particular, they have joined a collaborative known as the Clinical Quality Improvement Collaborative (CQIC) with 25 other practices. They also use the Clinical Content Consortium (CCC) to help in the design and implementation CDS.

By focusing specifically on quality, CQIC has created a much more sophisticated group of prompts than has been available via the vendor CDS systems. They provide both clinical knowledge for updating rules and the rules themselves. For instance, CQIC has provided Sugar Creek with an advanced clinical reminder regarding recommended blood pressure (BP) for diabetics. The BP goals vary for different levels of risk. Further, their reminders may use family history such as cancer to individualize the alerts by level of risk. Medication recommendations are also more individualized.

Working with a collaborative group requires effort by all members. Specialists within the group can help to provide guidelines and knowledge to inform the rules. Within this environment, however, practices do not need to adopt the guidelines decided upon by the collaborative.

Sugar Creek is able to achieve the vast majority of updating CDS without involving the vendor or a programmer. The alerts are text-based and readily incorporated into their system.

These robust alerts provided by CQIC and the alerts from Centricity have helped Sugar Creek to become certified as a PCMH and to achieve improved outcomes for diabetes.

The clinical reminders are also used to help train the residents in the practice and build decision-making skills.

## **Lessons Learned**

It is necessary to have a clinical champion who sees the bigger picture and understands that CDS can't be forced upon user. The clinical champions must take into account both quality improvement and end-user goals.

Sugar Creek rolled out small numbers of alerts at a time so they could aptly judge the user response to each alert.

Belonging to a collaborative group (such as CQIC) can help practices distribute the responsibility of rule building and knowledge management.

Physicians at Sugar Creek

As more structured data from the EMR is used to develop CDS, the alerts and reminders can be better individualized to the patient and better improve guideline compliance, care, and outcomes.

## **Awards, Recognitions, and Citations**

Excellence in Diabetes Care, *Diabetes Recognition Program, National Center for Quality Assurance (NCQA)*

Level 3 Physician Practice Connections – Patient-Centered Medical Home (PPC-PCMH), *NCQA*