

An Inventory of Quality Measures

Presented by
University of Minnesota
For
Minnesota Community Measurement

In collaboration with

Stratis Health
Minnesota Medical Association
Minnesota Hospital Association

Quality Measurement Organizations

- Quality performance measurement has been an organized effort of a number of national organizations representing health care purchasers, consumers, policy decision makers, and providers.
- This is true of MN as well:
 - Minnesota Community Measurement
 - Stratis Health
 - Minnesota Medical Association
 - Minnesota Hospital Association
 - MN Health Plans
 - Buyers Health Care Action Group

National Quality Forum (NQF) National Priorities Partners

- National Partnership for Women and Families
- Consumers Union
- AARP
- AFL-CIO
- National Business Group on Health
- The Leapfrog Group
- Pacific Business Group on Health
- Chamber of Commerce
- Ambulatory Quality Alliance (AQA)
- Hospital Quality Alliance (HQA)
- Quality Alliance Steering Committee
- Alliance for Pediatric Quality
- AMA's Physician Consortium for Performance Improvement (PCPI)
- American Nurses Association
- American Board of Medical Specialties
- National Association of Community Health Centers
- Joint Commission
- National Committee for Quality Assurance (NCQA)
- Certification Commission for Healthcare Information Technology
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services (CMS)
- Agency for Healthcare Research and Quality (AHRQ)
- National Institutes of Health
- National Governors Association
- America's Health Insurance Plans

National Priority Areas for Quality Measurement (Source: NQF)

- *Patient and family engagement* – Engage patients and their families in managing health and making decisions about care
 - Patient experience of care
 - Patient self-management
 - Informed decision making
- *Population health* – Improve the health of the population
 - Healthy lifestyle behaviors
 - Preventive care
 - Community index to assess health status

National Priority Areas for Quality Measurement (Source: NQF)

- *Palliative care* – Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- *Safety* – Improve the safety and reliability of America's health care system
 - Healthcare-associated infections
 - Serious adverse events
 - Mortality

National Priority Areas for Quality Measurement

- *Care coordination* – Ensure patients receive well-coordinated care across all providers, settings, and levels of care
 - Medication reconciliation
 - Preventable hospital readmissions
 - Preventable emergency department visits

National priority areas for quality measurement

- *Overuse* – Eliminate overuse while ensuring the delivery of appropriate care
 - Inappropriate medication use
 - Unnecessary lab tests
 - Unwarranted maternity care interventions
 - Unwarranted diagnostic procedures
 - Unwarranted procedures
 - Unnecessary consultations
 - Preventable emergency department visits and hospitalizations
 - Inappropriate non-palliative services at end of life
 - Potentially harmful preventive services with no benefit

Quality Measures Inventory

- Described the measures and evaluation functionality of the AHRQ's National Quality Measures Clearinghouse (NQMC)
 - Tracks and comprehensively describes and evaluates over 1400 quality measures
 - Powerful searchable data base
 - Continuous updating
 - Public domain
 - Covers most measures in use in Minnesota and all used by Medicare

Quality Measures Inventory

- Identified measures of interest to MN , but are not covered or as detailed in NQMC Examples:
 - Numerous rural hospital measures
 - More detailed home health functional status measures
 - Surgery type detail for Hospital and antibiotic use
 - Some composites of measures used by health plans and MNMCM
- Identified measures in development or in use in Minnesota (large majority in NQMC)
 - Stratis
 - MHA
 - MNMCM
 - BHCAG
 - Health plans

Selected Attributes of Measures

- Unique measure ID and name
- Institute of Medicine aim being addressed
- Name of measure in other measure sets
- Source /Initiative (e.g. NCQA)
- Clinical condition
- Population (age/gender/program/etc.)
- Part of delivery system being measured
- Description of the measure / Relationship to desired health outcome/ Evidence-base

Selected Attributes of Measures

- Domain: (Structure / Process / Outcome / Patient experience/ etc.)
- Data source(s)
- Current use status in US (examples of users and uses / Under development)
- Method for calculating the measure / inclusion and exclusion criteria
- Availability of state or national data that can be used to benchmark

Examples:

- Process measures - Eye exams for people with diabetes (many versions in NQMC), Antibiotic use and surgery
- Outcome measures (intermediate) – HbA1c levels for people with diabetes
- Structure – Clinic has a patient registry to track preventive care, etc.
- Patient experience – Satisfaction with care, Problems with care processes, etc.

THE NATIONAL QUALITY FORUM

Measure Evaluation Criteria

- **Importance to Measure and Report** - Measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance.
- **Scientific Acceptability of Measure Properties** - Measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- **Usability** - Intended audiences can understand the results of the measure and are likely to find them useful for decision making
- **Feasibility** - Required data are readily available without undue burden and can be implemented for performance measurement.

Additional Considerations

- Minimum sample size/ outliers
- Disproportionate distribution of high risk patients and the need for adequate risk adjustment
- Provider performance attribution not commensurate with degree of influence over clinical processes
- Unintended consequences – e.g. Multi-tasking (teaching to the test) or reduced access for the complex patient

Conclusion: MN Opportunities

- Organizations and processes for collaboration among stakeholders
- Community-wide measurement
- Expansion of data sources beyond administrative data