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 MNCM

• Identified measures in development or in use in Minnesota (large majority in NQMC)
  – Stratis
  – MHA
  – MNCM
  – 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