Clinical Quality Measures: Challenges and Opportunities

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History of Clinical Quality Measures (CQMs)

- Historically used by payers as:
  - Measures of community health
  - Build report cards for health plans, hospitals, medical groups and individual physicians
- Based on administrative data such as diagnoses and lab tests done (without results) and billing codes submitted by pharmacies
- Predominately process measures
- Capture was imprecise

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Types of measures

- Process measures
  - What percent of my patients have had an A1c in the past 6 months?
  - Easier to extract from billing data
  - Slow feedback loop if from billing data
- Outcomes measures
  - What percent of my diabetic patients who had an A1c in the past 6 months and the most recent was <8.0?
  - Requires registry or manual chart review
  - Feedback slow

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Increasing Precision

- Non-billing CPT-II, HCPCS and G-codes developed to capture greater detail
- No money was attached little systematic attention was paid to them
- Feedback loop remained slow and imprecise

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Enter Managed Care

- Collected data on Administrative data supplemented with manually entered (or extracted) data
- Now measures became important
  - Affected contracting and the bottom line

Minnesota Community Measurement

- Started as an idea in 2000 to collect comparable data across health systems and report it publicly
- Launched in 2002
- Has had many measures adopted on an national scale

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PQRS (formerly PQRI)

- Physician Quality Reporting Initiative (PQRI) started in 2006 and became the Physician Quality Reporting System (PQRS)
- Though it had an incentive, uptake was variable and became seen as pay for reporting (and not quality)
- Recording the data was out of the normal workflow

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Adoption of EHRs

- Some data became easily retrievable from within the EHRs
  - Problems
  - Medications
  - Lab results
- Process and outcome feedback loop can be rapid or even anticipatory ("This patient is due for an A1c")
- But some were not readily retrieved:
  - Diabetic foot exam
  - A reason a med was not given
- Many quality measures were designed with "chart review" in mind

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Stroke2, NQF 0435: Ischemic stroke - D/C on anti-thrombotics

- Denominator
  - Patients admitted to and discharged from the hospital for inpatient acute care with a Principal Diagnosis Code for ischemic stroke as defined by value set "Joint Commission Ischemic Stroke Value Set"
- Numerator
  - All patients in the denominator prescribed anti-thrombotic therapy at hospital discharge
- Exclusions
  - Age < 18
  - Length of stay >120 days
  - Comfort measures only documented
  - Enrolled in clinical trial
  - Admitted for elective carotid intervention
  - Discharged/transferred to another hospital for inpatient care
  - Left against medical advice or discontinued care
  - Expired
  - Discharged/transferred to a federal healthcare facility
  - Discharged/transferred to hospice
  - A documented reason for not prescribing anti-thrombotic therapy at discharge

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The Many Headed Beast

- Organic need to measure quality led to the creation of quality measures by multiple parties
  - Different definitions of populations
  - Different definition of goals
  - Different methods of reporting
  - Different reporting periods
- Increased reporting burden
- Clouding the focus on what was important with too many foci

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Sustainable Growth Rate (SGR) (Physician Payments)

- Consolidates existing payment incentive programs (PQRS, MU & VBM) into a single Value-Based Performance Incentive Program
  - High-performing professionals would earn payment increases
- Incentivizes care coordination efforts for patients with chronic care needs
- Makes payment data on providers more publicly available
- Requires development of quality measures in close collaboration with physicians

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ONC and CMS

- Harmonizing measures
- Creating standard value sets to define diseases, therapies, interventions and preventative activities
  - A group of codes

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Are we a "Health System" or merely a "Bad Outcomes Prevention System"

- BOPS:
  - Prevent injury
  - Promote best practice in care
  - Identify problems in care and correct
- Health System
  - Promote health
  - Empower patients
  - Leverage community support

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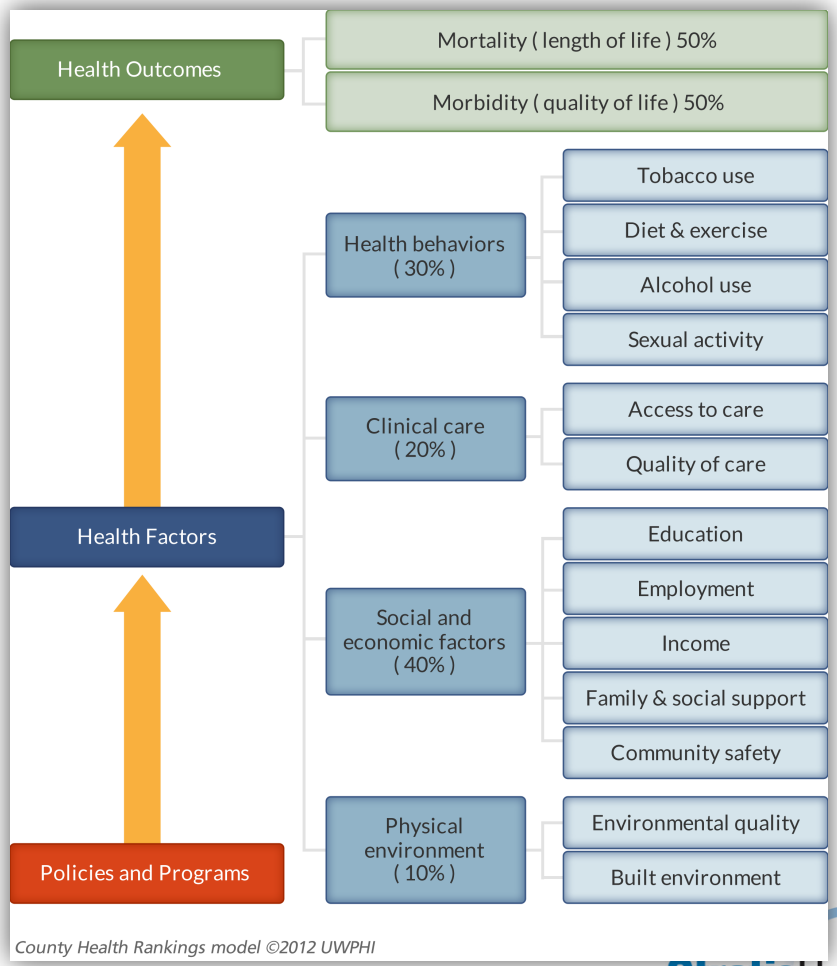
What are the Determinants of Health?

- *County Health Rankings & Roadmaps* program
  - a collaboration between the Robert Wood Johnson Foundation
  - the University of Wisconsin Population Health Institute.
- Much of what influences our health happens outside of the doctor's office



http://www.countyhealthrankings.org/about-project/rankings-background

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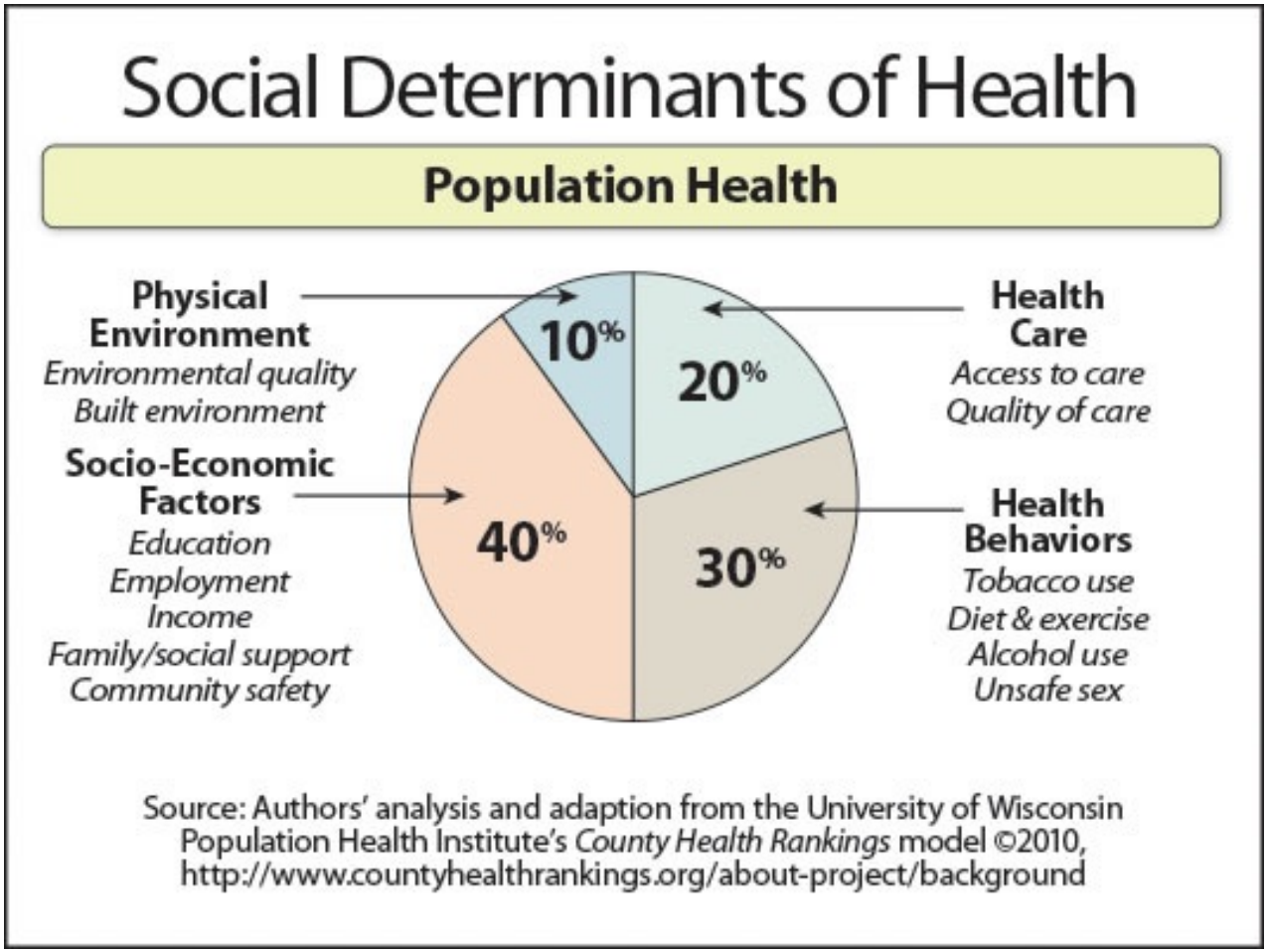
Another way to look at it



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What's Missing?

- Measures of Health
- More measures of outcome
  - Of the 92 2014 EP/EH measures
    - 11 are outcomes measures
    - 81 are process measures
- Measures that take social factors into account:
  - Language
  - Ethnicity
  - Financial status
  - Living situation
- Measures that reflect comprehensive care
- Ability to provide actionable feedback at the point of care

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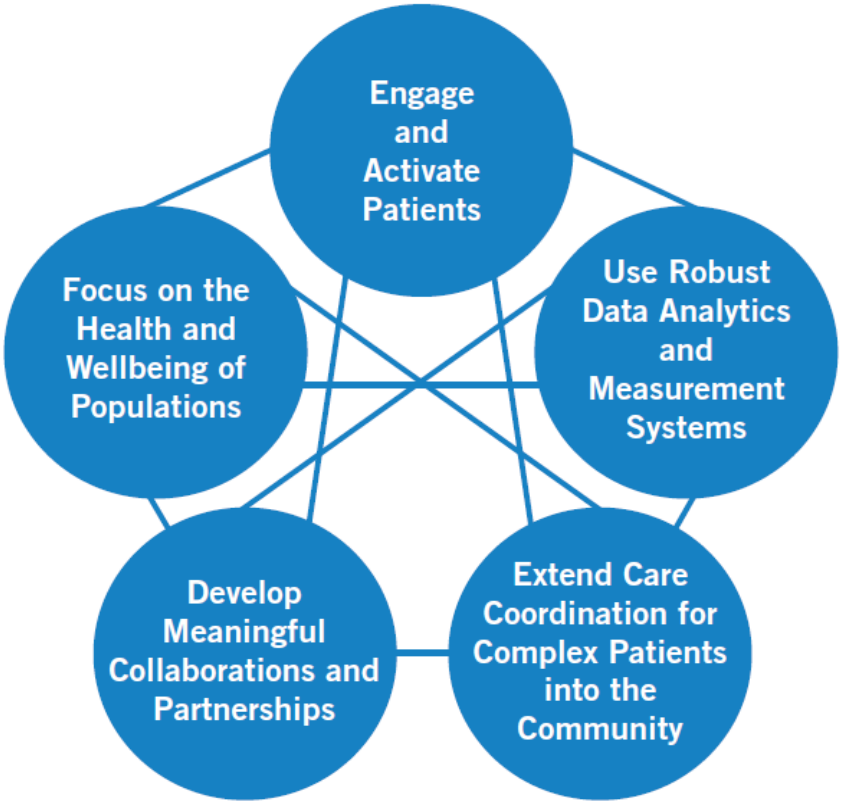
HEALTH REFORM

Actions to Build Capacity for the Triple Aim and Succeed in Multiple Payment Models

ACTIONS TO BUILD THE FOUNDATION

- Provide Visionary Leadership and Promote a Learning Culture
- Embed Strong Organizational Change Skills Supported by Quality Improvement Methods
- Redesign Care to Consistently Use Evidence-based or Best Practices
- Establish an Enabling IT Platform with Interoperable EHR and Effective HIE

ACTIONS TO BUILD RELATIONSHIPS, MANAGE POPULATIONS AND ADD VALUE



OUTCOMES

- Better Care
- Better Health
- Lower Cost

 Sources: *The Strategy that Will Fix Health Care,* Michael E. Porter and Thomas H. Lee, *Harvard Business Review,* October 2013. *The Chronic Care Model,* Edward H. Wagner.

The Challenge

- Create measures that
  - Reflect the care that is given
  - Utilize agreed-upon value sets
  - Address the social determinants of health
  - Flow from the normal process of care
  - Use national standards where available
  - That can be used to create activities which improve *health*
  - Help us to focus on what we want to do and less on what we should not do

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