



NATIONAL
QUALITY FORUM

NQF Measure Incubator™ Innovation Challenge

November 17, 2016

WELCOME

NQF Measure Incubator™ Innovation Challenge

- As part of initial steps to the launch of the NQF Measure Incubator Learning Collaborative, NQF is hosting a series of webinars to explore innovative solutions to improve measure development and address areas that have too few or no meaningful measures.
- The featured speakers on today's webinar are two of the recently announced five winners of the NQF Innovation Challenge. Please register for upcoming webinars on
 - *December 14 12:30 – 1:30pm ET*
 - *January 11 1:00 – 2:00pm ET*

Today's Speakers

Robert Phillips, MD, MSPH, American Board of Family Medicine

Proposes using a new data registry open to all primary care physicians to identify and develop efforts to improve clinical practice and quality measures

S. Mani Marashi, Henry Ford Health System

Describes a successful two-year pilot to report hospital-acquired venous thromboembolism events in real-time using data from EHRs, rather than claims

Moderated by Jeffrey Geppert, EdM, JD, Senior Research Leader, Battelle Memorial Institute

NQF Measure Incubator™ Learning Collaborative

Bob Phillips, MD MSPH
ABFM Vice President
Research & Policy
Professor, Georgetown
and Virginia
Commonwealth
Universities

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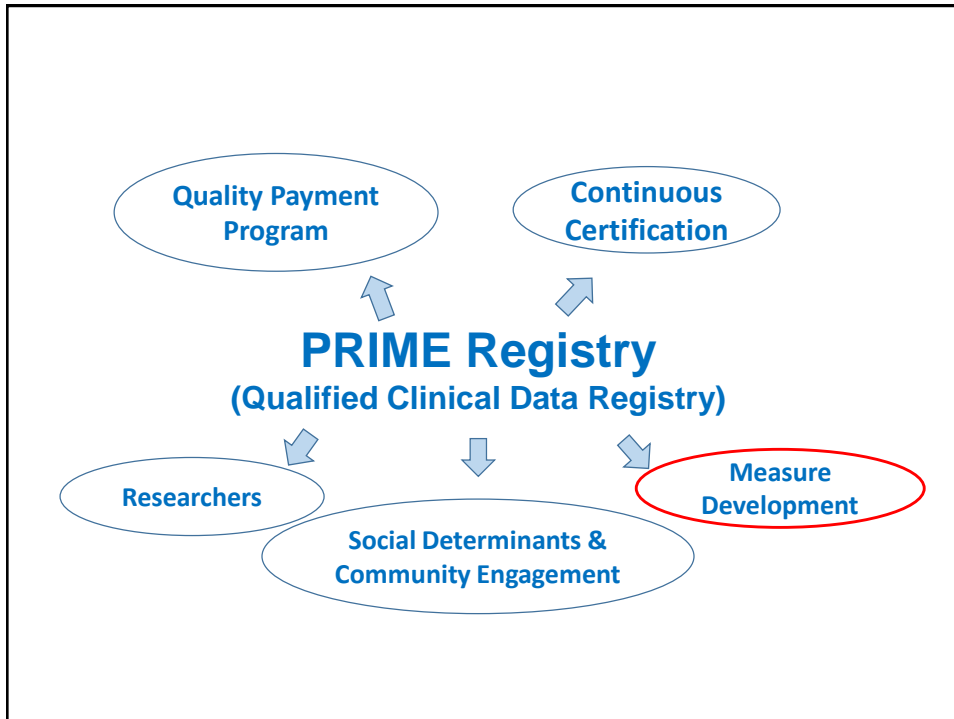
Continuous Certification

A decade ago the American Board of Medical Specialties a four-part Maintenance of Certification process of demonstrating:

1. Professionalism
2. Knowledge and Skill self-assessment
3. Periodic re-retesting
4. Practice assessment and improvement

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Certification Aligning with MACRA

The PRIME Registry is a Qualified Clinical Data Registry that will allow Certification to evolve

- Timely feedback
- **Measure development**
- Evidence about QI that works
- Demonstration of ‘value’
- Capacity for patient, panel, population and community activities
- Relieve reporting burden

Eventually may supplant our decennial exam

- Demonstration of quality across broad scope of practice

New Measures

- Focused on new Quality Payment Program **Quality Measures** and **Improvement Activities**
- Our paper featured movement of Performance Improvement Activities managed or acknowledged by the ABFM into the PRIME Registry
- This means that the registry shows physicians their gaps and the improvement activities that can improve them
- It also means that the ABFM can nominate these as “measures” under the QPP Improvement Activity

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Performance Improvement Activities

Family Medicine Certification Activities

Current Stage Activity

Self-Assessment Activities

Performance Improvement Activities

Alternative Performance Improvement Activities

Performance Improvement Activities

Performance Improvement (PI) activities consist of introductory materials, detailed instructions, and an interactive improvement (QI) development process. The QI implementation period is a minimum of 7 days with the exception of Hygiene PPM which has a minimum of 14 days (two 7-day periods) for the QI implementation period. Keep in mind when completing your Family Medicine Certification requirements.

Available Topics	Points	Access
Asthma PPM	20	Information
Comprehensive PPM	20	Information
Coronary Artery Disease PPM	20	Information
Depression PPM	20	Information
Diabetes PPM	20	Information
Hand Hygiene PPM	20	Information
Heart Failure PPM	20	Information
Hypertension PPM	20	Information

External Approved Performance Improvement Activities	Points	Access
1FL 6As Tobacco Study	20	Information
AAFP Approved Activities	-	View List
APP Approved Activities	-	View List
American Academy of Pediatrics EQIPP—Oral Health	20	Information
AAPO Approved Activities	-	View List
ABFM Self-Directed Activities	-	View List
Aurora Health Care: Asthma Control Test in Treating Asthma	20	Information
Aurora Health Care: Asthma Control Test in Treating Asthma	20	Information
Aurora Health Care: Nutrition Approaches for the Management of Chronic Disease and Diabetes	20	Information
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California Department of Public Health Chlamydia Screening in Primary Care	20	Information
Center for Health Policy, University of Missouri-Columbia module Improving Provider Communication and Patient Adherence: A Health Literacy Program	20	Information
Children's National Health Network (CNHN): Improve Mental Health Screening in Pediatric Practice: QI Learning Collaborative	20	Information
Colorado Assuring Better Child Health and Development Optimizing Identification of Children with Developmental Disorders and Delays in Primary Care	20	Information
The Consortium for Southeastern Hypertension Control (COSEHC) module Aggressively Treating Cardiometabolic Risk Factors to Reduce Cardiovascular Events (AT GOAL)	20	Information
Docs for Tots Developmental Screening	20	Information

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www.primenavigator.org



We welcome partners in developing new
Primary Care measures that matter

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ABFM
Evolution

**Preserving
Professionalism**

**Advancing
Primary Care**

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NQF Measure Incubator™ Innovation Challenge

Measuring Near Real-Time Harm Deep Vein Thrombosis and Pulmonary Embolism

**S. Mani Marashi
Mathew Cerasale , MD
Jack Jordan**



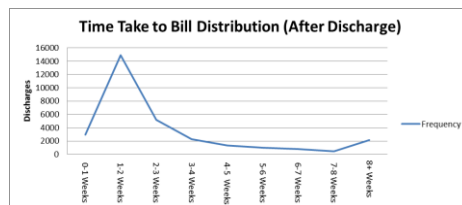
Who are we? Why VTE?

- Henry Ford Health System
- Southeast Michigan
- 4 +1 Main Hospitals (4 on same EMR setup → Epic)
- 70,000+ Admissions each year across system
- Three years ago → 40+ harm indicators
- VTE among top reasons of hospital death in US
- Complications for patients
- Costly
- Complicated to measure accurately



Using Administrative Data

- AHRQ PSI 12
- Limited to surgery patients
- Limited accuracy especially for medical patients
- Difficult to link to care
- Lag → Available only after discharge (19% ≥ 4 weeks)

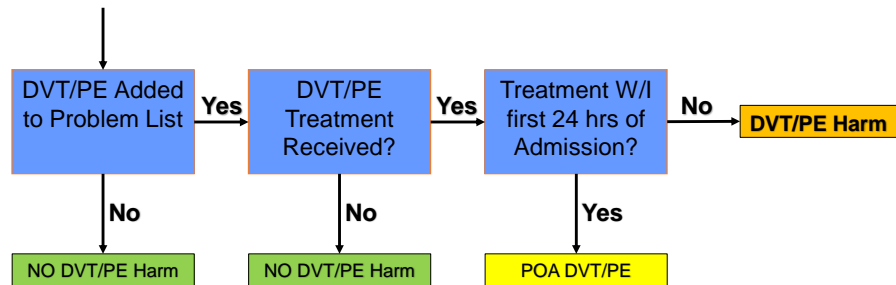


Real-Time Method

- Identification within 24 hours of documentation
- Real time identification through the artifacts of care
 - Problems list
 - Administering a treatment/medication
- Accuracy and reliability
- Insight into the variation of practice
- Organic system allows faster response to change
- Elements used in logic are available in major EMRs



DVT/PE Harm: Logic



Three Main Components:

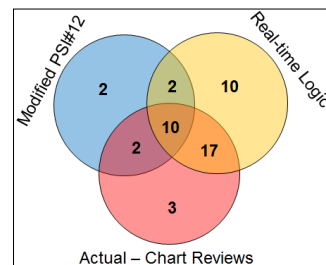
- VTE Diagnosis
- VTE Treatment
- Treatment Administration Time



VTE: Chart Reviews

Comparison:

	Sensitivity	Specificity	PPV	NPV
Real-Time Logic	84.4%	97%	69%	99%
Modified PSI#12	37.5%	99%	75%	95%



Improvement in documentation → Better outcomes



Improvements

- VTE Treatment
- Treatment Administration time – ED and Transfers
- Changes to VTE diagnosis



VTE Treatment

--MEDICATION_ID	NAME	SIG Specific
--15846	HEPARIN (PORCINE) 25,000 UNIT/250 ML (100 UNIT/ML) IN DEXTROSE 5 % IV	SIG any
--105899	ENOXAPARIN 30 MG/0.3 ML SUBCUTANEOUS SYRINGE	SIG >=40
--105900	ENOXAPARIN 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	SIG Any
--105901	ENOXAPARIN 60 MG/0.6 ML SUBCUTANEOUS SYRINGE	SIG Any
--105902	ENOXAPARIN 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	SIG Any
--105903	ENOXAPARIN 100 MG/ML SUBCUTANEOUS SYRINGE	SIG Any
--105904	ENOXAPARIN 120 MG/0.8 ML SUBCUTANEOUS SYRINGE	SIG Any
--31921	ENOXAPARIN 150 MG/50 ML SUBCUTANEOUS SYRINGE	SIG Any
--111477	ARGATROBAN 50 MG/50 ML (1 MG/ML) IN SODIUM CHLORIDE (ISO-OSMOTIC) IV	SIG Any
--500037	ARGATROBAN INFUSION	SIG Any
--161376	APIXABAN 2.5 MG TABLET	SIG 5, 10
--161412	APIXABAN 5 MG TABLET	SIG Any
--32215	FONDAPARINUX 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE	SIG 5, 7.5, 10
--108027	FONDAPARINUX 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE	SIG Any
--108028	FONDAPARINUX 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE	SIG Any
--108029	FONDAPARINUX 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE	SIG Any
--106491	DABIGATRAN ETEXILATE 150 MG CAPSULE 150	SIG Any
--174040	DABIGATRAN ETEXILATE 110 MG CAPSULE	SIG Any
--110250	RIVAROXABAN 10 MG TABLET	SIG 20
--154941	RIVAROXABAN 15 MG TABLET	SIG any
--154942	RIVAROXABAN 20 MG TABLET	SIG any



Areas for Improvement

- Other vein but treated as Deep
- Switch from Warfarin to Heparin for existing VTEs at admission
- Other reason for treatment and VTE on problem list
- Start treatment and stop after study (reversal)



How are we using this?

- Weekly review VTE harm instances in huddles
- Daily reporting of VTE harm (previous day)
- VTE Harm dashboard
 - Provider/Unit/Time Stamp Assignment
- Reporting
 - Nursing data
 - Care team
 - Project Team
 - GME data for education
- Risk stratification models → PADUA & IMPROV



Next Steps

- Partnership to implement the same logic and validation
- Tweaking it to improve performance
- New treatment / new diagnosis and any change



Thank you

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Matthew Cerasale MD mcerasa1@hfhs.org

Jack Jordan jjordan1@hfhs.org



Questions

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27

Upcoming Events

Wednesday Dec 14
12:30-1:30pm ET

**Ellen Schultz, MS, and Michelle Langer, PhD, American
Institutes for Research**

Suggest using “bookmarking,” a method widely used in educational testing, to score and classify patient-reported outcome (PRO) measures and address this critically important measure gap area

Moderated by Ron Walters, MD, MBA, MHA, Associate Vice President of Medical Operations and Informatics, The University of Texas MD Anderson Cancer Center

[Register Now](#)

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28

Upcoming Events

Wednesday Jan 11

1:00-2:00pm ET

Charlotta Lindvall, MD, Dana-Farber Cancer Institute

Proposes using natural language processing to develop quality measures in palliative surgery using electronic health record (EHR) data

Tracy Spinks, MD Anderson Cancer Center

Outlines a new, streamlined, standardized approach to implementing PRO measure sets in EHRs

Moderated by Ed Septimus, MD, Medical Director, Infection Prevention and Epidemiology, Hospital Corporation of America

[Register Now](#)

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29



THANK YOU

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30