NQF Measure Incubator™ Innovation Challenge

November 17, 2016
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
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
Certifying Board Evolution

Physicians are intrinsically motivated by timely feedback with measures that matter. Appealing to intrinsic motivation to make care better and safer is critical to professional self-regulation.

Physicians need help and are mourning the erosion of professional autonomy, angry about meaningless work, and scared about their ability to document value.

Quality Payment Program: How will you be measured?

the Secretary shall encourage MIPS eligible clinicians to report on applicable measures under the quality performance category through the use of CEHRT and QCDRs. To encourage the use of QCDRs, we proposed opportunities for QCDRs to report new and innovative quality measures. In addition, several improvement activities emphasize QCDR participation. **MACRA final rule**
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

American Board of Family Medicine Inc.
We welcome partners in developing new Primary Care measures that matter

ABFM Evolution
Preserving Professionalism
Advancing Primary Care
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

DVT/PE Added to Problem List

DVT/PE Treatment Received?

Treatment W/I first 24 hrs of Admission?

No

NO DVT/PE Harm

No

NO DVT/PE Harm

Yes

POA DVT/PE

DVT/PE Harm

Three Main Components:
• VTE Diagnosis
• VTE Treatment
• Treatment Administration Time

VTE: Chart Reviews

Comparison:

<table>
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<th></th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>PPV</th>
<th>NPV</th>
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<tr>
<td>Real-Time Logic</td>
<td>84.4%</td>
<td>97%</td>
<td>69%</td>
<td>99%</td>
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<td>Modified PSI#12</td>
<td>37.5%</td>
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Improvement in documentation → Better outcomes
Improvements

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

VTE Treatment

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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

S. Mani Marashi smarash1@hfhs.org
Matthew Cerasale MD mcerasa1@hfhs.org
Jack Jordan jjordan1@hfhs.org
Questions

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
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