NATIONAL QUALITY FORUM

# Review: Basics of Healthcare Performance Measurement

*Geriatrics and Palliative Care Standing Committee Web Meeting*

Karen Johnson
Kathryn Goodwin
Kirsten Reed

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# Welcome

# Agenda

- Setting the stage: some context for today's discussion
- Define types of healthcare performance measures
- Discuss specifications of healthcare performance measures
- Consider types of data used for healthcare performance measures
- Discuss who is being held accountable in healthcare performance measurement
- Discuss various uses of healthcare performance measures
- Member and public comment
- Next Steps

# Project Staff

**Karen Johnson**
Senior Director

**Kathryn Goodwin,**
Senior Project Manager

**Kirsten Reed,**
Project Manager

# Standing Committee

- Sean Morrison, MD *(co-chair)*
- Deborah Waldrop, PhD, LMSW, ACSW *(co-chair)*
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- Margie Atkinson, D Min, BCC
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- Gregg VandeKieft, MD, MA
- Debra Wiegand, PhD, MBE, RN, CHPN, CCRN, FAHA, FPCN, FAAN

# Setting the Stage

# What Do We Mean by Measurement?


***Meas•ure***

n. A standard: a basis for comparison; a reference point against which other things can be evaluated; “they set the measure for all subsequent work.”

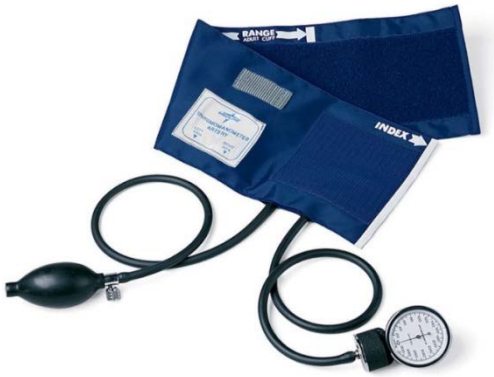
v. To bring into comparison against a standard.*

*Source: *The ABC’s of Measurement*

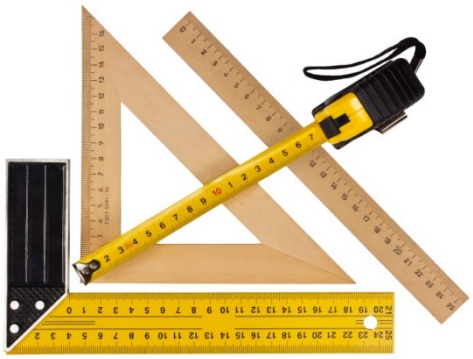
# What is a Healthcare Performance Measure?

Healthcare performance measures are ***tools*** used to ***quantify*** the quality, cost, or access to care provided to patients and their families.

They allow us to ***gauge*** the quality, cost, or access to care that is provided and help us understand whether and how much improvement activities ***improve*** care and outcomes.



# Why Do We Measure?



*The primary goal of healthcare performance measurement is to* ***improve the quality (or cost or access to) healthcare*** *received by patients (and ultimately, to* ***improve health****)*

***Measurement is a quality improvement tool, not an end in and of itself***

# Some Fundamental Tensions in Healthcare Performance Measurement

| | | |
|---|---|---|
| A few good outcome measures for accountability | **Versus** | Specific process measures to guide improvement |
| Core sets of measures | **Versus** | Measures that meet the needs of different providers and settings |
| Measuring at system level | **Versus** | Measuring at individual clinician level |
| Burden for providers | **Versus** | Comprehensiveness for consumers and purchasers |

# NQF's Major Endorsement Criteria

- Importance to measure and report (must-pass)
  - *Evidence*
  - *Opportunity for improvement*
- Scientific Acceptability (must-pass)
  - *Reliability*
  - *Validity*
- Feasibility
- Usability and Use
  - *Use: Specific use and feedback (must-pass)*
  - *Usability: Improvement and benefit vs. unintended negative consequences*
- Comparison to related or competing measures

# Key Responsibilities of NQF Standing Committees

- Evaluate candidate measures against the measure evaluation criteria
- Make recommendations for endorsement
- Oversee and prioritize measure portfolios
  - *Promote alignment and harmonization*
  - *Identify gaps*

# Types of Healthcare Performance Measures

# What Are The Types of Healthcare Performance Measures?

1. Quality
    A. Structures of care
    B. Processes of care
    C. Outcomes
        i. Intermediate clinical outcomes
        ii. Health outcomes (mortality, complications, etc.)
        iii. Patient-reported outcomes (experience, functional status, engagement, quality of life, etc.)
2. Resource use/cost
3. Efficiency (combination of quality and resource use)
4. Access to care (these can be structures, processes, or outcomes)

# Structure Measures

**What do structure measures do?**

- Assess healthcare infrastructure
- Reflect conditions in which providers care for patients
- Provide valuable information about institutional capacity, staffing, and the volume of procedures performed by a provider

**Examples of structure measures:**

- Nursing care hours per day per patient
- Adoption of medication e-prescribing


**Structure**

# Process Measures

**What do process measures do?**

- Assess steps that should be followed to provide good care
- Show whether steps proven to benefit patients are followed correctly by a provider

**Examples of process measures:**

- Stroke patients who receive clot-busting medications in a timely manner
- Hospice/palliative care patients treated for dyspnea
- Patients treated with an opioid who are given a bowel regimen


Process

# Outcome Measures

**What do outcome measures do?**

- Assess the results of healthcare, not the inputs or processes
- Assess endpoints like well-being, ability to perform daily activities, or death

**Examples of outcome measures:**

Outcome

- Mortality rate after heart attack
- Injury during a hospital stay
- Readmission rate after hospital discharge
- Good control of HbA1c (<8%)
- Hospice patients with pain that was brought to a comfortable level within 48 hours of initial assessment
- Global rating of hospice care

# Composite Measures

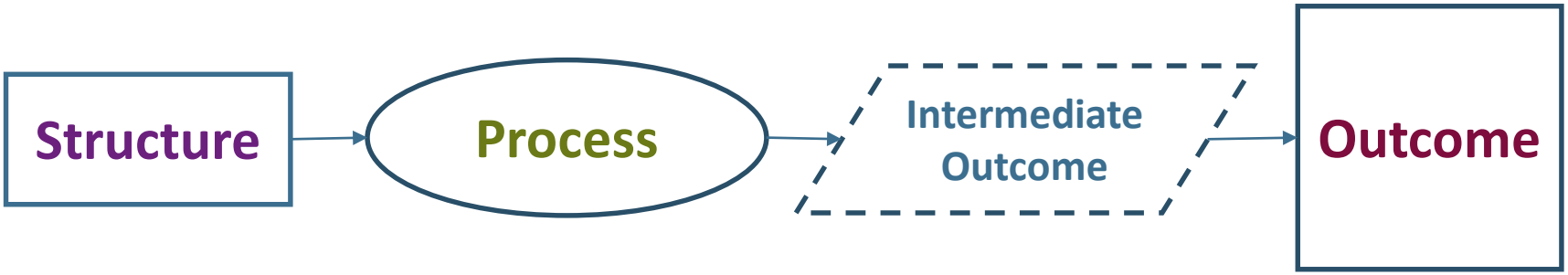
A combination of two or more component or individual measures, each of which individually reflects the quality of various aspects of care, into a single quality measure with a single score

Examples of composite measures:

- How successful is a patient's diabetes managed based on their A1c, blood pressure, statin use, tobacco use, and daily aspirin or anti-platelet medication
- Do hospice patients receive a comprehensive assessment at admission


**Outcome**

# Donabedian's Model for Assessing Healthcare Quality




- NQF has a hierarchical preference for:
  - Outcomes linked to evidence-based processes/structures
  - Outcomes of substantial importance with plausible process/structure relationships
  - Intermediate outcomes
  - Processes/structures

  ] Most closely linked to outcomes

# Discussion Questions–Types of Measures

- What are the advantages and disadvantages of…
  - *Structure measures?*
  - *Process measures?*
  - *Outcome measures?*
- NQF has a stated preference for outcome measures. Why do you think that is?
- Why do you think NQF's evidence subcriterion is must-pass?
- Think about a measure concept such as decisional comfort. What are some ways one might measure this concept?

# Measure Specifications

# What Are the Key Ingredients of a Measure?

To **understand** a measure, we need to know :

- ***What*** should happen?
- ***Who*** is the target group?
- ***Where*** should it take place?
- ***When*** should it take place?
- ***How*** should it occur?
- What, Who, Where, When, & How should ***NOT*** be measured?

*"Measure specifications"* is the term used to describe how to build and calculate a measure.

# Let's Review a Measure–NQF #1641

**Title**

Hospice and Palliative Care—Treatment Preferences

**Description**

Percentage of patients with chart documentation of preferences for life sustaining treatments

**Numerator (What, How, When)**

Patients whose medical record includes documentation of life sustaining preferences

**Target Group (Who, Where, When)**

Seriously ill patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting

**Exclusions (NOT)**

Patients with length of stay < 1 day in hospice or palliative care

# How is Performance Calculated?

## Numerator (What, How, When)

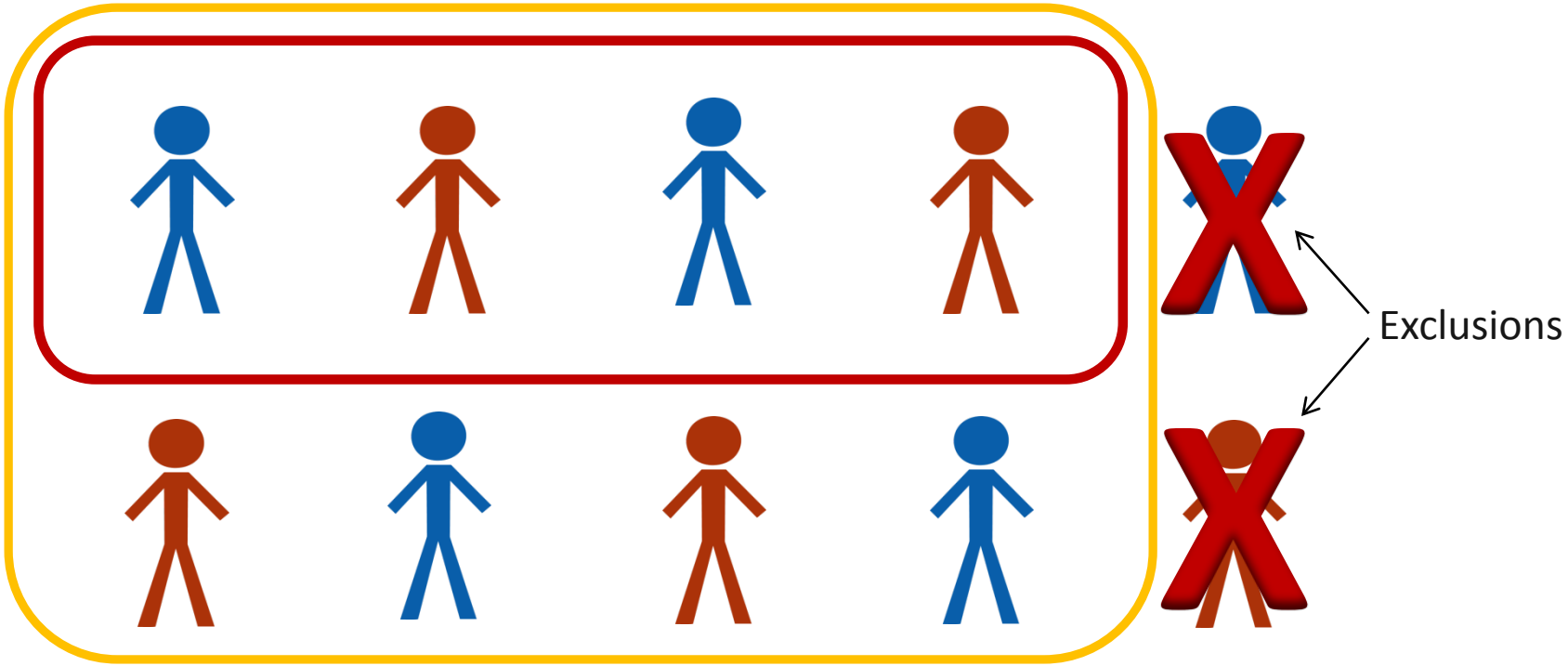
Patients whose medical record includes documentation of life sustaining preferences

## Target Group (Who, Where, When) – Exclusions (NOT)

Seriously ill patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting

Patients with length of stay < 1 day in hospice or palliative care

# Patients with chart documentation of preferences for life sustaining treatments




50% of eligible patients had documented treatment preferences

# Calculating patients with chart documentation of preferences for life sustaining treatments

$$\frac{\text{Numerator}}{\text{Target Group} - \text{Exclusions}}$$

$$\frac{4}{10-2} = \frac{4}{8} = \mathbf{50\%}$$

# Discussion Questions—Specifications

- What other types of things may also included in measure specifications?
- Why are measure specifications so important?
- Which of NQF's measure evaluation criteria explicitly address measure specifications?
- Which of NQF's measure evaluation criteria implicitly address measure specifications?

# Data Used in Healthcare Performance Measures

# Where Do Data for Measures Come From?

- Paper medical records
- Electronic health records
- Other electronic clinical data (e.g., pharmacy, labs, imaging)
- Electronic assessment data (e.g., MDS; OASIS)
- Administrative claims (e.g., insurance claims)
- Clinical data registries
- Patient reports (e.g., from surveys)

# Discussion Questions—Data Sources

- Are there other sources of data for healthcare performance measures that we haven't mentioned?
- What are some of the pros/cons of the various types of data used for performance measurement?
- How important is the data source when developing a healthcare performance measure?
- Which of NQF's measure evaluation criteria address data sources?

# Levels of Analysis

# Whose Performance is Measured??

**Providers of healthcare:**

- Individual clinicians or groups of clinicians
- Hospitals
- Nursing facilities
- Home health agencies
- Hospices
- Health plans

# Whose Performance is Measured?

Populations:

A specified geopolitical area or some other subpopulation of individuals (e.g., age, race, ethnicity, occupation, schools, health conditions, common interests, or any number of other characteristics)

# Discussion Questions–Levels of Analysis

- What are some measurement concepts for palliative care that likely should be measured at a population level?
- Reliability and Validity are “must-pass” subcriteria for endorsement. How do these relate to level of analysis? Why are these criteria so important?

# Using Healthcare Performance Measures

# What Are The Major Uses of Healthcare Performance Measures?

- Internal quality improvement
- Benchmarking
- Accountability applications
  - Certification
  - Accreditation
  - Defining provider networks
  - Public reporting
  - Payment

# Discussion Questions–Use of Measures

- Burden of measurement is something many are thinking about. When you think about burden of measurement, what comes to mind? Which evaluation criteria address this question?
- NQF endorsement is conferred for measures that are deemed suitable for both internal QI as well as for accountability purposes. Does this seem reasonable to you, given our evaluation criteria?
- Assume a measure is "usable" for both QI and accountability. What do you think this looks like? How does this align with NQF's criteria?

# Member and Public Comment

# Next Steps

# Next Steps

- Orientation Web Meeting: May 29, 2018
- Measure Evaluation Web Meeting #1: June 27, 2018
- Measure Evaluation Web Meeting #2: June 28, 2018
- Measure Evaluation Web Meeting #3: June 29, 2018
- Post-Meeting Call: July 13, 2018

# Project Contact Info

- Email: palliative@qualityforum.org
- NQF Phone: 202-783-1300
- Project page: http://www.qualityforum.org/Geriatrics_and_Palliative_Care.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Geriatric%20and%20Palliative%20Care/SitePages/Home.aspx

# Questions?


THANK YOU