HHS-Sponsored Measure
Registry Needs Assesment

Exploration of
Current Systems and
Approaches for Measure
Information Management

July 26, 2012
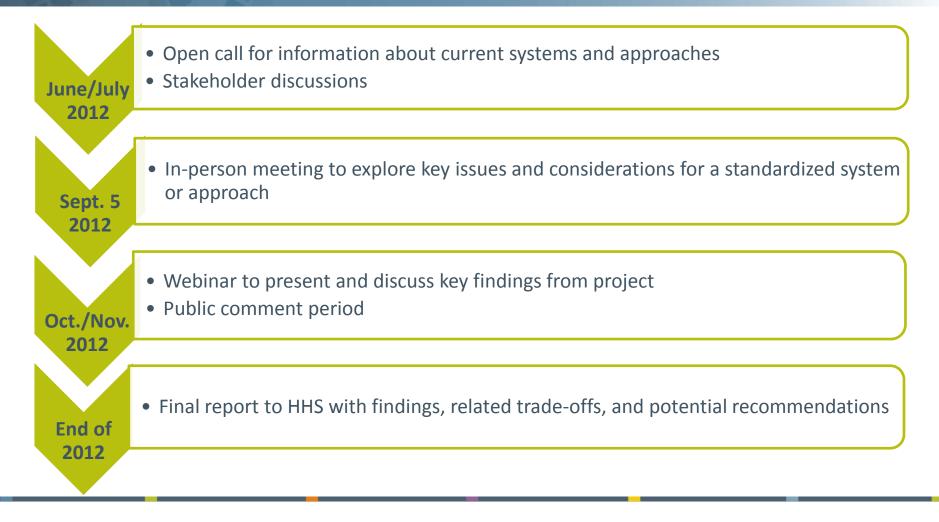
NATIONAL
QUALITY FORUM

Agenda

- Overview of the Measure Registry Needs Assessment Project

- Learn about Several Systems and Approaches for Measure Information Management

- Open Discussion

Measure Registry Needs Assessment Project

- HHS and other stakeholders have expressed interest in being able to identify and track measures and their versions along the measure development, endorsement, and use pipeline.

- NQF is gathering input from stakeholders to understand:
  - Measure information needs
  - Systems or approaches currently in use
  - Potential value in a standardized approach

Project Activities

June/July 2012
- Open call for information about current systems and approaches
- Stakeholder discussions

Sept. 5 2012
- In-person meeting to explore key issues and considerations for a standardized system or approach

Oct./Nov. 2012
- Webinar to present and discuss key findings from project
- Public comment period

End of 2012
- Final report to HHS with findings, related trade-offs, and potential recommendations

Today's Speakers

- The Joint Commission

- Centers for Medicare & Medicaid Services/Health Services Advisory Group

- Kaiser Permanente

- Agency for Healthcare Research and Quality/ECRI Institute

- U.S. Department of Veterans Affairs

- National Quality Forum

The Joint Commission

Patty Craig

Joint Commission's Performance Measurement Network Q&A Forum

July 26, 2012

The Joint Commission

Q&A Forum

http://manual.jointcommission.org
/bin/view/Manual

Q&A Forum

▶ Functionality

➢ Links to the Specification Manual for National Inpatient Quality Measures on the Joint Commission's website

➢ Current, Future, and Historical versions of the Specifications Manual for Joint Commission National Quality Core Measures

– Specification Manual Search

➢ Frequently Asked Questions

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Q&A Forum

- Functionality
  - Link to the Joint Commission's Core Measure Solution Exchange for accredited organizations
  - Ability to Ask Questions

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Q&A Forum

Q&A Forum

▼ Close Archive...

- Version 2011A
  - Original release - version 2011A (01 December 2010)
- Version 2010B
  - Original release - version 2010B (01 Apr 2010)
  - First update - version 2010B1 (21 Jul 2010)
  - Final version - Version 2010B2 (21 September 2010)
- Version 2010A - HBIPS and PC Measures: applicable to Discharges 04-01-10 (2Q10) through 09-30-10 (3Q10))
  - Original release - version 2010A (13 Oct 2009)
  - First Update - version 2010A1 (08 Dec 2009)
  - Final version - version 2010A2 (11 Jan 2010)

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Q&A Forum

Search for Frequently Asked Questions

- Enter your search term into text box below.
- You can specify a Measure Set or individual Measure by entering first few letters and then selecting the item from the drop down menu.

Search term: [   ]

View a list of ALL questions currently in the FAQ database (by category)

List of All Questions in the FAQ Database

Categories

- Clinical Specification Questions
- Clinical Algorithm Questions
- Data Quality Questions
- Measure Verification Questions
- Technical Questions
- Performance Measurement System Vendor - General Questions
- Statistical Questions

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Q&A Forum

Frequently Asked Questions

Clinical Specification Questions

Question	Related to	Answered on
HBIPS Event Dates Prior to Admission	HBIPS,	20 Apr 2009 08:04
Is the ambulatory patient considered low risk for VTE?	STK,	08 Apr 2010 10:00

Why aren't there more newborn conditions exclusively feeding breast milk?

Reason for Not Prescribing Antithrombotic Discharge

What is the Date and Time of Last Well Kn

Documented both with a 0-10 scale AND i

Stroke VTE Prophylaxis

Question: HBIPS Event Dates Prior to Admission

☞ Post follow-up question

Please verify the following is correct in regards to data collection and submission for HBIPs events:

Example: Patient arrived in ED on last day of month one. Patient admitted as inpatient on first day of month two. Event date for restraint event is documented in the ED (month one). There were additional restraint/seclusion events during the inpatient psychiatric stay (month two).

Data Collection: Do not report the month one restraint event, because this occurred prior to admission to the inpatient psychiatric care setting.

Report all of the other events that occurred during inpatient psychiatric stay (month two).

Answer:

You are correct. Only the events that occurred as an inpatient in the psychiatric unit would be reported. In this case only the month two events would be reported.

Question Details

Focus area(s): Measure Specifications - Clinical, Other
Related documents: HBIPS, Event measures and ED patients

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Q&A Forum

Looking for solutions to improve core measure rates? Try the Core Measure Solution Exchange™ *(A free application available to all Joint Commission Connect™ users from accredited organizations).*
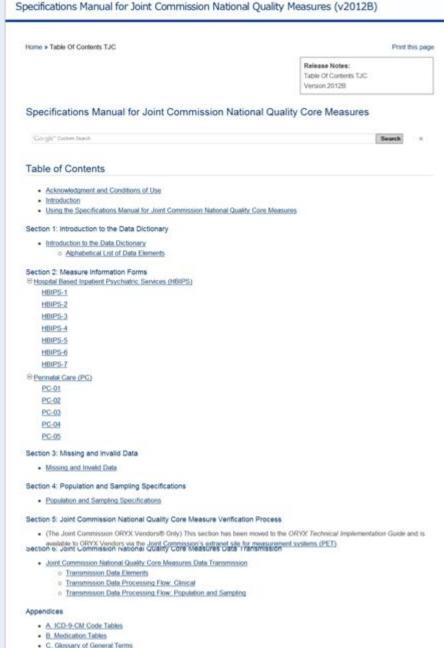
Core Measure Solution Exchange ™

-Interactive forum for exchanging quality improvement practices within the diverse community of health care professionals from Joint Commission accredited organizations.

-Users can find (and share) real-world examples of solutions that have been used by organizations to significantly improve their performance on core measures.

Explore Solutions

▼ Search Solutions	► Highest Rated Solutions	► Solutions by Keyword	► Solutions by Set	► Newest Solutions

Search for Solutions

Select Measure: All measures ▼

Advanced search criteria... ▫

Show solutions

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Specifications Manual

Specifications Manual for Joint Commission National Quality Measures (v2012B)

Print this page

Release Notes:
Table Of Contents TJC
Version 2012B

Specifications Manual for Joint Commission National Quality Core Measures

Google™ Custom Search | Search | ×

Table of Contents

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Specifications Manual

Release Notes

- 📄 Listserv Message - addendum to update for Manual v2012B - sent February, 2012
- 📄 Release Notes for Manual v2012B - February 1, 2012

Previous Releases:

- 📄 Release Notes for Manual v2012A - August 31, 2011
  - ○ 📄 Listserv Message - addendum to update for Manual v2012A - sent November 23, 2011
- 📄 Addendum v2011A - August 7, 2011
- 📄 Release Notes for Manual v2011A - November 30, 2010
- 📄 Release Notes for Manual v2010B2 - September 3, 2010
  - ○ 📄 Listserv Message - addendum to update for Manual v2010B2 - sent September 21, 2010
- 📄 Release Notes for Manual v2010B1 - July 20, 2010
- 📄 Release Notes for Manual v2010B - April 1, 2010
  - ○ 📄 Listserv Message - addendum to update for Manual v2010B - sent June 8, 2010
- 📄 Release Notes for Manual v2010A2 - January 11, 2010
  - ○ 📄 Listserv Message - addendum to update for Manual v2010A2 - sent April 30, 2010
  - ○ 📄 Listserv Message - addendum to update for Manual v2010A2 - sent February 23, 2010
- 📄 Release Notes for Manual v2010A1 - December 7, 2009
- 📄 Release Notes for Manual v2010A - October 1, 2009

Printable Version

- 📄 Download a PDF version of the entire HBIPS Manual
- 📄 Download a PDF version of the entire Perinatal Care Manual

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Specifications Manual

On this page:

- Set Measures
- General Data Elements
  Algorithm Output Data Elements
- Measure Set Specific Data Elements
- Related Materials
  Hospital-Based Inpatient Psychiatric Services (HBIPS) Measure Set
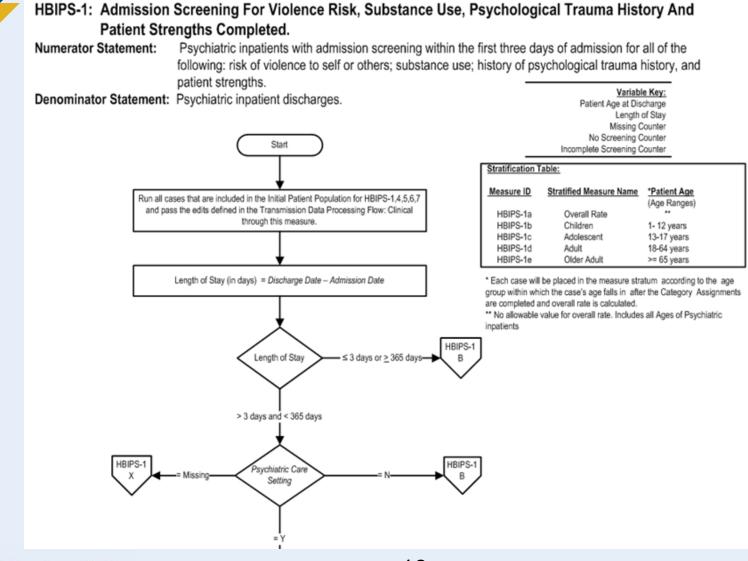 Initial Patient Population
- Sample Size Requirements
  - Quarterly Sampling
  - Monthly Sampling
  - Sample Size Examples

Links within webpage and to other webpages

Set Measures

Set Measure ID	Measure Short Name
HBIPS-1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed
HBIPS-2	Hours of physical restraint use
HBIPS-3	Hours of seclusion use
HBIPS-4	Patients discharged on multiple antipsychotic medications
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification
HBIPS-6	Post discharge continuing care plan created
HBIPS-7	Post discharge continuing care plan transmitted to next level of care provider upon discharge

General Data Elements

Element Name	Collected For
Birthdate	All Records,
CMS Certification Number	Hospital Clinical Data File, Optional for All Records,
Discharge Date	All Records, Not collected for HBIPS-2 and HBIPS-3

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Specifications Manual

HBIPS-1: **Admission Screening For Violence Risk, Substance Use, Psychological Trauma History And Patient Strengths Completed.**

Numerator Statement: Psychiatric inpatients with admission screening within the first three days of admission for all of the following: risk of violence to self or others; substance use; history of psychological trauma history, and patient strengths.

Denominator Statement: Psychiatric inpatient discharges.

Variable Key:
- Patient Age at Discharge
- Length of Stay
- Missing Counter
- No Screening Counter
- Incomplete Screening Counter

Stratification Table:

Measure ID	Stratified Measure Name	*Patient Age (Age Ranges)
HBIPS-1a	Overall Rate	**
HBIPS-1b	Children	1- 12 years
HBIPS-1c	Adolescent	13-17 years
HBIPS-1d	Adult	18-64 years
HBIPS-1e	Older Adult	>= 65 years

* Each case will be placed in the measure stratum according to the age group within which the case's age falls in after the Category Assignments are completed and overall rate is calculated.
** No allowable value for overall rate. Includes all Ages of Psychiatric inpatients

Start

Run all cases that are included in the Initial Patient Population for HBIPS-1,4,5,6,7 and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

Length of Stay (in days) = *Discharge Date – Admission Date*

Length of Stay — ≤ 3 days or ≥ 365 days → HBIPS-1 B

> 3 days and < 365 days

Psychiatric Care Setting
- = Missing → HBIPS-1 X
- = N → HBIPS-1 B
- = Y

Specifications Manual

Specifications Manual for Joint Commission National Quality Core Measures

Google™ Custom Search   Search   ×

Showing results for *birth weight*
Search instead for *birthweight*

DataElem0026 - Manual - Performance Measurement Network
Data Element Name: **Birth Weight**. Collected For: PC-04, ... However, all **birth weights** must be converted to grams prior to indicator calculation. Suggested Data ...
manual.jointcommission.org/releases/TJC2012B/DataElem0026.html

AppendixATJC - Manual - Performance Measurement Network
... LOW BIRTHWT 500-999G. Table Number 11.14: **Birth Weight** 1000-1499 Grams ... Table Number 11.17: **Birth Weight** 2500 Grams and over. Code · Shortened ...
manual.jointcommission.org/releases/TJC2012B/AppendixATJC.html

MIF0169 - Manual - Performance Measurement Network
This is especially true for very low **birth weight** infants who are at high risk for these infections due to their immature immune systems and need for invasive ...
manual.jointcommission.org/releases/TJC2012B/MIF0169.html

PerinatalCare - Manual - Performance Measurement Network
Birthweight Missing or Unable To Determine (UTD). NO ICD-9-CM Other Diagnosis Code as defined in Appendix A, Table 11.20 Or **Birth Weight** < 500g. There is ...
manual.jointcommission.org/releases/TJC2012B/PerinatalCare.html

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Specifications Manual

➢Joint Commission employees with access to maintain the manual:
  - Maintenance is a combination of HTML and Wiki functions

Manual » PerinatalCare

▼ Text | ► Form | ► Settings | ► Help

H1 H2 H3 H4 **A** *A* A A A ⋮☰ ⋮☰ ⋮☰ ⋮☰ ☰ ☰ ☰ ☰ 🖼 ✂ ⬦ 🌐 🔧

```
This section defines the Introduction text displayed at beginning of topic.
%STARTSECTION{name="intro" type="section"}%



%ENDSECTION{name="intro" type="section"}%

This section defines the other text displayed at end of topic.
%STARTINCLUDE%


---++ Perinatal Care (PC) Initial Patient Population


The PC measure set is unique in that there are two distinct Initial Patient Populations within the measure set,
mothers and newborns.

*Mothers* <br>
The population of the PC-Mother measures (PC-01, 02, and 03) are identified using 4 data elements:
    * <i>Admission Date
    * Birthdate
    * Discharge Date
    * ICD-9-CM Principal or Other Diagnosis Code </i>
```

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Specifications Manual

➢Joint Commission employees with access to maintain the manual:
- Links the webpage to related sections of the manual.
- Function is used to add data elements to a specific measure set.
- Employees also enter release notes for each web page

Manual » PerinatalCare

▶ Text   ▼ Form   ▶ Settings   ▶ Help

Manual.MeasureSetForm		
TopicType: MeasureSet		
Name: * Perinatal Care		
Measure ID: * PC		
Related: [Set all] [Clear all]		
☐ Acknowledgement	☐ BCCPopulationAndSampling	☐ QualityMeasureVerificationProcess
☐ AcknowledgementPBM	☐ CoverPagePBM	☐ ReferencesHCSS
☑ AcknowledgementTJC	☑ CoverPageTJC	☐ ReferencesStroke
☐ AlphaDataElementList	☐ DataCollectionHCSS	☐ SamplingChapter
☐ AppendixA	☐ DataCollectionStroke	☑ SamplingChapterTJC

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The Joint Commission

Q&A Forum

Ask a New Question

Please Login or register on the Performance Measurement Network before posting a question regarding The Joint Commission's **ORYX initiative, performance measurement requirements or measure specifications.**

Ask Question

Step 1: Assign Question Category

To help us route your question to the appropriate staff, please select appropriate categories in this and the next screen.

Identify general focus of new question: (select one)

○ **Performance Measurement System Vendor - General Question**

e.g., General ORYX questions, vendor timelines; vendor conference calls / meetings, communication issues (e.g., list server receipt); vendor infrastructure changes; new vendor evaluation; financial (accounts payable) questions **Note:** *Vendor specific operational processes, such as contract document review, demographic updates, non-core measure review and legal document exchanges should continue to be submitted to oryxpms@jointcommission.org.*

○ **Measure Specifications - Clinical**

e.g., status of core/test core measure implementation; questions about core measure content, including clinical data elements; specifications manuals for measures; CMS alignment; Hospital Quality Alliance

○ **Health Care Organization - General ORYX Question**

e.g., What is ORYX?

Note:: *Questions concerning Joint Commission ORYX performance measure reporting requirements for accredited organizations and those either seeking accreditation or whose accreditation status changes as well as questions concerning measure set/measure selections, the ORYX Performance Measure Report, and core measure data presented on The Joint Commission's Quality Report should be submitted to oryx@jointcommission.org.*

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Q&A Forum

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Q&A Forum

Ask a New Question

Step 3: View Related Questions

Focus area(s): Measure Specifications - Clinical

Related documents: AMI - Acute Myocardial Infarction
AMI-1 - Aspirin at Arrival
Transmission

- Effect of NUBC's retirement of Point of Origin for Admission or Visit on Core Measures
- What version of the Joint Commision manuel will be used starting with January 1, 2010?

Related questions found: 2

Remember -- if your question is related to Joint Commission/CMS aligned measures, be sure to search the Quality Net system.

Not finding an answer to your question?

Click button below to proceed with posting your new message.

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Q&A Forum

Step 4: Post Question

Question or short Summary: *(required)* (Please do not use quotes or special characters)

You have 100 characters left.

Additional details:

ℹ️ If you wish to submit a file related to your question, you'll be able to do so

Post My Question

Ask a New Question

Question: test

👉 Post follow-up question

Question Details

Focus area(s): Measure Specifications - Clinical
Related documents: AMI, AMI-1, Transmission
File: 👉 Attach File

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Q&A Forum

➢Joint Commission employees with access to the forum:

- Can see all New, Acknowledged, and Answered Questions associated to the categories, measures, and manual sections they are assigned to
- Employee can transfer the question to a different category, measure, or manual section to "transfer" the question to another employee.
- Employees can access files attached by the requestor and attach their own files.
- Answers to questions, including attached files are automatically e-mailed to the requestor.

New Questions

Sort by: Last Modified ▼	Filter by: My Categories ▼			Limit To: 10 ▼

Question and categories	Post/Mod ℹ️	On	Status	
test	PattyCraig	25 Jul 2012 22:27	New	
Category: *Measure Specifications - Clinical*	PattyCraig	25 Jul 2012 22:28	*0 seconds since posted*	
Related to: **AMI, AMI-1,** *Transmission*				

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Q&A Forum

Q&A Forum and Specification Manual is maintained by multiple Joint Commission employees.

– Q&A Forum is secured by login. Once a user has access they can change the categories they have access too.

– Specification Manual update is secured by login.

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Q&A Forum

- Any user can access the manual and download the PDF files.

- Registered users can login to submit and review answers to their questions.

- Q&A Forum and Specification Manual is powered by a Wiki.

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Questions or Comments?

Please enter questions into the text/chat box area at the bottom of your screen.

Centers for Medicare & Medicaid Services

Rabia Khan

Health Services Advisory Group

Ann Clancy
Charisse Cassell

CMS Measures Inventory – Measures Management Tool

Overview

July 26, 2012

Health Services Advisory Group, Inc.

CMS Measures Management Special Study

HSAG

Measures Management Tool

Overview and History

- ## The Past
  - CMS recognized the need to inventory and track the quality measures used in its programs.
  - Quality Measures Management Information System (QMIS), a Web-based tool, was developed and used (2006–2009).
  - The original QMIS was housed on QualityNet.
  - A second version was created for use on the cms.hhs.gov Web site.

- ## The Present
  - Since 2009, HSAG (the CMS Measures Management contractor) has maintained local databases to meet the needs of CMS.
  - The current CMS Measures Inventory – Measures Management Tool was developed in 2010.

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HSAG

Measures Management Tool

- Purpose of the System
  - Centralized storage of all CMS measures
  - Sorting and tracking of measures
  - Management of measures
  - Produce reports
- Audience
  - HSAG Measures Management team
  - Reports created for CMS

Measures Management Tool

- Uses
  - Quarterly CMS inventory report
  - CMS program-specific reports
  - ACA Section 3014 pre-rulemaking measures under consideration list
  - Annual update of CMS measures for HHS inventory
  - Ad hoc queries
  - Harmonization/Alignment reports
  - Tracking NQF-endorsement/maintenance

Measures Management Tool

- Platform

  - Microsoft Access user interface (front-end)

    - Allows for deployment to multiple user desktops

    - Allows changes to the user interface to be implemented quickly

  - Data are stored in a SQL database (back-end)

    - Allows for secure storage and back-up in a centralized location

Measures Management Tool

- Tool outline
  - Search functionality
  - Measure information screens
    - Measure details
    - Programs
    - Numerator/denominator
    - NQF endorsement
  - Utility menu
    - Allows team members to manage data in standard look-up tables without technical assistance
      - For example: Measure types, CMS programs

Measures Management Tool

- Main Menu

Measures Management Tool

- Search Page

Measures Management Tool

- Search Page (cont'd)

Measures Management Tool

- Measure Details

Measures Management Tool

- Program(s)

Information for Health Care Improvement

HSAG

Measures Management Tool

- Numerator/Denominator

Measure: 131 Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up

| Measure | Program(s) | Numerator/Denominator | NQF Endorsement | MMT Notes | Feasibility/Rating |

Numerator: Patient's pain assessment prior to initiation of therapy is documented through discussion with the patient including the use of a standardized tool AND a follow-up plan is documented when pain is present; Definitions:Pain Assessment- A clinical assessment of pain through discussions with the patient and use of a standardized tool(s) for the presence and characteristics of pain which may include location, intensity, quality, and onset/durationStandardized Tool – An assessment tool that has been appropriately normalized and validated for the population in which it is used. Examples of tools for pain assessment, include, but are not limited to: Brief Pain Inventory (BPI), Faces Pain Scale (FPS), McGill Pain Questionnaire (MPQ), Multidimensional Pain Inventory (MPI), Neuropathic Pain Scale (NPS), Numeric Rating Scale (NRS), Oswestry Disability Index (ODI), Roland Morris Disability Questionnaire (RMDQ), Verbal Descriptor Scale (VDS), Verbal Numeric Rating Scale (VNRS), and Visual Analog Scale (VAS).Follow-Up

Denominator: All patients aged 18 years and older

Exclusions/ Exceptions: Patient refuses to participateSevere mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment toolsSituations where the patient's motivation to improve may impact the accuracy of results of nationally recognized standardized pain assessment tools Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Plan for Reporting:

Level of Reporting:

Close

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HSAG

Measures Management Tool

- NQF Endorsement

Measures Management Tool

- **MMT Notes**

Measure: 131 Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up

| Main Menu | fSearch | **fMeasures** |

| Measure | Program(s) | Numerator/Denominator | NQF Endorsement | MMT Notes | Feasibility/Rating |

Comment: TLE removed by CSAC on 7/13/2011. Updated using 2010 CMS PQRI Measure Specifications Manual. 3/2010, undergoing updating and testing by QIP.

Status	Status Date	Start Date	End Date	Comments
Current	8/26/2011			2012 Physician Quality Reporting System (Physician Qua

Development Cycle	Date

Date ready for NQF submission:

Close

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Information for Health Care Improvement

HSAG

Measures Management Tool

- Utility Menu

Measures Management Tool

- Report Example

Program Status	CMS Program	Use	Measure	Description	Numerator
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-4: Hospital Transfer/ Admission	Percentage of ASC admissions (patients) who are transferred or admitted to a hospital upon discharge from the ASC	Ambulatory Surgery Center (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-1: Patient Burn -Percentage of ASC admissions experiencing a burn prior to discharge	The number of admissions (patients) who experience a burn prior to discharge	Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-2: Patient Fall	Number of admissions (patients) who experience a fall within the ASC	Ambulatory Surgery Center (ASC) admissions experiencing a fall within the confines of the ASC
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	To capture whether antibiotics given for prevention of surgical site infection were administered on time	Number of Ambulatory Surgery Center (ASC) admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.	All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-6: Ambulatory Surgery Patients with Appropriate Method of Hair Removal	Percentage of ASC admissions with appropriate surgical site hair removal.	ASC admissions with surgical site hair removal with clippers or depilatory cream
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-7: Selection of Prophylactic First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	Surgical patients who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-9: Safe Surgery Checklist	This measure assesses the adoption of a Safe Surgery Checklist that assesses whether effective communication and safe practices are performed during three distinct perioperative periods: 1) the period prior to the administration of anesthesia; 2) the period prior to skin incision; 3) the period of the closure of incision and prior to the patient leaving the operating room.	
Current - Not Implemented	Ambulatory Surgical Center Quality Reporting	ASC Quality Reporting	ASC-10: ASC Facility Volume Data on Selected ASC Surgical Procedures	Isolated CABG and Valve Surgeries (NQF# 0124), Percutaneous Coronary Intervention (PCI) (NQF# 0165), Pediatric Heart Surgery (NQF# 0340), Abdominal Aortic Aneurism Repair (NQF# 357), Esophageal Resection (NQF# 0361), and Pancreatic Resection (NQF# 0366)	

Information for Health Care Improvement

HSAG

Measures Management Tool

- Most useful components
  - Flexibility
    - Deleting/adding data fields
    - Meeting the complexity of CMS programs
    - Changes can be made quickly and relatively easily
  - Query capabilities
    - Overall list of measures
    - Used to find similar measures for alignment/harmonization purposes
    - Ad hoc query requests for special projects

Measures Management Tool

- Challenges—managing content
  - Frequency
    - Updates ongoing
  - Burden of maintaining accuracy
    - CMS program lead and/or contractor review
    - CMS program specifications manuals
    - NQF database
  - Alignment of fields and definitions to other measures database
  - Data entry—inconsistent format of information

Measures Management Tool

- Challenges
  - Frequently changing environment

    Example: IOM domains, National Priority Partnership Priorities, National Quality Strategy Priorities

  - The need to keep the system simple for users, yet flexible to meet needs

    Example: Finding a balance between ease of use and full search capabilities

  - Sharing information
  - Tool is only available to HSAG users

Measures Management Tool

- Future enhancements desired
  - Composite measures
  - Measures with multiple specifications
    - PQRS measures that may have two or three different data sources with accompanying specifications
    - Capturing current and future measure specifications concurrently
  - Identification of "same measures"
    - NQF ID is used to identify the same measure that may be used in a different program; however, no unique identifier exists for non-endorsed measures.

Measures Management Tool

- Lessons learned
  - High need for flexibility to meet evolving needs
  - Standardized reports needed, as well as flexibility for ad hoc reports and queries
  - Don't expect too much too fast. Start simple before adding complex business requirements.
  - Web sites may have security restrictions that impede development of some functions.

Measures Management Tool

- Summary
  - Current CMS Measures Inventory Management Tool
    - Collaborative effort with internal team consisting of technical and subject-matter experts
    - Continuously evolves to meet business requirements

We convene providers, practitioners, and patients to build and share knowledge, spread best practices, and achieve rapid, wide-scale improvements in patient care; increases in population health; and decreases in health care costs for all Americans.

www.hsag.com

Information for Health Care Improvement

Questions or Comments?

Please enter questions into the text/chat box area at the bottom of your screen.

Kaiser Permanente

Joe Jentzsch

Quality Measure Clearinghouse

System Overview

Presented by

Joseph Jentzsch

July 24, 2012

KAISER PERMANENTE®

Quality Measure Clearinghouse

Overview

The KP Quality Measure Clearinghouse (KPQMC) is an on-line repository of important quality measures collected and reported by KP nationally. Measures included in the Clearinghouse may be reported internally, externally, or both.

- KPQMC was created to provide the KP user community a solution with distinct advantages over alternative solutions*
  - KPQMC has a direct link to KP's actual performance results for those measures that are in the Big Q Dashboard
  - KPQMC provides a search functionality that is proprietary and therefore can be fined tuned to the needs of KP users
  - KPQMC is built on the Big Q Dashboard "look and feel", providing familiar and comfortable navigation
  - KPQMC combined some potentially useful information available in either the AHRQ database or the NQF database, but not both

*NQF' Quality Positioning System (QPS), or AHRQ' National Quality Measures Clearinghouse (NQMC)

KAISER PERMANENTE®

Quality Measure Clearinghouse

Overview (cont.)

Purpose

- Storage of metadata underlying important quality measures to assure reasonableness of inferences about improvements over time
- Tool to help inform senior leaders about the "balance" of quality measures across important domains and to guide decisions about resource allocation for quality measurement
- Repository to assist in responding to RFP's and for value demonstration purposes
- Provide advanced search functionality
  - Help demonstrate depth and breadth of quality measures for RFP's and other purposes
  - Provide retrievability of metadata
  - Provide linkage to KP performance results

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quality Measure Clearinghouse

Overview (cont.)

Audience

- Senior leaders
- Research
- Analytical
- Reporting groups
- Several others

KPQMC Maintenance

- Many different groups within KP maintain measures that are displayed
  - Each group has one or more designated "Contacts" that update measures their group maintains
    - Contacts responsible for all information about measures
  - Measures are grouped into Portfolios for ease of recognition within the tool
  - As new measures are identified, existing measures are retired or measure specifications change, the "Contact" updates the Quality Measure Clearinghouse

KAISER PERMANENTE

Quality Measure Clearinghouse

Overview (cont.)

Technical Platform

- Current (see Status slides below)
  - Hosted on Interwoven Teamsite Content Management System (HP Autonomy)
  - Web based tool set
    - DHTML
    - VBScript
    - XML
  - Data repository
    - MS Access

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quality Measure Clearinghouse

Status

KPQMC is currently a fully functional prototype populated with HEDIS® and TJC measures

- Description
- Definitions
- Eligible Population
- Denominator
- Exclusions
- Numerator
- Steward Linkage (as applicable)
    - o Unique Code
    - o Collection
    - o Set and Subset
    - o Link to PDF version of Technical Specification

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Status (cont.)

KPQMC Under Construction Activities

- Linkage to AHRQ
- Linkage to NQF
- Display of eMeasure Specification (where applicable)
- Linkage to BigQ
- Where measure is used
  - ACO, CMS Part C / D Stars, Meaningful Use, etc.
- Key categorization / classification
  - Domain, IOM Domain, Setting, Condition, Data Source, Current Use
- Versioning functionality
  - Changes in specification
  - Trigger process change designation in Big Q

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Quality Measure Clearinghouse

Status (cont.)

KPQMC Under Construction Activities (cont.)

- Migration to Production System
  - Hosted on Virtual Windows 2008 R2 server
  - Web based tool set
    - ASP.NET (Razor)
  - Data Repository
    - SQL Server
    - MS Access for front end data entry
  - Adding relevance ranking to search engine

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Quality Measure Clearinghouse

KPQMC Measure Maintenance

Required information

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Quality Measure Clearinghouse

KPQMC Measure Maintenance

Required information (cont.)

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KPQMC Measure Maintenance

Linkage

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KPQMC Measure Maintenance

Categorization / Classification

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User Experience

Initial Screen

- User is presented with a list of all measure in KPQMC.

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User Experience (cont.)

Filter Results

- Enter Search Term (mimic "Google")

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User Experience (cont.)

Filter Results (cont.)

- List is limited to measures that contain the exact phrase as well as those that contain one or more of the search terms entered

quality measure clearinghouse

User Experience (cont.)

Filter Results (cont.)

- Further restrict list
  - Quick Filters
  - Additional Criteria
    - Only fully populated fields are presented as options

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User Experience (cont.)

View Measure

Privileged and Confidential

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User Experience (cont.)

View Measure (cont.)

- If technical specification is available online, a link is provided
- If measure is in ahrq's national quality measures clearinghouse (NQMC), a link is provided
- If measure is in NQF's quality positioning system (QPS), a link is provided
  - If a eMeasure specification is available, both the human readable and value sets links are provided

Steward:	NCQA
Steward Code:	BCS
Steward Collection:	HEDIS
Steward Set:	Effectiveness of Care
Steward Subset:	Prevention and Screening Measures
	Steward Technical Spec Link
Measure Status:	Active
Regulatory?:	Yes
Regulatory Entity:	CMS
Accrediting?:	Yes
Accrediting Entity:	NCQA
AHRQ?:	Yes
	AHRQ Link
NQF Endorsed?:	Yes
NQF Number:	0031
	NQF Link
25 eMeasure?:	Yes
	eSpecification
	eSpecification Value Set
BigQ?:	Yes
	BigQ Link

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User Experience (cont.)
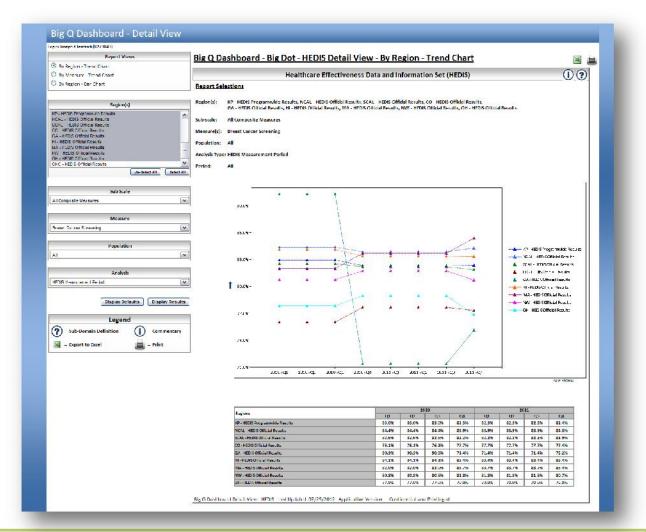
View Measure
(cont.)

- If the measure is on the Big Q Dashboard, a link is provided

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Questions or Comments?

Please enter questions into the text/chat box area at the bottom of your screen.

Agency for Healthcare Research and Quality

Mary Nix

ECRI Institute

Vivian Coates

NQF Measure Registry Needs Assessment Webinar

The National Quality Measures Clearinghouse (NQMC)
July 26, 2012

Mary P. Nix, MS, MT(ASCP)SBB, PMP (AHRQ)

Vivian H. Coates, MBA (ECRI Institute)

Melanie M. Swan, MPH, PMP (ECRI Institute)

NQMC Purpose

- Promote widespread access to evidence-based quality measures
  - Provide accessible mechanism for obtaining detailed information on quality measures
  - Further their dissemination, implementation, and use to inform health care decisions
- Database & Web Site
  - Information on specific evidence-based health care quality measures and measure sets
  - www.qualitymeasures.ahrq.gov

Audience
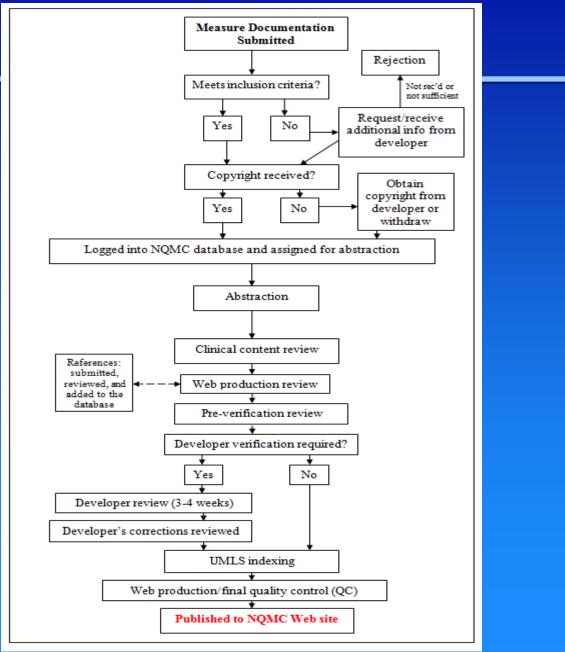
- Physicians
- Physician Assistants or Nurse Practitioners/Nurses
- Quality Managers
- Measure Developers
- Health Services/Clinical Researchers
- Students (Medical, Nursing or Pharmacy)
- Administrators/Managers of Hospital, Health Plan or Medical Group
- Educators/Teachers/Instructors
- Pharmacists or Other Clinical Specialists

NQMC Process Flowchart
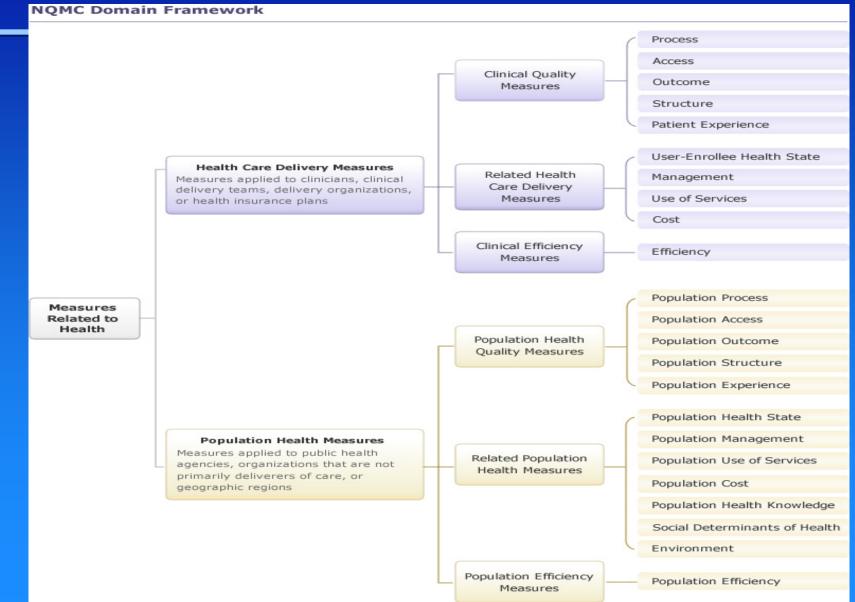
Inputting/Managing Information Over Time

1 • Measures submitted to NQMC and copyright received (if applicable)

2 • NQMC reviews against inclusion criteria and developer is notified of submission status (2 to 3 weeks)

3 • Measures enter NQMC work queue (summaries prepared and reviewed) (approximately 8 to 10 weeks) (Naming Measures, Template of Measure Attributes, Classification Scheme)

4 • Developer verification (3 to 4 weeks)

5 • Post to NQMC Web site (2 to 3 weeks)

6 • Annual verification – reassess currency of measures annually
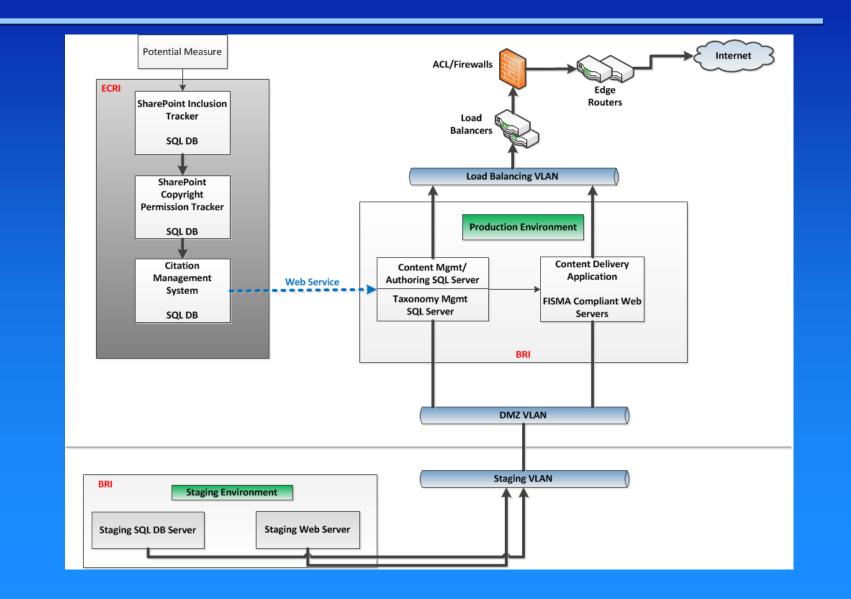
Major Features – Domain Framework

NQMC Domain Framework

NQMC Technical Platform

NQMC Challenges – Maintaining System & Information

- **Work involved in**
  - Measure lead development
  - Getting copyright permission to include specific measures
  - Getting clean data: NQMC staff input all data
- **Versioning**
  - NQF endorsed versions vs versions in current use
  - NHQR/NHDR
  - Measure developers may not realize when they create new versions
- **Developer burden – dual submission**
  - NQF and NQMC

NQMC Challenges – Maintaining System & Information (con't)

- Keeping on top of measure endorsement, measure initiatives
- Frequency of measure updating/lack thereof
- Keeping pace with rapidly evolving quality measures field
- Transition to eMeasures
- Multi-domain composites
- Care coordination/transition measures

Most Useful NQMC Components

- Domain framework
- Measure naming convention
- Inclusion criteria
- Template of measure attributes
- Extensive meta-tagging, including UMLS indexing of all content (summaries, commentaries)
  - Display UMLS concepts
- Citation management system
- Annual verification

Lessons Learned/Incentives

- Robust measure lead development critical
- Facilitated processing of content
  - Post-publication verification
  - "Blanket" copyright permission
- Need for extensive workflow tracking
- Help users understand why different # of NQF-endorsed measures in NQMC vs NQF
- Users want to see measure results (user inquiries, user needs assessment)

HHS Measure Inventory

- Purpose: Provide public an inventory of the measures that are currently being used by HHS agencies for quality measurement, improvement, and reporting

- Goal: Advance collaboration among members of the quality community and to advance the effective use and harmonization of quality of care measures

- Audience: public, quality community

HHS Measure Inventory

- **Platform:** NQMC (relational database backend, integrated web front end)

- **Process:** HHS leads annual call for & collection of measures and updates, NQMC assists

- **Content:**
  - One inclusion criterion
  - 16 attributes

NQMC & HHS Measures Inventory

	NQMC	HHS Measures Inventory
Purpose	Wide dissemination evidence-based measures, sets	Public transparency of measures in use by HHS
Inclusion Criteria	4 criteria	1 criterion
Audience	Same	Same
Platform	Same	Same
Content inputs	NQMC team	HHS agencies
Naming Convention	Yes	No
Measure Attributes	>60	16
Taxonomy	UMLS-driven, plus additional controlled vocabularies developed by NQMC team	HHS-driven at start; continue to refine & align with NQMC
Indexing	Professional indexers	No
Download measure attribute content	No	Yes
Cross-linking	Will be	Yes
Compare side-by-side	Yes	No

White: overview   Green: Content/process   Pink: Web

NQMC, HHS Measures Inventory

- Thank you!

- Questions?

- Mary Nix, mary.nix@ahrq.hhs.gov
- Vivian Coates, vcoates@ecri.org
- info@qualitymeasures.ahrq.gov

Questions or Comments?

Please enter questions into the text/chat box area at the bottom of your screen.

U.S. Department of Veterans Affairs

Steven M. Wright
Kristin Janssen

Measure Management System within the Department of Veterans Affairs Healthcare System

Office of Analytics and Business Intelligence

Steven M. Wright & Kristin Janssen

26 July 2012

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century
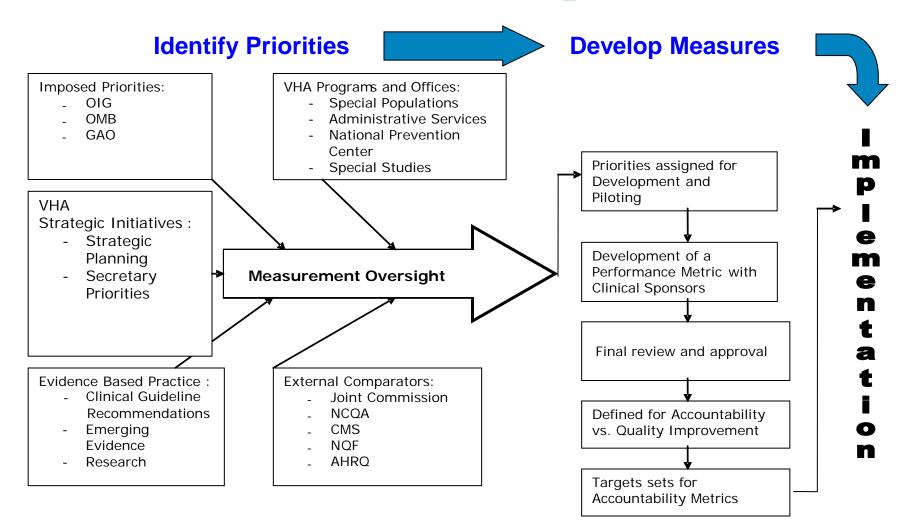
Background: Veterans Health Administration

- 153 Hospitals, 800+ Community Based Outpatient Clinics, comprehensive delivery of health care to veterans.

- Key Attributes of the Performance Measurement System
  - Driver of VHA quality improvement
  - Transparency (no black box business rules or methodologies)
  - Network and facility managers performance plan
  - Management of large inventory of measures (>400)

Types of Measures in VA System

- Accountability - Managers' Performance Appraisal Plan
- Quality Indicators (with and without goals) – monitoring and tracking
- Operational – internal operational metrics
- External stakeholders (e.g., Congress)

Metric Development

Identify Priorities → **Develop Measures**

Imposed Priorities:
- OIG
- OMB
- GAO

VHA Strategic Initiatives:
- Strategic Planning
- Secretary Priorities

Evidence Based Practice:
- Clinical Guideline Recommendations
- Emerging Evidence
- Research

VHA Programs and Offices:
- Special Populations
- Administrative Services
- National Prevention Center
- Special Studies

External Comparators:
- Joint Commission
- NCQA
- CMS
- NQF
- AHRQ

Measurement Oversight

Priorities assigned for Development and Piloting

Development of a Performance Metric with Clinical Sponsors

Final review and approval

Defined for Accountability vs. Quality Improvement

Targets sets for Accountability Metrics

Implementation
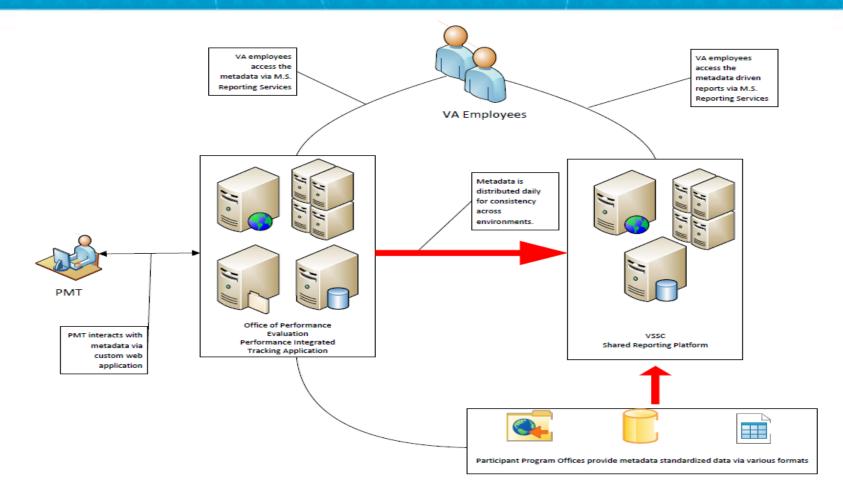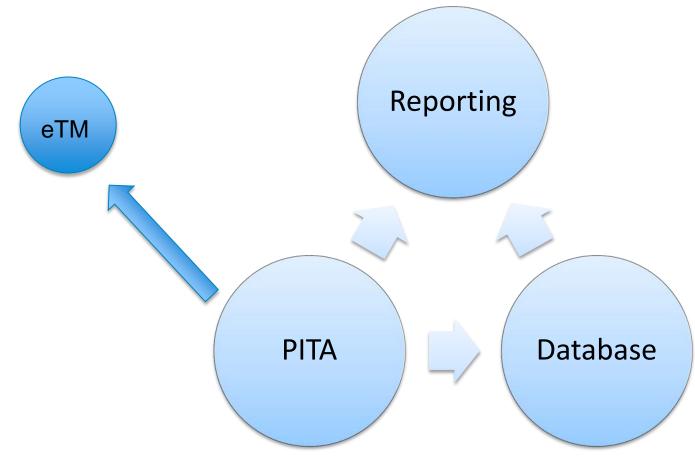
PITA - Performance Integrated Tracking Application Core of VA Measure Management System

- Metadata library of information about performance measures that contains the technical specifications and administrative attributes about measures.

- PITA is a tool used for:
  - Internal management of measures
  - Drive specifications for reporting
  - Populate technical manual for measure users

- PITA users:
  - Facility Quality Managers and front line staff
  - Facility Directors
  - Network Directors
  - Program Office Administration
  - Leadership

Integrated Measure Management System

Integrated Measure Management System Electronic Technical Manual (eTM)

Measure Measurement System - Useful Components

- Centralization of measure management and reporting

- Central repository for measure specifications and results

- Standardized definition of measures and key attributes for collection and scoring

- Standardized assignment of unique mnemonic for tracking and continuity

- Integrity of data, metadata and reporting

- Recognition of leaders and field that PITA is gold standard source for data

PITA Tool

PITA: Specifications and Administrative Attributes

DM - Outpt Foot pedal pulses(c6)
Record Year 2012

Definition	Details	Reporting	Tech Manual	Library	History	Issues

Fiscal Year	2012
Clinical Domain *	Clinical
Tech Manual Contact *	Kristin Janssen
Tech Manual Contact Office	OQP / OQP
Clinical Measure Type *	Process
Cohort *	DM Outpatients
Cohort Inclusions	
Cohort Exclusion	Evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting.
Denominator *	DM outpatients in sample
Denominator Inclusions	
Denominator Exclusion	Bilaterial lower extremity amputation
Numerator *	Documentation in record that within the past year the pulses were checked in the patient`s feet.
Numerator Inclusions	
Numerator Exclusion	
Rationale/Background	
Previous Results	
Business Rules for setting goals	

Performance Measure Report

Select Facility	National- (National) ⌄	Select Measure(s)	acr1 - All Cause Readmission, ⌄
Select Measure Type(s)	NDPP, T21, QI, OMB/PAR, MPR ⌄	Select Reporting Period(s)	YTD, Qtr1, Qtr2 ⌄
Scoring and Reporting Display	No ⌄	Display Num/Dem	No ⌄
Display VISN Plan Measures Only (Pick VISN(s) First)	No ⌄		

|◁ ◁ 1 of 2 ? ▷ ▷| 100% ⌄ | Find | Next 🖫 ▾ ⟳ 🖶 📇

Click to Send Feedback

2012 Performance Measure Report For National

Measure Type	Measure Name	Mnemonic Click the Mnemonic to go to the Tech Manual	Most Recent Date Data Provided	Target	YTD	Qtr1	Qtr2
NDPP	PACT Implementation	pact1	7/9/2012	3/5	0.00	0.00	0.00
	PACT: Completed PC appts w/in 7d of Desired Date	pact6	7/9/2012	90%	89.83 %	89.79 %	89.59 %
	PACT: Same-Day Appts w/ PCP	pact7	7/9/2012	66%	56.03 %	55.43 %	55.82 %
	PACT: Primary Care Provider Continuity	pact8	7/9/2012	75%	76.09 %	74.80 %	75.70 %
	PACT: Telephone Utilization	pact9	7/9/2012	20%	27.09 %	22.69 %	28.82 %
	PACT: Post-Discharge Contact	pact11	7/9/2012	50%	44.85 %	32.92 %	48.85 %
	HUD-VASH Vouchers - Percentage of Veterans Housed	hmls3	7/10/2012	88%	88.12 %	76.40 %	83.08 %

PITA: Change Management of Meta Data

- Internal
  - Log of all changes made to record during development, piloting and implementation
  - Two tiered approval process for changes
  - Issue tracking to monitor pending change, items for clarification
- External
  - Transparent log of all changes (doesn't post spelling corrections, etc.)
  - Ability to link a retired measure to the next iteration and vice versa

Challenges

- Complex organization with complex process for measurement development and reporting

- Initial development of a one stop shopping reporting platform

- Introduction of eTM to user community

- Capturing variety of measures being used

- Standardization of measure name (mnemonic) - Facilities that have modified national measures but not the name/mnemonic

Lessons Learned

- Measurement, database and reporting expertise required – need all the players to succeed

- Transparency in change management - PITA tool in use while undergoing refinements

- Leadership Support to champion development and use of tool

- Need mechanism to identify/accommodate pilots and developing measures

Questions or Comments?

Please enter questions into the text/chat box area at the bottom of your screen

National Quality Forum

Jason Johnson
Anisha Dharshi

NQF's Measure Information Management

- Track measure information for NQF's measure endorsement and maintenance processes.

- Provide access to support measure development and use of endorsed measures.

- Rely on a back-end database to house full measure specifications and related information (from measure developers and staff).

Naming Conventions & Versioning

- Measures are assigned a number and retain that number throughout their lifecycle, regardless of endorsement status.

- Measure versions are documented using a numbering system. The convention reflects 'major', 'minor', and 'patch' updates to a measure.

Communicating Measure Information

- Through the Quality Positioning System (QPS), anyone can access information about endorsed measures.

- Only major updates to endorsed measures are displayed publicly.

Open Discussion

Please enter questions into the text/chat box area at the bottom of your screen.

Next Steps

- Webinar recording and summary posted next week

- Stakeholder Discussion Summary on NQF website

- In-person meeting: September 5, 2012

- Final report to HHS: End of 2012

www.qualityforum.org/RNA

rna@qualityforum.org