HHS-Sponsored Measure Registry Needs Assessment

Exploration of Current Systems and Approaches for Measure Information Management

July 26, 2012



NATIONAL QUALITY FORUM



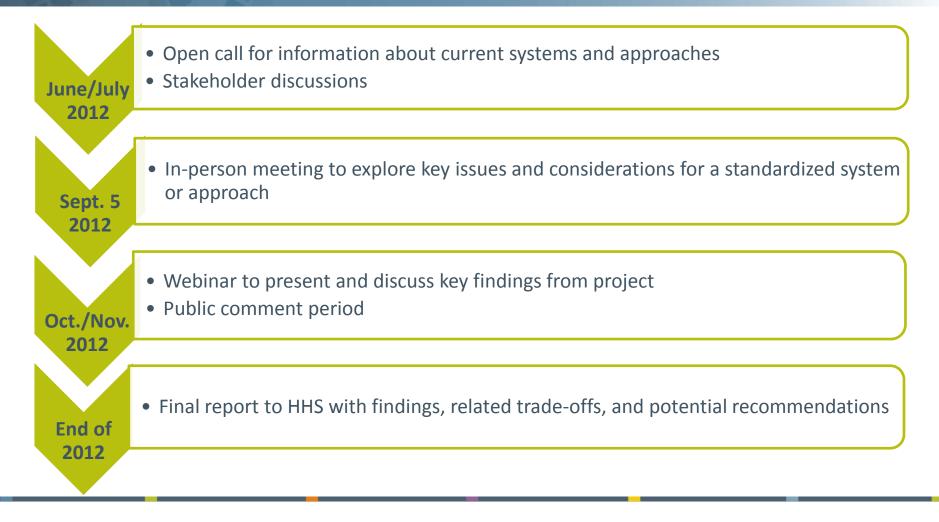
- Overview of the Measure Registry Needs
 Assessment Project
- Learn about Several Systems and Approaches for Measure Information Management
- Open Discussion

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



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



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

Q&A Forum





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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



Functionality

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



HOME

Site Home

Welcome to the Performance Measurement Network Q&A Forum

Measure Specifications Manuals

 Future: Specifications Manual for Joint Commiss National Quality Core Measures (version 2012B) 01 February 2012 (HBIPS and PC Measures: applicable to Discharges 07-01-12 (3Q12) throug 12-31-12 (4Q12)) Current: Specifications Manual for Joint Commiss National Quality Core Measures (version 2012A) 01 September 2011 (HBIPS and PC Measures: applicable to Discharges 01-01-12 (1Q12) throug 06-30-12 (2Q12)) 	Quality Measures • Future Specification Manual for National Hospital Quality Measures • Historical Specification Manuals for National Hosp Quality Measures • Quality Measures
--	--

Login Register Print

Archived specification manuals...



Close Archive...

- Version 2011A
 - o Original release version 2011A (01 December 2010)
- Version 2010B
 - Original release version 2010B (01 Apr 2010)
 - First update version 2010B1 (21 Jul 2010)
 - o 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))
 - o Original release version 2010A (13 Oct 2009)
 - First Update version 2010A1 (08 Dec 2009)
 - o Final version version 2010A2 (11 Jan 2010)



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)

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





Clinical Specification Questions

1

Related to	Answered on	Frequently Asked
HBIPS,	20 Apr 2009 08:04	Questions
k for VTE? STK,	08 Apr 2010 10:00	
Question: HBIPS Event Dates	Prior to Admission	
Post follow-up question		
Please verify the following is correct in re-	gards to data collection and sub	mission for HBIPs events:
date for restraint event is documented in	the ED (month one). There were	
the inpatient psychiatric stay (month two).		
Data Collection: Do not report the month psychiatric care setting.	one restraint event, because this	occurred prior to admission to the inpatient
Report all of the other events that occurre	d during inpatient psychiatric sta	ıy (month two).
Answer:		
You are correct. Only the events that occu the month two events would be reported.	rred as an inpatient in the psych	iatric unit would be reported. In this case only
	Question Details	
	HBIPS, SK for VTE? STK, Question: HBIPS Event Dates Post follow-up question Please verify the following is correct in reg Example: Patient arrived in ED on last day date for restraint event is documented in it the inpatient psychiatric stay (month two). Data Collection: Do not report the month psychiatric care setting. Report all of the other events that occurre Answer: You are correct. Only the events that occur	HBIPS, 20 Apr 2009 08:04 Sk for VTE? STK, 08 Apr 2010 10:00 Question: HBIPS Event Dates Prior to Admission Image: Post follow-up question Please verify the following is correct in regards to data collection and sub Example: Patient arrived in ED on last day of month one. Patient admitted date for restraint event is documented in the ED (month one). There were the inpatient psychiatric stay (month two). Data Collection: Do not report the month one restraint event, because this psychiatric care setting. Report all of the other events that occurred during inpatient psychiatric sta Answer: You are correct. Only the events that occurred as an inpatient in the psych the month two events would be reported.

Related documents: HBIPS, Event measures and ED patients

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

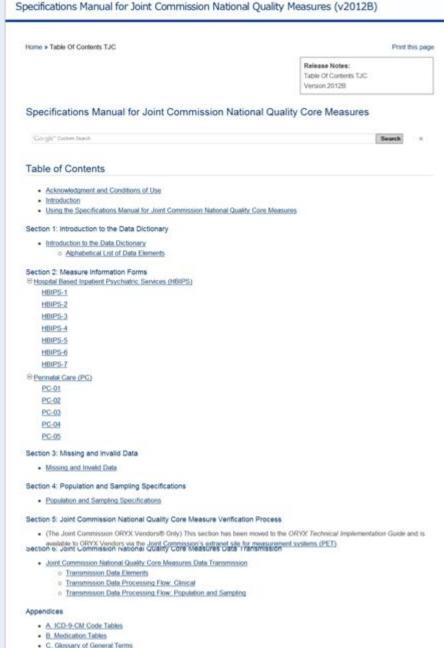
Core Measure Solution Exchange [™]

-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.

Select Measure: All measures Advanced search criteria Show solutions	Search Solutions	Highest Rated Solutions	Solutions by Keyword	Solutions by Set	► Newest Solutions
Advanced search criteria	Search for Sol	utions			
	Select Measure:	All measures			•
Show solutions	Advanced search of	riteria 🗉			
		Show solutions			







- C. Glossary of General Terms
- . D. Overview of Measure Information Form and Flowchart Formats
- E. Miscellaneous Tables
- F. Resources

Release Notes

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

Previous Releases:

- <u>Release Notes for Manual v2012A August 31, 2011</u>
 - Listserv Message addendum to update for Manual v2012A sent November 23, 2011
- Addendum v2011A August 7, 2011
- <u>Release Notes for Manual v2011A November 30, 2010</u>
- 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
- <u>Release Notes for Manual v2010A October 1, 2009</u>

Printable Version

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

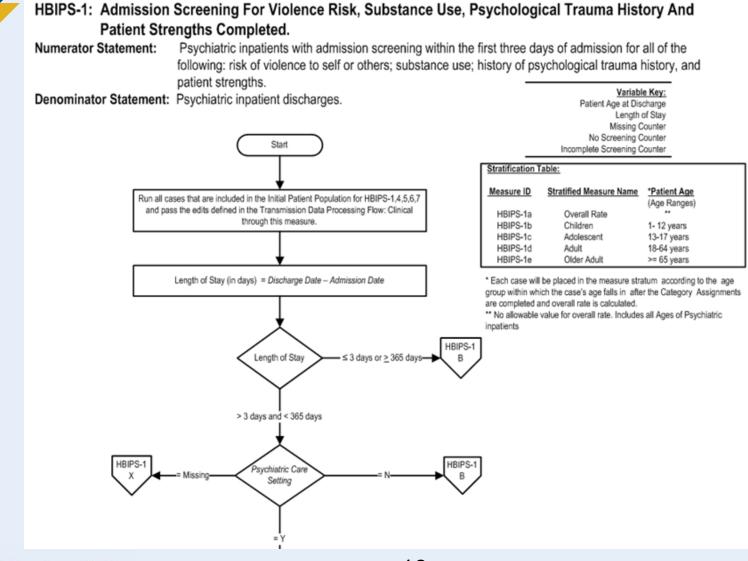
Links within webpage and to other webpages

Sample Size Requirements Quarterly Sampling 	Set Measur	es
 Monthly Sampling 	Set Measure ID	Measure Short Name
 Sample Size Examples 	HBIPS-1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed
Sample Size Examples	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,
L	Discharge Date	All Records, Not collected for HBIPS-2 and HBIPS-3

The Joint Commission





The Joint Commission

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Specifications Manual for Joint Commission National Quality Core Measures

Google[™] Custom Search

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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



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

Manual » PerinatalCare	
▼ Text ► Form ► Settings ► Help	
н1 н2 н3 н4 А А <u>А</u> А	III 🔃 🔃 E E E E E E E E E E E E E E E E E
This section defines the Introducti %STARTSECTION{name="intro" type="se	on text displayed at beginning of topic. ction"}%
%ENDSECTION{name="intro" type="sect	ion"}%
This section defines the other text %STARTINCLUDE%	displayed at end of topic.
++ Perinatal Care (PC) Initial P	atient Population
The PC measure set is unique in tha mothers and newborns.	t there are two distinct Initial Patient Populations within the measure set,
Mothers The population of the PC-Mother mea	sures (PC-01, 02, and 03) are identified using 4 data elements: agnosis Code
The Joint Commission	21

 \succ 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

lanual » PerinatalC	are		
► Text ▼ Form	► Settings ► Help		
I			
		Manual.MeasureSetFo	orm
TopicType:	MeasureSet		
Name: *	Perinatal Care		
Measure ID: *	PC		
Related:	Acknowledgement	BCCPopulationAndSampling	QualityMeasureVerificationProcess
Set all Clear all	AcknowledgementPBM	CoverPagePBM	ReferencesHCSS
	AcknowledgementTJC	CoverPageTJC	ReferencesStroke
	AlphaDataElementList	DataCollectionHCSS	SamplingChapter
	AppendixA	DataCollectionStroke	SamplingChapterTJC

The Joint Commission

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 <u>oryxpms@jointcommission.org</u>.

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 <u>oryx@jointcommission.org</u>.



Step 2: Additional Question Details

Select Related Measure Sets and Measures: Required

- Click on "+" before Measure Set to show related Measures.
- Click on a measure set or measure to select, click again to de-select.

Ask a New Question

ACHE - Advanced Certification Heart Failure Select applicable focus area(s): (Check all that apply) AMI - Acute Myocardial Infarction Typographical error identified -AMI-1 - Aspirin at Arrival AMI-2 - Aspirin Prescribed at Discharge Related Manual - Data Quality Manual AMI-3 - ACEI or ARB for LVSD Related Manual - ORYX Technical Implementation Guide Other Select Related Data Elements: Start typing name of Data Element. Autofill will list Data Elements starting with those letters. Enter Data Element: Select Related Supplemental Materials: Select Select Version of Manual: Select



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 Commission 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.



Step 4: Post Question		
Question or short Summary: (required) (Please do not use quotes or spe	cial characters)	Ask a New
You have 100 characters left.		Question
Additional details:		
	Question: test	
If you wish to submit a file related to your question, you'll be able to do s Post My Question	* Post follow-up question	
	Focus area(s): Measure	
	Related documents: AM File: <u>File</u>	I, AMI-1, Transmission
The Joint Commission	26	

>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 emailed to the requestor.

Sort by: Last Modified Filter by: My Ca	tegories -		Limit To: 10
Question and categories	Post/Mod 👔	On	Status
t <u>est</u> Category: <i>Measure Specifications - Clinical</i> Related to: AMI, AMI-1, T ransmission	PattyCraig PattyCraig	25 Jul 2012 22:27 25 Jul 2012 22:28	New 0 seconds since posted

- 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.



- 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.





Questions or Comments?

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



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



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Information for Health Care Improvement

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.



- 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



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



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

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



Main Menu

HSAG HEALTH SERVICES ADVISORY GROUP		HSAG Measure Management Tool
	Main Menu	
	Utility Menu Exit	

Information for Health Care Improvement



Search Page

E Main Menu					
CMS Program:			Setting:	NQSP :	
ShortName	ProgramUse	*	Ambulatory care 🔺	Making Care Safer	Search
Adult Medicaid	Adult Medicaid		Ambulatory Surge	Patient and Family Engagement	
ASC	ASC Quality Reporting		Community	Communication and Care Coordina	
Cancer Hosp QRP	PPS Exempt Cancer Hospital	T	Dialysis Facility	Effective Prevention and Treatmer	
Unit of Measure:	 Condition: 	•	Health Home	Best Practice of Healthy Living	
NQF Status:	 Measure Type: 	-	Home Health Hospice	Making Care Affordable	Clear Filters
Steward:	 Contractor: 	•	nospice 💡		Clear Filters
Program Status	▼ NQF #:		Measure ID:		
					Edit Measure
					Add Measure
					Export Selected Measures
					Export All Active Measures
					CMS Inventory
					GTL Report
					MUC Report - All
					MUC - Selected Program(s)
					White House Report - All
					White House - Selected Programs
					MIF (Word)
Select All Active Measures	s Total active:		Close		
	Total inactive:				

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Information for Health Care Improvement

*Measures Management Tool*Search Page (cont'd)

🔳 Main Menu	fSe	arch			
CMS Program	:		Setting:	NQSP :	
ShortName		ProgramUse 🔺	Ambulatory care 🔺	Making Care Safer	Search
Physician Fee	edback Pr	ogram Value-Based Payment Modifier	Ambulatory Surge	Patient and Family Engagement	
Physician Qu	ality Rep	orting Sy PQRS	Community	Communication and Care Coordina	
QIO		QIO T	Dialysis Facility	Effective Prevention and Treatmer	
Unit of Measu	ıre:	▼ Condition:	Health Home	Best Practice of Healthy Living	
NQF Status:	End	orsed 🔻 Neasure Type: 💌	Home Health	Making Care Affordable	
Steward:	CMS	Contractor:	Hospice 💂		Clear Filters
Program State	JS	▼ NQF #:	Measure ID:		
MeasureID		Measure			Edit Measure
228		124 Health Information Technology (HIT): Adoption/Use of I	Electronic Health Reco	rds (EHR)	
233		L31 Pain Assessment Prior to Initiation of Patient Therapy a			Add Measure
234		134 Screening for Clinical Depression and Follow-Up Plan			
1253	Yes	235 Hypertension (HTN): Plan of Care			Export Selected Measures
728	Yes	Adherence to Chronic Medications			Export All Active Measures
743	Yes	Adherence to Chronic Medications for Individuals with Diab	etes Mellitus		Export / all / telled incusures
1141	Yes	Adherence to Statin Therapy for Individuals with Coronary A	Artery Disease		CMS Inventory
2257		Diabetic Foot Care and Patient/Caregiver Education Implem	ented During Short Ter	m Episodes of Care	
1900		Monthly INR for Beneficiaries on Warfarin			GTL Report
1143		Monthly INR Monitoring for Beneficiaries on Warfarin			
2256	Yes	Thorax CT: Use of Contrast Material			MUC Report - All
					MUC - Selected Program(s)
					White House Report - All
					White House - Selected
					Programs
					MIF (Word)
Select Al	Active	leasures Total active: 10			
Select Al	Active in		Close		
		Total inactive: 1			



Information for Health Care Improvement

Measure Details

-8 Main M	enu	🕫 fSea	rch 😑	fMeasures										
Measure:	1	31 Pain	Assessm	nent Prior to Initia	tion of Pati	ent Thera	py and Follow	/-Up						*
														•
Measure	Progra	am(s)	Numera	tor/Denominator	NQF Endo	orsement	MMT Notes	Feasil	bility/Rating					
Measure	D:	233					op Twenty		V Active					
Descript	ion:								pain assessment throu		sion with th	e patient inc	luding the us	se of a
		stand	ardized	tool(s) on each vis	it AND doc	umentatio	on of a follow	-up pla	n when pain is present					
Setting:		Ambu	latory ca	are				-	Measure Steward:	CMS				•
NQF ID:		0420							GTL/COTR First Name	:				
Type:		Proce	SS					•	GTL/COTR Last Name					
NPP Goa	l:	Patie	nt Safety	,				•	GTL/COTR Email:					
Measure	Set:	PQRS	; 2010 In	dividual Report					Measure Contractor:					-
Conditio	n:	Pain						•	POC First Name:					
Sub-Cond	dition:						•		POC Last Name:					
URL:									POC Email:				_	
Unit of							•		NQF Username:					
Measure	:	De	ata Sourc	-		Number	and Quality Q		Daiaaita					
				e			onal Quality St		-					
		*	aims		_		noting the Mo	st Effec	tive Prevention and Tr	eatment	0. 🔺			
					•	*					•			
		Recor	d: 14	of 1 🕨 🕨 🕅	🖗 No Filter	Record: 1	← ← 1 of 1	▶ ▶ ▶ ≣	K No Filter Search					

Information for Health Care Improvement



Program(s)

=8 Ma	in Menu	J 🔳 fSei	arch == fMeasures								
Aeasu	e:	131 Pair	n Assessment Prior to Initiat	tion of Patient Thera	py and Follow	/-Up					
Measu	re Pro	ogram(s)	Numerator/Denominator	NQF Endorsement	MMT Notes	Feasibility/Rating	3				
	MS Pro	ogram	Use	Program St	atus	Priority	Start Date	End Date	User Name	Last Update	Create Date 🔺
P	nysicia	_	Physician Feedback	Current - In	nplemented	▼ ²			ccassell	1/25/2012	8/22/201
			individual Report				1	1			
	IAP omme	ents									
	nysicia: uality	n	PQRS	Current - In	nplemented	▼ N/A	1/1/2008		ccassell	8/22/2011	12/28/201
L L	omme	nts Start	and End Dates from White I	ouse Table						`	
	1AP omme	nts									
	nysiciai edbac	n k/Value	 Value-Based Payment Modifier 	▼ Future - Pro	oposed	•			ccassell	7/18/2012	7/18/201 =
	onne	7/17	2012 PES NPRM Measure i	proposed for future	e implementa	ation in VBM.CC			- '	`	
	1AP omme	nts									
*			•	•		-					7/23/201
C	omme	nts								`	
	1AP omme	nts									
											-
						1111					

Close

Information for Health Care Improvement



Measures Management Tool Numerator/Denominator

Measure. 13	of Pain Assessment Phot to initiation of Patient merapy and Ponow-Op
Interface Program(s) Winerator/Denominator Interface Program(s) Assessment Prior to Initiation of Patient Therapy and Follow-Up Weasure Program(s) Winerator/Denominator Interface Program	
Numerator:	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
Denominator:	All patients aged 18 years and older
	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

Measures Management ToolNQF Endorsement

📲 Main Menu 🔳 fSear	ch = fMeasures		
Measure: 131 Pain	Assessment Prior to Initiation o	of Patient Therapy and Follow-Up	
Measure Program(s)	Numerator/Denominator NQF	Endorsement MMT Notes Feasibility	ty/Rating
NQF #	0420	Review Cycle	C •
Endorsed Status	Endorsed 👻	Review Committee	Functional Status
Endorsment Date	7/31/2008	Conversion to ICD 10 required?	
Annual Updates	Q4 💌	Date Completed	
Date Completed		Is EHR Conversion Required?	
Condition	-	Steward	▼
Sub-Condition	-	Contractor	•
NPP	•	Measure Type	•

Close



MMT Notes

	fSearch = fMeasure	5			
Measure:	131 Pain Assessment Price	or to Initiation of	Patient Therapy	and Follow-Up	
Measure Pro	gram(s) Numerator/Den	ominator NQF E	ndorsement N	AMT Notes Feasibility/Rating	
Comment:	TLE removed by CSAC on undergoing updating and		ed using 2010 C	MS PQRI Measure Specifications Manual. 3/2010,	
Status	Status Date	Start Date	End Date	Comments	
Current	▼ 8/26/2011			2012 Physician Quality Reporting System (Physician Qua	
*	•				
Developm	nent Cycle Date		D	Pate ready for NQF submission:	
			٩	Close	
					45





ility Menu	
SAG HEALTH SERVICES ADVISORY GROUP	
AUVISION DIOUF	HSAG Measure Management Tool
Utility Menu	
Add/Edit Conditions Name	
Sub Conditions	
Link Subconditions to Condition	
Contractors Name	
Data Sources	
🗌 Measure Type	
CMS Programs	
🔄 Measure Steward	
NPP Goals	
Unit of Measurement	
NQF Status	
📄 Measure Status	
Settings Description	
NQSP Description	
Program Use Description	
Program Status Description	
📄 Return to the Main Menu	



Report Example

<u>Program</u> <u>Status</u>	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 Current - Not	Ambulatory Surgical Center Quality Reporting Ambulatory Surgical Center	ASC Quality Reporting ASC Quality	ASC-1: Patient Burn -Percentage of ASC admissions experiencing a burn prior to discharge ASC-2: Patient Fall	to discharge	Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge Ambulatory Surgery Center (ASC) admissions experiencing a fall
Implemented Current - Not	Quality Reporting Ambulatory Surgical Center	Reporting ASC Quality	ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	ASC	within the confines of the ASC Number of Ambulatory Surgery Center (ASC) admissions with an
Implemented	Quality Reporting	Reporting		infection were administered on time	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	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		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)	



- 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



- 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

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



- 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.





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.

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





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and decreases in health care costs for all Americans.

www.hsag.com

This material was prepared by Health Services Advisory Group, Inc., the Measures Management Innovation Project Contractor for the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. AZ-10SOW-MM-072312-01





Questions or Comments?

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



Kaiser Permanente

Joe Jentzsch

System Overview

Presented by Joseph Jentzsch July 24, 2012

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

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

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

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
 - o Data repository
 - MS Access

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)
 - Unique Code
 - Collection
 - Set and Subset
 - Link to PDF version of Technical Specification

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
 - o ACO, CMS Part C / D Stars, Meaningful Use, etc.
- Key categorization / classification
 - o Domain, IOM Domain, Setting, Condition, Data Source, Current Use
- · Versioning functionality
 - Changes in specification
 - Trigger process change designation in Big Q

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

KPQMC Measure Maintenance

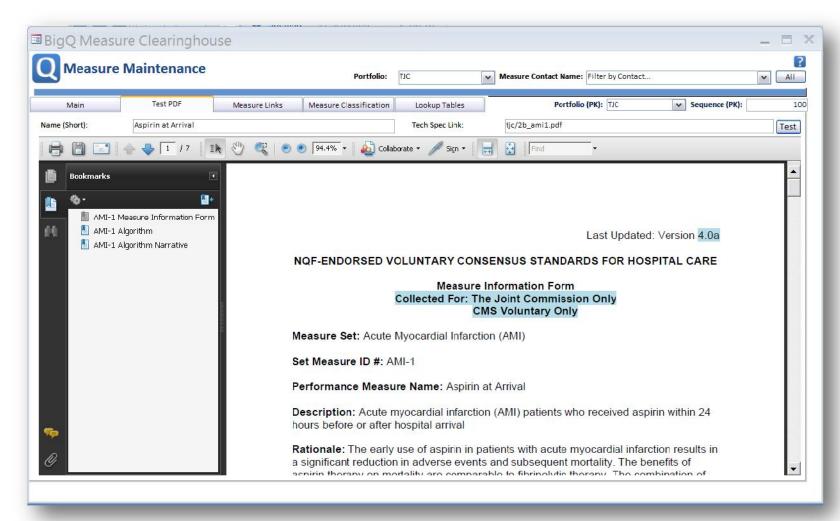
Required information

Measure	Maintenance		Portfolio:	TJC	Measure Contact Name: Filter by Contact		
Main	Test PDF	Measure Links	Measure Classification	Lookup Tables	Portfolio (PK): TJC Sequence (PK):		
ime (Short):	Aspirin at Arrival			Contact Name:	Patrick Smith		
me (Long Version):	Aspirin at Arrival (AMI-	-1)		Tech Spec Link:	tjc/2b_ami1.pdf		
asure Type:	Computed Measure		~	Status:	Active		
nerator Count:			1	Eligible Populations:	AMI patients Included Populations: Discharges with an ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, Table 1.1		
egory:	Inpatient Effectiveness		~		Diagnosis Code for Alviras defined in Appendix A, Table 1.1		
ward Name:	TJC		~				
ward's Code:	AMI - 1						
vard Collection:	С						
ward Set: ward SubSet:	Acute Myocardial Infar	ction (AMI)		Denominator:	AMI patients Included Populations: Discharges with an ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, Table 1.1		
duct Lines:	Commercial Medicaid Medicare Medicare SNP		* *				
cription:	Description: Acute myo aspirin within 24 hours early use of aspirin in p in a significant reductio The benefits of aspirin t fibrinolytic therapy. The provides additive benef infarction (ISIS-2, 1988) elevation myocardial in	before or after hospital atients with acute myoc n in adverse events and herapy on mortality are combination of aspirin its for patients with ST-t . Aspirin is also effective	arrival Rationale: The ardial infarction results subsequent mortality. comparable to and fibrinolytics elevation myccardial in patients with non-ST-	Numerator:	AMI patients who received aspirin within 24 hours before or after hospital arriva		
initions:				Exclusions:	Excluded Populations: - Patients less than 18 years of age - Patients who have a Length of Stay greater than 120 days - Patients with Comfort Measures Only documented on day of or day after arrival - Patients enrolled in clinical trials - Patients discharged on day of arrival - Patients discharged to another hospital on day of or day after arrival - Patients who left against medical advice on day of or day after arrival - Patients who left against medical advice on day of or day after arrival - Patients who after arrival - Patients wi a documented Reason for No Aspirin on Arrival		

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KPQMC Measure Maintenance

Required information (cont.)



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KPQMC Measure Maintenance

Linkage

Measure M	laintenance		Portfolio:	JUC 💽	Measure Contact Name: Filter by Contact	▶ <u></u>	
Main	Test PDF	MeasureLinks	Measure Classification	Lookup Tables	Portfolio (PK): TJC	Sequence (PK):	1
casure Name:	Aspirin at Arrival						
porting Frequency:	Quarterly		~	In AHRQ Clearinghouse	.?		
sk Adjusted?				AHRQ Link:			
gulatory?				NQF Endorsed?			
egulatory Entity:			¥	NQF Measure Number			
sed for Accreditation?				NQF Site Link:			
ccrediting Entity:			~	Available as eMeasure	?		
P Reporting: Select all reports where any ntity of KP submits this reasure) Other Initiatives And Statu Select all initiative where this reasure can be submitted ven (KP does not contribute)	Dialysis Facility C Home Health Comp Hospital Compare Hospital Inpatient	Best HP (Medicare) Rpt Prog (pend) iage 1) Quality Alliance (AQA) ompare (DFC) pare		Available as enteasure Measure in Big Q? Big Q Link: External Links: (Separate links by semi-coli Target Audience:			
rd. 14 ≪ 1 of 93 → M	Nursing Home Con	Reporting System					

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KPQMC Measure Maintenance

Categorization / Classification

Main	Test PDF	Measure Links	Measure Classification	Lookup Tables	Portfolio (PK): T.	JC Sequence (PK):	10
lame (Short):	Aspirin at Arrival						
omain:			~				
etting:	8.1		~				
ondition:	Cancer						
ondition.	Cardiovascular		×				
	Endocrine						
	GI						
	GU/GYN						
	Infectious Diseases						
	Mental Health		*				
ata Source:	Administrative Claims		×				
	Electronic Clinical Data						
	Hybrid	a					
	Laboratory						
	Paper Records						
	 Pharmacy Registry 		*				
urrent Use:	Accreditation						
urrent ose.	Disease Surveillance		×				
	External Benchmarking		=				
	Internal Reporting						
	Payment Program Professional Certificati	on					
	Public Health	on					
	Public Reporting		~				

User Experience

Initial Screen

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

Kaiser Permanente.				Change Font Size A A A A User Guide Contact Us
Quality Measure (Clearingh	ouse		
				Enter search term(s)
Home Effectiveness Pati	ent Centerednes	s Safety	Efficiency	/ Equity Timeliness
Quick Filters Measure must meet <u>all</u> checked criteria Regulatory Accreditation	Quality Measures (2	- A	12	
🗆 In BigQ 🔲 AHRQ	Measure ID	Steward	Collection	Measure Name
NQF Endorsed eMeasure Risk Adjusted	E TJC100	JLT	TJC	Aspirin at Arrival (AMI-1)
Clear All Display Results		TJC	JL	Aspirin Prescribed at Discharge (AMI-2)
🗄 Additional Criteria	E TJC300	TJC	TJC	ACEI or ARB for LVSD (AMI-3)
	TJC400 TJC400	TJC	JL	Beta-Blocker Prescribed at Discharge (AMI-5)
	TJC500 TJC500	TJC	TJC	Median Time to Fibrinolysis (AMI-7)
		TJC	TJC	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (AMI-7a)
	TJC700	TJC	TJC	Median Time to Primary PCI (AMI-8)

User Experience (cont.)

Filter Results

Enter Search Term (mimic "Google")

KAISER PERMANENTE. Quality Measure (Clearingh	nouse	_	Change Font Size A A A A User Guide Contact Us Emergency Department
Quick Filters Measure must meet <u>all</u> checked criteria Regulatory Accreditation	ent Centerednes <u>Quality Meas</u> All Measures (sure Clearir 211 Measur	nghouse - N es/227 Num	y Equity Timeliness leasure List erators)
In BigQ AHRQ NQF Endorsed Measure	Measure ID	Steward	Collection	Measure Name
Risk Adjusted	I TJC100	TJC	JL	Aspirin at Arrival (AMI-1)
Clear All Display Results	I TJC200	TJC	JLT	Aspirin Prescribed at Discharge (AMI-2)
🗷 Additional Criteria	E TJC300	JLT	JL	ACEI or ARB for LVSD (AMI-3)
	E TJC400	TJC	JLT	Beta-Blocker Prescribed at Discharge (AMI-5)
	I TJC500	JLT	JL	Median Time to Fibrinolysis (AMI-7)

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

KAISER PERMANENTE.				Change Font Size A A A User Guide Contact Us
Quality Measure	Clearingh	nouse		
				Enter search term(s)
Home Effectiveness Pa	tient Centeredne:	ss Safet	y Efficiency	y Equity Timeliness
Quick Filters Measure must meet all checked criteria Regulatory Accreditation In BigQ AHRQ	Quality Meas Filtered List (2 Search terms app	3 Measure	s/27 Numerat	
	Measure ID	Steward	d Collection	
Risk Adjusted				Denominator: Any ED Patient from the facility's emergency department
Clear All Display Results	⊞ TJC5102	JC	JL	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure (ED-1b) <u>Search Term(s) Found</u> Denominator: Any ED Patient from the facility's emergency department
	■ TJC5103	TJC	TJC	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients (ED-1c) <u>Search Term(s) Found</u> Denominator: Any ED Patient from the facility's emergency department
	E TJC5104	Ъ	TJC	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Psychiatric/Mental Health Patients (ED-1d) <u>Search Term(s) Found</u> Denominator: Any ED Patient from the facility's emergency department

User Experience (cont.)

Filter Results (cont.)

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

Quick Filters Measure must meet all checked crit	eria
Regulatory Accredit	
	tation
In BigQ AHRQ	
NQF Endorsed eMeasu	ıre
Risk Adjusted	
Clear All Display Re	sults
Additional Criteria	
Drop Downs: Measure must meet <u>al</u> selected criteria.	l
Multi Selects: Measure is displayed more criteria selected is true.	if <u>one or</u>
Hide Criteria not Populate	d
Category	
Choose from list	*
Stewards	
Choose from list	Y
Product Line	
Commercial Medicaid	
Medicare	
Medicare SNP	
KP Reporting	
ACO (draft)	
CMS Part C Stars CMS Part D Stars	
Consumer Reports Best HP (Comm) Consumer Reports Best HP (Medicare)	
HEDIS	Y
Hose Inst Quality Rot Proc (seed)	

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User Experience (cont.)

View Measure

Portfolio	TIC	Denominator
Sequence:	5102	Any ED Patient from the facility's emergency department
Measure Name:	Median Time from ED Arrival to ED Departure	
	for Admitted ED Patients - Reporting Measure	Description: Median time from emergency department arrival to time
Measure Name (Long):	Median Time from ED Arrival to ED Departure	of departure from the emergency room for patients admitted to the
(4/	for Admitted FD Patients - Reporting Measure	facility from the emergency department
	(ED-1b)	0
Measure Type:	Computed Measure	Rationale: Reducing the time patients remain in the emergency
Numerator Count:	1	department (ED) canimprove access to treatment and increase quality
Category:	Inpatient Effectiveness	of care. Reducing this time potentially improves access to care specific
Steward:	TJC	to the patient condition and increases the capability to provide
Steward Code:	CD-1b	additional treatment. In recent times, Eds have experienced significant
Steward Collection:	TJC	overcrowding. Although once only a problem in large, urban, teaching
Steward Set:	Emergency Department Measures	hospitals, the phenomenon has spread to other suburban and rural
	Steward Technical Spec Link	healthcare organizations. According to a 2002 national U.S. survey,
Measure Status:	Active	more than 90% of large hospitals report Eds operating "at" or "over"
Regulatory?:	No	capacity. Approximately one third of hospitals in the US report.
Accrediting?:	No	increases in ambulance diversion in a given year, whereas up to half
AHRQ?:	No	report crowded conditions in the FD. In a recent national survey, 40%
NQF Endorsed?:	No	of hospital leaders viewed ED crowding as a symptom of workforce
BigQ?	No	shortages. ED crowding may result in delays in the administration of
Frequency:	Quarterly	medication such as antibiotics for pneumonia and has been associated
Risk Adjusted?:	No	with perceptions of compromised emergency care. For patients with
Product Lines:	Medicald	non-ST-segment-elevation myocardial infarction, long FD stays were
	Medicare	associated with decreased use of guideline-recommended therapies
	Commercial	and a higher risk of recurrent myocardial infarction. Overcrowding and
IOM Domain:	Effectiveness	heavy emergency resource demand have led to a number of problems,
Reports:	Promoting a Quality Culture	including ambulance refusals, prolonged patient waiting times,
	TIC.	increased suffering for those who wait, rushed and unpleasant
		treatment environments, and potentially poor patient outcomes. When
		Eds are overwhelmed, their ability to respond to community
		emergencies and disasters may be compromised.
		Eligible Populations
		Any ED Patient from the facility's emergency department
		Numerator
		ED-1a
		Median Time from FD Arrival to FD Departure for Admitted FD Patients Overall Rate
		ED-1b
		Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure
		FD-1c
		Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients
		ED-1d
		Median Time from ED Arrival to ED Departure for Admitted ED Patients
		- Psychiatric/Mental Health Patients

Slide# 17

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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 Measure			
	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			
	A			

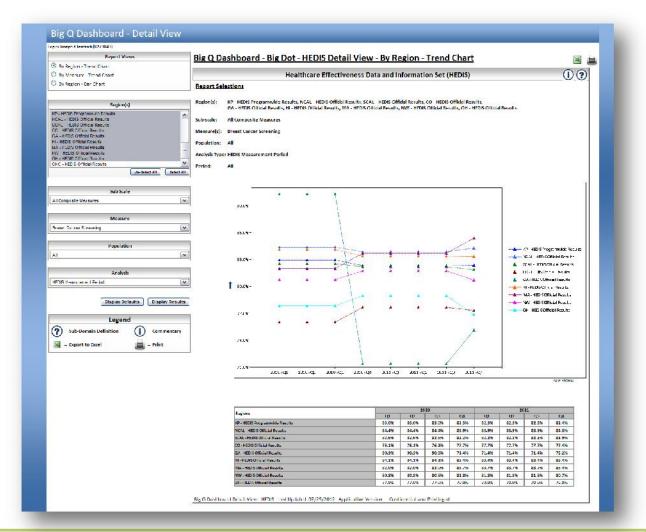
Quality Measure Clearinghouse

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 evidencebased 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
 - <u>www.qualitymeasures.ahrq.gov</u>





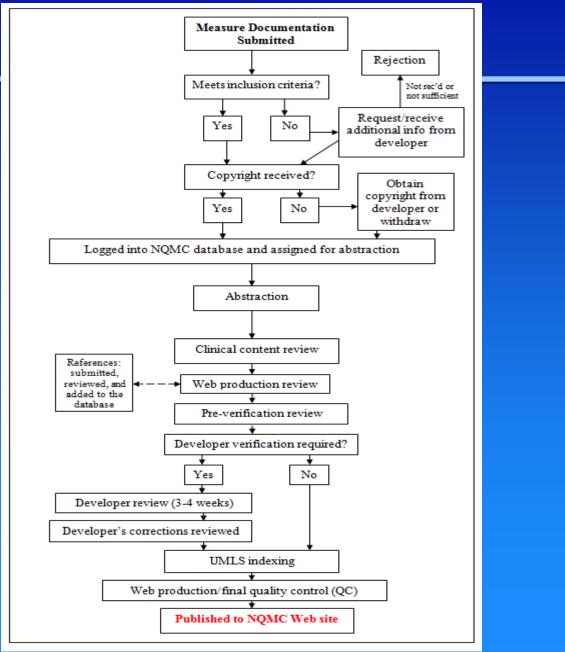
Physicians

- 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

Advancing Excellence in

Health Care





6

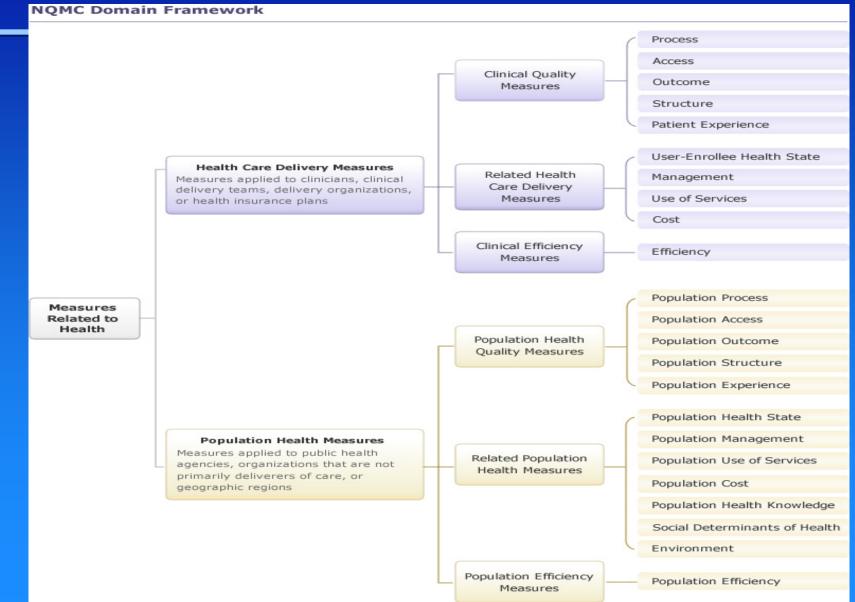
Inputting/Managing Information Over Time

- Measures submitted to NQMC and copyright received (if applicable)
- NQMC reviews against inclusion criteria and developer is notified of submission status (2 to 3 weeks)
- Measures enter NQMC work queue (summaries prepared and reviewed) (approximately 8 to 10 weeks) (<u>Naming Measures</u>, <u>Template of Measure</u> <u>Attributes</u>, <u>Classification Scheme</u>)
- Developer verification (3 to 4 weeks)
- Post to NQMC Web site (2 to 3 weeks)

• Annual verification – reassess currency of measures annually

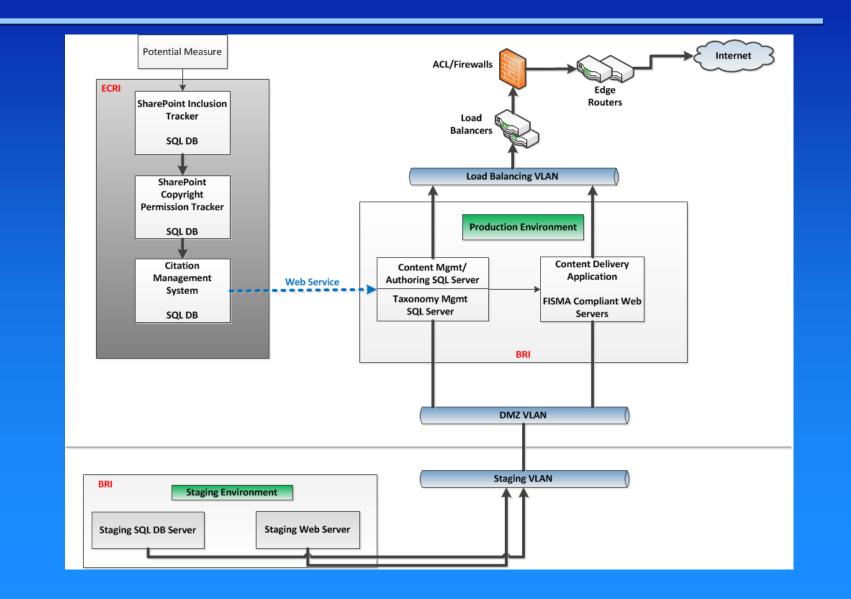


Major Features – Domain Framework





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

	ΝQMC	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
Тахопоту	UMLS-driven, plus additional controlled	HHS-driven at start; continue to refine
	vocabularies developed by NQMC team	& align with NQMC
Indexing	Professional indexers	No
Download measure	No	Yes
attribute content		
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, <u>mary.nix@ahrq.hhs.gov</u>
 Vivian Coates, <u>vcoates@ecri.org</u>
 <u>info@qualitymeasures.ahrq.gov</u>



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



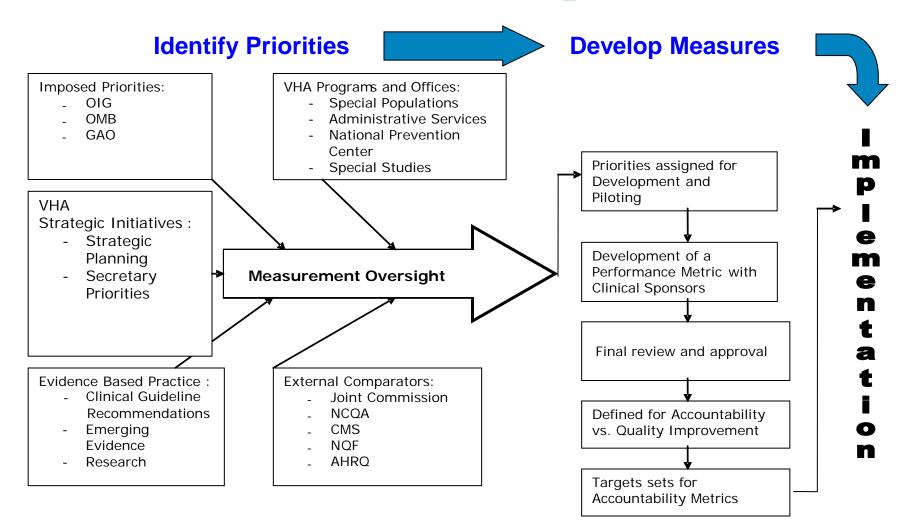
Background: Veterans Health Administration

- 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)

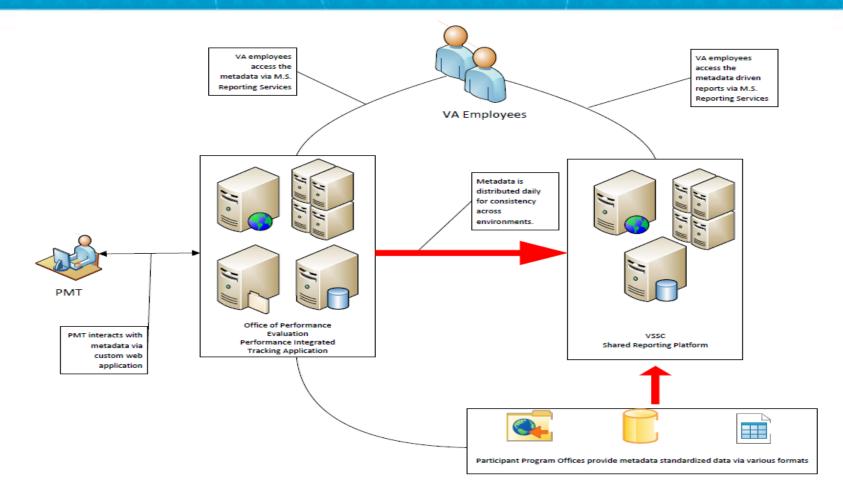
Metric Development



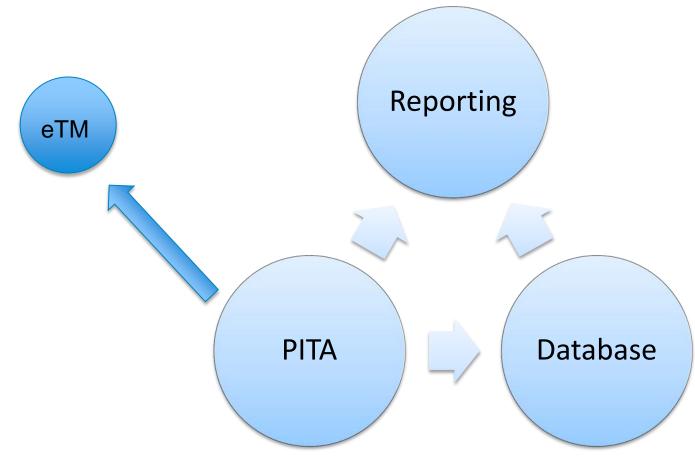
PITA - Performance Integrated Tracking Application Core of VA Measure Management System

- 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

Edit View Favorites Tools Help	Google		Search 🔹 More >>		🕺 Kristin Sullivan Janssen 🔹 🍳
🕟 🗸 🙋 http://vaww.pdw.med.va.gov/pita/Default.	asp			Google	P
Performance Integrated tracking Application				🙆 • 🔊 ·	🛛 🖶 🔻 🔂 Page 👻 🎯 Tools 🤊
		Welcome: Kristin Jar	ssen		
		You permission set is			
		Measure Helper No			
		Measure Owner Yes			
		Is Administrator Yes	3		
		View Measure Summary			
		Create NEW Measure			
		Administrator Only Opti	ons		
		Manage Issues			
		Manage People			
		Manage Organizations			
	Common Links	Owner Links	Admin Links		
	Electronic Technical Manual	EPRP Measure Run Chart	Issue Management		
	Contact Summary (for SHRED)		GC What Measures are in Which Years?		
	Change History		Check Condition of Measures		
		Change Manageme	nt		
		Change Management Sun	nmary		
		Create NEW Change Re	cord		
				√ Trusted	d sites 🔍 100%

PITA: Specifications and Administrative Attributes

		DM	- Outpt Foot p Record Ye		6)		
Definition	Details	Reporting	Tech Manual	Library	History	Issues	
	Fiscal Year	2012	-				
Clin	ical Domain *	Clinical					
Tech Manual Contact *		Kristin Janssen					
Tech Manual Co	ontact Office	OQP / OQP					
Clinical Me	easure Type *	Process					
	Cohort*	DM Outpatients					
Cohor	rt Inclusions						
Cohort Exclusion Evidence in the medical record that within the past two years, the patient refused VHA Primary C and is receiving ONLY his/her primary care in a non-VHA setting.			are				
Denominator *		DM outpatients in sa	mple				
Denominato	or 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.					
Numerato	or Inclusions						
Numerato	or Exclusion						
Rationale/E	Background						
Previ	ous Results						
	siness Rules 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, Q	tr1, Qtr2	
Scoring and Reporting Display	No	Display Num/Dem No		
Display VISN Plan Measures Only (Pick VISN(s) Firs	t) No 🔽			
I 4 1 of 2 ? ▶ ▶ 100% V	Find Next 🔍 - 🔅	a		
Open 2012 Tech Manual Ask a Measure Question	Direct Questions About Measures to the	Measure Contact(s) Open This Repo	ort in Excel Ask a Question about the Report	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	<u>pact1</u>	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	<u>hmls3</u>	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.

easures (<u>Result List</u>)	Portfolios	
	testing for children with pharyngitis al Committee for Quality Assurance	
5 1	N: o were diagnosed with pharyngitis, prescribed an ed a group A streptococcus test for the episode.	MEASURE PRINT VIEW EXPORT MEASURE ADD TO PORTFOLIO
UMERATOR STATEM A strep test administered lays after the First Eligibl	in the 7-day period from 3 days prior through 3	 ADD TO COMPARE PROVIDE FEEDBACK SEND LINK
o 18 years as of June 30	MENT: July 1 of the year prior to the measurement year of the measurement year who had an outpatient of pharyngitis. Exclude claims/encounters with	MEASURE STATUS: Endorsement Type: Endorsed
EXCLUSIONS: Exclude claims/encounter	s with more than one diagnosis.	Endorsement Date: Aug 10, 2009 Last Updated Date:
RISK ADJUSTMENT:		Aug 10, 2009 Measure Under Review:
LASSIFICATION:	MEASURE STEWARD CONTACT INFORMATION:	Annual Update eMeasure Available:



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

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