Community Tool to Align Measurement

March 7, 2012



NATIONAL QUALITY FORUM

Webinar Tips

- Turn on your computer speakers
- For technical assistance, click the "Live Help" button or email: <u>NQF@commpartners.com</u>
- Submit questions using the Q&A box located at the bottom of your screen

Today's Speakers

Anne Weiss, Team Director and Senior Program Officer, Robert Wood
 Johnson Foundation

- Lori Lambert, Director of Measurement and Reporting, Oregon Health Care Quality Corporation
- Melissa Kennedy, Director of Operations, the Health Collaborative of Greater Cincinnati
- **T.J. Dube**, Manager, Performance Measurement, the Health Collaborative of Greater Cincinnati
- Lisa Mason, Director of Cost Quality, Greater Detroit Area Health Council
- **Tom James**, Medical Director, National Network Operations, Humana

Today's Webinar Will Offer...

- Overview of the Alignment Tool
- How to Use the Tool to Address Your Needs
- Q&A Throughout

NQF: National Multi-Stakeholder Collaborative

NQF is a nonprofit organization that convenes a wide variety of healthcare stakeholders to improve the quality of American healthcare by:

 Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;

- Endorsing national consensus standards for measuring and publicly reporting on performance; and
- Promoting the attainment of national goals through education and outreach programs.

NQF 'Synching' National – State – Local Efforts

- Context: National Priorities Partnership
- Incentives: Federal Reporting Requirements & Performance-Based Payment
- Measures: Endorsement, Data Issues
 & Access to Information (QPS)



• *Alignment*: Tool to Inform Measurement Decisions

Why Develop an Alignment Tool?

Current landscape reflects regional variations in data sources, market structures, local priorities, etc.

- To align or expand in consistent ways, organizations want to know:
 - Which NQF-endorsed[®] measures others are using and what their experience has been
 - How measures align with the National Quality Strategy (NQS) and with national programs that drive reporting requirements or payment incentives

Developing the Tool

- Multi-stakeholder group helped refine the project's scope
- Input from the Aligning Forces for Quality (AF4Q) Alliances
 - All 16 Alliances provided to NQF the measures they use (171 total NQF-endorsed measures!)
 - Worked closely with Cincinnati, Detroit, and Maine to define approach for Tool
- Engagement of many national partners

Alignment Tool Components

1. Measure Spreadsheet

- NQF-endorsed[®] measures in use (as of February 2012) by one or more of the 16 AF4Q Alliances mapped to the NQS and key national programs
- 2. Measure Use Experience
 - Measurement and public reporting experiences of three AF4Q Alliances, plus specific information about many of the measures in use in each community

A **User Guide** accompanies the Tool to provide guidance on using the tool to best meet your needs.

www.qualityforum.org/AlignmentTool

Please Keep in Mind...

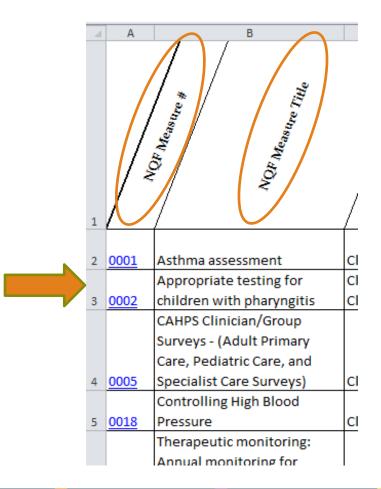
- Tool only includes NQF-endorsed measures in use by the 16 AF4Q Alliances
- Alliances took different approaches in deciding which measures to report as "in use"
- Tool is a snapshot in time as of February 2012



Alignment Tool: Measure Spreadsheet

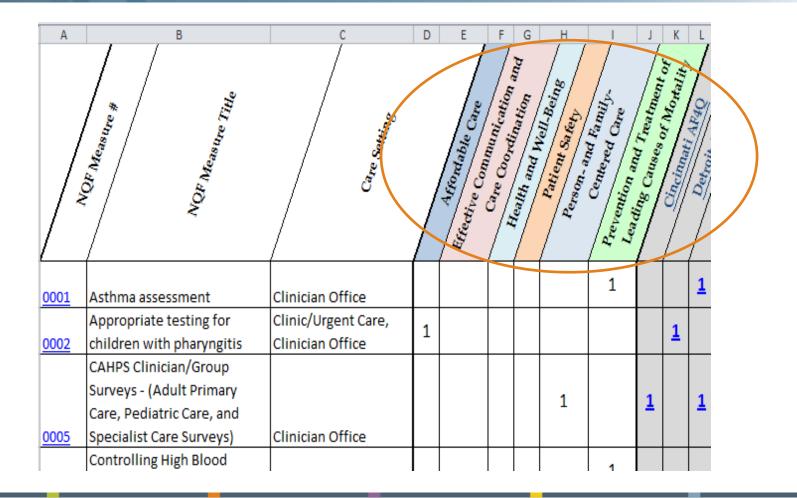
Α	В	С	D	E	F		Н	1	J	K	L	М	N	0	Ρ	Q	R S	Т	U	V	W	X	Y	Z	
WON	NQF Measure # NQF Measure Title	Care Setting	/	Effective Comment	H Coordination	realth and w	Patient Safety Person, and Safety	Prevention and Cire	Causes of Treatment	Cincinnati Mortality	Detroit AS	Maine Ar.	Albuque 1	Geneland 1	Humit Bowlon AS	Kanadt County Alig	Mennel: MOAP	Minnes TN ARD	Orean All	Puget Sound	South Centers Aligo	Went Michiel Aligo	Western New Ard	Tohai A Ban Ara	0 100 m
<u>0001</u>	Asthma assessment	Clinician Office						1			<u>1</u>													1	
		Clinic/Urgent Care, Clinician Office	1							<u>1</u>				1	1	1	1	. 1				1		7	
	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and	Clinician Office					1		1		1				1									3	
	Controlling High Blood	Clinician Office						1				1	1	1			1						1	5	
	Therapeutic monitoring: Annual monitoring for patients on persistent medications	Clinician Office		1		1								1	1									2	
	Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided	Clinician Office				1								1										1	
	Management plan for people with asthma	Clinician Office		1			1				<u>1</u>													1	
	Smoking Cessation, Medical Assistance: a. Advising Smokers to Quit b																								

NQF-endorsed Measure Number and Title

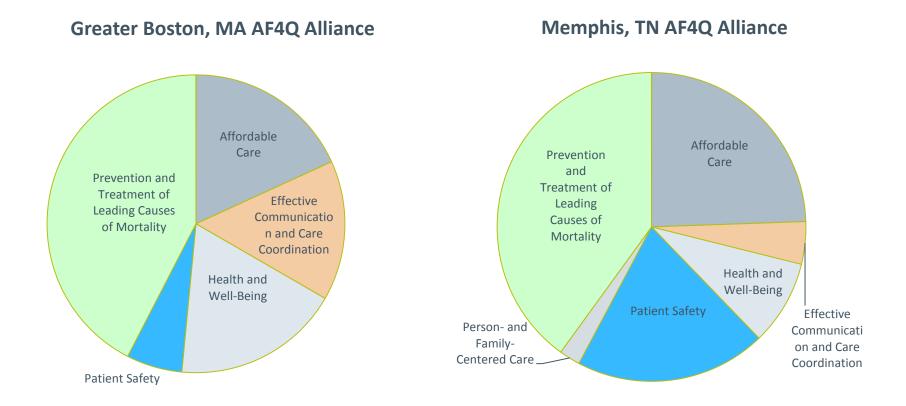


- Q - Quality Positioning System	଼ବ QPS Home 🔍 Find Measure	es 📓 Browse Portfolios	Give Feedback	💡 Learn Help)								
Section FIND Measures BROWSE Portfolios	Measures (<u>Result List</u>)	Portfolios	Compare	⊈ □□□									
BACK TO RESULTS		for children with pha hittee for Quality Assurance	ryngitis										
SEARCH	2 .	MEASURE DESCRIPTION: Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic, and who received a group A streptococcus test for the episode.											
Condition	NUMERATOR STATEMENT: A strep test administered in the 7- days after the First Eligible Episod		through 3 🛛 PR	D TO COMPARE OVIDE FEEDBACK ND LINK									
Care Setting + Cross-Cutting Area + Data Source +	DENOMINATOR STATEMENT: Children age 2 years as of July 1 of to 18 years as of June 30 of the m visit with only a diagnosis of phary more than one diagnosis.	easurement year who had an o	outpatient	SURE STATUS: sement Type: sed									
Level of Analysis + Measure Type +	EXCLUSIONS: Exclude claims/encounters with me	ore than one diagnosis.	Aug 1	sement Date: 0, 2009 Jpdated Date:									
Purpose/Use	RISK ADJUSTMENT:												
Target Population	CLASSIFICATION: Care Setting:	ONTACT eMeas No	sure Available:										

Measures in Use Mapped to the National Quality Strategy (NQS) Priorities

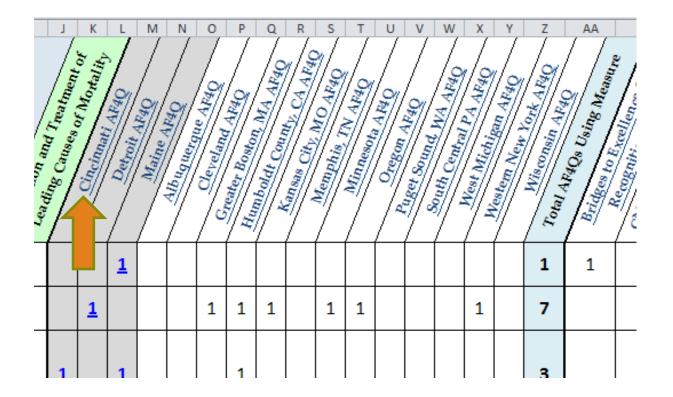


NQF-endorsed Measures in Use Grouped by NQS Priority



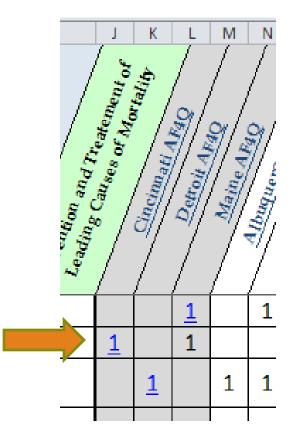
NQF-endorsed measures are tagged to the National Quality Strategy by both the AF4Q alliances and NQF perspectives. Measures may be tagged to multiple priorities.

Measures in Use by the 16 AF4Q Alliances



• QPS Home	Find Measures	s 📔 Br	owse Portfolios	🔛 Give Fe	eedback	Learn 🔋 Help									
Measures (743)		Portfoli	os (<u>Result List</u>)	Compare 🏧											
	The Health Collaborative's Publicly Reported Measures														
Health Council's pu	DESCRIPTION: These measures are used in the Health Collaborative's and Greater Cincinnati Health Council's public reports: www.YourHealthMatters.org; www.gchc.org/data/public-reports; www.the-collaborative.org														
OWNER KEYWO	RDS:					PORTFOLIO REPOR FOLIO PRINT VIEW									
health collaborative	e, AF4Q, Cincinna	ati, Ohio			E EXPOR	E EXPORT MEASURES									
HISTORY															
						SEND LINK									
Owner Organization		Created													
The Health Collabo	rative	August 2	26, 2011			TE COPY									
Owner:		Last Mo	dified Date:		T DDA 🏆	TO COMPARE									
TJ Dube	HIN THIS PORT		12, 2011 8 MEASURES):												
TITLE ++		NQF# + +	STEWARD + +		UPDATED + +	ACTIONS									
<u>3-Item Care Transit</u> (CTM-3)	tion Measure	0228	University of Color Sciences Center	ado Health	Jun 17, 2011	ADD TO COMPARE									
<u>All-Cause Readmiss</u> (risk adjusted)	ion Index (0329	United Health Gro	up	Oct 04, 2011	ADD TO COMPARE									

Insight About Using a Measure



Excerpt from Measure Use Experience

<u>NQF #0064:</u> Diabetes Measure Pair: a. Lipid management: low density lipoprotein cholesterol (LDL-C) < 130, b. Lipid management: LDL-C < 100

AF4Q Alliances Using This Measure (10): Albuquerque; Cincinnati; Cleveland; Detroit; Humboldt County, CA; Kansas City, MO; Maine; South Central PA; West Michigan; Wisconsin Plain Language Measure Name Example(s):

"Keep bad cholesterol (LDL) under 100 mg/dl" (Cincinnati AF4Q) "Controlling cholesterol for patients with diabetes" (Detroit AF4Q) "Triglycerides" (Maine AF4Q)

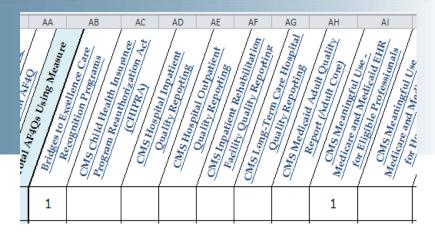
Cincinnati AF4Q Measure Selection: This measure is part of the diabetes composite score from Minnesota Community Measurement (MNCM), as well as for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) recognition scoring.

Cincinnati AF4QImpacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 56%. This means that 56 out of 100 diabetes patients have bad cholesterol under control.

View Cincinnati AF4Q's general approach to measurement and reporting

Measures in Use Mapped to National Programs

- Bridges to Excellence Care Recognition Programs
- CMS Child Health Insurance Program Reauthorization Act (CHIPRA)
- CMS Hospital Inpatient Quality Reporting
- CMS Hospital Outpatient Quality Reporting
- CMS Inpatient Rehab Facility Quality Reporting
- CMS LTC Hospital Quality Reporting
- CMS Medicaid Adult Quality Report (Adult Core)
- CMS Meaningful Use Medicare and Medicaid EHR for Professionals
- CMS Meaningful Use Medicare and Medicaid EHR for Hospitals and CAHs



- CMS Physician Quality Reporting System (PQRS)
- CMS Shared Savings Program (ACOs)
- CMS Value-Based Payment Modifier
- CMS Value-Based Purchasing
- HHS Hospital Compare
- HRSA Maternal and Child Health Bureau
- Leapfrog Hospital Measures
- NCQA HEDIS Health Plan Measures
- NCQA HEDIS Physician Measures
- ONC Beacon (In use by at least 1 Beacon Community)

QPS Home General Find Meas	ures 🖀 Bi	rowse Portfolios	Give F	eedback	P Learn P Hel								
Measures (765)	Portfol	ios (<u>Result List</u>)		Compare 🖧									
Bridges to Excellence Care Recognition Programs													
DESCRIPTION: Bridges to Excellence (BTE) Card identify clinicians who deliver h chronic conditions. Please visit	Are you the portfolio owner Log in to manage this portfolio.												
OWNER KEYWORDS: Bridges to Excellence, BTE, HCI pain, htn HISTORY	3, diabetes, C.	AD, CHF, asthma,	COPD, back	 PORTFOLIO PRINT VIE EXPORT MEASURES CONTACT OWNER SEND LINK 									
Owner Organization: HCI3	Created Februar	l Date: y 08, 2012			SCRIBE ATE COPY TO COMPARE								
Owner: Jessica DiLorenzo		odified Date: y 09, 2012											
MEASURES WITHIN THIS PO	DRTFOLIO (3	35 MEASURES):											
TITLE ++	NQF# ↓↑	STEWARD ↓↑		UPDATED +	ACTIONS								
Acute Myocardial Infarction (AMI): Persistence of Beta- Blocker Treatment After a	0071	National Committ Quality Assurance		Jan 18, 2012	ADD TO COMPARE								

The Tool's Five Tabs

12	Breast Cancer Screening	Clinician Office			1			1	1	_
13	Cervical Cancer Screening	Clinician Office			1			<u>1</u>	1	
		,			1					

IDEA #1 – Examine the measures you use to find opportunities to align with others

- Use the Your Measures in Use template
- Identify gaps in measurement based on NQS areas and your local priorities
- See who is measuring in those priority areas in your or other regions
- Learn from others to identify opportunities for collaboration and addressing gaps

	А	В	C	G	1	V.	1	М	N	0	Р	Q	R	S	т	U	V	W	Х	v	7	AA	
1		NOr Measure #	Carre Setting		Patiente	Cincinnati 1	Detroit AT	/	/		7	6	70		Minneson, And		7	0	7	restem New V AP40	Total A. Aling	bing Measure	Alecuganition in a constant
2	0218	Surgery Patients Who Received Appropriate	Hospital/Acute Care Facility	1			1	1				1	1	1	1	1	1	1			9		
3	0147	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	Hospital/Acute Care Facility	1			1					1	1	1	1	1	1	1			8		
4	0151	Initial antibiotic received within 6 hours of hospital arrival	Hospital/Acute Care Facility	1			1	1				1	1	1	1		1	1			8		
5	<u>0527</u>	Prophylactic antibiotic received within 1 hour prior to surgical incision	Hospital/Acute Care Facility	1		1	1	1					1	1	1		1	1			8		
6	<u>0529</u>	Prophylactic antibiotics discontinued within 24 hours after surgery end time	Hospital/Acute Care Facility	1			1	1					1	1	1	1	1	1			8		
		Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the	Hospital/Acute Care	1			1	1					1	1	1		1	1			7		

Oregon Health Care Quality Corp Mission



The Oregon Health Care Quality Corporation is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.



Oregon Quality Measures

- 2006 The creation of a shared set of ambulatory care measures for Oregon was intended to foster the development of care delivery systems that lead to better patient outcomes.
- The first phase focused on primary care measures for ambulatory settings.
- 2010 Reporting 20 measures of ambulatory quality and utilization and CMS hospital measures
- **2011** What next?



Quality and Value - Changing Environment

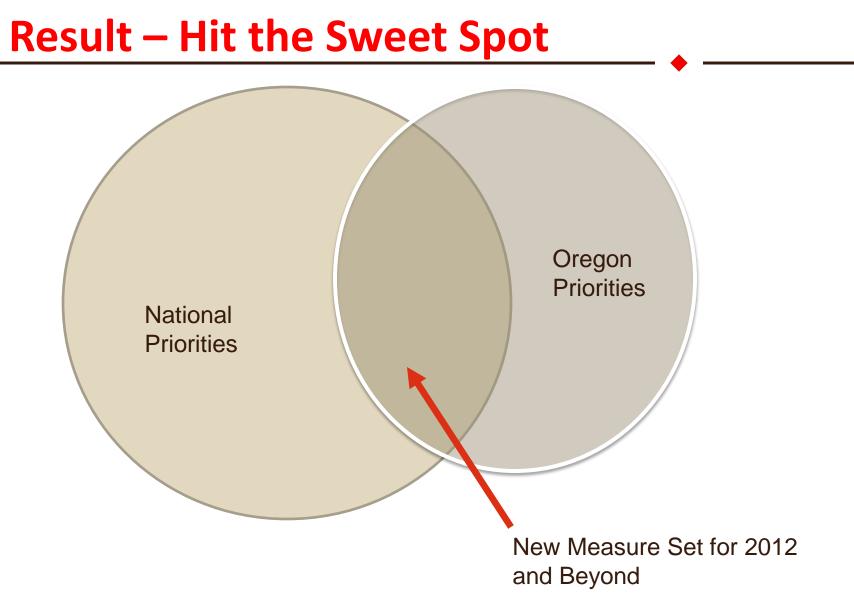




Steps to a New Measurement Framework

- Diane Stollenwerk, NQF, presents to our Measurement and Reporting Committee on national measurement alignment.
- Adopt the National Quality Strategy six priorities as a framework
- Survey 42 stakeholders (physicians, health plans, consumers, purchasers, Oregon Health Authority, other state agencies, hospitals) to identify important measure concepts
- Used NQF tools to cross-walk endorsed measures with national initiatives and those being used in other communities
- Selected specific measures for each concept area used NQF QPS and Alignment Tool to identify potential measures







Thank you

- www.PartnerForQualityCare.org
- <u>www.Q-corp.org</u>
- Lori.Lambert@Q-Corp.org

Follow us on Facebook or Twitter:



Partner for Quality Care



@OR_qualitycare





Discussion



Alignment Tool: Measure Use Experience

IDEA #2 – Learn from others' experiences to inform your implementation plans

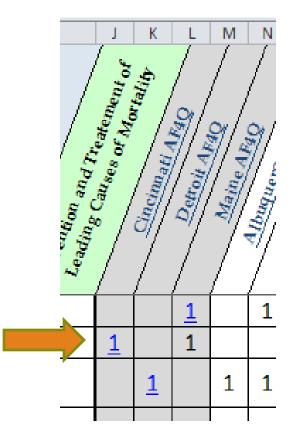
- Gain insight from the experiences in Cincinnati, Detroit, and Maine
 - Consider how others describe measures in their public report to increase consistency in approach
 - Reach out to others who are using measure(s) of interest to you to learn more

Content of Measure Use Experience Document

Information gathered from Cincinnati, Detroit, and Maine

- Measure-specific information
 - Plain language measure titles, data sources, measure results
- Measurement stories
 - Overall approach to measurement and public reporting, including their measure selection process, how they share and use measure results, and impacts observed thus far

Insight About Using a Measure



Excerpt from Measure-specific Information

<u>NQF #0064:</u> Diabetes Measure Pair: a. Lipid management: low density lipoprotein cholesterol (LDL-C) < 130, b. Lipid management: LDL-C < 100

AF4Q Alliances Using This Measure (10): Albuquerque; Cincinnati; Cleveland; Detroit; Humboldt County, CA; Kansas City, MO; Maine; South Central PA; West Michigan; Wisconsin Plain Language Measure Name Example(s):

"Keep bad cholesterol (LDL) under 100 mg/dl" (Cincinnati AF4Q)

"Controlling cholesterol for patients with diabetes" (Detroit AF4Q)

"Triglycerides" (Maine AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of the diabetes composite score from Minnesota Community Measurement (MNCM), as well as for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) recognition scoring.

Cincinnati AF4QImpacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 56%. This means that 56 out of 100 diabetes patients have bad cholesterol under control.

View Cincinnati AF4Q's general approach to measurement and reporting

Excerpt from Maine's Measurement Story

Measure Selection – How and why Maine decided to use specific measures

Maine relies as much as possible on national metrics and performance measurement according to the following principles:

- Utilizing performance measurement results produced by national or regional entities pursuant to vetting and endorsement by appropriate Pathways to Excellence Steering Committees. MHMC will only collect and analyze data when it is not available from other entities or when collecting it themselves would drive more beneficial change or be more cost effective.
- Adopting and utilizing all available performance measures endorsed by the National Quality Forum, AQA Alliance, and other expert entities unless there is a technical or compelling reason to reject an individual measure.
- Recognizing the differences among measures that measure high performance and those that measure basic competency or minimum thresholds of performance.

These principles led Maine to focus its data collection and reporting efforts on areas and conditions where data on outcomes of care could be assessed through measurement. For primary care practices, Maine reports ratings on the following areas of focus through its PTE program:

- Office Systems: using a standard office systems survey that queries practices for use of systems known to improve quality and safety, such as use of Electronic Health Records (EHRs), chronic disease registries, e-prescribing, and nurse care management. Maine has a new "Advanced Primary Care" recognition program designed to recognize those practices moving toward becoming patient-centered medical homes.
- Adult Care Clinical Outcomes: for conditions such as diabetes, and cardiovascular clinical outcomes, using national recognition programs such as the Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) physician recognition programs. Maine will be adding recognition for other clinical recognition programs from BTE or NCQA as they are developed.
- Specialty Care Systems of Care and Clinical Outcomes: for care by cardiovascular and orthopedic specialty care providers.
- Pediatric Care Clinical Outcomes: for delivery of chronic care for children, including asthma, and for delivery of preventive services, such as immunizations.

Physician leaders in Cincinnati want a measurement strategy with...

- A level playing field
- Measures that matter to physicians
- A methodology which is explicit and open to scrutiny
- An aligned incentive system that rewards excellence in a consistent way



Partnering With Organizations to Ensure Aligned Measures

• Goal: Provides One Stop Shopping

Currently, a single submission results in 3 different purposes for reporting locally: public reporting, Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA)

• Why? To make it easier on practices voluntarily participating in public reporting, maximize efficiency and reduce staff time and costs to participate.



Before the NQF Alignment Tool...

ce, artheroembolism, or renal artery atheroscler	osis				
		BTE	NCQA	NQF	PQRI
	410.70	x			
acute MI	410.71	x		x	×
	410.72	x			
	410.80	×			
acute MI	410.81	×		×	×
	410.82	×			
	410.90	×			
acute MI	410.91	×		x	×
	410.92	x			
postmyocardial infarction syndrome	411.0	x	×	x	×
intermediate coronary syndrome	411.1	×	×	x	×
acute coronary occlusion w/o myocardial in	farctic 411.81	x	x	x	×
other	411.89	x	x	x	x
old healed MI with no present symptoms	412				
angina decubitus	413.0	x	x	x	x
prinzmetal angina	413.1	x	x	x	x
other & unspecified angina pectoris	413.9	x	x	x	x
coronary artery disease	414.00	x	x	x	×
	414.01	x	x	x	x
	414.02	x	x	x	x
	414.03	x	x	x	x
	414.04	x	×	x	x
	414.05	×	×	x	×
	414.06	×	×	x	×
	414.07	×	×	x	×
	414.2				
	414.3				
other specified forms of chronic ischemic he	eart d 414.8			x	×
chronic ischemic heart disease, unspecified				x	×
cardiovascular disease, unspecified	429.2		×	x	×
occlusion & stenosis of precerebral arteries			x	x	×
	433.01		×	x	×
	433.10		x	x	×
	433.11		×	x	×
	433.20		×	x	×
	433.21		x	×	×



Experiences With the NQF Alignment Tool Process and Next Steps

- Offered insight, evaluation, experience
- Mind-set of critical evaluation of measures, providing a process to follow
- Created deeper, more robust conversation with fellow AF4Q communities
- Look forward to learning from other portfolios
- One action step is being proactive to identify potential areas to align our work (i.e. Uniform Data System reports for Federally Qualified Health Centers and how to align with our work)





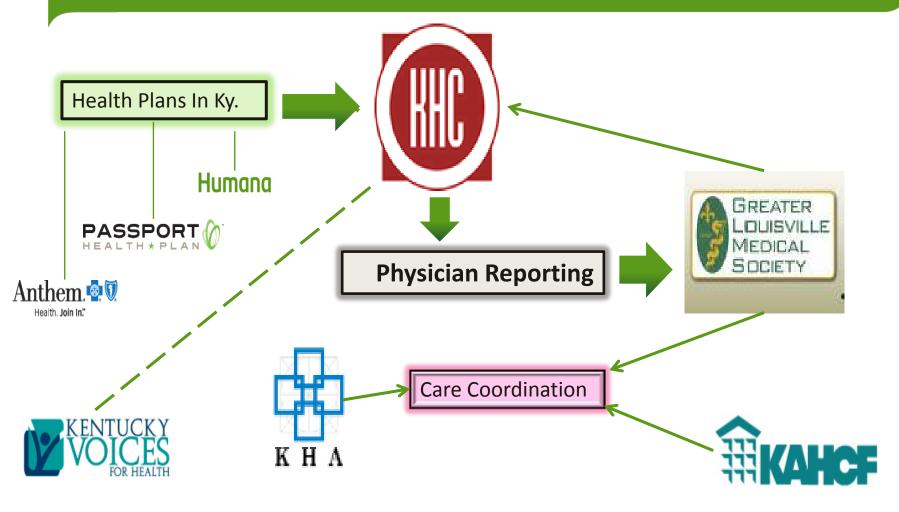
Discussion

IDEA #3 – Align around national programs and initiatives

- Compare your measures with those in key programs to assess the degree to which your organization is wellpositioned for reporting requirements or payment initiatives
- Identify 'high-value' measures (those that are in multiple programs or priorities) to reduce measurement overload and burden

Z		AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM A		AP	AQ	AR	AS	AT	AL
Wilson Sork Alac	Lotal ARIQOS Using Mon	Received and the second and the seco	CMS Hours A	Chalify Reporting	Quality Reporting (MS Inpatient Contracting Factor Destinant Conting	CMSLamp Quality Reportion	Chyshelin Care Hospital	Action of Adult Quality Medicare and Medult Com	Mettigible Professionals Mettione and Medical EIR for 5 Meaningthe 11	Chi Hoophial Bedfeed Chills	OMS Shared con Quality OMS Shared con PQRS	CMS Value 2	CMS Value Modifier	HIIS Hoopin Company	Leand Health Bund Child	NCOA HILDIGA	Meanthaith Plan NCOA HERVE	ONC Beaching	Total National 1	Measure Using
. 5	1						1	1		1	1	1				1	1	1	8	
. 1	L						1	1		1	1	1				1	1	1	8	
e		1						1		1		1		1		1	1	1	8	
. 2	1							1		1	1	1				1	1	1	8	
e		1					1	1		1		1				1	1		7	
. 6								1		1	1	1				1	1	1	7	
8	1							1		1		1				1	1	1	7	
. 1								1		1	1	1				1	1	1	7	
1	1							1		1		1				1	1	1	7	

Louisville, KY—Need For Greater Measurement Alignment





Discussion

Next Steps for Tool

- This spring, NQF will work with at least 2 groups who want to use the tool to align or expand their measurement efforts
 - Lessons will help shape the *Field Guide to NQF Resources*, to be released later in 2012
- Interested? Refer to the "Alignment Tool Testing" document in the Links tab above and then send an email to <u>communities@qualityforum.org</u>

Help Us Learn From You!

- Tell NQF about your organization or region's measurement story and/or any feedback about the Alignment Tool
 - Send comments to: <u>communities@qualityforum.org</u>
- Complete the webinar evaluation survey
 - It will appear once the webinar ends
 - Please do not close your browser

Other Activities of Interest at NQF

- eMeasure Implementation Webinar: Implications in Small
 Practice Settings
 - March 15, 12:30 2:00 pm Eastern
- Patient Safety Measures: Complications
 - Public Comment Period open through March 19, 2012
- Multiple Chronic Conditions Framework
 - NQF Member Voting Period open through March 20, 2012



Thank you for joining us today...

Now, go check out the Tool!

www.qualityforum.org/AlignmentTool