

# Community Tool to Align Measurement

## MEASURE USE EXPERIENCE



NATIONAL  
QUALITY FORUM

### NQF Community Tool to Align Measurement Measure Use Experience from Three Communities

The National Quality Forum’s (NQF) **Community Tool to Align Measurement (Alignment Tool)**<sup>1</sup> was developed in collaboration with 16 community alliances in the Robert Wood Johnson Foundation’s *Aligning Forces for Quality (AF4Q)* program. It provides insight for those interested in aligning measurement and public reporting. The Alignment Tool and related information can be found on NQF’s web site at: [www.qualityforum.org/AlignmentTool](http://www.qualityforum.org/AlignmentTool).

This Measure Use Experience document is based on contributions from the AF4Q Alliances in **Cincinnati, Detroit, and Maine**<sup>2</sup>. These three alliances shared their experience in using specific measures as well as their ‘measurement story’ — an in-depth account of their overall approach to measurement and public reporting, including their measure selection process, how they share and use measure results, and impacts observed thus far.

The Measure Spreadsheet of the Alignment Tool lists the NQF-endorsed measures in use by each of the 16 AF4Q Alliances. Published lists, or ‘portfolios’, of these measures can be found in NQF’s online measure search tool, the [Quality Positioning System](#), using the hyperlinks below.

<a href="#">Albuquerque, NM</a>	<a href="#">Greater Boston</a>	<a href="#">Memphis, TN</a>	<a href="#">South Central Pennsylvania</a>
<a href="#">Cincinnati, OH</a>	<a href="#">Humboldt County, CA</a>	<a href="#">Minnesota</a>	<a href="#">West Michigan</a>
<a href="#">Cleveland, OH</a>	<a href="#">Kansas City, MO</a>	<a href="#">Oregon</a>	<a href="#">Western New York</a>
<a href="#">Detroit, MI</a>	<a href="#">Maine</a>	<a href="#">Puget Sound, WA</a>	<a href="#">Wisconsin</a>

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<sup>1</sup> Support for the NQF Alignment Tool is provided by the Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org)).

<sup>2</sup> Information from the AF4Q Alliances in Cincinnati, Detroit, and Maine is current as of February 2012.

## Measure Use Experience Summaries: Cincinnati, Detroit, and Maine AF4Q Alliances

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### [NQF #0001: Asthma assessment](#)

AF4Q Alliances Using This Measure (1): Maine

Plain Language Measure Name Example(s):

“Asthma: Diagnosis & Every Visit” (Maine AF4Q)

Maine AF4Q Measure Details: Maine reports this measure for the pediatric population (ages 5-18 years). This measure is part of a composite measure for asthma.

Maine AF4Q Data Source(s): Maine collects data on this measure directly from pediatric practices enrolled in the Pathways to Excellence program.

Maine AF4Q Use of Measure Results: Maine developed its own quality assessment program for pediatricians to use until a national program is available. As such, this program is probably less rigorous than a national program would be, but Maine’s aim is to prepare pediatric practices for the national program when it becomes available.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### [NQF #0002: Appropriate testing for children with pharyngitis](#)

AF4Q Alliances Using This Measure (7): Detroit; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Minnesota; Oregon; Western New York

Plain Language Measure Name Example(s):

“Testing children with throat infections” (Detroit AF4Q)

[View Detroit AF4Q’s general approach to measurement and reporting](#)

### [NQF #0005: CAHPS Clinician/Group Surveys - \(Adult Primary Care, Pediatric Care, and Specialist Care Surveys\)](#)

AF4Q Alliances Using This Measure (3): Cincinnati; Humboldt County, CA; Maine

Plain Language Measure Name Example(s):

“Patient Survey Results” (Cincinnati AF4Q)

“How Patients Have Rated Their Experiences” (Maine AF4Q)

Cincinnati AF4Q Measure Selection: The Health Collaborative has aligned around NQF-endorsed measures. Use of this measure helped align various interests and multi-stakeholders to work together to conduct a community-wide survey of patient experience.

Cincinnati AF4Q Use of Measure Results: This measure will be used in Cincinnati's public report and in internal communications, with the hope of supporting current and future (e.g. Accountable Care Organization [ACO]) reporting needs of the health systems.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

### **NQF #0025: Management plan for people with asthma**

AF4Q Alliances Using This Measure (1): Maine

Plain Language Measure Name Example(s):

“Asthma: Diagnosis & Every Visit” (Maine AF4Q)

Maine AF4Q Measure Details: Maine reports this measure for the pediatric population (ages 5-18 years). This measure is part of a composite measure for asthma.

Maine AF4Q Data Source(s): Maine collects data on this measure directly from pediatric practices enrolled in the Pathways to Excellence program.

Maine AF4Q Use of Measure Results: Maine developed its own quality assessment program for pediatricians for use until a national program is available. As such, this program is probably less rigorous than a national program would be, but Maine's aim is to prepare pediatric practices for the national program when it becomes available.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0027: Smoking Cessation, Medical assistance: a. Advising Smokers to Quit, b. Discussing Smoking Cessation Medications, c. Discussing Smoking Cessation Strategies**

AF4Q Alliances Using This Measure (5): Albuquerque; Cincinnati; Maine; Minnesota; West Michigan

Plain Language Measure Name Example(s):

“Be Tobacco Free” (Cincinnati AF4Q)

“Smoking Status and Stop Smoking Advice” (Maine AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative applies this measure only to people with diabetes and ischemic vascular disease (IVD) conditions, not the full population.

Cincinnati AF4Q Measure Selection: The Health Collaborative aligned its measures with Bridges to Excellence (BTE) and the National Committee for Quality Assurance (NCQA), which

use NQF-endorsed measures for clinician recognition. For the diabetes and/or IVD composite scoring, Cincinnati does not give credit for smoking cessation counseling/treatment per the NQF-endorsed Minnesota Community Measurement (MNCM) composite measures. However, that data is collected and submitted to BTE/NCQA for clinician recognition scoring.

Cincinnati AF4Q Use of Measure Results: This measure is used for physician feedback and provider recognition programs (BTE/NCQA).

Cincinnati AF4Q Impacts Observed: Over time, Cincinnati has noticed improved documentation of counseling.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses NCQA Physician Recognition Program data or BTE Recognition. Maine reports this measure as part of composite measures for diabetes and cardiovascular disease.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by Bridges to Excellence.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0028: Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention**

AF4Q Alliances Using This Measure (2): Cincinnati; Wisconsin

Plain Language Measure Name Example(s):

“Be Tobacco Free” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative applies this measure only to people with diabetes and ischemic vascular disease (IVD) conditions, not the full population.

Cincinnati AF4Q Measure Selection: The Health Collaborative aligned its measures with Bridges to Excellence (BTE) and the National Committee for Quality Assurance (NCQA), which use NQF-endorsed measures for clinician recognition. For composite scoring, the Health Collaborative only counts ‘non-smokers’ and does not give credit for smoking cessation counseling/treatment per the NQF-endorsed Minnesota Community Measurement (MNCM) composite measures (though it is used for BTE/NCQA recognition scoring).

Cincinnati AF4Q Use of Measure Results: This measure is part of composite scoring for both diabetes and IVD.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Averages for Diabetes and Cardiovascular Disease are 80% and 62%, respectively. This means that 80 out of

100 diabetes patients and 62 out of 100 cardiovascular patients do not smoke. Over time, Cincinnati has noticed improved documentation of smoking status.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

### **NQF #0031: Breast Cancer Screening**

AF4Q Alliances Using This Measure (11): Albuquerque; Detroit; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Memphis, TN; Minnesota; Oregon; Puget Sound, WA; Western New York; Wisconsin

Plain Language Measure Name Example(s):

“Breast cancer screening” (Detroit AF4Q)

Detroit AF4Q Impacts Observed: Breast cancer screening has improved by more than 7 percentage points over time (2006–2008). This is especially notable, as Michigan already has high screenings rates for breast cancer compared to national performance.

Detroit AF4Q Experience Using the Measure: Screening measures have caused concern regarding providers being held accountable for patients getting a specific test/screening done outside of the control of the provider's practice. One strategy Detroit has used to help providers continue to encourage and report on screening measures is to raise awareness that there is a certain level of non-compliance for all patients, spread across the board for all results that are reported.

[View Detroit AF4Q's general approach to measurement and reporting](#)

### **NQF #0032: Cervical Cancer Screening**

AF4Q Alliances Using This Measure (10): Albuquerque; Detroit; Greater Boston, MA; Kansas City, MO; Memphis, TN; Minnesota; Oregon; Puget Sound, WA; Western New York; Wisconsin

Plain Language Measure Name Example(s):

“Cervical cancer screening” (Detroit AF4Q)

Detroit AF4Q Experience Using the Measure: Screening measures have caused concern regarding providers being held accountable for patients getting a specific test/screening done outside of the control of the provider's practice. One strategy Detroit has used to help providers continue to encourage and report on screening measures is to raise awareness that there is a certain level of non-compliance for all patients, spread across the board for all results that are reported.

[View Detroit AF4Q's general approach to measurement and reporting](#)

## **NQF #0034: Colorectal Cancer Screening**

AF4Q Alliances Using This Measure (6): Cincinnati; Detroit; Greater Boston, MA; Humboldt County, CA; Western New York; Wisconsin

Plain Language Measure Name Example(s):

“Colon Cancer Screening” (Cincinnati AF4Q)

“Colon cancer screening” (Detroit AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative is only using the U.S. Preventive Services Task Force (USPSTF) endorsed screenings within the NQF-endorsed measure, per the recommendation/feedback from its local Physician Leadership Group. The age range for eligible patients is 50–75 years.

Cincinnati AF4Q Measure Selection: As an AF4Q alliance, the Health Collaborative selected a community health prevention measure for public reporting. The Health Collaborative selected colorectal cancer screening as it is a proven screening to address population health and disparities in screenings. There is also potential for claims data to supplement screening data, if desired.

Cincinnati AF4Q Experience Using the Measure: The Health Collaborative is currently collecting data (voluntary) for its first public report. Early experience is invaluable as groups are identifying areas for improvement, such as increased communication/documentation of colorectal cancer screening. Cincinnati hopes to improve screening rates and decrease disparities in screening.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

Detroit AF4Q Impacts Observed: Colorectal cancer screening improved by almost 11 percentage points (2006–2009).

Detroit AF4Q Experience Using the Measure: Screening measures have caused concern regarding providers being held accountable for patients getting a specific test/screening done outside of the control of the provider’s practice. One strategy Detroit has used to help providers continue to encourage and report on screening measures is to raise awareness that there is a certain level of non-compliance for all patients, spread across the board for all results that are reported.

[View Detroit AF4Q’s general approach to measurement and reporting](#)

### **NQF #0036: Use of appropriate medications for people with asthma**

AF4Q Alliances Using This Measure (8): Albuquerque; Detroit; Greater Boston, MA; Kansas City, MO; Maine; Oregon; Puget Sound, WA; Western New York

Plain Language Measure Name Example(s):

“Medication use by children with asthma (ages 5–11 years)” and “Medication use by adolescents and adults with asthma (ages 12–50 years)” (Detroit AF4Q)

“Asthma: Flare-Ups, Worsening Symptoms and/or Acute Episodes” (Maine AF4Q)

Maine AF4Q Measure Details: Maine reports this measure for the pediatric population (ages 5-18 years). This measure is part of a composite measure for asthma.

Maine AF4Q Data Source(s): Maine collects data on this measure directly from pediatric practices enrolled in the Pathways to Excellence program.

Maine AF4Q Use of Measure Results: Maine developed its own quality assessment program for pediatricians until a national program is available. As such, this program is probably less rigorous than a national program would be, but Maine’s aim is to prepare pediatric practices for the national program when it becomes available.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### **NQF #0038: Childhood Immunization Status**

AF4Q Alliances Using This Measure (6): Detroit ; Humboldt County, CA; Maine; Minnesota; West Michigan; Western New York

Plain Language Measure Name Example(s):

“Childhood immunizations” (Detroit AF4Q)

“Childhood Immunization” (Maine AF4Q)

Detroit AF4Q Data Source(s): Detroit uses state immunization registry data.

[View Detroit AF4Q’s general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Data is reported at the practice level.

Maine AF4Q Use of Measure Results: Maine developed its own quality assessment program for pediatricians to use until a national program is available. As such, this program is probably less rigorous than a national program would be, but Maine’s aim is to prepare pediatric practices for the national program when it becomes available.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### **NQF #0052: Use of Imaging Studies for Low Back Pain**

AF4Q Alliances Using This Measure (3): Detroit; Greater Boston, MA; Kansas City, MO

Plain Language Measure Name Example(s):

“Use of diagnostic testing for patients with low back pain” (Detroit AF4Q)

Detroit AF4Q Measure Details: This measure reports on procedures or tests that should *not* be provided. Since the public reporting site wishes to maintain consistency across the scores it reports, with higher scores indicating a better performing physician organization, Detroit inverts or flips the measure results to maintain that consistent understanding (that a higher number equals better results). It has done this for three NQF-endorsed measures to date, including: #0052, #0058, and #0069.

[View Detroit AF4Q’s general approach to measurement and reporting](#)

### **NQF #0055: Diabetes: Eye exam**

AF4Q Alliances Using This Measure (10): Cleveland; Greater Boston, MA; Kansas City, MO; Maine; Memphis, TN; Oregon; Puget Sound, WA; South Central PA; West Michigan; Western New York

Plain Language Measure Name Example(s):

“Referral for a Comprehensive Dilated Eye Exam” (Maine AF4Q)

Maine AF4Q Data Source(s): Maine uses National Committee for Quality Assurance (NCQA) Physician Recognition Program data or Bridges to Excellence (BTE) Recognition. Maine reports this measure as part of a composite measure for diabetes.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices’ obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### **NQF #0056: Diabetes: Foot exam**

AF4Q Alliances Using This Measure (2): Cincinnati; Maine

Plain Language Measure Name Example(s):

“Private Dashboard: Podiatry Exam” (Cincinnati AF4Q)

“Diabetes Foot Exam” (Maine AF4Q)



Cincinnati AF4Q Measure Selection: This measure is part of a set of measures collected for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) provider recognition that the Health Collaborative is able to submit to those entities on the provider's behalf, if so desired.

Cincinnati AF4Q Impacts Observed: This measure supports improved documentation and physicians following guidelines. Some groups are setting up systems to provide monofilaments for testing a patient's touch pressure sensation to all practices through an intranet website, for example, so that monofilaments can be placed on the counter for every diabetic patient visit. Cincinnati has also seen increased foot exams performed.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses NCQA Physician Recognition Program data or BTE Recognition. Maine reports this measure as part of a composite measure for diabetes.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by Bridges to Excellence.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0057: Diabetes: Hemoglobin A1c testing**

AF4Q Alliances Using This Measure (13): Albuquerque; Cleveland; Detroit; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Memphis, TN; Oregon; Puget Sound, WA; South Central PA; West Michigan; Western New York; Wisconsin

Plain Language Measure Name Example(s):

"Testing blood sugar for patients with diabetes" (Detroit AF4Q)

Detroit AF4Q Impacts Observed: All diabetes measures have shown improvement over time (2006–2009).

[View Detroit AF4Q's general approach to measurement and reporting](#)

### **NQF #0058: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**

AF4Q Alliances Using This Measure (5): Detroit; Greater Boston, MA; Humboldt County, CA; Minnesota; Puget Sound, WA

Plain Language Measure Name Example(s):

"Appropriate use of antibiotics for adults with bronchitis" (Detroit AF4Q)

Detroit AF4Q Measure Details: This measure reports on procedures or tests that should *not* be provided. Since the public reporting site wishes to maintain consistency across the scores it reports, with higher scores indicating a better performing physician organization, Detroit inverts or flips the measure results to maintain that consistent understanding (that a higher number equals better results). It has done this for three NQF-endorsed measures to date, including: #0052, #0058, and #0069.

[View Detroit AF4Q's general approach to measurement and reporting](#)

### **NQF #0059: Diabetes: Hemoglobin A1c Poor Control (>9.0%)**

AF4Q Alliances Using This Measure (7): Albuquerque; Cincinnati; Detroit; Humboldt County, CA; Kansas City, MO; South Central PA; Wisconsin

Plain Language Measure Name Example(s):

“Private Dashboard: Poor control A1c” (Cincinnati AF4Q)

“Controlling blood sugar for patients with diabetes” (Detroit AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) recognition scoring and feedback.

Cincinnati AF4Q Experience Using the Measure: Physicians must submit A1c values as part of their BTE/NCQA recognition scoring, and Cincinnati AF4Q provides the feedback to practices through a private dashboard.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

Detroit AF4Q Impacts Observed: All diabetes measures have shown improvement over time (2006–2009). Controlling blood sugar for patients with diabetes increased by almost 7 percentage points from 2006 to 2008.

Detroit AF4Q Experience Using the Measure: Control measures, such as those for blood sugar and cholesterol, cause angst for some providers regarding the evidence and clinical applicability of the measure.

[View Detroit AF4Q's general approach to measurement and reporting](#)

### **NQF #0061: Diabetes: Blood Pressure Management**

AF4Q Alliances Using This Measure (6): Cincinnati; Cleveland; Greater Boston, MA; Humboldt County, CA; South Central PA; Wisconsin

Plain Language Measure Name Example(s):

“Keep blood pressure under 140/90 mmHg” (Cincinnati 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 AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 75%. This means that 75 out of 100 diabetes patients have blood pressure under control.

Cincinnati AF4Q Experience Using the Measure: The Health Collaborative does a lot of cutting-edge consumer engagement work to identify what information consumers want to see and how they can use it to improve their care and take ownership of their diabetes. The Health Collaborative tries to provide resources to help patients learn, compare, act, and manage their disease.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

### **NQF #0062: Diabetes: Urine protein screening**

AF4Q Alliances Using This Measure (12): Cincinnati; Cleveland; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Maine; Oregon; Puget Sound, WA; South Central PA; West Michigan; Western New York; Wisconsin

Plain Language Measure Name

“Private Dashboard: Nephropathy Exam” (Cincinnati AF4Q)

“Kidney Function Testing” (Maine AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of a set of measures collected for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) provider recognition that the Health Collaborative is able to submit to those entities on the provider’s behalf, if so desired.

Cincinnati AF4Q Impacts Observed: This measure helps physicians follow clinical recommendations. Over time, Cincinnati has seen increased screenings performed.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses NCQA Physician Recognition Program data or BTE Recognition. Maine reports this measure as part of a composite measure for diabetes.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0063: Diabetes: Lipid profile**

AF4Q Alliances Using This Measure (11): Detroit; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Memphis, TN; Oregon; Puget Sound, WA; South Central PA; West Michigan; Western New York; Wisconsin

Plain Language Measure Name Example(s):

“Testing cholesterol for patients with diabetes” (Detroit AF4Q)

Detroit AF4Q Impacts Observed: All diabetes measures have shown improvement over time (2006–2009).

[View Detroit AF4Q's general approach to measurement and reporting](#)

### **NQF #0064: 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 AF4Q Impacts 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](#)

Detroit AF4Q Impacts Observed: All diabetes measures have shown improvement over time (2006–2009), particularly cholesterol medication use for patients with diabetes, which improved by more than 12 percentage points.

Detroit AF4Q Experience Using the Measure: Control measures, such as those for blood sugar and cholesterol, cause angst for some providers regarding the evidence and clinical applicability of the measure.

[View Detroit AF4Q's general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses NCQA Physician Recognition Program data or BTE Recognition. Maine reports this measure as part of a composite measure for diabetes.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0068: Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic**

AF4Q Alliances Using This Measure (2): Cincinnati; Wisconsin

Plain Language Measure Name Example(s):

“Take aspirin daily as recommended” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative captures data only for 18–75 year-olds using the National Committee for Quality Assurance (NCQA) definition of ischemic vascular disease (IVD).

Cincinnati AF4Q Measure Selection: This measure is part of Minnesota Community Measurement's (MNCM) IVD composite score that Cincinnati has implemented. It is also part of Bridges to Excellence (BTE) and NCQA recognition scoring.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 87%. This means that 87 out of 100 cardiovascular patients take a daily aspirin as recommended. This measure is raising awareness within the community for doctors to discuss this with patients and vice-versa.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

### **NQF #0069: Appropriate treatment for children with upper respiratory infection (URI)**

AF4Q Alliances Using This Measure (6): Detroit; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Puget Sound, WA; Western New York

Plain Language Measure Name Example(s):

“Appropriate use of antibiotics for children with upper respiratory infection” (Detroit AF4Q)

Detroit AF4Q Measure Details: This measure reports on procedures or tests that should *not* be provided. Since the public reporting site wishes to maintain consistency across the scores it reports, with higher scores indicating a better performing PO, Detroit inverts or flips the measure results to maintain that consistent understanding (that a higher number equals better results). It has done this for three NQF-endorsed measures to date, including: #0052, #0058, and #0069.

Detroit AF4Q Impacts Observed: Antibiotic use for children with upper respiratory infection improved by 4.1 percentage points (2006–2008).

[View Detroit AF4Q’s general approach to measurement and reporting](#)

### **NQF #0073: IVD: Blood Pressure Management**

AF4Q Alliances Using This Measure (2): Cincinnati; Wisconsin

Plain Language Measure Name Example(s):

“Keep blood pressure under 140/90 mmHg” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative uses the National Committee for Quality Assurance (NCQA) definition of ischemic vascular disease (IVD).

Cincinnati AF4Q Measure Selection: This measure is part of Minnesota Community Measurement’s (MNCM) IVD composite score that Cincinnati has implemented. It is also part of Bridges to Excellence (BTE) and NCQA recognition scoring.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 77%. This means that 77 out of 100 cardiovascular patients have blood pressure under control. Cincinnati is beginning to see better documentation of IVD. Initially, Cincinnati saw low numbers of IVD patients attributable to physicians because physicians were not coding for it if the patient was also being seen by a cardiologist.

Cincinnati AF4Q Experience Using the Measure: Cincinnati does a lot of cutting-edge consumer engagement work to identify what information consumers want to see and how they can use it to improve their care and take ownership of their cardiovascular health. Cincinnati tries to provide resources to help patients learn, compare, act, and manage their disease.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

## **NQF #0075: IVD: Complete Lipid Profile and LDL Control < 100**

AF4Q Alliances Using This Measure (6): Albuquerque; Cincinnati; Detroit; Humboldt County, CA; Maine; Wisconsin

Plain Language Measure Name Example(s):

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

“Testing cholesterol for patients with heart disease” (Detroit AF4Q)

“Cholesterol HDL – Good Cholesterol” (Maine AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative uses the National Committee for Quality Assurance (NCQA) definition of ischemic vascular disease (IVD).

Cincinnati AF4Q Measure Selection: This measure is part of Bridges to Excellence (BTE) and NCQA recognition scoring.

Cincinnati AF4Q Use of Measure Results: The control component of this measure is part of the composite scoring for IVD, while the complete lipid profile component of this measure is used for physician feedback and NCQA/BTE recognition scoring.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 57%. This means that 57 out of 100 cardiovascular patients have bad cholesterol under control. Cincinnati is beginning to see that this measure is raising awareness of guidelines and what needs to be documented for public reporting and recognition programs.

Cincinnati AF4Q Experience Using the Measure: Cincinnati does a lot of cutting-edge consumer engagement work to identify what information consumers want to see and how they can use it to improve their care and take ownership of their cardiovascular health. Cincinnati tries to provide resources to help patients learn, compare, act, and manage their disease.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

Detroit AF4Q Measure Details: Detroit reports only the testing component of this measure.

Detroit AF4Q Impacts Observed: Cholesterol medication use in patients with heart disease improved by more than 7 percentage points over time (2006–2009).

Detroit AF4Q Experience Using the Measure: Control measures, such as those for blood sugar and cholesterol, cause angst for some providers regarding the evidence and clinical applicability of the measure.

[View Detroit AF4Q’s general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses NCQA Physician Recognition Program data or BTE Recognition. Maine reports this measure as part of a composite measure for cardiovascular disease.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0076: Optimal Vascular Care**

AF4Q Alliances Using This Measure (2): Cincinnati; Minnesota

Plain Language Measure Name Example(s):

“Public: Cardiovascular Health”; “Private: Cardiac Care Link” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative uses the National Committee for Quality Assurance (NCQA) definition of ischemic vascular disease (IVD).

Cincinnati AF4Q Measure Selection: In selecting a second condition to report on, Cincinnati implemented Minnesota Community Measurement's (MNCM) IVD composite measure as it is NQF-endorsed and also had tie-ins to Bridges to Excellence (BTE) and NCQA recognition programs for physicians.

Cincinnati AF4Q Use of Measure Results: Public reporting on this measure has caused many health systems to build results and goals from this measure into their bonus plans for physicians.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average Overall Score for this measure is 28%. This means that 28 out of 100 cardiovascular patients met all four goals of this measure. Cincinnati is beginning to see that this measure is raising provider awareness of national guidelines and what needs to be documented for use in public reporting and recognition programs.

Cincinnati AF4Q Experience Using the Measure: Cincinnati does a lot of cutting-edge consumer engagement work to identify what information consumers want to see and how they can use it to improve their care and take ownership of their cardiovascular health. Cincinnati tries to provide resources to help patients learn, compare, act, and manage their disease.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)



### **NQF #0079: Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)**

AF4Q Alliances Using This Measure (4): Albuquerque; Maine; Puget Sound, WA; West Michigan

Plain Language Measure Name Example(s):

“Patient is given a test of how the heart is pumping” (Maine AF4Q)

Maine AF4Q Data Source(s): Maine uses National Committee for Quality Assurance (NCQA)

Physician Recognition Program data or Bridges to Excellence (BTE) Recognition. Maine reports this measure as part of a composite measure for cardiovascular disease.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices’ obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### **NQF #0081: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction**

AF4Q Alliances Using This Measure (4): Cincinnati; Cleveland; West Michigan; Western New York

Plain Language Measure Name Example(s):

“Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction” (Maine AF4Q)

Cincinnati AF4Q Measure Selection: This is a measure the Health Collaborative is considering for use in 2013. The Health Collaborative is looking to incorporate conditions and/or measures that are NQF-endorsed and cut across multiple care settings for treatment, coordination, and reducing re-admissions.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses National Committee for Quality Assurance (NCQA)

Physician Recognition Program data or Bridges to Excellence (BTE) Recognition. Maine reports this measure as part of a composite measure for cardiovascular disease.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices’ obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q’s general approach to measurement and reporting](#)

### **NQF #0166: HCAHPS**

AF4Q Alliances Using This Measure (11): Albuquerque; Detroit; Humboldt County, CA; Kansas City, MO; Maine; Memphis, TN; Minnesota; Oregon; Puget Sound, WA; South Central PA; West Michigan

Plain Language Measure Name Example(s):

“Patient satisfaction survey for hospitals” (Detroit AF4Q)

[View Detroit AF4Q’s general approach to measurement and reporting](#)

### **NQF #0228: 3-Item Care Transition Measure (CTM-3)**

AF4Q Alliances Using This Measure (2): Cincinnati; Maine

Cincinnati AF4Q Measure Selection: This is a measure the Health Collaborative is considering using for care transitions related to congestive heart failure.

Cincinnati AF4Q Experience Using the Measure: Cincinnati is potentially looking to incorporate patient navigator pilots already in the community to improve care coordination and transitions for patients with congestive heart failure.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

### **NQF #0421: Adult Weight Screening and Follow-Up**

AF4Q Alliances Using This Measure (3): Cincinnati; Maine; South Central PA

Plain Language Measure Name Example(s):

“Private: BMI %” (Cincinnati AF4Q)

“Body Mass Index” (Maine AF4Q)

Cincinnati AF4Q Measure Details: The Health Collaborative is only capturing data for people with diabetes and ischemic vascular disease (IVD), not the full population. It is not collecting follow-up care plan results.

Cincinnati AF4Q Use of Measure Results: The results of this measure are used to provide feedback to physicians through a private portal.

Cincinnati AF4Q Impacts Observed: Although weight recordings for adults have been consistently documented in the adult care setting, the same has not been the case for height recordings. However, as a result of providers standardizing data entry into electronic medical records and this measure being included in Meaningful Use Stage I requirements, Cincinnati has seen improved height recordings.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

Maine AF4Q Data Source(s): Maine uses National Committee for Quality Assurance (NCQA) Physician Recognition Program data or Bridges to Excellence (BTE) Recognition. Maine reports this measure as part of composite measures for diabetes and cardiovascular disease.

Maine AF4Q Use of Measure Results: Maine reports its results based on primary care physician practices' obtaining recognition from national organizations. Ratings are assigned based on national benchmarks supplied by BTE.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0422: Functional status change for patients with knee impairments**

AF4Q Alliances Using This Measure (1): Maine

Plain Language Measure Name Example(s):

“Orthopedic Care: Knee/Limb” (Maine AF4Q)

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0426: Functional status change for patients with shoulder impairments**

AF4Q Alliances Using This Measure (1): Maine

Plain Language Measure Name Example(s):

“Orthopedic Care: Shoulder” (Maine AF4Q)

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0427: Functional status change for patients with elbow, wrist, or hand impairments**

AF4Q Alliances Using This Measure (1): Maine

Plain Language Measure Name Example(s):

“Orthopedic Care: Wrist/Carpal” (Maine AF4Q)

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0575: Comprehensive Diabetes Care: HbA1c control (<8.0%)**

AF4Q Alliances Using This Measure (7): Albuquerque; Cincinnati; Cleveland; Greater Boston, MA; Humboldt County, CA; Kansas City, MO; Wisconsin

Plain Language Measure Name Example(s):

“Keep blood sugar (A1C) under 8 percent” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of the diabetes composite score from Minnesota Community Measurement (MNCM).

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 70%. This means that 70 out of 100 diabetes patients have blood sugar under control. This measure provides a population perspective for physicians to recognize patients with controlled and uncontrolled diabetes. Cincinnati is seeing improved scores indicating improved health of patients. Furthermore, medical systems are incorporating the public results into their internal quality improvement efforts and bonus plans to reward improvement.

[View Cincinnati AF4Q's general approach to measurement and reporting](#)

### **NQF #0617: High Risk for Pneumococcal Disease: Pneumococcal Vaccination**

AF4Q Alliances Using This Measure (2): Cleveland; Maine

Plain Language Measure Name Example(s):

“Asthma: Diagnosis & Every visit. Your doctor should give you flu/pneumonia shots as needed” (Maine AF4Q)

Maine AF4Q Measure Details: Maine reports this measure for the pediatric population (ages 5-18 years).

Maine AF4Q Data Source(s): Maine collects data on this measure directly from pediatric practices enrolled in the Pathways to Excellence program.

Maine AF4Q Use of Measure Results: Maine developed its own quality assessment program for pediatricians to use until a national program is available. As such, this program is less rigorous than a national program would be, but Maine's aim is to prepare pediatric practices for the national program when it becomes available.

[View Maine AF4Q's general approach to measurement and reporting](#)

### **NQF #0712: Depression Utilization of the PHQ-9 Tool**

AF4Q Alliances Using This Measure (2): Maine; Minnesota

Maine AF4Q Data Source(s): Maine uses Bridges to Excellence (BTE) Recognition.

Measure Selection: Maine intends to consider this measure for use when it incorporates Behavioral Health recognition programs into its public reporting efforts in 2012.

[View Maine AF4Q's general approach to measurement and reporting](#)

## **NQF #0729: Optimal Diabetes Care**

AF4Q Alliances Using This Measure (2): Cincinnati; Minnesota

Plain Language Measure Name Example(s):

- “1. Keep blood pressure under 140/90 mmHg
2. Keep bad cholesterol (LDL) under 100 mg/dl
3. Keep blood sugar (A1C) under 8 percent
4. Be tobacco-free
5. Take aspirin daily as recommended” (Cincinnati AF4Q)

Cincinnati AF4Q Measure Selection: Cincinnati consulted with Minnesota Community Measurement (MNCM) to implement this measure. Diabetes is a rising problem in Cincinnati and the Health Collaborative wanted to address it.

Cincinnati AF4Q Use of Measure Results: This measure provides a population perspective for physicians to recognize patients with controlled and uncontrolled diabetes. It is used for composite measure scoring and is included in Cincinnati’s public report.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average Overall Score for this measure is 28%. This means that 28 out of 100 diabetes patients met all five goals of this measure. Cincinnati is seeing improved scores indicating improved health of patients. Furthermore, medical systems are incorporating the public results into their internal quality improvement efforts and bonus plans to reward improvement.

Cincinnati AF4Q Experience Using the Measure: Cincinnati does a lot of cutting-edge consumer engagement work to identify what information consumers want to see and how they can use it to improve their care and take ownership of their diabetes. Cincinnati tries to provide resources to help patients learn, compare, act, and manage their disease.

[View Cincinnati AF4Q’s general approach to measurement and reporting](#)

## **NQF #1392: Well-Child Visits in the First 15 Months of Life**

AF4Q Alliances Using This Measure (4): Detroit; Greater Boston, MA; Humboldt County, CA; Oregon

Plain Language Measure Name Example(s):

- “Well child visits for children 15 months old” (Detroit AF4Q)

[View Detroit AF4Q’s general approach to measurement and reporting](#)

**[NQF #1516: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life](#)**

AF4Q Alliances Using This Measure (4): Detroit; Greater Boston, MA; Memphis, TN; Oregon

Plain Language Measure Name Example(s):

“Well child visits for children 3-6 years old” (Detroit AF4Q)

Detroit AF4Q Impacts Observed: Well child visits for three to six year-olds increased 8.4 percentage points over time (2006–2009).

[View Detroit AF4Q’s general approach to measurement and reporting](#)

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# Measurement Stories: Cincinnati, Detroit, and Maine AF4Q Alliances

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## Cincinnati AF4Q Alliance’s Measurement Story

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### Community Profile

The Cincinnati Aligning Forces for Quality (Cincinnati AF4Q) alliance is led by the Health Collaborative. Established in 1992, the Health Collaborative’s mission is to stimulate significant and measurable improvement in the health status of the people of Greater Cincinnati. This is accomplished by representing with neutrality the interests of a diverse coalition of health care stakeholders including the hospital, physician, employer, insurer, government, education, and consumer sectors. Using collaborative leadership, the Health Collaborative develops strategies and programs specific to addressing agreed upon health care challenges in the community. For more information, go to: [www.the-collaborative.org](http://www.the-collaborative.org).

### Measure Selection – How and why the Health Collaborative decided to use specific measures

The Cincinnati AF4Q, consumers, and other key stakeholders decided that measures should be clinically relevant, impact payment reform if possible, and be NQF-endorsed. All measures selected went through this measure selection process to identify their impact before they were implemented. Cincinnati also aligned many measures with the Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) physician recognition program. Cincinnati has also partnered with Minnesota Community Measurement (MNCM) on some of the composite measures reported.

Diabetes and cardiovascular disease are the first chronic conditions chosen for measurement due to the large number of people affected in Cincinnati and the opportunity to prevent complications.

Future reporting plans include expanding to cover quality of care for other health conditions (colon cancer rates will be added in 2012), quality of hospital care (patient experience survey results will be added in 2012), along with tools such as a body mass index (BMI) calculator and the cost of care provided by different health care providers.

Plans for the 2012 Public Report include: core Meaningful Use measures (BMI, tobacco use, blood pressure); colorectal cancer screening; and congestive heart failure.

### **Data Source(s)** – How Cincinnati accesses the data it needs for its measures

Cincinnati relies on data abstraction and extraction from patient charts, including vital signs and clinical lab values, to calculate the results it reports. By not using administrative claims data, the Health Collaborative can assess the full patient population of a physician practice regardless of health insurance plan or coverage status.

While all primary care practices follow strict data submission guidelines and specifications, the data collection varies from one practice to another. The practices use electronic medical records (EMRs), paper charts, or a combination of both, to collect the data. After collecting the information, the primary care practices voluntarily submit the clinical data to the Health Collaborative to be used for measurement and public reporting. All participating primary care practices follow a rigorous process of data reporting and are independently audited to confirm accuracy.

Staff from the Health Collaborative assists primary care practices in formatting and submitting their data to a secure web-based data portal. Upon submission, the secure data portal automatically analyzes the data according to clinical goals. Preliminary results are provided to the primary care practices and their physicians for review. The Health Collaborative staff validates the data and after passing an audit, the preliminary scores are finalized for public reporting. The practices must then pass an audit and be above the high standard for errors, such as errors related to data entry typos or not finding a more recent data value, before the data can be finalized and publicly reported.

### **Measure Details** – Changes the Health Collaborative may have made to measures in order to use and report on them

To the best of its ability, Cincinnati abides by the original NQF-endorsed measure specifications for any measure it uses. In instances where the measure specification has been adjusted, clarification is reflected in Cincinnati's measure-specific information above. All measures and clinical data and outcomes are specific to the "eligible" population for that condition. This means that in order to be included in the measure calculation, the data for those patients must meet certain criteria, such as: age range, at least two office visits to establish the patient as a long-term patient, and presence of appropriate ICD-9 codes for that condition.



**Plain Language** – How the Health Collaborative refers to its measures on its public reporting web site

Cincinnati's public reporting web site ([www.YourHealthMatters.org](http://www.YourHealthMatters.org)) uses 'plain language' measure names to refer to the results of the clinical outcomes and process measures. Those plain language measure names are included in Cincinnati's measure-specific information catalogued above.

**Use of Measure Results** – Who uses the measure results and how those results are used in Cincinnati

The Health Collaborative reports data in a private dashboard for physicians and also reports data publicly on [www.YourHealthMatters.org](http://www.YourHealthMatters.org). YourHealthMatters is the consumer-friendly website Cincinnati uses to report physician practice performance based on clinical outcomes and process measures. The primary audiences for the measure results are consumers, but many providers use the data for comparisons and quality improvement.

The Health Collaborative reports measure results publicly and assigns a performance score to each participating physician practice. The score itself is the percentage of patients in a medical practice who achieve all goals set for a condition. For example, for diabetes, the results reported show how well doctors and their patients did in meeting the five diabetes goals:

- 1) Blood pressure less than 140/90
- 2) Level of bad cholesterol (LDL) less than 100 mg/dl
- 3) Blood sugar (A1c) less than 8%
- 4) Remain tobacco-free
- 5) Take aspirin daily as recommended

The four goals for cardiovascular disease are as follows:

- 1) Blood pressure less than 140/90
- 2) Level of bad cholesterol (LDL) less than 100 mg/dl
- 3) Remain tobacco-free
- 4) Take aspirin daily as recommended

In order for a practice to get a single point, one patient must meet all five diabetes goals or all four cardiovascular disease goals; missing just one goal results in the practice getting a score of zero for that patient. YourHealthMatters provides physician groups with their composite performance score that they can then use to compare their clinical results to their peers, as well as to themselves over time. These practices can also use the detailed data that makes up the composite measure to identify opportunities for improvement.

The participation and input of local physician leadership account for a large part of the initial success, with almost 450 physicians publicly reporting their data. The Health Collaborative has enlisted a respected group of primary care physicians to ensure that the measurement system is fair, accurate, comprehensive, and actually measuring the right things. Based on this group's guidance, the data

reported are both process and outcomes measures, and are abstracted directly from patient charts, not from claims data.

### *Physician Leadership – Guiding Principles*

At the very start of the development of Cincinnati’s public reporting program, physicians helping lead this regional measurement strategy agreed on guiding principles for this initiative:

- a level playing field
- measures that matter to both physicians and their patients
- a methodology that is explicit and open to scrutiny (no ‘black box’)
- an aligned incentive system for rewarding excellence

The Health Collaborative is currently not reporting risk-adjusted data, but may choose to do so in the future.

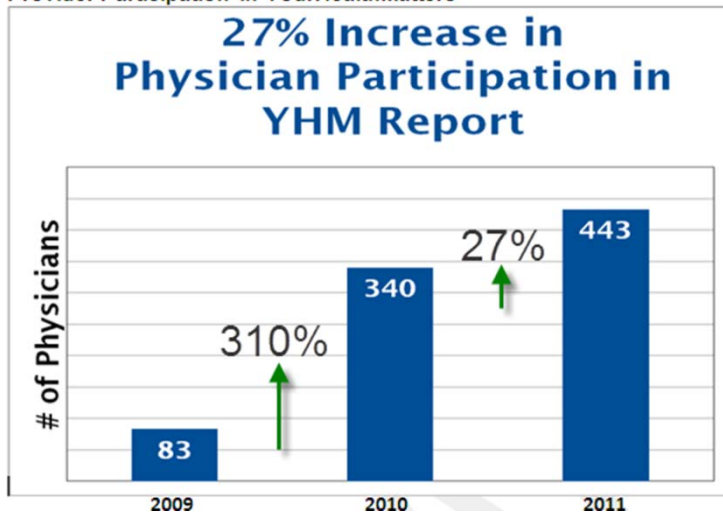
**Impacts Observed** – What Cincinnati noticed over time with respect to measure results, stakeholder engagement, and other findings

While still in the beginning phases, participation in the YourHealthMatters public report is growing and quality improvements have already been tracked.

### *Increasing Participation of Physicians*

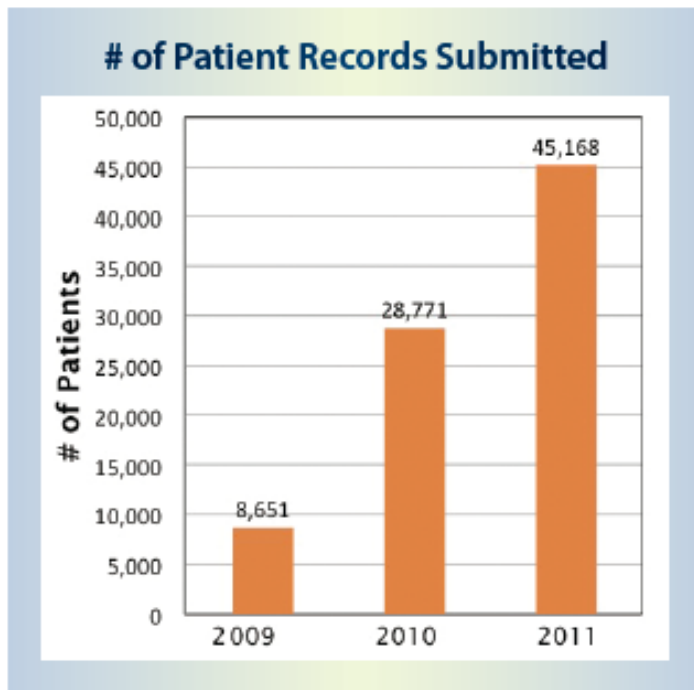
Approximately 43% of Primary Care Physicians in the 14-county Greater Cincinnati area are represented in YourHealthMatters data.

**Provider Participation in YourHealthMatters**



### *Increasing Representation of Patients in YourHealthMatters Data*

20% of Cincinnati's patients with diabetes were represented in the 2011 public report.



Source: 2008 estimate of diabetes by the CDC; 2011 population People Quick Facts

### *Improved Outcomes*

- Close to 50% of clinics reporting in 2011 experienced an increase in their composite rate over 2010
- Practices scoring “Below Average” decreased by more than half

**Experience Using its Measures** – What Cincinnati learned over time regarding selecting, using, and reporting on its measures

### *Engaging Greater Cincinnati Physicians in Public Reporting*

The Health Collaborative has developed materials to promote the addition of more practices every year to Cincinnati's data collection and public reporting efforts. [View the recruitment flyer](#) from which much of Cincinnati's measurement story was compiled

[URL: [www.the-collaborative.org/Portals/4/docs/Recruiting%20Flyer%204%20Pages.pdf](http://www.the-collaborative.org/Portals/4/docs/Recruiting%20Flyer%204%20Pages.pdf)].

### *Working with National Partners to Streamline Processes and Reduce Reporting Burden*

Since 2010, Cincinnati has been working out a way for local physicians through a single process of publicly reporting data to the Health Collaborative, to also have data submitted to Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) for provider recognition program requirements. BTE and NCQA have methodological differences that have traditionally required groups to submit data independently and do separate data abstractions to meet the different methodologies. The Health Collaborative has worked with NCQA to produce a new model of allowing community collaboratives to submit data on behalf of physicians, which has furthered Cincinnati's desire for an aligned approach to reporting of data.

The Health Collaborative and NCQA together realized the inherent value in streamlining and reducing burdens on practices. Together, the Health Collaborative and NCQA have partnered to address such concerns as Business Associate Agreements, tested XML feeds to be able to submit data to NCQA, negotiated discounted fees for local physicians since those physicians can now report through the Health Collaborative, and much more. In response to the Health Collaborative's requests, NCQA has agreed to alter their 12-month reporting period to be definable by submitters, as opposed to their standard 12-month look-back per each patient's last visit date. So, Cincinnati is able to align its calendar year data (in which anything in the year is acceptable even if data is past that patient's last visit date) with NCQA reporting requirements going forward.

By the spring of 2012, Cincinnati medical groups and physicians will be able to submit data to the Health Collaborative for public reporting and also be able to elect to have the Health Collaborative submit this same data to NCQA, on their behalf, for recognition as well. The Health Collaborative will also continue to submit data to BTE for recognition on behalf of providers, as they have done previously. By listening to the Cincinnati medical community and collaborating with outside agencies, the Health Collaborative aims to significantly reduce administrative time, resources, and cost to participating medical groups and practices and clinicians by offering data submission through one methodology and process. This will simultaneously meet multiple goals: public reporting and data submission for provider recognition under both NCQA and BTE.

### *Meaningful Use, Performance Measurement, and Public Reporting Converging*

With Meaningful Use Stage I requirements now more clearly defined by the Centers for Medicare & Medicaid Services (CMS), the Health Collaborative leadership and staff are working on aligning, as much as possible, those requirements with the clinical measures to reduce redundant reporting. Those efforts include:

- Meaningful Use Core Requirements
  - YourHealthMatters uses NQF-endorsed measures, which are evidence-based and incorporated into Meaningful Use Stage I requirements.

- Areas of Potential Alignment
  - Whenever possible, the Health Collaborative will incorporate Meaningful Use Stage I clinical quality measures into the measures and data it is collecting.
  - The Health Collaborative works with multiple reporting agencies to align measures and standards for reporting whenever possible. This minimizes the number of agencies physician practices need to report to separately, by using a single data submission process via the Cincinnati AF4Q. These agencies include Bridges to Excellence, National Committee for Quality Assurance, as well as health plans and other organizations.

**Contact Cincinnati AF4Q** – Find out more about Cincinnati’s experience in quality measurement, performance improvement, and reporting.

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## Measurement Stories: Cincinnati, Detroit, and Maine AF4Q Alliances

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### Detroit AF4Q Alliance’s Measurement Story

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#### Community Profile

The Aligning Forces for Quality (AF4Q) initiative in Detroit is led by the Greater Detroit Area Health Council (GDAHC), a multi-stakeholder regional health coalition that has served the residents of seven counties in southeastern Michigan for more than 60 years. Members of this nonprofit community organization represent the region’s major purchasers (corporations and labor organizations), health systems and health plans, insurers, government, universities, physician groups, consumer and community opinion leaders, as well as other health care organizations and associations. As the region’s foremost health care coalition, GDAHC provides a forum for multi-stakeholder collaboration and partnerships to develop, facilitate, and execute promising solutions aimed at improving cost, quality, and access to care. For more information, go to: [www.gdahc.org](http://www.gdahc.org).

#### Measure Selection – How and why Detroit decided to use specific measures

GDAHC took a practical approach to selecting measures. It began with examining which data sources it had access to or could get access to, and then the following specific criteria for selecting measures was applied:

- Data on the measure may be used to improve performance
- The measure should be nationally vetted (e.g., AQA, NQF, other) or locally vetted through the Michigan Quality Improvement Consortium (MQIC)

- Conditions relevant to GDAHC’s areas of focus and cost drivers to southeast Michigan should be considered, as well as the prevalence and ability to report at the Physician Organization (PO) level
- GDAHC should be able to report measure results with reasonable accuracy using administrative data
- The methodology for the measure should be stable (existed and reported for a number of years)
- The availability of data sources (i.e., are data available from all payers) and whether the measure is able to be reported by all payers should be considered
- Use and reporting of the measure should have reasonable consensus among physicians and payers
- Overall, measures should cover the following categories:
  - Prevention
  - Chronic disease
  - Cost/efficiency
  - Patient outcomes
  - Appropriateness of care
- Long-term efforts will be made to include other domains such as:
  - Information technology
  - Organized systems of care/Care coordination
  - Patient experience of care
  - Process improvement
  - Examining opportunities to report on efficiency
- Measures should be associated with defined themes for composite measurement for ease of use by consumers.
- Measures that are meaningful and user-friendly for consumers should be included

GDAHC has struggled to come up with composite measures that both fulfill the need to digest information about healthcare for consumers and the desire to provide information that is truly meaningful (i.e., outcomes data on admissions/readmissions versus process data on whether a test was performed). Composite measures also may need to be outcomes-focused in order to fulfill these major requirements; current dependence on claims data may not speak to these outcomes. Relative resource use measures may be one way to ascertain *value* of care (quality and cost).

**Data Source(s)** – How Detroit accesses the data it needs for its measures

GDAHC accesses all data for ambulatory care admissions through three major commercial health plans’ claims data and supplemental administrative data collected by the health plans. This is not Medicare or Medicaid data, which would involve reaching out to several additional health plans. Some health plans in the southeast Michigan market do not supply any data to GDAHC. These relationships with health plans require data use agreements that require physician organizations to limit their use of the report for quality improvement purposes; other uses, such as marketing, are prohibited. Health plans

summarize data at the primary care physician level, and then data is rolled up to the physician organization (PO) level by associating a physician with a specific PO.

State immunization registry data and supplemental data (from electronic medical records [EMRs], lab results) provide a more complete understanding and history of the patient's health. Some plans allow providers to enter clinical data via a secure, web-based application. Blue Cross – the largest volume health plan in SE Michigan – intends to implement a provider portal and collect supplemental administrative data in 2012. The provider portal will allow for data entry by a provider at the member level, and that data will be shared in the future.

**Measure Details** – Changes Detroit may have made to measures in order to use and report on them

Measure selection is determined by GDAHC. However, each health plan does its own data collection using specifications from GDAHC, and then provides the data to GDAHC. Measure specifications are rarely changed, unless reporting the results based on the data as it is collected may cause confusion for consumers.

For example, several measures used by GDAHC address procedures or tests that should *not* be provided. Since GDAHC wants its public reporting site to maintain consistency across the scores it reports, with higher scores indicating a better performing physician organization, GDAHC has had to invert or flip measure results to maintain that consistent understanding (higher number = better results). It has done this for three NQF-endorsed measures to date, including #0052, #0058, and #0069.

There have been a few cases where Detroit has had to fill measurement and reporting gaps on its own by creating measures through the Michigan Quality Improvement Consortium. These home-grown measures reflect areas where published guidelines for primary care do not yet have nationally-endorsed or accepted measures to match. An example of this is for statin therapy for people with diabetes. At the present time, there is no HEDIS measure to support the practice guidelines.

**Plain Language** – How Detroit refers to its measures on its public reporting web site

Detroit's public reporting web site ([www.myCareCompare.org](http://www.myCareCompare.org)) uses 'plain language' measure names to refer to the results of the clinical process and outcomes measures. Plain language measure names for ambulatory care measures are included in Detroit's measure-specific information catalogued above.

**Use of Measure Results** – Who uses the measure results and how those results are used in Detroit

GDAHC reports measure results on both public and private levels. GDAHC publicly reports data at the physician organization level, but also provides private reports to each physician organization at the physician level.

The primary audiences for the measure results are consumers, but many providers use the data for comparisons and quality improvement. On [www.myCareCompare.org](http://www.myCareCompare.org), GDAHC describes the results as



being about joint “physician and patient performance” to drive home the importance of patient engagement in healthcare.

Ultimately, all measures have potential to be used for the following purposes: (a) provider comparisons; (b) health plan-specific needs; (c) GDAHC analysis; and (d) data validation. Some plans may use measures, such as diabetes and prevention measures, for incentive programs linked to provider performance.

Access to data and reliance on the validity of the results has been challenged by recent trends in South East Michigan. Some of the seven major health systems in South East Michigan (six are among the largest employers) are now providing their own health coverage to employees or are self-insured. Employer groups are also reducing the number of health plan options for employees. This means that employees are changing plans and may not be continuously enrolled long enough in a health plan to allow them to be included in the denominator for a measure (and furthermore, measures have different continuous enrollment requirements to be included in the denominator, such as two years for breast cancer and three years for other measures). Gaining permission to collect and use data from self-insured groups is an added challenge.

This can lead to data combined from several health plans not having the same base population being measured, which in turn creates a situation where the measure results are not “stable” and changes in the results may not be attributable to actual care being better or worse. This will likely remain the case until enrollment itself stabilizes.

Individuals are also starting to purchase their own health insurance outside of the traditional employer-sponsored plans, making access to data even more complex. Detroit may be able to take lessons from experiences in other communities (e.g., Puget Sound AF4Q Alliance) that have worked over the past several years to tackle this issue.

Additional challenges that can affect the reporting and trending of results over time is that some health plans will change the attribution methodology from how a measure specifies or change other elements of a measure’s specifications before calculating results.

**Impacts Observed** – What Detroit noticed over time with respect to measure results, stakeholder engagement, and other findings

According to observations from data for the last three cycles of reporting by GDAHC, most measures have demonstrated an improvement. However, a more concerted effort to look at improvement over time, perhaps at the practice level, needs to be conducted. Measures for which an improvement was noted is documented in Detroit’s measure-specific information above.

GDAHC has noticed that certain measures cause concern for providers. In particular, control measures, such as those for blood sugar and cholesterol, cause angst for some providers regarding the evidence and clinical applicability of the measure. For example, some providers do not agree with recommended hemoglobin A1c targets for certain diabetic patients. Screening measures have also caused concern

regarding providers being held accountable for a patient getting a specific test/screening done outside of the practice. One strategy Detroit has used to help providers continue to encourage and report on screening measures is to raise provider awareness that there is a certain level of non-compliance for all patients that is spread across the board for all results that are reported.

**Experience Using its Measures** – What Detroit learned over time regarding selecting, using, and reporting on its measures

Health plans in South East Michigan, through their community-oriented missions and specific member-focus (i.e., education regarding evidence-based guidelines), have made commitments to supporting community health and health of Michigan residents. Regardless of these commitments, GDAHc has to maintain its relationships with health plans, as it still needs to secure data specific to the measures it uses and also needs to protect against losing access to data from the current three major health plans with which it works.

GDAHc's work as a pilot community for creating this Alignment Tool spurred the creation of the North Star Group – a regional initiative to examine the multiple data requests that come from all the major quality improvement and public reporting entities in South East Michigan. The purpose of the group is to create alignment across these efforts. The North Star Group plans to meet quarterly to align some of their selected measures to streamline their data requests of health plans and physicians.

**Contact Detroit AF4Q** – Find out more about Detroit's experience in quality measurement, performance improvement, and reporting.

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# Measurement Stories: Cincinnati, Detroit, and Maine AF4Q Alliances

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## Maine AF4Q Alliance’s Measurement Story

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### Community Profile

The Aligning Forces for Quality (AF4Q) initiative in Maine is led by Maine Quality Counts (QC), in partnership with the Maine Health Management Coalition (MHMC) and the Dirigo Health Agency’s Maine Quality Forum (MQF). Established in 2004 by a network of 35 organizations, QC is a multi-stakeholder statewide regional health care collaborative committed to working across organizations and communities to improve health care systems and outcomes for the people of Maine. QC, MHMC, and MQF work to coordinate existing but disparate efforts across the state that promote local, coordinated systems of care and the resources that support them. The goals of the Maine AF4Q Alliance are to improve health status, promote consistent delivery of high quality care, improve access to health care, and contain costs. For more information, go to: [www.mainequalitycounts.org](http://www.mainequalitycounts.org).

Maine’s Pathways to Excellence (PTE) program is designed to improve health care by offering information to Maine residents about the quality and costs of healthcare being provided. The PTE program is operated under the Maine Health Management Coalition Foundation and promotes performance measurement and public reporting of quality and cost information for primary care, specialty physicians, and hospitals. The PTE program historically has recognized primary care provider practices for excellence in care using green and blue ribbons, but transitioned to use word descriptions – i.e. “Good, Better, and Best” – to describe various levels of recognition. The use of Good-Better-Best is being standardized across the [www.getbettermaine.org](http://www.getbettermaine.org) website so that the levels are equitable across programs, and consumers can understand the type of care they can expect. The PTE Steering

Committees use statistical significance, national benchmarks, and/or consensus of expert opinions (in that order of preference) to assign ratings.

### **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:

1. 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.
2. 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.
3. 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.

Maine reports its measures at the composite level for diabetes, cardiovascular care, and asthma as they relate to provider recognition program requirements through NCQA and BTE.

## **Data Source(s)** – How Maine accesses the data it needs for its measures

From 2002 to 2004, Maine used administrative claims data from key health plans in the state to assess quality and outcomes of care. Through demands – largely from providers – to use more timely and patient-centered data, employers and other stakeholders in the healthcare community began to support the transition to practice-reported information as the primary data source for patient health and health outcomes information.

Doctors who treat adults voluntarily submit clinical information to Bridges to Excellence (BTE) and/or the National Committee on Quality Assurance (NCQA). BTE generates rating levels regarding the quality of the care being provided. Maine accesses adult clinical outcomes and physician practice recognition data directly from BTE. For example, once a month, Maine receives from BTE a recognition data exchange (RDE) to keep its practices' recognitions up-to-date. Maine then updates practice ratings on a quarterly basis. In 2012, Maine will be accepting all BTE clinical outcomes measures for recognition – Diabetes, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disorder, Hypertension, Asthma, Depression, and Spine. In addition, Maine will also add Meaningful Use as a “better” level for office system ratings, and is currently working to determine how best to verify a practice's level of Meaningful Use implementation. Pediatric practices continue to submit clinical data directly to the MHMC because there are no national recognition programs for pediatrics; this is sustainable at the moment due to a low number of pediatric practices enrolled in the PTE program (approximately 45).

Maine still sees value in using claims data for certain areas of measurement, namely cost of care and preventive health measures. As it prepares to report on cost of care and prevention in the near future, Maine plans to rely on claims data for its reporting on these areas.

## **Measure Details** – Changes Maine may have made to measures in order to use and report on them

Maine has abided by its commitment to not make extra work for providers, ensure there is no redundancy in the measurement and reporting arena, and support its practices in getting to Meaningful Use. In essence, Maine has had to work hard to bring the right stakeholders together to select and use measures that offer valuable information to providers, employers, and patients alike.

To support its work, earlier in Maine's public reporting efforts, some measure specifications were changed for claims-based measures. But changes to measure specifications are rare now, except when those changes support good science and evidence. For example, Maine decided to not report on PAP smears because evidence called for a test every three years while claims data could only reliably measure two years. Also, if patient outcomes improved in a shorter time frame than the specified measurement period, ratings of practices were adjusted to allow for that patient to be included in calculations.

The results associated with pediatric care practices are not as clear cut as those for adult care practices. Most healthcare priorities and employers' focus areas target high-cost chronic conditions in the adult

population. There are no existing national recognition programs for pediatric care. In the meantime and to prepare pediatric practices for the rigor associated with having a national recognition program, Maine developed its own quality assessment program for pediatricians. Currently Maine and Vermont have a CHIPRA grant and the MHMC hopes to utilize pediatric measures developed through that initiative.

Maine has also been trying to determine its approach to risk adjustment of results, balancing social and economic factors largely outside of the control of providers that may have results showing worse health outcomes for challenged populations. If a practice's results show disparities in outcomes for certain patient populations, Maine is considering offering that practice the right to appeal Maine's rating. Its current plans are to do so by comparing a practice's *process* measure results for its commercial population to those for its non-commercial population. If those process scores are not significantly different, the practice may then be able to attribute disparities in *outcomes* as being related to factors outside of the control of the practice.

#### **Plain Language** – How Maine refers to its measures on its public reporting web site

Maine's public reporting web site ([www.getbettermaine.org](http://www.getbettermaine.org)) uses 'plain language' measure names to refer to the results of the clinical process and outcomes measures. Maine received technical assistance from the American Institutes for Research (AIR) and Shoshanna Sofaer (Baruch College/CUNY) through AF4Q technical assistance to support its aim to effectively communicate with patients on ratings and what they should expect from a practice.

#### **Use of Measure Results** – Who uses the measure results and how those results are used in Maine

Maine uses various levels of reporting. Not all results are publicly reported, but the information is still shared with physician offices and systems for quality improvement. Furthermore, when Maine prepares to report publicly on a measure, it will privately share the results for several months with providers before making the transition to full public disclosure. Maine has found that sharing results, even just within the walls of a provider system or employer, can spur on quality improvement efforts and changes or improvements to benefit design, as long as enough people in an organization see the results in a way that they prioritize working on them.

Through the establishment of PTE and the transparent process through which the program uses evidence, national metrics, and expert Steering Committee input to arrive at ratings for enrolled practices, Maine has been able to establish trust of the process and ratings across all stakeholders. To support patients' choices of providers, employers are encouraged to waive copays for office visits to preferred network providers (those with at least two public recognitions). This financial incentive to patients has generated great attention, or "buzz", from patients and has driven many patients to access these preferred network providers, which has consequently served as the single best driver for improvement at the practice level. Several of Maine's largest employers have supported this incentive program and more are expected to join in 2012.

A recent report on the effectiveness of the PTE program was conducted by the Robert Wood Johnson Foundation (RWJF). A set of key findings from the analysis points to how participation in the PTE program has had a dramatic impact on most participating practices. For example, the reporting process spurred those practices to:

- Improve their chronic illness and preventive care, such as by starting disease registries and contacting patients who have not received care for long periods.
- Participate in quality improvement initiatives, such as learning collaboratives and training.
- Use quality benchmarks and outcomes to motivate patients to improve their self-care.
- Improve their health care procedures, work flow and technology.
- Sharpen their administrative practices and documentation of care

(Source: [www.mehmc.org/images/stories/rwif\\_pte\\_report.pdf](http://www.mehmc.org/images/stories/rwif_pte_report.pdf))

**Impacts Observed** – What Maine noticed over time with respect to measure results, stakeholder engagement, and other findings

Maine does not report trend data on physician offices, but rather keeps its ratings (Good-Better-Best) up to date to assist patients in making real-time assessments and decisions of the providers they choose. Patients over time have demonstrated an interest in knowing about the best practices closest to them and whether those practices are accepting new patients – information Maine is trying to make searchable within its public reporting site.

With respect to provider behavior, as mentioned above, physician offices being aware that results would eventually be reported publicly has been impetus enough to initiate improvement prior to the release of the results. Even an indication that results may be used to drive future incentives or may be shared with large employers for the purpose of examining benefit design was supportive of improvement.

**Contact Maine AF4Q** – Find out more about Maine’s experience in quality measurement, performance improvement, and reporting.

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## Provide Feedback

It is important that NQF learn from your experience using the Alignment Tool. Please let us know what you like about the Tool and how it can be improved to better support your needs.

Send us your feedback at [communities@qualityforum.org](mailto:communities@qualityforum.org).