Learning and Action Network: Harmonizing Measures

October 24, 2012
Speakers

• Collette Pitzen, RN, BSN, CPHQ
  Manager, Clinical Measure Development
  MN Community Measurement

• Petrice Balkan
  MediQHome Program Manager
  Blue Cross Blue Shield North Dakota

• Paul Kleeberg, MD, FAAFP, FHIMSS
  CMIO, Stratis Health
  REACH Clinical Director

• Phil Deering
  Stratis Health
  Manager Program Development/Implementation
Today’s Agenda

• Working toward measurement harmonization
  – Minnesota Community Measurement
  – MediQHome

• Barriers to and best practices for harmonizing measures
  – Clinic examples

• Q & A

• Next Steps
Measure Harmonization: How is MNCM Involved

Stratis Health Information Technology
October 24, 2012

Collette Pitzen RN BSN CPHQ
Manager, Clinical Measure Development
MN Community Measurement
Mission & Vision

• MNCM’s mission is to accelerate the improvement of health by publicly reporting health care information

• MNCM’s vision is to:
  – be the trusted source for performance measurement and public reporting of quality data across the spectrum of healthcare
  – that drives change towards more safe, effective, patient centered, timely, efficient and equitable care
  – be a resource used by providers to improve care and patients to make better decisions
  – Catalyze our community to work together on health care measurement to reduce administrative costs and maximize value
Why public reporting matters

• Transparency encourages improvement above and beyond measurement, quality improvement, P4P
• For practitioners, reporting highlights best practices and variation:
  – Recognition for those performing well
  – Motivation for those who are not
• For consumers, reporting provides:
  – Objective information for making health care decisions
  – Empowerment to demand high quality care
MN Health Scores Website

What is Minnesota HealthScores™?

MN HealthScores is a Web site that can help you make sure you are getting the best care - high quality health care. Our reports provide information about the care provided in clinics, medical groups and hospitals throughout Minnesota. MN HealthScores was developed by MN Community Measurement, an independent non-profit community organization. Read more >
Measure Harmonization

• MN Health plans commit to use MNCM measures for their contracts with groups
  – One standard method for population identification and measure definition

• MNCM has five measures endorsed by the National Quality Forum [two more in process]

• MNCM is the measure steward for the diabetes all-or-none composite measure for ACO [PQRS G-Pro Method]
  – CMS originally melded NCQA’s and MNCM’s measures (our numerator, their denominator)
  – Working with CMS towards our denominator as well (2014)
Measure Harmonization

• Two of MNCM’s measures included in Meaningful Use Stage 2 [are specified as e-Measures]
  – Utilization of PHQ-9 and Remission at 12 Months

• Strive to align with NCQA definitions for population whenever possible
  – Sometimes need to modify to fit an EMR data source instead of claims based (origin of HEDIS)

• Discussions on national level through the NQF endorsement process
  – Applicants required to addresses harmonization
Complete an environmental scan of national measures before contemplating the creation of anything “New”
Measure Harmonization

• Measure development for new measures
  – Includes environmental scan of existing measures
    • NQF, NCQA, PQRS, Meaningful Use, AHRQ, CMS
  – Strive to align population definitions (denominator) when ever possible, as appropriate

• e-Measure Specification (with NQF) requires used of standard methods for coding and expressing measure (QDM Quality Data Model)
Harmonizing Quality Measures

By: Petrice Balkan
# Clinical Suites

## Asthma

- **5 – 50 years**
- **Process Measures:**
  - Severity classified using the NAEP guideline
  - Inhaled corticosteroids (or alternative steroid sparing control medication) for patients with persistent asthma (moderate to severe).
  - Inhaled short-acting beta-agonist for patients with persistent (all grades) asthma.

## Attention Deficit Hyperactivity Disorder (ADHD)

- **< 18 years**
- **Process Measures:**
  - 2 BMI documented in the medical record.

## Breast Cancer Screening

- **50 – 74 years (female)**
- **Process Measures (every 2 years):**
  - Breast MRI
  - BSGI
  - Mammogram

## Cervical Cancer Screening

- **21 – 65 years (female)**
- **Process Measures:**
  - Pap test (once every 3 years)

## Chronic Heart Failure

- **18 – 75 years**
- **Process Measures:**
  - BP exam
  - Ejection fraction (once within 24 months)
  - Puls exam
  - Serum Creatinine
- **Outcome Measures:**
  - ACEI/ARB therapy if LVEF < 40
  - Beta-blocker therapy if LVEF < 40
  - BP < 130/80
  - If Afib, heart rate < 80
  - If Afib, presence of an anticoagulant
  - Tobacco free

## Colorectal Cancer Screening

- **50 – 74 years**
- **Process Measures:**
  - Colonoscopy (every 10 years) + OR
  - CT Colonography (every 5 years) + OR
  - Double Contrast Barium Enema (every 5 years) + OR
  - Fecal Immunochromatographic testing (FIT) + OR
  - Flexible sigmoidoscopy (every 5 years) + OR
  - FOBT

## Coronary Artery Disease

- **18 – 75 years**
- **Process Measures:**
  - Beta-blocker therapy in patients with history of MI
  - BMI
  - BP/LDL exam (every 15 months)
- **Outcome Measures:**
  - BP < 140/90
  - LDL < 100
  - Tobacco free
  - "Optimal Vascular Care"

## Adult & Adolescent Immunizations

- **> 11 years**
- **Process Measures:**
  - Herpes Zoster if > 60, (once)
  - Human Papilloma Virus (HPV) if female age 18-26 (3 doses, every)
  - Influenza-A (Flu Vaccine)
  - Pneumococcal if > 65, (once every 10 years)
  - Tetanus, diphtheria and acellular pertussis (Td/Tdap)
  - (once every 10 years)
  - Varicella (VZV) (2 doses, every)

## Child & Adolescent Immunizations

- **0 – 2 years**
- **Process Measures (by the 2nd birthday):**
  - Diphtheria, tetanus and pertussis (DTaP)
  - 3 Haemophilus influenza type B (HIB)
  - 2 Hepatitis A (Hep-A)
  - 3 Hepatitis B (Hep-B)
  - Influenza-A (Flu Vaccine) (annually)
  - 1 Measles, mumps, rubella (MMR)
  - 4 Pneumococcal vaccine
  - 3 Polio vaccine (IPV)
  - 1 Varicella/chicken pox (VZV)

## Child Diabetes

- **0 – < 13 years**
- **Process Measures:**
  - BP exam
  - HbA1C exam
- **Outcome Measures:**
  - BP < 130/80
  - HbA1C < 8.5

## Child Hypertension

- **18 years and older**
- **Process Measures:**
  - ACEI/ARB therapy if GFR < 60
  - BP exam
- **Outcome Measures:**
  - BP < 140/90

## Cystic Fibrosis

- **5 – 35 years**
- **Process Measures:**
  - Chest x-ray
  - Spirometry
  - PFTs
  - Dry weight
  - Sputum culture

## Diabetes

- **18 – 75 years**
- **Process Measures:**
  - BP exam
  - Diabetic foot exam
  - HbA1C exam
  - LDL exam
  - Microalbumin exam
  - Ration exam
- **Outcome Measures:**
  - BP < 140/90
  - HbA1C < 8
  - LDL < 100
  - Tobacco free
  - "Optimal Diabetes Care"
  - Daily ASA if presence of IVD

## Child Diabetes

- **0 – < 13 years**
- **Process Measures:**
  - BP exam
  - HbA1C exam
- **Outcome Measures:**
  - BP < 130/80
  - HbA1C < 8.5

## Child Hypertension

- **18 years and older**
- **Process Measures:**
  - ACEI/ARB therapy if GFR < 60
  - BP exam
- **Outcome Measures:**
  - BP < 140/90
  - Fasting blood glucose
  - Serum Creatinine
  - Total cholesterol exam
  - Urine analysis/microalbumin
- **Outcome Measures:**
  - BP < 120/80
  - Fasting blood glucose < 100
  - Total Cholesterol < 200
Care Opportunities Report

Practice Overview

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<th>OVERDUE</th>
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## Diabetes Care Opportunities

(Diabetes Care Opportunities: Click the bar to filter on measure)

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# Goal Progress

## DM - BP

### DM - Blood Pressure

The chart above shows the progression of blood pressure over time. The data is grouped by date range: **November 2011** to **October 2012**.

### Table: Clinical Suite, Measure Type, Measure Name, Performance Goals, Performance, Level

<table>
<thead>
<tr>
<th>Clinical Suite</th>
<th>Measure Type</th>
<th>Measure Name</th>
<th>L1</th>
<th>L2</th>
<th>L3</th>
<th>Performance</th>
<th>Level</th>
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<td>Process</td>
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<td>59%</td>
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<td>Process</td>
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<td>90</td>
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<td>Outcome</td>
<td>Blood Pressure &lt; 140/90 mmHg</td>
<td>49</td>
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# Clinical Comparison Report

## DM - Blood Pressure

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<tr>
<th>Suite</th>
<th>Diabetes Group</th>
<th>Measure</th>
<th>Tobacco Free Success Level</th>
<th>Measure</th>
<th>Retinal Exam Success Level</th>
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<th>Microalbumin Exam Success Level</th>
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<th>LDL-Chol Success Level</th>
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Questions?
CLINIC EXAMPLES: BARRIERS AND BEST PRACTICES
QUESTIONS?
Next Webinar

- Wednesday, December 5th
  12:00 – 1:00pm CST
Topic: Stage 2 Measures
Speaker: Dr. Paul Kleeberg
Education Schedule

• Webinar 1: Quality Measurement and Reporting
  Recorded February 29, 2012
• Webinar 2: Quality Reporting Part II
  Recorded May 22, 2012
• Webinar 3: Overcoming Barriers
  Recorded August 22, 2012
• Webinar 4: Harmonizing Measures
  October 24, 2012, 12:00 – 1:00 pm
• Webinar 5: Stage 2 Measures
  December 5, 2012, 12:00 – 1:00 pm
Education Schedule (cont.)

- **Webinar 6: Clinical Decision Support**
  February 20, 2013, 12:00 – 1:00 pm
- **Webinar 7: HIE**
  April 17, 2013, 12:00 – 1:00 pm
- **Webinar 8: ACOs**
  August 21, 2013, 12:00 – 1:00 pm
- **Webinar 9: Health Care and Patient Centered Medical Homes**
  October 16, 2013, 12:00 – 1:00 pm
- **Webinar 10: TBA**
  December 11, 2013, 12:00 – 1:00 pm
Contact Information:

Connie Geyer RN, BSN
ND Healthcare Review Inc.
CGeyer@ndqio.sdps.org
Phone: 701-857-9723

Jerri Hiniker, BSN, RN, CPEHR
Stratis Health
jhiniker@stratishealth.org
Phone: 952-853-8540
Thank You!

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.