



Ohio
Department of Health

Ohio RHC Quality Network:

Selecting Clinical Quality Indicators

May 27, 2014





Our Team

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Webinar Logistics

- Today's presentation will be recorded.
- There will be a Q&A time and brief poll at the end of the presentation.
- Lines will be muted during the presentation, however if you would like to ask a question, please use the 'Raised Hand Indicator' and your line will be unmuted. Click it again to lower your hand.

To ask to speak	Windows	result
Select Raise Hand on the Participants panel		The Raised Hand indicator appears on the participant list for the host and presenter.
To cancel a request to speak	Windows	result
Select Lower Hand On the Participants panel		The Raised Hand indicator is removed from the participant list for the host and presenter.





Agenda

1. Introduction
2. Types of Quality Indicators
3. Considerations
4. Health Reform and Quality Indicators
5. Next Steps
6. Questions & Polling



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1. Introduction



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Overview

- Ohio State Office of Rural Health
 - Jennifer Jones, MPH, SORH Program Coord
 - 614-466-5333
 - jennifer.jones@odh.ohio.gov
- 2-Year Project*

Project Goal

Lay the ground work for an Ohio RHC Quality Network to collect quality measures and allow for benchmarking, in order to help participating clinics measure and improve overall performance.

*contingent on funding



Ohio RHC Helpline

- 1-866-698-5976
- OhioRHChelp@jsi.com
 - Practice Management
 - Operational Performance
 - Financial Performance
 - Certification
 - Quality Improvement





Prior Webinar Content

1. Introduction of Ohio Rural Health Clinic Quality Network
2. Overview of Ohio RHC Landscape
3. Integrating Quality Improvement Processes into Health Care Delivery





2. Types of Quality Indicators



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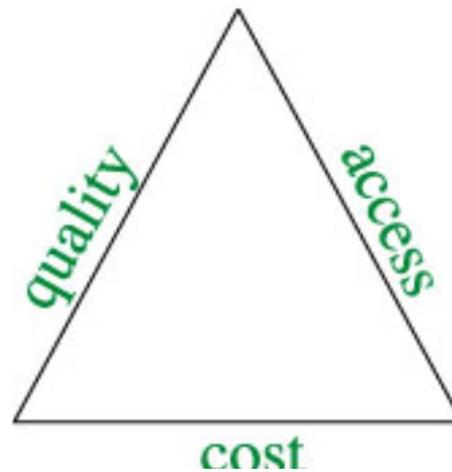


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Iron Triangle

- Quality ↑
- Access ↑
- Cost ↓





IHI Triple Aim

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care



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Why Measure?

Measures/indicators:

- Drive improvement
- Inform consumers
- Influence payment



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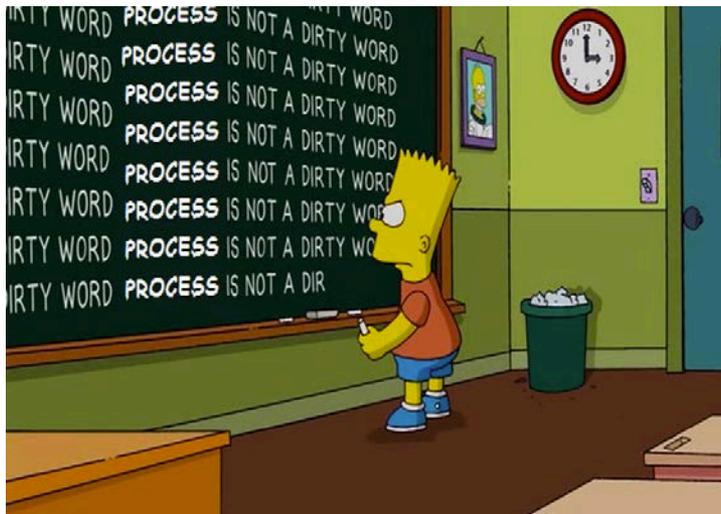
Main Types of QI Indicators

- Process
- Outcome
- Patient experience
- Structure
- Access
- Composite



Process Measures

- Steps proven to benefit patients
- Example for Cervical Cancer Screening:
 - The percentage of women who had a cervical cancer screening with a Pap test.



Outcome Measures

- Actual results of care
- Example for hypertension:
 - % of hypertension patients whose BP is under control
 - Compare to a Process Measure for hypertension - % of patients screened for high BP

Do outcomes matter?





Patient Experience Measures

- Patients' perspectives on their care
- Example:
 - Patient Satisfaction Survey results
 - % of patients satisfied with "Today's Visit Wait Time"

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.



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Structure Measures

- Conditions in which providers care for patients
- Example:
 - Provider hours available for patient care





Access Measures

- Patient ability to receive services within system (not including payment barriers)
- Example:
 - Wait for a patient to get an appointment from date of request



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Composite Measures

- Combine the result of multiple performance measures to provide a more comprehensive picture of quality care
- Example:
 - Measure of potentially preventable adverse events for selected pediatric indicators





Comparing the Measures

Clinical					
Process	Outcome	Pt. Experience	Structure	Access	Composite
% of patients screened for high BP	% of hypertension patients whose BP is under control	% patients satisfied that questions about diagnosis were answered	% MA's receiving annual recert of accurate BP measurement	# days Wait for a patient to get an appt from date of request	# preventable admissions related to uncontrolled hypertension





3. Considerations for Choosing Indicators





National Quality Forum (NQF) Measure Criteria

- Important to measure and report
- Scientifically acceptable
- Useable and relevant
- Feasible to collect





Important to measure and report

- Does the measure relate to
 - addressing a significant health issue for the population served?
 - a component of health care delivery that impacts quality or access?
 - reducing costs or increasing efficiency?
- Is the measure likely to be requested by payors or government entities in the near future?





Scientifically acceptable

- Will the measure produce consistent and credible results about the quality of care?



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Useable and relevant

- Can patients, providers, insurers and policy makers understand the results of the measures and find them useful for quality improvement and decision making?
- Will the data be collected in such a way as to allow comparison to other data?
- Benchmarking
 - Internal
 - Inter-period changes
 - Long-term trends
 - External
 - High performers
 - State goals





Feasible to collect

- Can the data be collected without adding too much of a burden to staff?
 - Is there an EHR/EMR?
 - Does the EHR/EMR capture the data?
 - Are reports available to report the information?
 - Is there a need for customized reports?
 - If there is no EHR/EMR, will you be able to collect the data manually?
 - Is the population base for the data easy to identify?
- Is the data already collected for another purpose?
- Does the staff have the capability to collect and report the data?
- Will data collection require additional costs?





4. Health Reform and Quality Indicators



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Aligning Indicators

- Indicators should align with other improvement efforts
 - Eliminate duplication of effort, especially if already participating or will soon participate in other initiatives
 - Standardization of measures allows greater opportunities for comparisons
 - Provides standards or high performing examples for setting internal and external goals





Other QI Initiatives

- Patient Centered Medical Homes (PCMH)
- Physician Quality Reporting System (PQRS)
- Medicare and Medicaid EHR Incentive for EP (Meaningful Use)
- Uniform Data System (UDS) - FQHCs
- Partners in Health Care Quality (QHi) – CAH and RHCs



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QI Initiatives and Indicators

- Indicators among QI initiatives do not always align
 - National Quality Forum (NQF)
 - Physician Quality Reporting System (PQRS)
 - Healthcare Effectiveness Data and Information Set (HEDIS)
- Different programs may use different measures
- Some programs may accept more than one type of measure
- Partners in Health Care Quality – QHi
 - Aligned measures for large national RHC project





Clinical Quality Measure Crosswalk: HEDIS, Meaningful Use, PQRS, PCMH

Measure No.	Measure Name	HEDIS	Meaningful Use	PQRS	PCMH-PGIP (BCBSM EBCR Measures 2010)
NQF 0105 PQRS 9	Antidepressant Medication Management	X	X (18 years and older)	X (18 years and older)	X (18 years and older)
NQF 0002 PQRS 66	Appropriate Testing for Children with Pharyngitis	X	X (2-18 years)	X (2-18 years)	
PQRS 65	Appropriate Treatment for Children with Upper Respiratory Infection	X (3mos-18 years)		X (3mos-18 years)	X (3 mos-18 years)
	Asthma:				
NQF 0036	<ul style="list-style-type: none"> Use of Appropriate Medications for People with Asthma 	X (5-11 years; 12-50 years; and total)	X (5-11 years; 12-50 years; and total)		X
NQF 0047 PQRS 53	<ul style="list-style-type: none"> Asthma Pharmacologic Therapy (percentage of patients 5-40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed medication) Medication Management For People With Asthma 	X	X	X	
NQF 001 PQRS 64	<ul style="list-style-type: none"> Asthma Assessment 		X (5-40 years)	X (5-50 years)	
PQRS 116	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (18-64 years of age)	X		X	X
NQF 0031 PQRS 112	Breast Cancer Screening	X	X (Women 40-69)	X (Women 40-69)	X (Women 42-69)
PQRS 47	Care for Older Adults: a) Advanced Care Planning, b) Medication Review, c) Functional Status Assessment, d) Pain Screening	X		X (65 years and	



5. Next Steps



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3 Essential Points

- Indicators, although essential in every improvement process, will not by themselves motivate people to change
- Good communication bridges the gaps between measurement, understanding, and improvement
- In order to influence people, indicators need to be presented in ways that are easy to understand and in ways that make changes to the system compelling and possible





Please Join Us

Prioritizing Evidence-Based Interventions & Quality Measures for Rural Health Issues in Ohio

Friday, June 13th
10:00 am-3:30 PM
Columbus

Register:

- Ohio State Office of Rural Health
Website www.odh.ohio.gov/SORH or
- via emails sent by SORH or the RHC Help Line
- Direct Link for June 13th Registration

Please Join Us



6. Questions & Polling



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Click Here to Register for the June 13th
Meeting in Columbus:

<http://events.constantcontact.com/register/event?llr=u5m68ghab&oeidk=a07e9bcibpb5f58fec2>



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