



Ohio
Department of Health



Defining and Reporting Clinical Quality Measures

Ohio Rural Health Clinic
Quality Network Webinar Series

November 6, 2014



John Snow, Inc.

Promoting and Improving Health

Agenda

- Introductions and Overview
- Clinical Quality Measures Definitions
- Methods and Guidance for Data Collection and Reporting
- Tips for Successful Reporting
- Discussion and Q&A
- Participant Poll

Our Team

Ohio State Office of Rural Health (SORH)

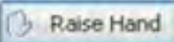
- Jennifer Jones, MPH – SORH Program Coordinator, Ohio Department of Health

JSI

- Patricia DiPadova, MBA – Project Manager
- Lea Ayers LaFave, PhD, RN – Quality Expert
- Karen Paddleford, MPH – Communication and Support Specialist
- Priscilla Davis, MHA candidate – Communication and Support Specialist

Webinar Logistics

- Today's presentation will be recorded
- There will be a Q&A time at the end of the presentation and a brief poll.
- Phone lines will be muted during the presentation
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 Select Raise Hand on the Participants panel	Windows 	result The Raised Hand indicator appears on the participant list for the host and presenter.
To cancel a request to speak Select Lower Hand On the Participants panel	Windows 	result The Raised Hand indicator is removed from the participant list for the host and presenter.

Overview

- Rural Health Clinic Quality Network
- 2nd Year of 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.

Year 2

- Define Specific Clinical Quality Measures
- Develop Data Collection System
- Use Data for Trending and Benchmarking Purposes
- Develop Future Data Goals

Ohio RHC Helpline

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



Clinical Quality Measures: Briefly Defined

Each quality measure is related to Diabetes and based on National Quality Forum (NQF) measures.

- NQF 0059: Hemoglobin A1c Control for Diabetic Patients ($\leq 9\%$)
- NQF 0061: Blood Pressure Control ($< 140/90$ mm Hg) for Diabetic Patients
- NQF 0064: LDL-C control (< 100 mg/dL) for Diabetic Patients

Clinical Quality Measures: Key Terms

In the next few slides, we will define the following key terms prior to discussing the specific criteria for each NQF measure:

- The Universe
- Reporting Period
- Exclusions

Clinical Quality Measures: "The Universe"

The Universe for each of the 3 selected measures is identical. The characteristics of this universe is defined as follows:

"Patients 18-75 years of age as of the end of the measurement period who had at least one medical visit during the measurement period and an active diagnosis of diabetes (type 1 or 2) made during or prior to the measurement period. "

The universe is the denominator for the compliance rate of each quality measure.

Clinical Quality Measures

The Universe, continued

For each of the 3 selected measures the universe :

- is the denominator from which each measure is calculated
- will be the same number for each measure (for same measurement period)
- has exclusions that need to be identified which will reduce the # of patients in the universe.

Clinical Quality Measures

Universe: Exclusions

The “Universe” includes all patients aged 18-75 year old diagnosed with diabetes (type 1 or 2) with at least 1 medical visit during the measurement year.

However, the universe *excludes* patients diagnosed with the following types of diabetes:

- Gestational diabetes
- Steroid Induced Diabetes
- or
- Patients diagnosed with polycystic ovaries

Patients with these diagnoses should be not be included in the count of patients in the total universe.

Clinical Quality Measures

"The Measurement Period"

The measurement period is 12 months in length and depends on the quarter being reported.

For reports due in 2015 the measure periods for each quarter are:

Quarter	Due Date	Measurement Period
1	January 30, 2015	January 1, 2014 - December 31, 2014
2	April 30, 2015	April 1, 2014 - March 31, 2015
3	July 30, 2015	July 1, 2014 - June 30, 2015
4	October 30, 2015	October 1, 2014 - September 30, 2015

Clinical Quality Measures: Details

Clinical Quality Measure

NQF 0059

Hemoglobin A1c Control ($\leq 9\%$) for Diabetic Patients

Patients from the universe are compliant for this measure if:

- Their most recent HbA1c level (taken during the measurement period) is less than or equal to 9% ($\leq 9\%$). *Note: If there was no test performed during the measurement period, it should be assumed that they do not meet this compliance criterion (and aren't counted as compliant for this measure).*



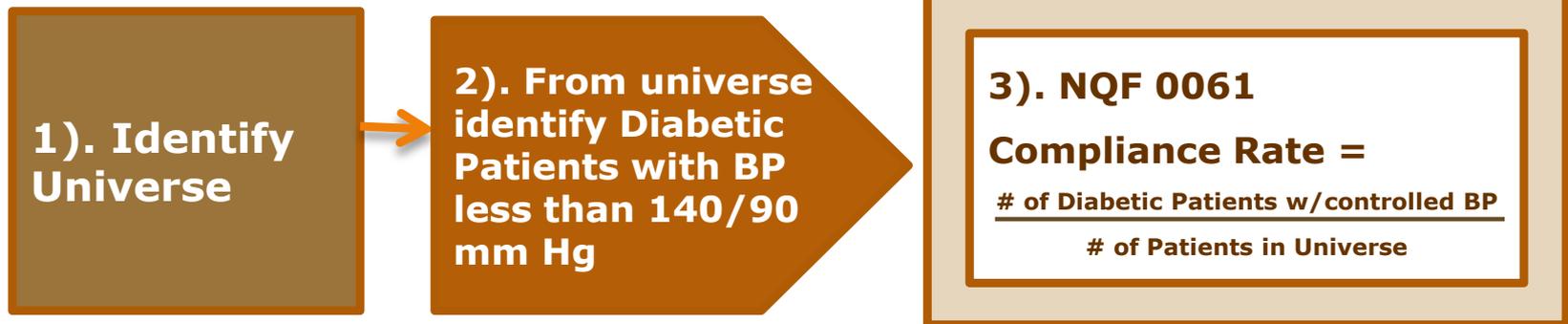
Clinical Quality Measure

NQF 0061

Blood Pressure Control <140/90mm Hg for Diabetic Patients

Patients from the universe are compliant for this measure if:

- Their most recent blood pressure reading (taken during the measurement period) is less than 140/90 mm Hg. *Note: If there was no reading performed during the measurement period, it should be assumed that they do not meet this compliance criterion (and therefore aren't counted as compliant for this measure).*



Clinical Quality Measure

NQF 0064

Diabetic Patients with LDL-C control < 100 mg/dL

Patients from the universe are compliant for this measure if:

- Their most recent LDL-C test result (taken during the measurement period) is less than 100 mg/dL *Note: If there was no test performed during the measurement period, it should be assumed that they do not meet this compliance criterion (and therefore aren't counted as compliant for this measure).*

1). Identify Universe



2). From Universe identify Diabetic Patients with LDL-C less than 100 mg/dL

3). NQF 0064

Compliance Rate =

$$\frac{\# \text{ of Diabetic Patients w controlled LDL-C}}{\# \text{ of Patients in Universe}}$$

Quick Summary

Universe (denominator)= Count of Patients Age 18-75 in measurement year with a Dx of Diabetes (Type 1 or 2)

- Less exclusions: Patients w/Gestational or Steroid Induced diabetes or patients w/Polycystic Ovaries

Measurement Year: 1 year period based on reporting quarter.

Numerator: Count of patients in the universe that meet the following criteria for each measure:

- NQF0059: Controlled Blood Sugar ($HbA1c \leq 9\%$)
- NQF 0061: Controlled BP ($<140/90$)
- NQF 0064: Controlled LDL (<100 mg/dL)

Compliance Rate: The number of patients meeting the specific criteria for the measure divided by the universe for that measure.

Reporting Tool

Ohio Rural Health Clinics Quality Network Clinical Measures Report



Quarter	Measurement Period	Estimated Medical Patients (Ages 18-75)	Universe (Medical Patients Ages 18-75 with Diabetes)*	Estimated Prevalence	Controlled Diabetes (HbA1c ≤ 9%)	Diabetes Compliance Rate	Controlled Hypertension (<140/90 mm Hg)	Hypertension Compliance Rate	Controlled Cholesterol (LDL-C <100 mg/dL)	Cholesterol Compliance Rate
1	1/1/2014-12/31/2014									
2	4/1/2014-3/31/2015									
3	7/1/2014-6/30/2015									
4	10/1/2014-9/30/2015									

- Separate line for each quarterly report
- Estimated Medical Patients aids us in validating the data
- Universe reported once each quarter (value used for all measures)
- Gray fields do not require data entry

Reporting Instructions for the Ohio RHC Quality Network Clinical Measures Report



This report is intended to provide valuable data to inform the efforts of the Ohio RHC Quality Network. Current Ohio RHCs, those in process of certification, and those interested in certification, are encouraged to complete the report. In addition to providing data that will help to inform quality improvement efforts for the Network, reporting clinics will receive valuable feedback reports to inform their own efforts at the clinic level.

The instructions included on this page are formatted to allow printing (landscape format).

Quarterly Report Due Dates and Corresponding Measurement Periods

Quarter	Due Date	Measurement Period
1	January 30, 2015	January 1, 2014 through December 31, 2014
2	April 30, 2015	April 1, 2014 through March 31, 2015
3	July 30, 2015	July 1, 2014 through June 30, 2015
4	October 30, 2015	October 1, 2014 through September 30, 2015

Data Entry Instructions:

Use the Report tab to enter key clinical information about your patients. Please note that we are not collecting patient level data, only totals for the reporting period. There is no patient-level Protected Health Information (PHI) included in this report. Definitions of the population for reporting purposes (universe) and for that portion of the population who meet the criteria for the measures (compliance) are detailed below.

Fields in the table that require data entry are white. Fields that are gray include either information about the report (quarter & date), or are programmed to provide a calculated value based on your input. Please note that when a data entry field is selected, input guidance will be provided in a text box.

Data Validation:

Data validation checks have been programmed to assist you in reporting valid data. If you receive a warning about the data entered, you are encouraged to check your data to ensure accuracy. Note that warnings are not necessarily an indication that your data is wrong as entered, but an indication that data should be checked as it falls outside of a range that we would expect to see. If you receive an error message stating that the data entered is not possible (for example, you report more patients in compliance than patients in your total universe), you will be instructed to revise your data to correct the error. You are encouraged to review the calculated fields (estimated prevalence and compliance rates) as a means to check the reasonableness of your data. If these values appear to be different than what you would expect to see, this is an indication that there is an error in the data reported.

Numerator (Universe) and Denominator (Compliance Criteria):

NQF	Measure	Universe/Numerator: Patients who meet the following criteria:	Denominator: Patients from the Universe meeting the following compliance criterion:
0059*	Hemoglobin A1c Control (<9%) for Diabetic Patients	<ul style="list-style-type: none"> • Age 18-75 as of the end of the measurement period. • One or more medical visits during the measurement period. 	Most recent HbA1c level (during the measurement period) is less than or equal to 9% (<9%). For all measures, if there was no test performed during the measurement period, it should be assumed that the patient does not meet the compliance criterion.
0061	Blood Pressure Control (<140/90 mm Hg) for Diabetic Patients	<ul style="list-style-type: none"> • Active diagnosis of diabetes (type I or II) made during or prior to the measurement period. 	Most recent blood pressure reading (during the measurement period) is <140/90 mm Hg.
0064	LDL-C Control (<100 mg/dL) for Diabetic Patients	Exclude patients whose only diabetes diagnosis is for gestational or steroid induced diabetes. Also exclude patients with a diagnosis of polycystic ovaries.	Most recent LDL-C test result (during the measurement period) is <100 mg/dL.

*Note that the HbA1c NQF measure is written to capture those who are not compliant (missing a test result or with a result >9%). For consistency with other chosen measures and to avoid confusion in reporting, this measure has been redefined for the purpose of reporting so that those who have an in control level will be included in the numerator (i.e., compliance is reported rather than non-compliance).

Reporting Tool- Instructions

A Closer Look...

Ohio Rural Health Clinics Quality Network Clinical Measures Report



Quarter	Measurement Period	Estimated Medical Patients (Ages 18-75)	Universe (Medical Patients Ages 18-75 with Diabetes)*	Estimated Prevalence	Controlled Diabetes (HbA1c ≤ 9%)	Diabetes Compliance Rate	Controlled Hypertension (<140/90 mm Hg)	Hypertension Compliance Rate	Controlled Cholesterol (LDL-C <100 mg/dL)	Cholesterol Compliance Rate
1	1/1/2014-12/31/2014	1,283	238	19%	147	62%	234	98%	154	65%
2	4/1/2014-3/31/2015									
3	7/1/2014-6/30/2015									
4	10/1/2014-9/30/2015									

Tips for Successful Reporting:

Use the error messages and warnings to check or correct data.

Use the calculated fields!

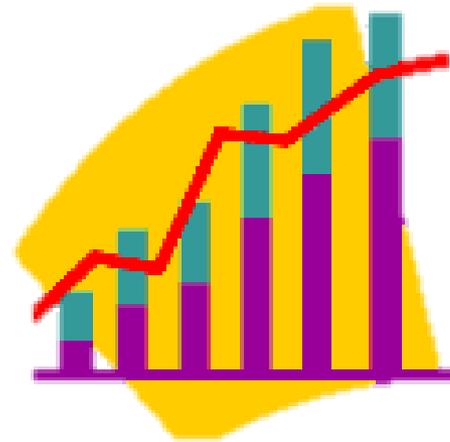
- Consider your own practice and what you know about it.
- Think about what rates you would expect to see.
- If the data seems out of line with expectations, conduct further review.

Why Report?

Completing the Ohio RHC Clinical Measures Report benefits the Network as a whole, and the individual reporting clinics!



- Establish benchmarks
- Feedback reports with comparison data
- Sharing of best practices
- Focus attention on areas needing improvement



To join the Ohio RHC Quality Network listserv, email ohiorhchelp@jsi.com

**Q&A Session
and
Participant Poll**

**Thank you for attending
today's session.**

Ohio RHC Quality Network Support:

- Phone: 1-866-698-5976
- Email: OhioRHChelp@jsi.com