National Quality Strategy Webinar

Using Measurement for Quality Improvement

September 17, 2014

Housekeeping

- Submit technical questions via chat

- If you lose your Internet connection, reconnect using the link emailed to you

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- Closed captioning: http://www.captionedtext.com/client/event.aspx?CustomerID=1159&EventID=2428648

Agenda

- **Welcome**
  Heather Plochman, Facilitator

- **Introduction to the National Quality Strategy**
  Nancy Wilson, Executive Lead
  National Quality Strategy

- **Centers for Medicare & Medicaid Services**
  Kate Goodrich, Director, Quality Measurement and Health Assessment Group

- **Office of the National Coordinator for Health Information Technology**
  Kevin Larsen, Medical Director, Meaningful Use

- **Questions and Answers**
  Presenters

The National Quality Strategy: Using Measurement for Quality Improvement

Nancy Wilson, B.S.N., M.D., M.P.H.

NATIONAL QUALITY STRATEGY

Better Care. Healthy People/Healthy Communities. Affordable Care.

National Quality Strategy: How It Works

STAKEHOLDER TYPES

States

Federal and HHS

Private Sector

Multi Stakeholder Groups

PRIORITIES

Six quality concerns that affect most Americans.

Patient Safety

Person- and Family-Centered Care

Effective Communication and Care Coordination

Prevention and Treatment of Leading Causes of Mortality

Health and Well-Being

Affordable Care

LEVERS

Core business functions, resources, and/or actions that may serve as a means for achieving improved health and health care quality.

Measurement and Feedback

Public Reporting

Learning and Technical Assistance

Certification, Accreditation, and Regulation

Consumer Incentives and Benefit Designs

Payment

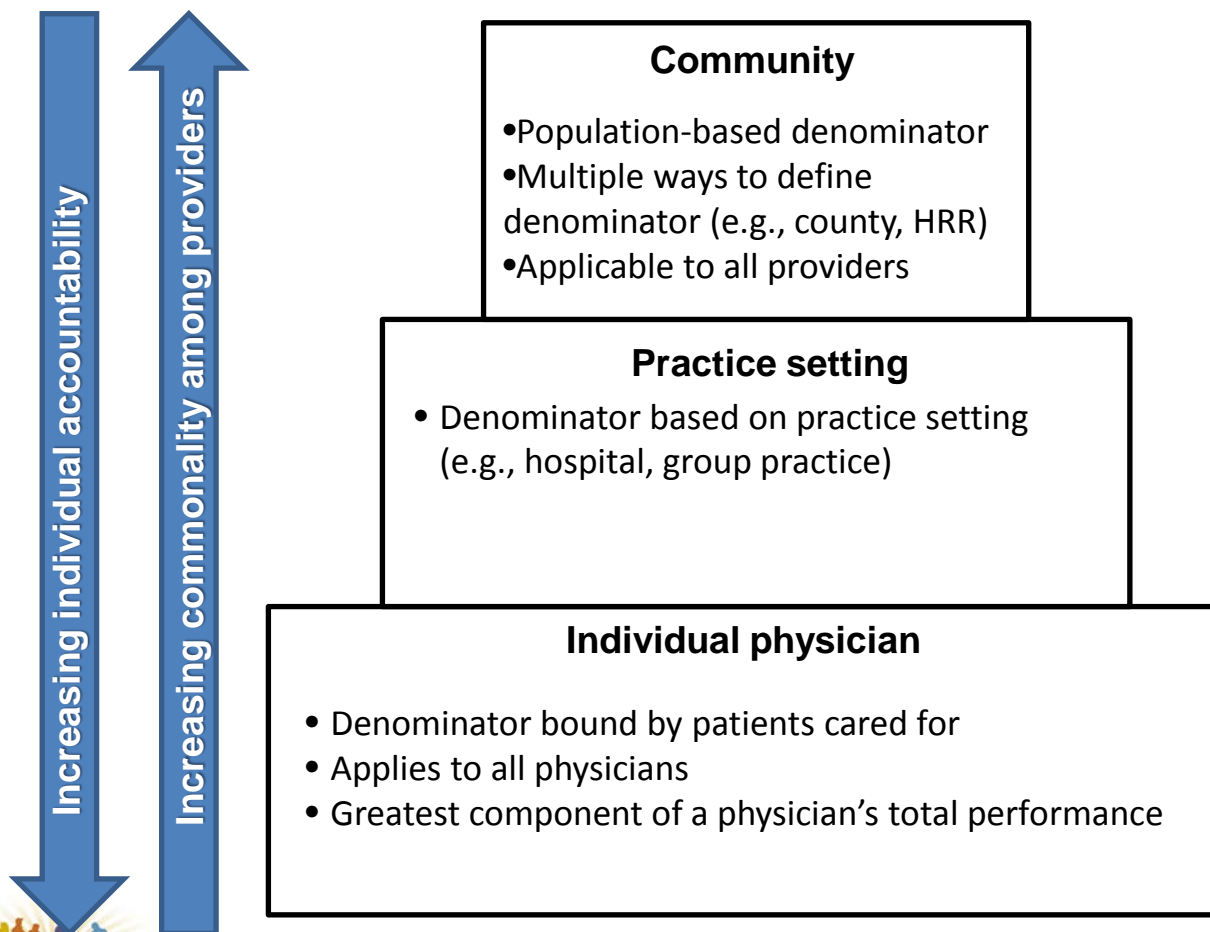**Health Information Technology**

Innovation and Diffusion

Workforce Development

THE THREE AIMS

BETTER HEALTH

BETTER CARE

LOWER COSTS

The National Quality Strategy unites efforts to improve health and health care for all Americans. The above graphic provides a high-level view of how the National Quality Strategy works to provide better, more affordable care for the person and the community.

Quality Can Be Measured and Improved at Multiple Levels

Increasing individual accountability

Increasing commonality among providers

Community

•Population-based denominator
•Multiple ways to define denominator (e.g., county, HRR)
•Applicable to all providers

Practice setting

• Denominator based on practice setting (e.g., hospital, group practice)

Individual physician

• Denominator bound by patients cared for
• Applies to all physicians
• Greatest component of a physician's total performance

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Rationale for Addressing Measure Proliferation

- Proliferation of measures used by HHS Agencies for numerous programs and initiatives

- Redundancies and overlaps leading to provider/data collector burden, conflicting results, inefficient use of HHS resources, and lost opportunities to drive improvement through reinforcing program use of key measures

- No formal systematic mechanism to align, coordinate, and approve development, maintenance, implementation, and retirement of measures across HHS programs

- Precedent work done by Million Hearts™, Partnership for Patients, internal CMS Quality Measures Task Force, and MU2

HHS Measurement Policy Council (MPC)

- Assembled in spring 2012 with membership representative across HHS Agencies

- Establishes and operationalizes policies for HHS-wide measure development and implementation

- Work to date has focused on:
  - Reviewing publicly available HHS Measures Inventory and tackling topics around nine measure areas
  - Developing a coordination plan for future measure development
  - Piloting rules for categorizing measures across the Federal Government and multi-stakeholder groups

MPC Guiding Principles

- Focus on measures and policies that maximize quality improvement, minimize provider burden, and allow for assessment of the health of populations
- Deliberately align with National Quality and Prevention Strategies (and others when relevant)
- Leverage lessons learned from related HHS and external activities
- Develop consensus on standard definitions for data components of measures as well as measures themselves
- Maintain a portfolio of easily accessed artifacts from MPC deliberations
- Recognize alignment may not always be appropriate, but document justification when this occurs
- Use Measure Applications Partnership (MAP) to measure selection criteria

Better Care. Healthy People/Healthy Communities. Affordable Care.

MPC Scope of Work: Short-Term

- To date, the Measurement Policy Council has reviewed and prioritized measures in nine major areas:
    - Hypertension
    - Depression
    - Smoking Cessation
    - Hospital-Acquired Conditions
    - Care Coordination (closing the referral loop)
    - Patient Experience of Care
    - HIV/AIDS
    - Perinatal
    - Obesity/BMI

Better Care. Healthy People/Healthy Communities. Affordable Care.

MPC Scope of Work: Long-Term

- Measure alignment
  - Develop criteria on when it is appropriate/not appropriate to align measures within HHS
  - Develop consensus on the measure aspects on which to align (concepts, specifications, data sources, etc.)
- New measure development and implementation
  - Implement strategic direction for future measurement priorities
  - Coordinate measure submissions to the MAP
  - Coordinate measure development contracts
- Measurement policy/management
  - Manage measure domains
  - Identify measure selection, removal, and retirement criteria
  - Create core sets of measures

Better Care. Healthy People/Healthy Communities. Affordable Care.

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Kate Goodrich, M.D., M.H.S.
Director, Quality Measurement and Health Assessment Group

Centers for Medicare & Medicaid Services

Strategy Logic

Strategic Altitude
30,000 ft.

15,000 ft.

Ground Level

Mission — What do we exist to do?

Vision — What is our picture of the future?

Goals — What are our main focus areas for improvement? What results are needed to satisfy stakeholders?

Objectives & Desired Outcomes — What continuous improvements are needed to get results?

Performance Measures and Targets — How will we know if we are achieving desired results?

Initiatives — What actions could contribute to the desired results?

Activities — What will support the initiatives?

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Learn. Act. Improve. Spread.

The Strategy is to Concurrently Pursue Three Aims

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible, and safe

Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care

Affordable Care

Reduce the cost of quality health care for individuals, families, employers, and government

Learn. Act.
Improve. Spread.

CMS Framework for Measurement Maps to the Six National Quality Strategy Priorities

Care Coordination

•Patient and family activation
• Infrastructure and processes for care coordination
• Impact of care coordination

Clinical Quality of Care

•Care type (preventive, acute, post-acute, chronic)
•Conditions
•Subpopulations

Population / Community Health

•Health Behaviors
•Access
•Physical and Social environment
•Health Status

Person- and Caregiver-Centered Experience and Outcomes

•Patient experience
•Caregiver experience
•Preference- and goal-oriented care

Safety

•All-cause harm
• HACs
• HAIs
• Unnecessary care
• Medication safety

Efficiency and Cost Reduction

•Cost
•Efficiency
•Appropriateness

- **Measures should be patient-centered and outcome-oriented whenever possible**

- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

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Learn. Act.
Improve. Spread.

Make Care Safer

Objectives

Improve support for a culture of safety	Reduce inappropriate and unnecessary care	Prevent or minimize harm in all settings

Goal 1   Goal 2   Goal 3   Goal 4   Goal 5   Goal 6

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Learn. Act.
Improve. Spread.

Promote Effective Prevention and Treatment

Objectives

Increase appropriate use of screening and prevention services	Strengthen interventions to prevent heart attacks and strokes	Improve quality of care for patients with multiple chronic conditions	Improve behavioral health access and quality care	Improve perinatal outcomes
Goal 1	Goal 2	Goal 3	**Goal 4**	Goal 5	Goal 6

Learn. Act. Improve. Spread.

CMS' Vision for Quality Measurement

- Align measures with the National Quality Strategy and six measure domains/priorities
- Implement measures that fill critical gaps within the six domains, particularly patient experience and patient-reported outcomes
- Align measures across CMS programs whenever possible
- Promote parsimonious and core sets of measures
- Remove measures that are no longer appropriate (e.g., topped out)
- Align measures with external stakeholders, including private payers, boards, and specialty societies
- Improve measures over time (a major aim)

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Improve. Spread.

Landscape of Quality Measurement

- Historically a silo approach to quality measurement
    - Different measures within each quality program
    - Different reporting criteria for each quality program
- No clear measure development strategy
- Typically disease-specific measures
- Confusing and burdensome to stakeholders
- Burdensome to CMS, with stovepipe solutions to quality measurement

Learn. Act.
Improve. Spread.

The Future of Quality Measurement for Improvement and Accountability

- Transition meaningful quality measures away from setting-specific, narrow snapshots

- Reorient and align measures around patient-centered outcomes that span across settings

- Base measures on patient-centered episodes of care

- Capture measurement at three main levels (individual clinician, group/facility, population/community)

- Why do we measure?
  - Improvement

Source: Conway PH, Mostashari F, Clancy C. The Future of Quality Measurement for Improvement and Accountability. *JAMA* 2013 June 5; Vol 309, No. 21 2215–2216.

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CMS Activities on Patient-Reported Outcome Measures (PROMs)

- In 2012, CMS funded the NQF to develop guidance on development of PROMs

- CMS currently uses a number of PROMs in our clinician reporting programs (e.g., depression, functional status)

- CMS and HHS are working to identify existing PROMs that can be rapidly incorporated into our quality reporting programs, including the ACO program and CMMI models

- CMS and ONC are currently developing PROMs for the hospital and outpatient setting
  - Disease-specific functional status
  - General functional status

- CMS now includes patients in all measure development work in order to understand the outcomes that are most important to patients and families

Learn. Act.
Improve. Spread.

Kevin Larsen, M.D., FACP
Medical Director, Meaningful Use

Office of the National Coordinator for Health Information Technology
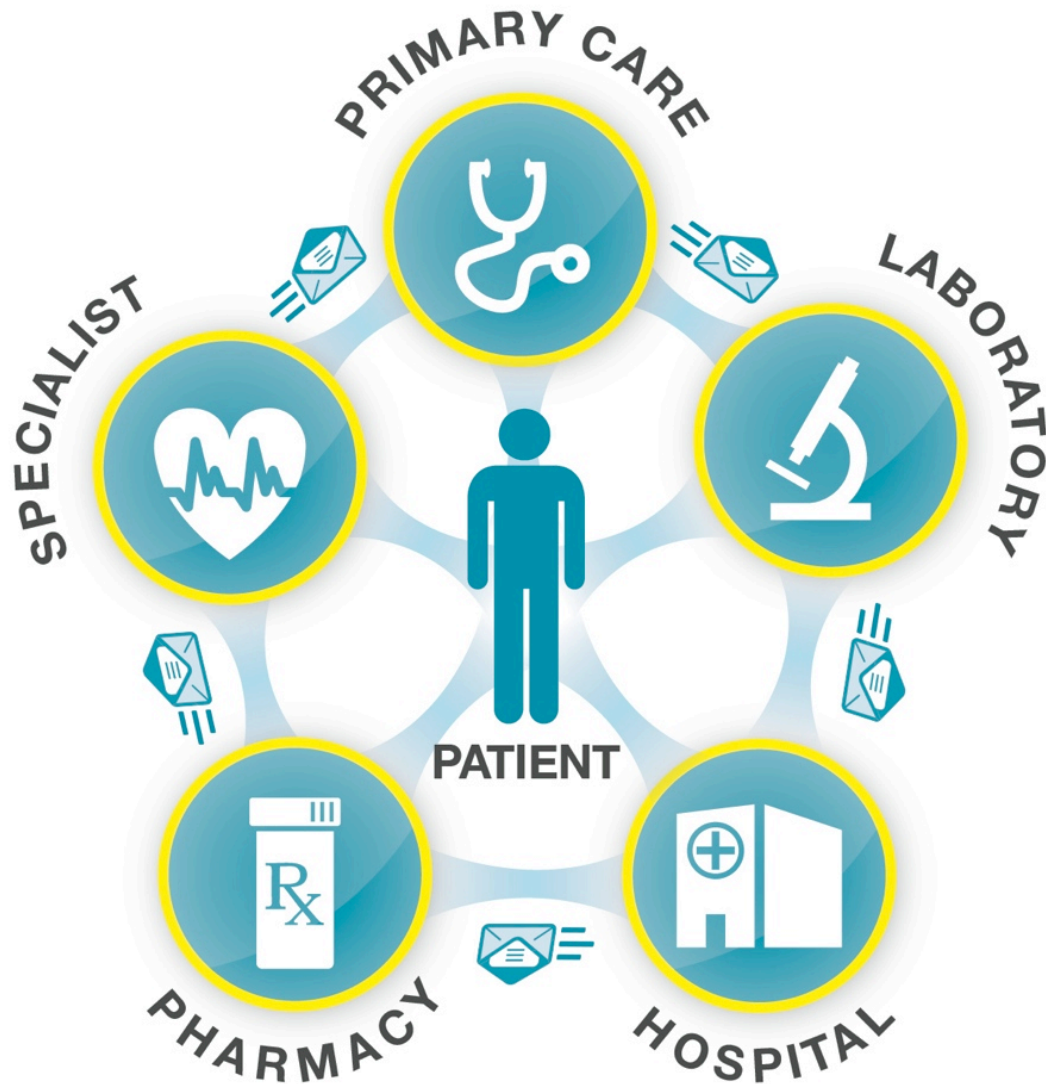
Health Information Exchange

"I am the expert about me."

Patient-Reported Outcomes

INTEROPERABILITY
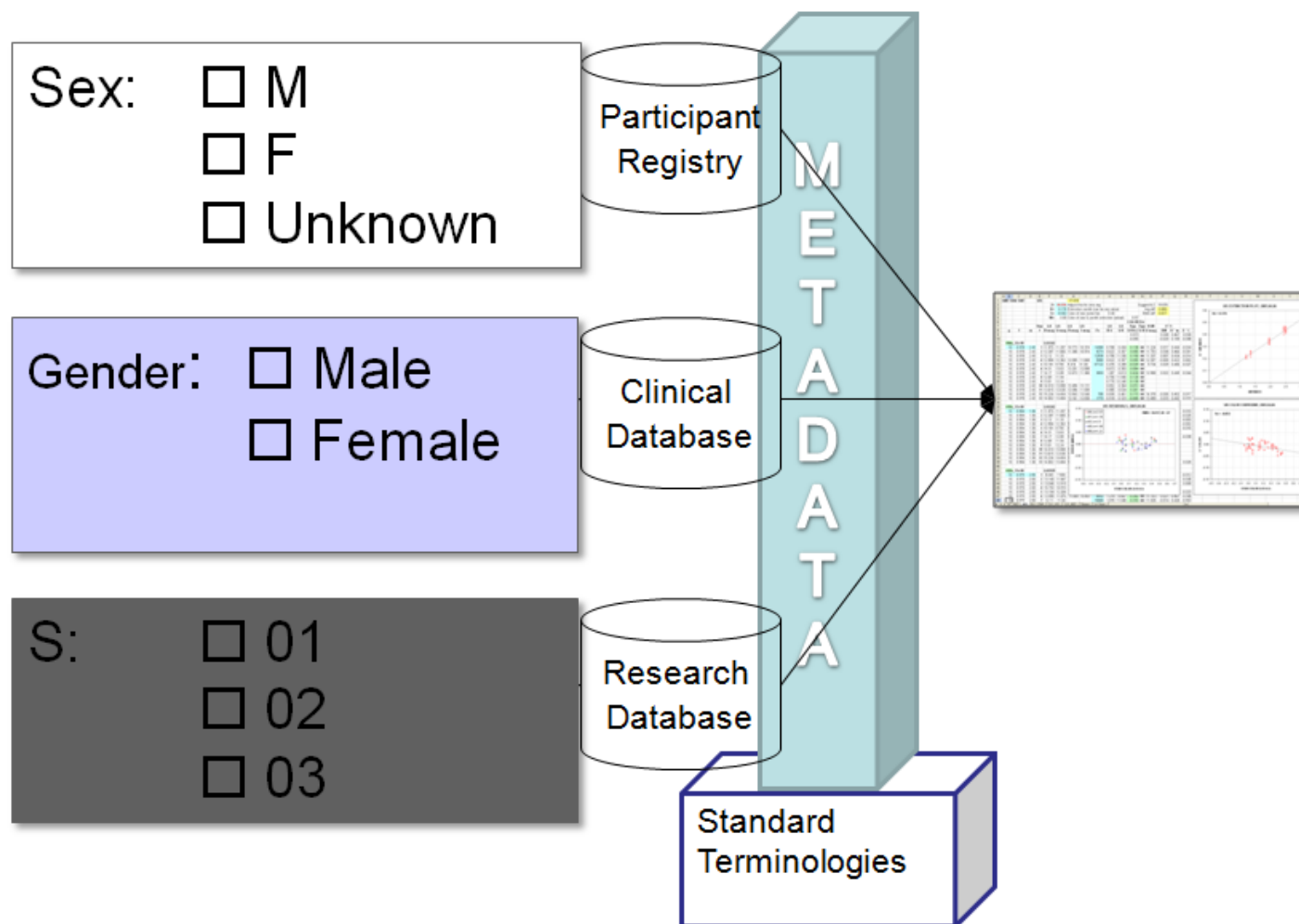
OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

HIV Cascade

Source: CDC, July 2012

HHS Measurement Alignment

Putting the I in Health IT
www.HealthIT.gov

MU, PQRS, IQR, ACO, VBP, HRSA, CDC

Unified Outcome Measures
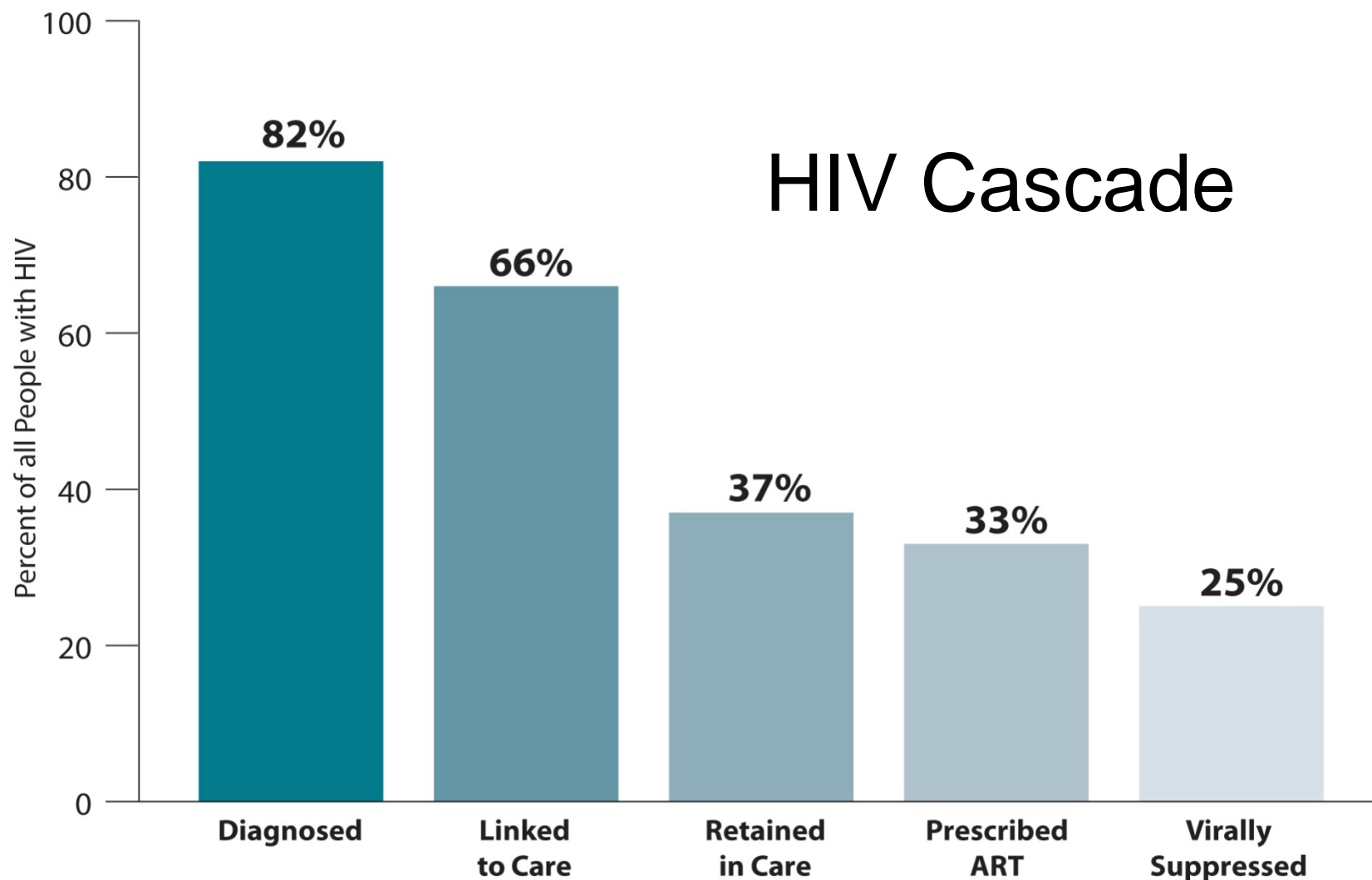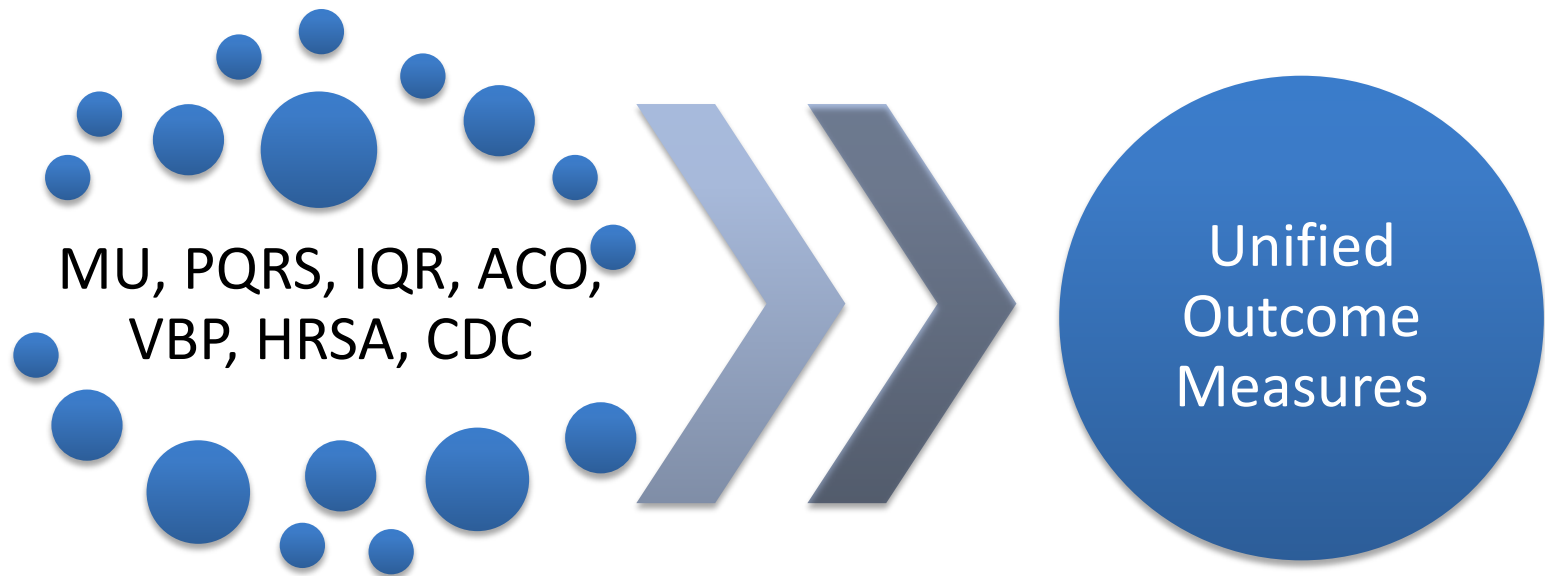
Current

EHR as primary reporting platform, with secondary reporting from registry, claims

Only those who provide care can improve care
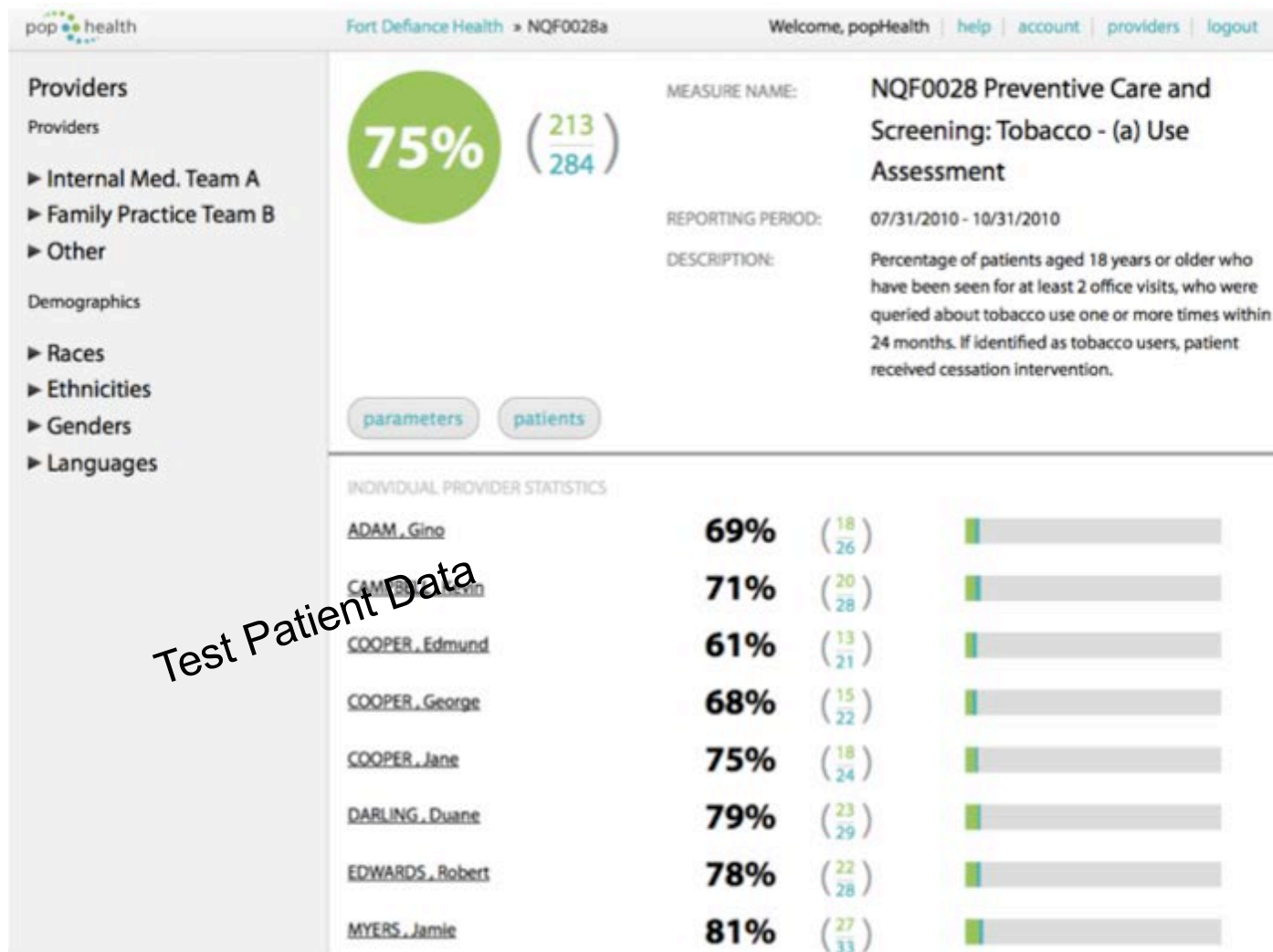
Car With No Dashboard

Clinical Decision Support: CDS 5 Rights

- To improve targeted health care decisions/outcomes, information interventions (CDS) must provide:

  – The right information

  – To the right people

  – Via the right channels

  – In the right formats

  – At the right times

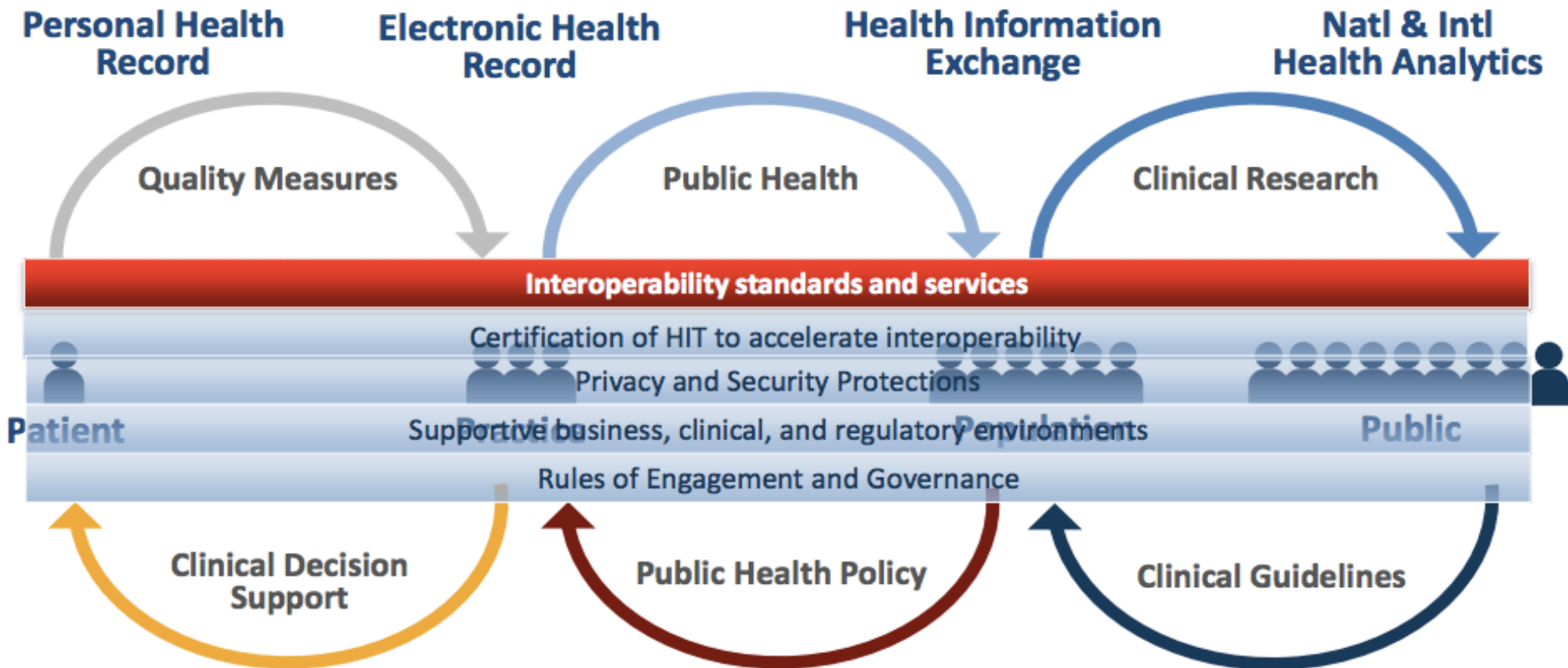- Optimize information flow: what, who, where, when, how

popHealth

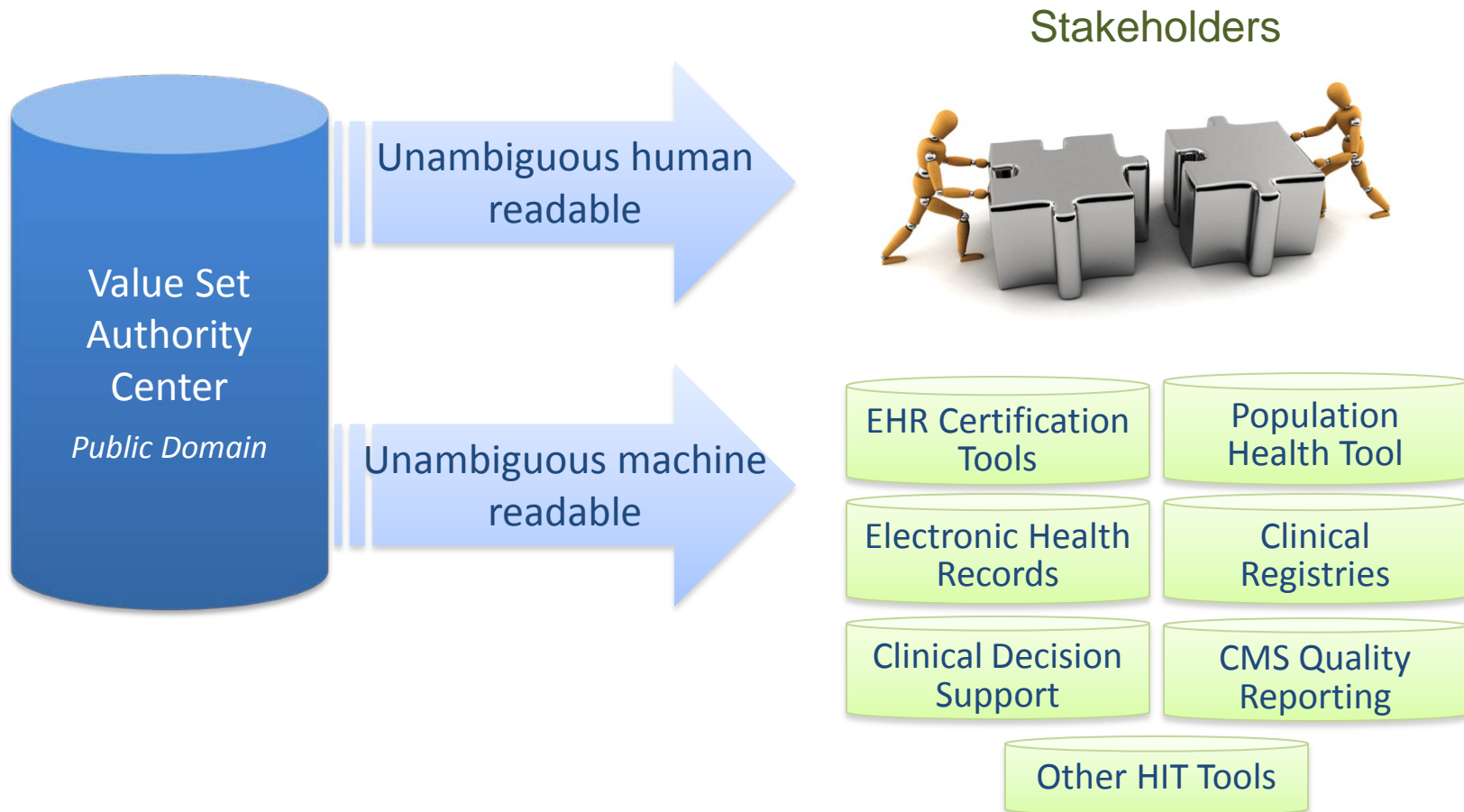32

"*Small data is our short-term focus.*"
—Dr. Joe Kimura

The Learning Health System

Future State: HIT-Enabled QI Toolkit

Putting the **I** in **Health IT**
www.HealthIT.gov

Stakeholders

Value Set Authority Center
Public Domain

Unambiguous human readable →

Unambiguous machine readable →

EHR Certification Tools	Population Health Tool
Electronic Health Records	Clinical Registries
Clinical Decision Support	CMS Quality Reporting

Other HIT Tools

How to Find More Tools and Resources

Working for Quality Web Site

CMS Quality Strategy

Meaningful Use

Questions and Answers

Presenters

Questions and Answers

- For users of the audio broadcast, submit questions via chat

- For those who dialed into the meeting, dial 14 to enter the question queue

Thanks for attending today's event

The presentation archive will be available at
www.ahrq.gov/workingforquality within 2 weeks