



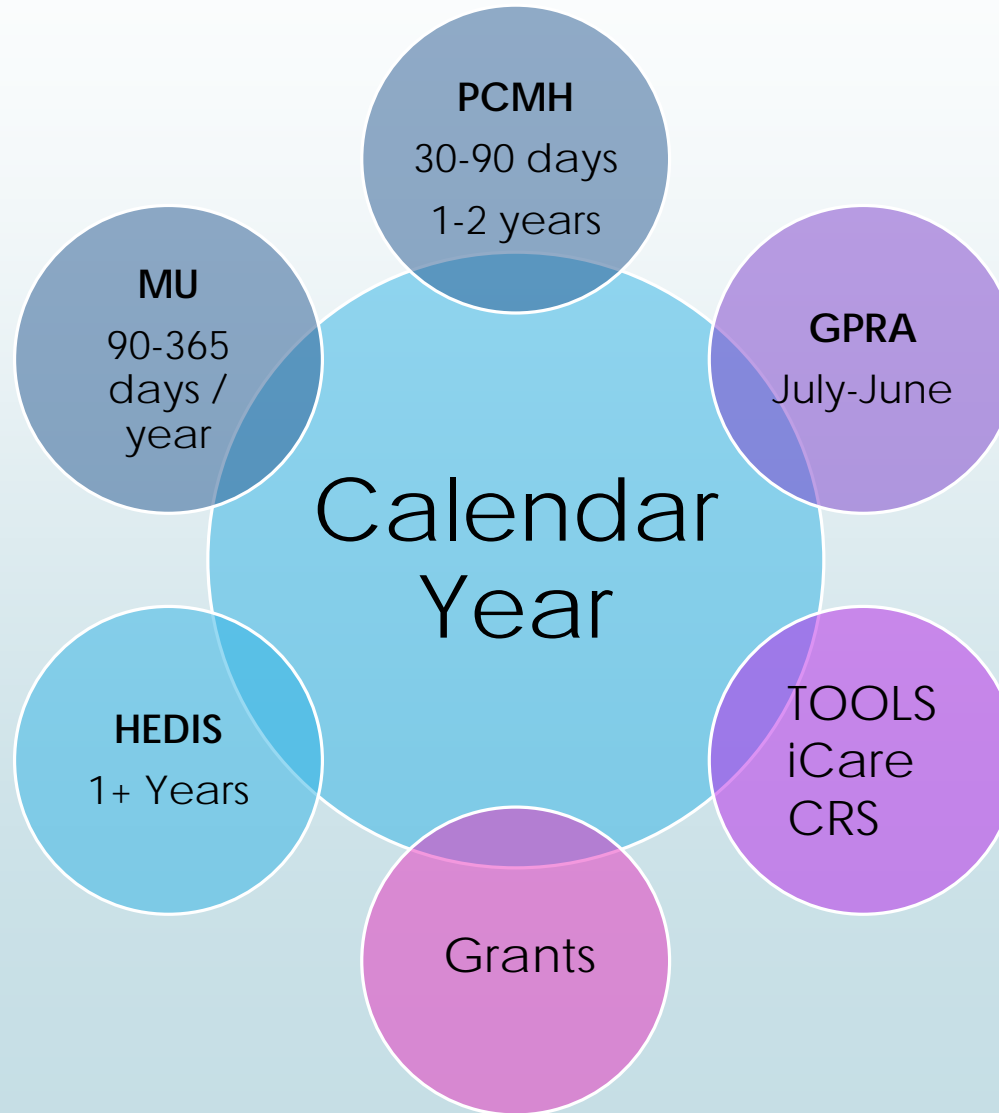
Aligning Measures for Success

A strategy MU2-PCMH-HEDIS-GPRA-IPC

Disclaimer

These slides are created to assist Indian Health outpatient centers to develop internal policies and processes.

Different Cycles





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WHAT IS EVERYONE TRYING TO DO and HOW IS THIS USEFUL TO MY PROGRAM

TRIPLE AIM

The "BEST" CARE from the 10,000 foot level

- ▶ Triple Aim
- ▶ Health Care Reform
- ▶ Payment Reform
- ▶ Accreditation
- ▶ Recognition

So MANY!!! Can't do it all

- Identify similarities
- Set objectives
- Choose a structure
- Use data to establish goals
- Leverage Resources
- Good actions even if not seeking recognition

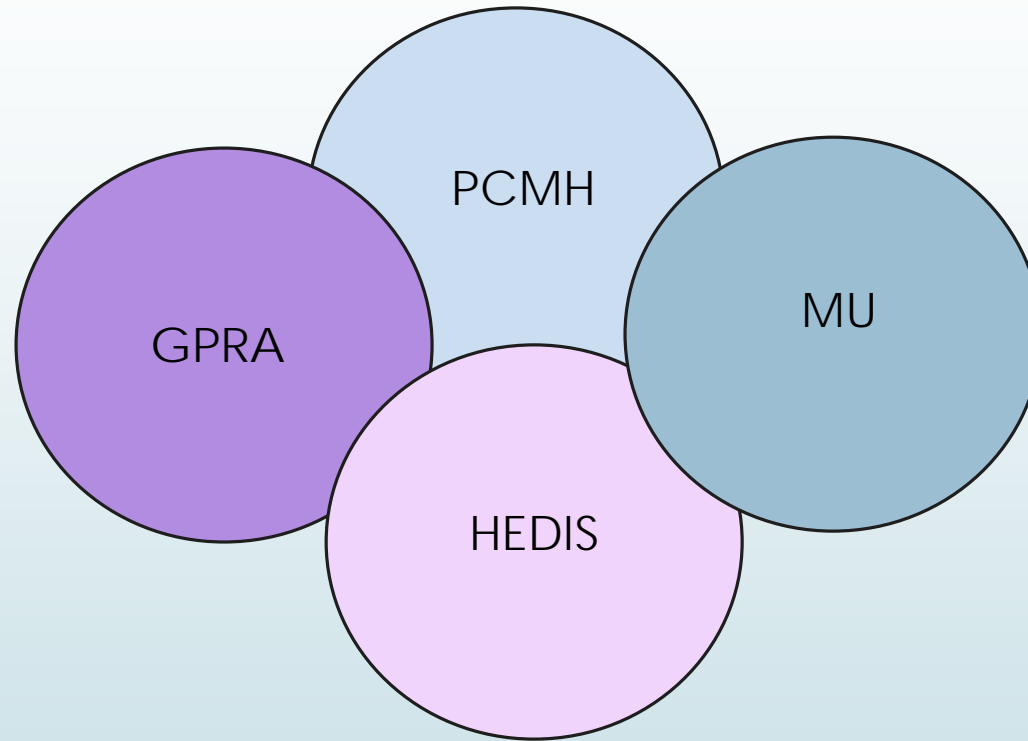
AIHS Santa Barbara Strategy

Use NCQA PCMH structure

Apply GPRA CQM to PCMH implementation plan

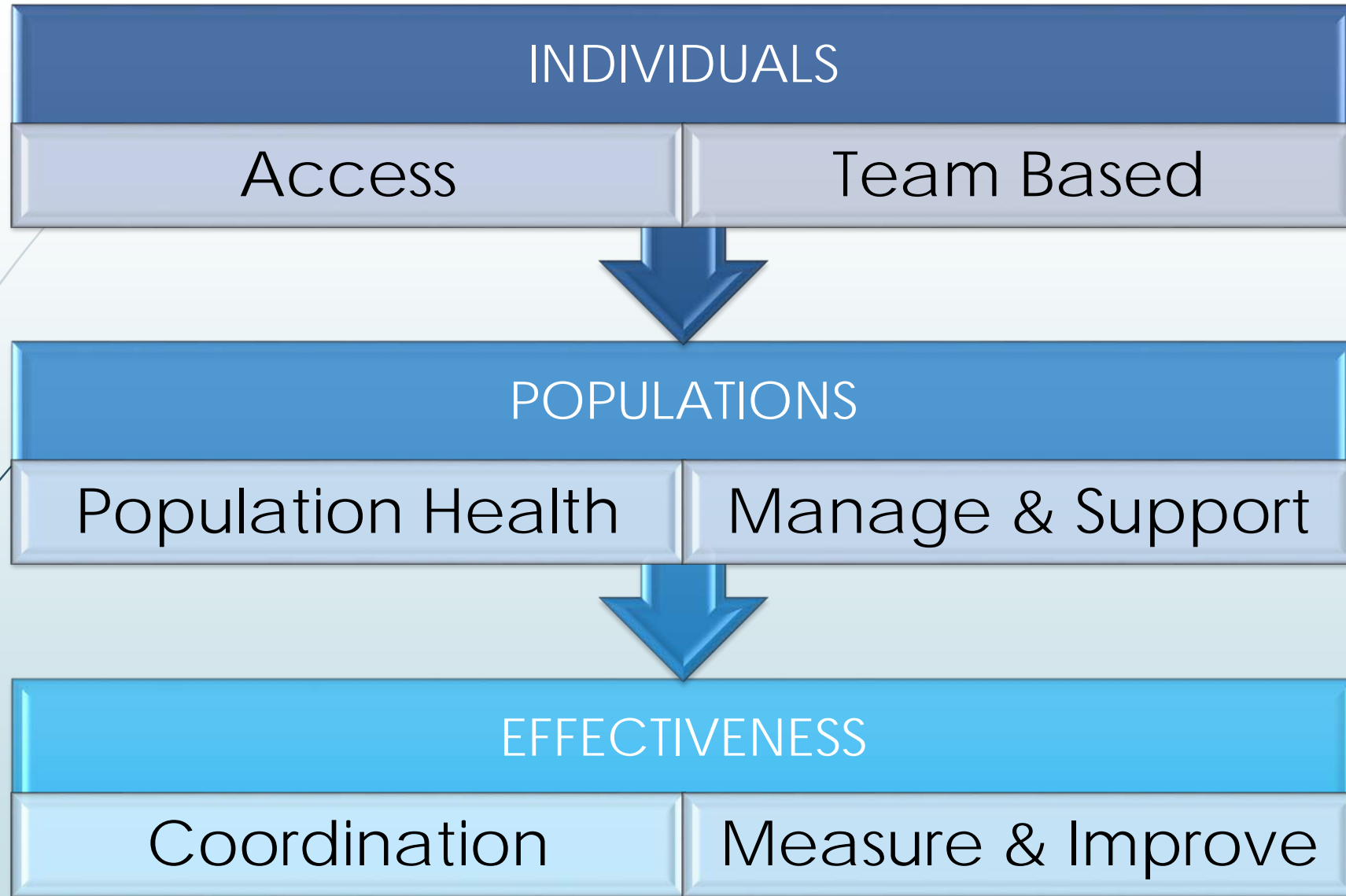
Build on MU reporting

The Core Driving Forces



Condense the Triple Aim, PCMH and MU into 1 formula

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Determine how each one feeds
into the other

GPRA contributes to MU

GPRA

- Behavioral Health
- Cancer Screenings
- CVD
- Dental
- Diabetes
- Immunization
- Other Clinical

MU

- 9 of 64 Clinical Quality Measures from
- 3 of 6 Health Care Policy Domains
 - Engagement
 - Safety
 - Coordination
 - Population Mgmt.
 - Resources
 - Effectiveness

RPMS 2014

- 18 Ambulatory CQM
 - ***GPRA***
- Childhood Imm.
- Tobacco
- Depression Screen

MU Contributes to PCMH/PCHH

MU

- 9 of 64 Clinical Quality Measures from
- 3 of 6 Health Care Policy Domains
 - Engagement
 - Safety
 - Coordination
 - Population Mgmt
 - Resources
 - Effectiveness

PCMH/PCHH

- Access
- Team Based Care
- Population Health
- Care Mgmt & Support
- Care Coordination
- Performance Measurement and Support

Overlap

- Electronic Access
- Core Demographics
- Problem List
- Allergies/Adverse Reactions
- Vital Signs
- Tobacco
- Electronic Notes
- Family health history
- Patient lists
- Clinical decision support
- Med Reconciliation
- CPOE
- Patient specific education
- Imaging
- Summary of Care
- Reminders
- Registries (Imm; Syndromic, Cancer, other specified)

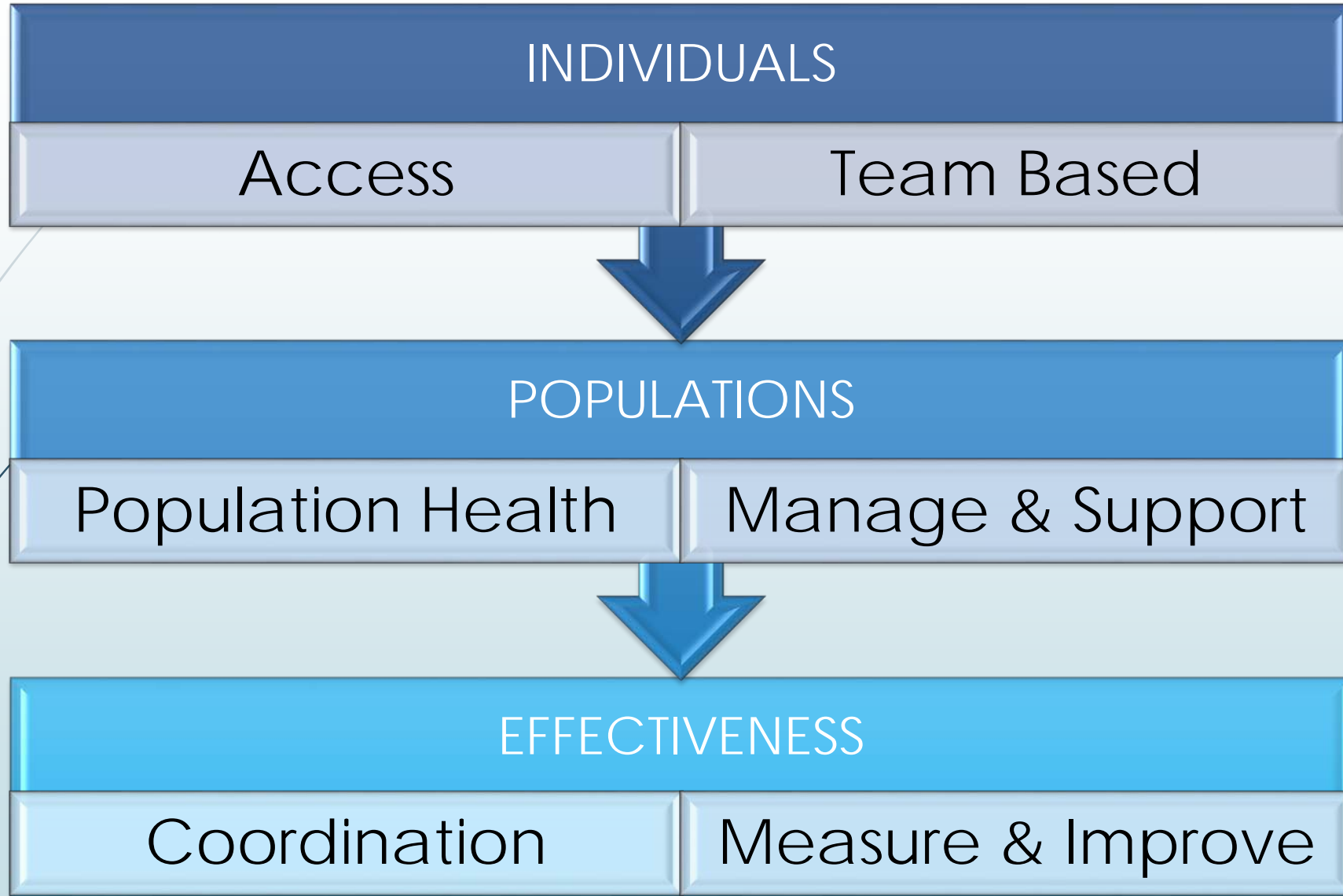
More than Clinical Quality Measures

- ▶ Clinical quality measure monitoring and improvement are the basic building blocks
- ▶ Advancing the program through healthcare and payment reform is larger than performance on clinical quality measures
- ▶ Leverage your assets for maximum return
 - ▶ People
 - ▶ Time
 - ▶ Skills

Balance your effort



Remember everything starts with
caring for individuals



Dive into specifics of CQM

Clinical Quality Measures

- ▶ Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system. These measures use data associated with providers' ability to deliver high-quality care or relate to long term goals for quality health care. CQMs measure many aspects of patient care including:
 - ▶ health outcomes
 - ▶ clinical processes
 - ▶ patient safety
 - ▶ efficient use of health care resources
 - ▶ care coordination
 - ▶ patient engagements
 - ▶ population and public health
 - ▶ adherence to clinical guidelines
- ▶ Measuring and reporting CQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care

Outcome Measures in Perspective

- Measuring health outcomes is central to assessing the quality of care.
- Outcomes can include a vast range of health states; mortality, physiologic measures such as blood pressure, laboratory test results such as serum cholesterol, patient-reported health states such as functional status and symptoms may all be used as outcome measures.
- Outcome measures in different contexts, such as quality improvement, public reporting, and incentive programs, can be controversial because inferences from health states to quality are sometimes difficult to make.
- Outcomes measures can be very useful in quality improvement programs, by pointing out the areas in which intervention could improve care.

Choice, limited choice but still some choice

- ▶ Provided a list of measures and criteria to meet
- ▶ Need coordination amongst agencies – probably never going to happen
- ▶ Many of the initiatives we are working with do allow for some level of choice
- ▶ We make choices, when possible, based on relevance and feasibility
- ▶ It is not enough to run and submit reports
- ▶ Identify and correct data errors
- ▶ Learn from the data
- ▶ Improve the outcomes

Desirable Attributes of a Quality Measure

- The desirable attributes of a quality measure can be grouped into three broad conceptual areas within which narrower categories provide more detail: (1) **importance** of a measure, (2) scientific **soundness** of a measure, and (3) **feasibility** of a measure.

Importance:

To the patient population

To the governing body

To the strategic plan of the organization

Scientific Soundness:

Evidence based practice

US Preventive Task Force

American Academy of Pediatrics

American Academy of Family Practice

Indian Health Services

	GPRO	PCMH	MU
GPRO	21 CQM Reported at Program Level	12/20 Pts Standard 3 Pop Management including Critical Factor 3D 1/18 Pts Standard 5 Care Management including Critical Factor 5B 8/20 Pts Standard 6 QI including Critical Factor 6D ~21 Point Potential using GPRO	3 of the MU2 Core Objectives correlate with GPRO measures
PCMH	CQMs may be chosen from GPRO Vulnerable population	6 Standards 35-100 points Reported at Program Level	All 6 of the NCQA PCMH Standards have MU Elements
MU	Domain #3 Population/Public Health	Both Core and Menu Objectives correlate with PCMH Standards	3 of 6 Domains Reported at Provider Level

GPRA – Basis for CQM

Government Performance & Results Act

- IHS has to report to Congress each year on the quality of health care it provides to its patients
- 21 GPRA and 3 Other Clinical Performance Measures

GPRA –Because we want to

- Provide the highest level care to our patients and families
- Identify disparities
- Continually improve

Feasibility: RPMS tools and challenges

- Immunization package
- CRS
- ICare

- Problems:
 - ICare date ranges don't match GPRA
 - Reporting for non-natives not always an option
 - Community of residence limitations
 - Data quality due to input errors and omissions

GPRA Behavioral Health Measures

Behavioral Health	Screened July-June	I H S National Target
Depression Screening	Age 18+ years Screened	64.3%
DV/IPV Screening	15-40 years Female Screened	61.6%
Fetal Alcohol Syndrome Prevention	15-44 years Female screened for alcohol use	66.7%
<p>Are used in Meaningful Use, PCMH, HEDIS, PQRS. All programs measuring clinical quality improvement</p>		

GPRA Cancer Screening Measures

Behavioral Health	Screened July-June	I H S National Target	HP 2020	
Mammogram	Females age 50-64 screen every 2 years	54.8%	81.1%	
Pap Screen	Females age 21-64 screen 1x 3years	54.6%	93.0%	
Colorectal Screen	50-75 years screened	35.2%	70.5%	
Tobacco Cessation	Tobacco users receive cessation intervention annually	46.3%	80.0%	

Are used in Meaningful Use, PCMH, HEDIS, PQRS.
All programs measuring clinical quality improvement

Childhood Immunization Status

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MU CQM	HEDIS	PROS	UDS	GPRA	PCMH
% age 2 4 DTaP 3 IPV 1 MMR 3 HiB 3 Hep B 1 Varicella 4 Pneumo 1 Hep A 2 Flu	Same	Same	Same	4 DTaP 3 IPV 1 MMR 3 HiB (3 or 4) 3 Hep B 1 Varicella 4 Pneumo	Can use same
	2 or 3 Rotavirus			Active Clinical AIAN age 19-35mo at end of report	
				Developmental report include Hep A and Influenza (and Rotavirus)	<ul style="list-style-type: none"> • Report performance • Reminders • Measure & Improve

Best Practices to meet requirements of MU and PCMH with GPRA CQM

- ▶ Print and review CAIR reports prior to seeing patients
- ▶ MA entry of historical services
- ▶ Send Reminders (letters, calls, secure email)
- ▶ Track, monitor, report, change, re-measure, report
 - ▶ Cannot fix what you don't know is broken

Approach GPRA improvement as a formal QI/QA project

- Goal: Reduce, eliminate or maintain elimination of vaccine-preventable diseases
- Goal: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children
- Measures:
 - GPRA 73.9% vaccination rate age 2 years
 - MU Send reminders to 20% patients under age 5 years
 - HEDIS Report the % met
 - PCMH/PCHH Set goals and analyze performance, stratify vulnerable population performance; report practice and provider level performance

Childhood Immunization Requirement of NCQA PCMH

3C

F1: Age appropriate
immunization

Report as
numerator/denominator;
exceed 50%

3D

F2: At least 2 different
immunizations

Maintain lists used to
remind patients

6A/6D

A1: Measure performance
at least 2 immunization
measures

D1-6 Set Goals, Analyze
and act to improve;
measure effectiveness;
report

Information you use

Not just numbers

- ▶ It is not enough to print reports and submit them
- ▶ You need an organized manner to routinely collect the same elements and analyze the results over time
- ▶ When we stop monitoring we stop progressing
- ▶ Monthly Reports
- ▶ Quarterly Workbook
- ▶ Annual Summary

Quarterly Performance Workbook

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Performance Monitoring Workbook

Quarter 1

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Measuring Performance

Standard 6 | Element A

Policy:

AIHS evaluates our performance by using specific preventive, chronic, utilization measures stratified for our American Indian/Alaska Native (vulnerable) and universal populations. As an Urban Indian Health Care organization we report quarterly on several Government Performance Reporting Act clinical measures.

(6A) Measuring Performance, stratified for Vulnerable Population

7/1/13 – 6/30/14 (GPRA Year)		AIAN Population	Universal Population	Target
3 PREVENTIVE	IMM Child	75%	68.7%	80%
	IMM Adult	Influenza 43.9% Pneumovax 70.8%	Influenza 38.9% Pneumovax 61.1%	80%
	Mammo	60.9%	56.4%	70%
	PAP	70.4%	61.1%	80%
3 CHRONIC	DM-A1C	84.8%	90.9%	70%

Success in One Area leads to Success in All Areas

American Indian Health Services Corp. (Santa Barbara) 2014 Final GPRA Report

2014 Final GPRA Dashboard					
	Santa Barbara 2014 Final	Santa Barbara 2013 Final	CA CRS Sites ⁵ 2014 Final	National 2014 Target	2014 Final Results - Santa Barbara
DIABETES					
<i>Good Glycemic Control</i>	70.8%	44.0%	41.3%	48.3%	Met
Controlled BP <140/90	79.2%	76.0%	58.7%	64.6%	Met
LDL Assessed	91.7%	88.0%	64.2%	73.9%	Met
Nephropathy Assessed ^a	87.5%	84.0%	58.7%	Baseline	Met
Retinopathy Exam	N/A	N/A	N/A	58.6%	N/A
DENTAL					
Dental Access	N/A	N/A	N/A	29.2%	N/A
Sealants	N/A	N/A	N/A	13.9%	N/A
Topical Fluoride	N/A	N/A	N/A	26.7%	N/A
IMMUNIZATIONS					
Influenza 65+	57.1%	72.7%	38.3%	69.1%	Not Met
Pneumovax 65+ ^a	77.1%	86.4%	60.4%	Baseline	Met
Childhood IZ	83.3%	83.3%	61.0%	74.8%	Met
PREVENTION					
Pap Screening ^a	72.9%	83.6%	44.3%	Baseline	Met
Mammography Screening	73.3%	75.7%	25.2%	54.7%	Met
Colorectal Cancer Screening	66.9%	39.8%	22.6%	35.0%	Met
Tobacco Cessation	54.5%	31.9%	25.4%	45.7%	Met
Alcohol Screening (FAS Prevention)	70.7%	67.7%	45.9%	65.9%	Met
DV/IPV Screening	66.7%	64.0%	42.2%	64.1%	Met
Depression Screening	72.9%	62.2%	47.9%	66.9%	Met
CVD-Comprehensive Assessment	N/A	N/A	N/A	51.0%	N/A
Prenatal HIV Screening	50.0%	100%	50.0%	89.1%	Not Met
Childhood Weight Control ^b	7.1%	9.1%	25.0%	N/A ^c	N/A
Breastfeeding Rates ^a	100%	100%	33.3%	29.0%	Met
Controlling High Blood Pressure	N/A	N/A	N/A	Baseline	N/A
^a Measure logic revised in FY 2014 ^b Long-term measure as of FY 2009, next reported in FY 2016 ^c CA CRS Urban Results from 6 California urban programs reporting via CRS ^d Dashboard includes data from 23 Urban Programs reporting via CRS <i>Results in italics represent measures with fewer than 20 patients in the denominator; use caution when interpreting these results.</i>					Measures Met = 14 Measures Not Met = 2 Measures with No Data = 0
<i>Measures in red are GPRAMA measures</i>					

Clinician Details

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Clinical Recognition



[Patient Centered Medical Home](#)

Recommendation

- Raise the task of a quality metrics to a higher purpose than any single reporting requirement
- Consolidate your efforts to measure and your providers delivery process

Work as a team with fearless leadership



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