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 polices and processes.
Different Cycles

Calendar Year

- PCMH: 30-90 days, 1-2 years
- MU: 90-365 days/year
- HEDIS: 1+ Years
- GPRA: July-June
- TOOLS iCare CRS
- Grants

iCare
CRS
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

- GPRA
- PCMH
- MU
- HEDIS
Condense the Triple Aim, PCMH and MU into 1 formula

INDIVIDUALS

Access       Team Based

POPULATIONS

Population Health Manage & Support

EFFECTIVENESS

Coordination Measure & Improve
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

CQM  Recognition

GPRA  AAAHC
HEDIS  Revenue

MU
Remember everything starts with caring for individuals
INDIVIDUALS

Access

Team Based

POPULATIONS

Population Health

Manage & Support

EFFECTIVENESS

Coordination

Measure & Improve
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.
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
<table>
<thead>
<tr>
<th>GPRA</th>
<th>21 CQM Reported at Program Level</th>
<th>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 GPRA</th>
<th>3 of the MU2 Core Objectives correlate with GPRA measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH</td>
<td>CQM's may be chosen from GPRA</td>
<td>6 Standards 35-100 points Reported at Program Level</td>
<td>All 6 of the NCQA PCMH Standards have MU Elements</td>
</tr>
<tr>
<td>MU</td>
<td>Domain #3 Population/Public Health</td>
<td>Both Core and Menu Objectives correlate with PCMH Standards</td>
<td>3 of 6 Domains Reported at Provider Level</td>
</tr>
</tbody>
</table>
IHS has to report to Congress each year on the quality of healthcare 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

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Screened July-June</th>
<th>IHS National Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Screening</td>
<td>Age 18+ years Screened</td>
<td>64.3%</td>
</tr>
<tr>
<td>DV/IPV Screening</td>
<td>15-40 years Female Screened</td>
<td>61.6%</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome Prevention</td>
<td>15-44 years Female screened for alcohol use</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

*Are used in Meaningful Use, PCMH, HEDIS, PQRS. All programs measuring clinical quality improvement*
## GPRA Cancer Screening Measures

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Screened July-June</th>
<th>IHS National Target</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td>Females age 50-64 screened every 2 years</td>
<td>54.8%</td>
<td>81.1%</td>
</tr>
<tr>
<td>Pap Screen</td>
<td>Females age 21-64 screened 1x 3 years</td>
<td>54.6%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Colorectal Screen</td>
<td>50-75 years screened</td>
<td>35.2%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>Tobacco users receive cessation intervention annually</td>
<td>46.3%</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

Note: All programs measuring clinical quality improvement.
# Childhood Immunization Status

<table>
<thead>
<tr>
<th>MU CQM</th>
<th>HEDIS</th>
<th>PRQS</th>
<th>UDS</th>
<th>GPRA</th>
<th>PCMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>% age 2 4 DTaP 3 IPV 1 MMR 3 HiB 3 Hep B 1 Varicella 4 Pneumo 1 Hep A 2 Flu</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
<td>4 DTaP 3 IPV 1 MMR 3 HiB (3 or 4) 3 Hep B 1 Varicella 4 Pneumo</td>
<td>Can use same</td>
</tr>
<tr>
<td>2 or 3 Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td>Active Clinical AIAN age 19-35mo at end of report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Developmental report include Hep A and Influenza (and Rotavirus)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Report performance • Reminders • Measure &amp; Improve</td>
<td></td>
</tr>
</tbody>
</table>
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
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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.

<table>
<thead>
<tr>
<th>(6A) Measuring Performance, stratified for Vulnerable Population</th>
<th>7/1/13 - 6/30/14 (GPRA Year)</th>
<th>AIAN Population</th>
<th>Universal Population</th>
<th>Target</th>
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<tbody>
<tr>
<td><strong>3 PREVENTIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMM Child</td>
<td></td>
<td>75%</td>
<td>68.7%</td>
<td>80%</td>
</tr>
<tr>
<td>IMM Adult</td>
<td></td>
<td>Influenza 43.9%</td>
<td>Influenza 38.9%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pneumovax 70.8%</td>
<td>Pneumovax 61.1%</td>
<td></td>
</tr>
<tr>
<td>Mammo</td>
<td></td>
<td>60.9%</td>
<td>56.4%</td>
<td>70%</td>
</tr>
<tr>
<td>PAP</td>
<td></td>
<td>70.4%</td>
<td>61.1%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>3 CHRONIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DM-A1C</td>
<td></td>
<td>84.8%</td>
<td>90.9%</td>
<td>70%</td>
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</table>
Success in One Area leads to Success in All Areas

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

<table>
<thead>
<tr>
<th>Measure Topic</th>
<th>Santa Barbara 2014 Final</th>
<th>Santa Barbara 2013 Final</th>
<th>CA GRP Sites 2014 Final</th>
<th>National 2014 Target</th>
<th>2014 Final</th>
<th>Results - Santa Barbara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>76.9%</td>
<td>76.0%</td>
<td>67.7%</td>
<td>65.8%</td>
<td>67.7%</td>
<td>Met</td>
</tr>
<tr>
<td>Hypertension Control</td>
<td>91.9%</td>
<td>89.6%</td>
<td>64.8%</td>
<td>58.0%</td>
<td>Baseline</td>
<td>Met</td>
</tr>
<tr>
<td>LDL Assessment</td>
<td>87.3%</td>
<td>80.9%</td>
<td>66.7%</td>
<td>60.3%</td>
<td>62.0%</td>
<td>Met</td>
</tr>
<tr>
<td>Cholesterol Control</td>
<td>71.9%</td>
<td>66.8%</td>
<td>61.0%</td>
<td>56.4%</td>
<td>Baseline</td>
<td>Met</td>
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<tr>
<td>Dental Access</td>
<td>N/A</td>
<td>N/A</td>
<td>59.6%</td>
<td>59.6%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Usability</td>
<td>N/A</td>
<td>N/A</td>
<td>29.2%</td>
<td>29.2%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Medical Provider Access</td>
<td>N/A</td>
<td>N/A</td>
<td>13.9%</td>
<td>13.9%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Immunizations</td>
<td>N/A</td>
<td>N/A</td>
<td>26.7%</td>
<td>26.7%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Influenza 65</td>
<td>57.1%</td>
<td>57.1%</td>
<td>38.3%</td>
<td>38.3%</td>
<td>69.1%</td>
<td>Met</td>
</tr>
<tr>
<td>Pneumonia 65</td>
<td>77.5%</td>
<td>86.4%</td>
<td>60.4%</td>
<td>60.4%</td>
<td>Baseline</td>
<td>Met</td>
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<tr>
<td>Childhood 66</td>
<td>83.9%</td>
<td>82.9%</td>
<td>61.0%</td>
<td>61.0%</td>
<td>74.8%</td>
<td>Met</td>
</tr>
<tr>
<td>Pap Screening</td>
<td>72.9%</td>
<td>82.9%</td>
<td>44.3%</td>
<td>44.3%</td>
<td>Baseline</td>
<td>Met</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>73.3%</td>
<td>75.8%</td>
<td>26.2%</td>
<td>26.2%</td>
<td>43.7%</td>
<td>Met</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>82.9%</td>
<td>85.7%</td>
<td>35.6%</td>
<td>35.6%</td>
<td>40.8%</td>
<td>Met</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>66.6%</td>
<td>64.6%</td>
<td>35.6%</td>
<td>35.6%</td>
<td>40.8%</td>
<td>Met</td>
</tr>
<tr>
<td>Alcohol Screening and Prevention</td>
<td>76.7%</td>
<td>66.7%</td>
<td>48.3%</td>
<td>48.3%</td>
<td>66.6%</td>
<td>Met</td>
</tr>
<tr>
<td>Ovarian Screening</td>
<td>64.6%</td>
<td>64.6%</td>
<td>42.3%</td>
<td>42.3%</td>
<td>64.6%</td>
<td>Met</td>
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<tr>
<td>Depression Screening</td>
<td>72.9%</td>
<td>62.9%</td>
<td>68.0%</td>
<td>68.0%</td>
<td>72.9%</td>
<td>Met</td>
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<tr>
<td>VDQ Comprehensive Assessment</td>
<td>N/A</td>
<td>N/A</td>
<td>51.5%</td>
<td>51.5%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Preventative HIV Screening</td>
<td>50.0%</td>
<td>100%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>89.1%</td>
<td>Met</td>
</tr>
<tr>
<td>Childhood Weight Control</td>
<td>7.1%</td>
<td>9.1%</td>
<td>26.9%</td>
<td>26.9%</td>
<td>N/A</td>
<td>Met</td>
</tr>
<tr>
<td>Childhoodwide Rates</td>
<td>100%</td>
<td>100%</td>
<td>95.9%</td>
<td>95.9%</td>
<td>99.5%</td>
<td>Met</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>N/A</td>
<td>N/A</td>
<td>Baseline</td>
<td>Baseline</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Measure topic: revised in FY 2014
Measure Nos: 14
Measure Nos: 2
Measure with No Data: 0

Nota: Los porcentajes mostrados son de acuerdo con el denominador; use cautela al interpretar estos resultados. Las medidas en la tabla departan de las GPIRAA medidas.
Clinician Details

Return to Search Results | New Search

Clinician Details

AIHS

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4141 STATE STREET B2
SANTA BARBARA, CA 93110

Tel: (805) 681-7356
Fax: (805) 681-7358

Clinical Recognition

Patient Centered Medical Home
Recommendation

- Raise the task of 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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858-382-9853