Quality Measures

Name
Date
Why should we develop quality measures for neurological conditions?

• Measuring quality is the way to start improving care for neurological illness
  ▪ Drive best practice
  ▪ Reduce variation
  ▪ Drive favorable outcomes
  ▪ Provide opportunities for neurologists to demonstrate value and excellence.

• Changes in health care payment and delivery depend on meaningful quality measures
  ▪ Incentives programs: Physician Quality Reporting System, E-Rx, Meaningful Use
  ▪ Payment models: ACOs, Shared Savings, Patient Centered Medical Home, Bundled payment, Quality Contracts

• Quality improvement is a required part of certification and accreditation
  ▪ Performance in Practice as part of Maintenance of Certification
Importance of Performance Measurement and Public Reporting in Health Care Reform

• Payment based on quality instead of volume
• Payer “pay for performance” incentives
• New delivery and insurance models require choice-cost tradeoffs (e.g., tiered and limited networks)
• Public reporting can help patients and the public make more informed decisions about their health care
• ACOs must be able to measure and report cost and quality outcomes
• “Meaningful Use” definition for HIT includes performance metrics
What is Quality Measurement?

- Quality measurement in health care is at least 100 years old.
- Measures are developed to reflect things thought to be important to the provision of high quality care.

Dr. Ernest Codman
Why Measure Quality?

• “You can’t manage what you don't measure.”
  ▪ W. Edwards Deming
• To improve performance
• To be accountable
• To better inform decisions
What is a quality measure?

Types of measures

Quality measures quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care.

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is in place (resources, systems)</td>
<td>What is done (treatments and therapies)</td>
<td>What will change as a result</td>
</tr>
<tr>
<td>Certified stroke center</td>
<td>tPA w/in 2 hours</td>
<td>90-day Function</td>
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Types of Measures

**Structure**

**Process**

**Outcome**

**Patient experience**
Types of Measures: Structure

- Having the right facilities, personnel, equipment and supplies (system supports) to provide excellent care
- Examples
  - Having a Computer Physician Order Entry (CPOE) system, or an Electronic Medical Record (EMR) system
Types of Measures: Process

- Doing the right thing at the right time for patients
- Examples
  - Giving proper medication to heart attack patients immediately upon arrival in the emergency room
  - Ensuring a follow up visit within 7 days of discharge from a acute care facility
Types of Measures: Outcome

• Having an effect on the patient’s health

• Examples
  ▪ Mortality/survival rate after heart bypass surgery
  ▪ Patients’ blood sugar at recommended levels
  ▪ Complication rate after obstetrical delivery
  ▪ Patient Function
Types of Measures: Patient Experience

• The patient’s own rating of the care received
• Examples include:
  ▪ The doctor spent enough time with me and answered all my questions
  ▪ The hospital gave me information about what to do during the patient’s recovery at home.
  ▪ The doctor seems to know all the important information about my medical history
Criteria for high quality measures

• Addresses important quality issue
• Evidence based
• Scientifically sound (i.e., reliable, valid, appropriately adjusted)
• Feasible - Ease and cost-effectiveness of measurement
• Interpretable
• Actionable and relevant to users
Components of a measure: Numerator

• Numerator Statement outlines:
  – What is in place, done, or expected to change?

• Examples:
  ▪ Patient visits with seizure type(s) specified and current seizure frequency for each seizure type documented in the medical record.
  ▪ Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period.
  ▪ Percentage of patient visits for patient age 18 years and older with a diagnosis of distal symmetric polyneuropathy who were queried about pain and pain interference with function using a valid and reliable instrument.
Components of a measure: Denominator

• Denominator Statement outlines:
  — Who is in the eligible patient population?
  — Consider diagnosis, time frame for measurement (yearly, every visit, other time period), age and gender limitations.

• Examples:
  ▪ All patients age 18 years and older with a diagnosis of DSP as identified by the International Classification of Diseases-9 (ICD-9) codes for polyneuropathy.
  ▪ All patients with a diagnosis of dementia, regardless of age, as defined by relevant ICD-9 or ICD-10 codes, who have one of the eligible clinical encounters.
Components of a measure: Exclusions

- Exclusions – who isn’t eligible in the patient population
  - Medical reasons (e.g. medication contraindication)
  - Patient reasons (e.g. patient refusal)
  - System reasons (e.g. no insurance)
What is a quality measure? Example: Epilepsy Measure

Numerator:
Patient visits with seizure type(s) and current seizure frequency for each seizure type documented in the medical record.

Denominator:
All visits for patients with a diagnosis of epilepsy.

Denominator Exclusions:
- Documentation of medical reason (patient is unable to communicate)
- Documentation of patient reason (patient refuses to answer the questions)
Data Sources

- Claims and Administrative Data
- Medical Records
- Patient Assessment Instruments
- Electronic Health Records
- Registries
- Other Electronic Clinical Data
- Surveys
Measurement Challenges

• Access to data sources
• Measurement silos
  ▪ Measures across settings
• Measures don’t keep up with changing delivery system
• Multiple independent measurement efforts
• Attribution
• Risk Adjustment
Typical entities measured

• Commonly measured:
  - Physicians (individually)
  - Practice sites and medical groups (aggregates of physicians)
  - Hospitals
  - Nursing homes
  - Health Plans
  - Populations
How are quality measures used?

• Quality improvement

• Professional certification
  ▪ MOC Performance in Practice Modules
  ▪ Hospital Privileging

• Payment
  ▪ ACOs
  ▪ Patient Centered Medical Homes

• Accountability / public reporting
  ▪ Physician Quality Reporting System (PQRS)
  ▪ Meaningful Use (MU)
Example: Quality Improvement

• The Problem: Falls in PD patients
• The Measures: PD - # 6 Querying about Falls, # 8 Related Safety Issues Counseling
• The intervention:
  ▪ Electronic Health Record based assessment and reminder system.
    — ABC Neurology Clinic Data showed that they were not routinely assessing PD patients for falls and injury risks
    — The clinic integrated a standardized falls risk assessment and home safety assessment in their electronic health record.
    — Set an alert so that at each visit by a PD patient an alert would remind the care team to conduct the assessments, document that they did the assessments, and also document that they provided patient education about the risks of falls and injury.
    — Patient education included a falls and injury prevention patient video outlining potential areas for injury in the home and, when needed, a home health care falls risk assessment and plan was ordered.
Example: Professional certification - NeuroPI

• Maintenance of Certification is mandated by the American Board of Medical Specialties (ABMS) to ensure that specialists offer quality patient care

• MOC Part 4: Performance in practice
  ▪ Online program modules help neurologists meet requirements
    – Stage A: Assess performance via chart audit against guidelines, measures, and the performance of peers.
    – Stage B: Construct an improvement plan.
    – Stage C: Reassess performance and determine whether goals achieved
  ▪ AAN Modules: Dementia, Parkinson’s disease, Acute Stroke Care, Chronic Opioid Therapy, Distal Symmetric Polyneuropathy, Epilepsy, Obstructive Sleep Apnea, Patient Safety: Falls

http://www.aan.com/go/education/certification/performanceinpractice
How are quality measures used?
Example: Accountability

- CMS Quality and Resource Use Report (QRUR) - Part of the Physicians Feedback Program
- Provide comparative performance information to physicians and medical practice groups based on their PQRS participation and Medicare claims.
- Reports contain information about
  - Resources used
  - Per capita costs per beneficiary
  - Performance on quality measures derived from administrative claims and Physician Quality Reporting System (PQRS)
- In the fall of 2013, only groups in which 25 or more EPs submitted claims under a single tax identification number in 2012 will receive reports

Example: Payment - Value-based Payment Modifier

• Center for Medicare and Medicaid Services (CMS) differential payment under the Medicare Physician Fee Schedule based upon the quality of care AND to cost.

• Patient Protection and Affordable Care Act - must be applied to all physicians and physician groups by January 1, 2017
  ▪ CY 2015 - To physician groups of 100 or more eligible professionals.
  ▪ CY 2017 – All physicians.
  ▪ Cost of care – total per capita costs
  ▪ Quality - PQRS

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
AAN Measurement Sets

- Parkinson’s disease
- Epilepsy
- Dementia
- Stroke and Stroke Rehabilitation
- ALS
- DSP

- In Development through 2015: Headache, Muscular Dystrophies, Update to Epilepsy, Update to PD, Multiple Sclerosis

Results: Parkinson disease (PD) was chosen for measure development. A review of the medical literature identified 258 relevant recommendation statements. A 28-member panel approved 10 quality measures for PD that included full specifications and CPT II codes.
# AAN PD Measures

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Annual PD Diagnosis Review</td>
</tr>
<tr>
<td>2</td>
<td>Psychiatric Disorders or Disturbances Assessment</td>
</tr>
<tr>
<td>3</td>
<td>Cognitive Impairment or Dysfunction Assessment</td>
</tr>
<tr>
<td>4</td>
<td>Querying about Symptoms of Autonomic Dysfunction</td>
</tr>
<tr>
<td>5</td>
<td>Querying about Sleep Disturbances</td>
</tr>
<tr>
<td>6</td>
<td>Querying about Falls</td>
</tr>
<tr>
<td>7</td>
<td>PD Rehabilitative Therapy Options</td>
</tr>
<tr>
<td>8</td>
<td>PD Related Safety Issues Counseling</td>
</tr>
<tr>
<td>9</td>
<td>Querying about PD Medication-Related Motor Complications</td>
</tr>
<tr>
<td>10</td>
<td>PD Medical and Surgical Treatment Options Reviewed</td>
</tr>
</tbody>
</table>