

Thank you for joining

# Lilypad Webinar #10

## Process and Outcomes Quality Measurement

Monday, October 19, 2020 3:00 EST

We will record this 30-minute webinar and post a link to the recording as well as the slides after the webinar on our website

All participants will be muted



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Whether you're a practice manager, provider or rural clinic staff member we cover the concepts and strategies that matter most.

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December-16	Practice Management Best Practices		<a href="#">Watch</a>	<a href="#">Download</a>
January-20	Practice Alignment - Specialty Care		<a href="#">Watch</a>	<a href="#">Download</a>
February-17	National and State RHC Rankings		<a href="#">Watch</a>	<a href="#">Download</a>
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August-24	340B Drug Program		<a href="#">Watch</a>	<a href="#">Download</a>
September 21	Clinic Spotlight B	<a href="#">Register</a>		
October 19	Process and Outcomes Quality Measurement	<a href="#">Register</a>		

# What We'll Cover Today

Process and Outcomes Quality Measurement  
2020 RHC Telemedicine Survey

# *Rural Health Clinic Process and Outcome Quality Measurement*

**John Gale, MS**

Lilypad/POND Webinar  
October 19, 2020

UNIVERSITY OF SOUTHERN MAINE  

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Muskie School of Public Service



# Learning Objectives

- Explore process and outcome measurement for Rural Health Clinics (RHCs)
- Review the context for RHC quality measurement and reporting
- Understand the hierarchy of quality measurement
- Discuss process and outcome measures for different clinical conditions

# Why Should RHCs Monitor and Report Quality?

***“It doesn’t matter what I believe. It only matters what I can prove!”***

Tom Cruise’s character in A Few Good Men



# Demand for Primary Care

- Rising demand for primary care
  - 46% of Americans have one or more chronic conditions
  - U.S. adults get only 55% of recommended care
  - Long term sustainability of hospitals and health systems depends on the strength of their primary care systems
  - Primary care plays an central role in many health system and practice transformation initiatives:
    - CMS's Medicare Shared Savings Program, readmission penalty, and hospital value-based purchasing programs
    - Patient-centered medical homes, accountable care organizations
    - Chronic care management and behavioral health integration services

## Why Quality Measurement Is Important

- Research demonstrates that health care frequently fails to meet the current standards of quality care
- Errors, suboptimal management of disease, and overutilization/underutilization of services occur when evidence-based health care is not provided
- The consequences include higher mortality, increased morbidity, decreased quality of life, higher costs of care
- Low-quality care and inconsistencies in quality are linked to health care disparities
- Failure to measure quality suggest that the extent of these issues are not understood at the practice-level



## Pressures to Report Quality

- An essential part of transformation activities
  - Patient-Centered Medical Homes (PCMH)
  - Accountable Care Organizations (ACOs)
- Pay for Performance - demonstrating value
- Meaningful use of electronic health records
- CMS Merit-Based Incentive Payment Systems (MIPS)
- Growing expectation of health plans and employers
- Opportunities for benchmarking
- Participation in collaborative QI initiatives

## Lessons Learned from Public Reporting

- Public reporting adds value
- Reports must be designed carefully - the presentation of information affects how it is interpreted and used
- Collaboration is essential - involving the public and private sectors as well as purchasers and providers
- State/local efforts have been successful - scale is manageable and local providers can account for factors that affect performance
- Automated data collection is needed – manual collection is possible but burdensome

## RHC Reporting Issues

- RHCs are exempt from participation in MIPS but may do so on a voluntary basis
- RHC eligible professionals who voluntarily report to MIPS are not eligible for payment adjustments
- HCPCS Reporting Requirement for RHCs
- Some commercial and Medicaid managed care plans require PCMH recognition as a condition of panel eligibility

# Hierarchy of Quality Measurement (QM)

- Structural measures
  - The foundation of QM - evaluates infrastructure/capacity of health care organizations to provide care (e.g., equipment, personnel, or policies)
  - Examples - % of providers using an electronic health record, % of diabetics tracked in a patient registry, staff to patient ratio
- Process measures
  - The building blocks of QM that focus on evidence-based steps that should be followed to provide good care
  - When executed well, increases the likelihood of a desired outcome
  - Examples – medication reconciliation, colorectal cancer screening, use of aspirin for patients presenting with ischemic vascular disease

## Hierarchy of Quality Measures (cont'd)

- Outcome measures
  - Evaluate/assess the results of care on a patient's health, such as clinical events, recovery, or health status
  - Outcome measures are slots into which process blocks fit
  - Outcomes can be positive or negative
  - Intermediate outcome measures measure results that lead to longer-term outcomes
  - Process and outcome measures go hand in hand as improving a process can result in an improved outcome
  - Examples – optimal asthma control, long-term complications of diabetes, controlling high blood pressure

## Hierarchy of Quality Measures (cont'd)

- Patient-reported outcome performance measures and experience of care measures
  - Measure patient's health status, quality of life, health behavior, or experience of care using information provided by a patient
  - Provide insight into the quality of care received by patients
  - Research demonstrates that patients who have a positive health care experience are often more engaged in their care, which leads to improved health outcomes
  - Examples – Consumer Assessment of Healthcare Providers and Systems (CAHPS): patient experience, gains in patient activation scores at 12 months, depression remission at 12 months



## Hierarchy of Quality Measures (cont'd)

- Resource use/cost/efficiency measures
  - Measure/assess the cost of care, resources used to provide care, inappropriate use of resources, or efficiency of care delivered
  - Important for RHCs participating in accountable care organizations or other value-based initiatives
  - Examples – total per capita costs, avoidance of antibiotics for adults with acute bronchitis, episode-based cost measures
- Composite measures
  - Combines individual measures to produce one result that gives a more complete picture of quality for a specific area or disease
  - Examples – comprehensive diabetes care, substance use screening and intervention, optimal vascular care

# Choosing Quality Measures: What to Measure?

- Choose measures that:
  - Are relevant to your RHC and the patients you serve
  - Address perceived or known gaps in care
  - Align with practice goals
  - Align with national/regional quality initiatives such as MIPS or Medicaid managed care quality reporting requirements
  - Are important to patients

## Focus on Process and Outcome Measures

- Outcome measures are typically viewed as the gold standard in quality measurement
- Process measures, based on scientific evidence which links them to effective outcomes, are often more useful for performance management in primary care
- For purposes of day-to-day quality measurement and management - focus on process and outcome measures

## Issues to be Considered

- Which aspects of care do you want to assess?
  - Process (e.g. prescribing, investigations, interactions between providers and patients)?
  - Outcomes (e.g. mortality, morbidity or patient satisfaction)?
- Whose perspective is being prioritized?
  - Different stakeholders will have different perspectives on the quality of care
  - For example, patients may emphasize good communication skills while managers may emphasize data on efficiency
- What supporting information or evidence is required?
  - Primary care is somewhat different than other specialty services
  - Consider the type of indicator, the method of combining evidence, and expert opinion for performance measurement

# Pros and Cons of Process Measures

- Pros
  - Readily measured
  - Easily interpreted without the need of case-mix adjustments
  - Smaller sample sizes are required
  - Unobtrusive (assessed using administrative or medical records)
  - Action oriented (easy to address failures in processes of care)
  - Coverage (captures aspects of care valued by patients)
- Cons
  - Salience (processes of care may have little meaning to patients)
  - Specificity (often specific to a single disease or type of care)
  - Ossification (may stifle innovation)
  - Obsolescence (may decline as technology changes)
  - Adverse behavior (may be easily manipulated)

# Pros and Cons of Outcome Measures

- Pros
  - Focuses attention towards patient rather than the service
  - Goals focused on the end results of care
  - Meaningful (may be more meaningful to some users)
  - Encourages innovation to improve patient care and experience
  - Far sighted (focused on long term strategies)
  - Less open to manipulation
- Cons
  - Measure definition can be difficult
  - Attribution (influenced by factors outside of control of providers)
  - Requires larger sample size and longer time frame
  - Interpretation may be difficult for complex conditions
  - Ambiguity (good outcomes may be achieved despite poor processes of care)



# AAFP 2019 Quality Measurement Principals

1. Quality versus performance measurement
  - I. Quality measurement accelerates internal clinical improvement
  - II. Performance measurement serves several purposes
    - I. Provides data for value-based programs
    - II. Supports patient decisions about cost and quality of health care
    - III. Drives allocation of resources to community and population health needs
2. Quality improvement integration
3. Identify targeted set of universal performance measures
  - I. Focus on measures that:
    - I. Matter most to patients
    - II. Have the greatest impact on better health and health care
    - III. Best lower costs

# AAFP 2019 Quality Measurement Principals

## 4. Performance measure application

- I. Applied at the clinic level to encourage share accountability and team-based care

## 5. Primary care measurement

- I. Focus on important aspects of primary care
  - I. Access/first contact
  - II. Comprehensiveness
  - III. Coordination
  - IV. Patient engagement
  - V. Continuity of care
  - VI. Care management

## 6. Redesign health IT

- I. To better support quality and performance measurement

# Diabetes Process and Outcome Measures

Separately Reported Measures	NCQA's HEDIS Measures	Medicare 5 Star Quality Rating System	Medicaid Measures (by NCQA)	MAP Family of Diabetes Measures	Consumer Assessment of Health Providers & Systems (CAHPS)
<b>A1c</b>	A1c testing		Had A1C test		CAHPS: Survey asks how well health plans and providers meet patient needs; also known as patients' experience of care
<b>A1c in poor control</b>	>9%	>9% or not tested	>9%		
<b>A1c control</b>	<8% and <9%			<8%	
<b>BP control</b>	<140/80 mm Hg			ages 60-85: <140/90 mm Hg	
	<140/90 mm Hg				
<b>Nephropathy monitoring or medical attention</b>	nephropathy monitoring	nephropathy monitoring or medical attention			
<b>Lipid control</b>	LDL-C screening	LDL-C screening			
<b>Lipid control</b>	LDL-C <100 mg/dl	LDL-C <100 mg/dl		LDL-C <100 mg/dl	
<b>Lipid control</b>	LDL-C <130 mg/dl			LDL-C <130 mg/dl	
<b>Retinal eye or dilated exam</b>	retinal eye exam	dilated eye exam			
<b>Takes oral DM medications as prescribed</b>		takes oral diabetes medications as directed			
<b>Diabetes screening</b>			For people w/ schizophrenia or bipolar disorder using antipsychotic meds		

# Diabetes Composite Measures

Composite Diabetes Measures	MAP Family of Diabetes Measures: OPTIMAL	MAP Family of Diabetes Measures: COMPREHENSIVE	ACO Diabetes Measures
A1c control	<8%	<8%	
A1c poor control		>9%	A1c poor control
A1c for select populations		<7% for select populations	
LDL-C	<100 mg/dl	<100 mg/dl	
LDL-C screening		LDL-C screening	
LDL-C control	LDL-C <130 mg/dl		
BP Control	<140/90 mm Hg	<140/90 mm Hg	
Medical attention for nephropathy		Medical attention for nephropathy	
Tobacco/smoking	Non-user	Smoking status and cessation advice or treatment	
Aspirin	Daily use for patients with ischemic vascular disease		
Retinal or dilated eye exam	Retinal eye exam	Retinal eye exam	Dilated eye exam
Body Mass Index (BMI)	Recommended that BMI is addressed	Recommended that BMI is addressed	

# Measures for Coronary Heart Disease

Long-term condition	Brief description of indicator
Coronary heart disease (CHD)	<ul style="list-style-type: none"><li>• Register of patients with CHD (process)</li><li>• Percentage of patients with CHD with blood pressure 150/90 mmHg or less (outcome)</li><li>• Percentage of patients with CHD whose last measured total cholesterol was 5 mmol/l or less (outcome)</li><li>• Percentage of patients with CHD taking aspirin, an alternative antiplatelet therapy, or an anticoagulant (process)</li><li>• Percentage of patients with CHD who have had influenza immunization (process)</li></ul>

# VA Performance Measurement Areas

- Chronic and acute care
  - Diabetes
  - Acute myocardial infarction
  - Obstructive lung disease
  - Obesity
  - Hypertension
  - Pain assessment
  - Major depression
  - Tobacco treatment
  - Community acquired pneumonia
  - Heart failure
  - Substance use disorders



## VA Performance Measurement Areas (cont'd)

- Preventive care
  - Influenza vaccination
  - Pneumococcal vaccination
  - Tobacco screening
  - Mammography
  - Cervical cancer screening
  - Colorectal cancer screening
  - Hyperlipidemia screening
  - Alcohol screening
  - Prostate screening

## Conclusions

- Internal quality reporting is crucial to managing an RHC's quality
- Public reporting is necessary to let others know how good your quality is
- It is becoming an expectation of participation for inclusion in provider panels
- It will increasingly be the cost of participating in evolving payments
- It is not too late to start but don't delay
- Leadership is needed to encourage participation at the practice, state, and national levels

# Contact Information

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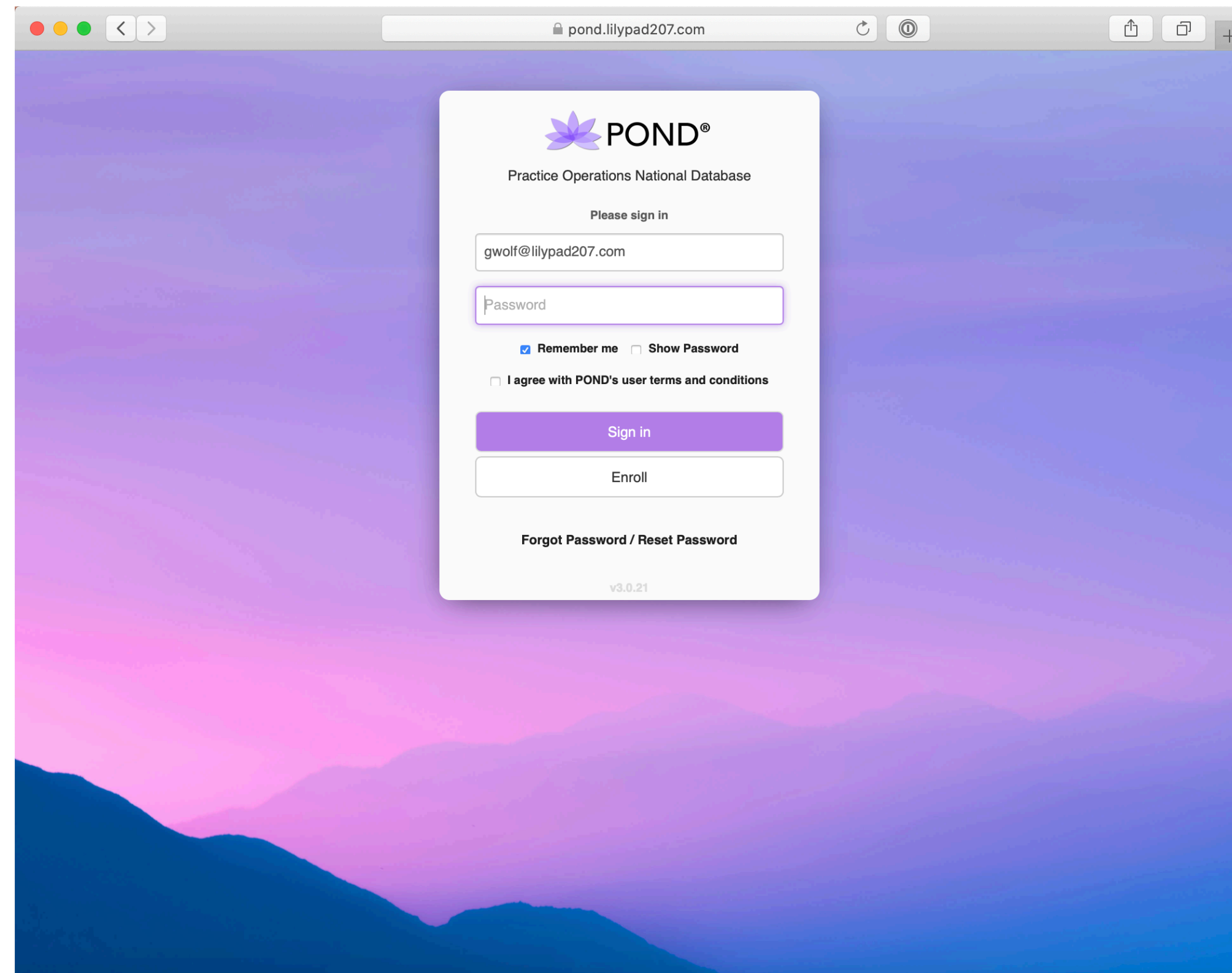


Maine  
Rural Health  
Research Center

# 2020 RHC Telemedicine Survey

# RHC Telemedicine Survey

**Deadline: September 30**

A screenshot of a web browser window showing the login page for POND (Practice Operations National Database). The page has a purple and blue gradient background with a mountain silhouette at the bottom. The login form is centered and contains the following elements: the POND logo, the text "Practice Operations National Database", "Please sign in", an email input field with "gwolf@lilypad207.com", a password input field, a "Remember me" checkbox (checked) and "Show Password" checkbox (unchecked), an "I agree with POND's user terms and conditions" checkbox (unchecked), a purple "Sign in" button, a white "Enroll" button, and a link for "Forgot Password / Reset Password". The version number "v3.0.21" is visible at the bottom of the form.

pond.lilypad207.com

**POND®**  
Practice Operations National Database

Please sign in

gwolf@lilypad207.com

Password

Remember me  Show Password

I agree with POND's user terms and conditions

Sign in

Enroll

[Forgot Password / Reset Password](#)

v3.0.21

## WHAT YOU'LL NEED

1. 5 minutes
2. Internet connection and Web browser
3. Clinic NPI and CCN

## WHAT YOU'LL GET

1. Telemedicine Industry Report
2. Access to dedicated webinar
3. Clinic Lilypad Award<sup>®</sup> scorecard

# About POND<sup>®</sup>



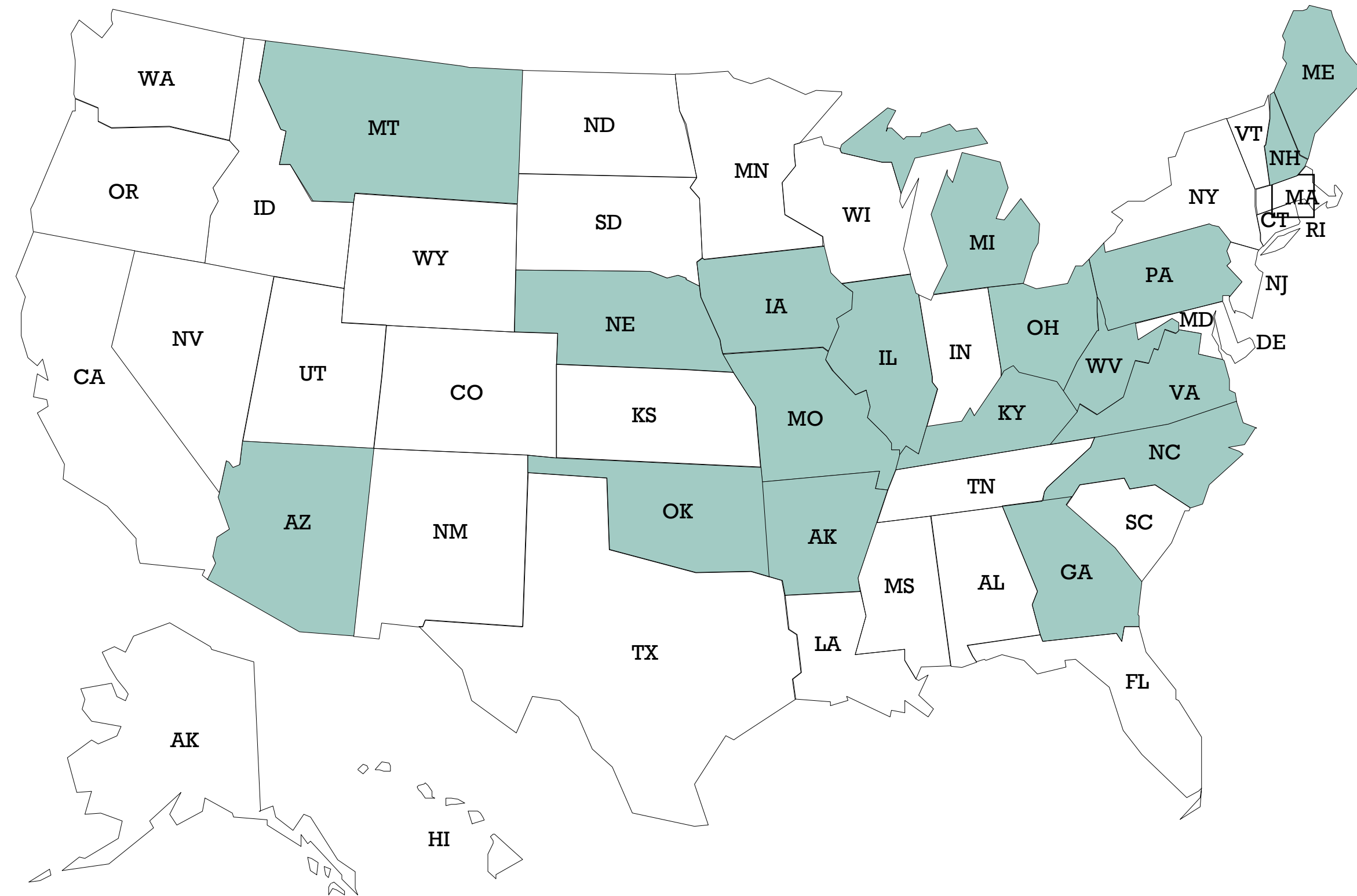


# Practice Operations National Database<sup>®</sup>



Developed by Lilypad, POND<sup>®</sup> is the only analytics and benchmarking system dedicated specifically to rural primary care practices

# Our Current States



If you are located in one of these states you have access to the POND program right now



# Thanks for Joining

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