Current Quality Measurement Priorities and Challenges in the Medical Environment

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Overview

• Priorities & trends in *medical* quality measurement
• Priorities & trends in *dental* quality measurement
• Measurement challenges (for *all* of us)
• DQA & other dental measures… & some thoughts on next steps
Priorities & Trends in Medical Quality Measurement: Measure Developers

*Medical quality measurement landscape, circa 2000 (an oversimplified view):*

- **Joint Commission** (Hospitals, other facilities)
- **PCPI** (Physicians)
- **NCQA** (Health plans)
Priorities & Trends in Medical Quality Measurement: Measure Developers (2)

Expansion of medical quality measurement landscape, 2000-2015:

- Joint Commission (Hospitals, other facilities)
- NCQA (Health plans; physician recognition programs)
- PCPI (Physicians, other health care professionals, facilities)
- Resolution Health
- RAND Corp.
- MN Community Measurement
- Specialty society A
- Specialty society B
- Specialty society C
- Specialty society D
- others…
Priorities & Trends in Medical Quality Measurement: National Priority-Setting

• National Quality Forum (NQF)
  o National Priorities Partnership (NPP) – 52 national organizations
  o Measure Applications Partnership (MAP) – guidance to HHS on measure selection

• National Quality Strategy (NQS)
  o Mandated by Affordable Care Act
  o 2011 + annual reports to Congress
Priorities & Trends in Medical Quality Measurement: NQS

• National Quality Strategy (NQS)

**Three Aims:**
- Better Care
- Healthy People, Healthy Communities
- Affordable Care
Priorities & Trends in Medical Quality Measurement: NQS (2)

• National Quality Strategy (NQS)

To advance the 3 aims, NQS set 6 priorities:

1. Making care safer by reducing harm caused in delivery of care
2. Ensuring that each person & family is engaged as partners in their care
3. Promoting effective communication and coordination of care
4. Promoting most effective prevention and treatment practices for leading causes of mortality, starting with cardiovascular disease
5. Working with communities to promote wide use of best practices to enable healthy living
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models
Priorities & Trends in Medical Quality Measurement: Cross-Agency Alignment

- Health and Human Services (HHS)
  - Agency for Healthcare Research and Quality (AHRQ)*
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
  - Health Resources and Services Administration (HRSA)
  - Indian Health Service (IHS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

* NQS lead

http://www.ahrq.gov/workingforquality/about.htm
Priorities & Trends in Medical Quality Measurement: CMS Quality Strategy

Six goals reflecting the NQS priorities:

1. Make care safer by reducing harm caused in delivery of care
2. Strengthen person and family engagement as partners in their care
3. Promote effective communication and coordination of care
4. Promote effective prevention and treatment of chronic disease
5. Work with communities to promote best practices of healthy living
6. Make care affordable

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Priorities & Trends in Medical Quality Measurement: Current NQF Priorities

• NQF “Prioritizing Measure Gaps” projects, 2014

Five content areas:

- Adult Immunization
- Alzheimer's Disease and Related Dementias
- Care Coordination
- Health Workforce
- Person-Centered Care and Outcomes

http://www.qualityforum.org/prioritizing_measures/
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Priorities & Trends in Dental Quality Measurement

NQF Oral Health report, 2012

- “… process measures are abundant… outcome measures are scarce.”
- “…lack of diagnostic coding available in dental claims… limits the ability to collect and report this type of data.”
- “… many important areas in oral health that need improvement, yet related measures do not exist.”

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Priorities & Trends in Dental Quality Measurement (2)

NQF Oral Health report, 2012

Oral health priority areas & measure categories:

- Oral health – children/adolescents ✓
- Oral health – adults
- Access to and satisfaction with care ✓
- Use of diagnostic/prevention/treatment services ✓
- Factors that influence risk for oral disease

- Oral health infrastructure
- Health disparities
- Healthy communities
- Oral health expenditures
- Patient safety

Priorities & Trends in Dental Quality Measurement (3)

NQF Oral Health report, 2012

Specific recommendations: new oral health performance measurement topics where measures are lacking:

- Overuse
- Appropriateness
- Patient safety
- Effectiveness (linking cost and quality)
- Trauma
- Disparities

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Priorities & Trends in Dental Quality Measurement (4)

ADA “Critical Trends” report, 2013

• **Payments:** “Commercial dental plans are increasingly using more selective networks, demanding increased accountability through data and performance measures, and pressuring providers to reduce costs… Dental plans lag behind medical plans in the push to focus on outcomes rather than services – moving from ‘volume to value.’ ”

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Priorities & Trends in Dental Quality Measurement (5)

ADA “Critical Trends” report, 2013

• Practice implications: “With increased pressure from dental plans, practices will need to incorporate new data systems that can track outcome metrics as well as integrate with health records… Dental plans are trending toward increased accountability through intensive measuring of outcomes and effectiveness.”

Priorities & Trends in Dental Quality Measurement (5)

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Recurrent Quality Themes Across All of Health Care

- Outcomes (effectiveness of care)
- Lower costs (affordability / “value”)
- Patient safety (including overuse)
- Care coordination
- Patient and family engagement
- Person-centered care
With Common Quality Themes, Come Common Measurement Challenges…

• **Appropriate attribution** (accountability at individual clinician / practice / facility level?)

• **Access to data** (captured in & reportable from EHR? or patient registry?)

• **Interoperability** (does data from one electronic data source translate consistently to others?)

• **Measurement / reporting burden** (sufficiently meaningful / granular data, without excess burden to clinician?)
Dental Measures before DQA (2012)

- **Annual dental visit (NCQA)**
- **Children who received preventive dental care** (Child/Adolescent Health Measurement Initiative)
- **Children who have dental decay or cavities** (Child/Adolescent Health Measurement Initiative)
- **Primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers** (U. Minn.)

* NQF-Endorsed

Dental Measures before DQA (2012) (update)

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  - X

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DQA Measures (starter set approved, 2013)

- Oral evaluation, dental services *
- Prevention: Dental sealants for 10-14 year-old children at elevated caries risk *
- Prevention: Dental sealants for 6-9 year-old children at elevated caries risk *
- Prevention: Topical fluoride for children at elevated caries risk, dental services *
- Utilization of services, dental services *

- ED Visits for Dental Caries in Children
- Follow-up after ED Visit by Children for Dental Caries
- Oral Health Care Continuity for Children 2-20 Years †
- Oral Health Sealants for Children 6-9 Years †

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DQA Measures (+ Type / Population)

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* NQF-Endorsed  † e-Measure  ★ Care coordination measure
Considerations/ Recommendations on Next Steps for the DQA

- Consider dental measure gaps & priorities identified previously:
  - Patient safety/overuse
  - Appropriateness
  - Outcomes / effectiveness
  - Care coordination
  - Oral health - Adults
  - Trauma
  - Disparities
  - Patient-centered care

- Where are the known quality gaps? Are there significant quality improvement opportunities in adult dental care?

- Are there barriers to measuring/attribution quality at the level of the individual dentist or dental practice?

- Can (or will) available data systems support measurement of dental outcomes and other, more-ambitious quality metrics?
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Considerations/ Recommendations on Next Steps for the DQA (2)

Outcome measure concepts

*Example of medical (AMA-PCPI) outcome measure:*

- Complications within 30 days (e.g., retinal detachment, wound dehiscence) following cataract surgery requiring additional surgical procedures

Excluded population: Patients with significant ocular conditions that impact the surgical complication rate

(Measure 0564, NQF QPS Tool, http://www.qualityforum.org/QPS/QPSTool.aspx)

*Sample dental outcome measure concept:*

- Occlusal caries in a permanent first molar tooth before 15 years of age in children at elevated caries risk who received sealants on all permanent first molar teeth at age of 6-9 years

Excluded population: Patients who did not receive sealants on all perm. first molars

* assuming known quality gap & availability of required data

**Attribution:** individual clinician
Considerations/ Recommendations on Next Steps for the DQA (2)

Outcome measure concepts

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(Measure 0564, NQF QPS Tool, http://www.qualityforum.org/QPS/QPSTool.aspx)

Sample dental outcome measure concept:* (alternative approach)
- Occlusal caries before 15 years of age in any specified permanent first molar tooth for which sealant was received in children at elevated caries risk at age of 6-9 years

Excluded population: None

* assuming known quality gap & availability of required data
Considerations/ Recommendations on Next Steps for the DQA (3)

Patient safety/overuse measure concepts

Example of medical (AMA-PCPI) overuse measure:

• Prostate Cancer: Avoidance of overuse of bone scan for staging low risk prostate cancer patients

  Excluded population: Patients with medical reasons for receiving a bone scan

  (Measure 0389, NQF QPS Tool, http://www.qualityforum.org/QPS/QPSTool.aspx)

Sample dental overuse measure concept:* Future attribution: individual/practice

• Avoidance of overuse of panoramic radiography for dental patients without known / suspected oral pathology for which panoramic radiography is indicated

  Excluded population: Patients with specified indication for panoramic radiography (eg, retained/displaced teeth, suspected mandibular fracture, consideration for implants)

* assuming known quality gap & availability of required data
Considerations/ Recommendations on Next Steps for the DQA (4)

Care coordination measure concepts

*Example of medical (CMS – EHR Incentive Program) care coordination measure:*

- Closing the referral loop: receipt of specialist report

  (Patients with referrals, regardless of age, for which referring provider receives a report from provider to whom patient was referred)


*Sample dental care coordination measure concept:*

- Closing the referral loop: receipt of dental specialist report

  (Dental patients with referrals, regardless of age, for which referring dentist receives a report from dental specialist [eg, periodontist, endodontist, oral surgeon] to whom patient was referred)

  * assuming known quality gap & availability of required data
“Reimagining” a Patient-Centered Quality Measurement System

“Physicians, hospitals, & health plans view measurement as burdensome, expensive, inaccurate, and indifferent to the complexity of care delivery.”

Components of reimagined measurement system:

• Comprehensive inventory of each patient’s health and health care needs
• Mechanism for matching potential evidence-based interventions to those needs
• Assessment of patient’s health goals and preferences

... which would enable:

• Development of a proactive care plan for each patient, from which an individualized quality score could be derived

“We believe that with proper vetting… and creative design of truly meaningful health information technology, a reimagined measurement system could make today’s performance measurement enterprise seem like a quaint relic from an earlier era.”

Thank you!

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