Measurement:
How the Sausage is Made.....

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Objectives

• Different types of data
• How they are used for QI
• How the national measure sets are created
• How they are used in federal programs
“In God we trust. All others bring data.”

W. E. Deming
Different Types of Data

• Claims data
  – Billing data for services received
    • Can be pulled from local PMS or from Payers (public/private)
    • Pulled locally = billed  Pulled from payer = paid

• Process data
  – Used to assess fidelity to the process (parts or steps of improvement)
    • Labs drawn, medications ordered, medications filled, queried for tobacco use (typically a count “# of pts with....”)
  – Back of the envelope data
    • Did we do what we said we would do (call three patients, huddle, enter data, etc)
    • Used as the S in PDSA

• Outcomes data
  – Used to assess effectiveness of improvement in health
  – Provides values/results (BPs, lab values, weights)
Uses for different types of Data

• Claims: (looks at delivery that was billed/paid)
  – How many of our patients have Diabetes?
  – How many of these procedures do we perform in a year?

• Process Data: (looks at delivery of care)
  – How many patients have had this test?
  – How many patients are prescribed this medication?
  – How many patients have received counseling?
  – (What is the result of our PDSA– how many phone calls in a week?)

• Outcomes Data: (looks at the efficacy of care)
  – What is the average A1c of my patients with Diabetes?
  – What is the average blood pressure of my patients diagnosed with HTN?
  – How many of my patients have quit using tobacco?
<table>
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<tr>
<th>Data Type</th>
<th>Pros</th>
<th>Cons</th>
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| Claims Data (a form of process data) | - Readily Available - local, state, federal, payer  
- Robust data set  
- Universal code sets - CPT, ICD 9  
- Reliable and CLEAN  
- Pulls from only 1 data source | - Limited information - service billed/paid  
- No one place has all claims - Uninsured is a big issue  
- NC does not have an all-payer database  
- Code Sets change |
| Process Data                    | - Ensures reliability  
- Focuses on the things that we can change  
- Sometimes, it’s all we’ve got. | - Only shows that it has been done, picked up, implemented, etc.  
- Does not show effectiveness  
- Pulls from 2 sources |
| Outcomes Data                   | - It gets at what we really want to know – the good stuff  
- Focuses on the efficacy of care | - Difficult to compile (typically 3 sources)  
- Influenced by a lot of factors outside of the delivery system |
PDSAs and Data

1. Tried to do better “work harder” with original system (outcomes data)
2. Workflow assessments revealed she needed templates (y/n)
3. Trained on how to get templates in EHR (y/n)
4. Developed process for templates to be activated (claims)
5. Gathered data (process data from EHR)
6. Realized there was a barrier in the process
7. Gathered data on phones (back of the envelope process)
8. Observed practice to diagnose heavy phone usage (y/n)
9. Changed physician’s behavior with phone calls
10. Staff activated templates (process)
11. Outcomes improved (outcomes data)
Who Decides what data?

In local QI projects…. You do! 😊 Kind of... 😞

Things to consider..... When looking for measures
• What are you trying to improve?
• Why reinvent the wheel? (feed 2 birds/1 seed)
• Providers love to argue over measures.......zzzzz
• Technology can provide more data than ever before.
• Technology can drive what data you will use.
• You don’t want obtaining the data to become the focus of improvement.
The Making of National Measures

National Quality Forum: www.qualityforum.org

- Sets standards.
- Recommends measures for use in payment and public reporting programs.
- Identifies and accelerates quality improvement priorities.
- Advances electronic measurement.
- Provides information and tools to help healthcare decision-makers.
The Making of National Measure Sets

- National Quality Forum [www.qualityforum.org](http://www.qualityforum.org)

- is recognized as a voluntary consensus-standards setting organization – as defined by the National Technology Transfer and Advancement Act of 1995 and the Office of Management and Budget (OMB) Circular A-119 – and adheres to the [OMB definition of consensus](http://www.qualityforum.org).
Voting Membership

• NQF is a private sector standard-setting organization whose efforts center on the evaluation and endorsement of standardized performance measurement.
• Member organizations of NQF have the opportunity to take part in a national dialogue about how to measure healthcare quality and publicly report the findings. Members participate in NQF through one of eight Member Councils:
  • Consumer Council
  • Health Plan Council
  • Health Professionals Council
  • Provider Organizations Council
  • Public/Community Health Agency Council
  • Purchasers Council
  • Quality Measurement, Research, and Improvement Council
  • Supplier and Industry Council
• Membership in NQF gives your organization a voice in shaping the future of American healthcare.
Members of NQF (only the A's)

- 3M Health Care
- AAAHC Institute for Quality Improvement
- AARP
- Abbott
- ABIM Foundation
- Abiomed
- Academic Pediatric Association
- Academy of Managed Care Pharmacy
- Academy of Medical-Surgical Nurses
- Academy of Nutrition and Dietetics
- ACC/AHA Task Force on Performance Measures
- ACS-MIDAS+
- Adventist HealthCare
- Aetna
- AFL-CIO
- Agency for Healthcare Research and Quality
- Aligning Forces for Quality - South Central Pennsylvania
- Allergan, Inc.
- Alliance of Community Health Plans
- Alliance of Wound Care Stakeholders
- Ambulatory Surgery Foundation
- Amedisys
- American Academy of Allergy, Asthma and Immunology
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Nursing
- American Academy of Ophthalmology
- American Academy of Otolaryngology-Head and Neck Surgery
- American Academy of Pediatrics
- American Academy of Physical Medicine and Rehabilitation
- American Association of Birth Centers
- American Association of Cardiovascular and Pulmonary Rehabilitation
- American Association of Colleges of Nursing
- American Association of Diabetes Educators
- American Association of Naturopathic Physicians
- American Association of Neurological Surgeons
- American Association of Nurse Anesthetists
- American Association of Nurse Assessment Coordination (AANAC)
- American Association of Nurse Practitioners
- American Board of Family Medicine, Inc.
- American Board of Medical Specialties
- American Board of Optometry
- American College of Cardiology
- American College of Emergency Physicians
- American College of Gastroenterology
- American College of Radiology
- American College of Medical Quality
- American College of Mohs Surgery
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physician Executives
- American College of Physicians
- American College of Radiology
- American College of Rheumatology
- American College of Surgeons
- American Data Network
- American Federation of Teachers Healthcare
- American Gastroenterological Association
- American Geriatrics Society
- American Health Care Association
- American Health Information Management Association
- American Heart Association
- American Hospice Foundation
- American Hospital Association
- American Medical Association
- American Medical Association-Physician Consortium for Performance Improvement
- American Medical Directors Association
- American Medical Informatics Association
- American Medical Society for Sports Medicine
- American Nephrology Nurses Association
- American Nurses Association
- American Occupational Therapy Association
- American Optometric Association
- American Organization of Nurse Executives
- American Osteopathic Association
- American Pharmacists Association Foundation
- American Physical Therapy Association
- American Psychiatric Institute for Research and Education
- American Psychiatric Nurses Association
- American Sleep Apnea Association
A great experience with NQF:

• Looking at how to measure workforce
  – Identified a taskforce of 3
  – Suggested a framework
  – Identified a committee
  – Identified co-chairs
  – Refined the framework
  – Extensive search for current measures
  – Held a 2-day onsite retreat to prioritize measures and make recommendations to DHHS
  – Open for public comment
  – Secretary of DHHS will then request measures to be developed
  – NQF will then vote on those measures
All Federal Programs use NQF Measures

- PQRS
- Hospital compare
- Physician compare
- Meaningful Use
- CDC grants
- AHRQ grants (mostly)
- How the workforce measures may be used....
Conclusion

• One must use data to measure improvement
• There are multiple sources of data
• NOT all data is electronic
• Look for nationally approved measure sets

Questions?