Recommended 2009 Ambulatory Care Measures

MNCommunity
MEASUREMENT

Overview of Presentation

- Criteria for current measures
- Specification of current measures
- Proposed new measures for 2009
- Specification of new measures for 2009
- Process for selection of future measures
- Methods for input on measures

Criteria for Measures

- Condition with high impact
  - Key chronic conditions and preventive care
- Opportunity for improvement
- Evidence based guideline
- Available data

Measure Development and Review
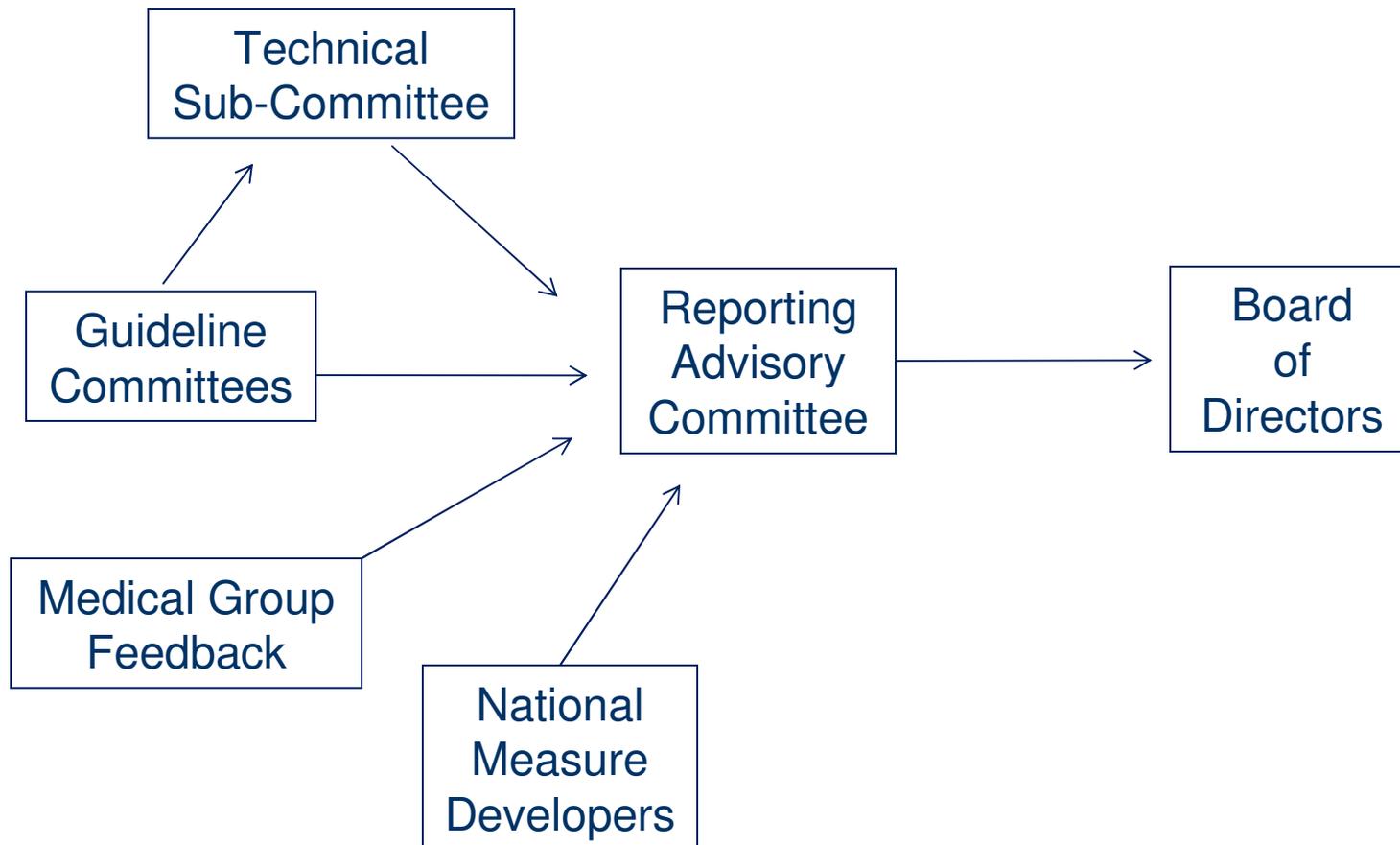
Existing Measures

- Optimal Diabetes Care
- Optimal Vascular Care
- Controlling High Blood Pressure
- Use of Appropriate Meds for Asthma
- Appropriate Tx for Children with URI
- Appropriate Testing of Children with Pharyngitis
- Breast Cancer Screening

Existing Measures

- Cervical Cancer
- Colorectal Cancer Screening
- Cancer Screening Combined
- Chlamydia Screening
- Childhood Immunizations

Existing Measures

- Optimal Diabetes Care (the percentage of patients with diabetes (Types 1 and 2) ages 18-75 who reached all five treatment goals
    - HbA1c <7
    - Blood Pressure <130/80
    - LDL <100
    - Daily Aspirin Use
    - Documented Tobacco Free

Existing Measures

- Optimal Vascular Care (the percentage of patients with vascular disease ages 18-75 who reached all four treatment goals:
  - Blood Pressure < 130/80
  - LDL <100
  - Daily Aspirin Use
  - Documented Tobacco Free

Existing Measures

- Controlling High Blood Pressure (percentage of patients ages 18-85 with Dx of HTN whose BP was controlled at <140/90)

- Use of Appropriate Meds for Asthma (percentage of patients ages 5-56 with persistent asthma who were appropriately prescribed medication)

Existing Measures

- Appropriate Tx for Children with URI (percentage of children ages three months to 18 years with Dx of URI who were <u>not</u> given antibiotic within three days of episode)

- Appropriate Testing of Children with Pharyngitis (percentage of children ages 2-18 years with sore throats who were given an antibiotic and a group A strep test for episode period)

Existing Measures

- Breast Cancer Screening (percentage of women ages 52-69 who had mammogram in past 2 years)

- Cervical Cancer Screening (percentage of women ages 24-64 who received one or more Pap tests in past 3 years)

- Colorectal Cancer Screening (percentage of adults ages 51-80 who had appropriate colorectal cancer screenings)

Existing Measures

- Cancer Screening Combined (percentage of adults ages 51-80 who received appropriate cancer screening services (breast, cervical, colorectal)
- Chlamydia Screening (percentage of sexually active women ages 16-25 who had at least one test for chlamydia infection)
- Childhood Immunization (percentage of children two years of age who had appropriate shots by second birthday)

Methods of Data Collection

- Health Plan Administrative Data
- Health Plan Hybrid Data – claims data and sample of medical record data
- Direct Data Submission
- Patient Surveys

Depression Measure – Primary Care

- Six Month Remission Rate (PHQ-9 score <5 at six months)
  - Outcome measure demonstrating improved mental health for patients with depression
- Use of the PHQ-9 Tool (patient has a PHQ-9 done at least once during the time frame)
  - Process measure to track use of new tool used for diagnosis, treatment and monitoring depression care
- Collected through Direct Data Submission

Depression Measure – Behavioral Health Specialists:

- Includes patients with primary depression Dx
- Six Month Remission Rate (PHQ-9 score <5 at six months)
  - Outcome measure demonstrating improved mental health for patients with depression
- Use of the PHQ-9 Tool (patient has a PHQ-9 done at least once during the time frame)
  - Historically these specialists are less likely to use this tool than primary care
- Collected through Direct Data Submission

Health Information Technology:

- Self-reported medical group survey assessing their use of HIT
- As stated in IOM report, the use of IS has potential to improve each of the 6 aims of the health care system by helping clinicians manage large amounts of clinical information
- Report available in mid 2009

Patient Experience:

- Using national CG-CAHPS survey; four domains:
  - Getting Appointments & Health Care When Needed
  - How Well Doctors Communicate
  - Courteous and Helpful Office Staff
  - Overall Rating
- Opportunity to report measures that support another IOM aim – Patient-Centeredness
- Surveys administered by medical groups (vendors) using MNCM specifications
- First pilot report in early 2009

Lead Screening:

- The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday
- Relevance to MN Health Care Programs
- Medical group performance variation exists
- HEDIS hybrid method measure collected by health plans

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis:

- The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were <u>not</u> dispensed an antibiotic prescription

- An overuse measure – a higher rate indicates appropriate treatment of adults with bronchitis (i.e., the proportion for whom antibiotics were not dispensed)

- HEDIS administrative method measure collected by health plans

Future Measure Development

- Ongoing Advisory Committee Process
- Inventory Review
- Public input process
- National Priority Partners

Questions or Comments

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