



**Public Forum**  
**June 21, 2011**



**STATEWIDE QUALITY REPORTING AND  
MEASUREMENT SYSTEM**

**2012 QUALITY MEASURE RECOMMENDATIONS  
AND  
2013 NEW MEASURE CONCEPTS**

# 2012 Quality Measure Recommendations



## **PHYSICIAN CLINICS**

# Optimal Vascular Care Composite (Revised 2011)



- Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)
- **Blood pressure control (less than 140/90 mm Hg)**
- Daily aspirin use or contraindication to aspirin
- Documented tobacco free
- Eligible Providers: Family Medicine; Internal Medicine; Geriatric Medicine; Cardiology
- Adults age 18-75

# Optimal Diabetes Care Composite



- HbA1c (less than 8 percent)
- Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)
- Blood pressure control (less than 140/90 mm Hg)
- Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin)
- Documented tobacco free
- Eligible Providers: Family Medicine; Internal Medicine; Geriatric Medicine; Endocrinology
- Adults age 18-75

# Depression Remission at 6 Months



- Patients with major depression or dysthymia and an initial PHQ-9 score  $>$  nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.
- Eligible Providers reporting in 2011 and thereafter: Family Medicine; Internal Medicine; Geriatric Medicine; Psychiatry; and Licensed Behavioral Health (regardless of physician on site)
- Adults age 18 and older

# Optimal Asthma Care



- Asthma is well controlled (asthma control tool/test results indicate control)
- Patient is not at risk for future exacerbations (patient reports less than two total emergency department visits and hospitalizations during previous 12 months)
- Patient has been educated about asthma and has a current written asthma management plan containing information on medication doses and effects, what to do during an exacerbation, and information on the patient's triggers (written/reviewed within the measurement period)
- Eligible Providers: Family Medicine; Internal Medicine; General Practice; Pediatrics; Allergy/Immunology; Pulmonology
- Patients age 5-50

# Colorectal Cancer Screening



- Patient is current with colorectal cancer screening (allowable screens: colonoscopy within 10 years, sigmoidoscopy within 5 years, FOBT or FIT within the reporting period)
- Eligible Providers: Family Medicine; Internal Medicine; Geriatric Medicine; Obstetrics/Gynecology
- Adults age 50-75

# Health Information Technology Survey



- Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services
- Eligible Providers: All Specialties
- Collecting February 15 through March 15, 2012, on current HIT status
- 2011 survey results will be released later this summer



# Patient Experience of Care



- **Survey Topics Cover:**
  - Getting care when needed / access to care
  - Communication
  - Helpfulness of office staff
  - Doctors with an exceptional rating
- **Eligible Providers: all specialties except Psychiatry**
- **All patients ages 18 and older with face to face visit at the clinic during the timeframe**
- **Clinic sites with fewer than 625 unique patients visiting the clinic during 9/1/11 through 11/30/11 are not required to submit survey results**
- **Measure will be required every other year**

# Optimal Maternity Care



- **Percentage of cesarean deliveries for first births**
  - Collecting July 1, 2012 on dates of service: July 1, 2011 – June 30, 2012
- **Percentage of electively induced deliveries between 37 and 39 weeks gestational age**
  - Collecting July 1, 2013 on dates of service: July 1, 2012– June 30, 2013
- **Eligible Providers: Family Medicine; Internal Medicine; Obstetrics/Gynecology; Perinatology**
- **Cesarean: All live, singleton deliveries to nulliparous women performed by a medical clinic site, including all cesarean and all vaginal deliveries**
- **Induction: All live, singleton deliveries to women between  $\geq 37$  and  $< 39$  weeks completed gestational age. All cesarean and all vaginal deliveries**

# Total Knee Replacement



- Average post-operative functional status improvement at one year post-operatively measured by the Oxford Knee Score tool
- Average post-operative quality of life improvement at one year post-operatively measured using the EQ-5D tool
- Eligible Providers: Orthopedic Surgery
- Collecting April 1, 2014 on dates of service: January 1, 2012 through December 31, 2012
- Adult patients age 18 and older with no upper age limit undergoing a primary total knee replacement or a revision total knee replacement during the required dates of service

# 2012 Quality Measure Recommendations



## **AMBULATORY SURGERY CENTERS**

# Prophylactic Intravenous (IV) Antibiotic Timing



- **Numerator:** Number of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time (within one hour prior to the time of the initial surgical incision or the beginning of the procedure or two hours prior if vancomycin or fluoroquinolones are administered)
- **Denominator:** All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection

# Hospital Transfer/Admission



- **Numerator:** (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC
- **Denominator:** All ASC admissions

# Appropriate Surgical Site Hair Removal



- **Numerator:** ASC admissions with surgical site hair removal with clippers or depilatory cream
- **Denominator:** All ASC admissions with surgical site hair removal

# 2013 New Measure Concepts



**PREVENTIVE PEDIATRIC CARE**

**HOSPITAL READMISSION AND  
POTENTIALLY AVOIDABLE  
ADMISSIONS**



# Pediatric Preventive Care



- **MN Community Measurement will investigate adoption or creation of a new pediatric preventive care measure or group of measures for development.**
- **Considerations:**
  - Mental health, obesity and immunization
  - If review, evaluation, selection and/or development of an ambulatory clinic specific measure to assess pediatric preventive care in Minnesota commences, there will be both existing data sources and existing measures and guidelines to use to help inform decision making

# Hospital Readmission and Potentially Avoidable Admissions



- **MN Community Measurement will investigate adoption or creation of new Hospital Readmission and Potentially Avoidable Admissions measures for development.**
- **Considerations:**
  - Inpatient 30 day readmission rate (all adult patients, all conditions)
  - Select clinical conditions as the index inpatient stay and then 30 day all cause readmission rate (e.g. heart failure)
  - Need to consider level of reporting: Hospital and/or Medical group if can be attributed to a provider (attending physician)
  - Recommendation to explore existence and feasibility of measures for potentially avoidable admissions



# Questions



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***THE MISSION OF MN COMMUNITY MEASUREMENT IS TO  
ACCELERATE THE IMPROVEMENT OF HEALTH BY PUBLICLY  
REPORTING HEALTH CARE INFORMATION.***

# 2012 Quality Measure Recommendations



**HOSPITALS**