



2014 Quality Measure Recommendations

Statewide Quality Reporting and Measurement System (SQRMS)

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MNCM Background

- Collaboration started in 2002
- Became separate 501(c)3 entity in 2005
- Our mission is to accelerate the improvement of health by publicly reporting health care information
 - Provide credible, statewide performance data on quality, cost and patient experience
 - Build a robust, extensive set of measures through our multi-stakeholder process
 - Fulfill our vision of public reporting both through our annual [Health Care Quality and Disparities reports](#), as well as through [MNHealthscores.org](#)
- Collaborative effort of providers, hospitals, purchasers, consumers and health plans



Background *continued*

- In 2008, MDH contracted with MNMCM to assist with implementing SQRMS
- MNMCM subcontracts with the Minnesota Medical Association, Minnesota Hospital Association, Stratis Health, and the University of Minnesota to assist with key activities
- Specifically MNMCM (1) facilitates data collection and management of information (2) conducts environmental assessments to identify new areas of measurement; (3) reviews existing measures and the development of new measures (4) develops annually for the state's consideration recommendations of the uniform set of quality measures

2014 Quality Measure Recommendations

Physician Clinics

2014 Measures Recommendation Process

- March – Data elements as risk adjusters for each quality measure; data elements incorporated into the preliminary slate of measures
- April – Preliminary slate of measures (clinics and ASCs); evaluation of existing measures and measure specifications incorporated
- March - May – Stratis convened the Hospital Quality Reporting Steering Committee for hospital recommendations
- Late April - May – Public commentary convened by MDH for the preliminary slate of measures
- June – Final slate of measures (clinics, ASCs, and hospitals); incorporates public comments obtained by MDH
- Late June – MDH Public Forum

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; General Practice; Internal Medicine; Geriatric Medicine; Endocrinology
- Adults ages 18-75

Optimal Vascular Care Composite

- 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; General Practice; Internal Medicine; Geriatric Medicine; Cardiology
- Adults ages 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: Family Medicine; General Practice; Internal Medicine; Geriatric Medicine; Psychiatry; and Licensed Behavioral Health (if a physician on site)
- Adults ages 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; General Practice; Internal Medicine; Pediatrics; Allergy/Immunology; Pulmonology
- Patients ages 5-17; patients ages 18-50

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; General Practice; Internal Medicine; Geriatric Medicine; Obstetrics/Gynecology
- Adults ages 50-75

Maternity Care- Primary C-Section Rate

- Percentage of cesarean deliveries for first births
- Eligible Providers: Family Medicine; General Practice; Obstetrics/Gynecology; Perinatology
- Cesarean: All live, singleton, vertex, term (≥ 37 weeks gestation) deliveries to nulliparous women performed by a medical clinic site, including all cesarean and all vaginal deliveries
- All clinics part of a medical group in which the medical group has providers who perform C-sections

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 procedure: January 1, 2012 through December 31, 2012
- Adult patients ages 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 procedure

Spine Surgery

- Average postoperative functional status as measured by the
 - Oswestry Disability Index (low back)
 - EQ5D (overall health status)
 - VAS visual analog pain scale
- Discectomy/Laminotomy population assessed at three months postop
- Lumbar fusion population assessed at one year postop
- Eligible Providers: Orthopedic Surgery, Neurosurgery
- Collecting April 1, 2015 on dates of procedure: January 1, 2013 through December 31, 2013
- Adult patients ages 18 and older with no upper age limit undergoing a lumbar discectomy/ laminotomy or a lumbar spinal fusion (any level of lumbar spinal fusion) during the required dates of procedure

Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening

- Patient has a mental health and/or depression screening documented in medical record
- Eligible Providers: Family Medicine; General Practice; Internal Medicine; Pediatric/Adolescent Medicine
- Patients ages 12-17
- Collecting January 1, 2015 on dates of service: January 1, 2014 through December 31, 2014
- Clinics that provide well-child visit services
- Pilot testing: dates of service July 1, 2013 through September 30, 2013

Pediatric Preventive Care: Obesity/BMI Counseling

- Patient has a BMI assessment documented in medical record
- Patient with a BMI percentile >85% has documentation of both physical activity and nutrition discussion, counseling or referral documented in the medical record
- Eligible Providers: Family Medicine; General Practice; Internal Medicine; Pediatric/Adolescent Medicine
- Patients ages 3-17
- Collecting January 1, 2015 on dates of service: January 1, 2014 through December 31, 2014
- Clinics that provide well-child visit services
- Pilot testing: dates of service July 1, 2013 through September 30, 2013

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, 2014, on current HIT status

Patient Experience of Care

- Survey Topics Cover:
 - Getting care when needed / access to care
 - Provider Communication
 - Helpfulness of office staff
 - Doctors with an exceptional rating
- CG-CAHPS 12-Month Survey
- Eligible Providers: all specialties except Psychiatry
- All patients aged 18 and older with a face to face visit at the clinic during the timeframe
- Sample should be sufficient to achieve a 0.70 reliability threshold; sample size calculation based on provider-scaling/clinic size according to CAHPS protocol
- Collecting April 2015 on dates of service for surveying: September 1, 2014 through November 30, 2014

Patient Experience of Care *continued*

- CG-CAHPS 12-Month Survey vs. Visit Survey
 - Number of questions
 - Timeframe by domain
 - Response rates
 - Cost
- Aligned with external reporting requirements
 - Basic platform for requirements for programs under CMS: ACO, PQRS; medical homes, NCQA, A4FQ markets, HRSA looks at the Patient Centered Medical Home (PCMH) tool.
 - The PCMH tool includes the core 12-Month Survey, but then has about 18 additional questions specific to medical homes and care coordination.
- Survey is applicable to all practices statewide

2014 Quality Measure Recommendations

Ambulatory Surgical 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
- American Society of Anesthesiologists (ASA) Physical Status classification categories:
 - Physical Status-1
 - Physical Status-2
 - Physical Status 3

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

Measure Development

New Measure Concepts

- Gap analysis of current portfolio of measures
- Identify alignment with national initiatives
- Solicit community input
- Select next areas of focus for future measurement



Questions

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Hospitals