

Leveraging HIT and Health Information Network to Support Performance Measurement and Reporting

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- Physician clinical performance measures
- Integration of measures into electronic health record systems (EHRs)
 - Perspective of a measure developer



Physician Consortium for Performance Improvement

Membership

- ~90 national medical specialty and state medical society physician representatives
- Medical Board representatives
- Experts in methodology and data collection
- AHRQ, CMS
- Consultants
- NCQA / JCAHO liaison
- Convened and staffed by AMA





National Recognition of Physician / Consortium Measures

National Quality Forum-endorsed™

24 Consortium measures were endorsed by
NQF

Ambulatory Care Quality Alliance

Consortium measures included in the starter set

CMS DOQ-IT

Consortium measures included in CMS project

American Board of Internal Medicine

PIMs for Maintenance of Certification



Target: Assist Physicians in Obtaining

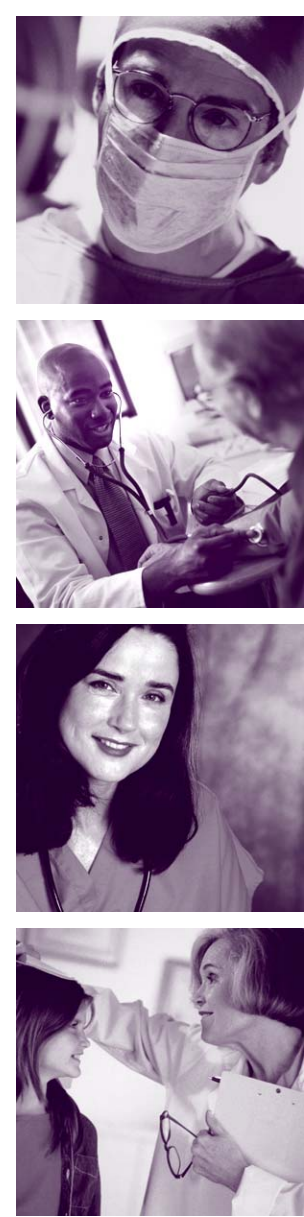
- Individual patient data at the point-of-care to facilitate quality improvement
- Aggregate data for practice-wide analysis
- De-identified aggregate patient data exported to outside stakeholders for multiple purposes





Our mantra

Physicians: Know your data, own your data, use your data



Example: Measures for Chronic Stable Coronary Artery Disease

MEASURE

Percentage of patients with CAD who were prescribed antiplatelet therapy

Numerator: Patients who were prescribed antiplatelet therapy

Denominator: All patients with CAD

Denominator Exclusion: Documentation of medical reason(s) for not prescribing antiplatelet therapy; documentation for patient reason(s) for not prescribing antiplatelet therapy



As a measure developer, we provide specifications:

Patient Selection:

- At least 2 face-to-face office visits (CPT® codes)
- 18 years or older
- Diagnosed with CAD (ICD-9 codes)

On the EHR side:

- Where are the data found?
- Can the data be queried?

On the physician side:

- Are the data entered?
- Are data kept current?



Example: Anti-Platelet Therapy (CAD)

RECOMMENDATION

Routine use of aspirin is recommended in the absence of contraindications. If contraindications exist, other antiplatelet therapies may be substituted. *

(Class I Recommendation, Level-A Evidence)

*ACC / AHA / ACP-ASIM Guideline for Management of Patients with Chronic Stable Coronary Artery Disease, 1999

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Example: Anti-Platelet Therapy (CAD) Data Elements

- Anti-platelet drug
- Exclusions
 - Medical reasons
 - Patient reasons

Our testing efforts (4 Grants)

I. Tipping Point / AHRQ funded

- CAD, HF Measures
- Midwest Heart Specialists
 - Michael O'Toole, MD
- Northwestern Medical Faculty Foundation
 - David Baker, MD
 - Steve Persell, MD

→ validity of data

Testing efforts (continued)

2. Cardio-HIT / Physicians' Foundation for Health System Excellence

5 different EHRs tested at:

- Midwest Heart Specialists
- Northwestern Medical Faculty Foundation
- Physicians Health Alliance
- Northern Ohio Heart Center
- Southeast Texas Medical Associates
- University of Pittsburgh Medical Center

→ Data retrieval, measure calculation, data exporting

Questions to be answered

- Start date for capturing patients?
- What file format for exporting data?
- Which data elements to export?
- How often to send data?

Testing efforts (continued)

3. EQUIP / AHRQ funded

Alliance of Chicago Community Health Centers

23 Community health centers in Chicago

- Fred Rachman, MD

→ Integration of measures before EHR rollout

Testing efforts (continued)

4. ADVANCE / Commonwealth Fund, RWJ

- Romana Hasnain Wynia, PhD

→ Link data on race, ethnicity, primary language, acculturation, health literacy, socioeconomic status with data on clinical performance measures

Leverage

EHR Vendors



Providers

Measure
Developers



Contact Information

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Physician Consortium for Performance Improvement

Measures and specifications

www.physicianconsortium.org

