The Union of Performance Measures and Information Technology

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The Holy Grail
for ambulatory care

1. Data at the point of care to facilitate quality improvement

2. Data exported to outside stakeholders (eg, health plans, employers)

We have charted a course

❖ Information technology integrated with standardized, evidence-based performance measures

Two Ingredients

measures

Information technology

1. Clinical performance measures we all agree on

2. Performance measures that are integrated into IT, specifically electronic health record systems (EHRS)

First ingredient

measures

Physician Consortium for Performance Improvement
Physician Performance Measurement Sets

- Adult Diabetes[1]
- Asthma
- Chronic Stable Coronary Artery Disease[2]
- Heart Failure[2]
- Hypertension[2]
- Major Depressive Disorder
- Osteoarthritis of the Knee[3]
- Prenatal Testing
- Preventive Care and Screening

1 subset of Alliance   2 with ACC & AHA   3 with AAOS

Hallmarks of Consortium Measures

❖ **Evidence-based methodology**

❖ **Cross-specialty representation**

❖ **Solicitation of public comments**

❖ **Dual function of products (measurement tools & interventions)**

❖ **Enhanced relevance to clinical practice (eg, medical & patient reasons for not prescribing X)**

Enhanced relevance to clinical practice

Well-designed measures: the need for exclusions

❖**Avoid "pitfalls"**

> In order for performance measures to be scientifically and clinically meaningful, they need to be applied to a more narrowly defined population than guidelines; measures must account for patient preference and clinical judgment.

> - Walter, et al. JAMA 2004;291(20):2466-2470

❖**Avoid "inappropriate" care**

> Family practitioners may exclude patients from both the numerator and denominator if patients meet one of following criteria: newly diagnosed condition, pt declines intervention, treatment, allergy, terminal illness, etc.

> *- Roland M, NEJM 2004;351(14):1448-1454*

National Recognition and Alignment
of Consortium measures

CMS Initiatives

Doctors' Office Quality Project

Doctors' Office Quality-Information Technology Project

National Quality Forum

Expedited review for ambulatory care project

Bureau of Primary Healthcare

AMA is working with BPHC to align Consortium measures with measures for Health Disparities Collaboratives

Second Ingredient

Information technology

How do we integrate these standardized performance measures into EHRS?

?

Early integration attempts

❖ Started with one office – <u>retrofitted system</u>
- 6 months
- $50,000

❖ Successfully retrofitted a few large practices

❖ Soon realized need to involve EHRS vendors at the <u>front end</u>

Three Examples

1. ## CMS Initiatives
   - **-** DOQ-IT - CMS and AMA Vendor Specifications
   - - www.doqit.org

2. ## EQUIP Project*
   - Alliance of Chicago Community Health Services
   - Network of 23 federally-qualified community health centers in Chicago

3. ## Testing data integrity*
   - Midwest Heart Specialists
   - Northwestern Medical Faculty Foundation

Measure Example

Heart Failure Measurement Set (β-blocker use)

❖ *Measure:* **Percentage of heart failure patients who were prescribed beta-blocker therapy**

   Denominator = All heart failure patients with LVEF < 40% or with
                       moderately or severely depressed left ventricular
                       systolic function

   Numerator =   Patients who were prescribed beta-blocker therapy

❖ *Denominator exclusions:*

   Documentation of medical reason(s) for not prescribing beta-blocker
   Documentation of patient reason(s) for not prescribing beta-blocker

Technical Specifications
eg, HF Beta-blocker measure

Denominator Inclusions

All patients with a documented diagnosis of heart failure, patient is 18 years or older at the beginning of the measurement period and who also have LVSD (defined as ejection fraction < 40% - use most recent value)

TOPIC_EVALUATION_CODES Table lists applicable ICD-9 (I9) and CPT (C4) codes for inclusion:

PATIENT DX CODE (I9)	HF LVF ASSESS CODE (C4)
398.91, 402.01, 402.11, 402.91	78414, 78468, 78472, 78473,
404.01, 404.03, 404.11, 404.13	78480, 78481, 78483, 78494,
404.91, 404.93, 428.0, 428.1,	93303, 93304, 93307, 93308,
428.20-428.23, 428.30-428.33,	93312, 93314, 93315, 93317,
428.40-428.43, 428.9	93350, 93543, 93555

Note: SNOMED CT and LOINC are being reviewed to identify applicable codes.

Include in the Denominator where:
    TOPIC_TYPE = 'HF'
AND
    TOPIC_INDICATOR = '6'
AND
    (PATIENT_DX_CODE_SYS and PATIENT_D
    on the TOPIC_EVALUATION_CODES Table)
AND
    YEAR (ENCOUNTER_DATE –
    BIRTHDATE) >=18
AND
    (HF_LVF_ASSESS_CODE_SYS and
    HF_LVF_ASSESS_CODE exist on the
    TOPIC_EVALUATION_CODES table)
AND
    (HF_LVF_RESULT_QUAN < 40%

Denominator inclusions

Technical Specifications
eg, HF Beta-blocker measure

Denominator Exclusions *(Exclusions only applied if the patient did not receive beta-blocker therapy)*

TOPIC_MEDICAL_EXCLUSION Table lists applicable ICD-9 (19) codes for medical reason exclusion:	Exclude from the denominator where:
	TOPIC_TYPE = "HF"
	AND
	TOPIC_INDICATOR = "6"
	AND
	((Patient's EXCLUSION_DX_CODE_SYS and EXCLUSION_DX_CODE exists on the TOPIC_MEDICAL_EXCLUSION Table)
	OR
	(((HF6_HEARTRATE1_CODE_SYS and HF6_HEARTRATE1_CODE exist on the TOPIC_EVALUATION_CODES table) AND HF6_HEARTRATE1_DATE is within MEASUREMENT_DATE_RANGE AND HF6_HEARTRATE1_RESULT < 50) AND ((HF6_HEARTRATE2_CODE_SYS and HF6_HEARTRATE2_CODE exist on the TOPIC_EVALUATION_CODES table) AND HF6_HEARTRATE2_DATE is within MEASUREMENT_DATE_RANGE AND HF6_HEARTRATE2_RESULT < 50))))

EXCLUSION DX CODE (19)

EXCLUSION DX CODE (19)
493.xx, 458.xx, 426.0, 426.12,
426.13, 426.2, 426.3, 426.4, 426.51,
426.52, 426.53, 426.54, 426.7, 427.81,
427.89, 337.0, 491.20, 491.21, 492.0,
492.8, 496, 518.2, 506.4, V45.01

Note: SNOMED CT and LOINC are being reviewed to identify applicable codes. (In particular – Class IV heart failure)

OR

Any visit where - Excluded for Patient Reasons	Exclude from the denominator where: Patient's PATIENT_REASON_CODE IS NOT NULL

OR

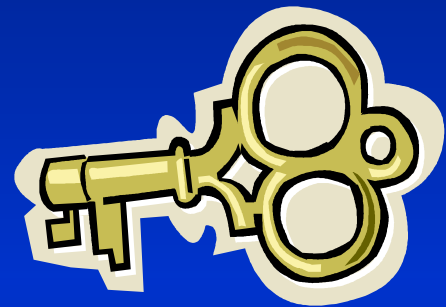| Physician reasons for exclusion (User Defined):	Exclude from the denominator where: Patient's PHYSICIAN_REASON IS NOT NULL

Denominator exclusions

Keys

1. Common, standardized measures
2. Identical measure specifications
3. Consistent EHRS functionality

Same system, same data to meet needs of both efforts

Your feedback is welcome

www.ama-assn.org/go/quality

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