

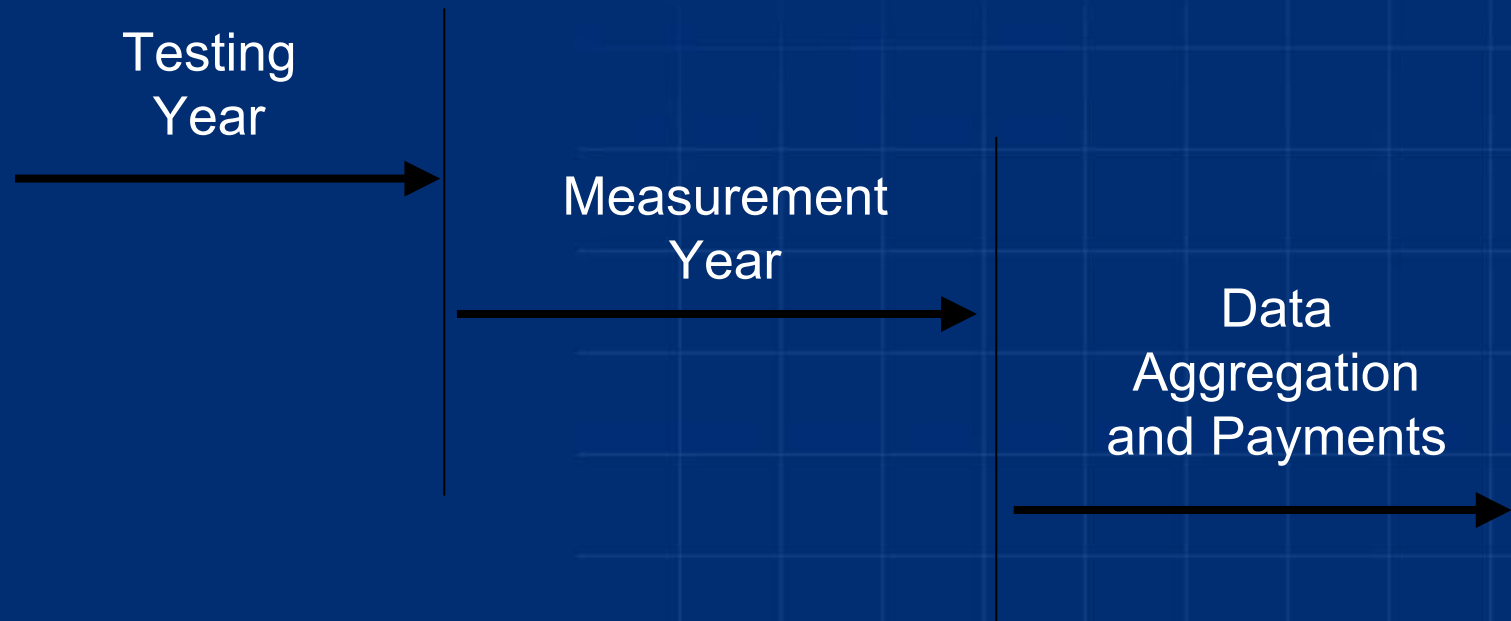
# *Performance Measurement Sets*

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# *Measurement Core Objectives*

- Strategic selection of measures:
  - important to public health in California
  - within the control of physician groups
  - economical to collect (i.e., admin data only)
  - stable and meaningful to consumers
  - valid and evidence based
  - tested with physician group data before implementing

# *Pay for Performance: Timeline Cycle*



# *Measurement Core Objectives*

- Align what matters:
  - Align P4P with measures required by accreditation, HEDIS, public and private purchasers and regulators

# *Measurement Core Objectives*

- System reform:
  - Encourage system re-engineering over incremental improvement
  - Move from an individual disease management approach to cross-cutting measures
  - Reward better outcomes, customer service, structure and efficiency for greater change and consumer relevance

# *Measurement Core Objectives*

- Predictability and stability:
  - Phase in multiple part measures
  - Move from process toward outcomes
  - Leave each measure in the set for at least 3 years

## *Bottom Line*

- The measures must make sense to physicians
- If physicians don't believe a measure will improve quality, no amount of incentive payment will change behavior

*So many measures,  
yet so few “qualify” . . .*

- NQF
- AQA
- RAND
- HEDIS
- AMA

# *2006 Clinical Measures*

- Preventive Care
  - ✓ Breast Cancer Screening
  - ✓ Cervical Cancer Screening
  - ✓ Childhood Immunizations
  - ✓ Chlamydia screening
- Acute Care
  - ✓ Treatment for Children with Upper Respiratory Infection
- Chronic Disease Care
  - ✓ Appropriate Meds for Persons with Asthma
  - ✓ Diabetes: HbA1c Testing & Control
  - ✓ Cholesterol Management: LDL Screening & Control
  - ✓ Nephropathy Monitoring for Diabetics
  - ✓ Obesity Counseling

# *Clinical Measures*

- To-date, most measures have been:
  - HEDIS-based
  - Process measures
  - Primary Care
  - Underuse measures
- To align with core objectives, measure development focuses on:
  - Outcomes measures
  - Specialty measures
  - Overuse and misuse measures

# *2006 Patient Experience*

- Communication with doctor
- Overall ratings of care
- Care Coordination
- Specialty care
- Timely Access to care

# CAS Questions for Patient Experience Measures

Measures	Individual Questions Items from CAS 2005 (fielded by CCHRI)	Weighting
<ul style="list-style-type: none"> <li><b>Communication with doctor</b> (4 items from CAS)</li> </ul>	(Q8) How often did doctors or other health providers <u>listen carefully</u> to you? (Q9) How often did doctors or other health providers <u>explain things</u> in a way you could understand? (Q10) In the last 12 months, how often did doctors or other health providers treat you with <u>courtesy and respect</u> ? (Q11) How often did doctors or other health providers <u>spend enough time</u> with you?	10%
<ul style="list-style-type: none"> <li><b>Overall rating of care</b> (2 items from CAS)</li> </ul>	(Q23) Your rating of your <u>personal doctor</u> or nurse (0-10 scale)	5%
	(Q14) Your rating of <u>all health care</u> from providers (0-10 scale)	5%
<ul style="list-style-type: none"> <li><b>Specialty care</b> (2 items from CAS)</li> </ul>	(Q27) How much of a problem was it to see a specialist that you needed to see?	5%
	(Q32) Your <u>rating of the specialist</u> you saw most often (0-10 scale)	5%
<ul style="list-style-type: none"> <li><b>Timely care and service</b> (8 items from CAS)</li> </ul>	(Q2) How often did you get an <u>appointment</u> as soon as you wanted? (Q3) When you called during <u>regular office hours</u> , how often did you get the advice/help you needed? (Q4) When you needed <u>care right away</u> , how often did you get care as soon as you wanted? (Q25) When you needed <u>after hours care</u> , how often did you get the care/help you needed? (Q7) How often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?  In the last 12 months, when you needed care from your personal doctor or nurse, how often did you get care as soon as you wanted: (Q18) For <u>regular or routine care</u> (non-urgent care)? (Q19) For <u>care right away for a serious illness or injury</u> (urgent care)? (Q20) For a <u>preventive health exam</u> (such as a check-up, pap exam, cholesterol screening)?	10%

# *2006 Information Technology*

- Measure 1 - clinical data integration at group level (i.e. population mgmt.)
- Measure 2 - clinical decision support (point of care) to aid physicians during patient encounters

For full credit, demonstrate four activities, with at least two in Measure 2

# *IT Measure 1: Population Management*

- Patient registries
- Actionable report
- HEDIS results

## *IT Measure 2: Point of Care Technology*

- Accessing lab results electronically
- Producing electronically generated prescriptions
- Electronically checking drug-drug interactions
- Accessing clinical notes from other physicians or hospital electronically

## *IT Measure 2: Point of Care Technology*

- Receiving preventive or chronic care patient reminders
- Accessing clinical findings
- E-mailing messages, clinical data or referrals between PCPs, patients and/or specialists

# *2006 Bonus Opportunities*

- Individual Physician Feedback Program
- Improvement over previous year's performance

# *Measurement Domain Weighting*

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Clinical</b>	50%	40%	50%	50%
<b>Patient Experience</b>	40%	40%	30%	30%
<b>IT Investment</b>	10%	20%	20%	20%
<b>Individual Physician Feedback program</b>			10% “extra credit”	10% “extra credit”
<b>Improvement</b>				<b>X</b>

# *2006 Testing Measures*

- Testing = Specification essentially complete; testing data collection
  - Colorectal Screening
  - Misuse of Rescue Inhalers
  - Medicare Clinical Measures

# *2006 Development Measures*

- Development = Create or change specifications for testing in following year
  - Redesign of IT Domain to Systemness Domain
  - Depression Management in Primary Care
  - Overall Quality Score
  - Efficiency Domain