

Quality Measurement and Improvement at CMS

Stephen F. Jencks MD, MPH

Director, Quality Improvement Group

Centers for Medicare & Medicaid Services

August 23, 2004



HCQ↑P

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM



Vision for the Healthcare System

The right care for every person every time.

Mission

CMS Quality Improvement Programs

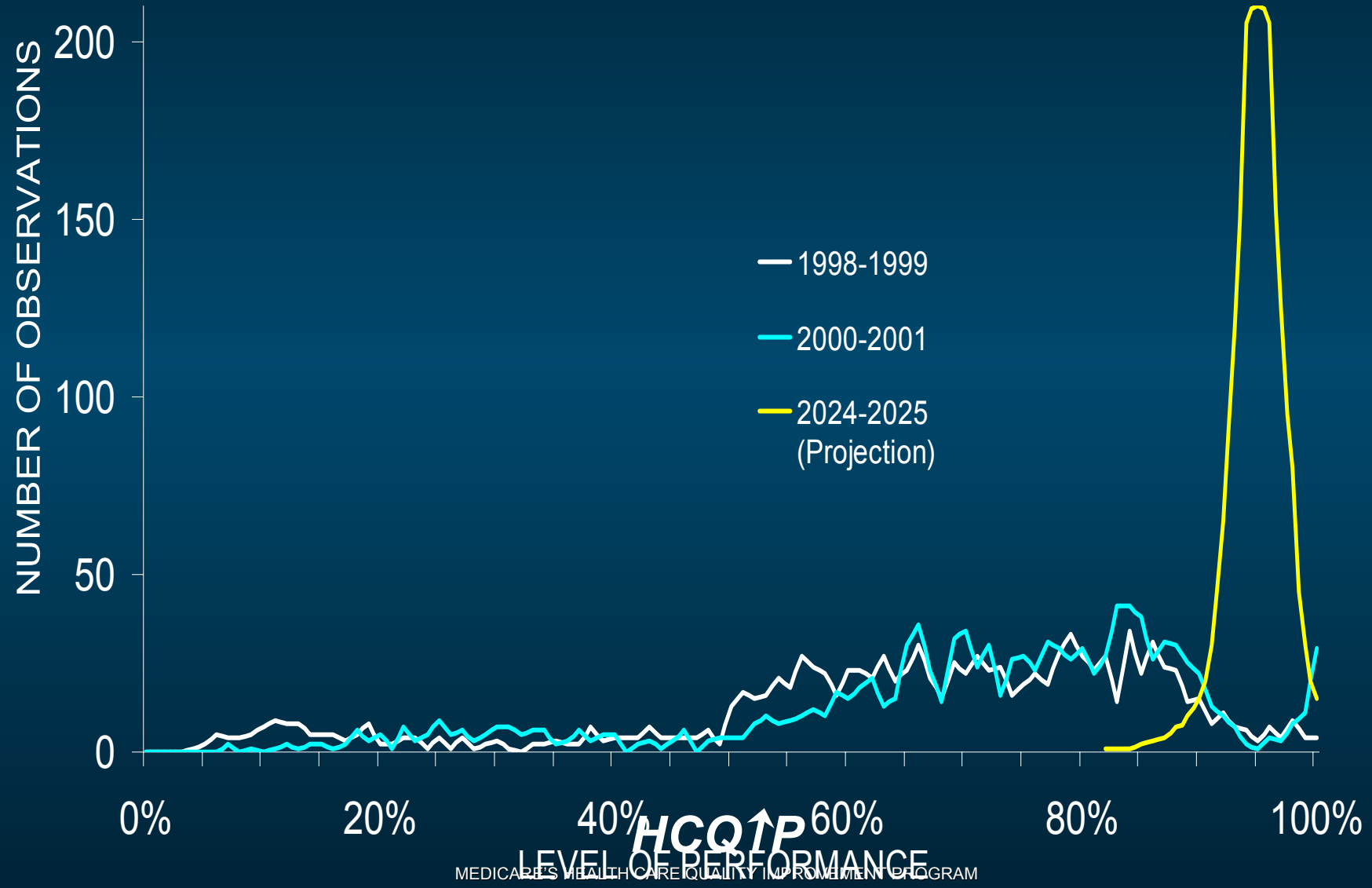
Accelerate the pace of healthcare quality improvement for CMS beneficiaries

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Pursuing Perfection in Medicare

Hospital and Office Care (all states, 24 measures)





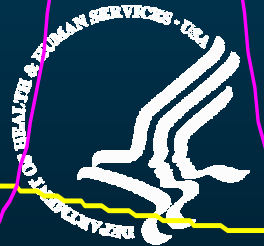
HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Improvement Strategies



HCQIP
MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM



Seven Key Strategies for Culture Change

- Raise expectations
- Foster transparency and defeat secrecy
- Support and create partnerships
- Promote better information systems
- Improve the workforce
- Shorten improvement cycles
- Spread successes

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Raise Expectations

- Healthcare has come to accept the current failure and injury rates.
- There is widespread feeling that little real change has occurred in patient safety since the IOM report *To Err is Human*.
- We are not very good at celebrating successes and creating an expectation of greater success.
- This is, above all, a challenge to leadership.

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Defeat Secrecy

The most important reason for public reporting is to undermine a culture of not knowing or of concealing what we know.

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Support and Create Partnerships

- Nobody, not even CMS, can do this alone.
- Partnerships are key to creating an environment for improvement
- Partners can overcome obstacles that individual organizations cannot.

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Promote Better Information Systems

- Medicine has become so complex that people can only practice safely and effectively with strong information systems support.
- CMS is promoting information systems by standardizing methods (e.g.: SNOMED), free tools, promoting implementation, and rewarding results.

Improve the Workforce

- Workforce adequacy, skills, and stability are keys to better care.
- Workforce stability contributes to adequate staffing and to fiscal stability.
- Work environment strongly influences workforce stability.

Shorten Improvement Cycles

- Improvement is real but the pace is far too slow.
- The length of the improvement cycle is one of the key determinants of the pace of change.
- The long cycles in CMS and other payers and purchasers contribute to long cycles in providers.

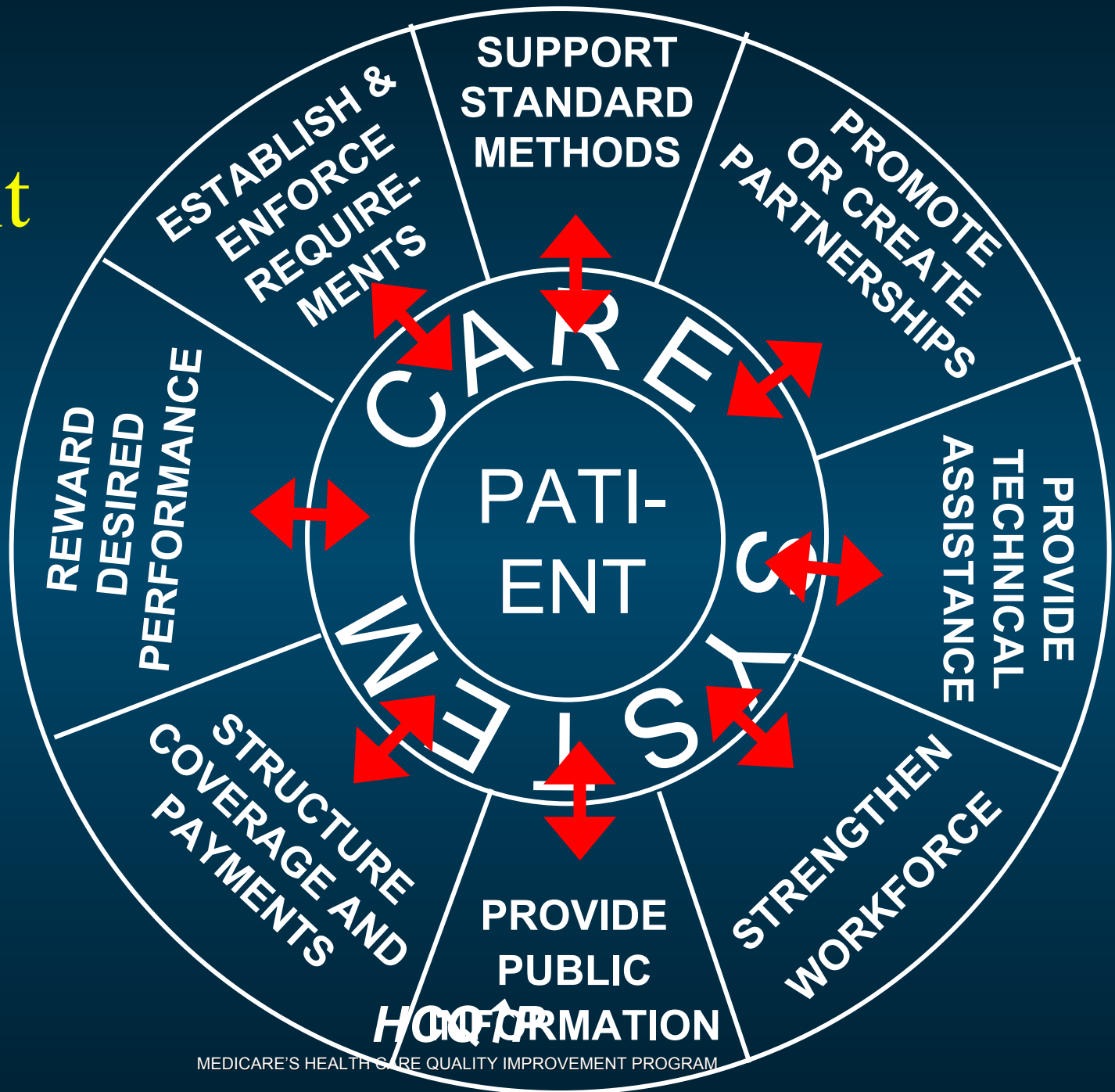
Spread Successes

- To transform the system we must spread successes from the few to the many.
- For example, today,
 - the most successful thousand nursing homes in the country are virtually restraint-free,
 - the most successful half of nursing homes have a collective restraint rate of about 2.5%.
- But the national rate remains above 8%.

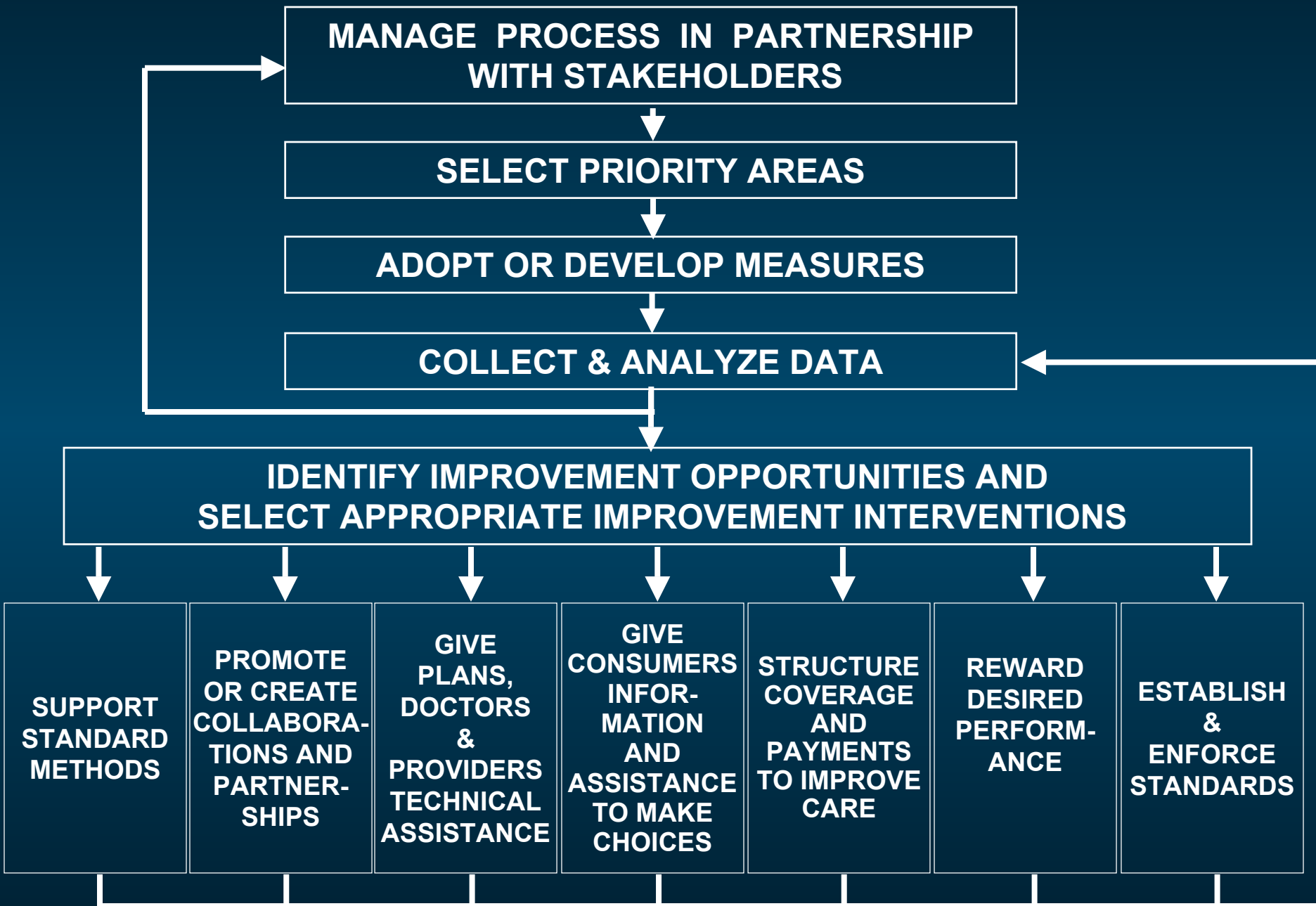
HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

The Toolkit



THE TOOLKIT WITHIN THE CMS SYSTEM



Standards

- Health Information Technology
- Clinical Guidelines
- Performance Measures
- Coverage and Payment procedures

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Partnerships

e-Health Partnerships

- Surgical Care Improvement Partnership
- Corporate Nursing Home Improvement Collaborative
- Fistula First
- National Quality Forum

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Technical Assistance

Quality Improvement Organizations



HCQIP
MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

The HCQIP logo features the acronym 'HCQIP' in a large, bold, sans-serif font. Below it, the full name 'MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM' is written in a smaller, all-caps sans-serif font. A yellow line with a jagged, mountain-like top edge runs horizontally across the logo.

Nursing Homes

Percent Decrease in Problem Rate

	Non- participant homes	Participant nursing homes	Participants selecting topic
Chronic Pain	-33.3%	-46.1%	-60.5%
Post-acute Pain	-9.3%	-16.9%	-26.1%
Physical Restraints	-17.6%	-28.5%	-68.3%
Pressure Ulcers	+3.3%	-1.1%	-7.8%

Physician Office

		<u>Percent decrease in failure rate</u>	
		Whole state	Participants
DIABETES	HgbA1c	20.5	29.1
	Lipid profile	29.8	36.4
	Eye exam	0.6	4.9
	Mammography	-0.3	2.3

Home Health

Percent Decrease in Failure Rate

	National	Participants	Participants selecting topic
Pain	5.5	6.5	12.8
Dyspnea	6.8	7.6	17.1
Oral meds	7.5	6.1	14.1
Emergent Care	-3.7	-5.3	-5.7
Acute hospitalization	1.1	1.7	1.5

Inpatient

Percent Decrease
in Failure Rate
1998-9 to 2000-1

HEART ATTACK

Aspirin at admission	6.1
Aspirin at discharge	6.6
Beta blockers at admission	13.9
Beta blockers at discharge	25.0

HRT FAIL

ACEI for ventricular dysfunction	10.3
Left Ventricular Assessment	14.3
ACEI for ventricular dysfunction	-3.3

PNEU

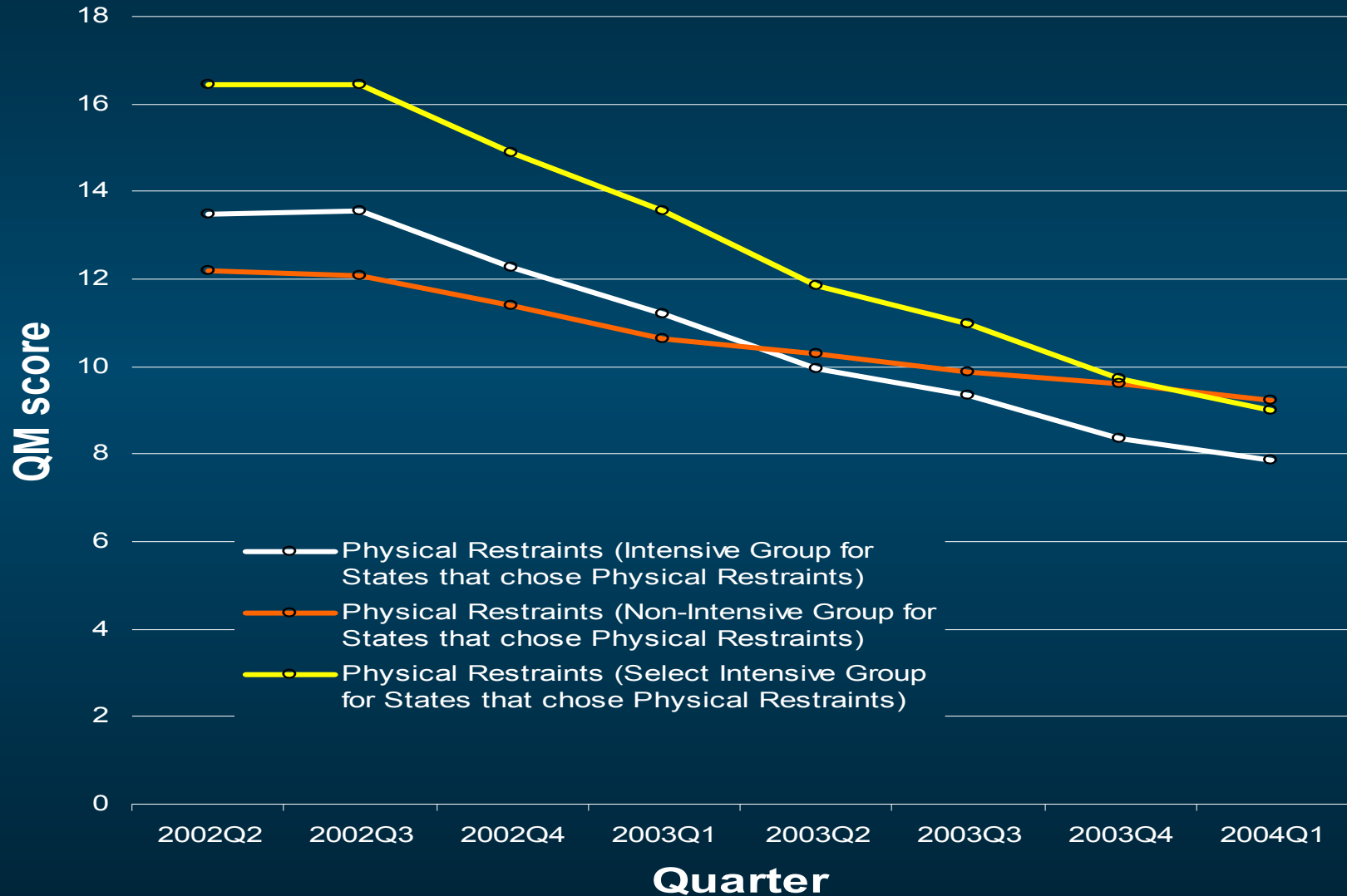
Timely antibiotics	13.3
Appropriate antibiotics	28.6

Customer Satisfaction

(“Satisfied” or “Very Satisfied”)

- Nursing homes (participating) 93%
- Nursing homes (not participating) 80%
- Home health (participating) 95%
- Home health (nonparticipating) 90%
- Hospitals (for quality improvement) 93%
- Hospitals (for public reporting) 86%
- Physicians (participating) 93%
- M+C organizations 95%

Restraints in Nursing Homes



Provide Performance Information

- Nursing Home, Home Health, Dialysis
Compare web sites.
- Hospital Voluntary Reporting Initiative and
Reporting Hospital Quality Data for Annual
Payment Update
- Public reporting under Premier
demonstration

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Coverage

- Welcome to Medicare Assessment Visit
- Chronic care improvement pilots

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Rewards

- Premier demo
- Chronic care improvement pilot
- Doctors Office Quality – Information Technology

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Enforcement

- Survey and certification of providers
- Carried out by States under contract to CMS and using CMS regulations and interpretative guidelines
- Largest impact on nursing homes but applies to all provider groups.
- Quite uneven enforcement across states.

Interstate Variation



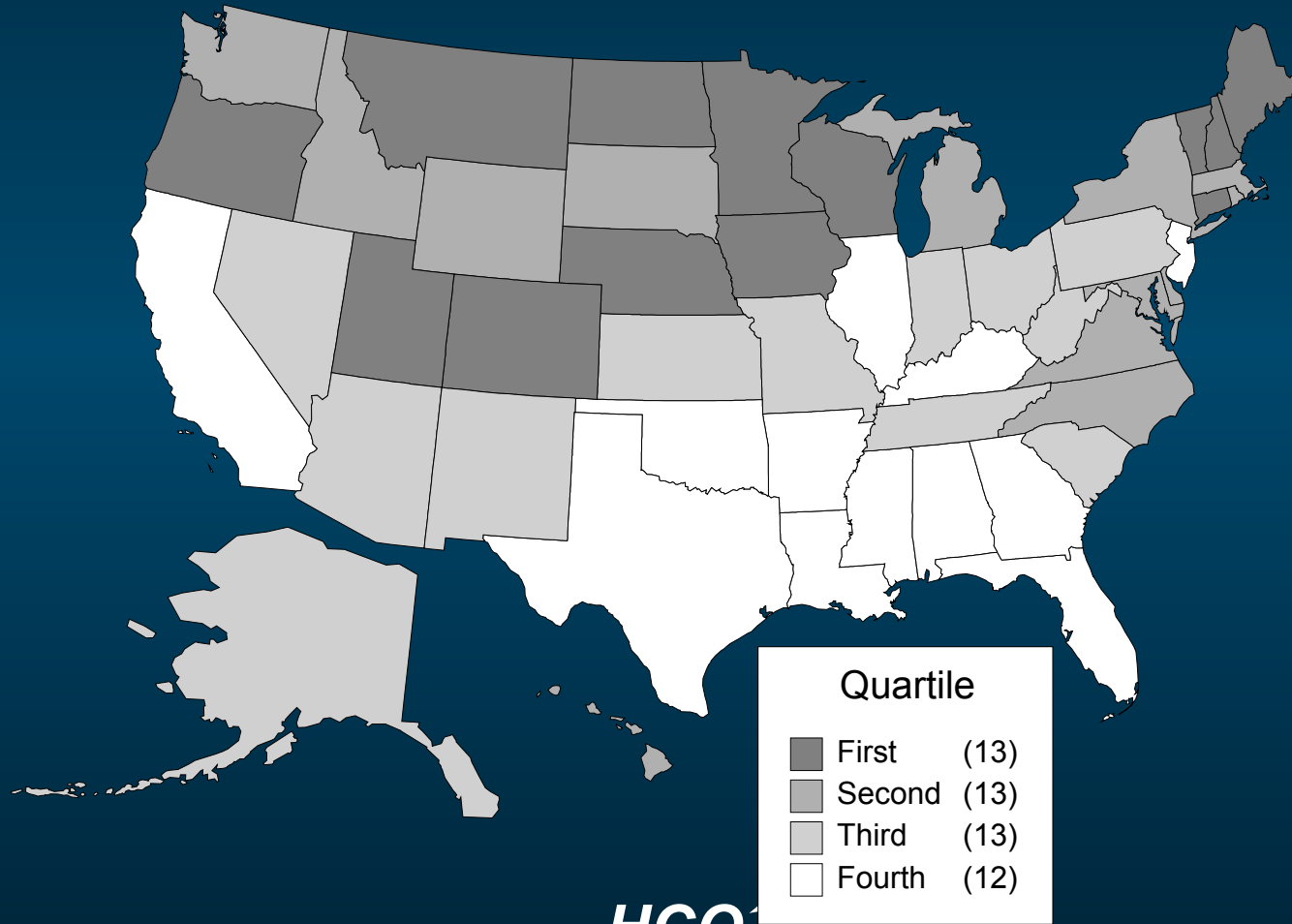
HCQIP
MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM



Eight Current Domains

Domain	Population	Sample
Ambulatory	FFS	State
clinical	M+C	Plan
Dialysis	FFS	Provider
Home health	FFS	Provider
Inpatient	FFS	State
Nursing home	FFS & M+C	Provider
Consumer	FFS	State
perception	M+C	Plan
Overall: sum of standardized scores		

Variation in Overall Quality



HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Are Ranks A Documentation Artifact?

Correlation of State Ranks

	Amb FFS	Amb M+C	Inpatient
Amb FFS	1.00	0.66	0.65
Amb M+C	0.66	1.00	0.45
Inpatient	0.65	0.45	1.00

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Predictors of Overall State-level Quality

- Single most powerful predictor of overall state quality is nursing supply, whether practicing (nursing census) or all (population census).
- Correlation of overall quality with nursing supply is 0.74 ($R^2=0.54$). Correlation with primary care physician supply and poverty and weaker and add little to predictions based on nursing supply.

HCQIP

MEDICARE'S HEALTH CARE QUALITY IMPROVEMENT PROGRAM

Leadership: Breakthrough Priorities

Integrated CMS effort on

- Vascular access in hemodialysis
- Restraints and pressure ulcers in nursing homes
- Prevention of surgical complications

Studying similar efforts for

- Increase adult immunizations in selected settings
- Stabilize workforce in hospitals and nursing homes
- Colon cancer screening