



# Measuring Physician Performance: Chronic Illness Care

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## NQF Mission

- To improve the quality of American healthcare by setting national priorities and goals for performance improvement,
- endorsing national consensus standards for measuring and publicly reporting on performance, and
- promoting the attainment of national goals through education and outreach programs.



# What is the NQF?

The National Quality Forum is a  
private, non-profit  
*voluntary consensus standards-*  
setting organization

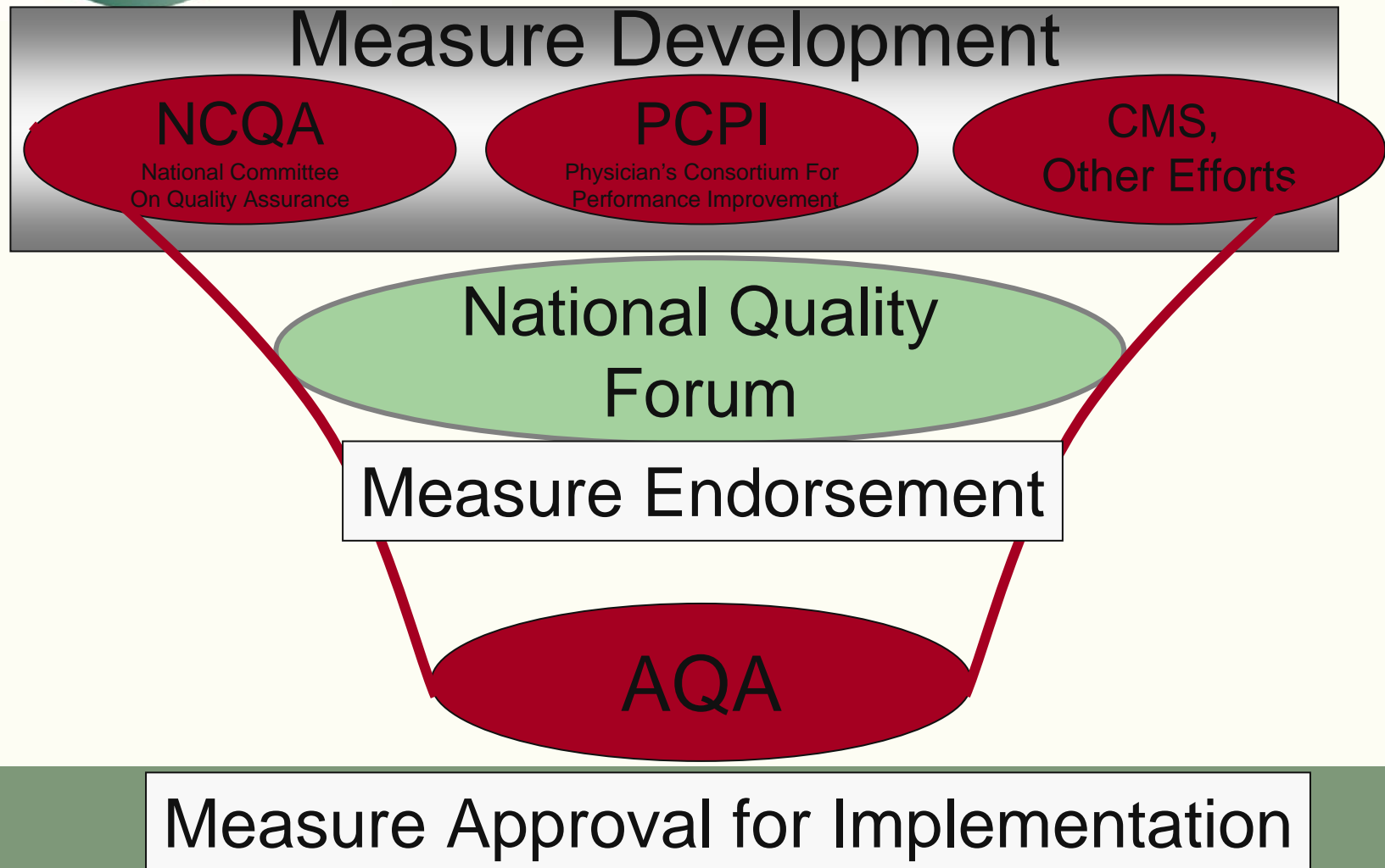


# *National Technology and Transfer Advancement of Act of 1995 (NTTAA)*

- Defines the five key attributes of a “voluntary consensus standards-setting body” (i.e., openness, balance of interest, due process, consensus, and an appeals process)
- Obligates federal government to adopt voluntary consensus standards (when the government is adopting standards)
- Encourages federal government to participate in setting voluntary consensus standards



# Where are we with quality measures?





# RWJ-Funded Ambulatory Care Project

- Phase 1 – established priority areas
- Phase 2 – expedited review of “physician-focused” measures
- Phase 3 – endorsed 86 measures in 10 priority areas
  - Ongoing work:
    - Specialty clinician measures
    - Patient experience with care
    - Special settings of care (e.g., ambulatory surgery)
    - Disparities
    - Composite measure development



# Ambulatory Project Scope

- **The NQF-consensus standards for ambulatory care encompass those that:**
  - are suitable for physician practice level accountability;
  - include performance of a multi-disciplinary team of healthcare providers for which the physician is ultimately accountable;
  - are derived from all data sources;
  - are fully developed and precisely specified; and
  - are fully open source
  - focus is on physician practice-level.



# Selection criteria for ambulatory measures

- Measures that address vulnerable populations
- Measures addressing all relevant populations
- Consideration of possible perverse incentives or unintended consequences
- Clarity and completeness of specifications
- Measures that have been pilot-tested/ in use
- Measures addressing high variation, including overuse and underuse



# Selection Principles

- Focus of the measures is primarily accountability, as a driver of quality improvement
- Focus should be on the unit of analysis, i.e., physician practice-level, rather than data source
- Measures should be feasible, scientifically accurate, and reflect an aspect of care substantially influenced by the physician practice



# Measure Evaluations

- Conducted on candidates that meet purpose, scope, prioritization, and selection criteria
- Each candidate assessed against established, uniform measure evaluation criteria:
  - ◆ Rationale
  - ◆ Importance
  - ◆ Specifications
  - ◆ Scientific acceptability
  - ◆ Usability
  - ◆ Feasibility
  - ◆ Comparison to “like” measures



# Chronic Illness Measures

- Asthma/respiratory illness
- Bone and joint disease (osteoarthritis, LBP)
- Diabetes mellitus
- Heart disease
- Hypertension
- Medication management
- Mental health and substance use disorders



# Chronic Illness Measures

- Obesity
- Prenatal care
- Immunization
- Prevention screening
- Tobacco cessation



# Endorsed Measures: Diabetes

- Data specifications available for electronic data or medical record review:
  - Eye exam
  - Foot exam
  - HbA1C testing
  - HbA1C management
  - BP management
  - Urine protein screening
  - Lipid profile



# Multiple Options: Tobacco Cessation

- Smoking cessation – medical assistance (NCQA – patient survey)
  - Advising smokers to quit
  - Discussing smoking cessation medications
  - Discussing smoking cessation strategies
- Measures pair (AMA-PCPI – using CPTII codes)
  - Tobacco use assessment
  - Tobacco cessation intervention



# Patient Experience of Care

- NQF member voting closes on June 25<sup>th</sup>
- Recommended to the membership:
  - A-CAHPS Clinician & Group Adult Primary Care
  - A-CAHPS Clinician & Group Adult Specialist Care
  - A-CAHPS Clinician & Group Pediatric Care
  - CAHPS Health Plan Survey v. 4.0H with NCQA supplemental questions
  - CAHPS Child Survey v. 3.0 Children with Chronic Conditions Supplemental Questions



# Primary Criteria: Disparities-Sensitive Measures

- **Prevalence**
  - Is this disease or condition among the most prevalent in the disparity population?
- **Impact of the condition**
  - Does the condition have a relatively high impact on the health of disparity population – e.g., mortality, QOL, stigma?
- **Impact of the quality process**
  - What proportion of the target population are likely to benefit from broader implementation of the targeted quality process?
- **Quality gap**
  - How large is the gap in quality between the disparity population and the benchmark populations?



# Secondary Criteria: Disparities-Sensitive Measures

- **Ease and feasibility of improving the quality process**
  - Any evidence that care can be improved for healthcare disparity populations, whether an intervention exists to reduce the disparity, and that gaps between different groups can be closed.
- **Low health literacy**
  - Any evidence that low literacy negatively affects health outcomes for that specific measure's leverage point.
- **Unintended or Adverse Consequences**
  - Example: measures that might penalize safety net providers based on factors that are beyond their control

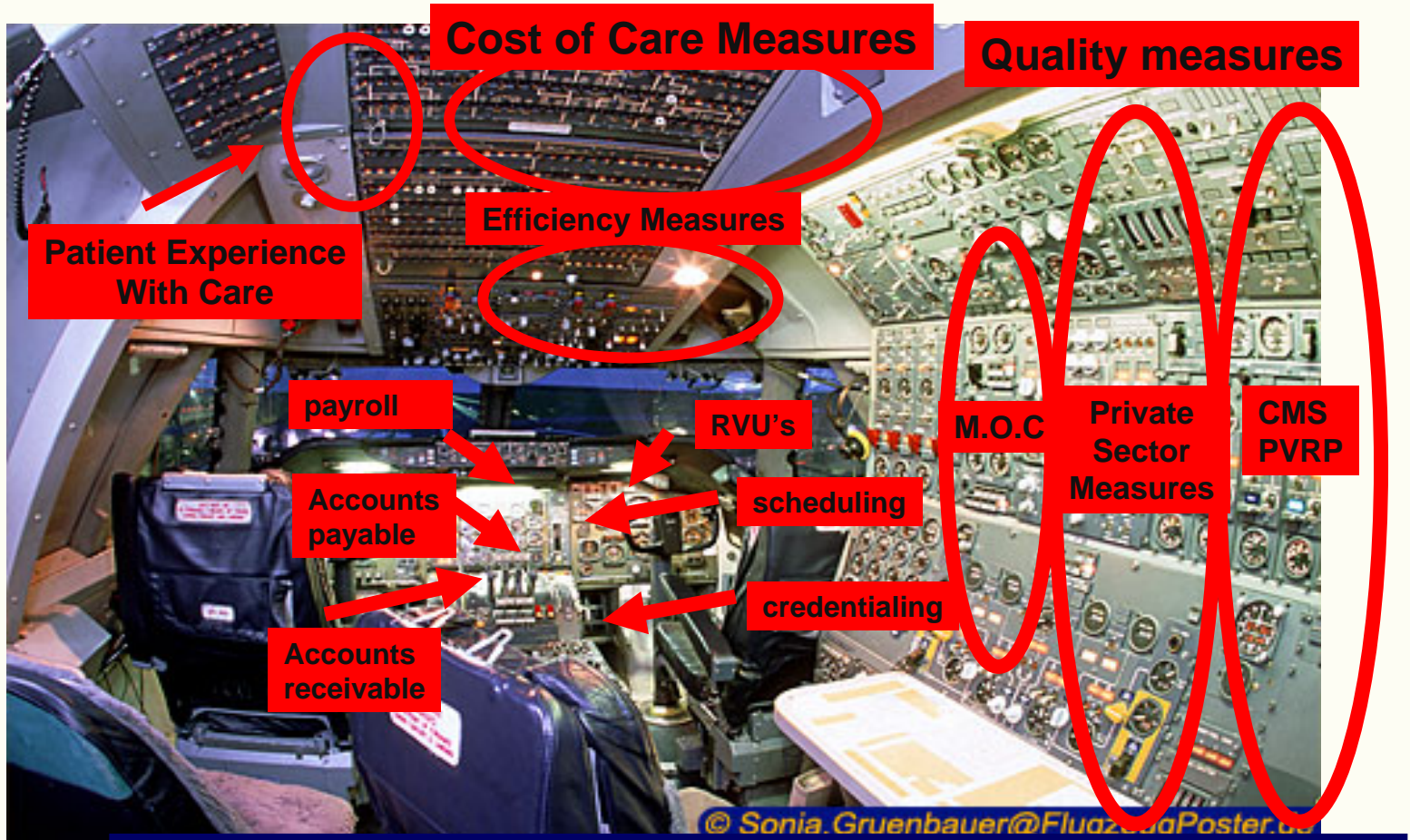


# Quality Measures and Health IT

- Need to specify the EHR data elements and required to produce quality measures.
  - NQF Expert Panel (for AHIC): Identify a set of common data elements to be standardized in order to enable automation of a prioritized set of AQA and HQA measures through EHRs and HIE.
- Need to consider how interoperable systems begin to get us towards high impact gap areas (e.g., transitions, coordination of care) where quality measures and decision support tools are needed

## Quality Dashboard

THE NATIONAL QUALITY FORUM





# Current Issues in Performance Measurement

- No national goal setting process
- Not enough measures; too many measures
- Effect of measurement mode (admin, MR, EHR)
- Process and Outcomes; paired measures
- Clinician attribution
- Evolution of quality measures:
  - Competency vs high performance measures
  - Measures of patient engagement and self-management
  - Measures of efficiency, cost, value
  - Measures across providers and settings (episodes of care)



**Questions/inquiries:**  
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