ABCs of Measurement

Featured Faculty:

Janet M. Corrigan, PhD, MBA, President & CEO, NQF

Helen Burstin, MD, MPH, Senior Vice President for Performance Measures, NQF

Timothy Ferris, MD, MPH, Massachusetts General Hospital, Institute for Health Policy

Arthur Levin, MPH, Center for Medical Consumers

October 25, 2010
12:00 pm – 1:00 pm
Discussion Points:

- Why do we measure?
- Measurement as a tool
- NQF—unique organization
• Improve the quality of American healthcare by setting national priorities and goals for performance improvement

• Endorse national consensus standards for measuring and publicly reporting on performance

• Promote the attainment of national goals through education and outreach programs
Quality Enterprise Functions

Establish National Priorities

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate
Discussion Points:

State of measurement
  • Evolution of measures
  • Type of measures
  • Emerging measures
Measure Origins

1. Priority problem
   1. Heart failure readmits
   2. Post-op infections
   3. ED visits for asthma

2. Clinical problem
   1. Information not available
   2. Error b/c med list not complete
   3. Central line infections

High-stakes measure
1. Payment
2. Public reporting

QI measure
Data not clean, but good enough
### Types of Measures: Conceptual Schema

<table>
<thead>
<tr>
<th>IOM Aims</th>
<th>Donabedian (modified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Structure</td>
</tr>
<tr>
<td>Patient centered</td>
<td>Process</td>
</tr>
<tr>
<td>Effective</td>
<td>Outcomes</td>
</tr>
<tr>
<td>Efficient</td>
<td>• Patient perception</td>
</tr>
<tr>
<td>Timely</td>
<td></td>
</tr>
<tr>
<td>Equitable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data source of measures</th>
<th>What went wrong?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Survey</td>
<td>Overuse</td>
</tr>
<tr>
<td>Chart review</td>
<td>Underuse</td>
</tr>
<tr>
<td>Administrative data</td>
<td>Misuse</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
</tr>
</tbody>
</table>
Emerging Measures

• Characteristics of good measures
  – Important problem; improvement would be valued
  – Clear what is being measured (observable)
  – Results can be attributed to individuals or groups who have the authority and capacity to change the results

• Emerging measures
  – Procedure-specific outcomes
  – Measures derived from EHRs
  – Composite measures
  – Population-based measures
Discussion Points:

NQF and Measure Endorsement

- Criteria
- Evidence and testing
• Drive toward higher performance
• Shift toward composite measures
• Measure disparities in all we do
• Harmonize measures across sites and providers
• Promote shared accountability and measurement across patient-focused episodes of care:
  – Outcome measures
  – Appropriateness measures
  – Cost/resource use measures coupled with quality measures, including overuse
Integrated Framework for Performance Measurement

Equitable Access

Patient & Family Engagement

Care Coordination

Population at Risk

Evaluation & Initial Management

Follow-up Care

PHASE 1

PHASE 2

PHASE 3

Population Health

Overuse

Palliative Care

End of Episode — Risk-Adjusted Health Outcomes and Total Cost of Care

Clinical Episode Begins

Time

Safety

Infrastructure Supports

© National Priorities Partnership
Many types of organizations develop measures (e.g., Centers for Medicare & Medicaid Services [CMS], the Agency for Healthcare Research and Quality [AHRQ], professional societies).

Measure developers put their measures through a rigorous process long before they arrive at NQF for consideration of endorsement.

NQF uses four criteria to assess measures for endorsement. Not all acceptable measures will be strong—or equally strong—among each set of criteria.

NQF’s review and assessment of endorsement potential ensures broad multistakeholder input and consensus, puts measures head to head with others that are similar, and selects “best in class.”
NQF Evaluation Criteria

- **Importance to measure and report**
  - What is the level of evidence for the measures?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high-impact area of care?

- **Scientific acceptability of the measurement properties**
  - What is the reliability and validity of the measure?

- **Usability**
  - Can the intended audiences understand and use the results for decision making?

- **Feasibility**
  - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
Evidence for Measure Focus

- Hierarchical preference for
  - Outcomes linked to evidence-based processes/structures
  - Outcomes of substantial importance with plausible process/structure relationships
  - Intermediate outcomes
  - Processes/structures

Most closely linked to outcomes
Determining Strength of Evidence

- Quality of individual studies
- Magnitude of net benefit (benefit over harms)

Quantity, Quality, and Consistency of Net Benefit for Entire Body of Evidence

Strength of recommendation for a clinical service or intervention
Linkage of Health IT and Measurement

Data Sources
- Capture the right data

Performance Measures
- Calculate the performance measure

EHRs and HIT tools
- Provide real-time information to the clinician with decision support

E-Infra structure
- Publicly report for secondary uses: accountability, payment, public health, and comparative effectiveness
Discussion Points:

Understanding Measures

• Why measures matter
• How they get used
• What difference they make
Not everything that counts can be counted, and not everything that can be counted counts.

~Albert Einstein

But...

You can’t improve what you don’t measure
Questions?
If you have questions about NQF and Performance Measures, please contact education@qualityforum.org.

Thank you!