

# 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*

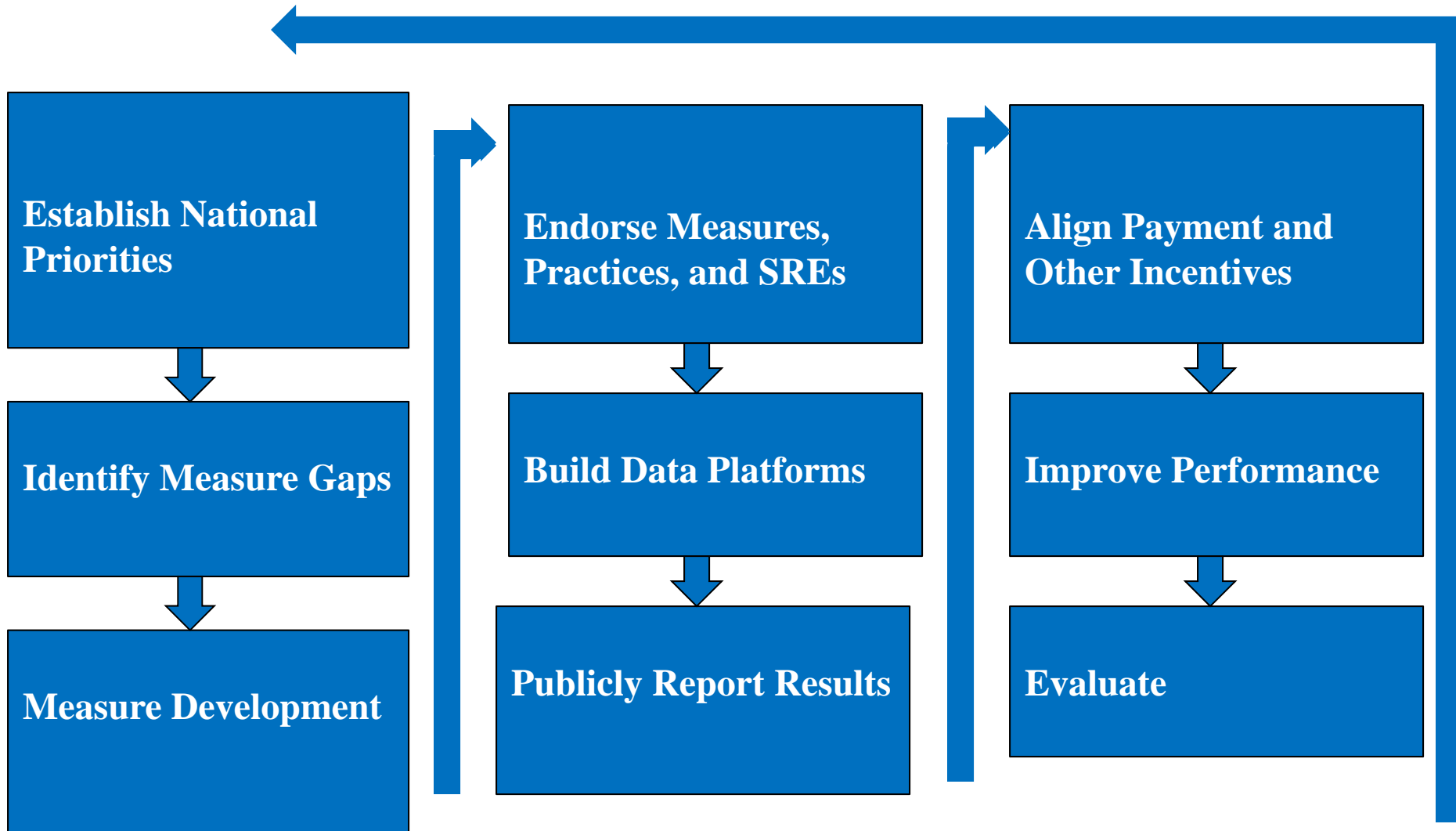
*12:00 pm – 1:00 pm*



## 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





## Discussion Points:

### State of measurement

- Evolution of measures
- Type of measures
- Emerging measures

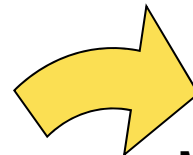
## Measure Origins

### 1. Priority problem

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



**Measure  
concept**

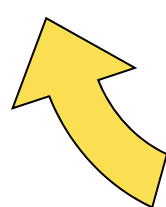


**Measure  
specifications**



### • Clinical problem

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



**data**



### High-stakes measure

1. Payment
2. Public reporting



### QI measure

Data not clean,  
but good enough

## IOM Aims

Safe

Patient centered

Effective

Efficient

Timely

Equitable

## Donabedian (modified)

Structure

Process

Outcomes

- Patient perception

## Data source of measures

Patient Survey

Chart review

Administrative data

Outcomes

## What went wrong?

Overuse

Underuse

Misuse

- 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



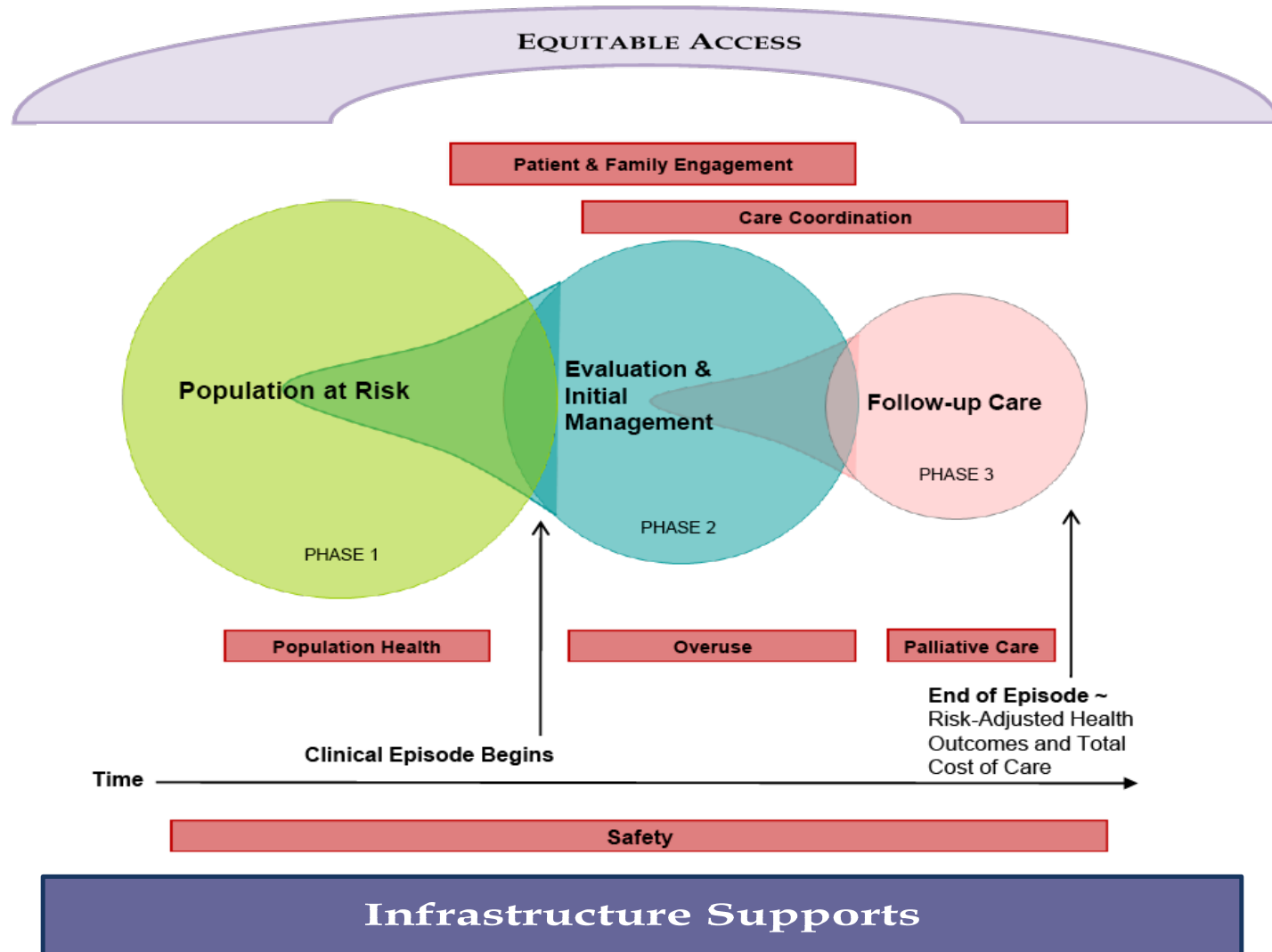


## Discussion Points:

### NQF and Measure Endorsement

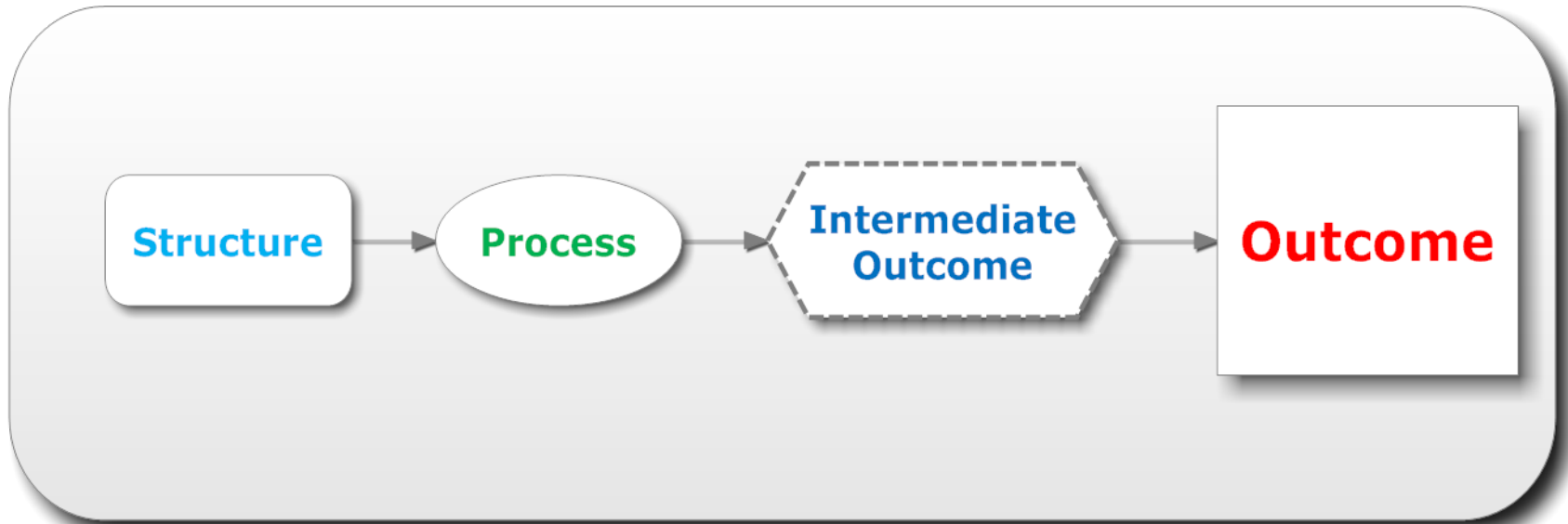
- Criteria
- Evidence and testing

- 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



- 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.”

- **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?



- 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





- Capture the right data

- Calculate the performance measure

- Provide real-time information to the clinician with decision support

- Publicly report for secondary uses: accountability, payment, public health, and comparative effectiveness



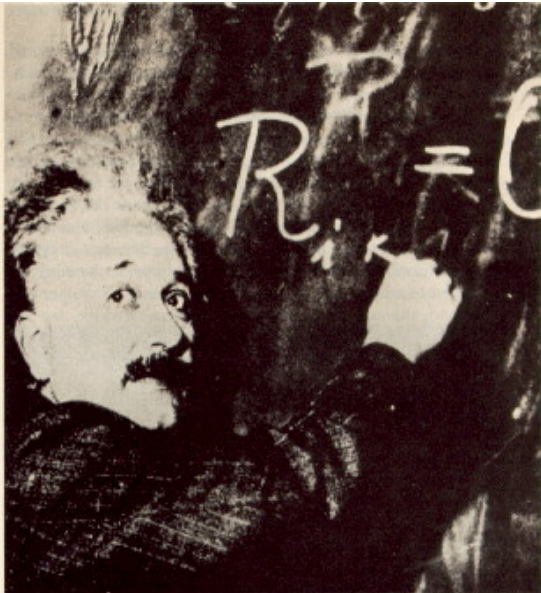


## Discussion Points:

### 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](mailto:education@qualityforum.org).

Thank you!