

CCMS Measures Project History and Update



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Improvement

Meeting Objectives

- CCMS- Measures History
- Next to the Measure Details
- CCMS Feasibility Study

Quality Health Care

- In 1990 The Institute of Medicine (IOM) defined Quality Care as:

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

IOM. *Medicare: A Strategy for Quality Assurance, Vol.1. 1990.*

Care

Center for Quality - Action Steps (cont)

**HHS
500 Day**

Transform Health Care System

**HRSA
GOAL 3**

Improve Quality of Health Care

**HRSA
OBJECTIVE
3.1**

Promote Effectiveness of Health Care Services

**Center
for
Quality
ACTION**

Develop an initial HRSA Quality Roadmap Plan, (using the HAB Quality Roadmap model) to align quality improvement activities, integrating quality concepts, tools and strategies.

A Focus on Clinical Quality Improvement

- The purpose of Clinical Quality Improvement is to ensure that (HRSA) patients receive WHAT they need, WHEN they need it.
- “The only way to know whether the quality of care is improving is to measure performance. ¹ Institute of Medicine
- Quality Improvement is a PROCESS.

Core Clinical Measures Workgroup

CCMS/QRD

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- Jessica Townsend, MHCA
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- Maribeth Badura, MSN, RN
- Lisa Wright-Solomon, MPH

** Chair * Co-Chair

HRSA Level Measures Discussion

- ❑ Promotes efficiency in planning and implementation of HRSA level quality initiatives
- ❑ Created agency level discussion of quality measurement
- ❑ Promotes collaboration around quality priorities and measurement
- ❑ Supports Bureaus in their quality initiatives

Why HRSA Level Measurement?

- Alignment across HRSA is rare
- Allows us to know whether we as an Agency are moving in the right direction
- Provides foundation for HRSA level quality improvement initiative
- Standardizes measurement- gives more meaning to quality discussions
- Aligns HRSA with National performance measures

Core Clinical Measures (CCMS)

Goal:

Establish a standardized clinical measurement system for HRSA, to assist in the evaluation of HRSA program performance in defined clinical areas.

What We Found

- ❑ HRSA has significant quality investments
- ❑ Many programs focus on same or similar populations and health disorders
- ❑ The measures for the same populations and focus were not aligned
- ❑ Began a 12 month journey to develop a set of measures

Some Challenges We Faced

- ❑ Data capability and retrieval limitations
- ❑ Longitudinal measurement needed to demonstrate chronic disease control
- ❑ Preventive care and screening requires documented follow up
- ❑ Quality measures for office practices were not nationally established. Those for plans, hospitals and populations often not useful or feasible for HRSA programs

Some Challenges We Faced (Cont.)

- ❑ Disparities assessment and tracking requires demographic info, longitudinal tracking etc.
- ❑ Data from sub-grantees problematic (e.g. Block grant, Title II etc.)
- ❑ National quality indicators for systems development, and programs connecting people to care etc. are still lacking

CCMS Methodology

The draft clinical performance measures selected by CCMS:

- Apply to HRSA health service delivery programs
- Are considered to be high priority clinical issues that relate to HRSA's goal of reducing health disparities
- Are aimed at improving the quality of health care by providing evidence based clinical measures and tools for HRSA grantees
- Reflect both process and outcome measures
- Address the different levels of bureau readiness/capacity to collect data

CCMS Methodology (cont)

- Crosswalk of clinical measures used within HRSA programs and Government Performance and Results Act (GPRA)

- Clinical measures compared to those developed by
 - **National Committee for Quality Assurance (NCQA)**
 - **Physician Consortium for Performance Improvement (PCPI)**
 - **Centers for Medicare and Medicaid Services (CMS)**
 - **National Quality Forum (NQF)**
 - **Ambulatory Care Quality Alliance (AQA)**

Inclusion Methodology

- ❑ Relevance to HRSA Programs and populations
- ❑ Importance to Bureau / Office programs
- ❑ Scientific soundness
- ❑ Feasibility- capacity of grantees to report measures
- ❑ Application of measures for clinical/administrative decision making
- ❑ Demonstrate progress towards HRSA/HHS strategic goals

Inclusion

Methodology (cont)

- ❑ Align with national measures such as (HEDIS, AQA, NQF, CMS)
- ❑ Cover life cycles, prevention, chronic disease management
- ❑ Eliminate duplication (ex: Cardio Vascular HTN, vs HTN for Diabetics)

CCMS Measures - 12

Clinical Areas

- Prenatal*
- Newborn*
- Immunizations*
- Mental Health*
- Oral Health
- Diabetes*
- Cardiovascular*
- Asthma
- Smoke/Tobacco*
- Healthy Weight
- Cancer*
- Behavioral Health*

* Include Short range measures

LIST OF CCMS MEASURES After HHQC Meeting in June.

- PRENATAL-First Trimester Care
- CANCER SCREENING
 - Breast Cancer
 - Cervical Cancer
 - Colorectal Cancer
- DIABETES- A1C
- IMMUNIZATIONS
 - Children
 - Adolescents
 - Adults
 - Older Adults/Geriatric
 - HIV
- NEWBORN SCREENING
- BEHAVIORAL HEALTH-RISK ASSESSMENT
- MENTAL HEALTH
- PREVENTION
 - Smoking Screening
 - Smoking Cessation
- CARDIOVASCULAR- HYPERTENSION
- CARDIOVASCULAR- LIPIDS
 - Lipid Screening
 - Lipid Control
- HIV PRENATAL SCREENING TEST***

Adopted Developmental Approach

- Short-range (\leq 12 months) “**Today**”
 - Pilot implementation in CY 2007
- Mid-range (12-24 months) “**Tomorrow**”
 - Provides grantee and bureaus/offices with lead time
- Long-range ($>$ than 24 months) “**Future**”
 - Critical measurements of clinical performance for HRSA programs and populations

Prevention

Chronic Disease Management

- PRENATAL
 - First Trimester Care
 - HIV Screening
- CANCER SCREENING
 - Breast Cancer
 - Cervical Cancer
 - Colorectal Cancer
- IMMUNIZATIONS
 - Children
 - Adolescents
 - Adults
 - Older Adults/Geriatric
 - HIV

- DIABETES- A1C
- CARDIOVASCULAR-
HYPERTENSION

What We Must Consider

- Messages are critical
- Measuring clinical quality is difficult
- Benchmarks & Baselines- compared to what?
- Finding common measures at HRSA was difficult
- There are unintended consequences of performance measurement
 - in QI, outcomes often not “good”
 - Shift of limited resources (time, funds etc)

What We Heard

- Missing/future measures
 - Oral health
 - Mental health
 - Obesity
 - Newborn