Health Systems Data and the Million Hearts® Clinical Quality Measures Dashboard

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Centers for Disease Control and Prevention

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Overview

- Why health system data?
- Measure alignment
- NCQA HEDIS
- HRSA UDS
- CMS PQRS
- Other data sources
- CQM Dashboard Demonstration

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Cooperative Agreement Requirements

- 1305
  - Proportion of health care systems reporting on NQF 0018
  - NQF 0018 – Controlling High Blood Pressure
  - NQF 0059 – HbA1c Poor Control

- 1422
  - Percentage of persons within health care systems with systems to report standardized clinical quality measures for the management and treatment of patients with high blood pressure
  - Proportion of adults with known high blood pressure who have achieved blood pressure control
Why Health System Data?

- Data that show our health care system is delivering care that is:
  - Effective
  - Safe
  - Efficient
  - Patient-centered
  - Equitable
  - Timely

- Highlights specific areas for public health intervention
- More proximal measures of morbidity than traditional surveillance data
- Potential to provide near real-time info, follow individuals over time
- Useful for surveillance, evaluation, and QI
- Often measured by clinical quality measures (CQMs)
Potential Health System Data Uses

**Surveillance**
- State-wide, sentinel trends and gaps
- Identify patterns of disparities

**Evaluation**
- Has a specific systems change or intervention worked?

**Quality Improvement**
- Regular data to spur clinician action
- Identify disparate populations
Clinical Quality Measures

- CQMs measure many aspects of patient care including:
  - Adherence to clinical guidelines
  - Health outcomes
  - Clinical processes
  - Patient safety
  - Use of health care resources
  - Care coordination
  - Population and public health

- Data from chart abstraction, claims, assessment instruments, registries, laboratory results, patient portals…

- Standardized measures for comparing care between clinicians and health care systems
Million Hearts® Measure Alignment

- Began January 2011
- CDC, CMS, ONC
- Used existing measures initiatives
  - Meaningful Use, Physician Quality Reporting System
  - Other measures initiatives
- Chose measures that
  - Were evidence-based (and where possible NQF approved)
  - Supported the MH goals
  - Best reflected progress toward population health outcomes in reasonable timeframes
# Million Hearts® Measure Alignment

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<td>Yes</td>
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## Numbering Convention Table

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<td>PREV-11</td>
<td>HTN-2</td>
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<td>DM-14*</td>
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<td>CMS Accountable Care Orgs (ACOs)</td>
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[http://millionhearts.hhs.gov/aboutmh/achieving-goals.html](http://millionhearts.hhs.gov/aboutmh/achieving-goals.html)
HbA1c Poor Control Analogs

- NQF 0059
- PQRS #1
- CMS122v3
- HEDIS Comprehensive Adult Diabetes Care*
- DM-2*
- ACO-27*
- UDS Diabetes Control (Diabetic Patients with HbA1c <= 9%)

* Part of a composite measure
HEDIS

- National Committee for Quality Assurance
- Healthcare Effectiveness Data and Information Set
- Reported by 2/3 of all U.S. health plans,
  - ~3/4 of the U.S. population receiving managed care
- 2012 - 113 million adults aged 18–85 years were covered by health plans measured by HEDIS
- 81 measures across 5 domains of care
  - Effectiveness of Preventive Care, Acute Care, and Chronic Care
  - Access/Availability of Care
  - Use of Services
- Allow for plan-to-plan comparisons by type
- Sampling varies by measure
HEDIS (cont’d)

- Proprietary measures and data = $
  - Controlling High Blood Pressure (analog to NQF 0018)
  - Poor HbA1c Control (analog to NQF 0059)
  - Medical Assistance with Smoking and Tobacco Use Cessation
  - Aspirin Use and Discussion
  - Comprehensive Diabetes Care - LDL-C Control
  - Cholesterol Management for Patients with CV Conditions

- State laws requiring HEDIS for Medicaid plans:

- State laws requiring HEDIS for commercial plans:
HEDIS Limitations

- Measures health plan performance, not health system performance (unless closed system)
- Does not allow for analyses that provide context/face validity to measures
  - Hypertension prevalence
  - Diabetes prevalence
- No Medicare Fee-for-Service beneficiaries
- Sharp geographic boundaries are challenging
- Annual required reporting only
- Limited demographic breakdowns
- Potential $$
HEDIS Opportunities

Public health can leverage relationships with payers:
- Share surveillance burden data to highlight issues
- Explore plan data to round out burden data
- Focus on CQMs of interest
- Encourage plans to regularly share data with providers
  - Monthly or biweekly
  - For quality improvement purposes
  - Benchmark against other clinicians or health systems
- Encourage plan recognition of high performers ("champions")
Healthcare Resources and Services Administration

UNIFORM DATA SYSTEM (UDS)
HRSA Uniform Data System

- Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers.

- UDS reporters per the Public Health Service Act Sections 330 (e-i)
  - Community Health Centers
  - Migrant Health Centers
  - Health Care for the Homeless
  - Public Housing Primary Care
  - Other grantees under Section 330
UDS (cont’d)

- Patient demographics
- Services provided
- Staffing
- Clinical indicators
  - Aspirin Use
  - Blood Pressure Control
  - Smoking Assessment & Treatment
  - Diabetes Control
- Utilization rates
- Costs
- Revenues

### 2013 Health Center Impact

<table>
<thead>
<tr>
<th>PROGRAM GRANTEES</th>
<th>LOOK-ALIKES</th>
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<tbody>
<tr>
<td>SERVED 21.7 MILLION PATIENTS</td>
<td>SERVED 1 MILLION PATIENTS</td>
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<tr>
<td>93% Below 200% poverty</td>
<td>93% Below 200% poverty</td>
</tr>
<tr>
<td>73% Below 100% poverty</td>
<td>74% Below 100% poverty</td>
</tr>
<tr>
<td>35% Uninsured</td>
<td>32% Uninsured</td>
</tr>
<tr>
<td>1,131,414 homeless individuals</td>
<td>20,011 homeless individuals</td>
</tr>
<tr>
<td>861,120 agricultural workers</td>
<td>10,681 agricultural workers</td>
</tr>
<tr>
<td>227,665 residents of public housing</td>
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</table>
2013 Health Center Data

National Program Grantee Data

View Information by Criteria Reported:
Table 3A through 9E

Total Number of Reporting Program Grantees: 1,202
Total Patients Served: 21,726,965

Find patient data by ZIP code using UDS Mapper

Reporting Caveats

- Reporting options
  - Entire patient population as a universe
  - Random sample
- Universe – the data source (e.g. EHR) must include all medical patients from all service delivery sites
- Random sample – n=70; two acceptable randomizations methods
- CHC can report on the universe for some measures and a sample for others
- Data prior to 2012 reported limited to primary diagnoses only
UDS Opportunities

Public Health can partner with FQHCs or state primary care association

- Encourage FQHCs to routinely share data with providers, benchmark
- Query-able systems
  - popHealth
  - MDPHnet
- CMS EHR Incentive Program quality measure selection
  - Health Center Controlled Networks (HCCNs)
Centers for Medicare & Medicaid Services (CMS)

PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)
Physician Quality Reporting System (PQRS)

- Centers for Medicare & Medicaid Services (CMS)
- Voluntary electronic quality reporting system
- Effort to move toward a value-based purchasing system; reward the value of care provided
  - Incentive for reporting quality data
  - Intended to encourage professionals to adopt outcomes-driven healthcare delivery practices
- Full PQRS Measures List:
PQRS Methods

- Reporting Eligibility
  - Individual Eligible Professionals (EP)
  - Group Practice Reporting Option (GPRO)
    - Accountable Care Organizations (ACO)

- Reporting Mechanisms
  - Qualified Registry
  - Certified EHR
  - Claims

- Reporting Criteria
  - Capture at minimum of half of their Medicare Part B patient data
  - Must report nine (9) individual measures that cover at least three (3) of the six (6) National Quality Strategy (NQS) domains
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population and Public Health
    - Efficient Use of Health Care Resources
    - Clinical Processes/Effectiveness

PQRS State Participation

Geographic Distribution of Eligible Professionals Participating in the Physician Quality Reporting System (2012)

2012 Physician Quality Reporting System and eRx Reporting Experience and Trends
PQRS Limitations

- Voluntary reporting system
  - Limited generalizability
  - Slowly increasing participation
- Provider chooses CQMs
  - Potentially skewed national picture
- Medicare Part B patient population only
- Does not allow for analyses that provide context/face validity to measures
  - Hypertension prevalence
  - Diabetes prevalence
  - Tobacco use prevalence
## PQRS Opportunities

**Public Health – Partner with:**
- Quality Improvement Organizations (QIOs)/Quality Improvement Networks (QINs) – driving participation on PQRS per 10th and 11th SOWs (Million Hearts® measures)
- Regional Extension Centers – working with clinicians on Meaningful Use; opportunities to select CQMs
- Shared Savings Accountable Care Organizations

**Report to CMS through PQRS**
- Data on select measures available on Physician Compare
- Physician Compare – CMS website to highlight PQRS reporters and (eventually) high performers

### Dartmouth Hitchcock ACO

**ACO Website:** [www.cheshire-med.com/about_us/aco_pilot.html](http://www.cheshire-med.com/about_us/aco_pilot.html)

### At Risk Population

#### Diabetes

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Performance Rate</th>
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<tbody>
<tr>
<td>Hemoglobin A1c Control (Hba1c) (&lt; 8 percent)</td>
<td>75%</td>
</tr>
<tr>
<td>Blood Pressure (BP) &lt; 140/90 Control</td>
<td>80%</td>
</tr>
<tr>
<td>Tobacco Non Use</td>
<td>76%</td>
</tr>
<tr>
<td>Aspirin Use</td>
<td>88%</td>
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Show Details
OTHER POTENTIAL DATA SOURCES
Medicaid Adult Core Measures

- Voluntary – data availability varies by state
- Controlling High Blood Pressure (NQF 0018)
- Medical Assistance with Smoking and Tobacco Use Cessation
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: Hemoglobin A1c Testing

- Managed care and fee-for-service plans

For one component of Meaningful Use, eligible professionals must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs.

- Quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains.

- EHR Incentive Program data may have large overlap with PQRS because of program alignment:
  - 2014 – Providers can use PQRS to report to multiple quality reporting initiatives.

- No public use file.
Others to Consider

- AHA/ACS/ADA – The Guideline Advantage
- ACC – PINNACLE registry
- Data from large health systems
- Data from state primary care association
Encourage Adoption
Promote Reporting
Improve Performance

Clinical quality measures alignment
Clinical quality measures dashboard
Save the world!
Clinical Quality Measure Dashboard

- **Purpose**
  - Allow Million Hearts® and its partners to monitor progress in meeting clinical targets over the course of the initiative
  - Allow states to see where they fit in to the national picture
  - Ensure data quality and transparency in the field

- **Current data sets**
    - Commercial
    - Medicaid

- [http://millionhearts.hhs.gov/aboutmh/achieving-goals.html](http://millionhearts.hhs.gov/aboutmh/achieving-goals.html)
Next Steps

- Encourage partners to focus on measures of interest, regularly review their data, and improve quality.
- Provide analytic and data visualization support, if appropriate.
- Help implement evidence-based strategies.
- Recognize high-performers.
Dashboard Guru

- Linda Roesch
Questions?

Hilary Wall – hwall@cdc.gov


For more information please contact Centers for Disease Control and Prevention

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