


Anthony Hamm

---

DC



The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The main title is centered in the upper half of the slide.

# HEALTHCARE QUALITY AND MEASUREMENT

ANTHONY W. HAMM, DC, MS

NOVEMBER 2019

# DISCLOSURES


- PAST PRESIDENT ACA
- CHIEF CLINICAL OFFICER SPINE IQ
- PRESIDENT WEST HARTFORD GROUP
  
- CYNIC

# OUTLINE

- HISTORY AND BACKGROUND
- DEFINITIONAL ATTRIBUTES OF HEALTHCARE QUALITY
- MEASURE TYPES AND DOMAINS
- STAKEHOLDERS
- MEASURE DEVELOPMENT
- UTILIZATION
- PRACTICE IMPROVEMENT



# HISTORY AND BACKGROUND

- PRACTICE AND PAYMENT POLICIES:
  - PRE 1970`S
  - 1970`S THROUGH PRESENT
  - 2007 PQRI, THEN PQRS, FOLLOWED BY MIPS
- 

# FEDERAL CODES AND REGULATIONS


- HEALTH AND HUMAN SERVICES
- FEDERAL TRADE COMMISSION
- DEPARTMENT OF THE INTERIOR
- DEPARTMENT OF LABOR
- DEPARTMENT OF DEFENSE/VETERAN HEALTH ADMINISTRATION

# BARRIERS AND OBSTACLES TO CHANGE

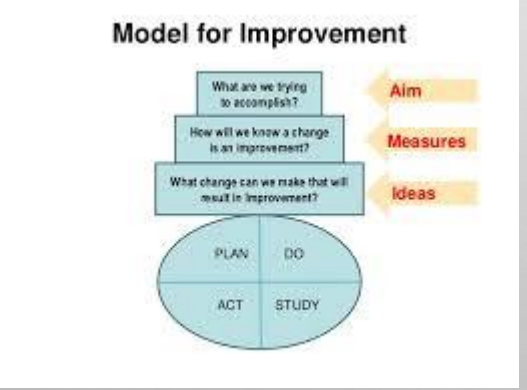
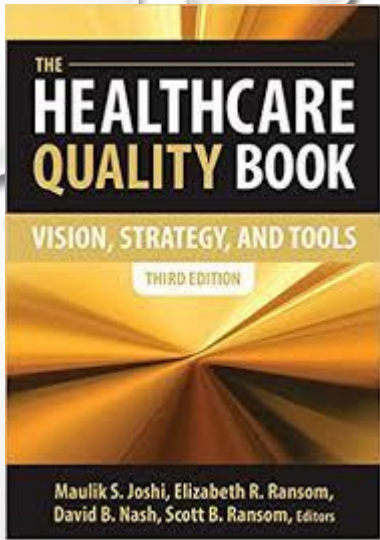
- AMA AND CMS BIAS
- PUBLIC TRUST
- FUNDING/POLITICAL ACTION
- INTRAPROFESSIONAL DISCORD
- STATE SCOPE VARIANCE
- BUDGET NEUTRALITY



# POSITIONS SUPPORTED BY ACA

- AMA CPT AND RUC
  - PCPI
  - MEDICARE CARRIER ADVISORY COMMITTEES
  - VARIOUS GUIDELINE REVIEW COMMENTARIES
  - US BONE AND JOINT INITIATIVE
  - PCORI
  - NIH
  - NCQA
- 





# CROSSING THE QUALITY CHASM (NASEM)

- US HEALTHCARE SYSTEM DOES NOT PROVIDE CONSISTENT HIGH-QUALITY CARE TO ALL PEOPLE
- [PEOPLE] SHOULD BE ABLE TO COUNT ON RECEIVING CARE THAT MEETS INDIVIDUAL NEEDS AND IS GROUNDED ON THE BEST SCIENTIFIC KNOWLEDGE
- FREQUENTLY NOT THE CASE.....

INSTITUTE OF MEDICINE(2001) CROSSING THE QUALITY CHASM: A NEW HEALTH SYSTEM FOR THE 21ST CENTURY. NATIONAL ACADEMIES PRESS



# THE NATIONAL QUALITY STRATEGY

- THREE AIMS
- SIX PRIORITIES



# THREE AIMS

- **BETTER CARE: IMPROVE THE OVERALL QUALITY OF CARE BY MAKING HEALTH CARE MORE PATIENT- CENTERED, RELIABLE, ACCESSIBLE, AND SAFE.**
- **HEALTHY PEOPLE/HEALTHY COMMUNITIES: IMPROVE THE HEALTH OF THE U.S. POPULATION BY SUPPORTING PROVEN INTERVENTIONS TO ADDRESS BEHAVIORAL, SOCIAL, AND ENVIRONMENTAL DETERMINANTS OF HEALTH IN ADDITION TO DELIVERING HIGHER QUALITY CARE.**
- **AFFORDABLE CARE: REDUCE THE COST OF QUALITY HEALTH CARE FOR INDIVIDUALS, FAMILIES, EMPLOYERS, AND GOVERNMENT.**

# TRIPLE AIM

- PATIENT EXPERIENCE
- IMPROVING POPULATION HEALTH
- REDUCING COSTS



# SIX PRIORITIES

- MAKING CARE SAFER BY **REDUCING HARM** CAUSED IN THE DELIVERY OF CARE
- ENSURING THAT EACH PERSON AND FAMILY IS ENGAGED AS A PARTNER IN THEIR CARE
- PROMOTING **EFFECTIVE COMMUNICATION** AND COORDINATION OF CARE
- PROMOTING THE MOST **EFFECTIVE PREVENTION AND TREATMENT PRACTICES**
- WORKING WITH COMMUNITIES TO PROMOTE WIDE USE OF **BEST PRACTICES** TO ENABLE HEALTHY LIVING
- MAKING QUALITY CARE MORE AFFORDABLE FOR INDIVIDUALS, FAMILIES, EMPLOYERS, AND GOVERNMENTS BY DEVELOPING AND SPREADING NEW HEALTH CARE DELIVERY MODELS



# DEFINITIONAL ATTRIBUTES OF HEALTHCARE QUALITY

- TECHNICAL PERFORMANCE
  - PATIENT-CENTEREDNESS
  - AMENITIES
  - ACCESS
  - EQUITY
  - EFFICIENCY
  - COST-EFFECTIVENESS
- 



# STAKEHOLDER PERSPECTIVES ON QUALITY

- CLINICIANS
  - PATIENTS
  - PAYERS
  - MANAGERS
  - SOCIETY
- 





# WHY QUALITY MATTERS

- MOVEMENT TOWARDS VALUE-BASED PAYMENT MODELS
  - FEE-FOR-SERVICE MODEL DIMINISHING
  - OUTCOMES DRIVEN PAYMENT SYSTEMS
  - CMS PHYSICIANS COMPARE INITIATIVE...CONSUMER DRIVEN
- 

# WHY QUALITY MATTERS

- THE ENTIRETY OF QUALITY DRIVEN HEALTHCARE IS BASED ON THE PREMISE THAT OUR COLLECTIVE SYSTEMS CAN DO A BETTER JOB (CHIROPRACTIC?)
- AND IF WE CANNOT MEASURE SOMETHING, WE CANNOT IMPROVE IT!
- HENCE THE PUSH TOWARDS CLINICAL QUALITY REPORTING


# CLINICAL QUALITY REPORTING

- TRACK OUTCOMES
- IMPROVE PATIENT FOLLOW-UP
- DEMONSTRATE VALUE
- CONTRIBUTE REAL DATA TOWARDS RESEARCH
- CURRENT REGISTRIES SUPPORTING CHIROPRACTIC?



# CLINICAL QUALITY MEASURES

USED TO ASSESS THE PERFORMANCE OF INDIVIDUAL CLINICIANS, DELIVERY ORGANIZATIONS, OR HEALTH PLANS, WHICH ARE SUPPORTED BY EVIDENCE DEMONSTRATING THAT THEY INDICATE BETTER OR WORSE CARE





# CLINICAL MEASURES DOMAINS

- COMMUNICATION AND CARE COORDINATION
  - COMMUNITY/POPULATION HEALTH
  - EFFECTIVE CLINICAL CARE
  - EFFICIENCY AND COST REDUCTION
  - PATIENT SAFETY
  - PERSON-CENTERED EXPERIENCE AND OUTCOMES
- 

# PROCESS MEASURES

- PROCESS MEASURES ARE SUPPORTED BY EVIDENCE THAT THE CLINICAL PROCESS—THAT IS THE FOCUS OF THE MEASURE—HAS LED TO IMPROVED OUTCOMES.
- THESE MEASURES ARE GENERALLY CALCULATED USING PATIENTS ELIGIBLE FOR A SERVICE IN THE DENOMINATOR, AND THE PATIENTS WHO EITHER DO OR DO NOT RECEIVE THE SERVICE IN THE NUMERATOR
- EXAMPLE: **USE OF IMAGING STUDIES FOR LOW BACK PAIN**
- PERCENTAGE OF PATIENTS 18-50 YEARS OF AGE WITH A DIAGNOSIS OF LOW BACK PAIN WHO DID NOT HAVE AN IMAGING STUDY (PLAIN X-RAY, MRI, CT SCAN) WITHIN 28 DAYS OF THE DIAGNOSIS.
- DOMAIN: EFFICIENCY AND COST REDUCTION

# OUTCOME MEASURES

- OUTCOME MEASURES ARE SUPPORTED BY EVIDENCE THAT THE MEASURE HAS BEEN USED TO DETECT THE IMPACT OF ONE OR MORE CLINICAL INTERVENTIONS.
- MEASURES IN THIS DOMAIN ARE ATTRIBUTABLE TO ANTECEDENT HEALTH CARE AND SHOULD INCLUDE PROVISIONS FOR RISK-ADJUSTMENT.
- EXAMPLE: **CHANGE IN PAIN INTENSITY**
- AVERAGE PERCENT CHANGE IN PAIN INTENSITY BETWEEN THE FIRST DATE OF A CARE ENCOUNTER AND EACH SUBSEQUENT ENCOUNTER CLOSEST TO A 14- DAY INTERVAL DURING THE REPORTING PERIOD FOR PATIENTS AGED 18 YEARS AND OLDER WITH A DIAGNOSIS OF NECK OR LOW BACK PAIN.
- DOMAIN: EFFECTIVE CLINICAL CARE

# MAJOR PHYSICIAN MEASUREMENT SETS

- HEDIS
- CORE QUALITY MEASURES COLLABORATIVE
- CAHPS
- PHYSICIANS CONSORTIUM FOR PERFORMANCE IMPROVEMENT (PCPI)
- PROMIS
- NATIONAL QUALITY MEASURES CLEARINGHOUSE





# CLINICAL QUALITY MEASURES

- STEWARDS
  - SPECIALTY SOCIETIES
  - MAINTENANCE
  - TEP
  - APPROVAL THROUGH NQF AND/OR CMS
  - QCDR SELF-NOMINATION PROCESS
- 

# FULCRUM HEALTH SUPPORTED OUTCOME MEASURES

- OSWESTRY LOW BACK (SELF-RATED % LOW BACK DISABILITY)
- NECK PAIN DISABILITY INDEX (SELF-RATED % NECK PAIN DISABILITY)
- DASH (SELF-RATED UPPER EXTREMITY FUNCTION SCALE, 30 QUESTIONS))
- LEFS (SELF-RATED LOWER EXTREMITY FUNCTIONAL SCALE, 20 QUESTIONS)
- HEADACHE DISABILITY INDEX (SELF-REPORTED HEADACHE DISABILITY)
- START BACK (INITIAL OUTCOME RISK ASSESSMENT FOR PROGNOSTIC PURPOSES)
- PROMIS 10 (SYMPTOMS, FUNCTION AND HCQOL FOR VARIETY OF CHRONIC DISEASES)

## Process Measurement

### Measure process performance

- If you aren't measuring process performance, you aren't doing process management, and can't know if you are doing process improvement
- Measures and measurement methods



ProMatura is the Leonardo methodology for process resources management

VS



## Patient Reported Measures

OUTCOMES THAT MATTER TO PATIENTS




# REMEMBER THE SIX NQS PRIORITIES?

- REDUCE HARM
  - EFFECTIVE COMMUNICATION
  - EFFECTIVE TREATMENT PRACTICES (BEST PRACTICES)
- 



# SHOULD WE UTILIZE PROCESS MEASURES?

- IMPROVE YOUR PRACTICE
  - ENHANCE PATIENT EXPERIENCE
  - ADVANCE YOUR CLINICAL SKILLS
  - MANAGE RISK
  - BECOME PATIENT-CENTERED
  - AVOID LOW-VALUE PRACTICES
  - DEVELOP YOUR OWN MEASURES AND INCLUDE STAFF
- 

# MEASURES TO IMPLEMENT IN YOUR PRACTICE

- 2018 MIPS MEASURE #128: PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN
- RECORD HEIGHT AND WEIGHT, CALCULATE BMI
- IF OUTSIDE NORMAL PARAMETERS, CREATE A TREATMENT PLAN

# MEASURES TO IMPLEMENT

- NQF #148 PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN
- NQS DOMAIN: COMMUNITY AND POPULATION HEALTH
- PERCENTAGE OF PATIENTS 12 YEARS AND OLDER SCREENED FOR DEPRESSION WITH A STANDARDIZED TOOL, AND IF POSITIVE A FOLLOW-UP PLAN
- CW 4: DO NOT PROVIDE LONG TERM PAIN MANAGEMENT WITHOUT PSYCHOSOCIAL SCREENING OR ASSESSMENT

# MEASURES TO IMPLEMENT

- QUALITY ID# 317 PREVENTIVE CARE AND SCREENING: SCREENING FOR HIGH BLOOD PRESSURE AND FOLLOW-UP DOCUMENTED
- COMMUNITY AND POPULATION HEALTH




# CHECKLISTS FOR QUALITY (ATUL GAWANDE)

- MINIMIZE RISK
- REDUCE HARM
- IMPROVE COMMUNICATION
- IMPROVE CLINICAL SKILLS

ATUL GAWANDE (2009) THE CHECKLIST MANIFESTO, HOW TO GET THINGS DONE RIGHT, METROPOLITAN BOOKS



# CHECKLISTS FOR QUALITY

- REVIEW INTAKE FORMS
  - HISTORY
  - PHYSICAL EXAMINATION
  - SPECIAL TESTS
  - DIAGNOSTIC ACCURACY
  - CONSENT
  - TREATMENT PLANS
- 

# EXAMPLE

- INCOMPLETE INTAKE FORMS: PERCENTAGE OF INCOMPLETE PATIENT GENERATED INTAKE FORMS FOR NEW OR RENEWAL PATIENTS
- INVERSE MEASURE (HIGHER THE SCORE, MORE PROBLEMATIC)
- REPORTING PERIOD 90 DAYS
- NUMBER OF INCOMPLETE FORMS AFTER STAFF REVIEW/TOTAL NUMBER OF NEW OR RENEWAL PATIENTS
- EFFECTIVE CLINICAL CARE AND SAFETY

# EXAMPLE

- COMPLETE AND DOCUMENTED CLINICALLY APPROPRIATE EXAMINATION FINDINGS FOR A PATIENT WITH RADICULAR COMPLAINTS: PERCENTAGE OF PATIENTS IN A REPORTING PERIOD (3-6 MONTHS) WITH COMPLETE AND DOCUMENTED PHYSICAL FINDINGS
- BASED ON RECORDS REVIEW
- SELF-ADMINISTERED AUDIT
- PATIENT SAFETY AND EFFECTIVE CLINICAL CARE
- DEVELOP YOUR OWN CHECKLIST

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the slide.

**REMEMBER, IF YOU DON'T  
MEASURE IT, YOU CANNOT  
IMPROVE IT**

The background is a light gray gradient with several realistic water droplets of various sizes scattered across it. A faint, circular, textured pattern is visible in the upper center of the image.

**QUESTIONS**