Quality Performance Measurement in California

Findings and Recommendations to the California Office of the Patient Advocate

Patrick S. Romano, MD, MPH
Professor of Medicine and Pediatrics

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Acknowledgments

UC Davis team:
§ Julie Rainwater, PhD
§ Dominique Ritley, MPH
§ Tammy Gee

Office of the Patient Advocate (OPA) team:
§ Sandra Perez, MS MA
§ Ed Mendoza, MPH
§ John Zweifler, MD MPH
Quality Performance Measurement Project: Impetus

• Governor’s Executive Order S-06-07
  – A workgroup shall be convened to “to solicit input and participation in the development of (a) comprehensive strategy… to increase quality, strengthen health care transparency and increase accountability in public and private health care delivery systems.”
  – “Key actions the state will pursue… develop with stakeholders.. initial performance metrics to measure the success of health care transparency and accountability implementation activities undertaken by public and private health care purchasers”

• Governor’s health care reform proposal
OPA’s Mission

• The Office of the Patient Advocate (OPA) is an independent state office established in July 2000.
• The OPA was created to represent the interests of health plan members to get the care they deserve and to promote transparency and quality health care by publishing an annual Quality of Care Report Card.
• The OPA has three primary functions:
  – **Consumer Education:** Create and distribute educational materials, and perform and coordinate public outreach throughout California
  – **Public Reporting:** Develop an annual Quality of Care Report Card including but not limited to health plans
  – **Collaboration:** Work with public and private sector programs to improve accountability in health care; make referrals and recommendations to the Dept of Managed Health Care.
Quality Performance Measurement
Project: Description

- Produce inventory of health care quality performance measures available for public reporting in California
- Interview public and private stakeholders about this inventory and OPA’s role in public reporting
- Develop recommendations to OPA to promote implementation of S-06-07
Inventory Methodology

- Identified eligible measure sets through web searches and expert referral:
  - Existing infrastructure for data collection
  - Vetted, accepted, maintained by national organizations
- Grouped measure sets into appropriate health care sector inventories:
  - Health plans
  - Physicians and physician organizations
  - Hospitals
  - “Other Sources” (e.g., BRFSS and CHIS surveys)
  - Nursing Homes (deferred)
Categories Used in Inventories

- Measure set/Developer
- Title/Brief description of quality measure
- Organization(s) managing performance data (by product line for health plans)
- Relevance to IOM domains of quality care
- Stages of life cycle (pediatric, adult, geriatric)
- Type of care (preventive, acute, chronic)
- Key health conditions related to measure (e.g., heart disease, diabetes, asthma)
IOM 6 Domains of Quality

Effectiveness
• Providing services based on scientific knowledge (avoiding overuse of inappropriate care, underuse of appropriate care)

Patient Centeredness
• Care that is respectful of and responsive to patient preferences, needs, and values

Timeliness
• Reducing wait times and sometimes harmful delays (for both patients and providers)
IOM 6 Domains of Quality

Safety
• Avoiding injuries to patients from the care that is intended to help them

Efficiency
• Avoiding waste, including waste of equipment, supplies, ideas, and energy

Equity
• Care does not vary in quality because of personal characteristics (gender, ethnicity, location, SES)
<table>
<thead>
<tr>
<th>Measure Set/Developer</th>
<th>Title/Brief Description of Quality Measures</th>
<th>Organization(s) Managing Quality Performance Data for Hospitals</th>
<th>Measure Relevance to IOM 8 Domains of Quality Care</th>
<th>Life Cycle</th>
<th>Type of Care</th>
<th>Key Health Conditions Related to Measure (as identified by QPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HospitalCompare (Hospital Process of Care Measure Set) - Hospital Quality Alliance (HQA)/Centers for Medicare and Medicaid Services (CMS)¹</td>
<td>Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)¹</td>
<td>CMS Hospital Compare/QualityNet</td>
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<td>Percent of Heart Attack Patients Given Aspirin at Arrival¹</td>
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<td>Percent of Heart Attack Patients Prescribed Aspirin at Discharge¹</td>
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<td>Percent of Heart Attack Patients Given Beta Blocker at Arrival¹</td>
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<td>Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival¹</td>
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<td>Adult</td>
<td>Geriatric</td>
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<td>Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival¹</td>
<td>CMS Hospital Compare/QualityNet</td>
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<td>Geriatric</td>
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<td>Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling¹</td>
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<td>Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)¹</td>
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<td>Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function¹</td>
<td>CMS Hospital Compare/QualityNet</td>
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<td>Percent of Heart Failure Patients Given Discharge Instructions¹</td>
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<td>Percent of Pneumonia Patients Assessed and Given Influenza Vaccination¹</td>
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</tbody>
</table>

¹ Same measures are also available at QualityCheck.org - Joint Commission
Interview Methodology

• Diverse group of stakeholders selected
  – Government
  – Providers (plans, hospitals, etc.)
  – Business, labor, consumers
  – Data collectors/analysts
• One or more interviewees within each stakeholder entity (N=29)
• In-person or telephone (20-75 minutes)
Interview Methodology

• Interview protocol included questions in the following areas:
  – Assessment of inventory thoroughness
  – Current and future measures from within their organization (or related organizations)
  – Current gaps in reporting
  – Role of OPA (vis a vis other entities) in public reporting in California
Health Plan Inventory Findings

- Healthcare Effectiveness Data and Information Set (HEDIS) – NCQA
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) – NCQA/AHRQ
- (Information inquiries and complaint rates – OPA/DMHC)
- (Survey of language services effort – OPA)
Physician Organization Inventory Findings

- Integrated Healthcare Association P4P (IHA) – HEDIS measures plus IT survey measures, limited public
- CCHRI Patient Assessment Survey (PAS) – Based on CG-CAHPS Clinician & Group Survey 4.0 (AHRQ)
- Physician Recognition Program (NCQA) – back pain, diabetes, heart/stroke, patient-centered medical home
- California Coronary Artery Bypass Graft Outcomes Reporting Program (OSHPD) – mortality, use of LIMA
- California Physician Performance Initiative (CPPI) – CMS “Better Quality Initiative” pilot site using HEDIS and PCPI measures, nonpublic
- CMS Physician Quality Reporting Initiative (PQRI) – PCPI measures, nonpublic
- DOQ-IT (CMS pilot project using EHR) – nonpublic
Hospital Inventory Findings

- HospitalCompare (Hospital Quality Alliance/CMS)
  - TJC Core Measures (The Joint Commission)
  - H-CAHPS survey (AHRQ)
  - 30-day risk-adjusted mortality after AMI, heart failure, pneumonia (CMS)
- QualityCheck (The Joint Commission)
- Hospital Quality and Safety Survey (Leapfrog)
- California Hospital Assessment and Reporting Taskforce – CalHospitalCompare (CHART)
  - HospitalCompare measures
  - Risk-adjusted ICU, pneumonia, CABG mortality (OSHPD)
  - Breastfeeding rates, regional NICU status
  - C-section and VBAC rates
- Office of Statewide Health Planning and Development (OSHPD)
- California Perinatal Quality Care Collaborative (CPQCC)
- California Nursing Outcomes Coalition (CalNOC)
  - Hospital-acquired pressure ulcer prevalence (others nonpublic)
Inventory of “Other Sources”

• Behavioral Risk Factor Surveillance Systemy (BRFSS) (CDC, California DHHS, Survey Research Group)
• California Health Information Survey (UCLA/CDPH)
• Medicare Health Outcomes Survey (CMS/NCQA)
• California Cancer Registry (California DPH)
• California Adult Tobacco Survey (California DPH)
• Young Adult Health Care Survey (Child and Adolescent Health Measurement Initiative)
• California Women’s Health Survey (California DHCS, DMH, DSS)
## Relative Number of Quality Measures by IOM Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Large number of measures</th>
<th>No measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plan</strong></td>
<td></td>
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<tr>
<td>Equity</td>
<td>Safety</td>
<td>Efficiency</td>
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<tr>
<td>Efficiency</td>
<td>Timeliness</td>
<td>Pt Centered</td>
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<tr>
<td>Effectiveness</td>
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<tr>
<td><strong>Physician Organization</strong></td>
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<td><strong>Hospital</strong></td>
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<tr>
<td><strong>Nursing Home</strong></td>
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IOM Effectiveness Domain

Providing services based on scientific knowledge (avoiding overuse of inappropriate care and underuse of appropriate care)

- Examples:
  - **Health Plan**: Childhood immunization status
  - **PO**: Cholesterol management - LDL Control <130 mg/dL (for cardiac and diabetic adults)
  - **Hospital**: ACE inhibitors for heart failure patients

- Most measures in all inventories are related to process of care rather than health outcomes

- Effectiveness is by far the most metric-saturated domain
IOM Patient Centeredness Domain

Care that is respectful of and responsive to patient preferences, needs, and values

• Examples:
  – **Health Plan**: How often was it easy to get tests, care, treatment through your health plan?
  – **PO**: How often was your doctor informed about care you received from a specialist?
  – **Hospitals**: Did you get written information about symptoms or health problems to look out for after discharge?

• The CAHPS measure sets house virtually all of the patient-centered measures
IOM Timeliness Domain

Reducing wait times and sometimes harmful delays [for both patients and providers]

• Examples:
  – **Health Plan**: Prenatal care in the 1st trimester; Postpartum visit 21-56 days after delivery
  – **PO**: Did you obtain an appointment with a specialist as soon as you thought you needed it?
  – **Hospitals**: Percent of heart attack patients given PCI within 90 minutes of arrival

• Most measures relate to antibiotic administration (pneumonia, surgical prophylaxis), revascularization, or patients’ receipt of prompt services
IOM Safety Domain

Avoiding injuries to patients from the care that is intended to help them

• Examples:
  – **Health Plan**: Antidepressant medication management: 3 practitioner contacts in 12 wk period
  – **PO**: Medication monitoring (ACE/ARBs, digoxin, diuretics, anticonvulsants, statins)
  – **Hospitals**: Hospital-acquired pressure ulcers

• Most safety measures are found at the hospital and nursing home levels; very few focus at health plan level
IOM Efficiency Domain

Avoiding waste, including waste of equipment, supplies, ideas, and energy

• Examples:
  – **Health Plan**: Relative Resource Use (COPD, HTN, Diabetes, Asthma, Low back pain)
    • Use standardized price tables to report the ratio of observed-to-expected resource use
  – **PO**: Appropriate treatment for adults with bronchitis
  – **Hospitals**: Quality-Efficiency measure of AMI, PCI, CABG, CAP, Deliveries
    • Based on ALOS and 14 day readmit to same facility

• Many efficiency measures are characterized as “appropriate use of…”
IOM Equity Domain

Care that does not vary in quality because of personal characteristics [gender, ethnicity, location, SES]

• Examples:
  – **Health Plan**: None*
  – **PO**: None*
  – **Hospitals**: Preventive hospitalization reports from OSHPD (e.g., HTN, Dehydration, UTI, LBW)

• Product line comparisons may indirectly address equity

 (*If demographic data were collected, essentially all measures could be classified as equity measures.)
Findings from Stakeholder Interviews

Reported Measurement Gaps

- Health outcome measures (across domains)
- Certain IOM domains (efficiency; equity/disparities; safety outside hospitals)
- Individual physician level data
- Key conditions (chronic disease; mental health; hospital-acquired infections; obesity; dental care)
Measurement Gaps: Outcome Measures

Recommendations and Considerations

- CA and many other states have implemented mandatory reporting programs for hospital-acquired infections or NQF Serious Reportable Events; these data should gradually be moved into the public domain for public reporting.

- More outcome measures (e.g., AHRQ QIs) should be incorporated into publicly reported measure sets, pending resolution of attribution and validity issues, with more emphasis on variation at the physician and hospital levels.
Measurement Gaps: Efficiency and Equity Measures
Recommendations and Considerations

• More episode-based measures of efficiency should be put into the public domain and used for public reporting.
• Sociodemographic characteristics should be added to existing data collection efforts, whenever feasible, to support analyses of equity (and disparities) at all levels.
• Existing data collection efforts should be “repowered” to support analyses of equity (and disparities).
Measurement Gaps: Individual Physicians Recommendations and Considerations

- Adopt quality measures that are reasonably reliable at the physician level (e.g., composites and common diseases, especially within specialties)
- AHRQ’s Chartered Value Exchanges and QI Learning Network serve as vehicles to foster dissemination of state-level innovations.
- Overcome barriers to aggregating (pooling) data across commercial plans, Medicare, MediCal, SCHIP, etc.
Measurement Gaps: Key Conditions
Recommendations and Considerations

• Track indicators with respect to 90\textsuperscript{th} percentile national goals for diabetes care, heart disease care, and other public health priorities.

• Periodically review and adjust reported indicators using “burden reduction criteria”:
  – Variation in quality across providers
  – Opportunities for improvement in care
  – Focus on elective interventions, which are most salient for consumer decision-making
  – Target high cost, high prevalence, high impact conditions
Informal Poll of State Reporting Programs

What are your priorities for improving quality reporting activities in your State? (Choose all that apply.)

- 72% Setting: hospital/inpatient care
- 68% Health-care-acquired infection reporting
- 52% Enhancing administrative data (e.g., lab data)
- 40% Reducing burden on the provider
- 40% Additional settings (outpatient/episodes of care)
- 20% Setting: individual physician care
- 16% Setting: physician group/practice care
- 16% Other
- 12% Population: pediatrics
- 12% Population: elderly
- 4% Population: mental health
Consider Potential Unintended Effects

- Manipulation of data (e.g., exception reporting)
- Teaching to the test
- Risk of overtreatment (especially with all-or-none scoring of composite measures) or undertreatment (with efficiency measures)
- Increased disparities