

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

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Division for Heart Disease and Stroke Prevention



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

Quality Measures Reporting Initiative	Aspirin When Appropriate	Blood Pressure Screening & Follow Up	Blood Pressure Control	Cholesterol Management	Cholesterol Management – Diabetes	Cholesterol Management – IVD	Smoking Assessment & Treatment
CMS Physician Quality Reporting System (PQRS)	Yes	+	Yes	+	Yes	+	Yes
CMS EHR Incentive Programs for Eligible Professionals	Yes	+	Yes	+	+	Yes	Yes
National Quality Forum (NQF)	Yes	n/a	Yes	n/a	Yes	Yes	Yes
AHA/ADA/ACS The Guideline Advantage	+	+	+	+	+	+	+
CMS PQRS Cardiovascular Prevention Measures Group	+	+	+	n/a	+	+	+
CMS PQRS Group Practice Reporting Option (GPRO)	+	+	+	n/a	+*	+	+
CMS Accountable Care Organizations	+	+	+	n/a	+*	+	+
NCQA Healthcare Effectiveness Data and Information Set (HEDIS)	n/a	n/a	Yes	n/a	Yes	Yes	Yes
CMMI Comprehensive Primary Care	n/a	n/a	+	n/a	+	+	+
HRSA Uniform Data System**	+	n/a	Yes	n/a	n/a	n/a	+
CMS Medicaid Adult Core Set	n/a	n/a	Yes	n/a	n/a	n/a	n/a
ACC PINNACLE registry	n/a	n/a	n/a	n/a	n/a	n/a	Yes
IHS Resource and Patient Management System	n/a	n/a	+	n/a	n/a	n/a	n/a

Numbering Convention Table

Quality Measures Reporting Initiative	Aspirin When Appropriate	BP Screening & Follow Up	Blood Pressure Control	Cholesterol Management	Cholesterol Management – Diabetes	Cholesterol Management – IVD	Smoking Assessment & Treatment
CMS Physician Quality Reporting System (PQRS)	PQRS 204	PQRS 317	PQRS 236	PQRS 316	PQRS 2	PQRS 241	PQRS 226
CMS EHR Incentive Programs	CMS164v2	CMS22v2	CMS165v2	CMS61v3 CMS64v3	CMS163v2	CMS182v3	CMS138v2
National Quality Forum (NQF)	NQF 0068	n/a	NQF 0018	n/a	NQF 0064	NQF 0075	NQF 0028
CMS PQRS Group Practice Reporting Option (GPRO)	IVD-2	PREV-11	HTN-2	n/a	DM-14*	IVD-1	PREV-10
CMS Accountable Care Orgs (ACOs)	ACO #30	ACO #21	ACO #28	n/a	ACO #23*	ACO #29	ACO #17

<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 \leq 9%)

* Part of a composite measure

National Committee for Quality Assurance (NCQA)

**HEALTHCARE EFFECTIVENESS
DATA AND INFORMATION SET
(HEDIS)**

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

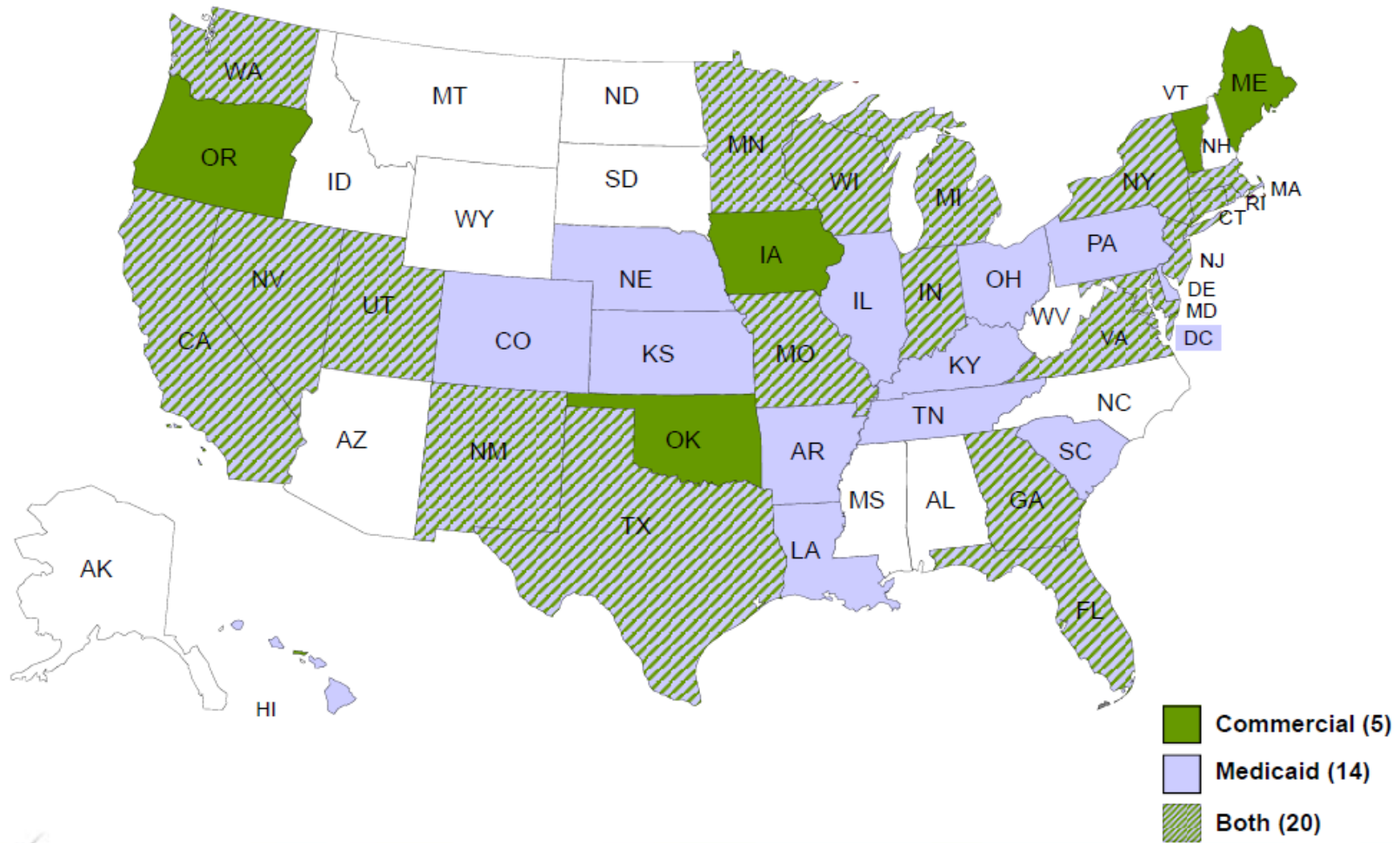
HEDIS (cont'd)

- 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:
http://www.ncqa.org/Portals/0/Public%20Policy/WEB%20-%202004%20NCQA%20HEDIS%20State%20Laws%20Medicaid%206_24_2013.pdf (as of June 2013)

- State laws requiring HEDIS for commercial plans:
http://www.ncqa.org/Portals/0/Public%20Policy/WEB%20-%202003%20HEDIS%20State%20Laws%20Commercial%203_30_2012.pdf (as of March 2012)

39 States Require Use of HEDIS/CAHPS



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

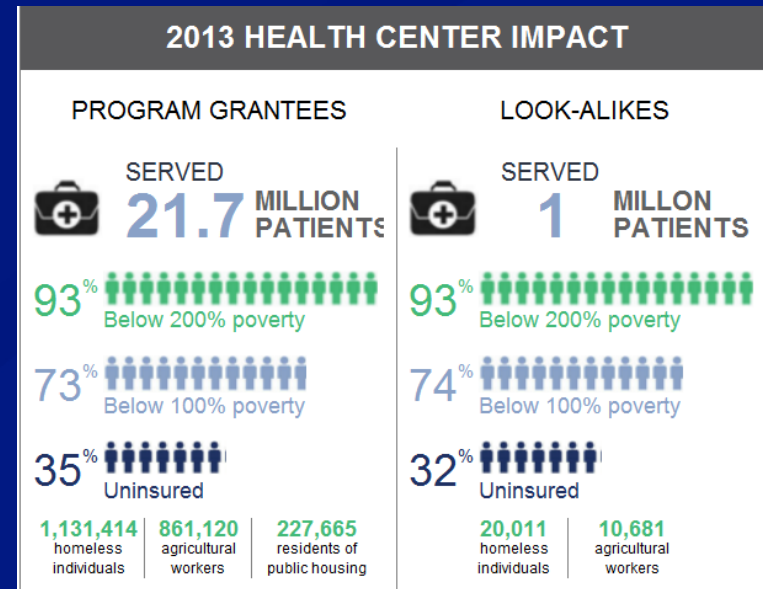
UNIFORM DATA SYSTEM (UDS)

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





[BPHC Home](#) > [Health Center Data](#) > [National Program Grantee Data](#)

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2013 Health Center Data

National Program Grantee Data

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

View Full 2013 National Report [v] Go

Total Number of Reporting Program Grantees: 1,202

Total Patients Served: 21,726,965

87.8% 54%

Select a Different Reporting Year:

Select Year [v] Go

Download:

[Find a Health Center](#)

[Find patient data by ZIP code using UDS Mapper](#)

[View National, State and Program Grantee Data](#)

View By:

- National Data
 - [Program Grantees](#)
 - [Look-Alikes](#)
- State Data**
 - [Program Grantees](#)
- Health Center Profiles**
 - [Program Grantees](#)
 - [Look-Alikes](#)
- [Reporting and Technical Assistance](#)

<http://bphc.hrsa.gov/uds/datacenter.aspx?year=2013>

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)

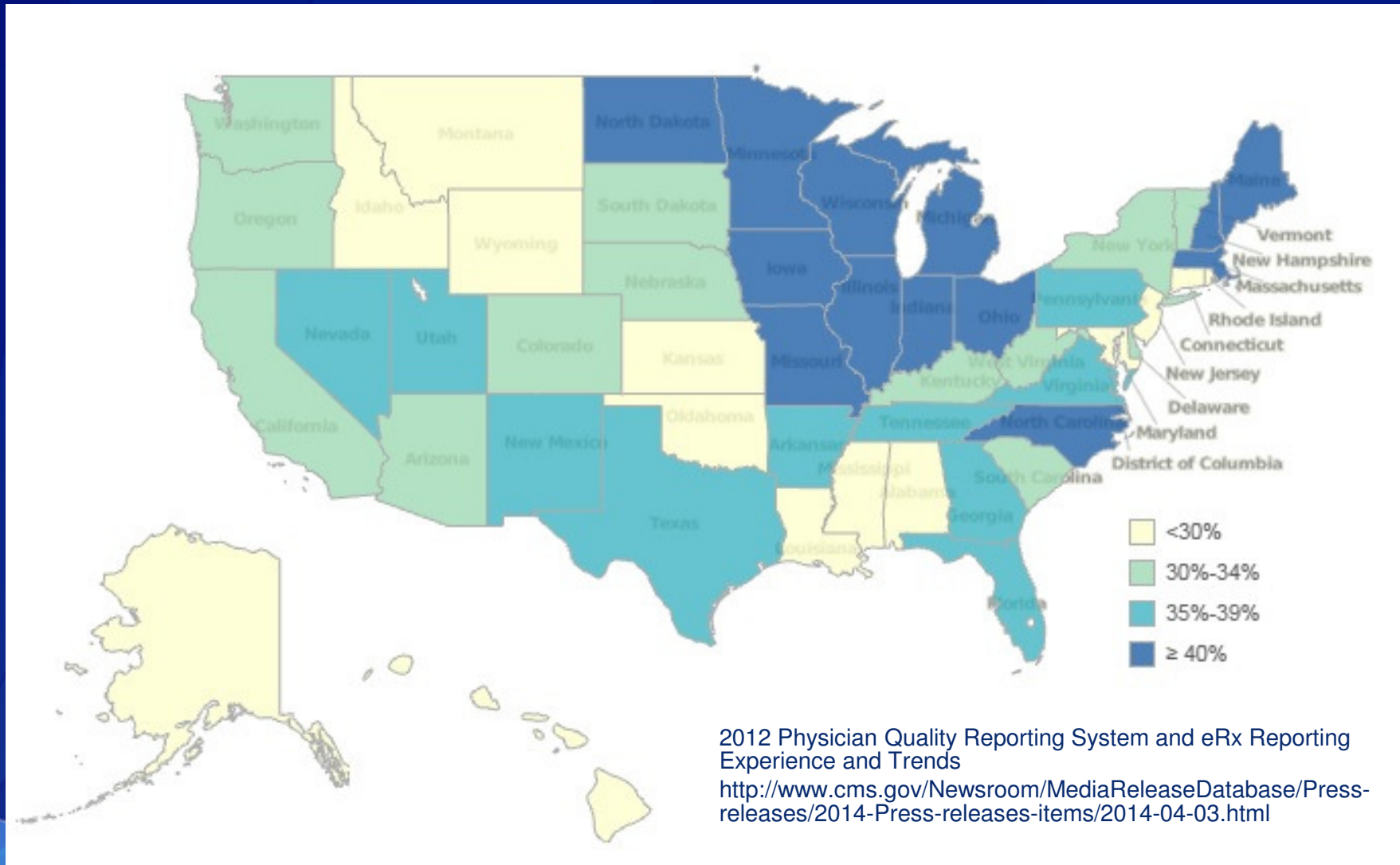
- ❑ Centers for Medicare & Medicaid Services (CMS)
- ❑ Voluntary electronic quality reporting system
- ❑ Effort to move toward a value-based purchasing system; reward the value of care provided
 - Incentive for reporting quality data
 - Intended to encourage professionals to adopt outcomes-driven healthcare delivery practices
- ❑ Full PQRS Measures List :
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

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)



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

Dartmouth Hitchcock ACO

Print All Information

ACO Website: www.cheshire-med.com/about_us/aco_pilot.html

At Risk Population

Diabetes

Quality Measure	Performance Rate
Hemoglobin A1c Control (HbA1c) (< 8 percent) ▶ Show Details	75%
Blood Pressure (BP) < 140/90 Control ▶ Show Details	80%
Tobacco Non Use ▶ Show Details	76%
Aspirin Use ▶ Show Details	88%

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

CMS EHR Incentive Program

- ❑ 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**



**Clinical quality
measures
alignment** ✓

**Promote
Reporting**



**Clinical quality
measures
dashboard** ✓

**Improve
Performance**



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

- HRSA UDS – 2011, 2012, 2013
- NCQA HEDIS – 2011, 2012, 2013
 - Commercial
 - Medicaid
- CMS PQRS – 2011, 2012, 2013 coming soon

- <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?

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Additional info can be found at: http://c.ymcdn.com/sites/chronicdisease.site-ym.com/resource/resmgr/2014_1305_Grantee_Meeting/Health_Systems_Data_-_Role_o.pdf

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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