

MDH Statewide Quality Reporting and Measurement System



**MINNESOTA COMMUNITY MEASUREMENT
QUALITY MEASURE RECOMMENDATIONS**

**PHYSICIAN CLINICS
AND
AMBULATORY SURGERY CENTERS**

2010 DATES OF SERVICE

2011 Recommended Quality Measures



PHYSICIAN CLINICS

Optimal Vascular Care Composite



All or None composite measure with 4 components:

- **Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)**
- **Blood pressure control (less than 130/80 mm Hg)**
- **Daily aspirin use or contraindication to aspirin**
- **Documented tobacco free**

Eligible Provider Specialties: Family Medicine; Internal Medicine; Geriatric Medicine; Cardiology

- **Adults age 18-75**

Optimal Diabetes Care Composite (Revised 2010)



All or None composite measure with 5 components:

- HbA1c (less than 8 percent)
- Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL)
- Blood pressure control (less than 130/80 mm Hg)
- **Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin)**
- Documented tobacco free

Eligible Provider Specialties: Family Medicine; Internal Medicine;
Geriatric Medicine; Endocrinology

- Adults age 18-75

Depression Remission at 6 Months



- Patients with major depression or dysthymia and an initial PHQ-9 score $>$ nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.

Eligible Provider Specialties reporting in 2011 and thereafter:
Family Medicine; Internal Medicine; Geriatric Medicine;
Psychiatry; and Behavioral Health (if physician on staff)

- Eligible Providers reporting in 2012 and thereafter: Add Behavioral Health professionals (LP, LICSW, LPCC, LMFT)
- Adults age 18 and older

Optimal Asthma Care



All or None Composite measure with 3 components:

- Asthma is well controlled (Use of asthma control tool)
- Patient does not show indications of poor control as measured by patient has only one of the following in 12 months: ED visit that does not result in inpatient stay; hospitalization that does not result in overnight stay
- Patient has been educated about asthma, has a current (written /reviewed in measurement period) asthma management plan containing information on:
 - medication doses and effects,
 - what to do during an exacerbation, and
 - information on the patient's triggers

Optimal Asthma Care (continued)



- **Eligible Provider Specialties: Family Medicine; Internal Medicine; General Practice; Pediatrics; Allergy/Immunology; Pulmonology**
- **Patients age 5-50**

Colorectal Cancer Screening



- **Patient is current with colorectal cancer screening including:**
 - colonoscopy within 10 years,
 - sigmoidoscopy within 5 years,
 - FOBT or FIT within the reporting period
- **Eligible Provider Specialty: Family Medicine; Internal Medicine; Geriatric Medicine; Obstetrics/Gynecology**
- **Adults age 50-75**

Patient Experience of Care



- **CG-CAHPS Survey Topics Cover:**
 - Getting care when needed / access to care
 - Communication
 - Helpfulness of office staff
 - Doctors with an exceptional rating
- **Eligible Providers: all specialties except Psychiatry**
- **All patients ages 18 and older with face to face visit at the clinic during the timeframe.**
- **Clinic sites with fewer than 2,200 unique patients visiting the clinic in calendar year 2010 are not required to submit survey results.**

Health Information Technology Survey



- **Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services**
- **Fielded in February of 2011**
- **All Specialties**
- **Results from 2010 Survey:**
 - 85% -Response rate
 - 68% - Clinics with an electronic health record
 - 41% - Clinics that use e-prescribing to electronically transmit prescriptions

2011 Recommended Quality Measures



AMBULATORY SURGERY CENTERS

Ambulatory Surgery Centers



- **New measures added to the reporting system in 2011**
- **Reporting July 1, 2011 (July 1 2010 through June 30, 2011 DOS)**
- **Three existing NQF-endorsed measures have been recommended by MDH**
- **Process for data collection and submission currently in development at MNCM**

Prophylactic Intravenous (IV) Antibiotic Timing



- **Denominator:** All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection
- **Numerator:** Patients with
 - An order for a prophylactic IV antibiotic for prevention of surgical site infection ...and..
 - Who received the prophylactic antibiotic on time - within one hour prior to the time of the initial surgical incision/beginning of the procedure or two hours prior if Vancomycin or Fluoroquinolones are administered.

Hospital Transfer/Admission



- **Denominator: All ASC admissions**
- **Numerator: Admissions requiring**
 - A hospital transfer or
 - A hospital admission
 - Upon discharge from the ASC

Appropriate Surgical Site Hair Removal



- **Denominator:** All ASC admissions requiring surgical site hair removal
- **Numerator:** Appropriate surgical site hair removal with clippers or depilatory cream

2011 Recommended Quality Measures



HOSPITALS

New Measure Topics in Development for 2012



All outcome measures

- Maternity Care
- Low Back Pain
- Total Knee Replacement

Maternity Outcome Measure



MN Community Measurement will investigate adoption or creation of a suite of measures:

- Encompass the care given from the onset of pregnancy through childbirth and up to six weeks after delivery
- Unit of reporting would be medical group/provider and/or facility level
- Explore common risk adjustment factors that are known to impact birth outcomes: race, number of previous births, age, body mass index, multiple births and others TBD.
- Explore complicating factors that impact maternity care and outcomes including: BMI, pre-eclampsia, gestational diabetes, multiple births, smoking and alcohol use, and HIV status.

There is no “plug and play measure

Low Back Pain Outcome Measure



MN Community Measurement will investigate adoption or creation of a Specialty Care/ Spine Surgery measure. Considerations:

- Measure of functional status (such as pre and post-op Oswestry score).
- Shared Decision Making
- Explore risk adjustment elements for the spinal surgery population such as pre-op functional status &/or risk score
- Imaging appropriateness will be measured via a different measure

There is no “plug and play” measure

Total Knee Replacement Outcome Measure



- MN Community Measurement will investigate adoption or creation of a new measure.

Considering:

- Pre-operative and postoperative functional status- score change (Oxford Knee Score)
 - A six month or three month score, but not out beyond 1 year.
- Appropriate Indications for procedure (pain, disability, joint damage)
- Return to OR for manipulation within 90 days
- Overall TKR procedure volume by clinic site or medical group

There is no “plug and play” measure