

Clinical Integration Quality Measures

St. Rose Quality Care Network (SRQCN) is physician-driven, with physicians determining which quality measures will be used to improve overall quality of care.

Purpose:

1. Promote greater accountability for quality, effectiveness and efficacy of healthcare services to patients
2. Ensure that SRQCN and all of its stakeholders demonstrate a consistent endeavor to deliver safe, effective and optimal patient care and services

Scope of Activities:

1. SRQCN's Quality Committee designs, measures and assesses specific quality measures to:
 - inform and drive quality improvement projects
 - assess and re-evaluate performance improvement activities to continually improve

Goals:

2. Continually and systematically plan, design, measure, assess and improve performance of priority focus areas
3. Improve healthcare outcomes through data-driven quality measures and accountabilities and clinical quality projects across the patient-care continuum
4. Promote effectiveness and efficiency of healthcare services
5. Continuously improve processes related to:
 - Safety
 - Effectiveness
 - Patient-centeredness
 - Timeliness
 - Efficiency
 - Equitableness

Based on the mission and vision of Dignity Health, SRQCN is committed to fostering an environment that encourages performance assessment and improvement related to clinical care and quality. Clinical integration administrative leaders, the SRQCN Board of Managers, physicians, other providers and quality staff leaders agree to work mutually toward those goals.

Quality Measures Phase I Common Scorecard

Phase 1 Scorecard					
Metrics	Metric definition	Metric ID	Level of Reporting	Data Source	Benchmark
Citizenship					
Billing data	Adequate submission of billing data (pre-adjudicated claims) each month when deemed technically able to do so		Physician/ Practice	IT department	> =92%
CIN meeting participation	Attend >50% of CIN meetings per year		Physician	Sign-in sheets	> 50% of meetings
Resolve care management issues	% of issues resolved within 2 business days; score is 0 if does not engage with CM; measure is removed if no CM offered		Physician	CM/UM team	75%
EHR	Attestation to stage II meaningful use		Physician/ Practice	Survey	yes
Review metrics results	Access dashboard or review performance with quality nurse once a quarter		Physician	IT Dept, CIN team	yes
Quality					
Appropriate testing for children with pharyngitis (CWP)	% of children ages 2-18 years who were diagnosed with pharyngitis, dispensed antibiotic and received group A streptococcus (strep) test for the episode	NQF 2	Physician	Adjudicated claims or payer report	
Appropriate treatment for children with upper respiratory infection (URI)	% of children ages 3 months–18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription	NQF 65	Physician	Adjudicated claims or payer report	
Avoidance of antibiotic treatment in adults with acute bronchitis	% of adults ages 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	NQF 58	Physician	Adjudicated claims or payer report	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	% of members ages 18–75 with diabetes (type 1 and type 2) who had medical attention for nephropathy in the last year	NQF 62	Physician	Adjudicated claims or payer report	Mean = 80.93% St Dev = 17.64%

Quality Measures Phase I Common Scorecard (continued)

Metrics	Metric definition	Metric ID	Level of Reporting	Data Source	Benchmark
Quality (continued)					
Well-child visits in 3 -6 Years of Life (W34)	% of members ages 3–6 years who had one or more well-child visits with a PCP during measurement year	NQF 1516	Physician	Adjudicated claims or payer report	
Well Child Visits in First 15 months (W15)	% of members who turned 15 months old during measurement year who had 6 or more well-child visits with a PCP in first 15 months	NQF 1392	Physician	Adjudicated claims or payer report	
Good glycemic control	% of members with diabetes who have an A1C<8%	ACO 22 (retired), NQF 575	Physician	Billing + chart abstraction	
Hypertension: controlling high blood pressure	% of patients ages 18-85 diagnosed with hypertension whose blood pressure was adequately controlled (< 140/90 mmHg) during measurement period	ACO 28	Physician	Billing + chart abstraction	Mean = 72.43% St Dev = 17.04%
Patient Experience					
Same day access	Agree to offer same day access for emergent/ stat appointments or consults with the requested physician or designated covering physician		Practice	Survey	100%
Participate in alternative hours program for routine care	Agree to offer alternative hours (evenings, weekends) for routine visits as a practice or part of a larger group		Practice	Survey	100%
CG-CAHPS	Overall performance on CG-CAHPS survey		CIN	Survey	
Efficiency - Network level measures					
Readmissions	% of index admissions with readmission within 30 days	PQRS 356	CIN	Adjudicated claims or payer report	Mean = 15.94% St. Dev = 1.39%
ED visits	ED visits per 1,000 members		CIN	Adjudicated claims or payer report	
Admissions	Admissions per 1,000 members		CIN	Adjudicated claims or payer report	
High-tech imaging	MRI/CT/PET scan events per 1,000 members		CIN	Adjudicated claims or payer report	

ACO Quality Metrics

ACO Metric	Metric description	PY2014 Mean pioneer performance	Level of Reporting	Data Source	PY2014 Mean MSSP performance
Patient/ Care-giver Experience					
ACO 1	CAHPS: Getting timely care, appointments and information	80.47%	Provider	CG CAHPS Survey	80.13%
ACO 2	CAHPS: How well your providers communicate	92.45%	Provider	CG CAHPS Survey	92.39%
ACO 3	CAHPS: Patients' rating of provider	91.88%	Provider	CG CAHPS Survey	91.58%
ACO 4	CAHPS: Access to specialists	83.93%	Provider	CG CAHPS Survey	83.97%
ACO 5	CAHPS: Health promotion and education	58.86%	Provider	CG CAHPS Survey	58.29%
ACO 6	CAHPS: Shared decision-making	72.59%	Provider	CG CAHPS Survey	74.60%
ACO 7	CAHPS: Health status/ functional status	71.20%	Provider	CG CAHPS Survey	71.10%
ACO 34	CAHPS: Stewardship of patient resources		Provider	CG CAHPS Survey	
Care Coordination / Patient Safety					
ACO 8	Risk standardized all condition readmission	15.70%	Provider	Adj claims	15.15%
ACO 9*	ASCA: COPD or asthma in older adults	1.11%	Provider	Adj claims	1.08%
ACO 10**	ASCA: Heart failure	1.13%	Provider	Adj claims	1.19%
ACO 11	% of PCP who successfully meet MU requirements	76.81%	Provider	CMS report	76.71%
ACO 13	Falls: screening for future fall risk	74.85%	Provider	Manual abstraction	83.55%
ACO 35	SNF 30-day all cause readmission		Provider	Adj claims	
ACO 36	All-cause unplanned admissions for patients with diabetes		Provider	Adj claims	
ACO 37	All-cause unplanned admissions for patients with HF		Provider	Adj claims	
ACO 38	Documentation of current medications in the medical record		Provider	Manual abstraction	
ACO 39	All-cause unplanned admissions for patients with MCC		Provider	Adj claims	

* All discharges with Dx of COPD or asthma for pts 40 or older

** All discharges with Dx of HF for pts 40 or older

ACO Quality Metrics (continued)

ACO Metric	Metric description	PY2014 Mean pioneer performance	Level of Reporting	Data Source	PY2014 Mean MSSP performance
Preventive Health					
ACO 14	Influenza immunization	61.29%	Provider	Adj claims	57.74%
ACO 15	Pneumococcal vaccination status for older adults	68.13%	Provider	Adj claims	55.22%
ACO 16	Body mass index screening and follow-up	62.57%	Provider	Manual abstraction	67.01%
ACO 17	Tobacco use: screening and cessation intervention	90.33%	Provider	Manual abstraction	87.04%
ACO 18	Screening for clinical depression and follow-up plan	46.61%	Provider	Manual abstraction	39.37%
ACO 19	Colorectal cancer screening	70.84%	Provider	Adj claims	56.16%
ACO 20	Breast cancer screening	70.87%	Provider	Adj claims	61.42%
ACO 21	Screening for high blood pressure and follow-up documented	57.37%	Provider	Manual abstraction	60.36%
ACO 42	Statin therapy for prevention and treatment of cardiovascular disease		Provider	Manual abstraction	
At-risk population					
Diabetes composite					
ACO 27 (DM-2)	Diabetes: hemoglobin A1c poor control	18.83%	Provider	Manual abstraction	20.32%
DM-41 (DM-7)	Diabetes: eye exam		Provider	Adj claims	
ACO 28	Hypertension: controlling high blood pressure	72.88%	Provider	Manual abstraction	67.96%
ACO 30	IVD: use of aspirin or another antithrombotic	82.38%	Provider	Manual abstraction	80.84%
ACO 31	HF: beta-blocker therapy for LVSD	90.44%	Provider	Adj Claims - RX	84.32%
ACO 33	CAD: ACE-I or ARB therapy in patients with diabetes or LVSD	79.09%	Provider	Adj Claims - RX	75.25%
ACO 40	Depression: remission at 12 months		Provider	Adj Claims	