

Quality Measurement

**CHN Care
Management &
Clinical Collaboration
Committee
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**NO
HARM**

Our Patient Safety Journey

Historical Perspective

- **NCQA:** The National Committee for Quality Assurance was established in 1990 measuring and accrediting health plans. With a focus on quality, the NCQA established performance measures reported by care plans to measure effective management of patient populations. Through several versions, this has evolved into more than 90 measures across 6 domains of care termed HEDIS (The Healthcare Effectiveness Data and Information Set).
- **HEDIS:** The HEDIS measures are designed with input from MCOs, academic researchers, corporate purchasers, and consumer representatives to measure quality performance (and continue to undergo annual review and revision). Originally designed for plan comparison, they are now utilized by many organizations for tracking purposes and have become the basis of many risk based performance measures (example: BCBS PCMH scorecard).



Evolution of HEDIS measures

- The NCQA reports that over 184 million people are enrolled in plans that report HEDIS results.
- Risk based contracting often recognizes these measures as the gold standard of Quality measures.
- Development of measures has progressed to move forward with a goal to include more functional outcomes over processes (measurement of average HgbA1C in a population).
- The measures remain heavily dependent on attribution and based on claims data (3 month lag time).

Medicaid MCOs

- Nebraska legislature selected 5 pediatric HEDIS measures for the Medicaid MCOs to compensate providers on a PMPM reimbursement based on performance data.
 - Appropriate Treatment for children with Upper Respiratory Infection
 - Lead Screening in Children
 - Well-Child Visits in the First 15 Months of Life
 - Childhood Immunization Status Combo 2
 - Childhood Immunization Status Combo 10

Why track these measures at all?

- Currently being reported by majority of health plans
- Risk based contracting for reimbursement
- Tracking your own data provides better insight to improving your rates and increasing performance
- Provide input and feedback to improve measures to make them more meaningful
- Influence selection of appropriate measures by legislature or other selection committees

Tracking Performance: CP scorecards

CP ORGANIZATION SCORECARD	2018				
	Jan	Feb	12 Mo	TARGET 2018	ACTUAL 2017
Quality Measures					
Annual Asthma Assessment (annualized)	75.0%	76.0%		90%	75%
Home Management Plan for children with asthma (annualized)	66.0%	68.0%		92%	81%
Spirometry (annualized)	42.0%	42.0%		75%	59%
Appropriate controller meds for people with persistent asthma (annualized)	96.0%	96.0%		93%	96%
Antibiotic Choice Strep Pharyngitis (annualized)	92.0%	93.0%		94%	94%
AOM Metric 2-First Line Therapy for Non-Penicillin Allergic AOM (annualized)	94.0%	93.0%		90%	88%
Sinusitis Metric 2-First Line Therapy for Non-Penicillin Allergic Sinusitis (annualized)	93.0%	93.0%		90%	88%
Biannual ADHD visit (annualized)	88.0%	86.0%		93%	88%
Tobacco Use/Exposure Assessment - Adolescents (monthly)	93.0%	93.0%	93%	93%	93%
Childhood Immunization Status (Combo 10) (annualized)	72.0%	72.0%		73%	70%
Adolescent Immunization Status (annualized)	90.0%	91.0%		83%	83%
Influenza Immunizations (seasonal) (annualized)	46.0%	49.0%		60%	49%
HPV Vaccination (annualized)	26.0%	32.0%		50%	48%
M-CHAT 18 Month (monthly)	99.0%	98.0%	99%	93%	98%
M-CHAT 24 Month (monthly)	98.0%	99.0%	99%	93%	99%
Developmental Screening Age 1 (annualized)	88.0%	89.0%		88%	80%
Developmental Screening Age 2 (annualized)	90.0%	90.0%		88%	81%
Developmental Screening Age 3 (annualized)	90.0%	90.0%		88%	78%
Well Child Visits in the First 15 Months of Life (annualized)	67.0%	66.0%		68%	65%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (annualized)	77.0%	76.0%		88%	75%
Urinary Tract Infection (UTI) (monthly)	94.0%	97.0%	96%	93%	94%
Exposures/Needlesticks (monthly)	0	2	2	0	12



Tracking performance: Registries

Wellness

CP DEPARTMENTS

These metrics are evaluated for patients who are on the wellness registries. To qualify, a patient must be alive, EpicCare Active, less than 26 years of age, and have a qualifying visit in last 2 years.

	2017	YTD
> Adolescent Immunization Status	82.60%	89.78%
> Adolescent Well-Care Visit	57.65%	60.21%
> Appropriate Testing for Children with Pharyngitis	95.69%	95.69%
> Appropriate Treatment for Children with Upper Respiratory Infection	99.65%	99.62%
> Childhood Immunization Status	70.36%	72.19%
> Children and Adolescents' Access to PCP 12-24 months	97.77%	98.10%
> Children and Adolescents' Access to PCP 25 months to 6 years	89.05%	90.94%
> Children and Adolescents' Access to PCP 7-11 years	90.10%	95.18%
> Children and Adolescents' Access to PCP 12-19 years	88.13%	95.54%
> Developmental Screening by Age 1	79.67%	79.52%
> Developmental Screening by Age 2	81.16%	83.80%
> Developmental Screening by Age 3	78.36%	85.03%
> Flu Immunization Status	49.30%	52.06%
> Follow-Up Care for Childrens Prescribed ADHD Medication: Initiation Phase	37.79%	0.00%
> HPV Vaccine for Adolescents	47.53%	52.79%
> Lead Screening in Children	55.45%	54.66%
> Well Child Visits in First 15 Months	65.26%	63.27%
> Well Child Visits for 3-6 Year Olds	74.83%	78.51%