TCPI: Transforming Clinical Practice Initiative

Using Data to Effect Change

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Compass PTN Learning Community
2016

National Quality Strategy

• Three-part Aim
• Six Priorities
• Nine Levers
• Stakeholders
Pursue three aims at the same time

**Six Priorities**

- Priority 1: Making care safer by reducing harm caused in the delivery of care
- Priority 2: Ensuring that each person and family members are engaged as partners in their care
- Priority 3: Promoting effective communication and coordination of care
Six Priorities (cont.)

Priority 4: Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

Priority 5: Working with communities to promote wide use of best practices to enable healthy living

Priority 6: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

Nine Levers
IHI Triple Aim and NQS Three Aims

Healthy People/Healthy Communities

Two terms need to be unpacked:
- Determinants of health
- Population health

From Slide Set: National Quality Strategy Overview
Defining Population Health

Population Health
The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Evans and Stoddart Field Model as modified by Kindig. 

Defining Population

Health Improvement Activities
“Population Management” or “Population Medicine” generally means design, delivery, and coordination of and payment for health care services for sub-populations. Still oriented toward Triple Aim – but from the perspective of the health care industry.

Figure adapted from Jacobson and Teutch (2012). An environmental scan of integrated approaches for defining and measuring total population health by the clinical care system, the government public health system, and stakeholder organizations.
Tension between Population Management and Total Population Health

Certain sub-populations, often the most complex and costly patients, require comprehensive care designs that address the determinants of total population health.

- High risk
- Vulnerable populations
- Rising risk

Sometimes, the needed health intervention is outside the domain of the health system.

Health Systems and Public Health are Natural Allies

- Clinical care impacts population health
  - The quality of care impacts population health
- Health systems have growing accountability for the health outcomes of their patients (sub-population)
- To impact health outcomes, the determinants of health must be addressed
- Many of the determinants of health are not in the clinical domain
- We are all accountable for total population health
Healthcare and Public Health are Natural Allies

- Kansas Department of Health & Environment is working to impact total population health
  - 1305
  - 1422
  - Million Hearts
- Engagement with health systems is one component of a broad strategy
- Opportunities for PTN
  - Evidence-based interventions in the community
  - Strengthen linkages between health care systems and community-based resources to impact the determinants of health
  - New Partnerships

Population Health Tool Set

- Population health improvement is driven by data
- Tools for population health:
  - Assign to panels
  - Assign accountability
  - Stratify risk (informed by the determinants of health)
    - High risk
    - Vulnerable populations
    - Rising risk
  - Identify risk factors which may progress to preventable medical conditions
  - Develop registries
  - Identify care gaps
- Accurate reporting depends on reliable documentation
Measurement Strategy

- Your data is your data, not ours
- Don’t look at data as a reporting burden, look at it as a tool set to develop
- Transformation will require:
  - Learning new data-related skills
  - Learning about standard quality measures

For the PTN to evaluate itself, it needs data too

Compass PTN Measures Menu

Outcome Measures:
- Diabetes Hemoglobin A1c Poor Control (PQRS 001)
- Controlling High Blood Pressure (PQRS 236)
- All-Cause 30-day Readmission Rate

Process Measures/ Efficient Use of Health Resources:
- Use of appropriate medications for asthma (PQRS 311)
- Heart Failure Beta-Blocker therapy for LVSD (PQRS 008)
- Use of Imaging Studies for Low Back Pain (PQRS 312)
- Appropriate Treatment for Children with Upper Respiratory Infection (PQRS 065)
- Overuse of diagnostic imaging for uncomplicated headache (Choosing Wisely)
- Overuse of diagnostic imaging for simple syncope (Choosing Wisely)
- Avoidance of Unnecessary Use of CT in Immediate Evaluation of Minor Head Injury (CW)
- Overuse of Diagnostic Imaging for Uncomplicated Sinusitis (Choosing Wisely)

Communication and Care Coordination
- Closing the Referral Loop: Receipt of Specialist Report (PQRS 374)

Patient Safety
- Documentation of Current Medications in the Medical Record (PQRS 130)
Choosing Wisely®

- An initiative of the ABIM foundation
- Initiative to address waste in health care and avoid risks associated with unnecessary treatment
- Over 70 Medical Specialty Societies submitted recommendations of overused tests and treatments

For more information: www.choosingwisely.org

Compass PTN data system

- Web portal developed by Telligen
- Aggregate monthly numerator and denominator
  - Entered by hand or through QRDA Type-3 file
  - Optional patient-level tracking for clinics without EHR
- Performance improvement plan
- Technical Support from Telligen and through your quality improvement advisors
- Evolving:
  - Kansas Healthcare Collaborative is committed to building a sustainable data system to support quality improvement for Kansas hospitals and providers
Compass PTN measurement

- Remember, this is a skill set
- Work with improvement advisors to identify measures that are a priority for your organization
  - At least one from the core list
- PQRS 2016 measure list: **284 measures** including specialties
- National Quality Forum measure clearinghouse
  
  [www.qualityforum.org](http://www.qualityforum.org)
Baseline Data

- Demographic analysis
- Meaningful use
- Clinical quality measures

NQF 0059

- Diabetes: Hemoglobin A1c Control
- Percentage of patients 18-75 years of age with diabetes who had a hemoglobin A1c > 9.0%
NQF 0018

• Controlling High Blood Pressure
  • Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Make it Meaningful

Nurstoons

by Carl Elbing

www.nurstoons.com
Cost of Care

- QR/UR report
- Attributed beneficiaries and total costs
Relative Weights of MIPS Components

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<tr>
<th>Component</th>
<th>2019</th>
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<th>2021</th>
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<td>+5% to -5%</td>
<td>+7% to -7%</td>
<td>+9% to -9%</td>
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</tbody>
</table>


Summary

"If the statistics are boring, then you’ve got the wrong numbers.”

- Edward R. Tufte

By ParadigmNEXT.com
Thank you

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