National Quality Strategy Webinar
Using the Nine Levers to Achieve Results
August 19, 2014
Housekeeping

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Agenda

- **Welcome**
  Ann Gordon, Facilitator

- **Presentation of the NQS Levers**
  Nancy Wilson, Executive Lead
  National Quality Strategy

- **Levers in Action: Wisconsin Collaborative for Healthcare Quality**
  Chris Queram, President and CEO

- **Levers in Action: Oregon Health Care Quality Corporation**
  Mylia Christensen, Executive Director

- **Questions and Answers**
  Presenters
The National Quality Strategy and Nine Levers for Program Alignment

Nancy Wilson, B.S.N., M.D., M.P.H.
Background on the National Quality Strategy

- Established by the Affordable Care Act to improve the delivery of health care services, patient health outcomes, and population health
- The Strategy was first published in 2011 and serves as a nationwide effort to improve health and health care across America
- The Strategy was iteratively designed by public and private stakeholders, and provides an opportunity to align quality measures and quality improvement activities
The IHI Triple Aim and NQS Three Aims

**Better Care:** Improve overall quality by making health care more patient-centered, reliable, accessible, and safe.

**Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health.

**Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

**The IHI Triple Aim:**

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
The National Quality Strategy unites efforts to improve health and health care for all Americans. The above graphic provides a high-level view of how the National Quality Strategy works to provide better, more affordable care for the person and the community.
Why We’re Here Today: Levers

The Strategy’s aims and priorities are supported by the nine National Quality Strategy “levers”: organizations’ core business functions that serve as a means for improving health and health care quality.
## Nine National Quality Strategy Levers

<table>
<thead>
<tr>
<th>Measurement and Feedback</th>
<th>Public Reporting</th>
<th>Learning and Technical Assistance</th>
<th>Certification, Accreditation, and Regulation</th>
<th>Consumer Incentives and Benefit Designs</th>
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</thead>
<tbody>
<tr>
<td>Payment</td>
<td>Health Information Technology</td>
<td>Innovation and Diffusion</td>
<td>Workforce Development</td>
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Better Care. Healthy People/Healthy Communities. Affordable Care.
2014 Annual Progress Report: Levers in Action
Levers in Action
Wisconsin Collaborative for Healthcare Quality

Chris Queram, President and CEO
Our Founding Premise, 2003

“… a voluntary statewide consortium of quality-driven health care organization, employers, and employees learning and working together to improve health care in Wisconsin”
Measurement and Feedback

Provide performance feedback to plans and providers to improve care.
Measurement and Feedback in Action

- WCHQ publicly reports health care performance measures using a unique method of data collection that captures data from all patients and all payers.

- The more than 30 measures WCHQ publicly reports are focused on key areas of disease prevention, chronic disease management, and patient experience.

- Measures are selected through a transparent, consensus-building process with provider, purchaser, and consumer buy-in.
Public Reporting

Compare treatment results, costs, and patient experience for consumers
Public Reporting in Action

- Member organizations **voluntarily collect and submit data** related to the services they provide.

- WCHQ in turn **publicly reports the measures online** so providers, purchasers, and consumers can **compare the performance** of member organizations.
Screening for Osteoporosis

The results below represent **242,670** patients who should have had Screening For Osteoporosis. Read More About This Measure.

**Reporting Period:** Q1 2013 - Q1 2012

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnesian Healthcare</td>
<td>57.34%</td>
</tr>
<tr>
<td>Aspirus Clinics, Inc.</td>
<td>48.46%</td>
</tr>
<tr>
<td>Aurora Advanced Healthcare</td>
<td>84.09%</td>
</tr>
<tr>
<td>Aurora Medical Group</td>
<td>86.10%</td>
</tr>
<tr>
<td>Aurora UW Medical Group</td>
<td>84.19%</td>
</tr>
<tr>
<td>Bellin Health</td>
<td>84.12%</td>
</tr>
</tbody>
</table>
Public Reporting in Action

Wisconsin Health Reports
www.wisconsinhealthreports.org
Foster learning environments that offer training, resources, tools, and guidance to help organizations achieve quality improvement goals.
Learning and Technical Assistance in Action

• WCHQ convenes and facilitates learning events for health care providers, purchasers, and payers through its Assembly Meetings and Learning Action Network events

• WCHQ member organizations share best practices that lead to high-quality care and positive outcomes, enabling all providers to adopt successful methods

• The WCHQ Online Community providers tools for members to use when collaborating on WCHQ initiatives
Innovation and Diffusion

Foster innovation in health care quality improvement, and facilitate rapid adoption within and across organizations and communities
Innovation and Diffusion in Action

• WCHQ’s innovative **Repository-Based Data Submission (RBS) tool** allows members to directly and securely submit de-identified patient-level data files for processing and reporting.

• The RBS tool increases **efficiency during validation**, **reduces the programming burden**, and gives members ready access to **patient-level data** for internal testing and reporting.

• The RBS tool is a CMS-approved Qualified Clinical Data Registry for PQRS reporting in 2014.
Levers in Action Drive Results

UNCOMPLICATED HYPERTENSION: BLOOD PRESSURE CONTROL
All WCHQ Patients, All WCHQ Reporting Members

This measure assesses the percentage of patients 18-85 years old who have a diagnosis of uncomplicated essential hypertension, and whose blood pressure was adequately controlled (less than 140/90 mm Hg).

N: Total patient population measured (not a sample)
Levers in Action Drive Results

- A study published in *Health Affairs* found a positive correlation between WCHQ’s public reporting and investments made by its member organizations in quality improvement interventions ("Reporting drives improvement")

- A second study published in *Health Affairs* showed that WCHQ member organizations saw significant improvement across diabetes and cardiovascular disease measures reported to WCHQ over a 5-year period, and outperformed non-member peers in Wisconsin, nearby States, and the rest of the United States. The overall performance of the Collaborative’s members in the aggregate improved significantly, and all physician groups saw improvement on a majority of measures publicly reported ("What gets measured, gets improved")
Reported Reasons for Initiating Quality Improvement Measures, Physician Groups in the Wisconsin Collaborative for Healthcare Quality (WCHQ)

Levers in Action
Oregon Health Care Quality Corporation

Mylia Christensen, Executive Director
Mission

“The Oregon Health Care Quality Corporation an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. We work with the members of our community – including consumers, providers, employers, policymakers and health insurers – to improve the health of all Oregonians.”
Measurement and Feedback

Provide performance feedback to plans and providers to improve care
Measurement and Feedback in Action

• 15 health plans and CMS, Oregon Health Authority, which represents 80 percent of the commercially insured, 92 percent of the Medicare, and 100 percent of the Medicaid populations.

• Currently, Q Corp generates over 30 quality improvement and utilization measures.

• As part of the fourth phase of the Robert Wood Johnson Foundation’s Aligning Forces for Quality program, Q Corp will be expanding its measurement and reporting initiative to include total cost of care and resource use in 2015.
Measurement and Feedback in Action

Well-Child Visits for Children in the 3rd, 4th, 5th and 6th Years of Life

LEGEND
- Blue triangle: >=30% Medicaid
- Red square: < 30% Medicaid

Clinic Score (%)
Measurement and Feedback in Action

Breast Cancer Screenings
Oregon Clinic Variation by Age Group

Clinic Score (%)

Mean Clinic Score

Age Group (years)

40 – 49
50 – 69
70 – 84
85+

0
20
40
60
80
100
Report 3: View Provider Scores by Clinic

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic #1</td>
<td>4,052</td>
</tr>
</tbody>
</table>

**Provider Name**

<table>
<thead>
<tr>
<th>Provider #1</th>
<th>1,355</th>
<th>Provider Score</th>
<th>95% Confidence Interval</th>
<th>Clinic Score</th>
<th>Medical Group Average</th>
<th>Oregon Average</th>
<th>Oregon ABC Benchmark</th>
<th>HEDIS 2013 Benchmark Rates 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening (age 40-49)</td>
<td>47</td>
<td>83.0 %</td>
<td>70% - 91%</td>
<td>74.4 %</td>
<td>65.9 %</td>
<td>59.5 %</td>
<td>82.1 %</td>
<td>NA</td>
</tr>
<tr>
<td>Breast Cancer Screening - Total (age 40-69)</td>
<td>193</td>
<td>76.7 %</td>
<td>70% - 82%</td>
<td>78.1 %</td>
<td>73.3 %</td>
<td>65.6 %</td>
<td>84.9 %</td>
<td>72.1 %</td>
</tr>
<tr>
<td>Breast Cancer Screening (age 50-74)</td>
<td>184</td>
<td>74.5 %</td>
<td>68% - 80%</td>
<td>78.6 %</td>
<td>75.2 %</td>
<td>68.1 %</td>
<td>87.1 %</td>
<td>NA</td>
</tr>
<tr>
<td>Breast Cancer Screening (age 75-84)</td>
<td>40</td>
<td>65.0 %</td>
<td>50% - 78%</td>
<td>60.9 %</td>
<td>60.5 %</td>
<td>55.4 %</td>
<td>75.1 %</td>
<td>NA</td>
</tr>
<tr>
<td>Breast Cancer Screening (age 85+)</td>
<td>28</td>
<td>21.4 %</td>
<td>10% - 40%</td>
<td>26.6 %</td>
<td>27.8 %</td>
<td>26.9 %</td>
<td>42.6 %</td>
<td>NA</td>
</tr>
<tr>
<td>Cervical Cancer Screening (age 21-64)</td>
<td>143</td>
<td>79.7 %</td>
<td>72% - 86%</td>
<td>76.8 %</td>
<td>66.7 %</td>
<td>64.5 %</td>
<td>87.8 %</td>
<td>78.3 %</td>
</tr>
<tr>
<td>Chlamydia Screening (age 16-24)</td>
<td>6</td>
<td>50.0 %</td>
<td>19% - 81%</td>
<td>50.0 %</td>
<td>56.8 %</td>
<td>45.2 %</td>
<td>71.3 %</td>
<td>54.9 %</td>
</tr>
<tr>
<td>Diabetes Care, HbA1c Test (age 18-75)</td>
<td>47</td>
<td>93.6 %</td>
<td>83% - 98%</td>
<td>89.8 %</td>
<td>91.4 %</td>
<td>88.8 %</td>
<td>96.2 %</td>
<td>91.5 %</td>
</tr>
<tr>
<td>Diabetes Care, LDL-C Test (age 18-75)</td>
<td>47</td>
<td>78.7 %</td>
<td>65% - 88%</td>
<td>82.3 %</td>
<td>85.1 %</td>
<td>80.4 %</td>
<td>92.5 %</td>
<td>87.5 %</td>
</tr>
<tr>
<td>Diabetes Care, Eye Exam (age 18-75)</td>
<td>47</td>
<td>68.1 %</td>
<td>54% - 80%</td>
<td>67.3 %</td>
<td>66.6 %</td>
<td>63.0 %</td>
<td>80.6 %</td>
<td>60.3 %</td>
</tr>
<tr>
<td>Diabetes Care, Kidney Disease Test (age 18-75)</td>
<td>47</td>
<td>87.2 %</td>
<td>75% - 94%</td>
<td>88.4 %</td>
<td>85.3 %</td>
<td>74.4 %</td>
<td>95.1 %</td>
<td>85.9 %</td>
</tr>
<tr>
<td>Heart Disease Cholesterol Test (age 18-75)</td>
<td>9</td>
<td>88.9 %</td>
<td>57% - 98%</td>
<td>89.7 %</td>
<td>84.5 %</td>
<td>83.2 %</td>
<td>95.7 %</td>
<td>89.7 %</td>
</tr>
</tbody>
</table>

| Alcohol Misuse: SBIRT (age 18+) | 517 | 0.0 % | 0% - 1% | 0.0 % | 0.0 % | 0.1 % | 0.4 % | NA |

- **Click on any of the hyperlinked measures to see patient-level information.**
- **Say we select Breast Cancer Screenings...**
Increasing Traffic to Portal

Q Corp Secure Portal Traffic (Page Hits)

*Page hits count the number of requests for a resource from Q Corp's secure portal.*
Getting Patients In For Needed Services

“We take diabetes patients off our registry if they are getting care from an endocrinologist. And so we weren’t able to identify patients that weren’t getting this care until we got our reports. We were able to send that information to the primary care provider and reestablish that care.”

Susan Clack, MD
Pacific Medical Group
Public Reporting

Compare treatment results, costs, and patient experience for consumers
Public Reporting in Action

LATEST NEWS

EXPENSIVE HOSPITALS: LITTLE EVIDENCE OF BETTER CARE
Jan 29, 2014: A new study finds that hospitals with the highest prices showed little evidence of providing better quality care. A Kaiser...

EQUITY STORIES WEBSITE
Jan 09, 2014: Stories are powerful. They connect us to other people and help us understand their experiences. That’s why the Coalition for...

HOW MUCH DOES A NEW HIP COST? EVEN THE SURGEON DOESN’T KNOW
Jan 06, 2014: A new study published in Health Affairs shows that orthopedic surgeons were able to correctly estimate the cost of a...

NATIONAL QUALITY STRATEGY
Better Care. Healthy People. Healthy Communities. Affordable Care.
Public Reporting in Action

Heart Disease Care in the regions of West Portland Metro, East Portland Metro, North Coast, South Coast, Willamette Valley, Southern Oregon, Central Oregon, Eastern Oregon

People with heart disease are at high risk of having a heart attack or stroke. They can lower their risk by keeping their "bad" cholesterol at a healthy level. That's why it's especially important for people with heart disease to get a cholesterol test. The quality scores below show how each doctor's office rated at providing this recommended care.

<table>
<thead>
<tr>
<th>Doctor's Offices</th>
<th>Cholesterol test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Creek Internal Medicine</td>
<td>Cholesterol test for people recently treated for heart problems checks the level of &quot;bad&quot; cholesterol Better</td>
</tr>
<tr>
<td>Kaiser Beaverton Medical Office</td>
<td>Better</td>
</tr>
<tr>
<td>Kaiser Division Medical Office</td>
<td>Better</td>
</tr>
<tr>
<td>Kaiser Interstate Medical Office East</td>
<td>Better</td>
</tr>
</tbody>
</table>

What do these mean? Better
Learning and Technical Assistance

Foster learning environments that offer training, resources, tools, and guidance to help organizations achieve quality improvement goals.
Learning and Technical Assistance in Action

The Patient-Centered Primary Care Institute brings together technical experts, health care providers and staff, patient advisors, policymakers, academic centers and others to gather and share valuable practice transformation knowledge and resources.

What's New
PCPCH 2014 Recognition Standards Online Learning Modules Now Available

ANNOUNCEMENTS - MARCH 19, 2014
PCPCH - The Institute announces the launch of interactive online learning modules for the Oregon Health Authority Patient-Centered Primary Care Home (PCPCH) Program 2014 Recognition Standards.

Incorporating the Patient and Family Voice in Patient-Centered Medical Home
Health Information Technology

Improve communication, transparency, and efficiency for better coordinated health and health care
Q Corp partnered with Coalition for a Livable Future to provide information on chronic disease, pediatric preventive care, and potentially avoidable ED visits on the Regional Equity Atlas 2.0.
Health Information Technology in Action

Potentially Avoidable ED Visits — Child (age 1-17)

Hospital Type
- Acute Care Hospitals
- Critical Access Hospitals

Adjusted County Rate per 100,000
- Insufficient Data
- 0 – 8.7%
- 8.8 – 11.8%
- 11.9 – 16.4%
- 16.5 – 25%

From July 2010 to June 2012, avoidable emergency department visits, as a percentage of total emergency department visits, have dropped from 16.8 percent to 13.9 percent among children and 11.0 percent to 10.1 percent among adults.
Questions?

Mylia Christensen
Executive Director
Mylia.Christensen@q-corp.org
503-972-0862
How to Find More Tools and Resources

http://www.ahrq.gov/workingforquality

www.wchq.org

www.q-corp.org
Questions and Answers

Presenters
Questions and Answers

- For users of the audio broadcast, submit questions via chat.
- For those who dialed into the meeting, dial 14 to enter the question queue.
Thanks for attending today’s event

The presentation archive will be available on www.ahrq.gov/workingforquality within 2 weeks

Please email questions to NQStrategy@ahrq.hhs.gov