National Quality Strategy Webinar

Using the Nine Levers to Achieve Results

August 19, 2014

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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

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The National Quality Strategy and Nine Levers for Program Alignment

Nancy Wilson, B.S.N., M.D., M.P.H.

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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**

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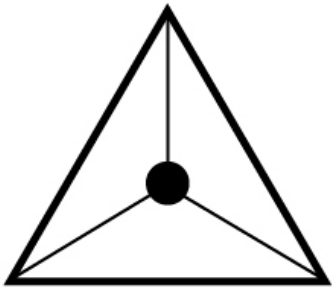
The IHI Triple Aim and NQS Three Aims

Improving the patient experience of care
(including quality and satisfaction)



IHI *Triple* Aim

Improving the health of populations

Reducing the per capita cost of health care

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

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Healthy People/Healthy Communities.

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

National Quality Strategy: How It Works

STAKEHOLDER TYPES

States

Federal and HHS

Private Sector

Multi Stakeholder Groups

PRIORITIES

Six quality concerns that affect most Americans.

- Patient Safety
- Person- and Family-Centered Care
- Effective Communication and Care Coordination
- Prevention and Treatment of Leading Causes of Mortality
- Health and Well-Being
- Affordable Care

LEVERS

Core business functions, resources, and/or actions that may serve as a means for achieving improved health and health care quality.

- Measurement and Feedback
- Public Reporting
- Learning and Technical Assistance
- Certification, Accreditation, and Regulatior
- Consumer Incentives and Benefit Designs
- Payment
- Health Information Technology
- Innovation and Diffusion
- Workforce Development

THE THREE AIMS

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

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Nine National Quality Strategy Levers

Measurement and Feedback

Public Reporting

Learning and Technical Assistance

Certification, Accreditation, and Regulation

Consumer Incentives and Benefit Designs

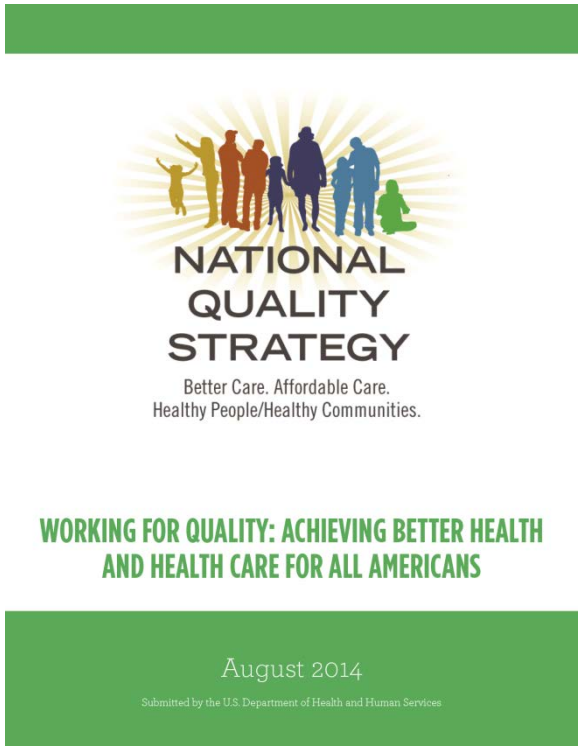
Payment

Health Information Technology

Innovation and Diffusion

Workforce Development

2014 Annual Progress Report: Levers in Action



NYS HEALTH FOUNDATION
Improving the state of New York's health

Statewide Health Improvement Program SHIP
HEALTH REFORM

CQC
California Quality Collaborative

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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"

WCHQ
Wisconsin Collaborative *for* Healthcare Quality

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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

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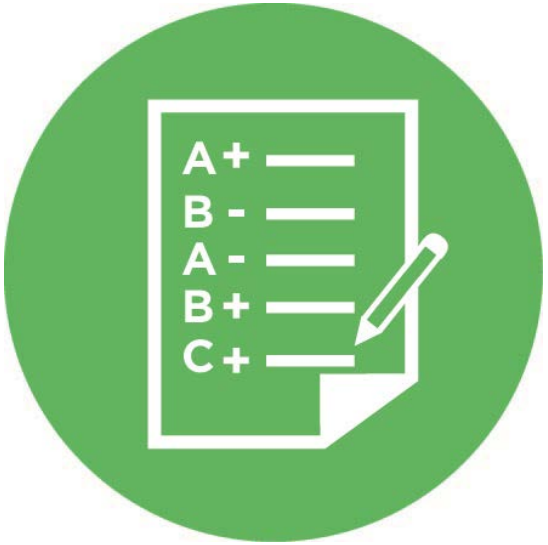
Public Reporting



Compare treatment results, costs, and patient experience for consumers

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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

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Public Reporting in Action

PRINT THIS PAGE | FEEDBACK SURVEY

Screening for Osteoporosis Updated WCHQ

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

Reporting Period: Q1 2013 - Q4 2013 ▼ Go to Results by Clinic

Sort By Rank | Sort By Name

PREFERRED → EXPORT (.csv)

Agnesian Healthcare N=6011	57.34 %	
Aspirus Clinics, Inc. N=8919	48.46 %	
Aurora Advanced Healthcare N=18960 CLINIC RESULTS	84.09 %	HISTORICAL DATA
Aurora Medical Group N=38113 CLINIC RESULTS	86.10 %	HISTORICAL DATA
Aurora UW Medical Group N=1809 CLINIC RESULTS	84.19 %	HISTORICAL DATA
Bellin Medical Group N=6069 CLINIC RESULTS	84.12 %	HISTORICAL DATA

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Public Reporting in Action

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Learning and Technical Assistance

Foster learning environments that offer training, resources, tools, and guidance to help organizations achieve quality improvement goals

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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

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Innovation and Diffusion

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

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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

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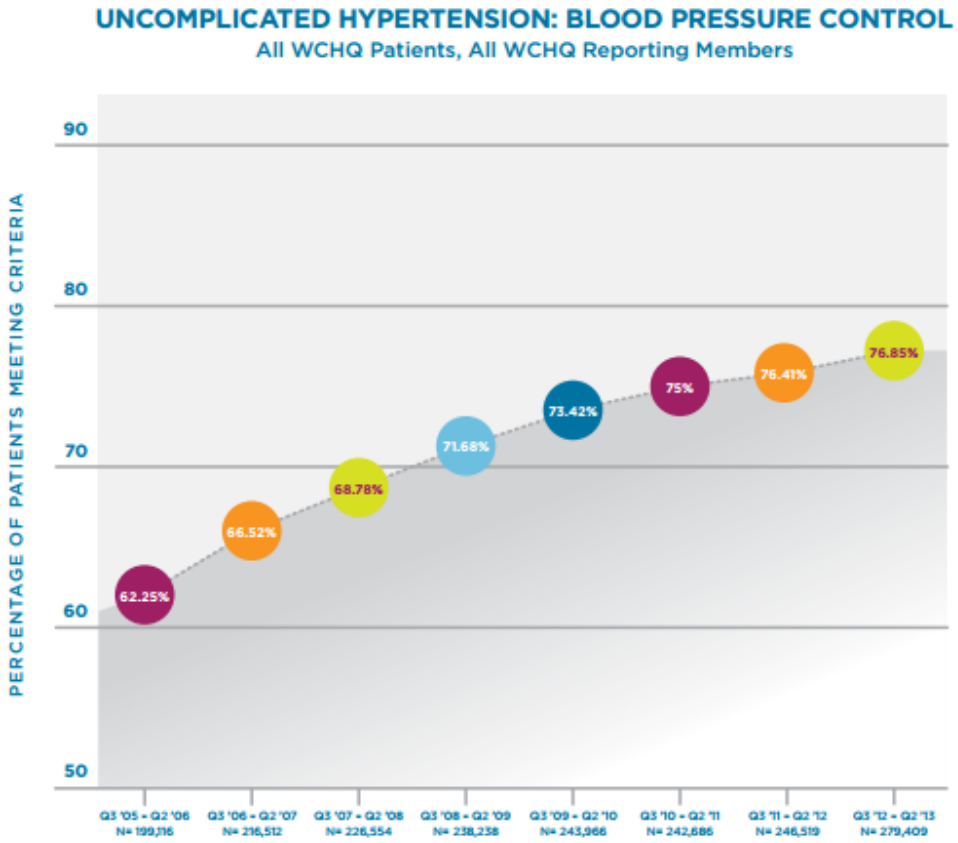
Levers in Action Drive Results



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)

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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")

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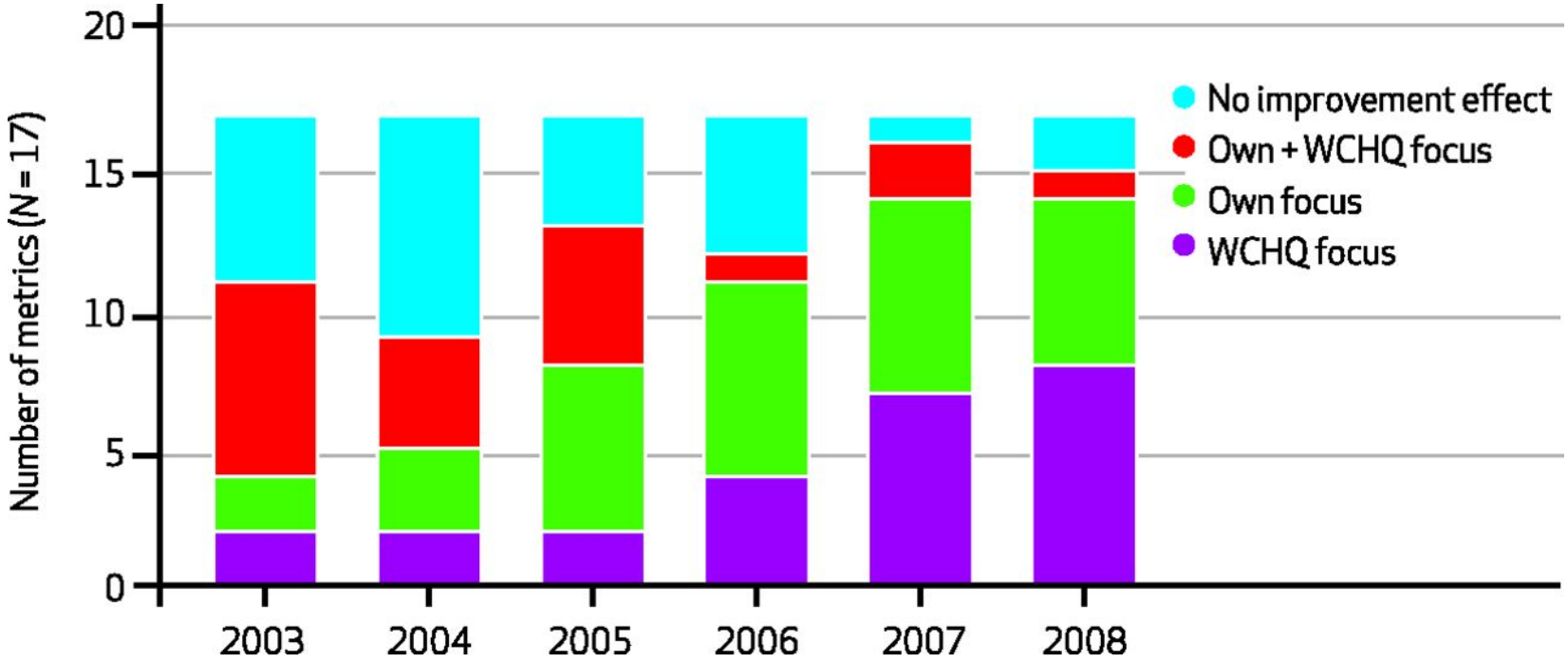
Reported Reasons for Initiating Quality Improvement Measures, Physician Groups in the Wisconsin Collaborative for Healthcare Quality (WCHQ)



Lamb, G C, et al. *Health Aff* 2013;32:536–543.

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HealthAffairs

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."

OREGON HEALTH CARE QUALITY CORPORATION

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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**

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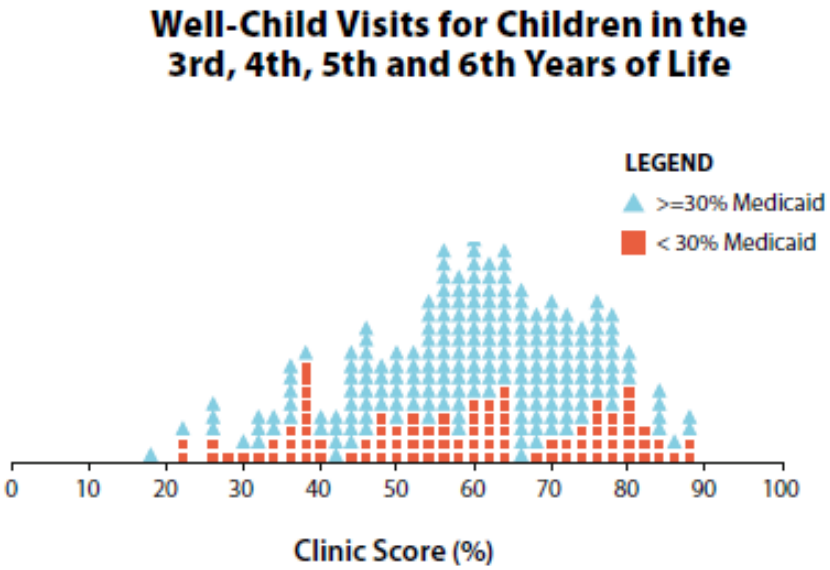
Measurement and Feedback in Action



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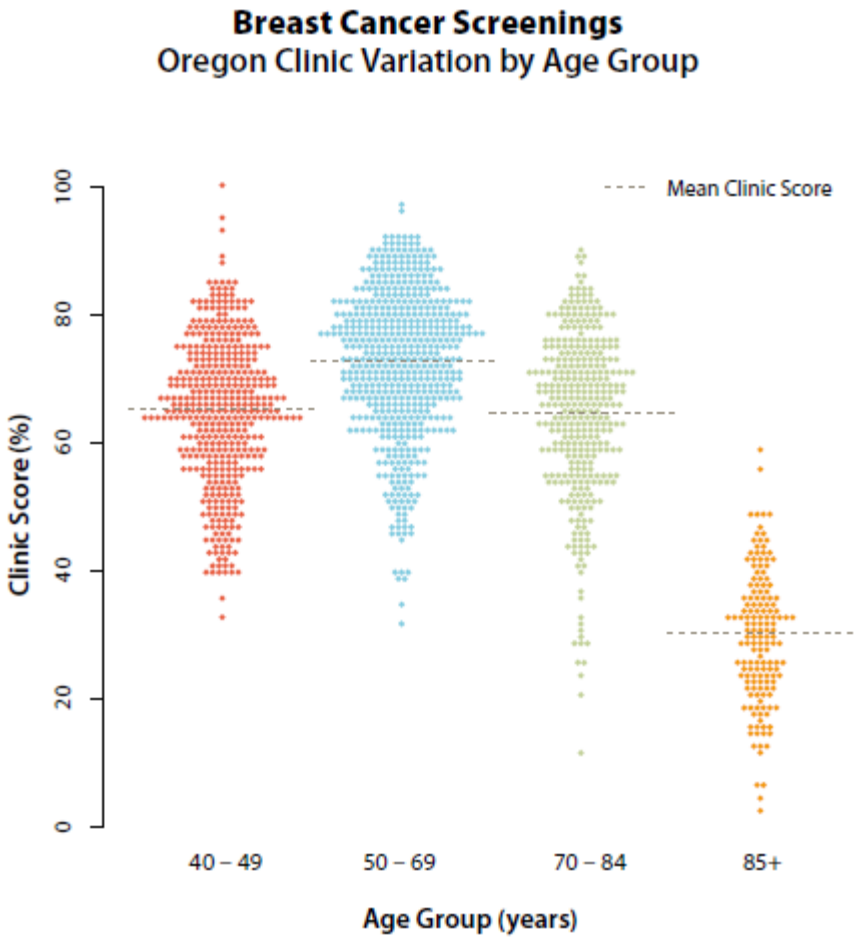
Measurement and Feedback in Action



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Report 3: *View Provider Scores by Clinic*

Clinic Name	Patients							
⊟ Clinic #1	4,052							
Provider Name	Patients							
⊟ Provider #1	1,355	Provider Score	95% Confidence Interval	Clinic Score	Medical Group Average	Oregon Average	Oregon ABC Benchmark	HEDIS 2013 Benchmark Rates 90th Percentile
Breast Cancer Screening (age 40-49)	47	83.0 %	70% - 91%	74.4 %	65.9 %	59.5 %	82.1 %	NA
Breast Cancer Screening - Total (age 40-69)	193	76.7 %	70% - 82%	78.1 %	73.3 %	65.6 %	84.9 %	72.1 %
Breast Cancer Screening (age 50-74)	184	74.5 %	68% - 80%	78.6 %	75.2 %	68.1 %	87.1 %	NA
Breast Cancer Screening (age 75-84)	40	65.0 %	50% - 78%	60.9 %	60.5 %	55.4 %	75.1 %	NA
Breast Cancer Screening (age 85+)	28	21.4 %	10% - 40%	26.6 %	27.8 %	26.9 %	42.6 %	NA
Cervical Cancer Screening (age 21-64)	143	79.7 %	72% - 86%	76.8 %	66.7 %	64.5 %	87.8 %	78.3 %
Chlamydia Screening (age 16-24)	6	50.0 %	19% - 81%	50.0 %	56.8 %	45.2 %	71.3 %	54.9 %
Diabetes Care, HbA1c Test (age 18-75)	47	93.6 %	83% - 98%	89.8 %	91.4 %	88.8 %	96.2 %	91.5 %
Diabetes Care, LDL-C Test (age 18-75)	47	78.7 %	65% - 88%	82.3 %	85.1 %	80.4 %	92.5 %	87.5 %
Diabetes Care, Eye Exam (age 18-75)	47	68.1 %	54% - 80%	67.3 %	66.6 %	63.0 %	80.6 %	60.3 %
Diabetes Care, Kidney Disease Test (age 18-75)	47	87.2 %	75% - 94%	88.4 %	86.3 %	74.4 %	95.1 %	85.9 %
Heart Disease Cholesterol Test (age 18-75)	9	88.9 %	57% - 98%	89.7 %	84.5 %	83.2 %	95.7 %	89.7 %
Alcohol Misuse: SBIRT (age 18+)	517	0.0 %	0% - 1%	0.0 %	0.0 %	0.1 %	0.4 %	NA
⊞ Provider #2	1,216							
⊞ Provider #3	1,481							
⊞ Clinic #2	1,509							
⊞ Clinic #3	1,234							

Click on any of the hyperlinked measures to see patient-level information.

Say we select Breast Cancer Screenings…

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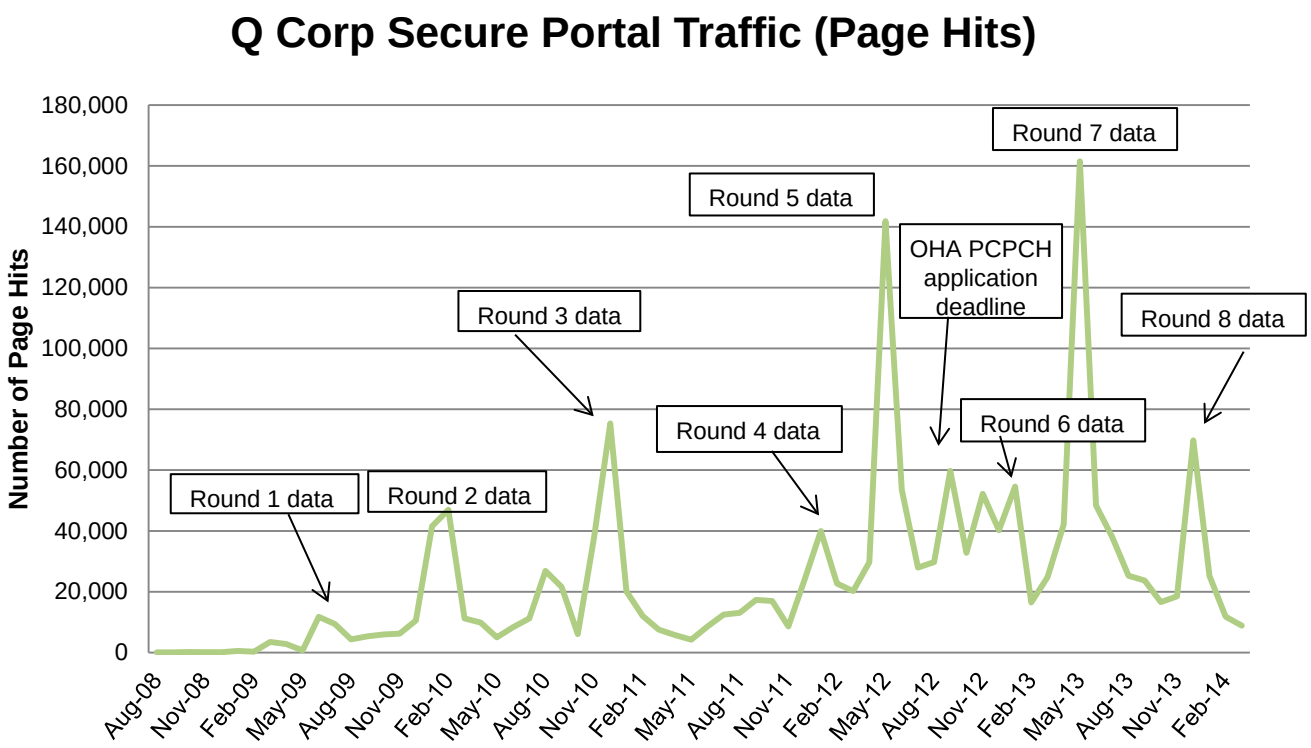
Increasing Traffic to Portal



**Page hits* count the number of requests for a resource from Q Corp's secure portal.

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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

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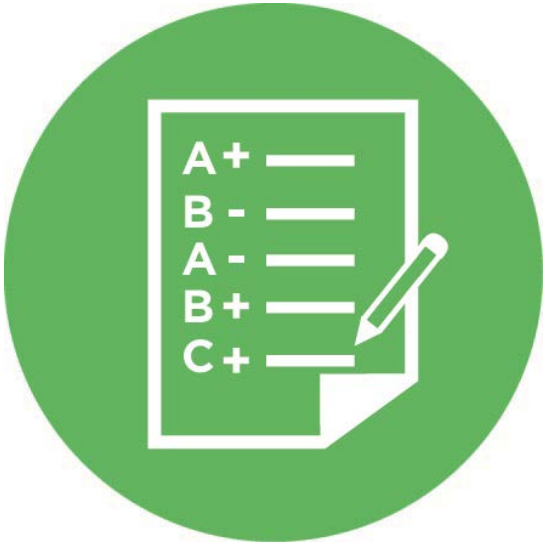
Public Reporting



Compare treatment results, costs, and patient experience for consumers

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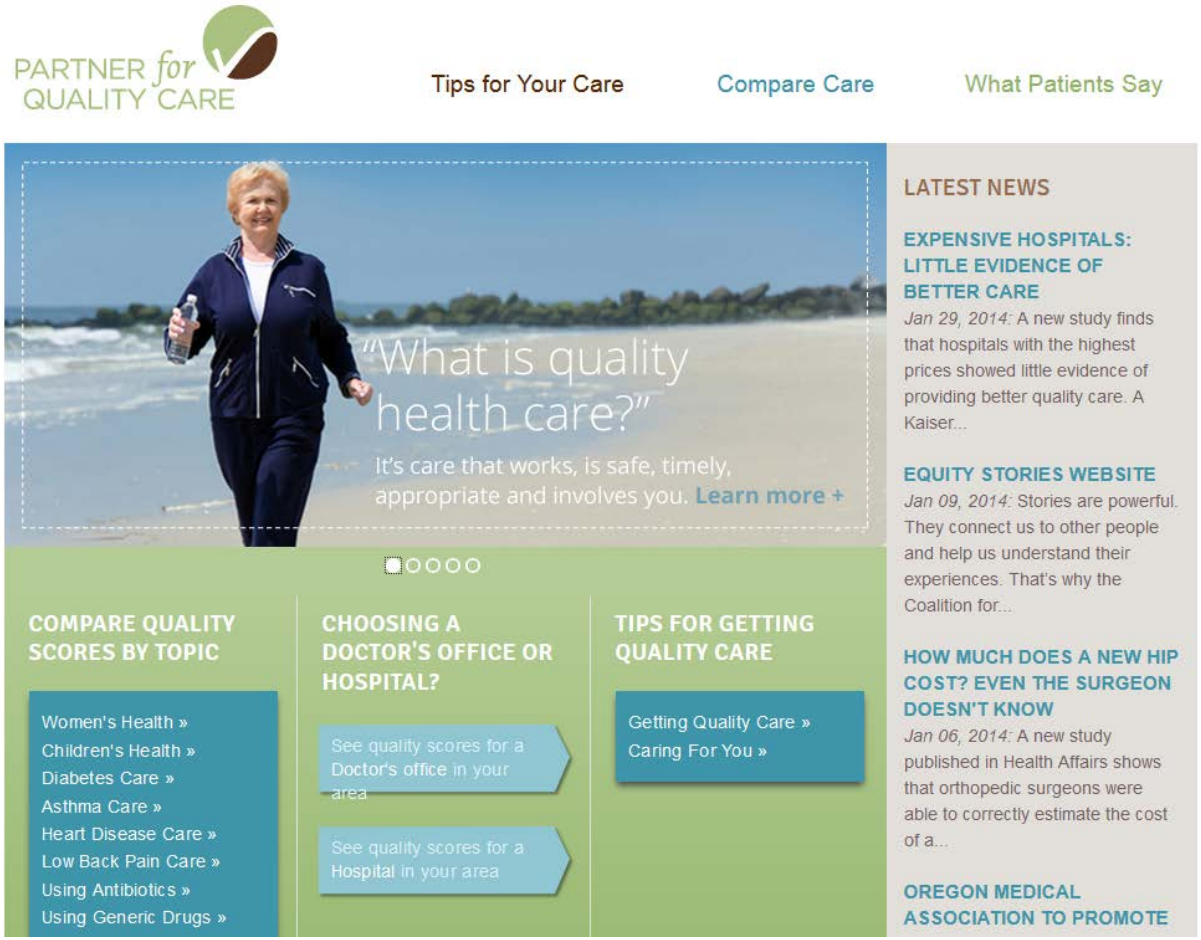
Public Reporting in Action



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Public Reporting in Action

PARTNER for QUALITY CARE

Tips for Your Care | Compare Care | What Patients Say

Home » Compare Doctor's Offices » Heart Disease Care Clinic Report

What do these mean? Better Below Average

« Change Search

Tips for Heart Disease Care »

87 Results for:

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.

Sort: By Score Alphabetically

Doctor's Offices	Cholesterol test Cholesterol test for people recently treated for heart problems checks the level of 'bad' cholesterol
Fall Creek Internal Medicine	Better
Kaiser Beaverton Medical Office	Better
Kaiser Division Medical Office	Better
Kaiser Interstate Medical Office East	Better

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Learning and Technical Assistance

Foster learning environments that offer training, resources, tools, and guidance to help organizations achieve quality improvement goals

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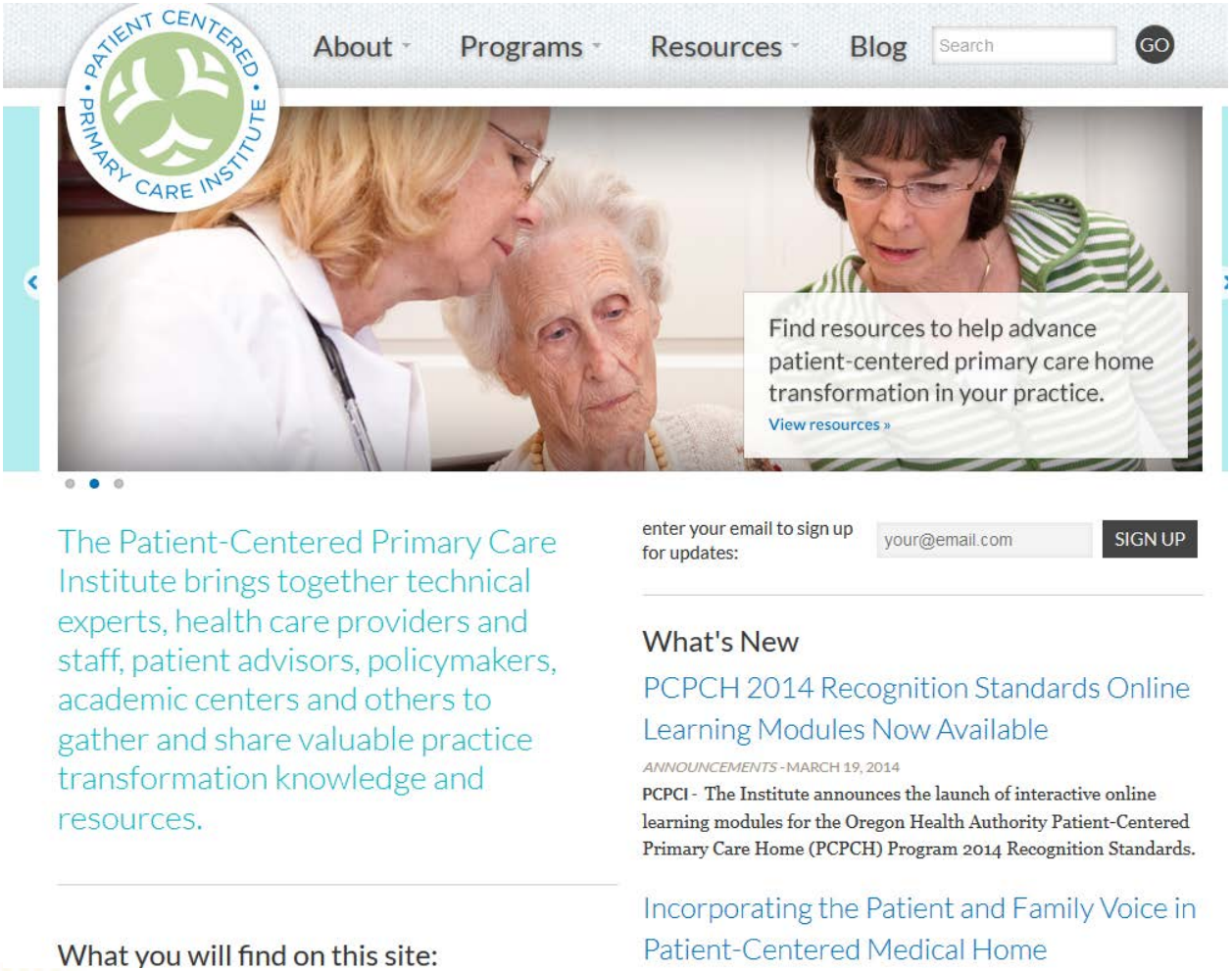
Learning and Technical Assistance in Action



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Health Information Technology

Improve communication, transparency, and efficiency for better coordinated health and health care

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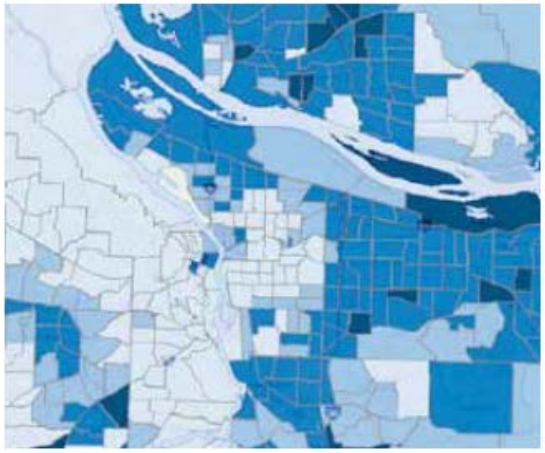
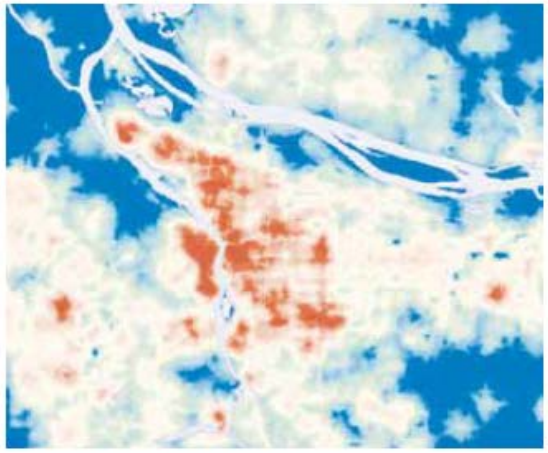
Health Information Technology in Action



Diabetes Incidence Rates by Census Tract

Darker shaded regions indicate higher rates



Healthy Eating Active Living Composite

Darker shaded regions indicate higher HEAL composite scores

- 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 .

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Health Information Technology in Action

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

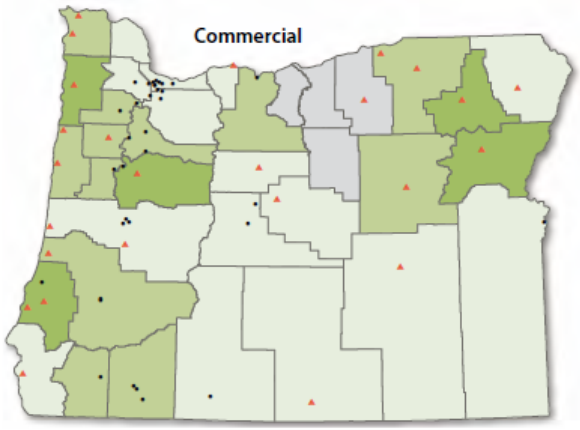
Hospital Type

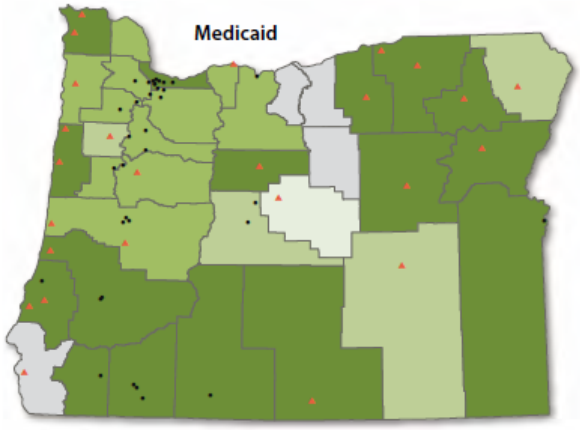
- Acute Care Hospitals
- Critical Access Hospitals

Adjusted County Rate per 100,000

- Insufficient Data
- 0 – 8.7%
- 8.8 – 11.8%
- 11.9 – 16.4%
- 16.5 – 25%

Data Sources: Oregon Health Care Quality Corporation and Oregon Geospatial Enterprise Office Geospatial Library. Prepared by Northwest Economic Research Center. www.pdx.edu/nerc





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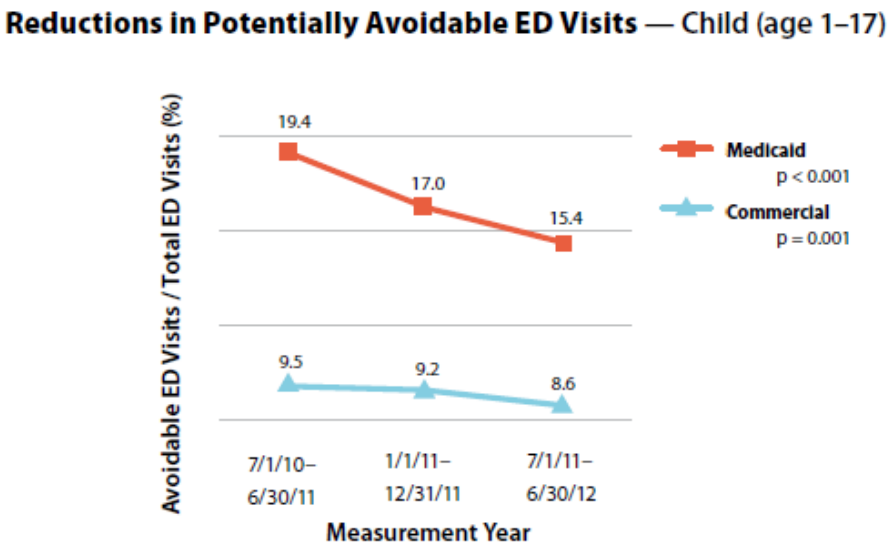
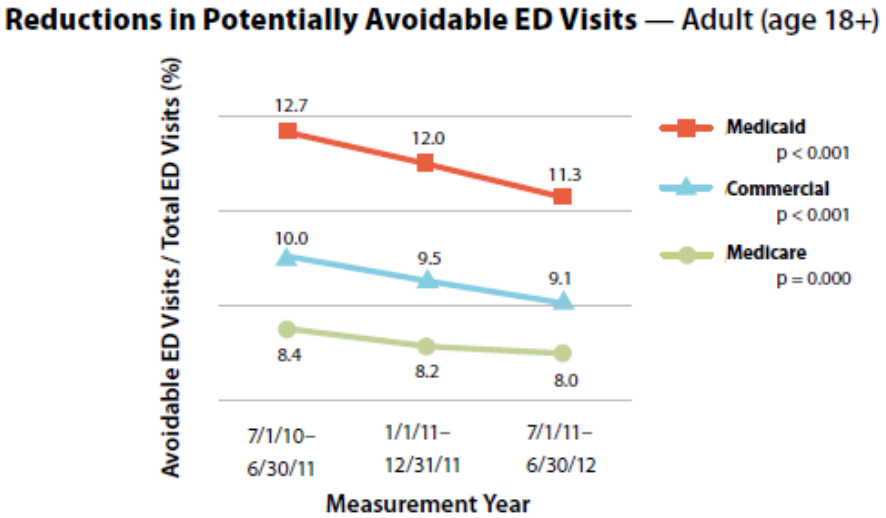
Levers in Action Drive Results





- 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

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Questions?

Mylia Christensen

Executive Director

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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

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