Menu of measures

Options for Practices

Level C: Fundamental

Minimal Measurement Expectations (5 measures)

- ☐ Select at least three measures from Domain 1. Operational/Practice Transformation measures. One measure (empanelment) will be a shared measure across all sites.
- ☐ Select at least two measures from Domain 2.1. Clinical Quality-Process measures.
- ☐ Report all five measures at least monthly in run charts with goal lines.
- ☐ Leaders set expectation that includes a standing agenda item to review and discuss PCMH measures and identify improvement opportunities at monthly meetings. Leaders ask questions of staff based on run charts, e.g., What can we do to improve? Why do you think these results look this way? What barriers prevent us from reaching our goal?

Rationale: Those sites without sophisticated data collection and reporting systems may be limited initially in what they can efficiently begin reporting on a monthly basis. For example, practice sites with Level C data collection capacities may only have a single disease registry or limited EHR functionality to generate reports. The work of leadership is to improve data and reporting capabilities. In the meantime, practices need data to know whether changes are resulting in improvements. Tracking operational measures will demonstrate progress in transforming care delivery.

Level B: Intermediate

Minimal Measurement Expectations (8 measures)

- ☐ Select at least three measures from Domain 1. Operational/Practice Transformation measures. One measure (empanelment) will be a shared measure across all sites.
- ☐ Select at least two measures from Domain 2.1. Clinical Quality-Process measures.
- ☐ Select at least two measures from Domain 2.2. Clinical Quality-Outcome measures.
- ☐ Select at least one measure from Domain 3. Experiential (Patient/Staff Experience) measures.
- ☐ Report all eight measures weekly or monthly in run charts with goal lines set by the practice.
- ☐ Establish a semi-annual or annual approach to measuring staff satisfaction (e.g., select tool, identify resources to manage survey process including analysis and reporting, determine the approach to reviewing of results and action planning).
- ☐ Develop a process for data transparency and begin testing ways to engage all staff and patients in using data for transformation, e.g., display dashboard on “measurement wall” in waiting room, leaders set expectation for standing agenda item at all meetings to review PCMH measures and generate ideas for improving, etc..
- ☐ Begin reviewing and reporting data at the care team level.

Rationale: Practice sites with more sophisticated data and reporting systems can efficiently and effectively report on measures routinely, but still may be learning how all staff can use data regularly for quality improvement and practice transformation.

Level A: Advanced

Minimal Measurement Expectations (9 advanced measures)

- ☐ Select at least three measures from Domain 1. Operational/Practice Transformation measures. One measure (empanelment) will be a shared measure across all sites.
- ☐ Select at least two measures from Domain 2.2. Clinical Quality-Outcome measures.
- ☐ Select at least one measure from Domain 2.3. Clinical Quality-Bundled measures.
- ☐ Select at least two measures from Domain 3. Experiential (Patient/Staff Experience) measures.
- ☐ Select at least one measure from Domain 4. Cost/Efficiency/Utilization measures.
- ☐ Report all nine measures monthly in run charts with goal lines, including individual measures used to create the bundled measure.
- ☐ Describe a semi-annual or annual approach to measuring staff satisfaction (e.g. tool, survey process, approach to reviewing of results and action planning) and present summary results.
- ☐ Have a process for data transparency in place and test ways to engage all staff and patients in using data for transformation, e.g., display dashboard on “measurement wall” in waiting room, leaders set expectation for standing agenda item at all meetings to review PCMH measures and generate ideas for improving, etc..
- ☐ Report data at the care team level.
- ☐ Identify a measurement strategy that is clearly linked to strategic goals and measures for each department.
- ☐ Leaders continuously promote a culture of data transparency and use of data to drive transformation.

Rationale: Data collection and reporting systems support care team/provider-level reporting and measurement across the entire population. Leaders engage all staff and patients in the use of data for driving transformation. Practices at this level of data collection can learn to track crucial utilization and hospital-based metrics that correspond to total cost of care.

Menu of Measures

Domain 1. Operational / Practice Transformation	
Area of Focus	Examples of Measures
Empanelment	% of patients who have been assigned to a provider/practice team
Continuous & Team-based Healing Relationships	% of a patient's visits that are with their assigned provider (continuity for patient) % of a provider's total visits seen that are for their assigned patients (continuity for provider)
Patient-Centered Interactions	% of patients with a self-management goal documented
	% of patients completing the Patient Activation Measurement (PAM) survey
	% of patients who are in need of translation services and receive them at their visit
	% patients with a chronic disease who have a documented self-care plan
Organized, Evidence-based Care	% of patients who are assigned a risk status using an standardized approach or algorithm
	% of high-risk patients with complex, co-morbid conditions who have been contacted by or are actively working with nurse care manager
Enhanced Access	Average patient wait times in the clinic
	Average Days to 3rd next available appt
	Same Day / Next Day: % Completed Appts per Month Scheduled Between 0-1 Days
	No show rate
Care Coordination	Referral completion rate
	% of patients discharged from the hospital with follow-up by primary care team in 72 hrs

Domain 2.1 Clinical Quality-Process	
Area of Focus	Examples of Measures[1]
Prevention	Cervical Cancer Screening
	Breast Cancer Screening
	Colorectal Cancer Screening
	BMI documentation and plan if out of range
	Tobacco cessation documentation
	Tobacco cessation counseling
	Depression screening
	Influenza vaccinations
	Childhood Immunizations at 2 yrs Well-child visits at recommended ages
Chronic Care	HbA1c test for pts with DM
	Foot Exams for pts with DM
	Eye exam referrals for pts with DM
	Microalbumin screening for pts with DM
	LDL screening for pts with DM
	Cholesterol screening for pts with CVD
	Anti-platelet therapy for pts with CVD/CAD
	Appropriate prescribing of medications for pts 12-50 yrs w persistent asthma
	Appropriate prescribing of medications for children with ADHD

Domain 2.2 Clinical Quality-Outcome	
Area of Focus	Examples of Measures
Chronic Care	Blood pressure control for pts with hypertension
	Cholesterol control for pts with CVD (LDL<100)
	HbA1c>9%
	LDL<100 for pts with DM
	Blood pressure control for pts with DM (BP<140/90)

Domain 2.3 Clinical Quality-Bundled[2] - Advanced Measure Set A	
Area of Focus	Examples of Measures
Outcomes	Outcome Bundle: Control of Blood Pressure, Control of Lipids, Control of Diabetes
Diabetes Care	Diabetes Comprehensive Care Bundle (DM process measures)
Chronic Illness Care and Cancer Prevention	Tobacco users documented, Tobacco cessation counseling offered
Other	Ischemic Vascular Disease Bundle: LDL control; BP control

[1] For measure definitions, practice sites are encouraged to use nationally-endorsed measures. See Appendix A: References for Measure Definitions.

[2] From the Indian Health Services Primary Care Collaborative and other dashboard sources

Domain 3. Experiential (Patient / Staff Satisfaction)	
Area of Focus	Examples of Measures
Patient Satisfaction / Experience	Patient Experience: Single question with site specific questions Many sites use Press-Ganey – can include these standardized measures
	Patient Satisfaction Questionnaire (PSQ-18)
	PCR Patient Experience of Care Survey
	PCMH CAHPS or CAHPS-Ambulatory Care Survey
	www.howsyourhealth.org
	Primary Care Assessment Tool (PCAT)
	Patient Assessment of Chronic Illness Care (PACIC)
	Ambulatory Care Experience Survey (ACES)
	Primary Care Renewal Patient Experience of Care Survey
Staff / Provider Satisfaction	% of providers/staff that indicate "agree or strongly agree" to "I am treated with respect every day by everyone that works in this practice".
	% of providers/staff that indicate "agree or strongly agree" to "When I do good work, someone in this practice notices that I did it".
	% of providers/staff that indicate "agree or strongly agree" to "I recommend this practice as it is a great place to work".
	The Practice Site Satisfaction Survey from the Dartmouth Greenbook: http://dms.dartmouth.edu/cms/materials/workbooks/ - outpatient primary care.
	The Medical Home Model Provider Survey Instrument, Group Health Cooperative, May 2010.
	The Workforce Development Survey, adapted from Buckingham M, Coffman C (1999), *First Break All The Rules*, New York, NY; Simon & Schuster.
	Maslach Burnout Inventory

Domain 4. Cost / Efficiency / Utilization	
Area of Focus	Examples of Measures
	% of Ambulatory Care Sensitive Condition Admissions – See AHRQ list
	Overall admission rates for non-OB, non-trauma, non-elective admissions
	Overall rate of children in our practice who go to the ED for ear, nose and throat infections.
	Number of ED visits for low acuity problems during normal office hours
	Number of ED visits per 1,000 members
	Readmission rates (Ambulatory Care Sensitive and Total)

Appendix A: References for Measures Definitions

PCMH Evaluators Collaborative:
https://www.commonwealthfund.org/publications/other-publication/2011/mar/patient-centered-medical-home-evaluators-collaborative

National Quality Forum
http://www.qualityforum.org/Home.aspx

AMA Physicians' Consortium for Performance Improvement
https://www.finance.senate.gov/imo/media/doc/nntest072705at2.pdf

NCQA HEDIS
http://www.ncqa.org/tabid/59/Default.aspx

Bureau of Primary Health Care HRSA Universal Data Set (UDS) measures
http://bphc.hrsa.gov/policiesregulations/performancemeasures/index.html

Meaningful Use measures
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

Ambulatory Care Quality Alliance (AQA)
http://www.ahrq.gov/qual/aqastart.htm

ACC/AHA Physician Consortium Performance measures
http://circ.ahajournals.org/content/124/2/248.full.pdf

Physician Quality Reporting System (PQRS) (formerly PRQI)
https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/downloads/pqrs_overviewfactsheet_2013_08_06.pdf

Medicaid Quality Measures for Medicaid–Eligible Adults and Children
https://www.federalregister.gov/articles/2012/01/04/2011-33756/medicaid-program-initial-core-set-of-health-care-quality-measures-for-medicaid-eligible-adults