Quality Management in Health Care

MEASURING PERFORMANCE

Topics Covered in This Lecture

□ Types of performance measures used to evaluate health care quality

□ National groups that influence performance measurement

□ How health care providers select measures of performance

□ Performance measurement data collection

Quality management in health care is not a new phenomenon. While health care performance evaluation may appear to be a relatively recent imperative, the Pennsylvania Hospital was collecting patient outcomes data, tabulated by diagnosis groups, as early as 1754. Today, clinical performance measurements are in greater demand than ever before. Purchasers want information on clinical performance to make contract decisions as well as to track patient management practices and outcomes. Health care professionals need information about performance to develop high-quality, cost-efficient systems to deliver care. Researchers and regulatory agencies need information from clinical performance measures to develop and implement policy.

The increased demand for performance measurement reinforces the need for health care providers to have an understanding of what patient care activities should be measured, the limitations of measurement data, and how to incorporate data into improvement activities. Finally, and most important, health care professionals must know how to develop performance measures and collect data that provides valid and reliable information about the quality of patient care services.

Measurement Priorities

- Centers for Medicare and Medicaid Services (CMS) measurement projects
  - Home health agencies
    (www.medicare.gov/HHCompare/Home.asp)
  - Ambulatory care
    (www.cms.hhs.gov/quality/pfqi.asp)

The quality performance information that Medicare is collecting from home health agencies is derived from data gathered in the OASIS outcomes measurement system. This 41-element outcomes measurement system has been used since 1999 by home health agencies providing care to Medicare and Medicaid beneficiaries. Information about each patient's health status is collected by home health agency staff using OASIS at the start of care, at discharge or transfer, at follow up (60 day re-certification) and at resumption of care. Eleven (11) home health quality measures have been chosen for public reporting. These measures can be found on Medicare's Home Health Compare website. Two examples of these measures:

•Percentage of patients who have less pain when moving around.

•Percentage of patients who get better at bathing

These are examples of "outcome measures."

Performance measures for ambulatory care are still under development by CMS. Information about these initiatives can be found at the CMS Physician-Focus Quality Initiative website. Here are two examples of the measures currently under consideration:

•Percentage of patients with coronary artery disease who were prescribed a lipid-lowering therapy

•Percentage of patients with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment

These are "process measures."

Data Sources

❑ Considerations when selecting data source
- Information contained in the source
- Accuracy and reliability
- Patients & processes covered by the data
- Costs involved
- Computerized or manual
- Timeliness

To ensure that valid information is gathered it is important to identify reliable data sources. Various handwritten documents and computerized databases can be used to collect data for the numerator, denominator, and other data elements necessary to calculate the measure. Many factors affect the choice of a data source for a particular performance measure. The considerations include:

•What information is contained in the data source;

•The accuracy and reliability of the data;

•Which patients and processes are covered by the data;

•The costs involved in capturing the data;

•Whether the data are computerized or manually recorded; and

•The timeliness of the data.

The accuracy and completeness of the information in the data source will determine the level of confidence one can have about the measurement results. When planning the performance measurement data collection strategy, evaluate existing data sources to determine where the information necessary to create each performance measure can be found.

Inconsistent Forms of Measurement

- Lack of standardized data collection procedures
- Basic differences in definitions
- Incomplete – therefore not reliable sources of measurement data

Poor measurement data come from inconsistencies in the ways in which outcomes or processes are measured. These inconsistencies arise from a lack of standardized data collection procedures or basic differences in definitions. The result is data that are not comparable. Data collected by some people at some times result in incomplete data that are difficult to interpret. This is a common problem when interpreting data about medical errors or patient incidents.

The four primary problems found with most incident reporting programs are that:

•All incidents may not be reported, depending upon people's willingness to report;

•Data items are not well defined or well understood by the staff;

•Reports lack sufficient detail for effective analysis; and

•Reports may not be completed for all "near miss" situations or truly serious events.