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COMMON MEASURES FOR EVALUATING PERFORMANCE

Oregon's employers, health insurers, policy makers and consumers are increasingly interested in information about how well health care is being delivered in clinics. Clinicians benefit from meaningful information about strengths and areas for improvement. Consumers and purchasers benefit from information to help make value-based decisions. Plans assist by aligning payment systems that reward investments in infrastructure to improve quality. None of these benefits will be achieved, however, without a common approach to sound measurement. The Oregon Health Care Quality Corporation is collaborating with partners to hold stakeholder meetings that will design a uniform approach to primary care performance measures and public reporting. The project is currently in the fund-raising stage.

Common Measures Document (pdf)

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Measuring Health Care Value in Oregon: Ambulatory Care
Expert Committee DRAFT March 8, 2006

The creation of a shared set of ambulatory care measures for Oregon is intended to foster the development of care delivery **systems** that will lead to **better patient outcomes**. The following principles are used to guide the selection of an initial measurement set for Oregon. As the measurement effort expands, additional principles may be added in order to create a total package of measures that are well-balance across the spectrum of care, conditions, patients and delivery systems, and that is risk adjusted.

Proposed Principles for Selecting First Phase Measures

Attribute	Description
Evidence based	Measures have been tested and are used in nationally recognized programs
Outcome related	Measures address actual outcome or evidence supports a solid link to outcomes
Sensitive to intervention	Measures address a performance gap that providers can improve
Administratively easy to collect	Data collection is cost-efficient to measure without extensive manual processes. (This means using administrative data or practice infrastructure reports for a basic set)
Timely	Data reports can be produced that are reasonably current
Relevant	Measures address conditions that have high prevalence
High Impact	Measures address important medical processes and outcomes

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Review of National Clinical Measure Specifications Related to Oregon Measures

Final DRAFT List of Clinical Measures	Oregon Set Type	AQA 26 Measure Starter Set for Ambulatory Care	AMA Physician Consortium for Performance Improvement	HEDIS
Asthma Pharmacologic Therapy for Patients with Persistent Disease	Basic Set	Use of Appropriate Medications for People with Asthma: Percentage of individuals who were identified as having persistent asthma during the year prior to the measurement year and who were appropriately prescribed asthma medications (e.g. inhaled corticosteroids) during the measurement year. Asthma Pharmacologic Therapy: Percentage of all individuals with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	Asthma Pharmacologic Therapy: Percentage of all individuals with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. Include patients age 5-40 years AND an ICD-9 diagnosis AND additional individual medical record review.	Use of Appropriate Medications for People With Asthma: The percentage of enrolled members 5-56 years of age during the measurement year who were identified as having persistent asthma during both the measurement year and the year prior, and who were appropriately prescribed medication (inhaled corticosteroids, cromolyn, nedocromil, leukotriene modifiers, methylxanthines) during the measurement year. Report all population and by age group: 5-9yo, 10-17yo, 18-56yo.

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Cardiovascular Disease Blood Pressure Control	Expanded Set	-	-	Controlling High Blood Pressure: Hybrid measure (uses a systematic sample selection with medical record review) drawn from the eligible population based on a hypertensive event or diagnosis. The percent of enrolled members 46-85 years of age who have a diagnosis of hypertension and whose blood pressure was adequately controlled ($\leq$140/90) during the measurement year.
Cardiovascular Disease Lipid Profile / Monitoring	Basic Set	-	CAD Lipid Profile: Percent of patients with CAD $\geq$18 years of age who received at least one lipid profile or all component tests during the reporting year CPT laboratory codes or LOINC codes for lipid testing.	Cholesterol Management for Patients With Cardiovascular Conditions: (new definition for 2006) The percentage of members 18-75 years of age who had an AMI, CABG, PCTA, or who had a diagnosis of ischemic vascular disease who had: LDL-C screening performed LDL-C controlled < 130 mg/dL) LDL-C controlled < 100 mg/dL)
Cardiovascular Disease Lipid Control	Expanded Set	The AQA measure set has "Drug Therapy for Lowering LDL Cholesterol"	The AMA measure set has "Drug Therapy for Lowering LDL Cholesterol"	Lab values as identified by automated laboratory data.

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Diabetes HbA1C Monitoring	Basic Set	HbA1C Management: Percentage of patients with diabetes with one or more A1C test(s) conducted during the measurement year.	-	Comprehensive Diabetes Care: Percent of members 18-75 years of age with diabetes (type 1 or 2) who had each of the following: Hemoglobin A1C testing HbA1C poorly controlled (>9%) Eye exam (retinal) performed LDL-C screening performed LDL-C controlled (<130 mg/dL) LDL-C controlled (<100 mg/dL) kidney disease (nephropathy) monitoring Lab values as identified by automated laboratory data.
Diabetes HbA1C Control	Expanded Set	HbA1C Management Control: Percentage of patients with diabetes with most recent A1C level greater than 9.0% (poor control).	-	
Diabetes Blood Pressure Control	Expanded Set	Blood Pressure Management: Percentage of patients with diabetes who had their blood pressure documented in the past year less than 140/90 mmHg.	-	
Diabetes Lipid Profile / Monitoring	Basic Set	Lipid Measurement: Percentage of patients with diabetes with at least one Low Density Lipoprotein cholesterol (LDL-C) test (or ALL component tests).	-	
Diabetes Lipid Control	Expanded Set	LDL Cholesterol Level: Percentage of patients with diabetes with most recent LDL-C less than 100 mg/dL or less than 130 mg/dL.	-	

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Diabetes Eye Exam	Basic Set	Eye Exam: Percentage of patients who received a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the reporting year or during the prior year if patient is at low risk for retinopathy.A patient is considered low risk if all three of the following criteria are met: (1) the patient is not taking insulin; (2) has an A1C less than 8.0%; and (3) has no evidence of retinopathy in the prior year.	-	
Diabetes Nephropathy Assessment	Basic Set	-	-	
Depression Antidepressant Medication Management: Acute Phase	Basic Set	Acute Phase: Percentage of adults who were diagnosed with a new episode of depression and treated with an antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.	-	Antidepressant Medication Management: Acute Phase The percent of members ≥18 years of age who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week)
Depression Antidepressant Medication Management: Continuous Phase	Basic Set	Continuous Phase: Percentage of adults who were diagnosed with a new episode of depression and treated with an antidepressant medication and remained on an antidepressant drug for at least 180 days (6 months)	-	Antidepressant Medication Management: Continuation Phase The percent of members ≥18 years of age who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 180 days (6 months)

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Prevention Breast Cancer Screening	Basic Set	Breast Cancer Screening: Percentage of women who had a mammogram during the measurement year or year prior to the measurement year.	-	Breast Cancer Screening: The percent of women 50-69 years of age who had a mammogram during the measurement year or the year prior to the measurement year.
Prevention Cervical Cancer Screening	Basic Set	Cervical Cancer Screening: Percentage of women who had one or more Pap tests during the measurement year or the two prior years.	-	Cervical Cancer Screening: The percent of women 18-64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year. Exclusion (optional) women who have had a hysterectomy.
Prevention Chlamydia Screening	Basic Set	-	-	Chlamydia Screening in Women: Percent of women 16-25 years of age who were identified as sexually active who had at least one test for chlamydia during the measurement year. Inclusion criteria based on medical claims.

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Prevention Childhood and Adolescent Immunizations	Basic Set	-	-	Childhood Immunization Status: The percentage of enrolled children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four Pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates. Childhood Immunization Status: The percentage of enrolled adolescents 13 years of age who had a second dose of MMR, three hepatitis B and one chicken pox (VZV) by their 13th birthday. The measure calculated a rate for each vaccine and one combined rate.
Tobacco Cessation Assessment and Intervention	Expanded Set	Tobacco Use: Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period. Advising Smokers to Quit: Percentage of patients who received advice to quit smoking.	Tobacco Use: Percent of patients who were queried about tobacco use one or more times. Tobacco Cessation: Percent of patients identified as tobacco users who received cessation intervention (includes counseling and/or pharmacologic therapy).	Medical Assistance With Smoking Cessation: Survey methodology determines the average percentage of appropriate members who received advice to quit, discussion of cessation medications and discussing cessation strategies.

Note: measuring investment in systems such as EHR implementation is under discussion.

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