Rural Health Clinic
Quality Measurement Project

Rural Health Clinic Technical Assistance Call
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Muskie School of Public Service

Maine Rural Health Research Center
Contact Information

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Objectives

• Introduction to the RHC quality measurement project
• Benefits of participation
• Using the five core quality measures to drive quality improvement
• How to participate in the RHC quality measurement project
• Introduction to QHI
RHC Quality Project

Goals

• Work with key stakeholders in SORHs, state RHC associations, and the National Association of Rural Health Clinics to recruit RHCs to participate in the project
• RHC Cohort will be asked to pilot test, evaluate, and refine the measures
• Participants will be asked to report the five core measures at minimum and can select from the additional thirteen optional measures
Criteria for Selecting Measures

• Prevalence/volume in RHCs  
  – Reflects a commonly provided RHC service or population served?

• Internal importance for quality and performance improvement  
  – Core primary care services, important to/under control of providers, opportunity for improvement, reflects key dimensions of care (effectiveness, safety, timeliness, patient centeredness, and/or equity

• External importance for public reporting and payment reform  
  – Captures aspects of care important to payers and policymakers, useful for public reporting

• Scientifically sound  
  – Reliable/reproducible, captures the concept of interest, valid

• Feasibility  
  – Cost/burden of measurement are reasonable, relatively easy to collect
Criteria for Assessing Measures (cont’d)

- Consistent with/comparable to existing national measure sets
  - CMS Physician Quality Reporting System, NQF, NCQA PCMH, etc.
- Allows comparison with primary care provider organizations
  - FQHCs, primary care private practices and providers, etc.
- Actionable
  - Results interpretable? Can RHCs use data to make decisions or improve quality?
Core Measures

Collected by all participants

• NQF # 18 – Controlling High Blood Pressure
• NQF # 28 – Tobacco Use Assessment and Cessation Intervention
• NQF # 38 – Childhood Immunization Status
• NQF # 59 – Diabetes: Hemoglobin A1c poor control
• NQF # 419 – Documentation of current medications – adult/geriatric
Optional Measures

• NQF # 24 – Body Mass Index – Pediatric
• NQF # 36 – Asthma – use of appropriate medications
• NQF # 41 – Influenza Immunization
• NQF # 43 – Pneumonia vaccines – older adults
• NQF # 56 – Diabetes: foot exam – adult/geriatric
• NQF # 57 – Diabetes: Hemoglobin A1c testing
• NQF # 61 – Diabetes: Blood Pressure Management
• NQF # 62 – Diabetes: Urine protein screening
• NQF # 63 – Diabetes: Lipid profile
• NQF # 68 – Ischemic Vascular Disease – use of aspirin – adult/geriatric
• NQF # 73 – IVD: Blood Pressure Management – adult/geriatric
• NQF # 75 - Ischemic Vascular Disease: Complete Lipid Profile and LDL-C Control <100 mg/dL
• NQF # 421 – BMI screening and follow-up – adults
Expectation of Participants

• Complete registration paperwork
• Report on five core measures (at minimum) and optional thirteen measures (by choice) through QHI data portal
• Report data quarterly
• Use data for benchmarking and quality improvement
• Participate in brief evaluation of measures and reporting issues
Request for Participants

• Quality reporting and performance improvement will cease to become an option for RHCs – it will be a necessity

• Collaboration between Maine Rural Health Research Center and QHi provides a vehicle to:
  - Gain access to quality reporting tools
  - Cadre of like-minded RHCs to benchmark performance and learn from one another
  - Influence and shape measures to monitor RHC quality performance
  - Document and improve clinic performance

• Contact John Gale at jgale@usm.maine.edu if you are interested in participating
Quality Health Indicators

Hospitals in QHi

- 1000+ users
- 295 hospitals
- 15 states
Quality Health Indicators

Clinics

60 RHCs Participating

- California: 5
- Wyoming: 1
- Colorado: 3
- Kansas: 14
- Michigan: 35
- Maine: 2
A user name and password is required to enter this secure web site. Password criteria: Minimum 8 characters, Upper case letter, Lower case letter, Number

The level of access is determined by the user type.

- System Administrator – maintains the site – KHA/KHERF
- State Administrator – provides support to Provider Contacts in their State
- Network Administrator – maintains Network profiles & provides support
- Provider Contact – maintains Provider profile, adds users & enters data
  - Provider User – enters data and runs reports
  - View Only – views data and runs reports
- Report Recipient – no access to QHi, only receives reports
Quality Health Indicators

Core Measures Dashboard

View My Dashboard | At A Glance Dashboard

Best Practice Report | New Reports

Monthly Reports

Identifies Best Practice Performer

My Facility

My State

All of QHi

Note: Provider specific data will not display on quality measure graphs for providers with no occurrences during the reporting period.
Quality Health Indicators

Providers with a Top 5 score are Best Practice Performers
Rank of Facility
Direct connection to Best Performers
Quality Health Indicators

Bar Graphs, Line Graphs, Tables and Trend Reports

Customizable time frames and peer groups are options for all reported measures.