

Ambulatory Measure Construction Zone



Can WCHQ Build it?

Yes We Can!

Objectives



Some history
The Build
Where Are We Going?

From the Beginning.....



First Meeting in October 2002
First WCHQ Publication in 2003
What it contained
What was missing

Building a Better Measure


Our Mission:

To build a set of ambulatory measures to enable medical groups and/or health systems to collect and report quality of care data using medical group data on all patients

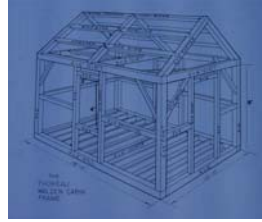


Assembling the Construction Crew

- Team leaders
- Representatives from member organizations
- Metastar – HEDIS expertise
- Data gurus
- Subcontractors
 - Coding Experts
 - Physician consultants




The Essential Blueprint




- Started with general outline – the “footprint”
- Used HEDIS as a model
- Began with narrative description:
 - Population being measured (denominator)
 - Description of event or outcome being measured (numerator)


The Goal



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Week to Week – Draft to Draft

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- **DIABETES: Blood Sugar(A1c), Cholesterol (LDL-C) and Screening for Nephropathy**
- **DENOMINATOR DESCRIPTION (Note-this definition applies to all diabetes measures)**
- Patients >18 years who have Type 1 or Type 2 diabetes by specific encounter data (See Table 1 and "Encounter data" below).
- **Encounter data.** Patients eligible for inclusion in the denominator population include:
 - Those who had a minimum of two face-to-face office visit encounters (see CPT codes in Table 1) with different dates of service in an ambulatory setting during the last 24 months (i.e., the 12 months preceding the report period and the 12 month report period), and
 - At least one of the two required office visits must occur during the 12 month report period.
 - An ICD9-CM diabetes diagnosis code (Table 1) is associated with the office visit encounter, and
 - The encounter was with a primary care (Pediatrics Generalist, Internal Medicine, Family Practice) provider (MD, PA, NP) or Endocrinologist.
- **Table 1:**
- **Table 1a: CPT, ICD-9 Codes and Descriptions**
- **Code Type Description**




Initial Returns: A Very Bumpy Road


- Difficult to visualize the "picture" of new measures
- Making the transition from health plan to health system
- Defining the denominator – who are the patients we're measuring?
- Narrative difficult to use as roadmap

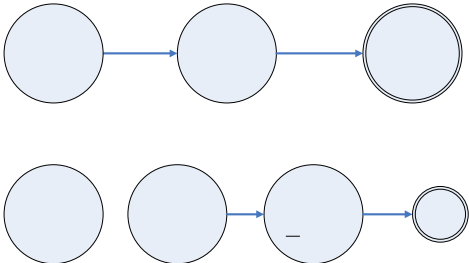

Transition: Text Narrative to Data Flow



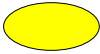
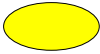

- Focus on Flow of Administrative Data
- Help Data Analysts/ Programmers understand the queries they need to build




The Prototype – Flowchart 1.0

Laying the Foundation: Famous Three Questions

-  **Is this a person with diabetes?**
 - 2 visits with diagnosis of diabetes
-  **Is this a person we managed?**
 - 2 visits with PCP in 24 month period
-  **Is this patient currently receiving care by us?**
 - 1 visit in the measurement period



Diabetes Construction Schedule

June, 2004	Groundbreaking
October, 2004	House built - 5 Measures Defined
December, 2004	"Punch list" - polishing the narrative; filling in details
January, 2005	Data submitted to MetaStar (July 2003 – June 2004)
April, 2005	Open House on new WCHQ website
October, 2005	Second data submission (July 2004 – June 2005)
November, 2005	Published at Forum



The Model House Five Diabetes Measures

- A1c Screening - % screened in measurement period**
- A1c Control**
 - Optimal < 7
 - Near Optimal 7 – 9
 - Poor > 9
- LDL Screening - % screened in measurement period**
- LDL Control**
 - Optimal <100
 - Near Optimal 100 – 130
 - Poor >130
- Nephropathy - % monitored in measurement period**



Filling in the Neighborhood The Next Generation of Measures

- Hypertension
 - Uncomplicated
 - With Other Co morbidities
- Postpartum Care
- Breast Cancer Screening
- Colorectal Cancer Screening



Celebrating the Successes

Groundbreaking Development
Measures "apples to apples"
across medical groups
All Patients/All Payers
Evidence Based
Important Measures

- Long-standing, established
- Consistent with new national measures being developed by CMS, NQF and others



What Made It Work?

- Teamwork
 - Sink or Swim
- Commitment from organizations to weekly conference calls
- Aggressive timeframes – keep the pressure on
- Flowsheets



Challenges

- Managing by conference call (many meeting today for the first time)
- Commitment from all organizations to share in the work
- Clinical expertise to keep measures Evidence-Based
- Consensus
- Time commitment for organizations
 - Development and data collection
 - Quality improvement



The Future?

- AQA, IOM, AHRQ, NQF, CMS?
and / or
- WCHQ?



Questions? Comments?



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