

Rural Health Clinic Quality Measurement Project

Rural Health Clinic Technical Assistance Call
March 11, 2015

Muskie School of Public Service

Maine Rural Health Research Center



Contact Information

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Maine
Rural Health
Research Center

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

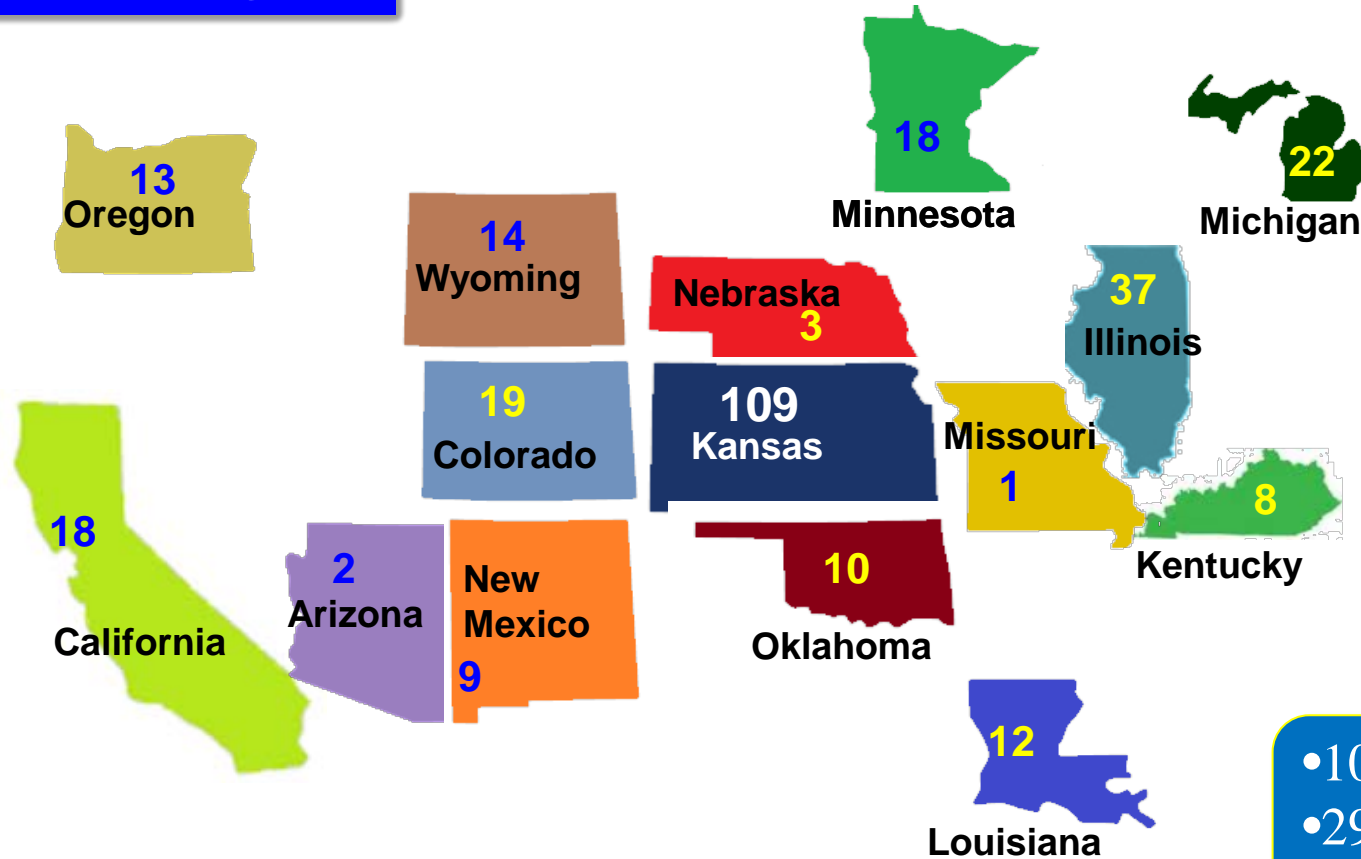
Request for Participants

- 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

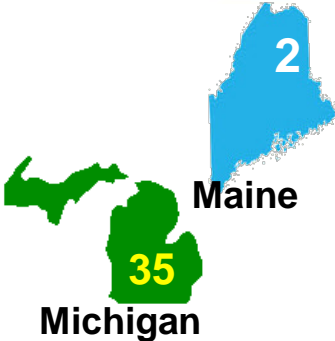
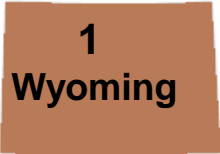


- 1000+ users
- 295 hospitals
- 15 states

Quality Health Indicators



Clinics



60 RHCs Participating



Quality Health Indicators

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

Clinic Profile Page

Clinic Profile [Save](#) [Export](#) | [Measure Selection](#)

Clinic Information	Contact Information
<p>* Name: <input type="text" value="Rural Health Clinic - Sally test"/></p> <p>Medicare ID: <input type="text" value="123456"/></p> <p>Address: <input type="text"/></p> <p>* City: <input type="text" value="Topeka"/></p> <p>* State: <input type="text" value="KS"/></p> <p>Zip: <input type="text"/></p> <p>County: <input type="text"/></p> <p>Phone: <input type="text"/></p>	<p>* Provider Contact: Jane Doe</p> <p>Administrator</p> <p>Name: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>CFO</p> <p>Name: <input type="text"/></p> <p>Email: <input type="text"/></p>
Status	Characteristics
<p style="text-align: center;">Data Entry Restrictions ?</p> <p style="text-align: center;">Active: <input checked="" type="checkbox"/></p> <p>Updated: May 23, 2013</p> <p>Updated by: Jane Doe</p>	<p>? Type <input type="text" value="Rural Health Clinic (RHC)"/></p> <p>? RHC Type <input type="text" value="None Selected"/></p> <p>? Annual Total Gross Revenue \$ <input type="text" value="0.00"/></p> <p>? Annual Patient Visits <input type="text" value="0"/></p> <p>? Number of Local Mid-Level Practitioners <input type="text"/></p> <p>? Number of FTEs <input type="text"/></p> <p>? Number of active physicians <input type="text"/></p> <p style="text-align: center;">Check ALL that Apply</p> <p>? <input checked="" type="checkbox"/> Provide OB services</p> <p>? <input checked="" type="checkbox"/> Provide assisted living services</p> <p>? <input checked="" type="checkbox"/> Provide Telehealth services</p> <p>? <input checked="" type="checkbox"/> Provide Visiting Nursing services</p> <p>? <input checked="" type="checkbox"/> Provide Outpatient Mental Health Treatment</p> <p>? <input checked="" type="checkbox"/> Provide Physical and Occupational Therapy</p> <p>? <input type="checkbox"/> Patient-Centered Medical Home</p> <p style="text-align: center;">Save</p>



Quality Health Indicators

Core Measures Dashboard

[View My Dashboard](#) | [At A Glance Dashboard](#)

[Best Practice Report](#) | [New Reports](#)

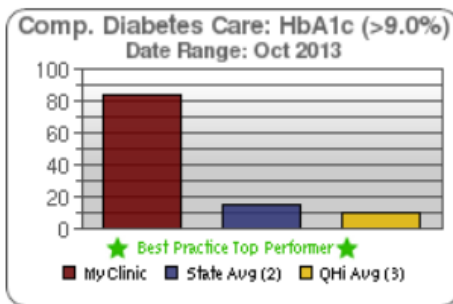
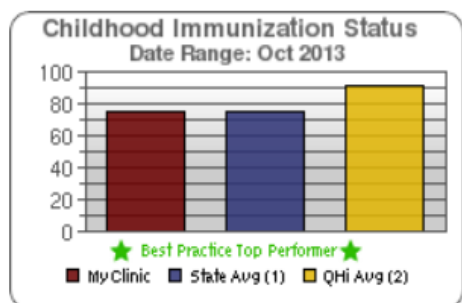
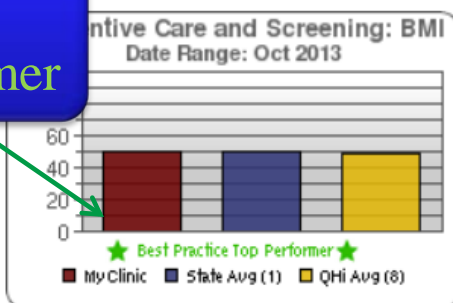
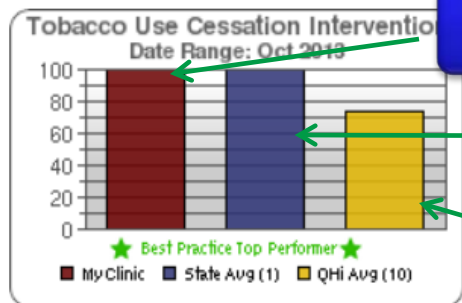
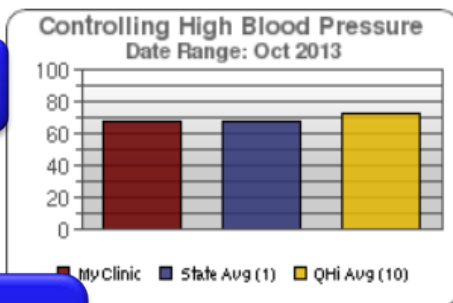
Monthly Reports

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

Days Cash on Hand

Responses are sorted by the most recent quarter.

Rank	Hospital	Apr 11 - Jun 11	Jul 11 - Sep 11	Oct 11 - Dec 11
1	Peer 194	6,973.9	3,499.2	2,499.8
2	Peer 791	806.7	821.2	874.8
3	Peer 70	681.0	883.8	795.8
4	Peer 533	657.2	562.3	626.9
5	Peer 455	589.9	596.1	578.8
51	My Hospital	70.3	106.3	88.1

*n/a = No Active Submissions for Interval * = No Occurrences for Interval*

Best Practice Reports

Benefits as a Percentage of Salary

Rank	Hospital
1	Peer 151
2	Peer 600
3	Peer 656
4	Peer 932
5	Peer 604
60	My Hospital

*n/a = No Active Submissions for Interval * = No Occurrences for Interval*

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

Gross Days in AR

Responses are sorted by the most recent quarter.

Rank	Hospital	Apr 11 - Jun 11	Jul 11 - Sep 11	Oct 11 - Dec 11
1	Peer 955	1.0	1.0	1.1
2	Peer 461	31.5	29.1	17.4
3	Peer 863	25.8	24.9	25.6
4	Peer 530	n/a	n/a	28.6
5	Peer 315	22.7	22.2	29.3
73	My Hospital	73.6	64.3	72.5

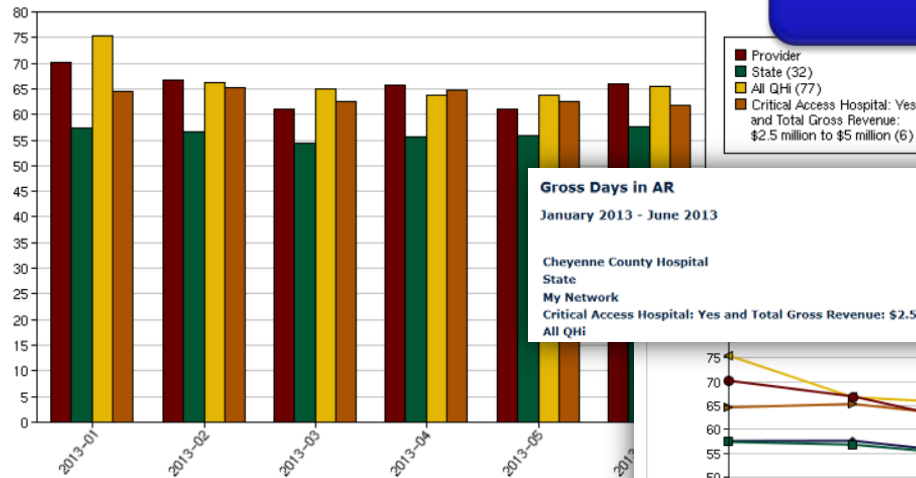
*n/a = No Active Submissions for Interval * = No Occurrences for Interval*



Quality Health Indicators

Gross Days in AR

January 2013 - June 2013

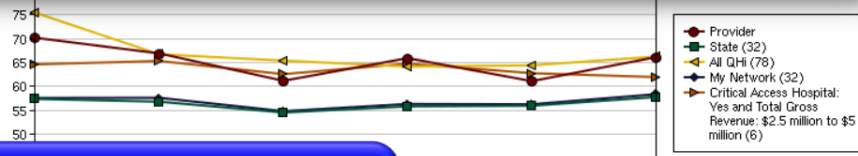


Bar Graphs, Line Graphs, Tables and Trend Reports

Gross Days in AR
January 2013 - June 2013

[Edit Report](#)
[Save/Schedule](#)

# Providers	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06
Cheyenne County Hospital						
State	32	57.2	56.7	54.4	55.7	55.8
My Network	32	57.4	57.5	54.7	56.2	56.1
Critical Access Hospital: Yes and Total Gross Revenue: \$2.5 million to \$5 million	6	64.5	65.2	62.4	64.6	62.6
All QHi	78	75.3	66.6	65.3	64.0	66.1



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

