Coach Medical Home

Strategies & tools to support patient-centered medical home transformation



MODULE 4: Measurement

GroupHealth

MacColl Center for Health Care Innovation

THE COMMONWEALTH FUND

QUALIS HEALTH

Learning objectives for this module

After completing this module, you will know how to:

- Describe measurement for improvement and why it is critical to PCMH transformation.
- Help leaders, clinicians, managers, staff, and patients develop a measurement and reporting strategy to support PCMH transformation.

Overview of contents

1. Why measurement for improvement is critical to PCMH transformation
2. Build an improvement-focused measurement strategy
3. Make measurement part of daily work through reporting

Section 1

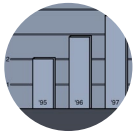
Why measurement for improvement is critical to PCMH transformation

Using measurement to drive PCMH transformation

Reporting on measures will help a practice:


See the need for transformation


Demonstrate quality to staff, patients, & others


Find ways to continue improving


Achieve PCMH recognition


Take advantage of new funding

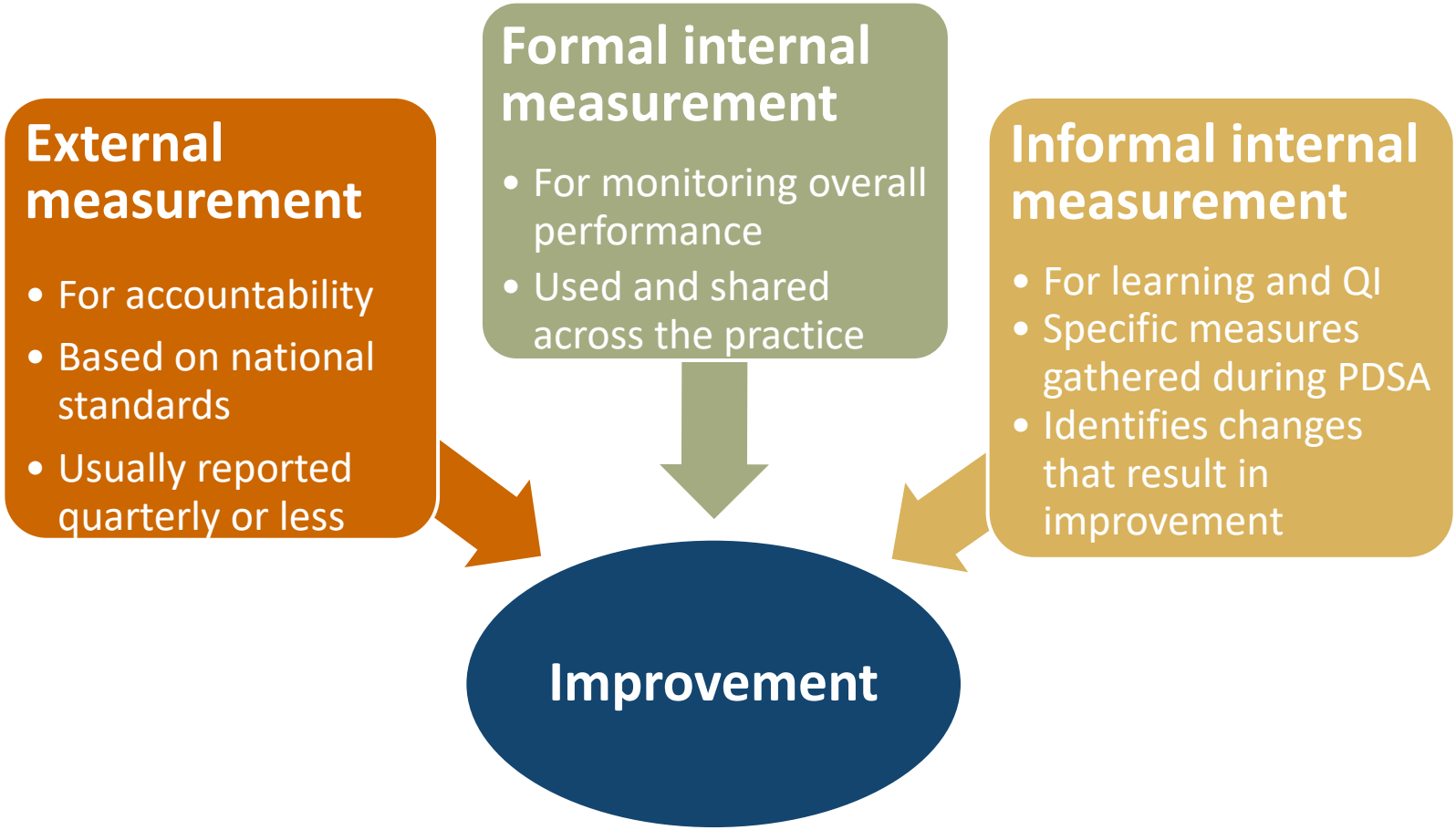
Different measures are meaningful for different audiences: Diabetes example

Board members & Leaders	Providers & Care Teams	Patients & Families
• Diabetes dashboards	• HbA1c testing and control • Foot exams • Eye exams	• % patients who are satisfied with their care

Combined measures provide an overall view of quality of care.

Specific measures show opportunities for improvement.

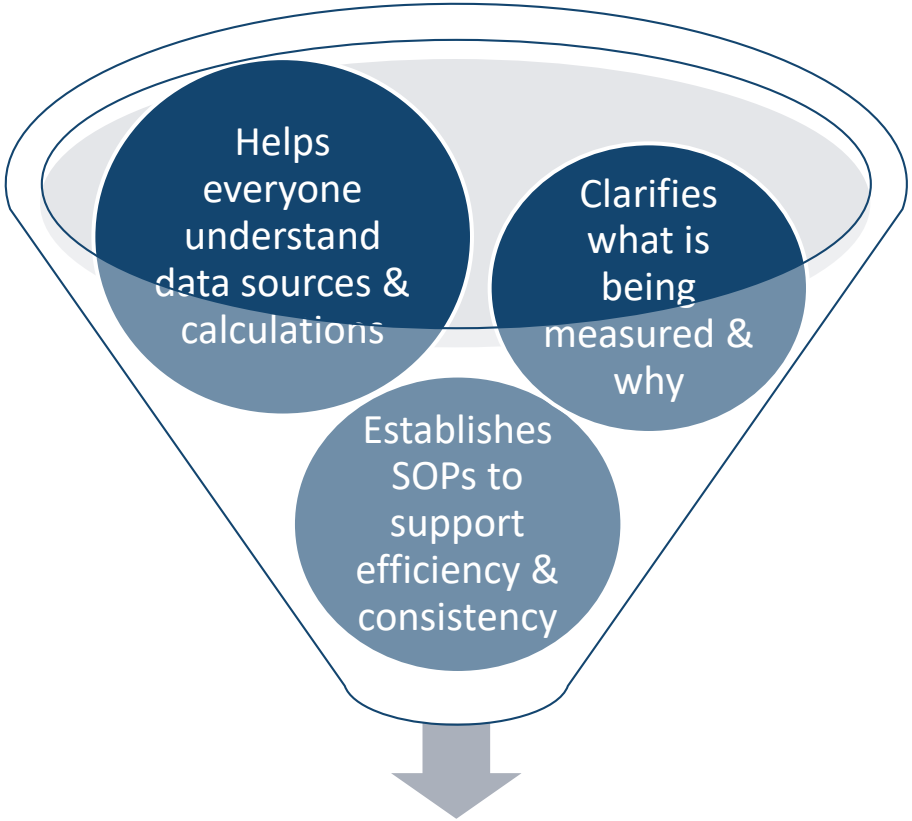
Focusing on improvement helps achieve practice goals



Section 2

Build an improvement-focused measurement strategy

Why develop a measurement strategy?



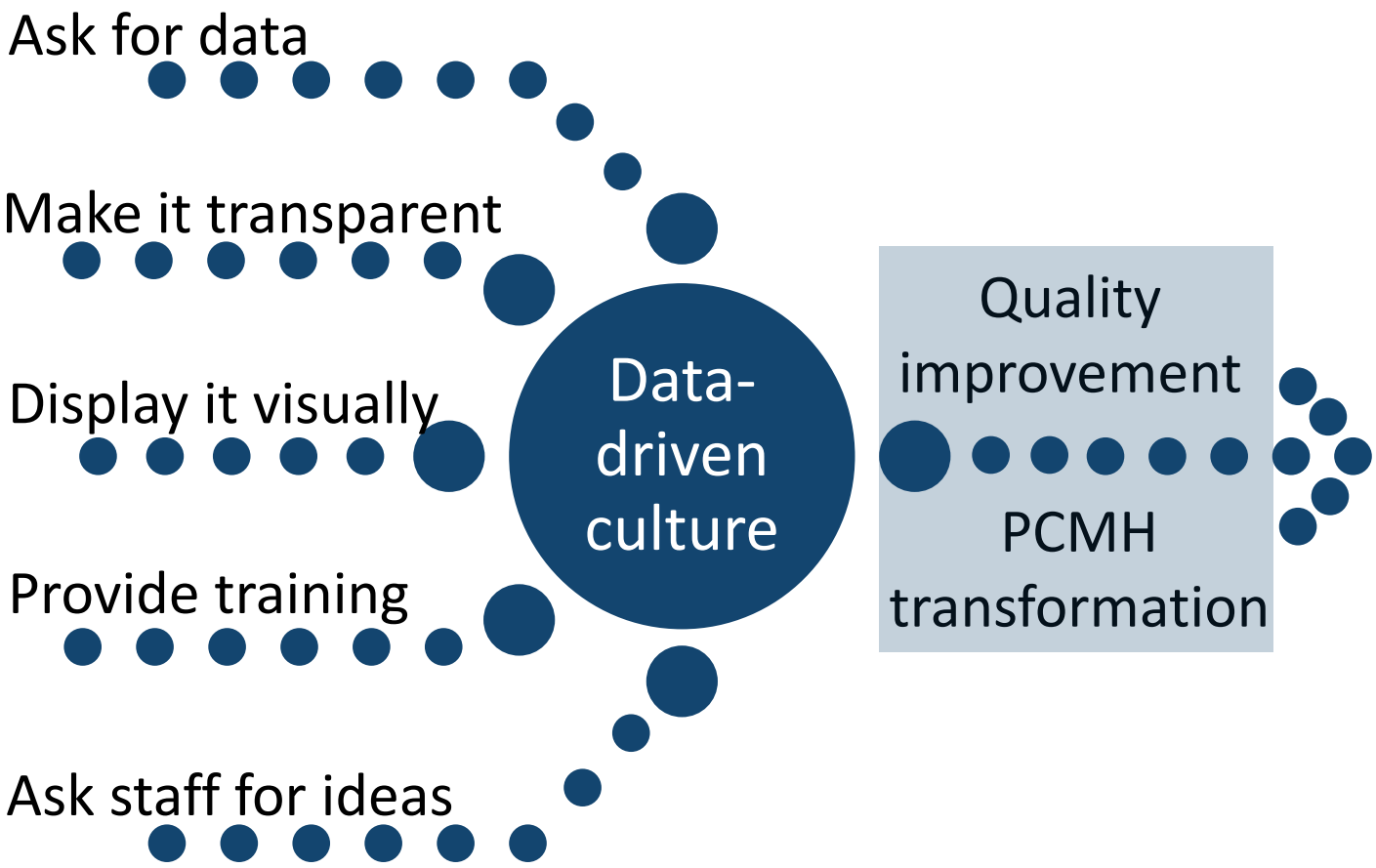
A detailed description of a site's approach to measurement and reporting that supports PCMH transformation or other QI activities.

A measurement strategy's components



How leaders create a data-driven culture

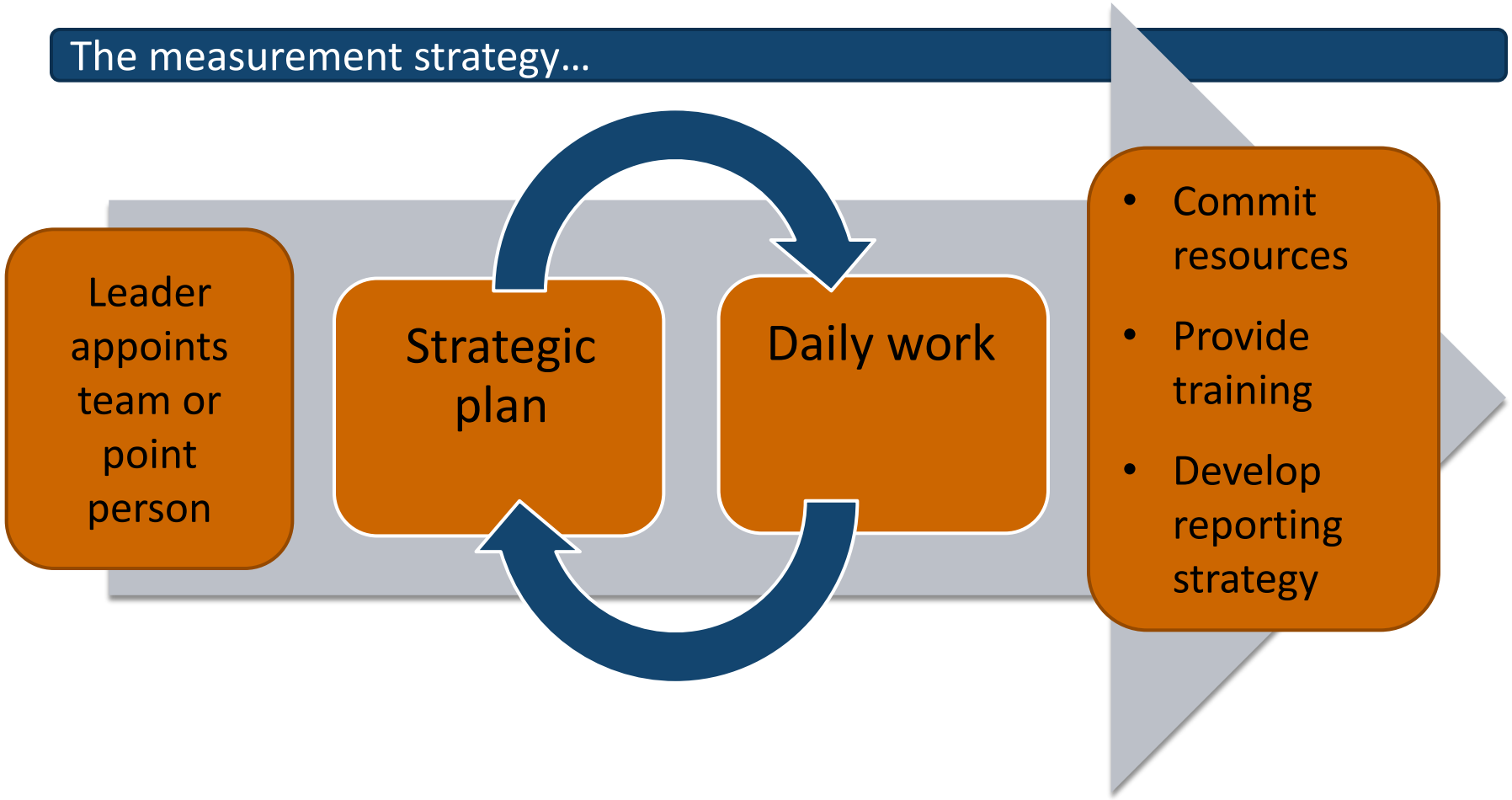
Practice leaders should:



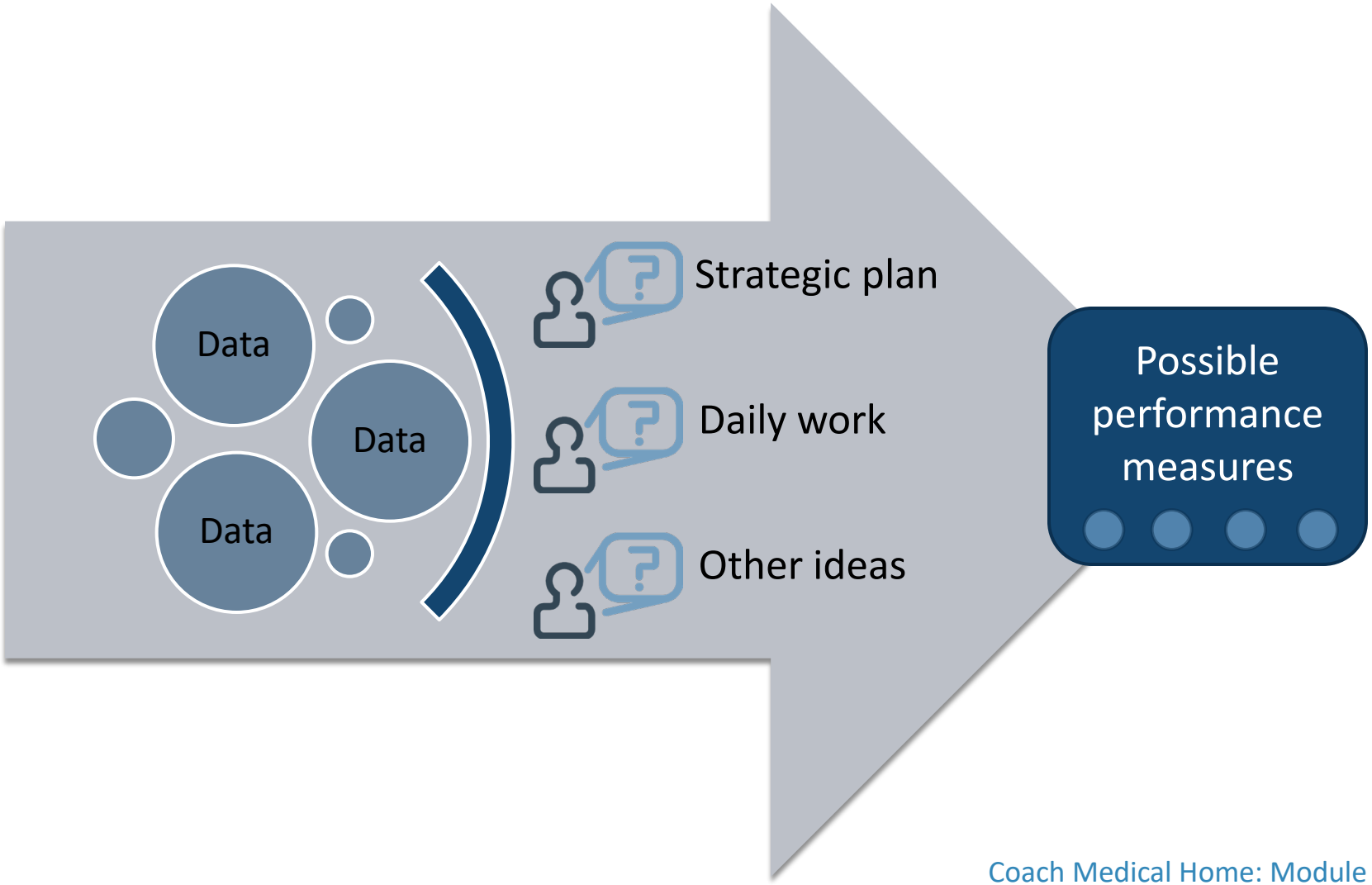
Building a measurement strategy: Five ways to maximize value & efficiency

1. Link — to strategic goals and daily work
2. Look — at measurement activities already taking place
3. Engage — clinicians & staff in suggesting measures and provide training to build capacity
4. Select — measures that show the big picture and will help the practice reach its goals
5. Sustain — momentum by monitoring progress, making adjustments, and acknowledging improvement

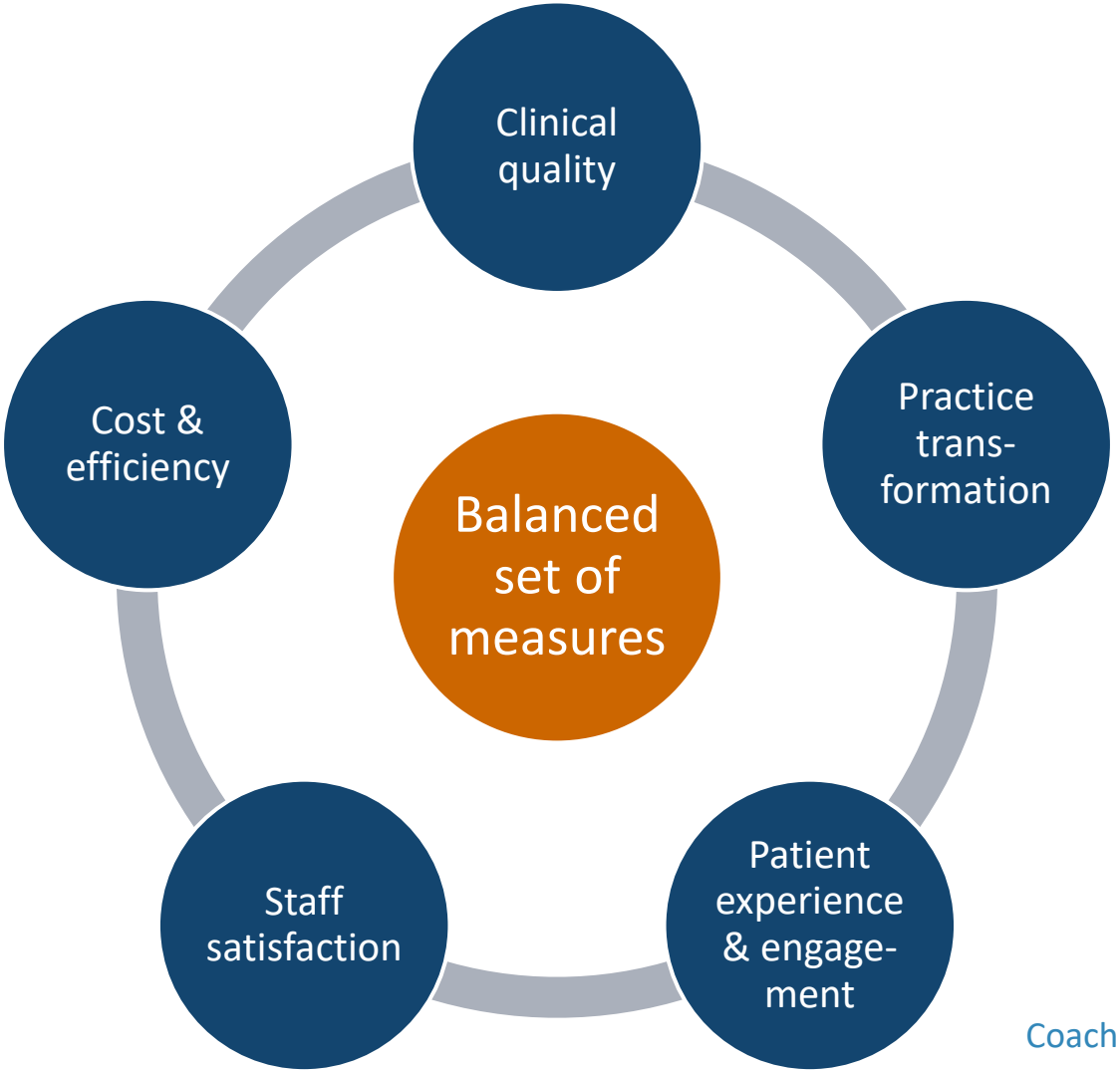
Leadership's role in building the measurement and reporting strategy



Engage clinicians & staff in deciding what to measure



Aim for a balanced set of measures to reveal the big picture



Start with nationally endorsed measures

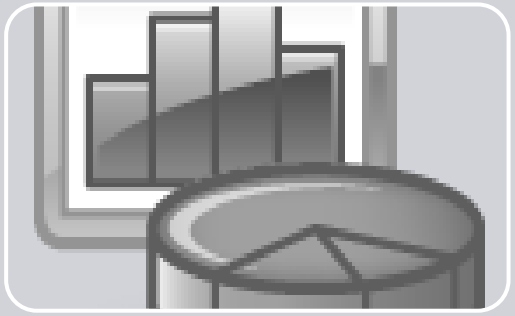
Which national measures are tied to the practice's goals?

- MU
- HEDIS
- NQF
- AMA-PCPI
- NCQA or PCMH

An efficient approach that also allows the practice to compare to national benchmarks

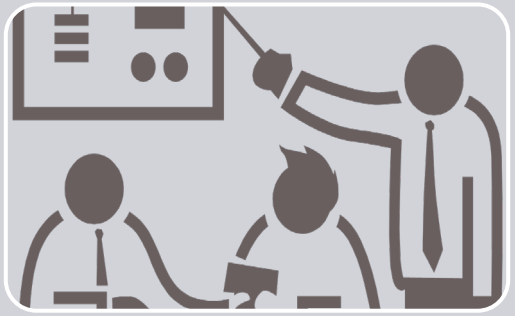


Customize measures for the practice



Add measures of value

- To support QI efforts
- Tie to strategic goals



Consider fit with workflow

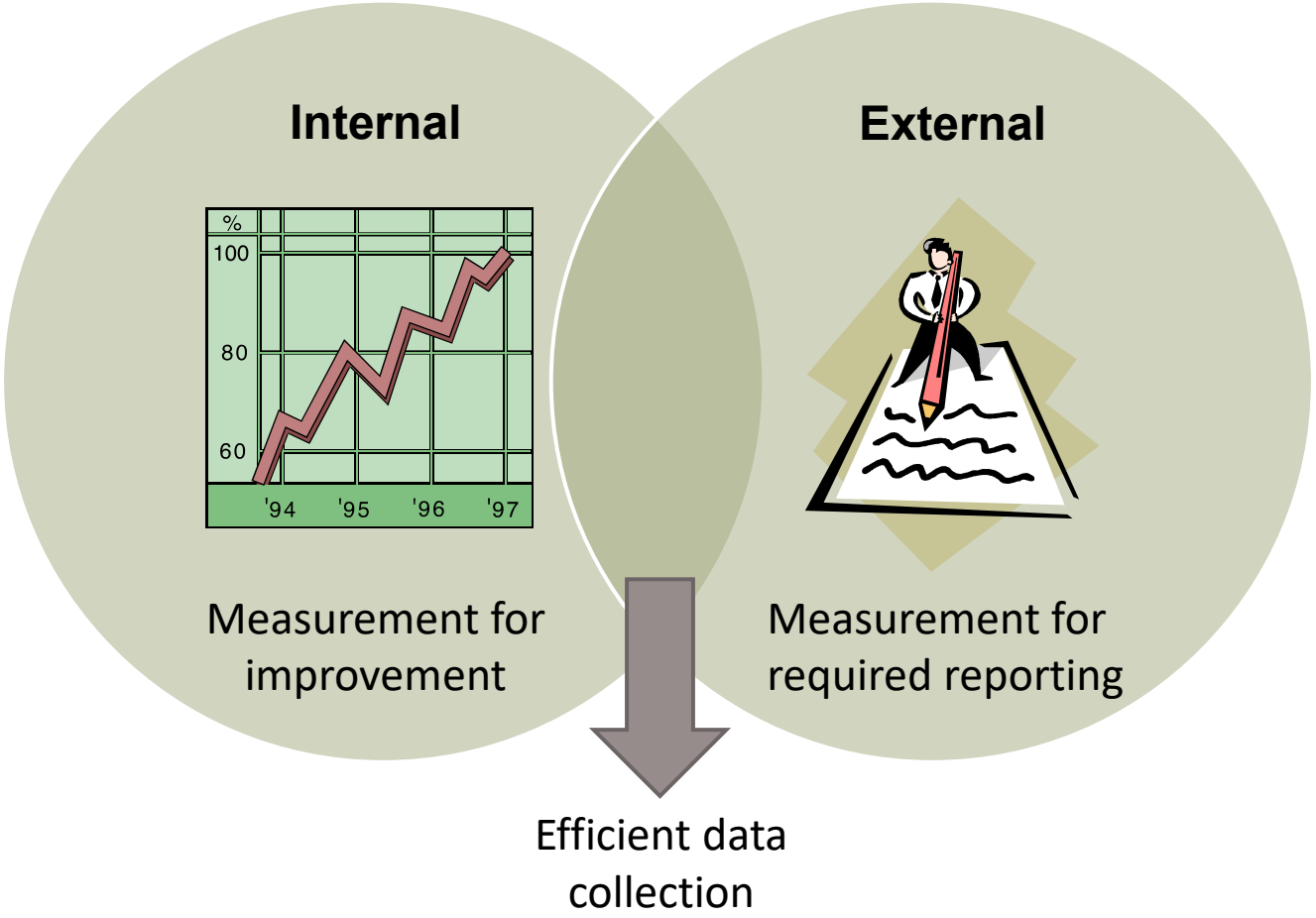
- Do they support clinical decisions?
- Can they come from a registry?



Add practice-specific goals

- Do they motivate the team?
- How do they compare to national benchmarks?

Finding value in measures that overlap

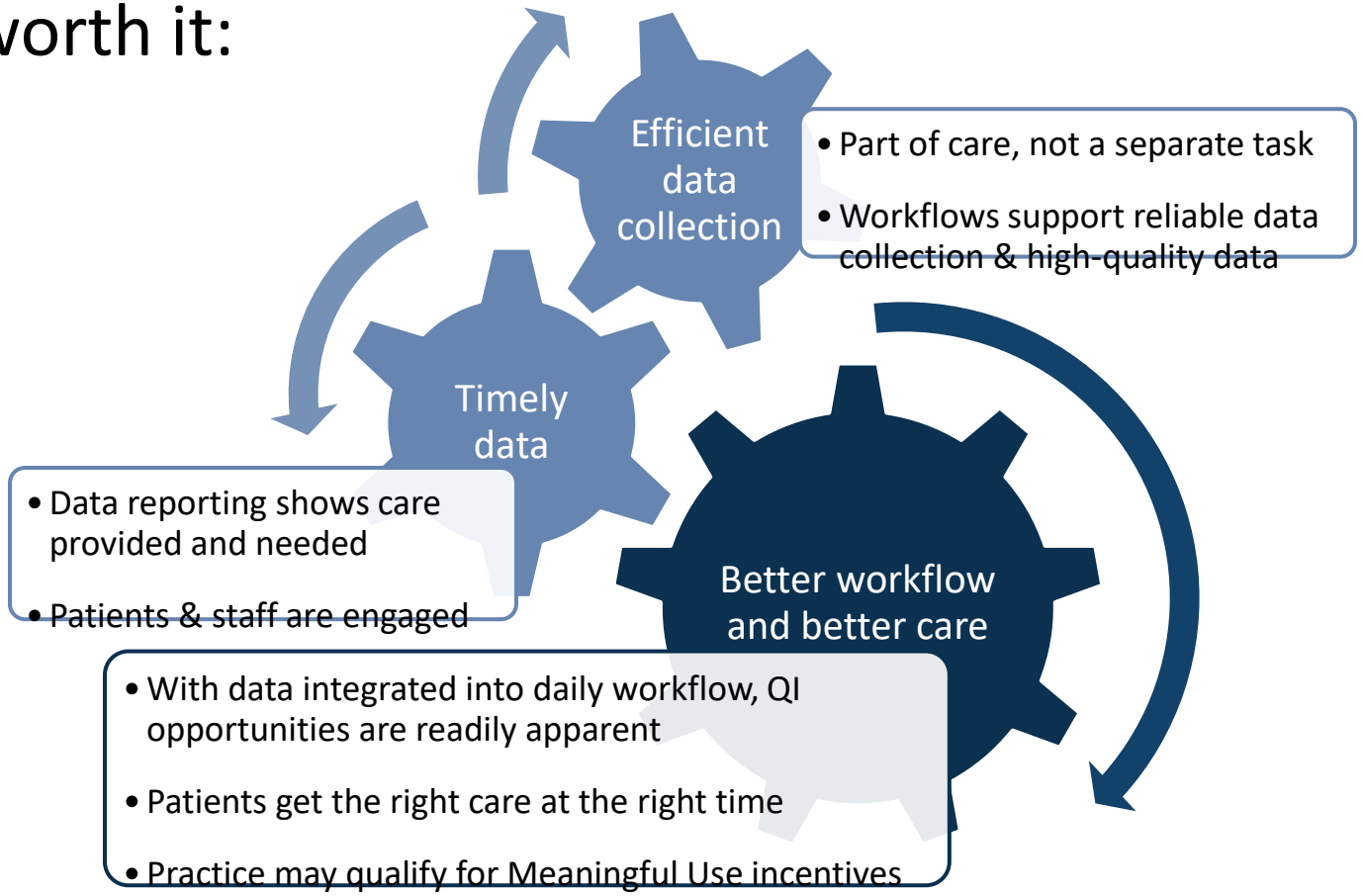


Refine based on available data sources

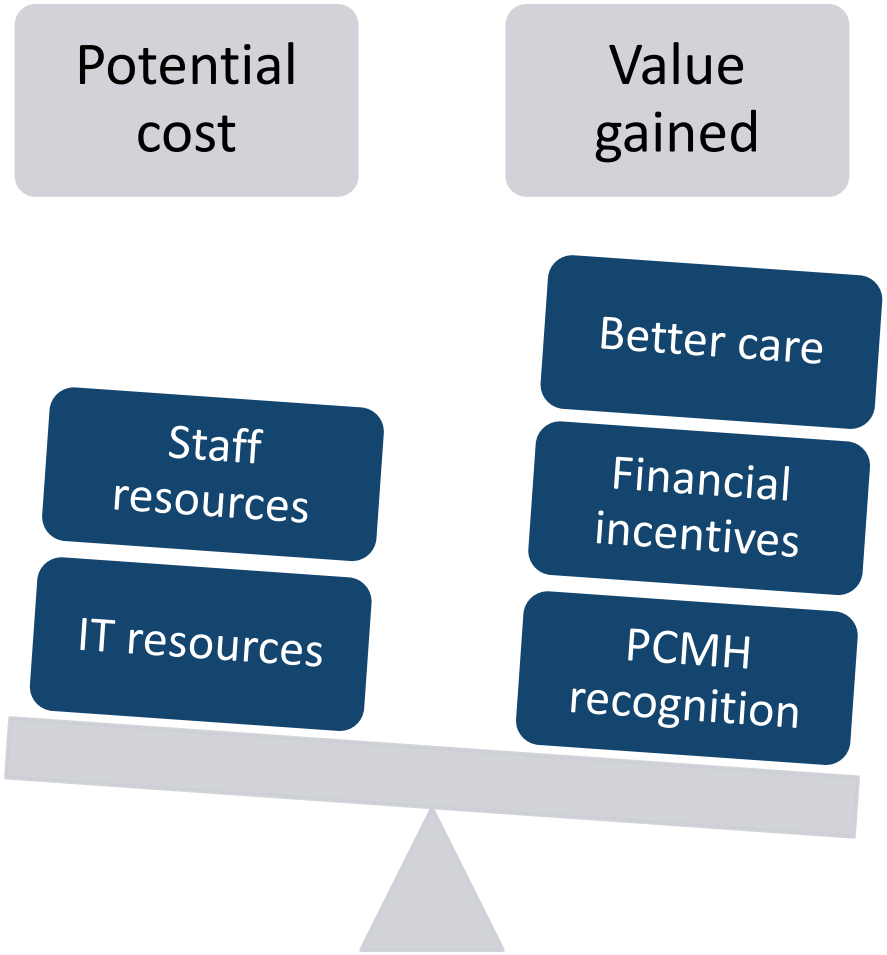
EHR or Registry	• **Strengths:** Best way to learn and use data for patient care • **Limitations:** Takes work if not yet in place
Practice Mgmt. System *Example: Panel lists*	• **Strengths:** Real time, reliable, engages staff • **Limitations:** Must invest in a panel manager
Administrative *Example: Claims data*	• **Strengths:** No investment needed • **Limitations:** Not real time, clinician assignments may be inconsistent
Surveys *Examples: Patient, staff, and clinician satisfaction*	• **Strengths:** Reveals important perspectives • **Limitations:** Low response, language & literacy barriers, must invest in management & analytics
Payer Reports *Examples: Claims data, Gaps-in-Care reports, hospital & ED utilization*	• **Strengths:** No investment needed • **Limitations:** Not real time, clinician assignments may be inconsistent, not provided very often

Use EHRs and registries for measurement as much as possible

It may take time for practices to get started, but it's worth it:



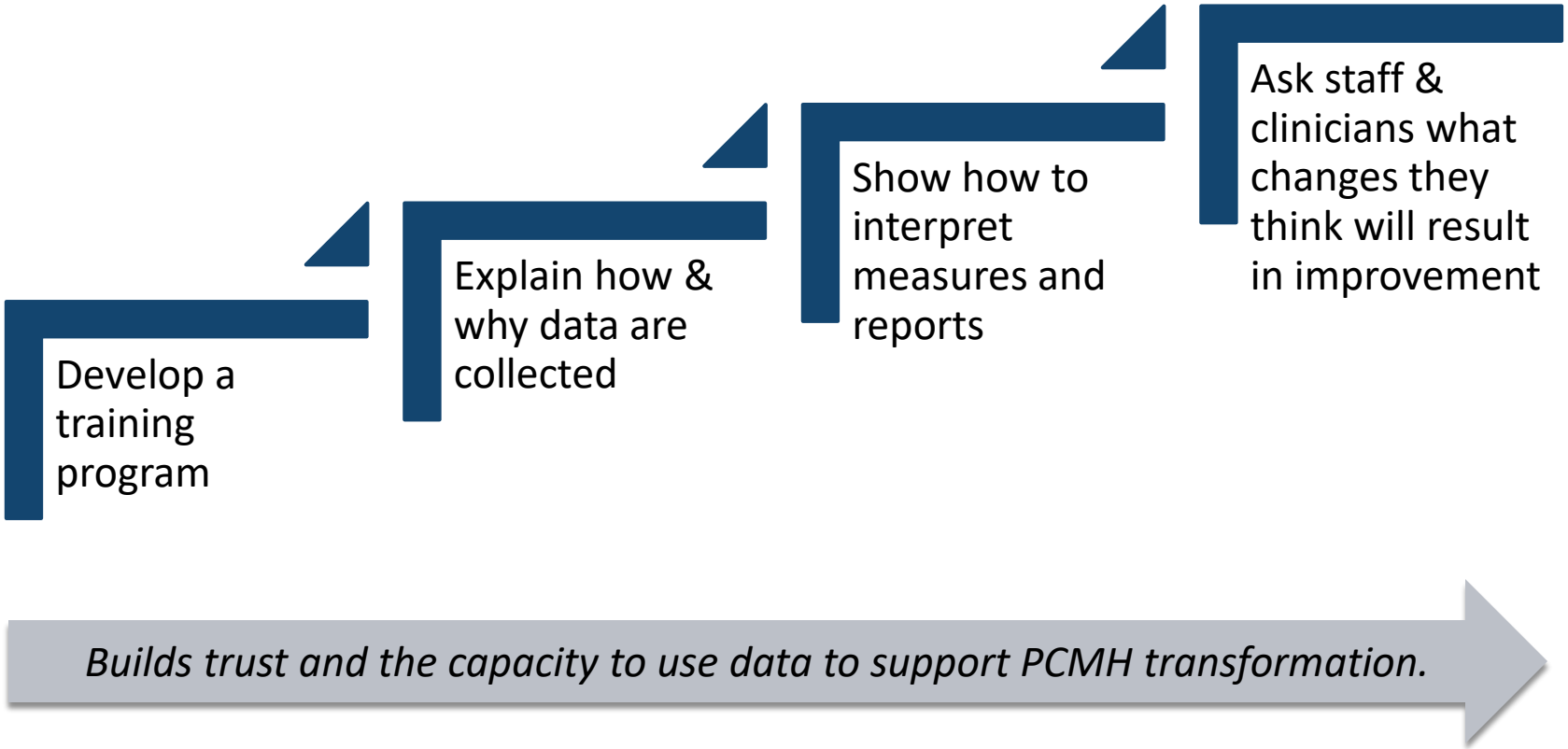
Balance cost vs. value



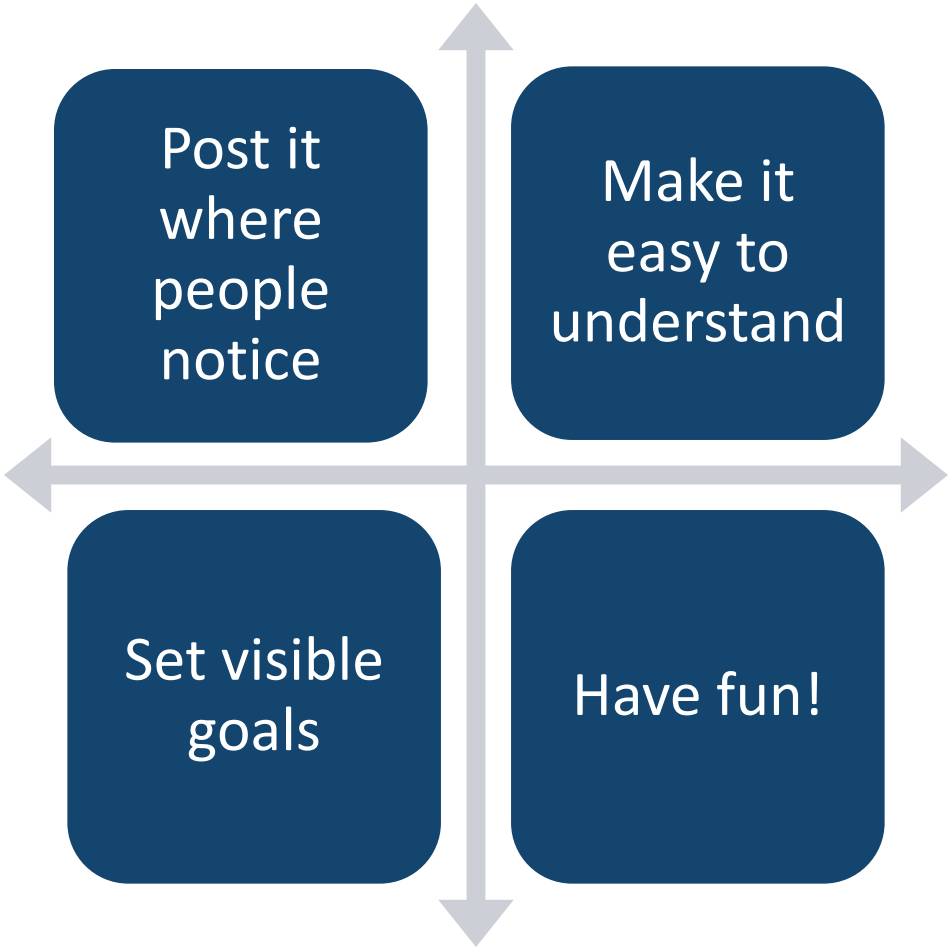
Section 3

Make measurement part of daily work through reporting

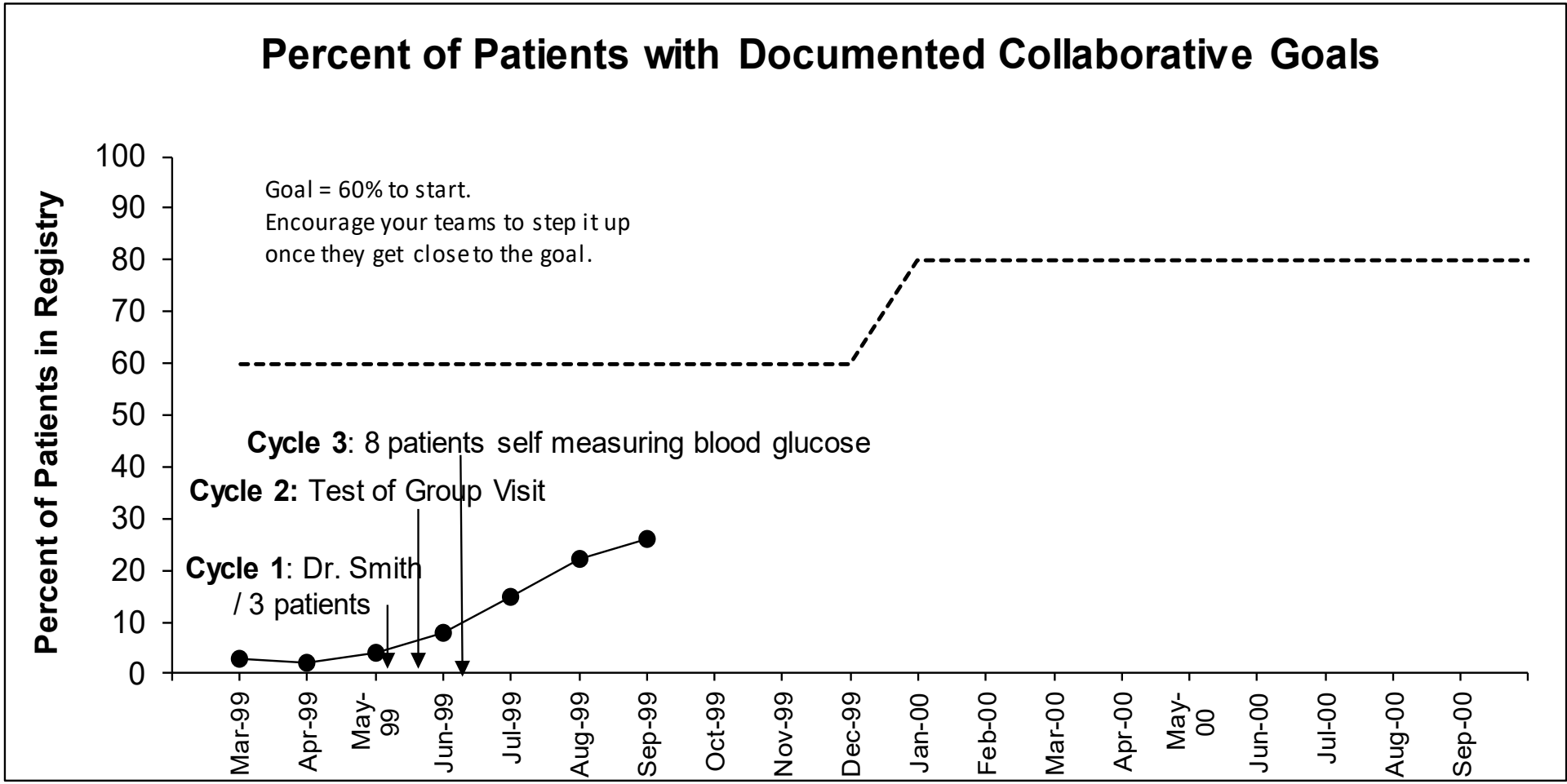
Engage clinicians and staff through training



Displaying data helps spread engagement



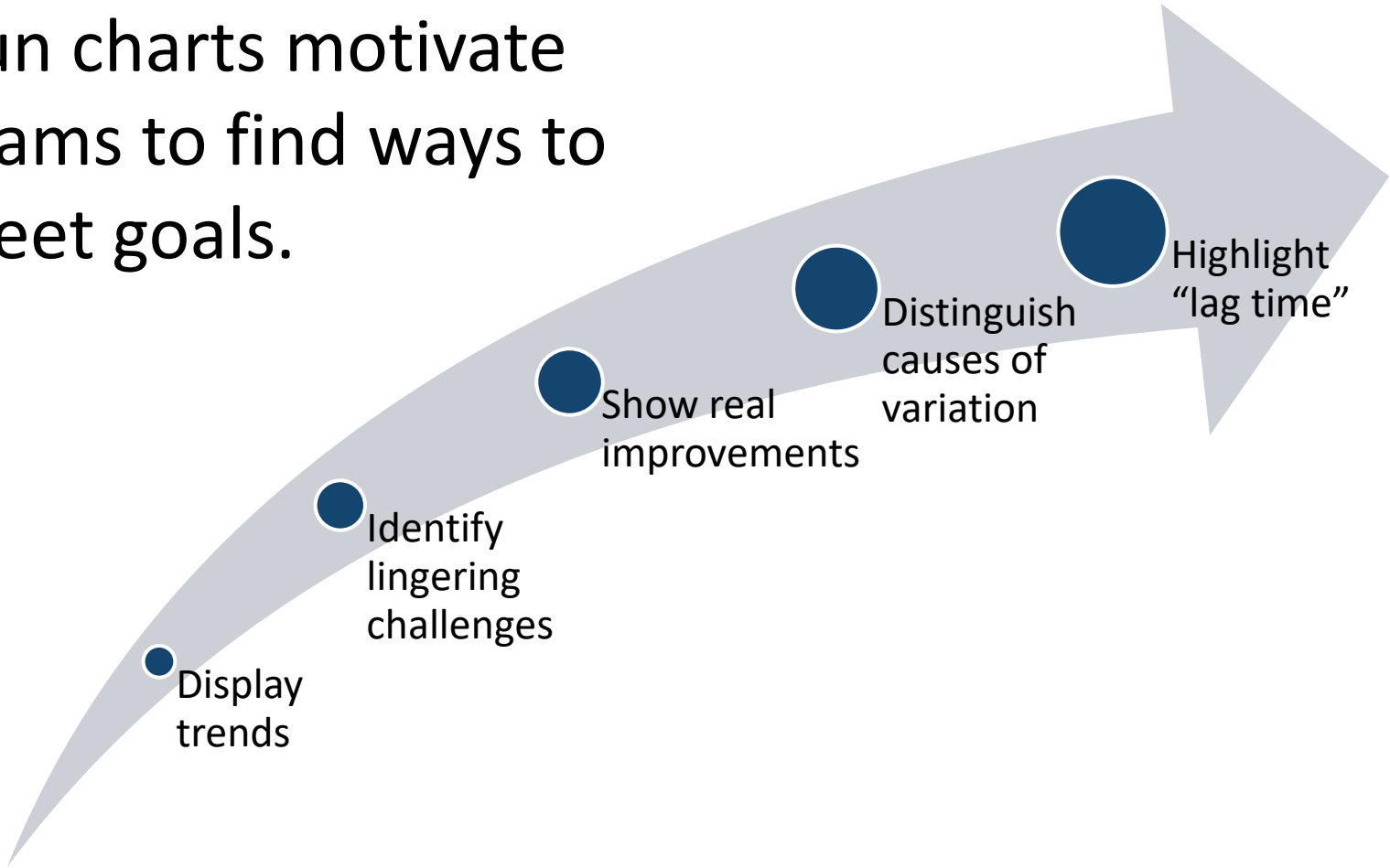
Minimum standard for monthly reporting: Annotated run chart



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Why run charts work so well

Run charts motivate teams to find ways to meet goals.



Questions to consider when reviewing run charts

Accuracy

- How confident are we that the data accurately reflect care?
- Are results all over the map? Check the denominator size.

Results

- What do the measures tell us? What do they mean to staff?
- If there's a steady increase, what did we do that worked?
- If there's a decrease, what changed?

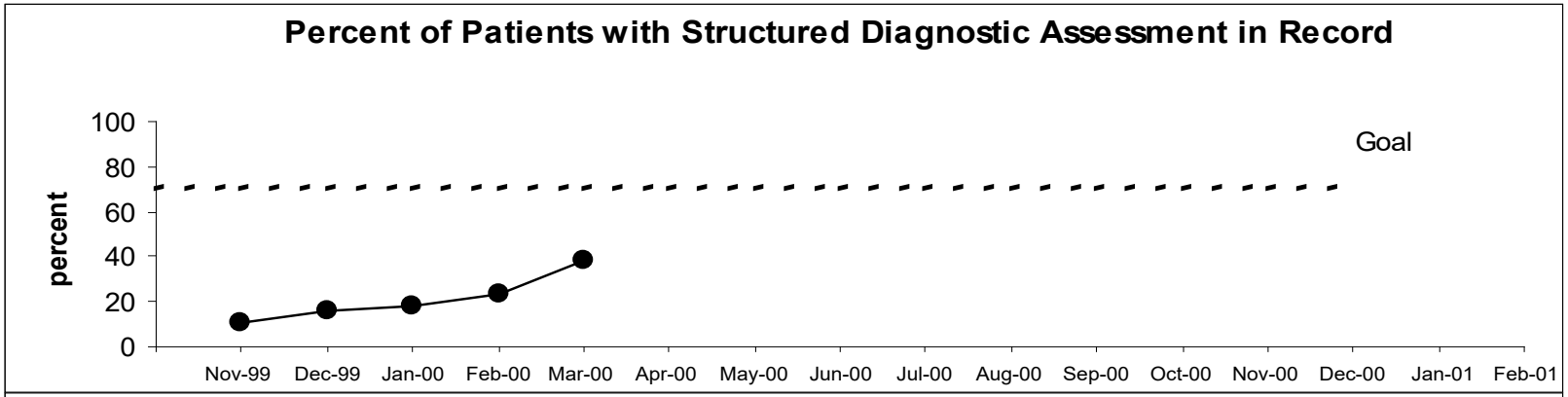
Goals

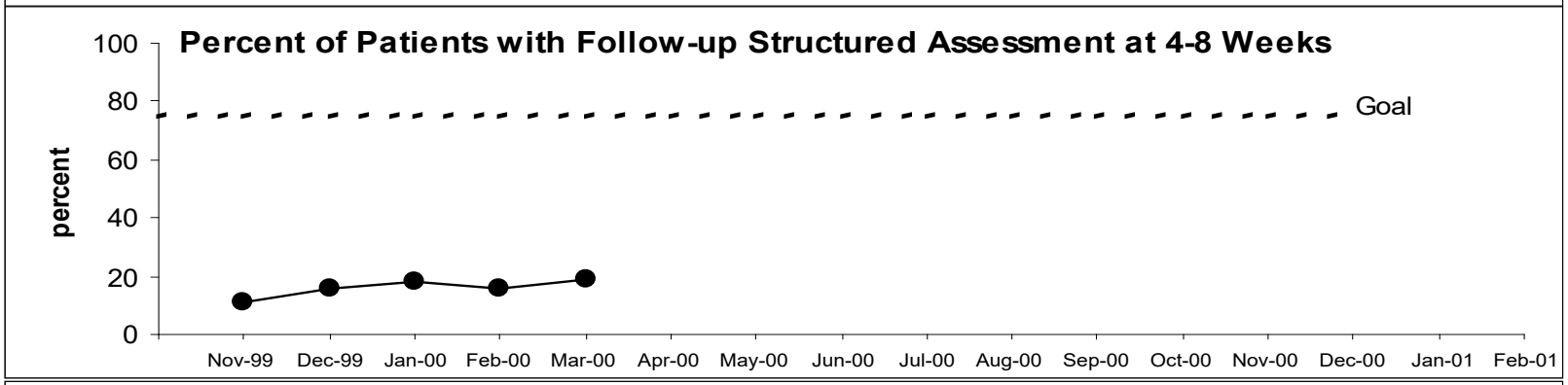
- What is our target?
- When will we feel good about the care we are delivering?
- Do we care about this measure? If so, why?

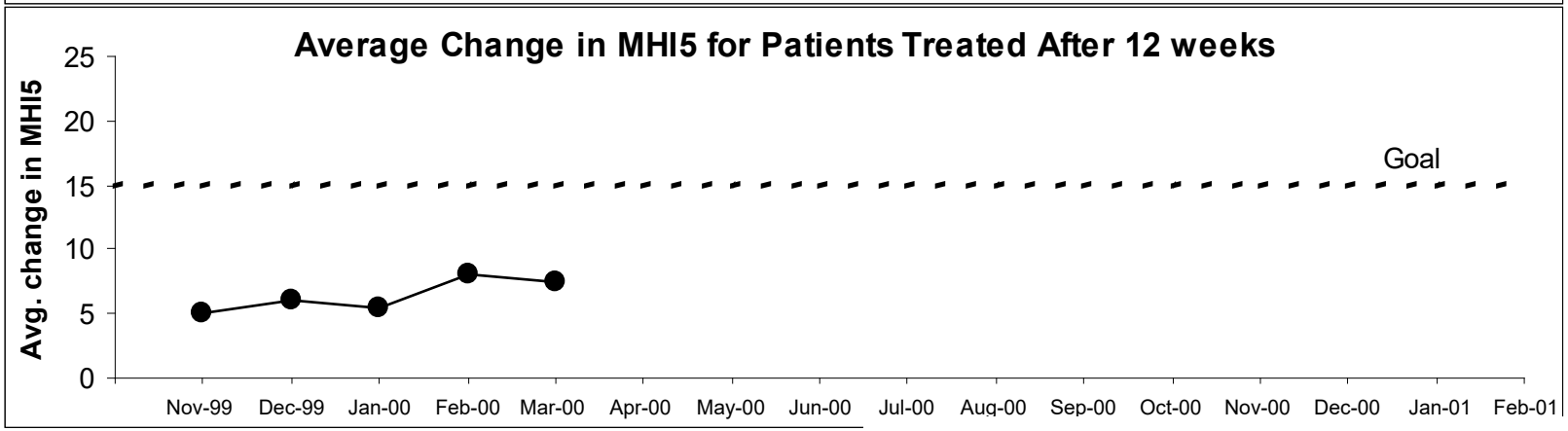
Display

- Is the way we're displaying data helpful?
- How can we make it better?

A family of measures refines understanding

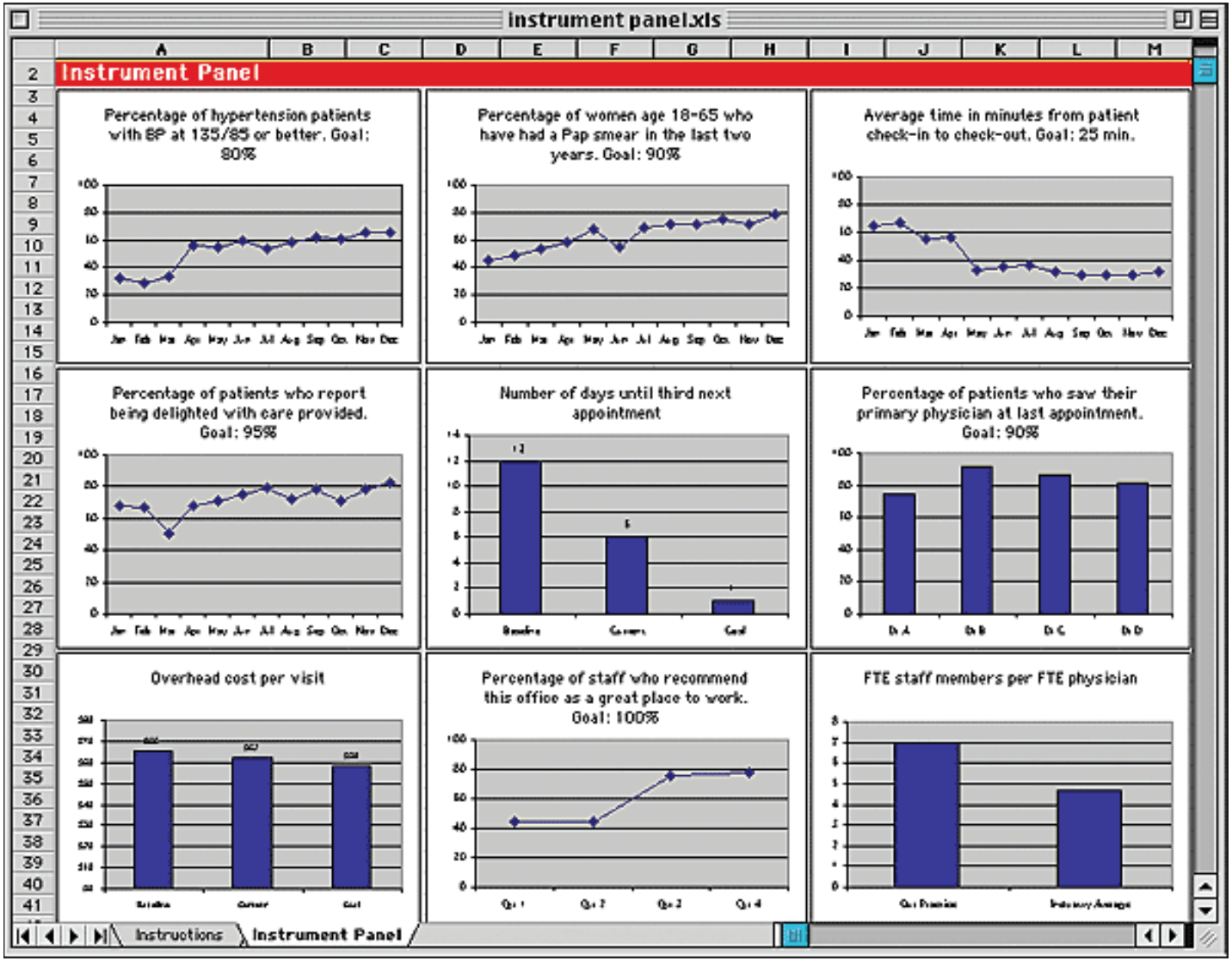






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A dashboard provides a broader view



Example data wall for staff and patients



Measurement Wall at Community Health Partners, Inc., Livingston, Montana

Coaching tips summary

As a coach, you can help a practice:

- Make connections between reporting requirements
- Tie measures to their strategic plan, especially patient improvement
- Understand the need for resources & training
- Suggest additional measures
- Check and adjust for accuracy
- Remember to involve staff, leaders, patients and families in improvement efforts