

Quality Measures

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Objectives

- Why you should care?
- What are quality measures (QMs)?
- QM Creation Process
- QM example
- Axon Registry
- QM resources

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Why should I care?

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Structure
What is in place (resources, systems)

Process
What is done (treatments and therapies)

Outcome
What will change as a result

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AAN QMs are required to...

- Have a strong evidence-base
- Address an objectively-identified gap in patient care
- Are relevant to users and actionable in the clinical setting
- Are feasible to collect, measure, and track over time
- Directly measure or lead to desired healthcare outcomes
- Improve or maintain health outcomes, patient safety, quality of life, cost of care, the patient experience, or coordination of care
- Have the capability to be developed into an e-measure (preferred)

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AAN QMs are NOT...

- A standard of care or new clinical practice guidelines for providers
- Mandates for clinical practice
- Expected to be fulfilled 100% of the time by 100% of clinicians
- An effort to penalize physicians
- Intended for use as practice standards in malpractice claims
- Intended for use to approve or deny insurance claims

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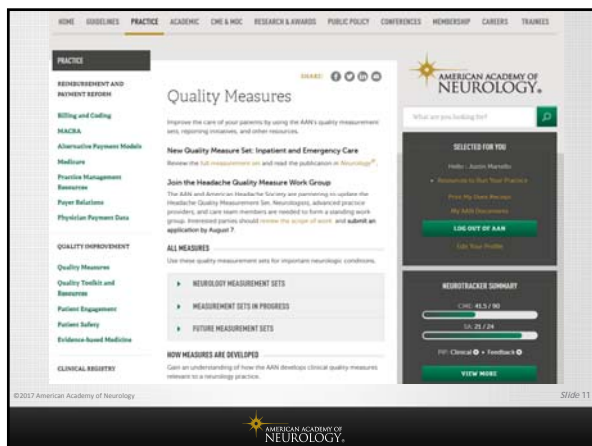
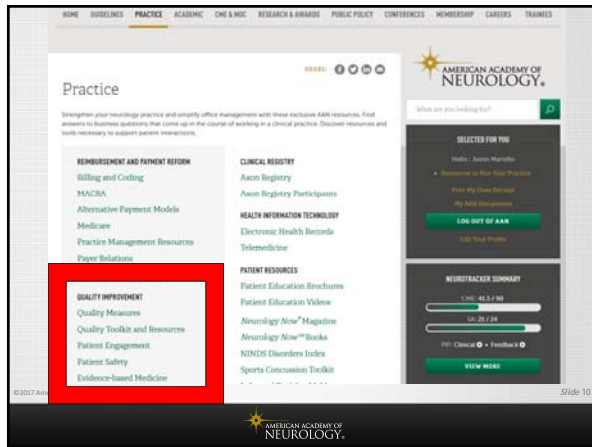
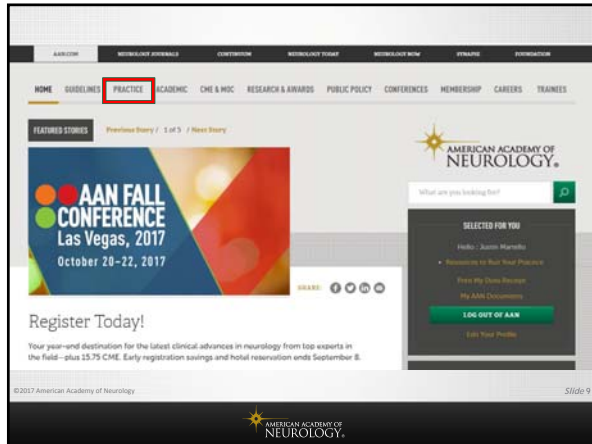
Literature requirements

- Minimum requirement for literature to be considered to support a measure
 - Systematic review
 - Must meet AGREE II requirements
 - Guideline
 - Housed on AHRQ Guideline Clearinghouse
 - Or meets all the requirements to be on the website
 - Other studies
 - Rate articles based on AAN classification system
 - Case series and case reports cannot be used

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AAN Measures

- 17 measure sets
- 139 measures
 - 33 components included in the 12 stroke measures
 - 4 sets pending release
 - 4 sets in development
 - 2 sets yet to kick-off

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What Does a Measure Look Like?

- Measure Components
 - Numerator Statement
 - Denominator Statement
 - Denominator Exclusions
 - Evidence-base
- Rationale for Measure
- Measure Designations (e.g., type of measure, care settings, level of measurement)

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New measure specifications

Measure Title	
Description	
Measurement Period	
Eligible population	Eligible Providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurse (APRN) Care Setting(s): (Outpatient, inpatient, ED or Urgent Care, Residential (SNF, home care)) Age(s) Event Diagnosis
Denominator	(Target population and time period)
Numerator	(Action needed to meet the measure)
Required Exclusions	
Allowable Exclusions	(Condition that should remove a patient, procedure, or unit of measurement from the denominator ONLY if the numerator criteria are not met.)
Exclusion Rationale	(Explanation of exclusions)
Measure Scoring	
Interpretation of Score	
Measure Type	(Process, Outcome)
Level of Measurement	Individual provider, Practice, System
Risk Adjustment	
For Process Measures Relationship to Desired Outcome	
Opportunity to Improve Gap in Care	(Documented evidence of deviation (or observed patterns of deviation) in care from established norms or standards of care. Gaps in care may be manifested by underuse, overuse, or misuse of health services.)
Harmonization with Existing Measures	(Work group may recommend the creation of a measure that may be similar to an existing measure. Work group should address steps taken to harmonize with existing measures or rationale for development of a separate measure.)
References	

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Measure Purpose

- Quality Improvement
 - Individual provider and practice efforts to improve care
 - AAN piloted Axon Registry to assist in benchmarking
- Accountability
 - Not all measures are appropriate for these programs
 - Merit-based Incentive Payment System (MIPS) (formerly PQRS)
 - Private Payers

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Type of Measure (Check all that apply)	<input checked="" type="checkbox"/> Process <input type="checkbox"/> Outcome <input type="checkbox"/> Structure
Level of Measurement (Check all that apply)	<input checked="" type="checkbox"/> Individual Provider <input checked="" type="checkbox"/> Practice <input type="checkbox"/> System
Care Setting (Check all that apply)	<input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Departments and Urgent Care <input type="checkbox"/> Residential (i.e., nursing facility, domiciliary, home care)
Data Source (Check all that apply)	<input checked="" type="checkbox"/> Electronic health record (EHR) data <input checked="" type="checkbox"/> Administrative Data/Claims <input type="checkbox"/> Chart Review <input checked="" type="checkbox"/> Registry
References	
<ol style="list-style-type: none"> 1. Wijdicks EFM, Varelas PN, Gronseth GS, et al. Evidence-based guideline update: Determining brain death in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology. <i>Neurology</i> 2010;74:1911-1918 2. Nakagawa TA, Ashwal S, Mathur M. Guidelines for the determination of brain death in infants and children: An update of the 1987 Task Force Recommendations. <i>Pediatrics</i> 2011; 128(3):e720 	

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Exclusions

- Previous measurement sets have exceptions and exclusions
- New AAN measurement sets have required and allowable exclusions
 - Required exclusions remove patients from an initial population and prevent them from entering the denominator
 - Allowable exclusions remove patients from the denominator and prevent them from being calculated in the numerator

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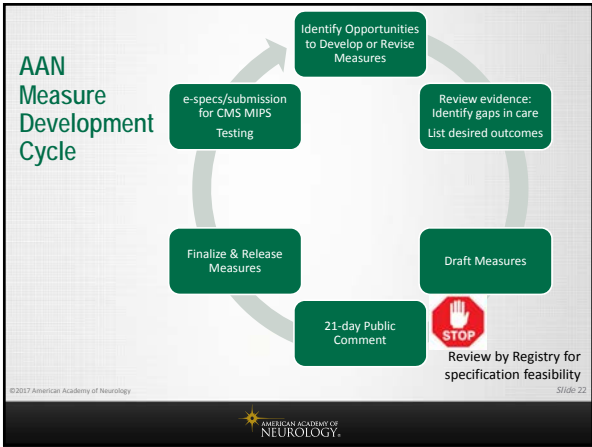
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Measure Development Process

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- ## Standing Measure Work Groups
- Content Chair
 - Methodology Chair (non-voting member)
 - 11-13 work group members
 - Physicians, APP's, patients, subspecialty organizations, advocacy groups, consumer organizations, insurer reps
 - NO PHARMA
 - Review evidence every 6m
 - 2yr terms to be cycled out max 6yrs
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electronic Clinical Quality Measure

- eCQM (CMS preferred term) aka eMeasure
- Provides ALL requirements for measure calculation without the need for a manual chart review
- Data pulled automatically

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Axon Registry

- Axon Registry is a quality improvement registry.
- A registry is a structured way to collect quality data on a set of patients and to track practice patterns and patient outcomes.



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Benefits to members




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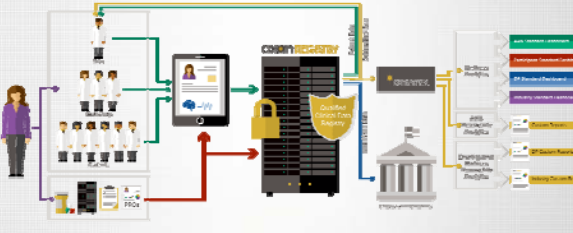
Data in Axon Registry

- The entire patient visit from the electronic medical record.
- Specifically
 - Data extracted from EMR system and related sources (billing, imaging, labs, Rx)
 - Data on diagnosis, procedures, vitals, medications
 - Structured and unstructured data (Natural Language Processing by FigMD)
 - Cost data – practice management and finance systems



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Axon Registry Work Flow



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Axon Registry Statistics*

	Totals
Practices	149
Number of Visits	2,005,000
Number of Patients	741,000
Number of Providers	1,082
Number of EMRs	33
Waitlist Practices	46

*As of 7/14/17


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Practice Type Breakdown*

Practice Type	Registry Total	Receiving Data
Solo Practice	58	19
Neurology Group	64	47
Multispecialty Clinic	15	9
Academic Centers	7	2
Government Based	1	0
Hospital Groups	4	1
	Total: 149	Total: 78

*As of 7/14/17

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- ### Future Uses for the Data
- Inform guideline development
 - Inform QM development
 - Identify gaps in care
 - Create quality improvement tools and resources
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How to enroll:
AAN.com/view/Axon
or
Email registry@aan.com

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"Quality" of Measures

- Participate in a QM standing work group
- Public comment period (every response answered)
- Apply to be on AAN QSS (Quality and Safety Subcommittee)



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Questions?

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