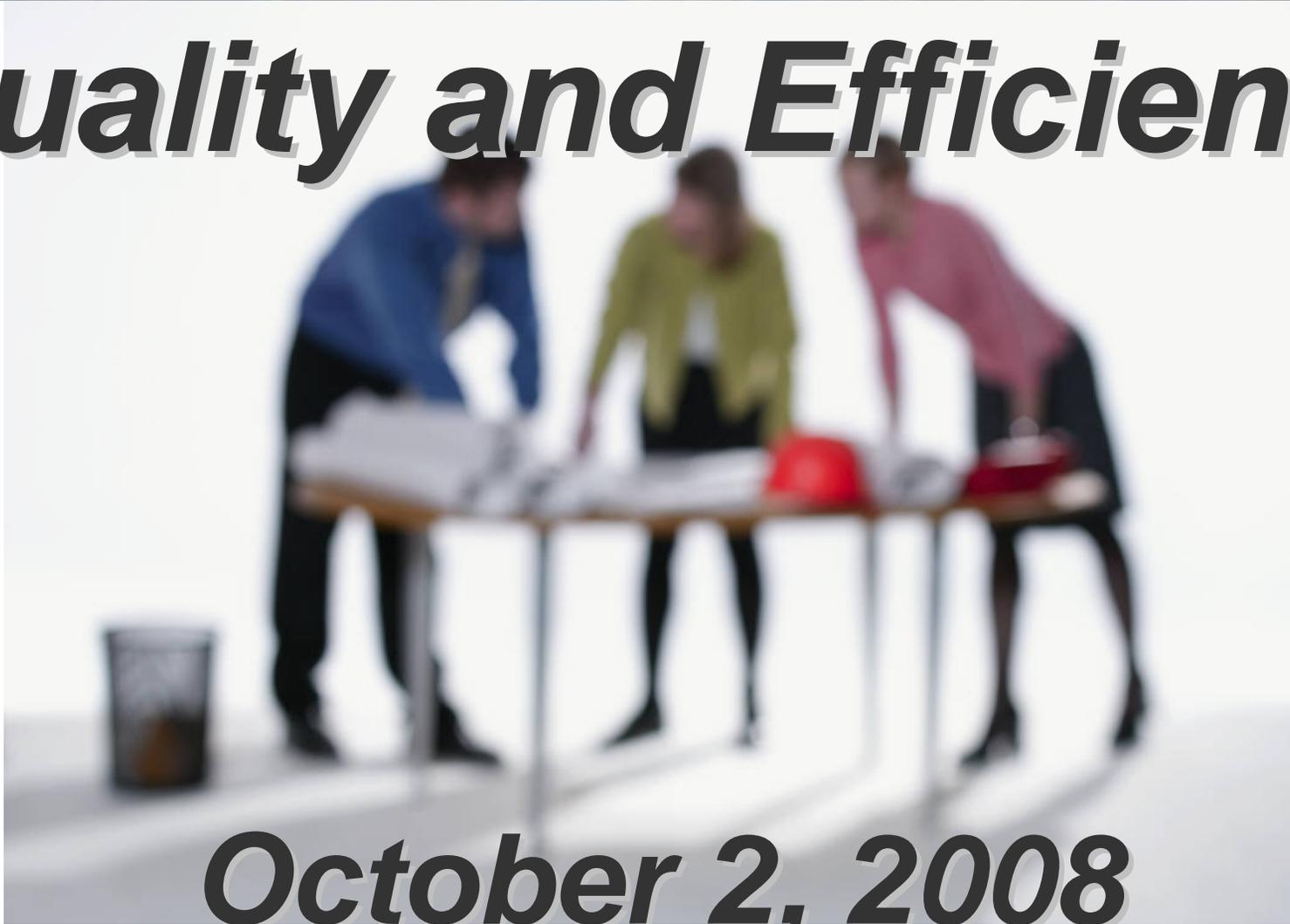




Quality and Efficiency





Purpose

- 1. Select criteria of selection of measures to be reported.**
- 2. Choose and prioritize Quality & Efficiency measures for public reporting.**
- 3. Identify essential elements to include in report design.**





Purpose

- 4. Identify existing and needed data to produce these reports.**
- 5. Coordinate with any current initiatives in other agencies and organizations.**
- 6. Create strategy for capacity building and staffing for routine reporting.**





Members:

Michael Aldridge (KFMC)

Bob Bonney (St. Luke's Health Systems)

Ande Bozarth (AARP)

Dan Cozad (KHPA)

Brad Frederick (KAHSA)

Lori Howard (KFMC)

Melissa Hungerford (KHA)

Randy Lambrecht (BCBS KS)

Paula Marmet (KDHE)





Members Continued:

Hareesh Mavoori (KHPA)

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Sally Perkins (KHA)

Allison Peterson (KMS)

Nancy Pierce (KHCA)

Larry Pitman (KFMC)

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Members Continued:

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Maren Turner (AARP)

Lynne Valdivia (KFMC)

Supported by:

LaVerta Greve (KHPA)

Aleah Mahan (KFMC)



Meeting Dates

- **March 13, 2008**
- **April 2, 2008**
- **May 21, 2008**
- **July 16, 2008**
- **August 19, 2008**



Sources of Data

- Medicare Healthcare Compare
- AHRQ Compare
- Commonwealth Fund
- Health Grades
- Other Sources





Selection Criteria

Type of Measure:

Process (P)- Measures the systems that support the intended outcome.

Outcome (O)- Measures the result of the healthcare delivery system on the patient.

Type of Data:

Identifies how the data are collected.

Examples: abstracted, administrative, claims, etc.

Source of Data:

Identifies the primary database or entity housing the data.

Examples: CMS Clinical Data Warehouse, HEDIS

Audience:

(P)-Policy Makers/Payers, (C)-Consumers, or (B)- Both

Examples: P- Legislators, state government, stakeholder groups, insurance companies, businesses. C- KS healthcare recipients





Selection Criteria

Tier:

I-Measure collected/computed routinely and data is believed to have a high degree of integrity. The measure is currently publically reported and deemed acceptable by industry standards.

II- Data are collected routinely as a part of a database, but not checked for integrity. Not publically reported at this time. Data may require further analysis prior to public reporting.

III- Data required for measure is not currently routinely collected. Measures may or may not be available, data not consistently available.

Population Represented:

Population included in give data set.

Examples: Medicare, Medicaid, Managed Care, Private Insurance, State Employee Health Insurance, All





Selection Criteria

Data Can be Publically Reported:

Data in format that does not include PHI.

Examples: Aggregated diagnosis data, provider specific data with adequate sample size

Measure Currently Validated:

Measure is built to address the purpose chosen by the user.

Examples: HEDIS, NQF, AHRQ endorsed

Data Currently Acceptable by Industry Standards:

Data are recognized at a national or state level by governmental or other well-known entities.

Examples: Hospital compare measure validation process





Selection Criteria

Data have a High Degree of Integrity:

All entities submitting data consistently use predetermined standardized definitions.

Examples: Measure Specifications for HEDIS and Hospital Compare measures

Frequency of Measurement:

How often the data are submitted or available for use.

Examples: Monthly, quarterly, annually, other (specified)

Current Level of Comparability:

The level that the available data are currently comparable.

Examples: State, national, provider, setting of care





Measure

(Items in capital letters are Healthy Kansans 2010 Health Focus Areas)

Measure Number	Measure Source ID number and (workgroup member initials)	Type of Measure: Process (P) or Outcome (O)	Type of Data	Source of Data	(P) Policy Makers/Payers (C) Consumers (B) Both	Tier (I, II, III)	Population Represented	Data Currently Collected & Available	Data Can Be Publically Reported	Measure Currently Validated	Data Acceptable by Industry Standards	Data have a High Degree of Integrity	Frequency of Measurement (M)- Monthly, (Q)- Quarterly, (A)-Annually, (S)- Semi-Annually	Comparability
MATERNAL INFANT CHILD														
1	A112	P		NVSS	B	I		Yes	Yes		Yes	Y		
CHILDHOOD AND ADULT IMMUNIZATION														
2	A53, C3, E1, E2,	P		Commonwealth Fund	B	I	All 19-35mo	Yes	Yes		Yes	Y		
3	A88, A106, A113, E34 (CB)	P	survey	BRFSS	B			Yes	Yes		Yes	Y		
4		P	NH abstracted/ reported	CMS-4	B			Yes	Yes		Yes	Y		
5	115, B16, E2	P	survey	CMS-4	B			Yes	Yes		Yes	Y		
		P	NH abstracted/ reported	CMS-4	B			Yes	Yes		Yes	Y		
RESPIRATORY														
	A3, A36	O		H-Cup	B	I	2-17y	Yes	Yes	Yes	Yes	Yes	A	
HEART DISEASE AND STROKE														
8	A1 (SP, DS)	O		H-CUP	B	I		Yes	Yes		Yes	Yes		
9	A61 (SP, DS) B1 (BB)	P	Abstracted samples	CMS	B	I	ALL	Yes	Yes	X	X	X	Q	

To Be Distributed At Meeting





Future Considerations

- **Consider modifications to Mental Health Measures**
- **Elimination of duplication between workgroups, if any.**
- **Decide course of action for Tier II and beyond.**





**This presentation has been created by:
Kansas Foundation for Medical Care, Inc.**

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**“We Facilitate the Improvement of
Health Care”**