

# Ambulatory Care Quality Measures: Disease Management Research Opportunities

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# This Presentation will Answer...

- Who am I and why am I here?
- What are the national measurement sets?
- Who is using the measures and how?
- What are the opportunities for Disease Management programs and future research?
- What do YOU think? (discussion)

# About DHP

- Jefferson Medical College
- Department of Health Policy
  - DM Evaluation
  - Ambulatory Quality Measurement
- Jefferson University Physicians
  - Clinical Care Committee

# Trends in Quality Measurement

- Structure => process => outcome
- Inpatient => outpatient
- Health plan level => provider level
- Primary care => specialties

# Ambulatory Quality Measurement Systems

- NCQA / HEDIS
- AQA
- National Quality Forum
- CMS – PQRI
- AHRQ National Quality Report Card
- Other Professional Society Measures
- Other

# HEDIS ® EFFECTIVENESS OF CARE MEASURES

- CHILDHOOD/ADOLESCENT IMMUNIZATION
- TREATMENT OF CHILDHOOD URI
- MAMMOGRAMS AND PAPS
- COLON CANCER SCREENING
- CHLAMYDIA SCREENING
- BETA BLOCKERS POST MI
- ANTIDEPRESSANTS
- MEDICARE – OSTEOPOROSIS, FLU SHOTS AND PNEUMONIA VACCINE, HEALTH OUTCOMES, INCONTINENCE
- CONTROLLING HIGH BLOOD PRESSURE
- CHOLESTEROL MANAGEMENT POST CARDIOVASCULAR EVENT
- COMPREHENSIVE DIABETES CARE
- FLU SHOTS FOR SENIORS
- MENTAL HEALTH OUTPATIENT FOLLOW-UP
- SMOKING CESSATION
- APPROPRIATE ASTHMA MEDS

# AQA Starter Set

## Prevention Measures

1. Breast Cancer Screening: mammogram
2. Colorectal Cancer Screening: FOBT or flexible sigmoidoscopy
3. Cervical Cancer Screening: Pap test
4. Tobacco Use: queried
5. Advising Smokers to Quit
6. Influenza Vaccination: Ages 50-64
7. Pneumonia Vaccination

## Coronary Artery Disease (CAD)

8. Drug Therapy for Lowering LDL Cholesterol
9. Beta-Blocker Treatment after Heart Attack
10. Beta-Blocker Therapy – Post MI: persistent treatment

## Heart Failure

11. ACE Inhibitor /ARB Therapy: patients who also have LVSD
12. LVF Assessment

# AQA Starter Set (continued)

## Diabetes

- 13. HbA1C Management
- 14. HbA1C Management Control:  
>9.0%=poor control
- 15. Blood Pressure Management:  
<140/90 mm Hg
- 16. Lipid Measurement: 1+ LDL-C test  
or ALL component test
- 17. LDL Cholesterol Level  
(<130mg/dL): patients with  
diabetes
- 18. Eye Exam

## Asthma

- 19. Use of Appropriate Medications
- 20. Asthma: Pharmacologic Therapy

## Depression

- 21. Antidepressant Medication: Acute  
Phase
- 22. Antidepressant Medication  
Management: Continuation Phase

# AQA Starter Set (continued)

## Prenatal Care

- 23. Screening for Human Immunodeficiency Virus
- 24. Anti-D Immune Globulin: D (Rh) negative, unsensitized patients, 26-30 weeks gestation.

## Quality Measures Addressing Overuse or Misuse

- 25. Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- 26. Appropriate Testing for Children with Pharyngitis

# CMS Physician Quality Reporting Initiative (PQRI)

- Formerly PVRP
- G-codes shifting to CPT codes
- Requires changes to billing procedures
- Applies to Medicare only (for now)
- Rapidly “evolving”

# Sample PQRI Ambulatory Quality Measures

- Diabetes – HbA1c, LDL, BP control
- Heart Failure: ACE and ARB, Beta blockers
- CAD: Anti-platelet therapy, Beta blockers
- Osteoporosis management post fracture
- Management of urinary incontinence
- Appropriate pharmacotherapy for asthma

# Use of the Measures

- Public reporting initiatives
- Pay for Performance
- Selective contracting
- Tiering and steering

# Implications for DM

- Increased measurement standardization
- Broadened array of populations of interest
- Increased accountability
- Increased incentive for providers to collaborate with DM efforts
- New opportunities to contract directly with provider groups and systems

# Challenges

- HIT availability, cost, and inter-operability
- Measurement set and specifications in state of rapid evolution
- Financial incentives are still modest
- Consumers are not yet fully engaged
- Patient compliance and adherence are not considered in measurement
- Many measures not yet validated

# Sample Research Questions

- Does DM improve ambulatory quality?
- Which components of DM are most associated with improvements?
- Does provider cooperation and satisfaction with DM increase?
- Does cost-effectiveness of DM increase or decrease as quality measures proliferate?
- What impact does provider P4P have on DM program use and effectiveness?