Conflict of Interest

Patricia A. Craig, MS MIS

Has no real or apparent conflicts of interest to report.
Learning Objectives

• Describe the Joint Commission's performance measurement activities from 1986 to now

• Discuss the reasons why The Joint Commission collects performance measure data

• Share thoughts concerning the future direction of the Joint Commission's performance measurement activities
An Introduction to the Benefits Realized for the Value of Health IT

The Joint Commission's move to using electronic Clinical Quality Measures (eCQMs) demonstrates how quality measure reporting can be improved to reduce burden on healthcare providers.

Value Steps

Health IT creates five kinds of value of benefit to patients, healthcare providers and communities.

- **S**: SATISFACTION
  - Patient, Provider, Staff, Other
  - Improved communication with patients, patient satisfaction score, and internal communication.

- **T**: TREATMENT/CLINICAL
  - Safety, Quality of Care, Efficiency
  - Improved patient safety and scheduling; Reduction in medical errors and readmissions.

- **E**: ELECTRONIC INFORMATION/DATA
  - Evidence-based Medicine; Data Sharing and Reporting
  - Increased use of evidence-based guidelines, population health reporting, and quality measures reporting.

- **P**: PREVENTION & PATIENT EDUCATION
  - Prevention, Patient Education
  - Improved disease surveillance and patient compliance, increased immunizations, longitudinal patient analysis.

- **S**: SAVINGS
  - Financial/Business; Efficiency Savings; Operational Savings
  - Increased volume; Reduction in days in accounts receivable and reduced patient wait times.

http://www.himss.org/ValueSuite
Who Are We?

The Joint Commission:
• Nation's oldest (founded 1951) and largest standards-setting and accrediting body in health care.
• Evaluates and accredits more than 20,500 health care organizations and programs in the United States.
• An independent, not-for-profit organization

Joint Commission International (JCI):
• International division of Joint Commission Resources (JCR)
• Leading health care accrediting body outside of the U.S
• Has been working with health care organizations, ministries of health, and global organizations in over 80 countries since 1994.
Our Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
Objective: Integrate performance measurement into the accreditation process

Develop rigorous methodology for creating and testing performance measures that relate to important organizational functions

Created the Indicator Measurement System (IMSystem) as an affordable mechanism to support data collection, transmission, analysis, and feedback of performance measures
**IMSystem 1994 - 1996**

- Indicator Measurement System (IMSystem):
  - Optional data collection and transmission from 1994 through 1996
  - The intent was for all accredited hospitals to collect and transmit data as early as 1996
  - Three releases of the IMSystem occurred
  - Utilized a modified ANSI X12 file format for submission of patient-level data
Lessons Learned – The IMSystem

• Hospitals wanted:
  ▪ choice of multiple measurement system vendors;
  ▪ in some cases, to use a vendor they already had a relationship with; and
  ▪ more choice of which measures they could select
The ORYX® Initiative
1995 forward

• Future measurement objectives must allow
  ▪ continuing adaptation to the rapidly changing health care environment and
  ▪ pursuit of the on-going elaboration of performance measurement as a national collaborative activity.
The ORYX Initiative
1995 – 2015 Non-Core Measures

• The initial phase provided healthcare organizations a great degree of flexibility
• Listed greater than 100 vendors capable of meeting an accredited organization’s internal measurement goals and the Joint Commission’s ORYX requirements
• Reviewed over 15,000 “non-core” measures submitted by these vendors to identify measures available for HCO selection
Early Lessons Learned – Non-Core Measures

• Lack of standardized measure specifications across vendors provided too much flexibility

• Valid comparisons could only be made between organizations using the same measures within the same vendor

• Availability of over 8,000 disparate ORYX measures limited the size of some comparison groups and hindered statistically valid data analyses.
The ORYX Initiative
1999 – Ongoing Standardized “Core” Measures

• Began identifying standardized sets of valid, reliable, and evidence-based quality “core” measures for use by hospitals.
• Vendor and Joint Commission technical infrastructure and operational processes in place as a result of non-core activities
• First core measure data receipt was with 3rd quarter 2002 data and publicly reported 2004
The ORYX Initiative
2004 Alignment of “Core” Measures

• Center for Medicare and Medicaid Services (CMS) and The Joint Commission aligned our common measures to minimize data collection efforts and focus efforts on the use of data to improve the healthcare delivery process.

• The Specifications Manual for National Hospital Quality Measures is used by both CMS and The Joint Commission with common (i.e., identical) data dictionary, measure information forms, algorithms, sampling, missing data, and data transmission requirements.
The ORYX Initiative
2010 Accountability Framework

• Accountability quality measures meet four criteria that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement.
  ▪ **Research**: Strong scientific evidence demonstrates that performing the evidence-based care process improves health outcomes (either directly or by reducing risk of adverse outcomes).
  ▪ **Proximity**: Performing the care process is closely connected to the patient outcome; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs.
The ORYX Initiative
2010 Accountability Framework

• Accountability quality measure’s criteria (cont.):
  ▪ **Accuracy**: The measure accurately assesses whether or not the care process has actually been provided. That is, the measure should be capable of indicating whether the process has been delivered with sufficient effectiveness to make improved outcomes likely.
  ▪ **Adverse Effects**: Implementing the measure has little or no chance of inducing unintended adverse consequences.
The ORYX Initiative
Evaluate Organizations Performance

• Usage of ORYX data within the accreditation process
  ▪ 2000: ORYX Performance Measure Report
    ▪ Missing Data
    ▪ Control Charts
    ▪ Comparison Analysis (non-core measures)
    ▪ Target Analysis (core measures)
  ▪ 2004: Priority Focus Process (PFP)
  ▪ 2007: Strategic Surveillance System (S3)
  ▪ 2012: PI.02.01.03 Standard (85% composite target rate on selected accountability measures)
The ORYX Initiative
Inspiring Organizations to Excel

• Tools to assist organizations in improving their performance:
  ▪ 2011: Core Measure Solutions Exchange® (between accredited organizations)
    http://www.jointcommission.org/core_measure_solution_exchange/

• Publicly report data:
  ▪ 2004: Quality Check®
    http://www.jointcommission.org/annualreport.aspx
  ▪ 2011: Top Performers on Key Quality Metrics®
The ORYX Initiative
Accreditation Requirements

ORYX hospital requirements have increased

• 1998: Select non-core chart-based measures covering 20% of patient population

• Based on services provided, select core measure sets or some combination of non-core measures and core sets.
  ▪ 2002: 2 core chart-based measure sets
  ▪ 2004: 3 core chart-based measure sets
  ▪ 2008: 4 core chart-based measure sets
  ▪ 2014: 6 core chart-based measure sets
  ▪ 2015: 6 core chart-based and/or electronic Clinical Quality Measure (eCQM) measure sets
The ORYX Initiative  
Accreditation Requirements

Other requirements

• Critical Access Hospitals
  ▪ Must collect data, but submission is voluntary
  ▪ Currently requiring 4 core measure sets, may submit data for eCQMs

• Freestanding Acute Care Psychiatric Hospitals
  ▪ Must collect and submit data for the Hospital-Based Inpatient Psychiatric Services (HBIPS) measure set
  ▪ May collect and submit data for other core measure sets, including eCQMs
The ORYX Initiative
Accreditation Requirements

Other requirements
• Long-term Care Organizations
  ▪ Must provide MDS data to on-site surveyors
• Home Care organizations
  ▪ Must provide OASIS data to on-site surveyors
• Long-term Acute Care Hospitals (LTACs), and Inpatient Rehab Facilities (IRFs)
  ▪ ORYX requirements are currently suspended
• Ambulatory organizations
  ▪ Currently has no ORYX requirements
Pre-eCQM Activities: Behind the Scenes

• Collaborative for Performance Measure Integration with EHR Systems
  ▪ Co-sponsored by: AMA, HIMSS ERHA, NCQA

• National Quality Forum’s Health IT Expert Panel I
  ▪ Recommended Common Data Types and Prioritized Performance Measures for Electronic Healthcare Information Systems

• National Quality Forum’s Health IT Expert Panel II
  ▪ Health Information Technology Automation of Quality Measurement: Quality Data Set and Data Flow
2007 – Ongoing eCQM Activities: Behind the Scenes

• Health Information Technology Standards Panel (HITSP) IS 06 (Quality)
  ▪ Quality Measure Tiger Team for CMS’ Inpatient Measures Project which generated the Meaningful Use (MU) Stage 1 measure specifications

• Health Level Seven (HL7)
  ▪ Structured Documents (SD) Workgroup
  ▪ Clinical Quality Information (CQI) Workgroup
  ▪ Clinical Decision Support (CDS) Workgroup
2007 – Ongoing eCQM Activities: Behind the Scenes

• Various CMS / ONC convened measure developer workgroups, including Quality Data Model (QDM), Value Set Authoring, eCQM Development

• CMS/ONC eCQM Development Kaizen Workgroups

• Participating and presenting on the monthly eHealth Vendor calls

• eCQM measure developer for CMS’ MU Stage 2, MU Stage 3, and Hospital Inpatient Quality Reporting Program
The ORYX Initiative 2012 – 2014 ePilot

- Goal was to get eCQM data flowing
  - Hospital to ORYX vendor to Joint Commission
  - Between Joint Commission applications
- Production data was not used for accreditation purposes
- Success occurred with some ORYX vendors being able to submit trial and production data
The ORYX Initiative 2015 and Forward

• Beginning in 2015, eCQMs are being used in the accreditation process along with chart-based measures

• Hospitals and Critical Access Hospitals submitting eCQM data must utilize a listed ORYX eCQM Vendor
  ▪ Vendor’s technology must be certified by an Office of the National Coordinator for Health Information Technology Authorized Certification Body (ONC-ACB) as meeting the 2014 Edition certification criteria for calculating and submitting inpatient eCQMs
Flexible Reporting Options
Available Effective January 1, 2015

• Option 1
  – 6 core chart-based measure sets
  – Continue with full year of quarterly reporting
• Option 2
  – 6 core eCQM sets
  – Submit 1Q, 2Q, and/or 3Q data
• Option 3
  – 6 unique core measure sets – combination of chart-based and eCQM
Taking Chart-Based Lessons Learned Into the Future

• Measures cannot be stagnant
• Measures must reflect changes in evidence/guidelines
• Do not underestimate the effort to perform measure maintenance
• Must perform ongoing process improvement and efficiencies
• Various mechanisms must be in place to ensure data quality
Building Chart-Based Performance Measures

- Identify and group the needed pieces to create a robust picture of care in a topic area.
- Seek input on potential measures
- Perform multi-phase testing
- Standardization of measures and associated specifications
- Careful balance between keeping current with science and challenge of timely national implementation
Building eCQM Measures

• Chart-Based activities hold true!
• New people skills are required
  ▪ Health IT standards
  ▪ Data Informatics (e.g., SNOMED CT®, LOINC, RxNorm)
• Still working on how to:
  ▪ Develop eCQMs using a more agile process
  ▪ Perform eCQM testing, let alone multi-phase testing
Evaluating the “Sweet Spot”: The intersection of electronic measurement, health IT, and clinical practice

Measures that align with measure intent and leverage health IT, but do not support clinical workflow

Measures that align with practice and measure intent, but are not supported by technology

Measures that align with workflow and utilize technology, but do not support performance improvement
The Joint Commission needs to support both paper-based and EHR-derived measures for a while.

Over time, the number of EHR-derived measures will increase, while the number of manually abstracted measures will decrease.
The Future
A Review of Benefits Realized for the Value of Health IT

- Added value for Joint Commission customers while continuing to meet our mission
  - Continued and increased national focus on performance measurement
  - Adoption of electronic health records and electronic reporting of clinical quality measures
  - Accredited organizations’ growing concerns in meeting their many reporting requirements
  - Enhanced efficiencies for hospitals in meeting data collection and reporting requirements for both CMS and The Joint Commission

http://www.himss.org/ValueSuite
Questions

Patty Craig
Project Lead for the Joint Commission's Receipt and Usage of eCQM Data

Associate Project Director and Certified Change Agent
Quality Measurement and Data Analytics
Division of Healthcare Quality Evaluation
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
e:mail: pcraig@jointcommission.org
website: www.jointcommission.org