PART IV

RECOMMENDATIONS:
MEASURE MANAGEMENT STRATEGIES FOR PROVIDERS

The U.S. Department of Health and Human Services has indicated that working toward a goal of streamlining and aligning various quality measures and reporting requirements is a long and complex process.[23]

Healthcare providers are simply exhausted from the burden of trying to respond to the sheer volume of mandatory and voluntary requests for quality data—both externally and internally. This work consumes resources and attention that otherwise would be directed to patient care and addressing quality priorities within the individual organization.

> Because reform will take time, it is paramount that in the interim, healthcare organizations develop systems to prioritize their limited resources and focus on only the measures that matter.

In addition to addressing the demands from external stakeholders, HANYS' Statewide Steering Committee on Quality Initiatives also encourages healthcare organizations to assess the many internal hospital quality efforts that often drive data collection and development of additional measures.

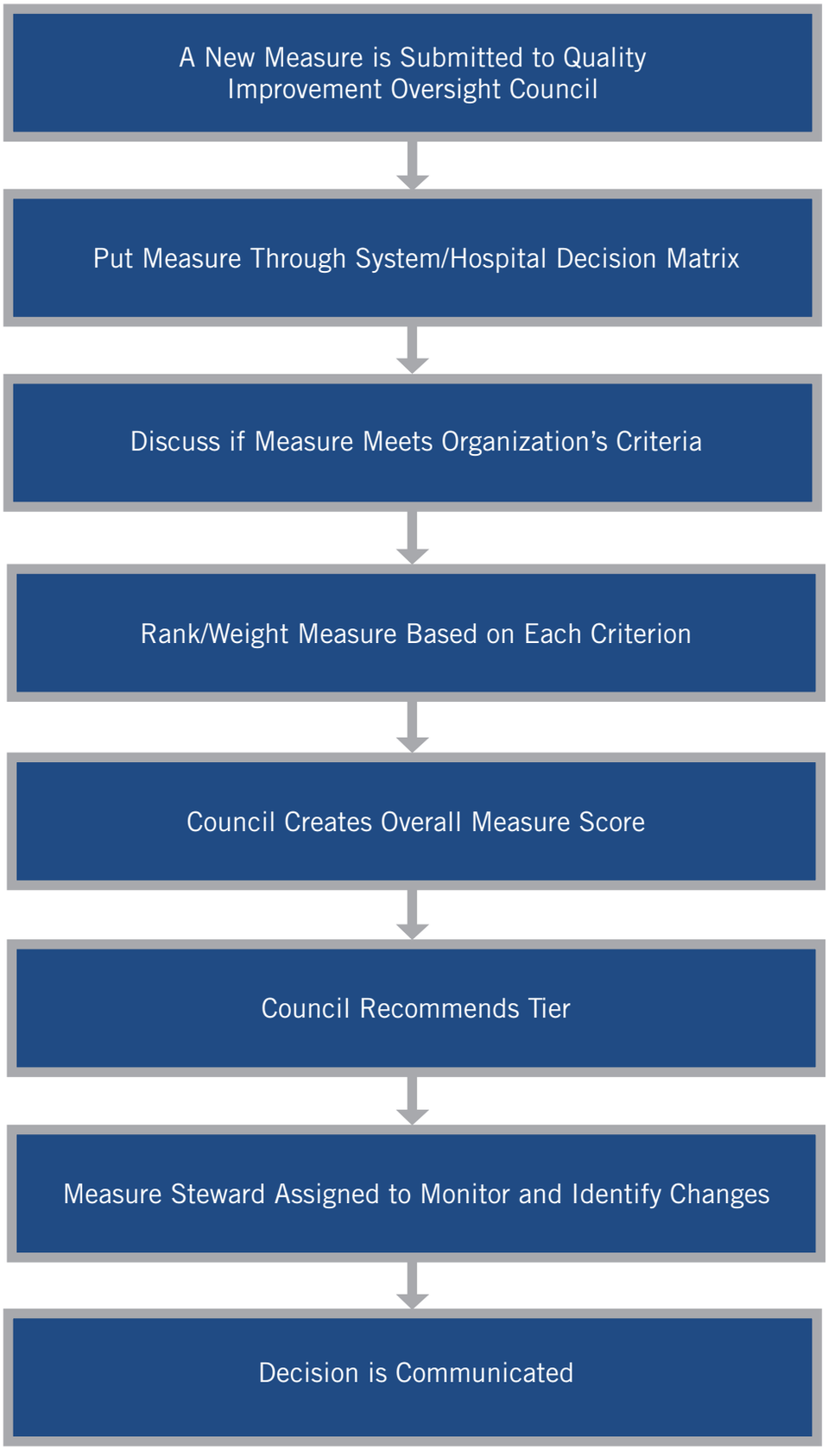
Targeting measures—both external and internal—that have the greatest impact on improving quality and patient safety will support the delivery of effective and efficient care. Additionally, because financial reimbursement is increasingly tied to better outcomes, improvement on quality metrics will further contribute to organizational stability as these measures are incorporated into value-based payment.[24]

Drawing on their own experiences, members of HANYS' Statewide Steering Committee on Quality Initiatives encourage organizations to prioritize and manage quality measures by employing strategies such as:

- a centralized oversight system within the organization (e.g., Performance/Quality Improvement Council) that analyzes measures and determines which ones the organization will use;
- a method for evaluating and categorizing measures based on their perceived value and utility;
- criteria to assess the importance of specific quality measures within the organization; and
- a weighting system that applies numerical values to the evaluation process.

These strategies provide examples of approaches that can be used to keep healthcare organizations from falling into the measurement madness, but are not intended to be prescriptive or exclusive. Organizations may choose to use these strategies independently to supplement existing internal processes, or integrate the individual strategies into a comprehensive approach.

PROCESS OVERVIEW



STRATEGY ONE:
DEVELOP DECISION-MAKING AND OVERSIGHT SYSTEM

The board of trustees is ultimately responsible for quality and patient safety provided at the organization. In this role, trustees rely on measurement to help identify and monitor the organization's progress on strategic priorities.

> Board members should be provided with metrics they can use, without being overwhelmed by an array of measures outside the strategic priorities or other key issues.

One approach adopted by hospitals and health systems is development of a centralized oversight system to serve as a clearinghouse and arbiter of measures used within their individual organization. This strategy may be important to consider in a large healthcare system, where there are many individuals, committees, and departments that can generate requests for data collection. Similarly, the concept could also be advantageous in smaller organizations that are seeking to create a formalized forum for measurement discussion and decision-making.

Broad oversight and coordination across the entire organization can reduce redundancy and waste, and ensure measurement aligns with the organization's strategic priorities. Oversight authority for this formal process can be delegated to a multidisciplinary committee or council such as the Performance/Quality Improvement Council, where executives, physicians, and subject matter experts can effectively evaluate and decide which measures to use within the organization.

MEASURE INVENTORY

Organizations that seek to update their understanding of the amount of resources being devoted to measurement demands may find it valuable to conduct a comprehensive assessment of this activity in their organization. One way to begin to quantify the scope of measurement is to undertake an inventory of every measure being collected. While this will likely require some temporary increased resources, an inventory can help capture the full breadth of measurement activities that are occurring and serve to highlight gaps, areas of overlap, and outdated and unnecessary metrics. Using a standardized electronic form with pre-populated measure lists, other data fields, and drop-down menus to conduct the inventory will assist with analysis of the information.

Using results from this inventory, the Performance/Quality Improvement Council or other designated group can analyze the information, develop an overall measurement plan, and make strategic decisions on which measures to modify, add, or discontinue.

MEASURE SELECTION AND REVIEW PROCESS

Organizations may want to establish a formal process for considering requests to establish new metrics or to discontinue current measurement. A formal, annual review process, aligned with the annual quality plan, will enable the oversight authority and hospital's executive team to align measurement across the organization on an ongoing basis. It may also help identify opportunities to share processes or automate measures that are common across the organization to reduce the demand on staff resources; for example, incorporating unifying metrics across common EHR platforms may be helpful. The oversight authority should also establish a system for expedited review of additional measures that may emerge throughout the year.

Applying standardized objective criteria to decision-making about the priority level of measures is central to the oversight system. These criteria could be incorporated into an evaluation system to help gather stakeholder input, score measurement requests, and standardize and support oversight authority decision-making. Examples of criteria for identifying high-priority measures are outlined in later sections.

Having a method to monitor and track measure implementation and performance is also important. When measures are routinely utilized in departmental or medical staff quality reports and included in their monthly, quarterly, and/or annual reports to the Performance/Quality Improvement Council and the hospital's board of trustees, a monitoring system will enable the oversight authority to assess the "real-time" ongoing value of measures.

Healthcare organizations may find it valuable to designate an internal measure steward(s) to act on behalf of the oversight authority to coordinate measurement activity, identify changes and new requirements, and process new requests. Hospital quality and safety departments frequently handle these day-to-day logistics of coordination of measurement activity.

EXTERNAL CONTRACTING AND REPORTING

Quality measures included in managed care contracts have a direct impact on the provider's financial performance. These measures vary, are often not aligned, and can include different and unique performance and attainment metrics. Matching managed care metrics to organizational priorities is a complex process and requires the input of a variety of perspectives.

> Provider organizations are encouraged to include their clinical leaders during discussions about measure selection with managed care organizations and seek their guidance regarding approaches that will enable high performance and optimize value-based arrangements.

The Council may choose to establish an interdisciplinary advisory group that represents financial, quality, and clinical expertise as one way to ensure the organization's efforts to prioritize measures are embedded in agreements with managed care organizations and with physicians and other clinicians working within the healthcare system. Ensuring that measures are aligned throughout the organization, including managed care contracts, will improve efficiency and reduce costs.

Similarly, clinical practices working within healthcare systems also report on measures to external entities. Organizations are encouraged to work with these clinician groups to promote measure alignment with the organization's strategic priorities and existing measurement efforts.

DATA VALIDATION AND OVERSIGHT

An important role of the Council is to ensure that data validation and audits are implemented and reviewed regularly. For measures required by government or commercial entities, audits can ensure that the data are collected accurately (both clinical chart-abstracted measures and measures from billing codes), submitted by the established deadlines, and otherwise meet the required reporting rules and specifications. It is important to recognize that measure specifications are subject to frequent changes, and maintaining compliance requires ongoing vigilance.

A centralized oversight process can monitor the findings of internal data validation, clarify areas of vulnerability, and improve reporting and performance over time. As requirements for pay-for-performance programs become more complex, the development of a formal internal validation process will help improve the organization's overall performance. (See Appendix for a Federal Quality Reporting Reference Guide, which outlines the various programs, measures, means of data submission, and reference materials, and is designed to help guide organizations through the federal pay-for-reporting and pay-for-performance process.)

Clearly identifying an individual who will be accountable for the organization's compliance with each program can help facilitate effective oversight. While there may be one lead person, cross-training with other staff is necessary in order to position the organization to be prepared to accommodate unanticipated absences or other emergencies. To protect data integrity and privacy, some entities such as the National Healthcare Safety Network or Quality Net only allow "authorized" individuals to submit data on behalf of an organization. The process involved in receiving authorization to submit data can take several weeks, so healthcare organizations are encouraged to maintain authorizations for multiple individuals so they are positioned to respond during unexpected transitions and absences.

STRATEGY TWO: DEVELOP CATEGORIZATION SYSTEM FOR MEASURES

The five-tier system described below is an effective method to categorize measures according to value, utility, frequency, and scope of the measure, while carefully considering the time and costs associated with collection and analysis. Recommended criteria outlined later provide a starting point to enable healthcare systems to further define and operationalize evaluation of measures and assign them to the tiers below.

TIER I: MEASURES FOR BOARD AND EXECUTIVE MANAGEMENT

These are high-priority measures that are aligned with the organization's strategic plan, high-profile requirements from federal/state or accreditation organizations, and closely tied to the goals of achieving improvement in key areas such as clinical and operational success, payment, and customer satisfaction. These high-profile measures are featured in the organization's leadership dashboard, and are routinely analyzed and monitored by the board of trustees and senior management.

> TIER I measures are likely to only include the organization's five to ten key priorities, which may best be addressed as a group of measures within the context of these priorities.

TIER II: MEASURES FOR ORGANIZATIONAL OPERATIONS

This tier includes measures that provide data and information necessary for the medical staff and hospital departments/units to manage operations. The measures are high profile; may be required by regulatory or accreditation organizations; and/or are necessary to manage and analyze the care delivered, including identifying opportunities for improvement.

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In most organizations, significant time and resources are spent on these measures, as they are closely managed and monitored, reported on at least monthly—if not weekly—at the department level, and analyzed frequently for trends, progress, and risk. Changes in these metrics often invoke action. The measures are included in the department/unit's management plan and assist the department/unit in measuring success of its goals and objectives for the year. The measures may be reviewed by the executive team and board's quality committee quarterly or on a less frequent basis. Measures in this category may include outcome measures such as surgical site infections, falls, or pressure ulcers, and process measures such as risk assessments, appropriate use of prophylactic antibiotics, or frequency of position changes for patients confined to bed.

Tier II measures could target areas that need focused time and attention to meet performance benchmarks. As performance on these measures improves or worsens, they could be moved to either Tier III or Tier I, respectively.

TIER III: MEASURES TO MANAGE, BUT NOT PRIORITIZE

To continuously manage operations and ensure positive sustainable outcomes, some measures will likely be collected, tracked, and trended, but are not the key focus of the department or unit's current improvement activities.

> The important distinction of TIER III measures is that they ensure significant issues do not arise in an otherwise stable process, and they are analyzed for negative trends or special causes.

For example, a hospital may choose to include in this category quality measures that are performing at or better than the benchmark, those that should be tracked as "red flags," or measures that are stabilized and processes that are hard-wired in the daily work of staff. If trends suggest a problem, the organization should consider moving the measure to Tier II and add additional resources to expeditiously address the issue. However, if the measure is stable over time, little action is required. Organizations may want to assess the need for ongoing attention if the data are continually stable.

If possible, the human burden associated with data collection in Tier III should be purposefully limited and ideally automated through use of EHRs and production of run/control charts for quick analysis. Intermittent, prevalence, and sampling can also be beneficial to monitor measures while limiting expended resources.

TIER IV: MEASURES TO TRACK, BUT ONLY BY KEY STAFF

Measures in this category are often the result of time-limited, small pilot studies; clinical quality improvement projects or research; or implementation of a quality improvement Plan-Do-Study-Act (PDSA) cycle at an individual unit. In some cases, these projects are research- or grant-funded.

Tier IV measures enable clinicians and staff to take ownership of improving patient outcomes on a smaller scale. This activity is important for promoting frontline engagement, change, and further establishing a safety culture. Often, measures in this category are piloted at the department or unit level and, if useful, may be incorporated into a quality management plan in future years. If not, these measures sunset after the initial project is completed.

TIER V: MEASURES TO DISREGARD

Tier V includes measures that the organization has chosen not to focus on. Given the quality reporting requirements and associated resource burdens, it is reasonable, and in fact appropriate, for organizations to be prudent in deploying resources for measurement. In cases where specific measures are simply not a priority or a low priority, leadership teams can take a strong stance and simply say "no" to collecting additional data at this time.

STRATEGY THREE:
PRIORITIZE MEASURES BASED ON STANDARDIZED CRITERIA

What criteria should be used to ensure that the measure will contribute to the organization's quality and patient safety priorities and best meet the organization's strategic goals?

The criteria outlined below provide general guidance in assessing the value of measures for quality and patient safety, and are intended to be modified to meet an individual organization's needs and unique environment.

> These criteria provide a framework that can be used to assess the importance of individual measures within an organization.

ALIGNMENT WITH THE ORGANIZATION'S PRIORITIES

How well a measure aligns with the organization's strategic priorities is paramount to prioritization and is generally the first question leadership teams consider. The organization must be clear in its definition of strategic priorities, which may relate to areas such as clinical success, payment, and patient satisfaction and engagement, or other related measures. Ultimately, the question is: does the measure provide information or data that can advance the strategic priorities of the organization?

HOSPITAL PERFORMANCE

Evaluating internal performance on a measure assists organizations in determining actions needed to meet the organization's strategic goals. A hospital's performance on a measure can have a significant impact on the level of priority it is given, and can change over time as the organization's performance on the metric changes. For example, if an organization is performing well (at or near benchmark) on a measure, does its collection require significant resources from the organization? In that case, it may be a low priority. Alternatively, if the hospital is not satisfied in a certain area, that measure may become a high priority.

EVIDENCE-BASED, REPRESENTATIVE, AND ACTIONABLE

Organizations must evaluate whether the measure is valid, reliable, and evidence-based using the information available in the technical specifications and literature. Discussing whether a measure is clinically or statistically meaningful (i.e., valid) will assist organizations in identifying measures that will have the greatest impact on improving patient outcomes. Does the measure accurately evaluate the care delivered (i.e., reliable)? Is the measure actionable at the bedside? Can the organization make an impact on improving the measure at this time?

FINANCIAL IMPACT

Any evaluation of a measure should include a financial impact discussion that assesses the expected resource needs or effort required, balanced by the expected value of the information. As noted previously, many measures require time-intensive data collection and reporting processes, and, in some cases, disproportionate resources are directed to the measure collection instead of patient care.

What are the costs associated with implementation for staff, equipment, and technology, and teams for analysis? What is the cost for collecting and analyzing the measure, compared to the cost of making the measure a low priority? What level of staff is needed to provide the documentation, data abstraction, or analysis?

In short, what tradeoffs does the organization make in other areas to be able to collect data for this measure? Sometimes implementing a new measure is simply not worth the investment.

STRATEGY FOUR:
RANK AND WEIGHT MEASURES

Once healthcare organizations define their criteria for which measures are a priority, it may be helpful to categorize measures in a priority weighting system to further refine and organize their work. The sample below uses three weighting categories, but a variety of weighting scales could be used. An organization must decide how to determine numerical values for prioritizing the measures, although certain criteria or areas may be a strategic imperative.

The weighting system developed by the organization can align with the five-tier system (see page 16) based on its overall numerical value and how the criteria are operationally defined.

SAMPLE TOOL

Below is a sample tool that can guide decision-making based on the aforementioned weighting system.

ORGANIZATION SELECTION CRITERIA	OPERATIONAL DECISION GUIDE	ONE (LOW PRIORITY)	THREE (MEDIUM PRIORITY)	FIVE (HIGH PRIORITY)
Alignment with Organizational Priorities	Does the measure align with the organization's strategic direction and priorities related to: • clinical success • payment • patient and staff satisfaction	Request from a specific unit with low growth or market potential	Expanding program in a particular unit—minor changes anticipated in current benchmark outcomes (will be tracked in dollars saved)	Center for Excellence—new service Recalcitrant outcome in top priority domain High impact on patient safety—(incidence, cost, satisfaction)

ORGANIZATION SELECTION CRITERIA	OPERATIONAL DECISION GUIDE	ONE (LOW PRIORITY)	THREE (MEDIUM PRIORITY)	FIVE (HIGH PRIORITY)
Hospital/System Performance	What is the organization's current performance on the measure? Does it require significant time and attention to improve upon the measure or is it currently sustainable? Does the measure evaluate a condition that has a significant impact on the organization's patient population?	Consistently at 100% or zero for an extended period of time (e.g., one year) Recommend intermittent monitoring only Impacts low volume of patients	Normal variation for an extended period of time (e.g., two years at 75th percentile) Impacts a low volume of patients, but organization is growing that service line	Vital/visible and: - below benchmark; or - strategic goal to maintain high performance (e.g., above 98th percentile) High volume, focused on service line across the continuum
Evidence-Based	Is the measure's relationship to improved outcomes strong; is it clinically and statistically significant?	Little or no research evidence available Some promising case studies	Some reliable evidence available Best practices emerging Consistent promising case studies (intuitive)	Significant evidence available Best practice literature available
Representative/ Actionable	Is the measure actionable?	Limited association with process or outcome Limited impact on outcome Appropriate for focused study only	Proxy measure, but will be able to see change and extrapolate	Accurate representation of process or outcome—sensitive to improvements

ORGANIZATION SELECTION CRITERIA	OPERATIONAL DECISION GUIDE	ONE (LOW PRIORITY)	THREE (MEDIUM PRIORITY)	FIVE (HIGH PRIORITY)
Financial Impact	What are the costs associated with the data collection and reporting infrastructure, including staff time, equipment, and technology? What is the opportunity cost for performing poorly?	No data currently available Substantial time required for chart abstraction Small volume of patients	Some economies of scale available with numerous areas utilizing information—approved with plan to coordinate and limit all waste Data distribution can be automated	Data collection can be automated Analytic reports can be automated Significant financial consequences (penalties) for non-reporting or poor performance
Voluntary	Is there a financial, quality, or reputation impact for performing poorly or not reporting on the measures?	Voluntary; not part of any current oversight, registry, or governmental system	Growing reliance on registry information in outpatient clinics	Anticipated to be mandatory within three years with baseline in current fiscal year Significant part of a particular payer's incentives tied to this