

# **CDC Evaluation Coffee Break A Demonstration of the Million Hearts® Clinical Quality Measures Dashboard**

**February 10, 2015**

**Linda Roesch, MPH**

**Division for Heart Disease and Stroke Prevention  
Applied Research and Evaluation Branch**



Division for Heart Disease and Stroke Prevention  
National Center for Chronic Disease Prevention and Health Promotion



Welcome to today's Coffee Break presented by the Evaluation and Program Effectiveness Team in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have Linda Roesch as today's presenter. Linda is from CDC's Division for Heart Disease and Stroke Prevention and is an ORISE Million Hearts Fellow in the Applied Research and Evaluation Branch. My name is Jan Losby and I am today's moderator. I am a member of the Division's Evaluation and Program Effectiveness Team.

The presentation will last about 12 minutes. After the presentation, we will have a few minutes for questions. At any time during the session, you can send questions to the presenter by typing in your question. Your question is private and can only be seen by the presenter and me.

The presenter will answer as many questions as time permits. At the end of the questions, we will have a brief wrap-up and a 3-question poll that will take about 1 minute. Since this is a training series on evaluation, we do hope you will complete the poll and provide us with your feedback.

## Before we begin

- ❑ All phones have been placed in SILENT mode
- ❑ To ask a question, simply type in your question at the bottom left of your screen
- ❑ Time permitting, your questions will be answered at the end of the presentation

Before we begin we have a few housekeeping items.

All phones have been placed in silent mode for this presentation which will last about 12 minutes. After the presentation, we will have a few minutes for questions. At any time during the session, you can send questions to the presenter by simply typing in your question at the bottom left of your screen. Your question is private and can only be seen by the presenters.

We will answer as many questions as time permits. At the end of the questions, we will have a brief poll that will take about 1 minute. Since this is a training series on evaluation, we do hope you will complete the poll and provide us with your feedback.

**Disclaimer:** The information presented here is for training purposes and reflects the views of the presenter. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So let's get started with today's presentation. Linda, I'll turn it over to you.

## Overview

- ❑ Million Hearts® Clinical Quality Measures and Alignment
- ❑ Health Systems Data
- ❑ CQM Dashboard Demonstration
- ❑ Q&A and Poll

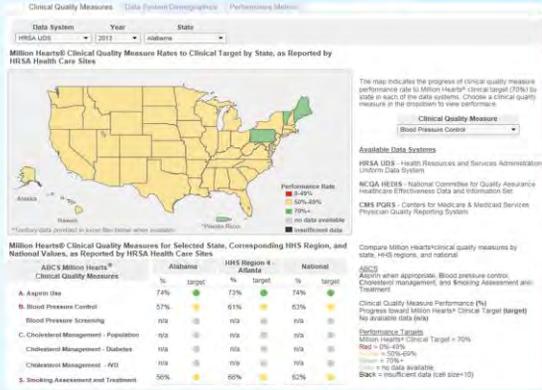
Thanks Jan. In today's session, I'll be demonstrating the Million Hearts Clinical Quality Measure Dashboard. This is a short version of the presentation Hilary Wall and I gave at the 1305 grantee meeting in September 2014 here in Atlanta. Before we walk through the dashboard I'll start off by providing a quick overview of the Million Hearts measures and measure alignment work and describe three of the health system data sources that are currently reported through the dashboard.

## Friendly reminder...

Today's session is an  
introduction, and  
not a "how-to" session.

Today's session is an introduction to key concepts and ideas and not a "how-to" session.

Link to Dashboard:  
[http://millionhearts.hhs.gov/aboutmh/cqm\\_dashboard.html](http://millionhearts.hhs.gov/aboutmh/cqm_dashboard.html)



Here is a screen shot of the Million Hearts Clinical Quality Measure Dashboard. The web link is also included at the top of the slide.

## Million Hearts® Measure Alignment

Quality Measures Reporting Initiative	Aspirin When Appropriate	Blood Pressure Screening & Follow Up	Blood Pressure Control	Cholesterol Management	Cholesterol Management – Diabetes	Cholesterol Management – IVD	Smoking Assessment & Treatment
CMS Physician Quality Reporting System (PQRS)	Yes	+	Yes	+	Yes	+	Yes
CMS EHR Incentive Programs for Eligible Professionals	Yes	+	Yes	+	+	Yes	Yes
National Quality Forum (NQF)	Yes	n/a	Yes	n/a	Yes	Yes	Yes
AHA/ADA/ACS The Guideline Advantage	+	+	+	+	+	+	+
CMS PQRS Cardiovascular Prevention Measures Group	+	+	+	n/a	+	+	+
CMS PQRS Group Practice Reporting Option (GPRO)	+	+	+	n/a	+*	+	+
CMS Accountable Care Organizations	+	+	+	n/a	+*	+	+
NCQA Healthcare Effectiveness Data and Information Set (HEDIS)	n/a	n/a	Yes	n/a	Yes	Yes	Yes
CMMI Comprehensive Primary Care	n/a	n/a	+	n/a	+	+	+
HRSA Uniform Data System**	+	n/a	Yes	n/a	n/a	n/a	+
CMS Medicaid Adult Core Set	n/a	n/a	Yes	n/a	n/a	n/a	n/a
ACC PINNACLE registry	n/a	n/a	n/a	n/a	n/a	n/a	Yes
IHS Resource and Patient Management System	n/a	n/a	+	n/a	n/a	n/a	n/a

In the planning stage of Million Hearts, we recognized the need to focus partners on a small, streamlined set of clinical quality measures for cardiovascular disease prevention.

We also knew that to measure progress in the clinical arena that we would need to patchwork together Clinical Quality Measure data from multiple systems to get a national picture.

This table has a lot of information, at the top are the million Heart quality measures, the ABCS, **A**spirin when appropriate, **B**lood pressure screening, follow-up and control, **C**holesterol management, and **S**moking assessment and treatment. The left column are the various reporting systems currently reporting on the ABCS.

- “Yes” indicates measure alignment as of January 2011
- “+” indicates new measure alignment as of August 2014

This is to show we have pretty good, near-universal alignment for some measures, especially around blood pressure control and smoking assessment and treatment.

Highlighted are three data systems that are included in the dashboard:

1) CMS Physician Quality Reporting System (CMS PQRS)

- PQRS uses a combination of incentive payments and payment adjustments to promote reporting of quality of care by **providers**

- There are different reporting mechanisms that a provider can use to report their data. This includes a qualified registry, Certified EHR, or Claims
- This is a voluntary reporting system where providers choose the quality measure so there is potential to see skewed national picture meaning not every state will be equally represented. In addition to the reporting caveats, this is a very specific Medicare Part B patient population
- The dashboard currently reports data from the **qualified registry option**

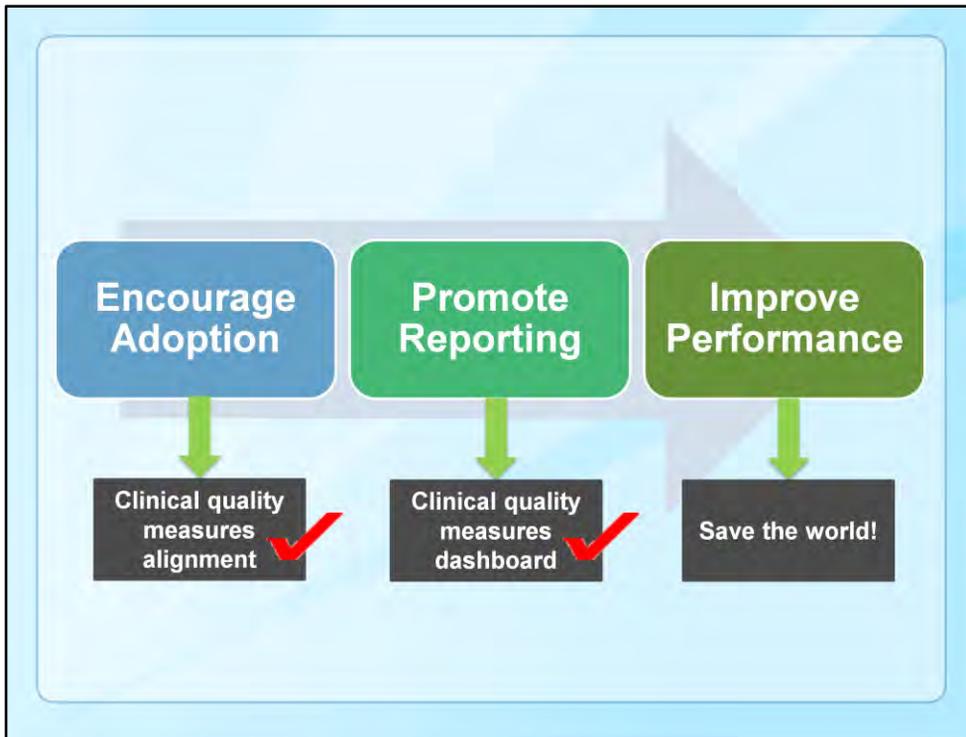
## 2) National Committee for Quality Assurance Healthcare Effectiveness Data and Information set (NCQA HEDIS)

- HEDIS annual reports measures performance of **health insurance plans** including Commercial, Medicare , Medicaid
- Not all states require reporting on HEDIS measures. So some states will have better access and geographic coverage than others.
- The dashboard currently reports data from **Commercial and Medicaid plans**

## 3) Health Resources and Services Administration Uniform Data System (HRSA UDS)

- The UDS is designed to measures performance of **Federally Qualified Health Centers (FQHC)**
- FQHCs can submit data on their **entire patient population or random sample**
- Important to note, data prior to 2012 were limited to **primary diagnoses only**. So if hypertension, for example, was listed as a secondary diagnosis, the patient wouldn't have been counted in the quality measure.

If you're interested, there is more information for each of the reporting systems at the end of the slide deck.



We invested so much time in the first few years of Million Hearts to encourage adoption of and alignment with our ABCS clinical quality measures. The next step is to encourage reporting on these measures. To set an example of transparency and using data to drive improvement, we developed a Million Hearts clinical quality measures dashboard.

## Clinical Quality Measure Dashboard

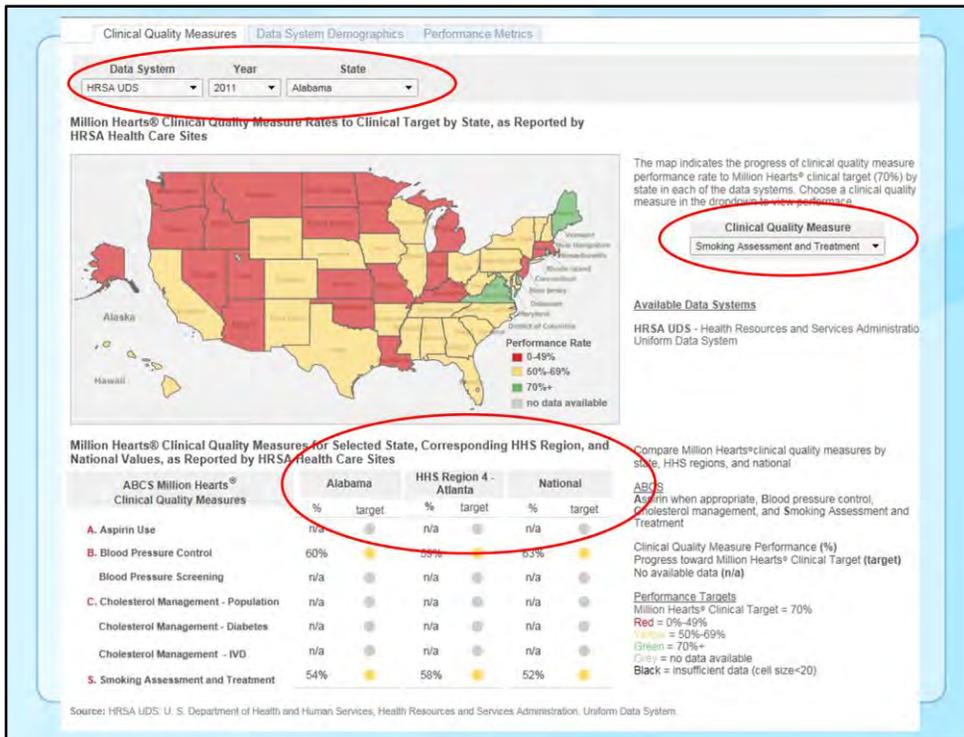
### □ Purpose

- Allow Million Hearts® and its partners to monitor progress in meeting clinical targets over the course of the initiative
- Allow states to see where they fit in to the national picture
- Ensure data quality and transparency in the field

### □ Current data sets

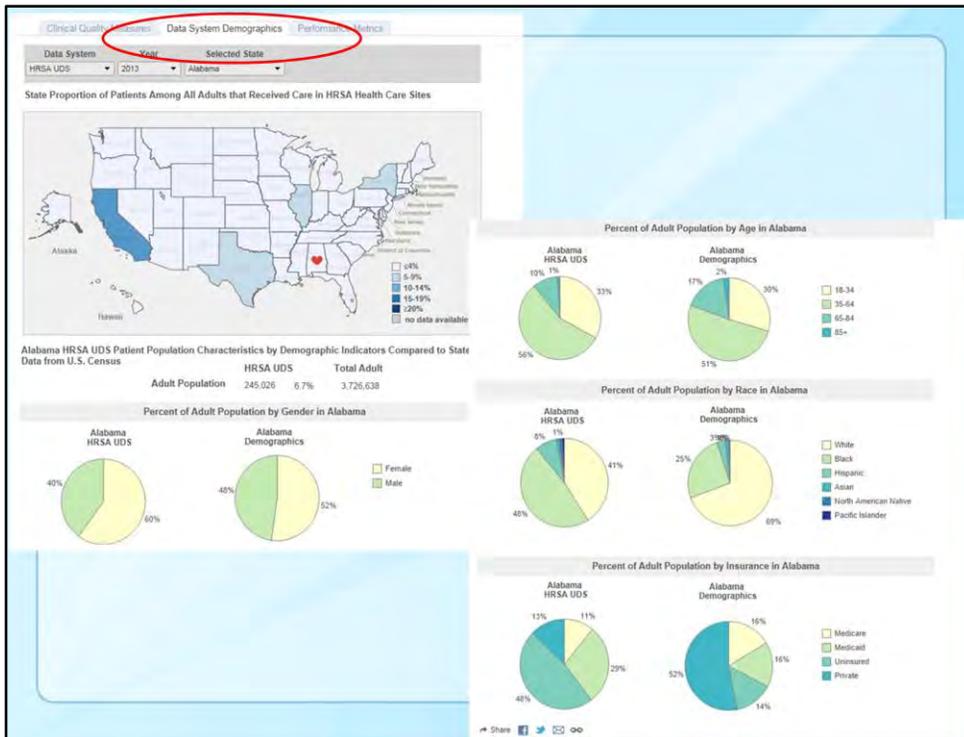
- HRSA UDS – 2011, 2012, 2013
- NCQA HEDIS – 2011, 2012, 2013
- CMS PQRS Registry 2011, 2012, 2013

The primary purpose of the MH CQM dashboard is to monitor the impact of efforts related to Aspirin Use, Blood Pressure Control, Cholesterol management and Smoking Cessation specifically in a clinical setting. The dashboard also allows states to see where they fit in national picture based on chosen Quality Measure and it also gets data that can be difficult to obtain out to the public. We currently have 3 years of HRSA UDS Data, 3 years of HEDIS Commercial and Medicaid and 3 years of PQRS registry data.

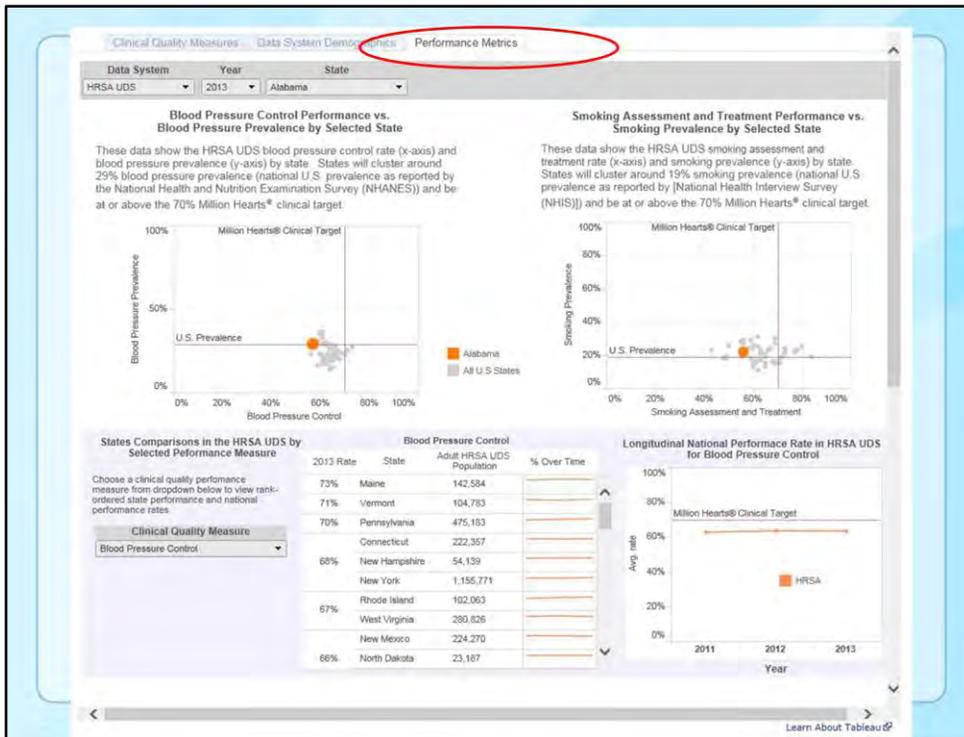


The next couple of slides are screenshots of the dashboard. The dashboard has 3 tabs: the Clinical Quality Measure, data system demographics and performance metrics.

At the top of each tab the user can choose the data system of interest, year and state. This first tab is where we track national efforts to reach the Million Hearts clinical target of 70%. The top map shows the national landscape and you can click through the different clinical quality measures to view where each state stands based on the data source. The bottom portion compares the chosen state, region, and national rates and where they are to target.



The second tab is the demographic section. The map shows the proportion of patients in each state based on the total number of patients within the data system. When you look at the national rate this map shows you which states drive that rate. Below the map are pie charts that compare data system demographics (left column) to census demographics (right column) to better understand the generalizability of the data source to the population.



The 3<sup>rd</sup> tab displays the CQM indicators in a couple different ways. The top portions are scatterplots showing blood pressure control by hypertension prevalence by state and smoking assessment and treatment by smoking prevalence. Hover over the dot and it will display state prevalence of the health indicator and the control rate. Over time this shows us in one visualization direction of movement for all states the towards the MH target at 70% (vertical red line).

The bottom portion shows a ranking of each state by chosen clinical quality measure and line chart displays the national trend.

## UDS Interpretation Case Study

Vermont	HRSA UDS	Census	Pennsylvania	HRSA UDS	Census
Blood Pressure Control	71%	n/a	Blood Pressure Control	70%	n/a
Adult Population (% of Census)	21%	n/a	Adult Population (% of Census)	5%	n/a
Gender (% Female)	54%	51%	Gender (% Female)	59%	52%
Age			Age		
18-34	28%	27%	18-34	37%	28%
35-64	51%	52%	35-64	50%	51%
65-84	18%	18%	65-84	11%	18%
85+	3%	3%	85+	2%	3%
Race (% White)	94%	96%	Race (% White)	46%	82%
Insurance			Insurance		
Medicare	19%	15%	Medicare	11%	15%
Medicaid	29%	24%	Medicaid	43%	15%
Uninsured	8%	8%	Uninsured	26%	11%
Private	45%	52%	Private	20%	58%

The next two slides are case examples.

The dashboard can be a great resource but it is important to determine generalizability to your population. If you look at HRSA UDS both Vermont and Pennsylvania have similar blood pressure control rate, but should be interpreted differently:

Vermont's average for the Blood Pressure Control measure was 71 percent in 2013 based on the HRSA UDS dataset from eight Federally Qualified Health Centers (FQHC). Vermont FQHCs serve a relatively large proportion (21%) of the state's adult population and is demographically representative of the general adult population, with similar gender, age, race, and payer mix when compared to census.

Pennsylvania's average for the Blood Pressure Control measure was 70 percent in 2013 based on the HRSA UDS dataset from forty Federally Qualified Health Centers (FQHC). Generalizability of this measure should be reported with caution. Pennsylvania FQHCs serve a relatively small proportion (5%) of the state's adult population and is not representative of state demographics when compared to census.

## HEDIS Interpretation Case Study

Wisconsin	HEDIS Commercial	Census	West Virginia	HEDIS Commercial	Census
Blood Pressure Control	69%	n/a	Blood Pressure Control	68%	n/a
Adult Population (% of Census)	28%	n/a	Adult Population (% of Census)	12%	n/a
Gender (% Female)	50%	51%	Gender (% Female)	50%	51%
Age			Age		
18-34	21%	29%	18-34	19%	27%
35-64	74%	53%	35-64	75%	52%
65-84	4%	15%	65-84	6%	18%
85+	<1%	3%	85+	<1%	3%
Race (% White)	n/a	87%	Race (% White)	n/a	95%
Insurance			Insurance		
Medicare	n/a	14%	Medicare	n/a	17%
Medicaid	n/a	17%	Medicaid	n/a	17%
Uninsured	n/a	10%	Uninsured	n/a	13%
Private	100%	58%	Private	100%	50%

Wisconsin's average for the Blood Pressure Control measure was 69 percent in 2011 based on the NCQA HEDIS dataset from 21 commercial plans. Wisconsin's commercial plans report on a relatively large proportion of private payers, 28% of all private payers when compared to census West Virginia's average for the Blood Pressure Control measure which was 68 percent in 2011 based the NCQA HEDIS dataset from 5 commercial plans. This measure should be reported with caution. West Virginia's commercial plans report on a relatively small proportion of the state's privately insured adult population.



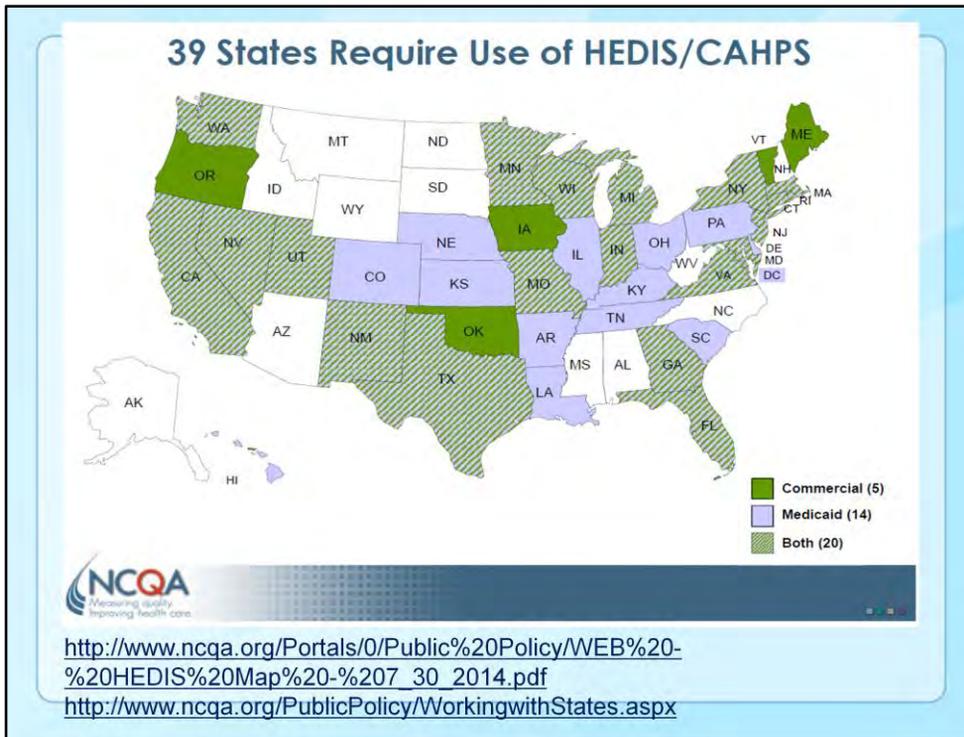
The next slides are for your reference as I don't have time to cover them on today's webinar.

National Committee for Quality Assurance (NCQA)

**HEALTHCARE EFFECTIVENESS  
DATA AND INFORMATION SET  
(HEDIS)**

## HEDIS

- ❑ **National Committee for Quality Assurance**
- ❑ **Healthcare Effectiveness Data and Information Set**
- ❑ **Reported by 2/3 of all U.S. health plans,**
  - ~3/4 of the U.S. population receiving managed care
- ❑ **2012 - 113 million adults aged 18–85 years were covered by health plans measured by HEDIS**
- ❑ **81 measures across 5 domains of care**
  - Effectiveness of Preventive Care, Acute Care, and Chronic Care
  - Access/Availability of Care
  - Use of Services
- ❑ **Allow for plan-to-plan comparisons by type**
- ❑ **Sampling varies by measure**



Not discussed during webinar—provided as resource material only.

CAHPS = Consumer Assessment of Healthcare Providers and Systems

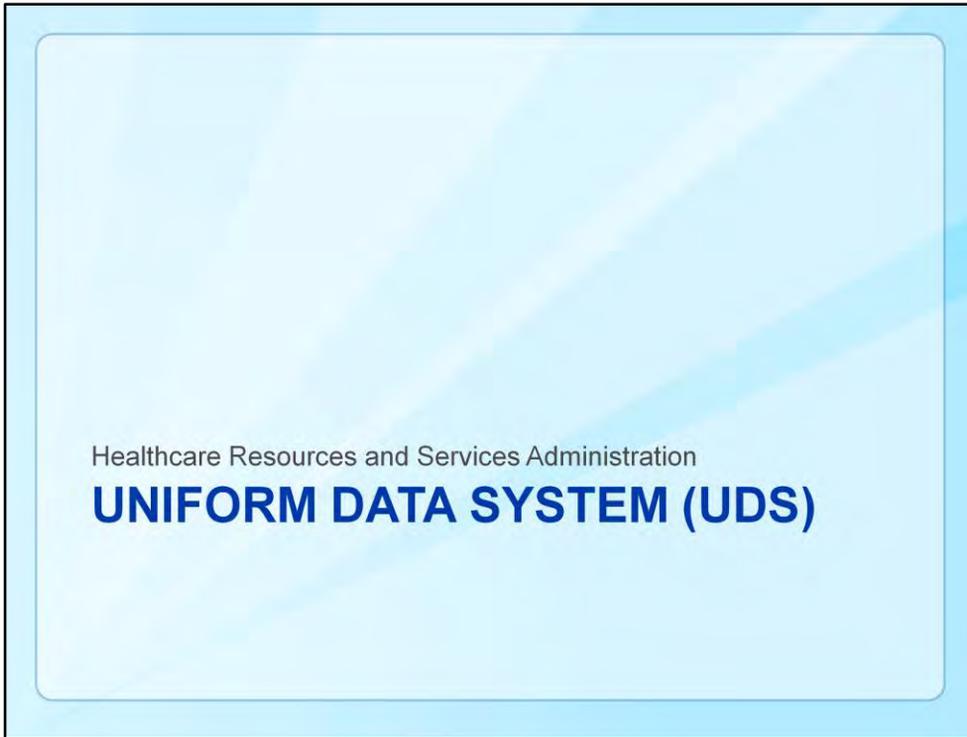
State requirement (includes DC):

- 39 states require HEDIS reporting
  - 25 states require HEDIS reporting for commercial plans
  - 34 states require HEDIS reporting for Medicaid plans
- 12 do not require HEDIS reporting at all: Alabama, Alaska, Arizona, Idaho, Mississippi, Montana, New Hampshire, North Carolina, North Dakota, South Dakota, West Virginia, Wyoming

## **HEDIS Limitations**

- ❑ **Measures health plan performance, not health system performance (unless closed system)**
- ❑ **Does not allow for analyses that provide context/face validity to measures**
  - Hypertension prevalence
  - Diabetes prevalence
- ❑ **No Medicare Fee-for-Service beneficiaries**
- ❑ **Sharp geographic boundaries are challenging**
- ❑ **Annual required reporting only**
- ❑ **Limited demographic breakdowns**
- ❑ **Proprietary measures and data = \$**

Not discussed during webinar—provided as resource material only.



Not discussed during webinar—provided as resource material only.

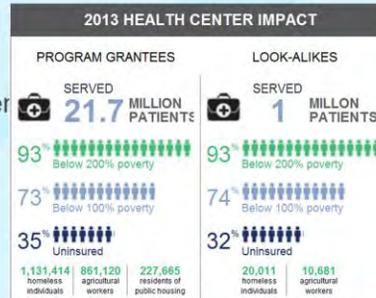
## **HRSA Uniform Data System**

- **Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers**
- **UDS reporters per the Public Health Service Act Sections 330 (e-i)**
  - Community Health Centers
  - Migrant Health Centers
  - Health Care for the Homeless
  - Public Housing Primary Care
  - Other grantees under Section 330

Not discussed during webinar—provided as resource material only.

## UDS (cont'd)

- ❑ Patient demographics
- ❑ Services provided
- ❑ Staffing
- ❑ Clinical indicators
  - Aspirin Use
  - Blood Pressure Control
  - Smoking Assessment & Treatment
  - Diabetes Control
- ❑ Utilization rates
- ❑ Costs
- ❑ Revenues

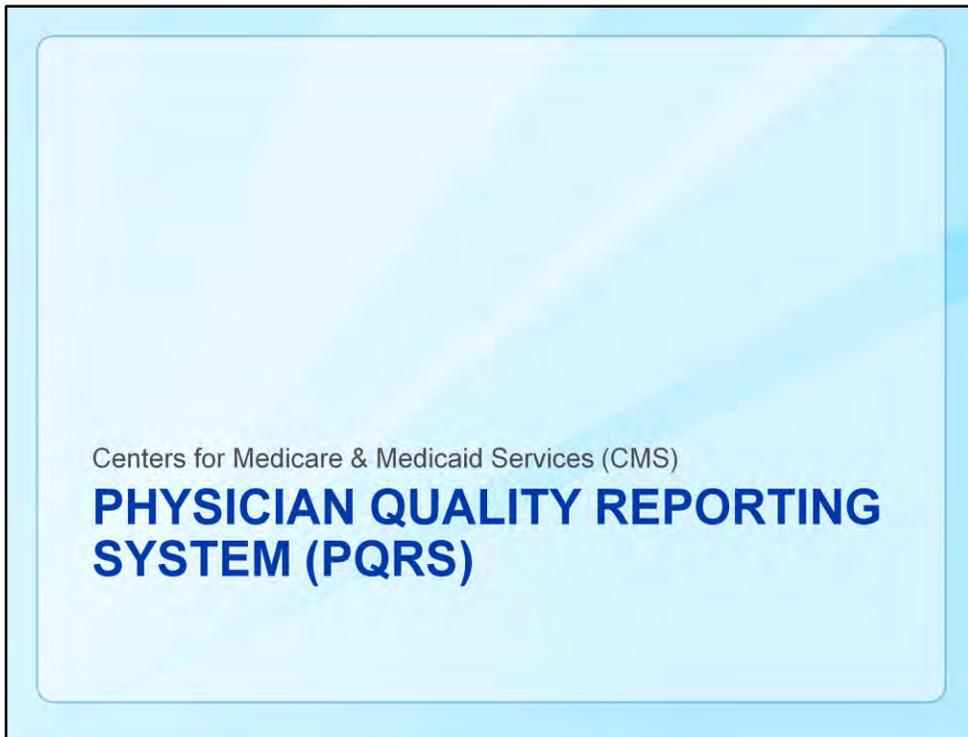


Not discussed during webinar—provided as resource material only.

## Reporting Caveats

- ❑ **Reporting options**
  - Entire patient population as a universe
  - Random sample
- ❑ **Universe – the data source (e.g., EHR) must include all medical patients from all service delivery sites**
- ❑ **Random sample – n=70; two acceptable randomizations methods**
- ❑ **CHC can report on the universe for some measures and a sample for others**
- ❑ **Data prior to 2012 reported limited to primary diagnoses only**

Not discussed during webinar—provided as resource material only.



Not discussed during webinar—provided as resource material only.

## Physician Quality Reporting System (PQRS)

- Centers for Medicare & Medicaid Services (CMS)
- Voluntary electronic quality reporting system
- Effort to move toward a value-based purchasing system; reward the value of care provided
  - Incentive for reporting quality data
  - Intended to encourage professionals to adopt outcomes-driven healthcare delivery practices
- Full list of PQRS measures:
  - [http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014eCQMs\\_EligibleProfessionalsTable\\_July2014.pdf](http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014eCQMs_EligibleProfessionalsTable_July2014.pdf)

Not discussed during webinar—provided as resource material only.

## PQRS Methods

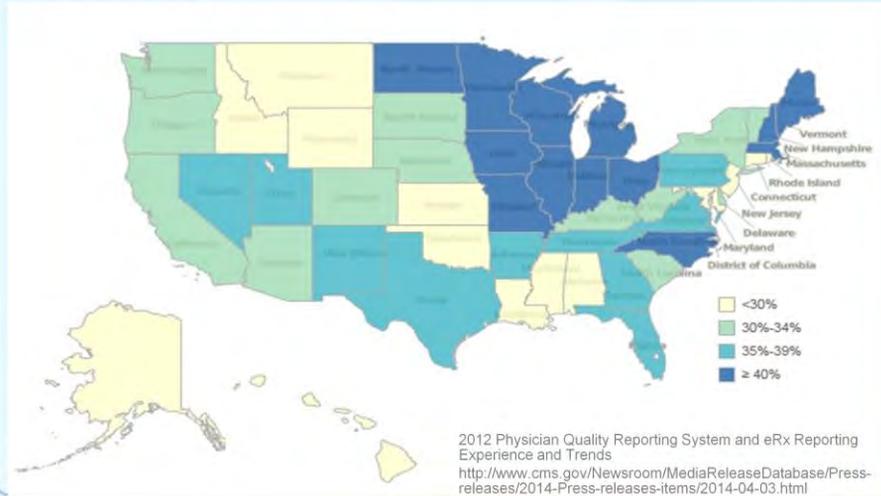
- **Reporting Eligibility**
  - Individual Eligible Professionals
  - Group Practice Reporting Option (GPRO)
    - Accountable Care Organizations (ACO)
- **Reporting Mechanisms**
  - Qualified Registry
  - Certified EHR
  - Claims
- **Reporting Criteria**
  - Capture at minimum half of their Medicare Part B patient data
  - Must report nine (9) individual measures that cover at least three (3) of the six (6) National Quality Strategy (NQS)
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population and Public Health
    - Efficient Use of Health Care Resources
    - Clinical Processes/Effectiveness

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Not discussed during webinar—provided as resource material only.

## PQRS State Participation

Geographic Distribution of Eligible Professionals Participating in the Physician Quality Reporting System (2012)

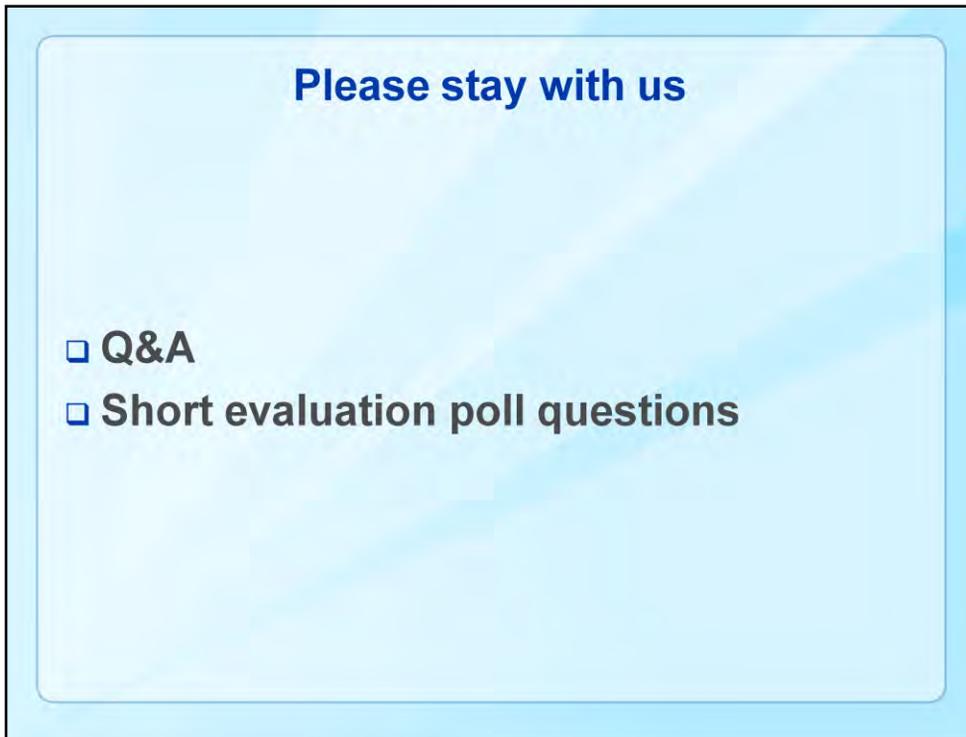


Not discussed during webinar—provided as resource material only.

## **PQRS Limitations**

- ❑ **Voluntary reporting system**
  - Limited generalizability
  - Slowly increasing participation
- ❑ **Provider chooses CQMs**
  - Potentially skewed national picture
- ❑ **Medicare Part B patient population**
- ❑ **Does not allow for analyses that provide context/face validity to measures**
  - Hypertension prevalence

Not discussed during webinar—provided as resource material only.



Thank you, **Linda**. Now we have time for questions.

The first question is: *“Where can I find additional information on the data systems and datasets?”*

Answer 1. There is a link labeled “CQM Dashboard Documentation” above the dashboard. The documentation provides instruction on how to use the site, definitions of key terms, and detailed descriptions of data sources.

In addition, you can download the excel data files that populate the dashboard for each data systems located below the dashboard labeled “Download Data”.

The second question is: *“Do you have plans to include additional data systems?”*

Answer 2. We hope to include data from PQRS EHR and PQRS GPRO options and CMS EHR Incentive Program data.

Thank you again, **Linda** for your presentation. Please stay on the call for one more minute to provide us with some feedback to 3 short questions. Please use your mouse to answer each question as it appears on the screen. The first question is now on the screen and will remain for 15 seconds.

**If you have suggestions for future  
topics or questions in general,  
please email us at:**

**[AREBHeartInfo@cdc.gov](mailto:AREBHeartInfo@cdc.gov)**

As we are always looking for feedback and input if you have suggestions for future topics or questions in general, please contact the e-mail address above.

## Next Coffee Break

**When: March 10, 2015 at 2:30 Eastern**

**Topic: Collective Impact**

**Presenter: Tom Chapel**

**For more information please contact Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Chronic Disease Prevention and Health Promotion  
Division for Heart Disease and Stroke Prevention



The next coffee break will be held on March 10, 2015 and the topic is Collective Impact and the Speaker is Tom Chapel, CDC's Chief Evaluation Officer.

Thank you again for joining us and have a terrific day everyone. This concludes today's call.