



Appendix B: Recommended Quality Measures for 2010

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KEY: Rows highlighted in RED are measures already on the website; all others will be added in 2010

Priority Condition	Measure Name	Setting	Type of Measure	Source (NQF Endorsed?)	How to obtain	Where to place results: Detail &/or Summary Page
Bone and Joint Conditions						
Lower back pain	Correct Imaging Test Use for Lower Back Pain	Medical Group	Process	NCQA HEDIS (Y)	<p>Option 1. Purchase specifications and run against QCC database.</p> <p>Option 2. License from MHQP and install on QCC websites.</p> <p>Option 3. Link more prominently to MHQP site</p>	Both - Detail has score and Summary has stars
Hip replacement	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Surgical Site (Wound) Infection Rate	Inpatient	Outcome	MA DPH	DPH report on Hospital Acquired Infections by facility to be released in October 2009 Surgical Site Infections(SSIs) for hip replacement procedures will be reported.	Both - Detail has score and Summary has stars
	Mortality Rate	Inpatient	Outcome	AHRQ/methodology DHCFF dataset	RETAIN Use AHRQ methods and calculated based on hospital discharge	Both - Detail has score and Summary has stars

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					data	
Knee replacement	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Surgical Site (Wound) Infection Rate	Inpatient	Outcome	MA DPH	DPH report on Hospital Acquired Infections by facility to be released in October 2009 Surgical Site Infections(SSIs) for knee replacement procedures will be reported.	Both - Detail has score and Summary has stars
Hip Fracture	Mortality Rate	Inpatient	Outcome	AHRQ/methodology DHCFP dataset	RETAIN Use AHRQ methods and calculated based on hospital discharge data	Both - Detail has score and Summary has stars
Chronic Disease: respiratory disease						
Asthma	Asthma Medications for Children (Ages 5 to 17)	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
	Asthma Medications for Adults (Ages 18	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for	Both - Detail has score and Summary has stars

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	to 56)				details	
COPD	Spirometry Test for COPD (Chronic Obstructive Pulmonary Disease)	Medical Group	Process	NCQA HEDIS (N)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
	Pharmacotherapy Management of COPD Exacerbation	Medical Group	Process	NCQA HEDIS (N)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
Pneumonia	Blood culture 24 hrs before or after arrival at hospital for adults admitted to or transferred to ICU within 24 hrs of arrival at hospital,	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Reporting by hospitals is high and TJC creates a composite rate with other pneumonia measures	Detail Page: rate and star rating See below
	Keep all current measures except PN-1 (Oxygenation Assessment)	Inpatient	Process	The Joint Commission/CMS (Y)	Currently obtained from CMS. RETAIN all current measures except PN-1 (Oxygenation Assessment), which was discontinued	Detail Page: rates and star ratings for each measure, including the new blood culture measure above. Summary Page: star rating based on statistical difference for an overall PN composite based on sum of numerators and denominators for all measures, including the blood culture measure above.
Upper Respiratory Infections (Pediatric)	Appropriate Treatment of URI in children	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars

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Priority Condition	Measure Name	Setting	Type of Measure	Source (NQF Endorsed?)	How to obtain	Where to place results: Detail &/or Summary Page
Chronic Disease: Cardiovascular disease						
Cardiovascular disease	Cholesterol Screening Test for Cardiovascular Disease	Medical Group	Process	NCQA HEDIS (N)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
Acute Myocardial Infarction (AMI)	Retain all current measures except AMI-6 (B-blocker at Arrival)	Inpatient	Process	National Hospital Quality Measures as reported to The Joint Commission/CMS (Y)	Currently obtained from CMS RETAIN all current measures except AMI-6 (B-blocker at Arrival), which was discontinued.	Detail Page: rates and star ratings for each measure. Summary Page: star rating based on statistical difference for an overall AMI composite based on sum of numerators and denominators for all measures.
Congestive Heart Failure (CHF)	Retain all current measures	Inpatient	Process	National Hospital Quality Measures as reported to The Joint Commission/CMS (Y)	Currently obtained from CMS RETAIN all current measures.	Detail Page: rates and star ratings for each measure. Summary Page: star rating based on statistical difference for an overall CHF composite based on sum of numerators and denominators for all measures.
CABG	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)

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	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Cardiac surgery patients with controlled 6am postoperative serum glucose	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS.	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Mortality Rate	Inpatient	Outcome	Mass - DAC	RETAIN	both - Detail has score and Summary has stars
Angioplasty	Mortality Rate	Inpatient	Outcome	Mass - DAC	RETAIN	Both - Detail has score and Summary has stars
Vascular Surgery	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page
	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page
Heart Valve Surgery	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)

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Priority Condition	Measure Name	Setting	Type of Measure	Source (NQF Endorsed?)	How to obtain	Where to place results: Detail &/or Summary Page
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS. In future, if get patient level file can use to create an all or nothing measure	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Cardiac surgery patients with controlled 6am postoperative serum glucose	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS.	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Aortic Valve Replacement: Evidence-based Hospital Referral	Inpatient	Composite	Leapfrog Group	RETAIN LEAPFROG Measure in 2010. Stay with current 4 point rating in short run IN FUTURE: Consider producing volume based on HDD and working with Mass-DAC on a risk-adjusted mortality measure	Detail Page: report Volume and Risk-adjusted Mortality Rate Summary Page: show Leapfrog 4-pt Summary measure.
Stroke	Mortality Rate	Inpatient	Outcome	AHRQ/methodology DHCFP dataset	RETAIN Use AHRQ methods and calculated based on hospital discharge data	Both - Detail has score and Summary has stars
Surgical Care	Timing of antibiotic prophylaxis before surgery	Inpatient	Process	National Hospital Quality Measure as reported to CMS (Y)	RETAIN	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	Selection of appropriate antibiotic prophylaxis for use before surgery	Inpatient	Process	National Hospital Quality Measure as reported to CMS (Y)		Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)

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	Duration of prophylaxis	Inpatient	Process	National Hospital Quality Measure as reported to CMS (Y)	RETAIN	Detail - sum with other antibiotic measures for Summary Page (Preventing Infections)
	If on beta-blocker prior to admission received beta blocker during peri-operative period	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	From TJC Process should be similar to using CMS.	Both - Detail has score and Summary has stars
	Treatment to prevent blood clots ordered	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	RETAIN In future, if get patient level file can use to create an all or nothing measure	Detail - sum with treatment performed measure for Summary Page (Preventing Complications)
	Treatment to prevent blood clots performed	Inpatient	Process	National Hospital Quality Measure as reported to The Joint Commission (Y)	RETAIN if get patient level file can use to create an all or nothing measure	Detail - sum with treatment ordered measure for Summary Page (Preventing Complications)
Chronic Disease: Diabetes						
Diabetes	HbA1c Test	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - sum with other measures for Summary Page
	Cholesterol (LDL-C) Screening Test	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - sum with other measures for Summary Page
	Tests to Monitor Kidney Disease	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - sum with other measures for Summary Page

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Cancer Screening:						
Breast cancer	Breast Cancer Screening (Ages 40 to 69)	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
Colon cancer	Colo-rectal cancer screening	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
Cervical cancer	Cervical cancer screening	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
Peri-Natal Care Services						
Newborn/Infant Care	Well Infant Care: Infants receive recommended number of visits in first 15 mos. of life	Medical Group	Process	NCQA HEDIS (N)	Same for all HEDIS : calculate, license or link See lower back pain for details	Both - Detail has score and Summary has stars
	Normal Newborn	Inpatient	Volume	AHRQ	RETAIN as calculated based on hospital discharge data - no rating	Retain current reporting
Childbirth	Caesarean delivery rates	Inpatient	Utilization	DPH	Obtain from DPH - no rating	N/A
	Rates of vaginal delivery after a Caesarean	Inpatient	Utilization	DPH	Obtain from DPH - no rating	N/A
	Normal Delivery	Inpatient	Volume	AHRQ	RETAIN as calculated based on hospital discharge data - no rating	Retain current reporting
	Caesarean Delivery	Inpatient	Volume	AHRQ	RETAIN as calculated based on hospital discharge data - no rating	Retain current reporting

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Non-priority areas on website now						
Weight loss Surgery	Revise to report as volume	Inpatient	Volume	Leapfrog	RETAIN LEAPFROG Measure in 2010 In future consider creating volume from HDD. Explore using certification as a quality measure (structure measure).	Detail Page: show volume data. Could potentially display whether or not program is certified (as a quality measure) on Detail Page. Summary Page: use Leapfrog star rating
Patient Experience						
Hospital	RETAIN current measures	Inpatient	Survey	AHRQ	Obtained from CMS. RETAIN Stay with current 4 point rating in short run . No numerators and denominators are received so no statistical testing can be done.	Detail - has results and stars based on for first measure (Overall highest rating) on Summary Page
Physician Office	MHQP Patient Experience Survey	Medical Group	Survey	MHQP	Link to MHQP site	N/A
Patient Safety						
Culture of Safety	Compliance with NQF 's Safe Practices	Inpatient	Process	Leapfrog (Y)	From Leapfrog - RETAIN and use Leapfrog 4 point rating	Detail Page: show data in current form Summary Page: show star rating
Health Information Technology	CPOE	Inpatient	Structure	Leapfrog (N)	From Leapfrog - RETAIN and use Leapfrog 4 point rating	Detail Page: show data in current form Summary Page: show star rating
Evidence-based Hospital Referral (Experience performing procedure)	Procedure Volume	Inpatient	Volume	Leapfrog (some components Y)	From Leapfrog - RETAIN volume level data for now but drop the Leapfrog 4 point rating as a summary measure. Report volume and whether or not the volume meets or exceeds the	Detail Page: show volume and whether or not the volume meets or exceeds the recommended threshold. No Summary star rating.

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					recommended threshold level. In long run should be replaced with AHRQ QIs or newer valid measures as developed	
Appropriate Staffing	Intensivists in ICU	Inpatient	Structure	Leapfrog (N)	From Leapfrog - RETAIN and use Leapfrog 4 point rating	Detail Page: show data in current form Summary Page: show star rating
Nursing-sensitive Care	Patient Falls These events are reported as rates, which provide appropriate context.	Inpatient	Outcome	PatientsFirstMA.org	Data are not currently available in a downloadable format. Link to the website in 2010 and explore whether and how these data could be obtained electronically with the owner.	N/A
	Pressure sores Reported as a rate, which provides appropriate context.	Inpatient	Outcome	PatientsFirstMA.org	See above This is a quality measure rather than an SRE, since it includes level 2 pressure sores, which are not SREs.	N/A
Serious Reportable Events	28 serious incidents	Inpatient	Outcome	DPH (Y) Facility-reported events are currently available from DPH In the future, DPH is working with the MA Board of Registration in Medicine to capture both facility and physician-reported events	From DPH SREs are currently reported as counts by facility, rather than rates. While any value other than zero indicates a quality problem, the extent of the quality problem may be misperceived if only counts are displayed. Rates could be calculated if the number of applicable discharges for each type of event could be derived from HDD. Some are	Calculate and report rates for individual SREs on Detail Page (most will be zero). Be clear that these are rates for hospital-reported SREs and that some hospitals may be more diligent than others in reporting these events. Do not report a Summary measure in 2010

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					based on all discharges, while others are based on patients who underwent a surgical or an obstetrical procedure, respectively. Do not assign a quality rating until confident that SRE reporting is complete. In future, rating could use 'All or None' or a 4 point rating using None plus 3 point statistical significance based on calculated summary rate (sum numerators and denominators across SREs).	
Hospital Acquired Infections	<p>Hospital Acquired Infections:</p> <ul style="list-style-type: none"> - Central Venous Catheter-Bloodstream Infections (true pathogens) in ICU will be reported by facility in October 2009 - Central Venous Catheter-Bloodstream Infections (skin contaminants) in ICU will be reported by facility in late 2010/early 2011 	Inpatient	Outcomes	CDC (Y)	<p>From DPH</p> <p>Central Line Bloodstream Infection rates should be displayed by facility in the Patient Safety section.</p> <p>Surgical Site Infection rates are reported for specific procedures and should be presented along with the SCIP measures for those procedures, where applicable</p>	<p>In 2010: report CVC-BSI infection rate on Patient Safety Detail Page. There is no Summary measure Report individual SSIs as outcome measures on procedure-specific Pages (see hip and knee replacements above)</p> <p>In 2011: create a Summary measure for CVC-BSIs in ICUs and a Summary measure for SSIs on the Patient Safety Summary Page.</p> <p>Report individual CVC-BSIs on the Patient Safety Detail Page. Report the individual SSI rates on both the Patient Safety and procedure-specific Detail Pages.</p>

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	<p>- Surgical Site Infections (SSIs) for Hip and Knee replacement procedures will be reported at a facility level by DPH in Oct 2009</p> <p>- Surgical Site Infections (SSIs) for CABG and Hysterectomy procedures will be reported by facility in late 2010/early 2011</p>					
Medication Monitoring	Annual Monitoring for Patients on Persistent Medications - ACE inhibitors or ARBs	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - report rate
	Annual Monitoring for Patients on Persistent Medications - Anticonvulsants	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - report rate
	Annual Monitoring for Patients on Persistent Medications - Digoxin	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - report rate

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	Annual Monitoring for Patients on Persistent Medications - Diuretics	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Detail - report rate
	Annual Monitoring for Patients on Persistent Medications - Total rate	Medical Group	Process	NCQA HEDIS (Y)	Same for all HEDIS : calculate, license or link See lower back pain for details	Summary: star ratings (This is a composite measure of medication monitoring)