

# Partnered Research with the Office of Performance Measurement: An Overview of Existing Data

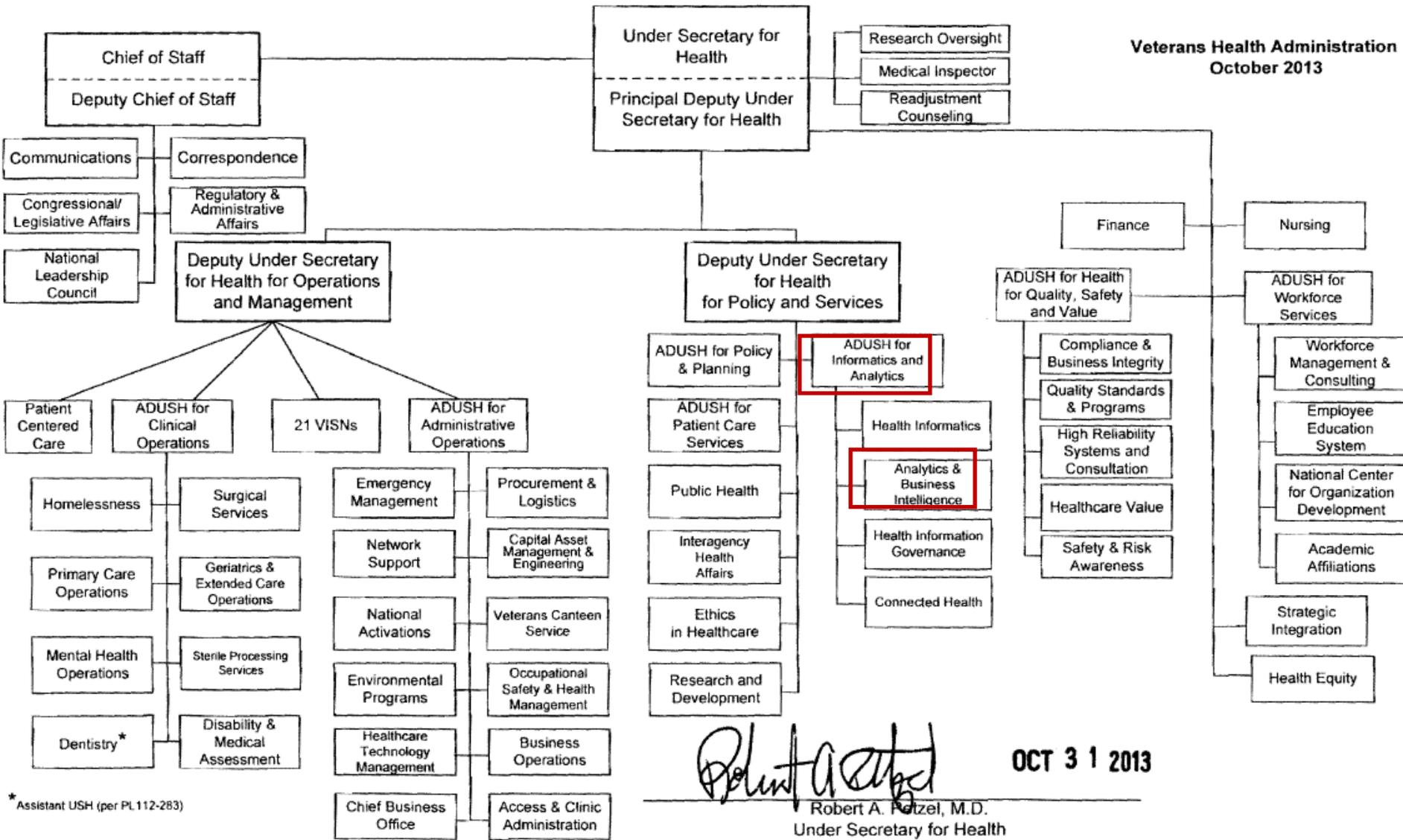
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Director, Performance Measurement  
VHA Office of Analytics and Business Intelligence

# Agenda

- Overview of Office of Performance Measurement
- SHEP Survey Data
- EPRP Clinical data
- Electronic Quality Measurement
- Partnership Opportunities

# Poll: Where is the Office of Performance Measurement Aligned within VHA Organizational Chart?

- VHA Operations and Management (10N)
- VHA Office of Quality, Safety and Value (10G)
- VHA Office of Informatics and Analytics (10P2)
- VA Office of Performance Management



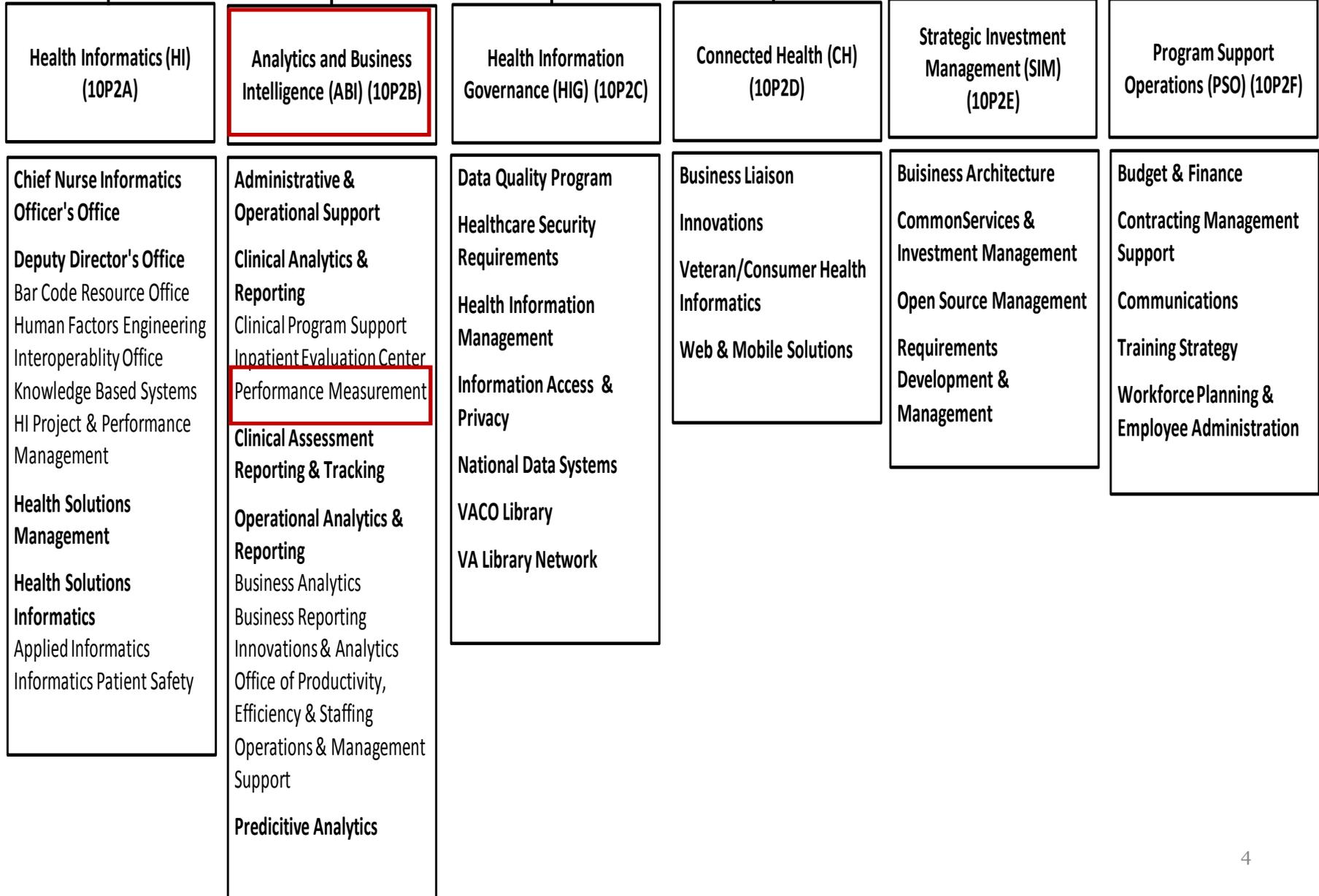
*Robert A. Petzel*

Robert A. Petzel, M.D.  
Under Secretary for Health

OCT 31 2013

\* Assistant USH (per PL 112-283)

# ADUSH for Informatics and Analytics (OIA - 10P2)



# Functions

## Office of Performance Measurement

- Provide expertise in measurement theory and methods while promoting alignment and standardization within VHA
- Support VHA offices with measure development, piloting and implementation
- Serve as VHA liaison to department on the management of VA Agency Performance Plans and Goals (APP/APG)
- Manage measure specifications via Electronic Tech Manual (eTM)
- Manage the collection of core VA performance data:
  - External Peer Review Program (EPRP)
  - Survey of Healthcare Experience of Patients (SHEP)
  - Electronic Quality Measurement (eQM)

# Specific Analytical Functions

- Establishing measure targets
- System and network performance summaries
- Sampling design and management (EPRP and SHEP)
- Statistical modeling and adjusting performance scores
- Special analytic topic (gender, race, CBOC, rurality)
- Survey development and consultation
- Data Preparation for other VA and Non-VA websites (SAIL, CMS Hospital Compare)
- Database development and reporting

# Performance Measures

## Type and Scope

- VHA Accountability – principally used in the SES performance template and Network Director Senior Executive Performance Plan. Specific targets and goals established.
- Quality Indicators – monitoring and tracking of performance. With or without targets and goals
- Operational – Support measurement, evaluation and budgeting at the department level:
  - Agency Priority Goals (APGs)
  - Budget Performance Plan (originally PAR)
  - Monthly Performance Report (MPR)

# Partners in Measure Management

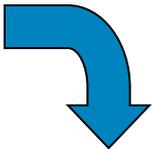
- Office of Performance Measurement – provides technical measurement support to subject matter experts in the course of developing, refining, maintaining and reporting measures
- Program Office – are business owner and sponsor of measures. They are subject matter experts and accountable for measures content.
- Data Sponsor – POC working directly with the source data and implements scoring of measures
- Operational Metrics Team (VSSC) - provides expertise in VA data systems, data management, and reporting services

# Metric Development

## Identify Priorities



## Develop Measures



Imposed Priorities:

- OIG
- OMB
- GAO

VHA Programs and Offices:

- Special Populations
- Administrative Services
- National Prevention Center
- Special Studies

VHA Strategic Initiatives :

- Strategic Planning
- Secretary Priorities



Evidence Based Practice :

- Clinical Guideline Recommendations
- Emerging Evidence
- Research

External Comparators:

- Joint Commission
- NCQA
- CMS
- NQF
- AHRQ

Priorities assigned for Development and Piloting

Development of a Performance Metric with Clinical Sponsors

Final Review, Validation and Approval

Defined for Accountability vs. Quality Improvement

Targets sets for Accountability Metrics

**NO - t - u - t - e - m - e - n - t - s**

# Data Source: EPRP

# POLL: Have You Used EPRP Data in a Research, Operational or QI Project ?

- Research
- Operational
- QI
- None

# External Peer Review Program (EPRP)

- Since the late 90s an external contractor has been used to abstract data on ambulatory and inpatient clinical care from medical records (source mostly VISTA)
  - Data collection from all VA Medical Centers (>500K records abstracted yearly)
- Abstraction protocol followed by trained nurses result in the collection of standardized data elements (i.e., lots of data in EHR is not standardized and difficult to extract)
- Sophisticated sampling and scoring methodology (i.e., sampling and weighting adjustment)
- Very reliable and valid measurement system. Unbiased comparisons of performance across organizational hierarchies is possible

# EPRP Uses

- Abstract Clinical Quality Measures (CQMs):
  - Outpatient - HEDIS individual measures and related composites (e.g., prevention, screening, process)
  - Inpatient - Joint Commission ORYX performance measures and related composites (e.g., Six core measure sets per hospital; note: significant changes in FY15)
- Testing & piloting measures
- Validation of other data sources used to calculate CQMs (e.g., eMeasures)
- Special operational & research projects

# EPRP Data

- Measure level scores (national to divisional)
- Question level data from abstraction tools
  - Detailed and standardized data elements
- Patient level data with patient identifiers
- Multiple years
- Data formats: SAS, SQL, spreadsheet, etc.
- Plus many reports on our Website



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## VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE PERFORMANCE MEASUREMENT

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### Performance Measurement Reporting

#### Performance

**New!** [EQM Portal](#)

[Measure Master](#)

[Run Charts](#)

[HEDIS](#)

[CBOC Report](#)

[Rolling 12 Month](#)

#### Composite

[Composite Executive Summary](#)

[Composite Detail](#)

[Composite Detail \(Exportable\)](#)

#### Exit Summary

[Exit Summary](#)

[Projected Composite Executive Summary](#)

[Projected Composite Report](#)

[Gender Report](#)

FY 2015 Q1

**FY2015 Q1**

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[FY15Q1 Release Notes](#)



1-29-15

For questions relating to Performance Measurement, [click here](#) to establish an Helpdesk ticket.

# Data Source: SHEP

# POLL: Have You Used SHEP Data in a Research, Operational or QI Project ?

- Research
- Operational
- QI
- None

# Background - SHEP

- Single most important system wide effort to assess patient experiences with VA care
- VA has surveyed Veterans about their care since 1994
- Since 2010, we have used the *Consumer Assessment of Healthcare Providers and Systems (CAHPS)* family of survey instruments and data collection protocols
  - This is the health care industry standard
  - Voluntary patient response
- Currently ~80,000 surveys mailed out each month
  - Facility-specific results are updated monthly
- Contractor-administered (IPSOS)
  - Medicare certified
  - Extensive Quality Assurance checks
- Return rate is over 40%, 10 points higher than industry average
  - High return rates mean more valid insights

# Background - CAHPS

- Supported in the public domain
  - CAHPS Consortium
  - Agency for Healthcare Research & Quality (AHRQ)
  - Centers for Medicare & Medicaid Services (CMS),
  - National Committee for Quality Assurance (NCQA)
- Based on studies of what matters most to patients
  - VA has participated in developing and testing
- National standard for Medicare

# SHEP Surveys

- Outpatient Clinician & Group CAHPS – Legacy ambulatory care survey currently based on small sample for only high level assessment (national and VISN).
- PCMH: Combines the CAHPS Clinician & Group survey with PCMH items:
  - Currently ~60,000 surveys mailed each month
  - Assesses patient experiences with Primary Care over last 12 months
  - Data updated & reported monthly at the National, Network, Facility, and Division levels
- HCAHPS: Hospital CAHPS
  - 15,000 surveys mailed each month
  - Patient-mix adjusted (PMA) scores can be compared with Medicare hospitals (Note: not yet the case for outpatient surveys).

# Key Agency Metrics

## ***Newest Access Metrics:***

- Appointments for Needed Care (PCMH)
- Appointments for Routine Care (PCMH)
- Ease of getting Specialty Appointment (OP)

## ***Other Metrics:***

- Overall Rating of Provider (PCMH)
- Overall Rating of Healthcare (OP)
- Overall Rating of Hospital (IP)
- Self Management Support Composite (PCMH)

# PCMH: Composites (Multiple Items)

## Top-Box

|   |  |                  |
|---|--|------------------|
| <b>Access</b> (5 Questions)<br>Getting Timely Appointments, Care, and Information   | Never<br>Sometimes<br>Usually<br><i>Always</i> |                  |
| <b>Communication</b> (6 Questions)<br>How Well Providers (or Doctors) Communicate With Patients                               | Never<br>Sometimes<br>Usually<br><i>Always</i> |                  |
| <b>Comprehensiveness:</b> (3 Questions)<br>Providers Pay Attention to Your Mental or Emotional Health                         | No<br><i>Yes</i>                               |                  |
| <b>Office Staff:</b> (2 Questions)<br>Helpful, Courteous, and Respectful Office Staff   | Never<br>Sometimes<br>Usually<br><i>Always</i> |                  |
| <b>Providers Discuss Medication Decisions:</b> (2 Questions)<br>Shared decision making about starting or stopping medications | Not at all<br>A little<br>Some<br><i>A Lot</i> | No<br><i>Yes</i> |
| <b>Self -Management Support:</b> (2 Questions)<br>Providers Support You in Taking Care of Your Own Health                     | No<br><i>Yes</i>                               |                  |

| PCMH: Reporting Measures   | Top-Box  |
|--|--|
| <p><b>Overall Rating of Provider</b></p> <p>How patients rated their provider, using 0 to 10, where 0 is the worst possible and 10 is the best</p>                             | <p>0,1,2,3,4,5,6,7,8<br/><b>9, 10</b></p>                      |
| <b><u>Information</u></b>  |  |
| <p><b>After Care Hours Information</b></p> <p>Information about what to do if care is needed during evenings, weekends, or holidays</p>  | <p>No<br/><b>Yes</b></p>                                       |
| <p><b>Reminders Received</b></p> <p>Patients reminded between visits about tests, treatment or appointments</p>  | <p>No<br/><b>Yes</b></p>                                       |
| <b><u>Coordination of Care</u></b>   |  |
| <p><b>Follow-up on Test Results</b></p> <p>How often the provider's office follow up to give patients results when the provider ordered a blood test, x-ray, or other test</p> | <p>Never<br/>Sometimes<br/>Usually<br/><b>Always</b></p>       |
| <p><b>Provider Informed About Specialists Care</b></p> <p>How often did the provider seem informed and up-to-date about the care patients receive from specialists</p>         | <p>Never<br/>Sometimes<br/>Usually<br/><b>Always</b></p>       |
| <p><b>Prescriptions Discussed</b></p> <p>Talk at each visit about all the prescription medicines the patient was taking</p>  | <p>No <span style="float: right;">23</span><br/><b>Yes</b></p> |

| Inpatient Composites (Multiple Items)   | Top-2 Box   | Top-Box  |
|---|---|--|
| <p><b>Communication with Nurses</b> (3 Questions)<br/>How often did nurses communicate well with patients</p>                             | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i> | Never<br>Sometimes<br>Usually<br><i>Always</i>               |
| <p><b>Communication with Doctors</b> (3 Questions)<br/>How often did doctors communicate well with patients</p>                           | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i> | Never<br>Sometimes<br>Usually<br><i>Always</i>               |
| <p><b>Communication About Medication</b> (2 Questions)<br/>How often did staff explain about medicines before giving them to patients</p> | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i> | Never<br>Sometimes<br>Usually<br><i>Always</i>               |
| <p><b>Responsiveness of Hospital Staff</b> (2 Questions)<br/>How often did patients receive help quickly from hospital staff</p>          | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i> | Never<br>Sometimes<br>Usually<br><i>Always</i>               |
| <p><b>Discharge Information</b> (2 Questions)<br/>Were patients given information about what to do during their recovery at home</p>      | No<br><i>Yes</i>                                      | No<br><i>Yes</i>   |
| <p><b>Pain Management</b> (2 Questions)<br/>How often was patients' pain well controlled</p>  | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i> | Never<br>Sometimes<br>Usually <sup>24</sup><br><i>Always</i> |

| Inpatient Reporting Measures (Single Items)   | Top-2 Box   | Top-Box   |
|---|---|---|
| <b><u>Individual Items:</u></b>   |   |   |
| <b>Cleanliness of Hospital Environment</b><br>How often were the patients' rooms and bathrooms kept clean   | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i>                 | Never<br>Sometimes<br>Usually<br><i>Always</i>                        |
| <b>Quietness of Hospital Environment</b><br>How often was the area around patients' rooms kept quiet at night                                     | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i>                 | Never<br>Sometimes<br>Usually<br><i>Always</i>                        |
| <b><u>Global Items:</u></b>   |   |   |
| <b>Overall Rating of Hospital</b><br>How do patients rate the hospital overall, , using 0 to 10, where 0 is the worst possible and 10 is the best | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>                                     | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>                                     |
| <b>Willingness to Recommend Hospital</b><br>Would patients recommend the hospital to friends and family   | Definitely no<br>Probably no<br>Probably yes<br><i>Definitely yes</i> | Definitely no<br>Probably no<br>Probably yes<br><i>Definitely yes</i> |

| <b>Outpatient Composites (Multiple Items)</b>   | <b>Top-2 Box</b>   | <b>Top-Box</b>  |
|---|--|---|
| <p><b>Getting Needed Care</b> (2 Questions)<br/>           How easily patients got the various aspects of needed care such as appointments with specialists they needed to see and got care, tests, or treatment they thought they needed</p>                 | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i>                        | Never<br>Sometimes<br>Usually<br><i>Always</i>                        |
| <p><b>Getting Care Quickly</b> (2 Questions)<br/>           How soon patients received various types of care in a timely manner</p>   | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i>                        | Never<br>Sometimes<br>Usually<br><i>Always</i>                        |
| <p><b>How Well Doctors/Nurses Communicate</b> (4 Questions)<br/>           How often doctor/nurse explained things in a way patients understand, listened carefully and showed respect for what patients have to say, and spent enough time with patients</p> | Never<br>Sometimes<br><i>Usually</i><br><i>Always</i>                        | Never<br>Sometimes<br>Usually<br><i>Always</i>                        |
| <p><b>Shared Decision Making</b> (2 Questions)<br/>           Did providers discuss pros and cons of choices for best treatment or health care with patients</p>  | <i>Definitely Yes</i><br><i>Somewhat Yes</i><br>Somewhat No<br>Definitely No | <i>Definitely Yes</i><br>Somewhat Yes<br>Somewhat No<br>Definitely No |
| <b>Reporting Measures (Single Items)</b>  |  |   |
| <p><b>Overall Rating of Healthcare</b><br/>           How patients rated their overall health care, using 0 to 10, where 0 is the worst possible and 10 is the best</p>   | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>  | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>                                     |
| <p><b>Overall Rating of Personal Doctor/Nurse</b><br/>           How patients rated their personal doctor/nurse, using 0 to 10, where 0 is the worst possible and 10 is the best</p>  | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>  | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>                                     |
| <p><b>Overall Rating of Specialists</b><br/>           How patients rated their specialist, using 0 to 10, where 0 is the worst possible and 10 is the best</p>   | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>  | 0,1,2,3,4,5,6,7,8<br><i>9, 10</i>                                     |

# SHEP: Future Directions

## Step 1 – Specialty Care

### ***Specialty Care Access Item-set added to PCMH survey***

- Compare ease of getting VA & Non-VA SC appointments.
- Overall Rating of Specialist (VA and Non-VA)
- Is not specialty clinic specific
- UPDATE: ***Surveys started Sept 2014, Preliminary results for first three months***

# Access to Specialist Results for Sept-Nov

- PCMH samples based on visit with PC provider during year
- In past 12 months 19% attempted to make appointment with non-VA specialist paid for by VA
- 73% of responders to PCMH survey reported a “most recent visit to VA spec or non-VA paid spec or other non-VA spec”
  - 52% VA spec
  - 11% non-VA spec paid for by VA
  - 10% other non-VA spec seen on their own

# Access to Specialist Results Sept-Nov

|                                       | Ease of Getting Appt – Always   | Ease of Appt Getting Appt – Always/Usually | Important Info Medical History (Yes) | Overall Rating Spec (Top Box 9_10) |
|---------------------------------------|---------------------------------|--|--------------------------------------|------------------------------------|
| VA Spec                               | 42%                             | 72%  | 65%                                  | 63%                                |
| Non VA Spec<br>VA Paid                | 50%                             | 75%  | 51%                                  | 62%                                |
| Non VA Spec<br>Other                  | na                              | na   | 72%                                  | 70%                                |
|                                       |                                 |  |                                      |                                    |
| Primary Care Questions in PCMH Survey | 53% Routine PC<br>44% Urgent PC |  | 64% for PCP                          | 65% Overall Rating PCP             |

# SHEP: Future Directions

## Step 1 – Specialty Care

### ***VA Specialty Care Survey***

- New survey that targets SC clinic visits to assess patient experiences & satisfaction
- Focus on high volume and special interest clinics
- Facility sampling, robust estimates per quarter
- UPDATE: ***Survey developed and in the field, Starts with January encounters, first results May***

# SHEP: Future Directions

## Step 2 – Non VA Care

### ***Development of Non-VA Care Survey***

- Online focus groups to identify items most important to Veterans
- Collaborate with VHA sister offices (CBO, VSSC, others) to understand system processes, patient & data flow, potential problem areas
- UPDATE: Veteran selection procedures developed. Invitations going out this week. ***Focus groups start April.***

### ***Implement Non-VA Care Survey***

- Field Non-VA Care Survey in Spring
- Sufficient sample size to make reliable facility estimates each Qtr
- Plan for multi-mode administration (mail, website)

# SHEP: Future Directions

## Step 3 - Veteran Insight Panel

### *Stand up Online Panel of Veterans*

- Establish Panel of Veterans for ongoing engagement
- Real time feedback, directed surveys, secret shopper volunteers, survey testing and development
- Essential to create representative panel of Veterans
- IPSOS highly skilled contractor
  
- UPDATE: VSO engagement, finalizing endorsement. Invitations to Veterans to be sent in stages, building a 5K panel, March initiation.

# SHEP: Future Directions

## Step 4 – New Enrollees

### ***Development of New Enrollee Survey***

- Online focus Groups to identify items most important to Veterans
- Collaborate with VHA sister offices (CBO, VSSC, others)
- Understand system processes, patient & data flow, potential problem areas
  
- Update: tentatively set to begin in Next Month

### ***Implementation of New Enrollee Survey***

- Field New Enrollee Survey developed in focus groups
- Should be much shorter in scope
- Plan for multi-mode administration (mail, website)

# Summary: SHEP Survey Data

- PCMH Survey – Patient Centered Care assessment focused on care management by PCP
  - additional assessment of access to VA and Non-VA Specialty care starting FY15
- Outpatient survey – High level assessment of outpatient care (no facility level estimates).
- Hospital Survey – Medical and Surgical VA hospitalizations (plus psychiatric stays)
- Specialty Care Survey –specific assessment of specialty care visits (Start FY15Q1)
- Fee Care Survey – assessment of patient experience with non-VA care paid by VA (Start Spring)
- New Enrollee Survey – assessment of new enrollee experience with access to VHA care (Summer).
- Veteran Insight Panel – ongoing sources of feedback from Veterans (Spring)



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VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE PATIENT EXPERIENCES

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Patient Experiences Reports and Scheduling

PCMH Report

SHEP-PCMH Report

Reporting Schedule

Reporting Schedule FY 2015
Reporting Schedule FY 2014

Question-Level Reports

Inpatient
Outpatient
Inpatient Nursing Unit (VSSC)

Response-Level Reports

New! PCMH
Inpatient
Outpatient

Dimensions of Care

New! PCMH
Inpatient
Outpatient

Other Reports

American Customer Satisfaction Index (ACSI)
Transparency and Equity Reports
Satisfaction with Pharmacy Reports

Attributable Effects Reports

New! PCMH: FY14 National, VISN & Facility

New! Inpatient: FY14 National, VISN & Facility

New! Outpatient: FY14 National & VISN

PCMH, Inpatient, & Outpatient Attributable Effects Reports
Last Updated on January 2015

FY 2013 Outpatient SHEP Reporting Notice
Beginning in FY13, the focus of data collection in the ambulatory care setting has transitioned from the SHEP Outpatient survey to the SHEP Patient Centered Medical Home (PCMH) survey. The Outpatient SHEP survey is still administered but to a much smaller sample of veterans. Its purpose is to support high level trend reporting of metrics at the national and VISN level. It is NOT intended for facility-level accountability, although we do continue to report all the results to the field.
The number of responses to obtain adequate facility-level reliability has been shown to be roughly 300. Outpatient SHEP facility scores are reported for your information only, and should not be considered for facility-level accountability until this threshold has been achieved.

Data Source:  
Electronic Quality Measurement (eQM)

# Current Efforts to Report Electronic Quality Measures

- Constructing an Electronic Quality Measurement Platform that can dynamically extract CDW data, score measures and can report provider and patient results to quality managers and clinicians.
- Developing measure specifications and business rules for calculation of national standardized electronic quality measures
- Established development team - combines our expertise in measurement methodology, standardization, validity and integrity with OI&T knowledge of electronic data sources, database development, structured query language (SQL) coding, and reporting

# Key Features of Electronic Quality Measures Platform

- ❖ First nation-wide performance measure reporting system that employs standardized and nationally recognized specifications.
- ❖ Platform extracts, scores, stores, and reports system-wide quality measures at the provider and patient level.
- ❖ Opportunity to identify patient status on quality measures daily rather than at the end of the reporting period.

# Current Project Activities

- Initial focus of HEDIS and ORYX conversion to reduce dependency of EPRP abstraction and implement full population measures
- Incorporating standardized measurement specifications and principles while transforming existing measure specifications into SQL code that extracts data from IT systems (CDW)
- Creation of eQM Portal – announcements and links
  - <https://vaww.eqm.cdw.portal.va.gov/Pages/Home.aspx> (Intranet only)
- Beta release of eQM report for selected measures with patient level results for population of Veterans using the VHA
  - HBA1c poor control, BP control for diabetic patients and BP control for hypertensive patients.
  - <http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fPerformanceMeasures%2fPerformanceMeasureReport&rs:Command=Render>



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### eQM Portal Announcement

Release  
1.2.1 now  
available

The EQM system has just been updated with the 1.2.1 release. There were many new enhancements included in this release, most notably are the unified patient change and performance enhancements.

8/29/2014 8:45 AM

Please review the [1.2.1 Release Notes](#) for more information.

New  
Electronic  
Measures

IHD51h\_e (HTN: Outpatient BP lt 140/90 ages 60-85 with DM) and IHD52h\_e (HTN: Outpatient BP lt 150/90 ages 60-85 without DM) are now in production and may be found in the eQM report. These measures are new HEDIS measures which have replaced htn9h.

1/9/2015 9:02 AM

Future measure development information may be found within the Measure Roadmap document ([https://vawww.eqm.cdw.portal.va.gov/Pages/emeasurement\\_roadmap.aspx](https://vawww.eqm.cdw.portal.va.gov/Pages/emeasurement_roadmap.aspx)).

Measure  
Road Map

The Measure Road Map has been updated with the new measures in production. Users will also find hyperlinks to measure specifications in the eTM.

1/13/2015 1:07 PM

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#### GETTING TO KNOW eMEASUREMENT

- ▶ Introduction to eMeasurement
- ▶ Measure Roadmap
- ▶ eTM - Electronic Technical Manual
- ▶ **PMR - Performance Measure Report**

#### DATA ACCESS

- ▶ How to Access Data
- ▶ CDW Data Access Information
- ▶ Local Data Access Site
- ▶ National Data Access Site

PerformanceMeasureReport1 - Report Viewer - Microsoft Internet Explorer provided by VA New England Health Care

http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx

File Edit View Favorites Tools Help

PerformanceMeasureReport1 - Report Viewer

Select FY: 2014

Select Facility(s): Facility - (V01) (650) Providenc

Select Report Type(s): eMeasurement

Scoring and Reporting Display: No

Display Num/Dem: Yes

(Select All)  
 T21  
 QI  
 PAR  
 MPR  
 Electronic Quality Measure

View Report

1 of 1 100% Find | Next

### Performance Measure Report For (V01) (650) Providence, RI

There will be a report for the VISN SES plans that will be separately published when

|  |                           | YTD                  |           |           | Qtr1        |         |           |             |
|--|---------------------------|----------------------|-----------|-----------|-------------|---------|-----------|-------------|
|  |                           | Date Data is Through | Target    | Numerator | Denominator | Score   | Numerator | Denominator |
|  |                           | 10/20/2013           | No Target | 263.00    | 1,620.00    | 16.23 % | 241.00    | 1,535.00    |
| <a href="#">DM: LDL-C LT 100 (OP) (eMeasure - All Users)</a>       | <a href="#">dmg25h_e</a>  | 10/20/2013           | No Target | 1,000.00  | 1,620.00    | 61.73 % | 950.00    | 1,535.00    |
| <a href="#">DM: LDL-C LT 100 (OP) (eMeasure for Existing User)</a> | <a href="#">dmg25h_ee</a> | 10/20/2013           | No Target | 795.00    | 1,287.00    | 61.77 % | 795.00    | 1,287.00    |
| <a href="#">DM: LDL-C LT 100 (OP) (eMeasure for New Users)</a>     | <a href="#">dmg25h_en</a> | 10/20/2013           | No Target | 205.00    | 333.00      | 61.56 % | 155.00    | 248.00      |
| <a href="#">DM: BP LT 140/90 (OP) (eMeasure - All Users)</a>       | <a href="#">dmg27h_e</a>  | 10/20/2013           | No Target | 1,261.00  | 1,620.00    | 77.84 % | 1,193.00  | 1,535.00    |
| <a href="#">DM: BP LT 140/90 (OP) (eMeasure for Existing User)</a> | <a href="#">dmg27h_ee</a> | 10/20/2013           | No Target | 997.00    | 1,287.00    | 77.47 % | 997.00    | 1,287.00    |
| <a href="#">DM: BP LT 140/90 (OP) (eMeasure for New User)</a>      | <a href="#">dmg27h_en</a> | 10/20/2013           | No Target | 264.00    | 333.00      | 79.28 % | 196.00    | 248.00      |

Local intranet 100%

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# OABI Electronic Quality Measures Report

**PROTECTED**



HTN: Dx HTN and BP LT 140/90 (OP) ( eMeasure - All Users)

htn9h\_e

|         |                           |          |                   |     |
|---------|---------------------------|----------|-------------------|-----|
| Filters | Reporting Period:         | 2014-YTD | Measure End Date: | All |
|         | Measure Pass/Fail Status: | All      |                   |     |

**Parameters**

Measure Option  
 eMeasure for All Users

Reporting Period  
 2014-YTD

Measure End Date  
 All

Measure Pass/Fail Status  
 All

| Division               | Score  | Patients |
|------------------------|--------|----------|
| (V01) (650) Providence | 76.52% | 4,271    |
| HYANNIS                | 71.77% | 503      |
| MIDDLETOWN (650GD)     | 83.76% | 314      |
| NEW BEDFORD            | 73.09% | 446      |
| VAMC PROVIDENCE RI     | 77.06% | 3,008    |

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 on 10/26/2013 10:15:32 AM

Apply

# OABI Electronic Quality Measures Report

**PROTECTED**



HTN: Dx HTN and BP LT 140/90 (OP) ( eMeasure - All Users)  
htn9h\_e

**Filters**

Reporting Period: 2014-YTD      Measure End Date: All

Measure Pass/Fail Status: All

| Division                         | Score         | Patients     |
|----------------------------------|---------------|--------------|
| <b>(V01) (650) Providence</b>    | <b>76.52%</b> | <b>4,271</b> |
| <input type="checkbox"/> HYANNIS | 71.77%        | 503          |

| Provider Name       | Patient Name       | NL4  | DOB | Close Out Date | BP      | BP Date    |
|---------------------|--------------------|------|-----|----------------|---------|------------|
| Provider 1343243591 | Patient 1357033729 | 3729 |     | 10/31/2013     | 122/80  | 12/20/2012 |
| Provider 1343243591 | Patient 1357058491 | 8491 |     | 10/31/2013     | 130/79  | 6/25/2013  |
| Provider 1343243591 | Patient 1357093570 | 3570 |     | 10/31/2013     | 132/62  | 10/3/2013  |
| Provider 1343243591 | Patient 1357128684 | 8684 |     | 10/31/2013     |         |            |
| Provider 1343243591 | Patient 1357171863 | 1863 |     | 10/31/2013     | 137/87  | 10/10/2013 |
| Provider 1343243591 | Patient 1357177143 | 7143 |     | 10/31/2013     | 172/91  | 9/26/2013  |
| Provider 1343243591 | Patient 1357220528 | 0528 |     | 10/31/2013     | 108/65  | 9/30/2013  |
| Provider 1343243591 | Patient 1357303706 | 3706 |     | 10/31/2013     | 136/90  | 10/2/2013  |
| Provider 1343243591 | Patient 1357313078 | 3078 |     | 10/31/2013     | 129/79  | 8/21/2013  |
| Provider 1343243591 | Patient 1357335115 | 5115 |     | 10/31/2013     | 130/70  | 9/26/2013  |
| Provider 1343243591 | Patient 1357414114 | 4114 |     | 10/31/2013     | 158/98  | 9/13/2013  |
| Provider 1343243591 | Patient 1357451085 | 1085 |     | 10/31/2013     | 102/63  | 3/14/2013  |
| Provider 1343243591 | Patient 1357474596 | 4596 |     | 10/31/2013     | 124/73  | 4/11/2013  |
| Provider 1343243591 | Patient 1357481522 | 1522 |     | 10/31/2013     | 172/100 | 8/22/2013  |

# Next Steps

- Multiple focus groups – Processing feedback from user community
- Phase II reporting - provide clinicians and managers direct access to patient level reports with additional functionality.
- Create Interactive Algorithm so users can follow impact of each node in a measure decision tree
- Design OLAP data cube to reside in CDW for Pyramid based access & reports
- Pathway to innovative and efficient clinical measurement
  - New measures designed in the electronic environment (e.g., LDL moderate dose statin)
  - RDW and VDW will no longer need to compute nationally reported measures
  - Refinement and potential global development of local VISN and RDW measure

# PITA - Performance Integrated Tracking Application

## Core of VA Measure Management System

- Purpose:
  - Library of information about performance measures (meta data) that contains the technical specifications and administrative attributes about measures.
    - Internal management of measures
    - Drive specifications for reporting
    - Populate electronic technical manual (eTM)
- **eTM Users:** Available to all
  - Facility Quality Managers and staff
  - Facility Directors
  - Network Directors
  - Program Office Administration
  - Leadership

# Data Use Agreement (DUA) Counts

| NEWLY INITIATED DUAs         |           |                           |
|------------------------------|-----------|---------------------------|
|                              | 2013      | 01/14/2014-<br>2/28/2015  |
| SHEP                         | 10        | 7                         |
| EPRP                         | 8         | 11                        |
| IPEC                         | 3         | 9                         |
| <b>TOTAL</b>                 | <b>21</b> | <b>27</b>                 |
| Open/updated/continuing DUAs |           |                           |
|                              | 2013      | 01/14/2014-<br>02/28/2015 |
| SHEP                         | 5         | 42                        |
| EPRP                         | 6         | 44                        |
| IPEC                         | 0         | 15                        |
| <b>TOTAL</b>                 | <b>11</b> | <b>101</b>                |

# Partnerships with Researchers

- Themes
  - Measure development (e.g., cancer, pneumonia, stroke, diabetes, acute coronary syndrome)
  - Disparity analyses (race, gender, geography)
  - Evaluation & measurement methodology (risk based, underuse, overuse)
  - Correlations with other data sources (AES, wait times)
- Partnerships models
  - Data access only
  - Working Partnership (research)
  - Subject matter experts (operational)



10P2B1 Home Page

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## VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE OFFICE OF PERFORMANCE MEASUREMENT (10P2B1)

The mission of the Office of Performance Measurement (10P2B1) is to support clinicians, managers, and employees in improving care to veterans.

### Programs

[Patient Experiences](#)

[Performance Measurement](#)

### Reporting

[Patient Experiences Reporting](#)

[Performance Measurement Reporting](#)

### What's New

[FY15 ND SES Plan](#)

[FY2015 ND Template Addendum](#)

[FY15Q1 Release Notes](#)

1-29-15

[2015 Catnums and Cohorts](#)

[The Joint Commission ORYX Core Set Crosswalk 2015](#)

[FY15 EPRP Sampling](#)

[2015 The Joint Commission Spec...](#)

[2015 The Joint Commission Meas...](#)

### References

[FY15 ND SES Plan](#)

[FY2015 ND Template Addendum](#)

[Summary of Hospital Performance Rating Systems](#)

[HEDIS External Comparison 2014](#)

[Electronic Technical Manual](#)

[Data Use Agreements](#)

[Quality Management Guidebook](#)

[Joint Commission](#)

[QSV Division of External Accreditation Services & Programs](#)

[Performance Measure Report](#)

(includes eQM Report)

**New!** [EQM Portal](#)

<http://vaww.car.rtp.med.va.gov/programs/pm/pmR eports.aspx>

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## VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE DATA USE AGREEMENTS

[10P2B1 Home Page](#) -> Data Use Agreements

The Office of Analytics and Business Intelligence (OABI) is the custodian of databases that contain information on clinical quality as well as the veterans' perceptions of their care. Some of the data sources include the External Peer Review Program (EPRP), the Survey of Healthcare Experiences of Patients (SHEP), and inpatient outcome measures. The Office of Performance Measurement and Inpatient Evaluation Center (IPEC) are the primary custodians. OABI frequently collaborates with other program offices, field representatives and researchers in quality related investigations by providing these data through its Data Use Agreement (DUA) process.

### Data Use Agreement Process

There are several datasets that are available through the DUA. When requesting data, please download the three primary documents on this site which include the OABI DUA Policy, OABI DUA Agreement form, and the Dataset Overview. Next, in completing your request, please read the Dataset Overview for important information regarding the various datasets stored in the OABI data warehouse as there may be important information about the dataset you are requesting. Codebooks can be made available to highlight the data elements you are requesting from this office.

The list of documents needed for the application include:

- The DUA Application Form which should include:
  - Completed Application Form
  - Initialed and signed Agreement form (*must be signed by hand – a scanned copy or pdf of this form is acceptable*)
  - Completed Data Access List that identifies all parties that will have access to any of the data being requested
  - Study Protocol
  - IRB Approval letter if required (if patient level data is required)
  - Highlighted codebooks and/or performance measure lists with requested data elements. Please request the absolute minimum data necessary for your project.

### Application Documents

[Application Form](#)

[Policy](#)

### Codebooks

Performance Measure Lists

#### Performance Measure Lists

Filter Files  filter

[show all](#)

- [2009](#)
- [2008](#)
- [2007](#)
- [2006](#)
- [2005](#)

# QUESTIONS ?

DUA mailgroup for SHEP, EPRP, IPEC data:

[CARDUARrequest@VA.gov](mailto:CARDUARrequest@VA.gov)