

# Performance Measures for Clinical Quality Management & Quality Improvement

Adam Thompson, Health Systems  
Carpenter

20  
22

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

## Adam Thompson is a member of the Board of Directors for the National Quality Forum and serves as the Co-Chair for the Primary Care and Chronic Illness Standing Committee for Measurement Endorsement

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE, in collaboration with the Health Resources and Services Administration (HRSA), LRG, and AffinityCE. AffinityCE, LRG and HRSA staff, as well as planners and reviewers, have no relevant financial interests to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

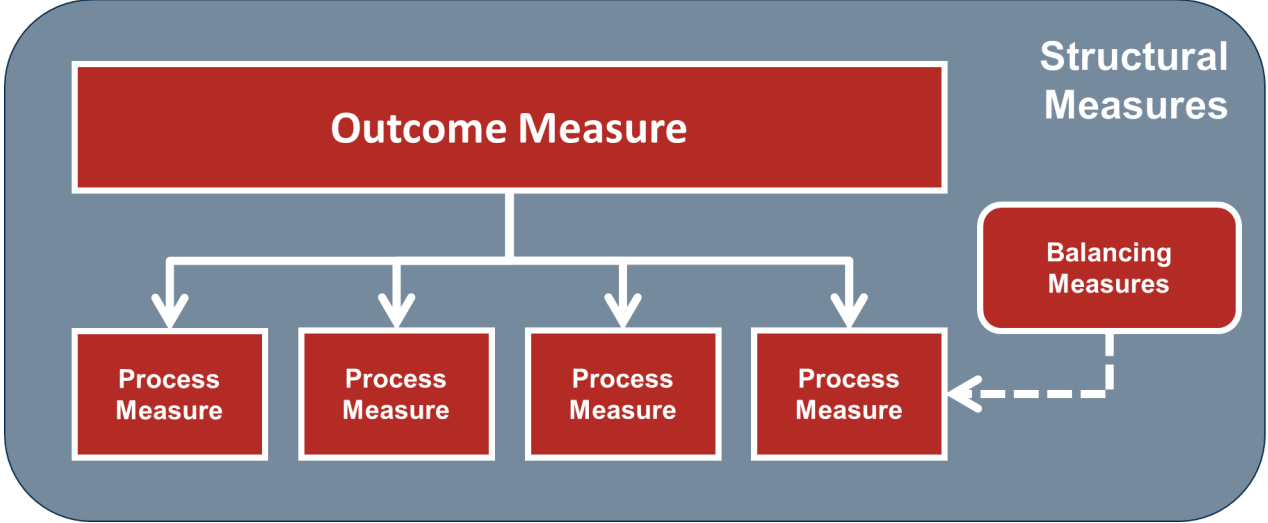
There was no commercial support for this activity.

# Measurement for QI

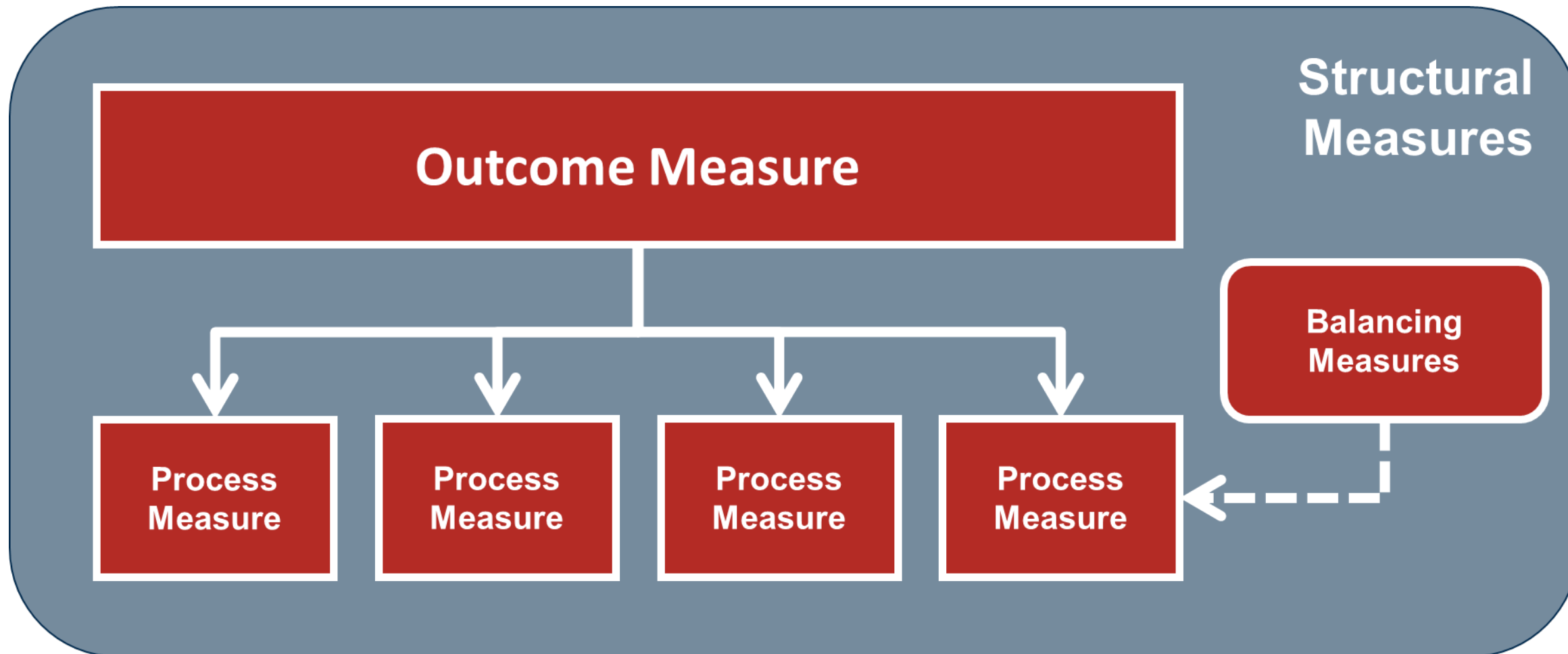
Attribute	Research	Learning & Process Improvement
<b>Purpose</b>	To discover new knowledge	To bring new knowledge into daily practice
<b>Tests</b>	One large "blind" test	Many sequential, observable tests
<b>Biases</b>	Control for as many biases as possible	Stabilize the biases from test to test
<b>Data</b>	Gather as much data as possible, "just in case"	Gather "just enough" data to learn and complete another cycle
<b>Duration</b>	Can take long periods of time to obtain results	"Small tests of significant changes" accelerates the rate of improvement

# Quality Measures

- 1. Process measures
- 2. Outcome measures
- 3. Structural measures
- 4. Balancing measures



# Measurement Types



# Outcome Measures

- Outcome measures reflect the impact of the health care service or intervention on the health status of patients.
  - For example, the percentage of clients who are virally suppressed
- Outcome measures may seem to represent the “gold standard” in measuring quality, but an outcome is the result of numerous factors, many beyond providers’ control.
  - Risk-adjustment methods—mathematical models that correct for differing characteristics within a population, such as patient health status—can help account for these factors. However, the science of risk adjustment is still evolving.

# Process Measures

- Process measures indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition
- Process measures are the evidence-based best practices that represent a health system's efforts to systematize its improvement efforts
  - A measure that focuses on steps that should be followed to provide good care.
  - There should be a scientific basis for believing the process, when executed well, will increase the probability of a desired outcome.

# Structural Measures

- Structural measures give consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care.
- For example:
  - Whether the health care organization uses electronic medical records
  - The number or proportion of staff reflecting the community served
  - The ratio of case managers to clients

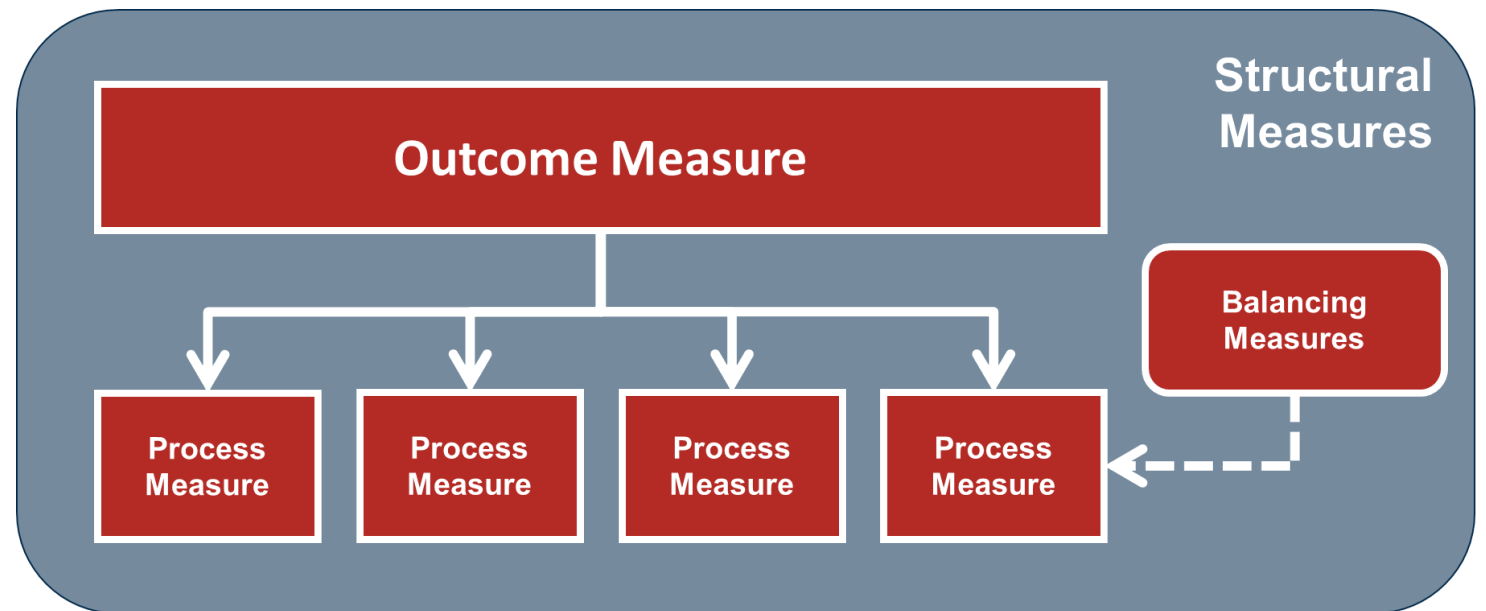


# Balancing Measures

- Balancing measures enable a system to monitor any unintended consequences (good or bad) of the improvement effort.
- Balancing measure help to answer the question, “are the changes designed to improve one part of the system causing new problems in other parts of the system?”
  - Balancing measures are particularly useful when there is a concern that a change might have an unintended negative consequence.
- A balancing measure could be staff satisfaction or client experience of a process the team is aiming to improve

# Quality Measures continued

1. Process measures
2. Outcome measures
3. Structural measures
4. Balancing measures



# Measurement Trees

Visualizing Measurement Relationships for Quality Improvement Projects

# Quality Improvement

- Quality improvement projects focus on improvements in processes to affect outcomes.
- The steps of a process or **sub-processes** are the important steps to ensure the implementation of the process.

- A **Sub-Process** is a way to describe a series of logical steps within a parent process
- A Sub-Process for Screening for Syphilis would be the steps required to screen:
  - Training of Staff
  - Procurement of Screening Materials
  - Patient Education
  - Referral and/or Treatment Options
  - Regulatory Requirements

# Using Measurement Trees for QI, 1

Outcome  
Measure

**Viral Load Suppression**

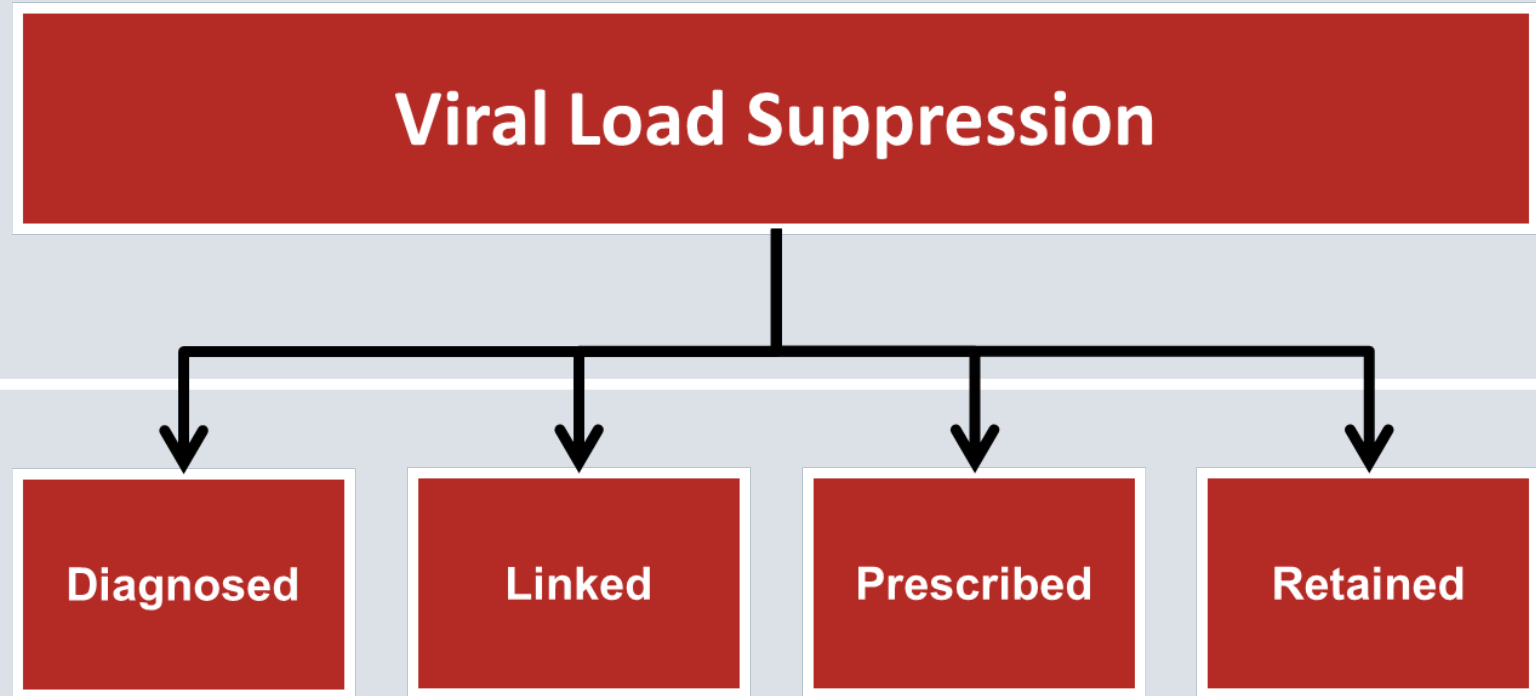
Process  
Measures

**Diagnosed**

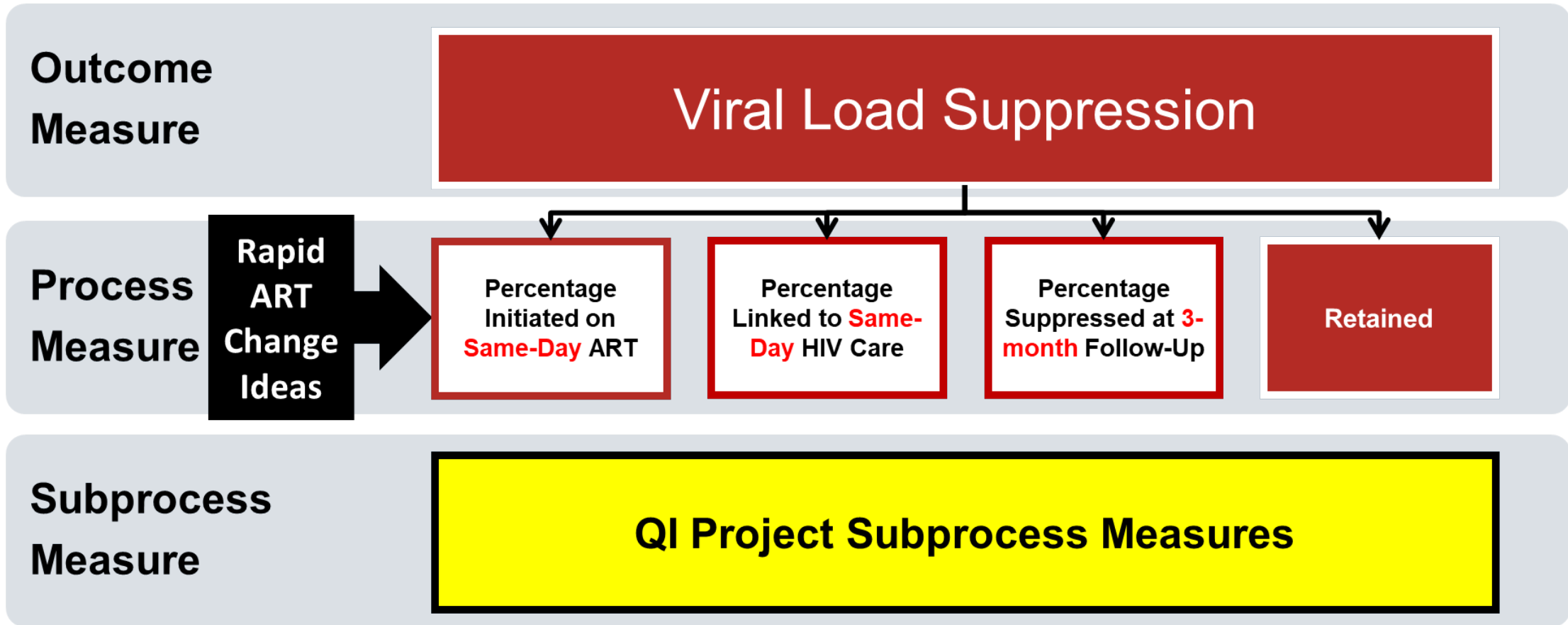
**Linked**

**Prescribed**

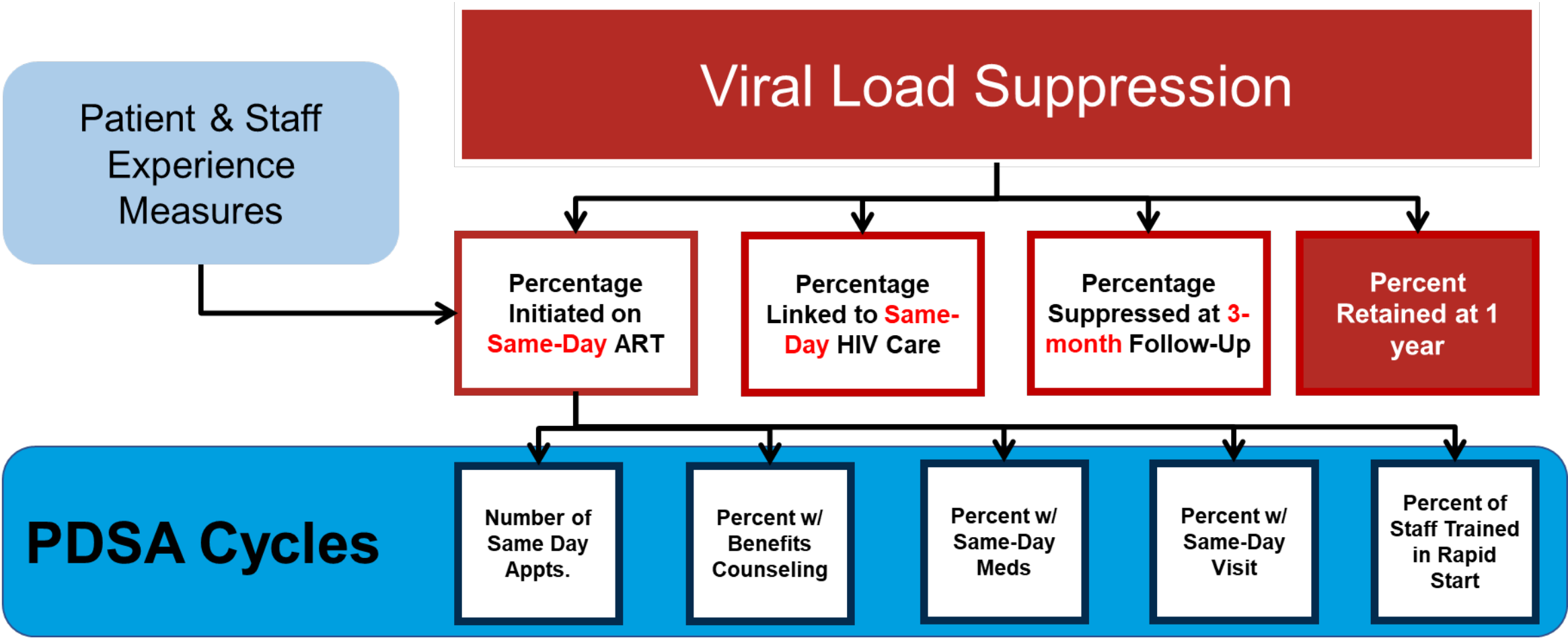
**Retained**



# Using Measurement Trees for QI, 2



# Using Measurement Trees for QI, 3





# Using Measurement Trees for QI, 4

## Durable Viral Load Suppression

Culturally Responsive  
& Representative Staff  
Non-Stigmatizing  
Policies & Procedures

Patient & Staff  
Experience

Percentage  
Starting ART  
within 7 Days

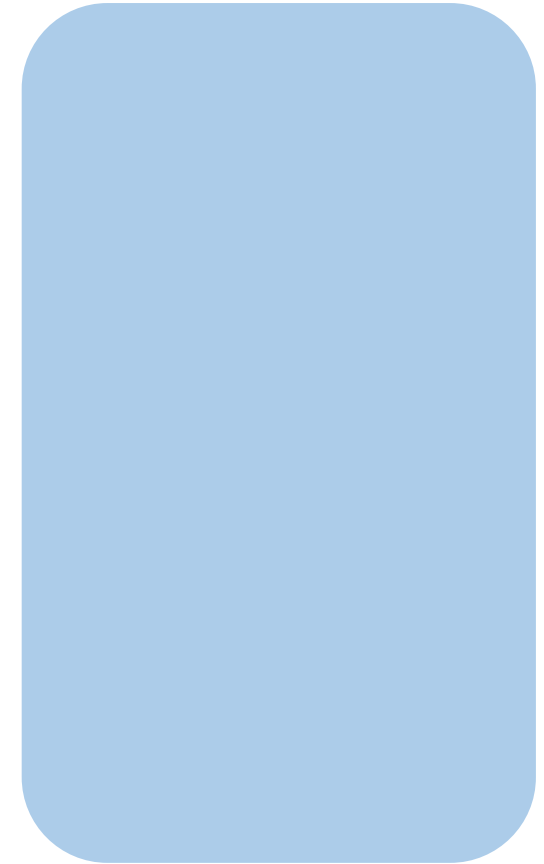
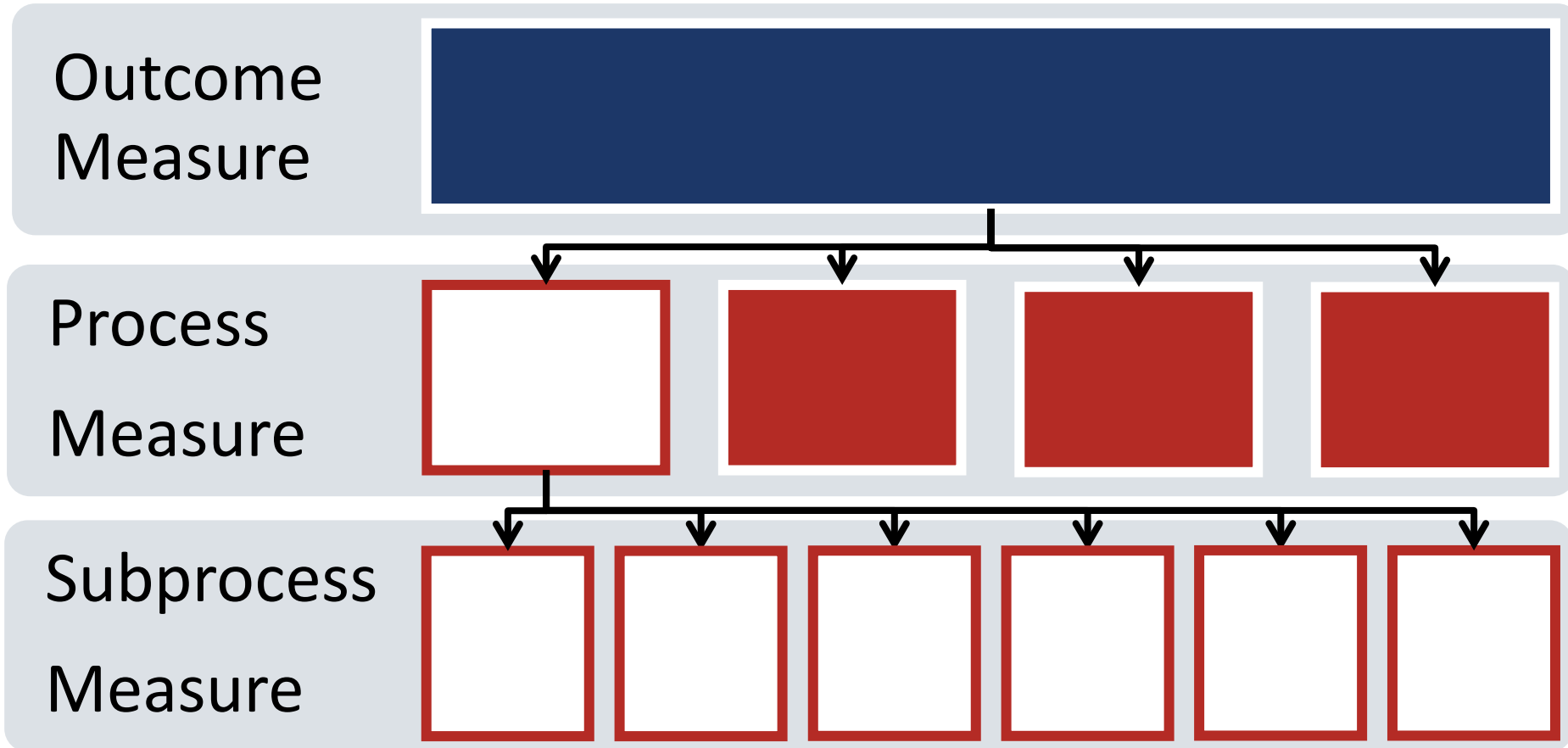
Percentage  
Linked to Care  
within 7 Days

Percentage  
Suppressed at 3-  
Month Follow-Up

Percentage  
Retained in Care  
at 1 year



# Measurement Tree Template



# For More on Quality Measures

- Agency for Healthcare Research & Quality (AHRQ)
- Center for Quality Improvement and Innovation (CQII)
- Institute for Healthcare Improvement (IHI)
- TargetHIV Center
- National Quality Forum (NQF)