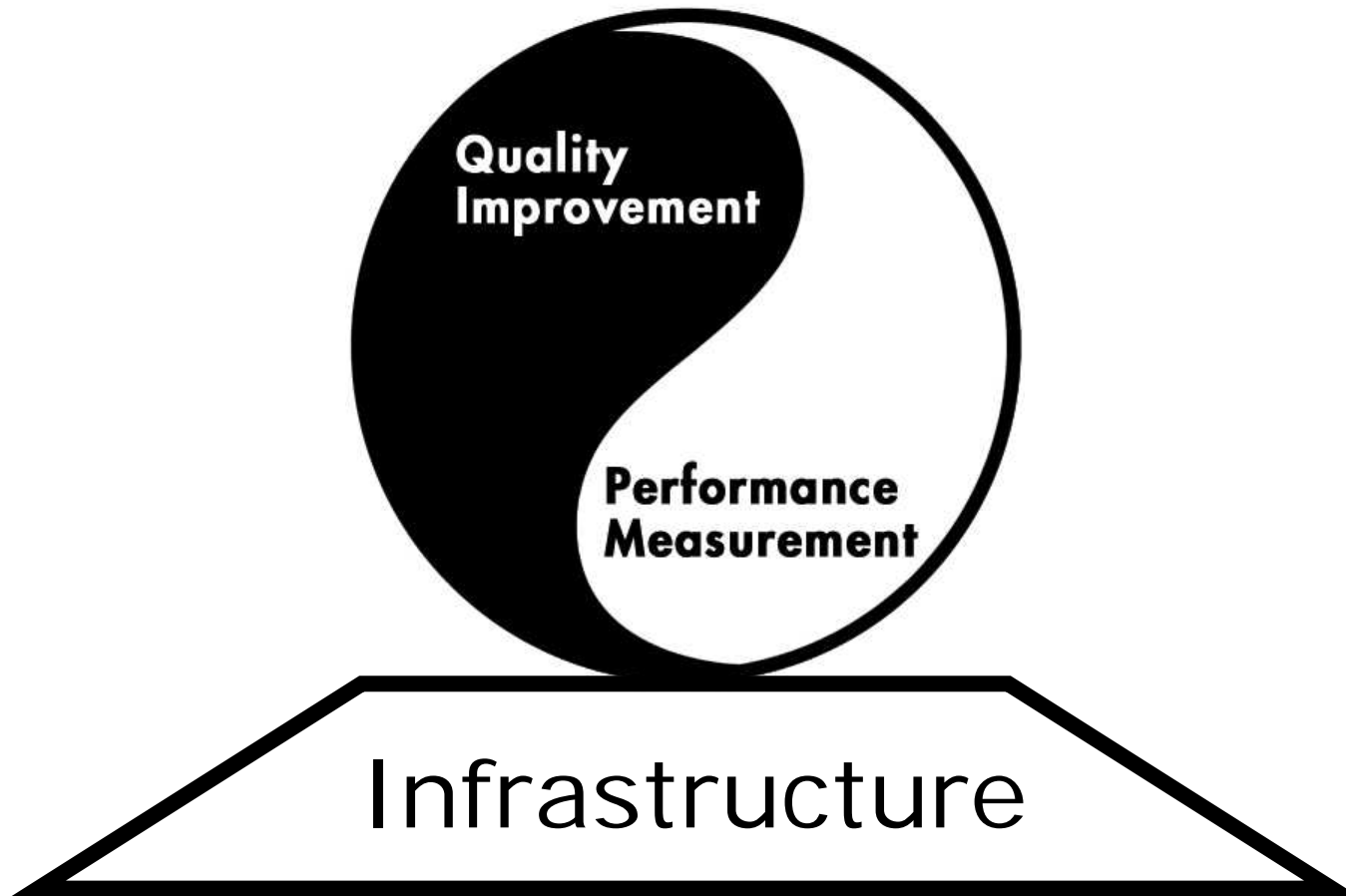




# The Basics of Performance Measurement for Quality Improvement

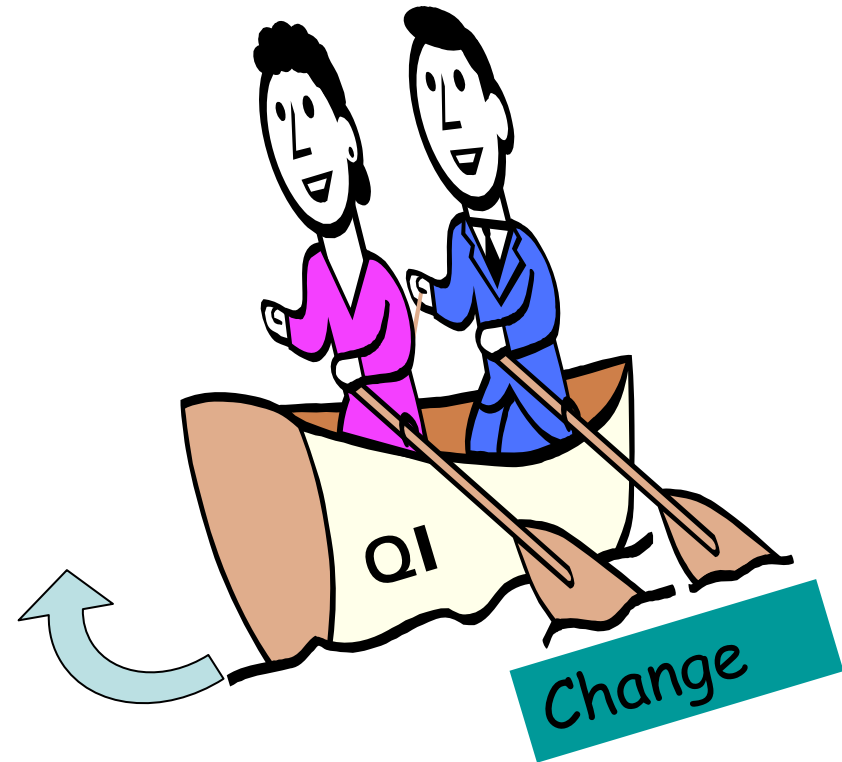
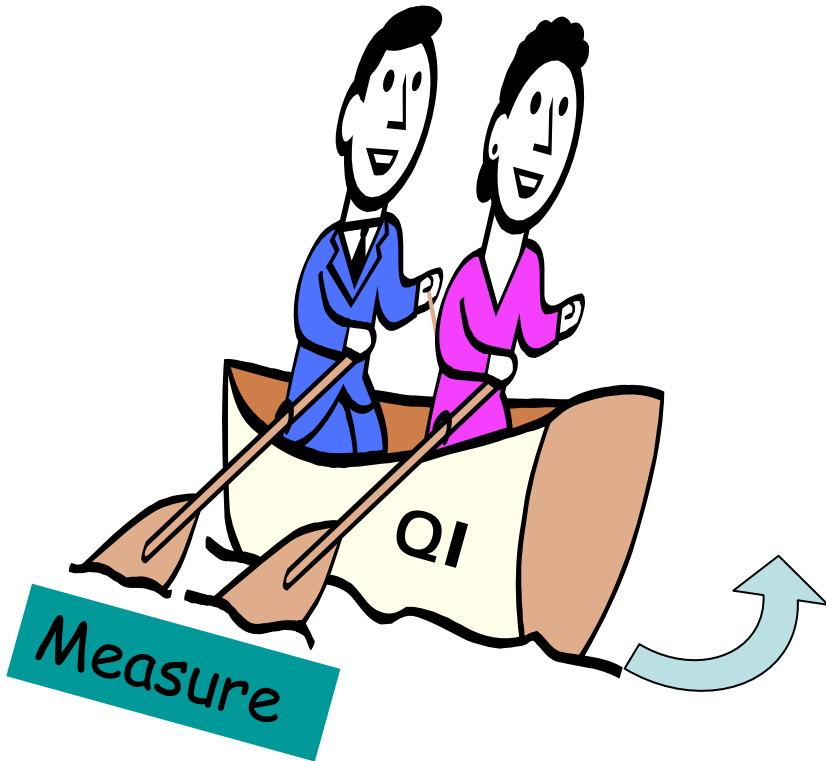
# Linking Performance Measurement and Quality Improvement

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# How to Go in Circles

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# Goals of Performance Measurement

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- Monitor the quality of care provided
- Define possible causes of system problems
- Make changes necessary to ensure more patients receive better and appropriate care

# Trends in QM

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- From monitoring (QA) to improvement projects (QM)
- From QA by administrators to QM by teams
- From 100% goals to goals by benchmarking
- From data by hand to data by computer
- From process to outcome indicators
- Accountability to/ inclusion of consumers
- From program to regional QM

# What we'll cover...

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- Why measure?
- What to measure?
- When to measure?
- How to measure?
- Strategic planning for measurement

# Why Measure?



# Reasons to Measure

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- Separates what you ***think*** is happening from what ***really*** is happening
- Establishes a baseline: ***It's ok to start out with low scores!***
- Determines whether changes actually lead to improvements
- Avoids slippage



# Reasons to Measure (cont.)

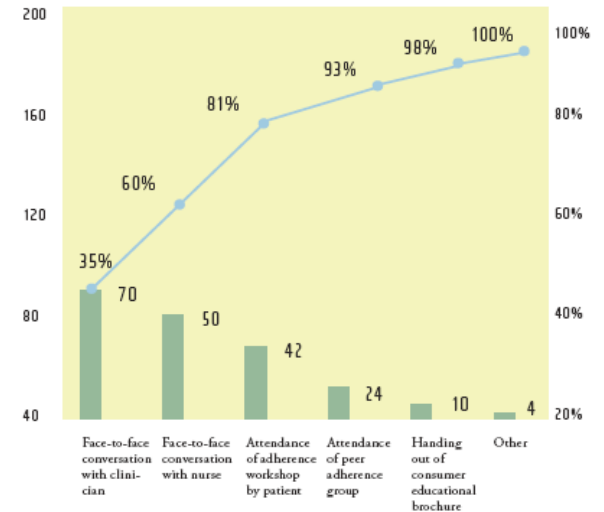
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- Ongoing / periodic monitoring identifies problems as they emerge
- Measurement allows for comparison across sites, programs, EMAs, TGAs and states
- The Ryan White Treatment Modernization Act of 2006 mandates performance measurement
- The HIV/AIDS Bureau places strong emphasis on quality management

# What to Measure

# What is a Quality Indicator?

A quality indicator assesses specific aspects of care and services that are linked to better health outcomes while being consistent with current standards and meeting the needs of clients.



# Process Indicators

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- Medical processes
- Case management processes
- Clinic / agency / State / EMA / state processes
- Patient utilization of care
  - underutilization
  - overutilization
  - misutilization
- State, EMA, TGA common processes
- Coordination of care processes

# Outcome Indicators

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- Patient Health Status
  - Intermediate outcomes like immune and virological status
  - Survival
  - Symptoms
  - Disease progression
  - Disability
  - Subjective health status
  - Hospital and ER visits
- Patient Satisfaction

# What Makes a Good Indicator?

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- **Relevance**

- Does the indicator affect a lot of people or programs?
- Does the indicator have an impact on the program or patients in your program?

- **Measurability**

- Can the indicator realistically and efficiently be measured given finite resources?

# What Makes a Good Indicator? (cont.)

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- **Accuracy**

- Is the indicator based on accepted guidelines or developed through formal group-decision making methods?

- **Improvability**

- Can the performance rate associated with the indicator realistically be improved given the limitations of your services and population?

# Define your Measurement Population

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- **Location:** all sites, or only some?
- **Gender:** men, women, or both?
- **Age:** any limits?
- **Client conditions:** all HIV-infected clients, or only those with a specific diagnosis?
- **Treatment status?**



# Indicator Definition Tips

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1. Base the indicator on guidelines and standards of care when possible
2. Be inclusive (of staff and consumers) when developing an indicator to create ownership
3. Be clear in terms of patient / program characteristics (gender, age, patient condition, provider type, etc.)
4. Set specific time-frames in indicator definitions

# Sample Indicator Topics

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- ARV therapy management
- HIV monitoring (CD4 and VL testing)
- Adherence to ARV therapy
- PCP prophylaxis
- MAC prophylaxis
- Gynecology exams
- HIV pediatric specialist care
- Routine Vaccinations
- Dental care

- Treatment education
- Complete psychosocial assessment
- Substance use
- Mental health care
- Self-management: client participation in care planning
- Service care plan & coordination of care

# How to Measure

# Create a Plan

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- Decide on a sampling plan (sample size, eligible records, draw a random sample)
- Develop data collection tools and instructions
- Train data abstractors
- Run pilot test (adjust after a few records)
- Inform other staff of the measurement process
- Check for data accuracy
- Remain available for guidance
- Make a plan for display and distribution of data

# Collect “Just enough” Data

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- The goal is to improve care, not prove a new theorem
- 100% is not needed
- Maximal power is not needed
- In most cases, a straightforward sample will do just fine

# Strategies Depend on Resources

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- Data systems enhance capability
  - More indicators can be measured
  - Indicators can be measured more often
  - Entire populations can be measured
  - Outcome as well as process indicators can be measured
  - Alerts, custom reports help manage care
- Personnel resources
  - Person power for chart reviews, logs, other means of measurement is needed
  - Expertise in electronic / manual measurement

# When to Measure

# Frequency

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- You don't need to measure everything all of the time. You can sample a short period of time and extrapolate the results
- Balance the frequency of measurement against the cost in resources
- If limited resources, measure areas of concern more frequently, others less frequently
- Balance the frequency of measurement against usefulness in producing change
- Consider the audience. How will frequency best assist in setting priorities and generating change?



# Questions for Data Follow-up

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- What are the results for key indicators?
- What are the major findings based on the generated data reports and your data analysis?
  - What is the frequency of patients / programs not getting care?
  - What is the impact of not getting the care?
  - How does the performance compare with benchmark data?
  - What is the feasibility of improving the care?

# Key Questions for Data Follow Up (Cont'd)

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- How can you best share the data results with your key stakeholders (Part A/B QI committees, HIV providers, consumers, etc.)?
- How do you generate ownership among providers and consumers?
- How will you assist in initiating/implementing QI projects to address the data findings? Who will be responsible and what are the next steps?

# Resources

- [www.HIVQUAL.org](http://www.HIVQUAL.org)
- The HIVQUAL Project is a great resource for indicators and data collection tools
- 'Measuring Clinical Performance' is a guide for HIV providers to learn more about indicator development and data collection
- [NationalQualityCenter.org](http://NationalQualityCenter.org) hosts measures, tools, change ideas (PDSAs) and resources from around the country.



# On Our Way to...

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## QI Heaven

