



Aligning Incentives for Quality: Pharmacy's Role in Achieving Hospital and National Goals

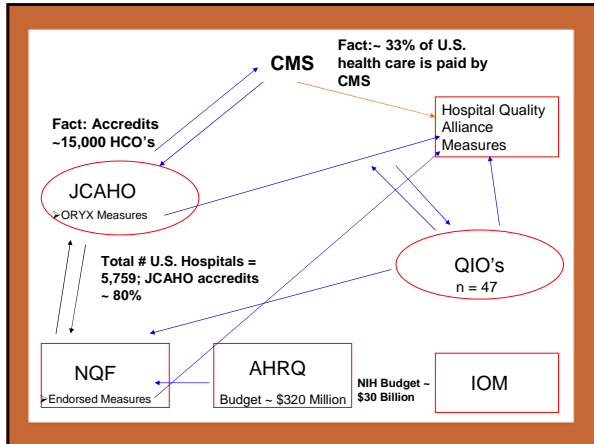
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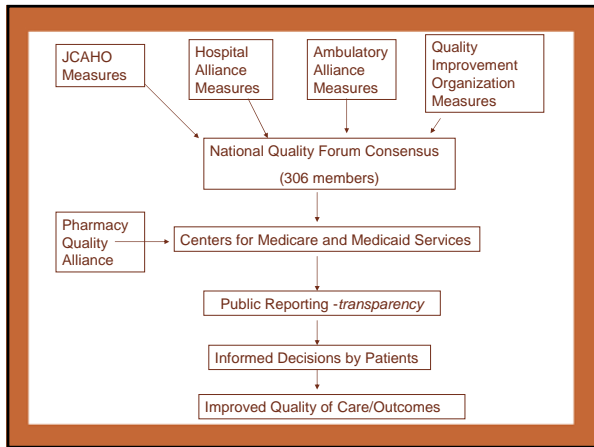
Objectives

- Describe key national quality improvement (QI) initiatives and their relationships.
- Discuss the role of ASHP in the various national QI efforts.
- Describe and discuss the roles and responsibilities of pharmacists in the alignment of pharmacy department efforts with those of their individual hospitals to improve patient care outcomes through evidence-based practice, quality measurement, and reporting.

National Organizations: Key Linkages

- Centers for Medicare and Medicaid Services (CMS)
 - Payment and public reporting
- Quality alliances (HQA, AQA, PQA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - Accreditation and measure development
- Quality Improvement Organizations (QIO's)
 - Medicare quality improvement and peer review
- National Quality Forum (NQF)
 - Measure standardization and consensus
- Institute of Medicine (IOM)
 - Public policy reports
- Agency for Healthcare Research and Quality
 - Research





Definitions

Quality:

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Source: Institute of Medicine

Emerging Concepts Nationally

- Continuity of Care
 - Medication reconciliation represents one aspect
 - Broader in terms of measuring quality and outcomes throughout the care process (e.g., hospitals, ambulatory, home, long-term care, physician office, community pharmacy)
 - ASHP Continuity of Care Task Force. Continuity of care in medication management: Review of issues and considerations for pharmacy. Am J Health Syst Pharm. 2005;62: 1714-1720.
- Shared Accountability for Quality
 - Responsibility for quality is team-based, including providers and patients.
- Quality measures are developed to assess the effectiveness of the team and not the individual.
- Hand-offs are communicated and accepted

Evidence National Quality Forum Definition

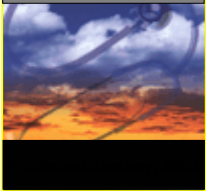
- A continuum of scientific information from professional opinion to theory to empirical findings from rigorous studies. The hallmark of an evidence-based quality system is transparency-the ability to clearly link judgments, decisions or actions to the data on which they are based.
- Obviously beneficial practices that have face validity - e.g., removing potassium chloride from patient care areas;
- Generic practices - e.g., root cause analysis or incident reporting;
- Practices related to a single condition or a single care setting - e.g., outpatient settings;
- Practices supported by qualitative evidence or by the non-healthcare literature; and
- Practices important to consumers, such as advance directives or palliative care.


Influencing Public Policy

Institute of Medicine

Works outside the framework of government to ensure scientifically informed analysis and independent guidance. The IOM's mission is to serve as adviser to the nation to improve health. The IOM provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large.

PRIORITY AREAS FOR NATIONAL ACTION
Transforming Health Care Quality





CROSSING THE QUALITY CHASM

Institute of Medicine
Current Activities Related to Quality

- Committee on redesigning health insurance performance measures, payment, and performance programs
 - Subcommittee on pay for performance
 - Subcommittee on QIOs' Evaluation
<http://www.nap.edu/catalog/11604.html>
 - Subcommittee on performance measures
<http://www.nap.edu/catalog/11517.html>
- Preventing Medication Errors
 - Released: July 20, 2006
<http://darwin.nap.edu/books/0309101476/html>

IOM: Preventing Medication Errors

- A few pharmacy-related recommendations
 - Advocate for a medication safety officer with responsibility for improving medication safety throughout the hospital.
 - Pharmacy managers designate a medication safety officer with responsibility for improving the safety of prescription-filling processes.
 - Advocate for a statewide medication safety coalition to include the state board of pharmacy, pharmacy organizations, practitioners, and consumers.
 - Be assertive in requesting resources needed to promote accurate medication processing and dispensing (clinical decision support, bar-code verification technology).
 - Evaluate and continuously monitor new technologies (e.g., infusion pumps, automated medication-dispensing machines) regarding the risk of introducing medication errors.

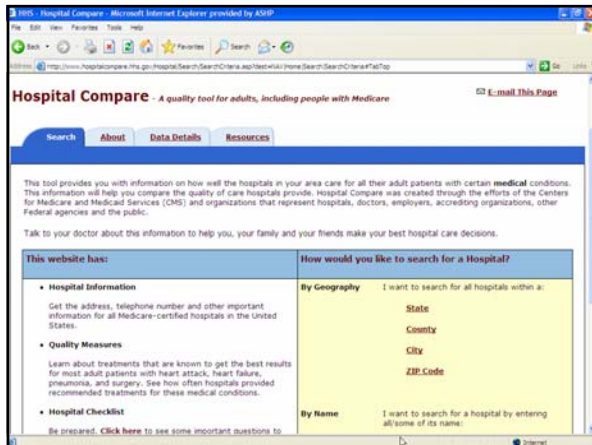
Institute of Medicine Current Activities Related to Quality

- Subcommittee on performance measures
- Recommendations
 - Congress should create a national quality coordination board (NQCB) with structural independence from undue special interests, expertise from public and private sectors, contract authority, standards-setting authority, financial strength, and external accountability.
 - Encourage local innovation
 - Alignment of national goals
 - NQCB should endorse current consensus measures as national standards
 - NQCB should establish a data repository and public reporting program
 - Formulate and pursue a national system for measurement and reporting research agenda with appropriate congressional funding

Public Reporting and Pay-for-Performance

FY 2007 Hospital Inpatient Prospective Payment System Final Rule

- Hospitals must report on the 20 Hospital Quality Alliance (HQA)-approved measures currently reported on Hospital Compare, as well as the additional HQA-approved measure, influenza vaccination, that will be added to the reported set during 2007.
- Hospitals that report quality data will receive the full market basket increase to their payment rates, while those hospitals that do not report quality data will receive 2 percentage points less than the market basket



CMS Hospital Compare

- Medication Related Measures
 - Heart Attack Quality Measures
 - *Percent of Patients Given ACE Inhibitor for Left Ventricular Systolic Dysfunction (LVSD)
 - Percent of Patients Given Adult Smoking Cessation Advice/Counseling
 - *Percent of Patients Given Aspirin at Arrival
 - *Percent of Patients Given Aspirin at Discharge

* Required by CMS

CMS Hospital Compare

- Medication Related Measures
 - Heart Attack Quality Measures
 - *Percent of Patients Given Beta Blocker at Arrival
 - *Percent of Patients Given Beta Blocker at Discharge
 - Percent of Patients Given Thrombolytic Medication Within 30 Minutes Of Arrival

* Required by CMS

CMS Hospital Compare

- Medication Related Measures
 - Heart Failure Quality Measures
 - *Percent of Patients Given ACE Inhibitor for Left Ventricular Systolic Dysfunction (LVSD)
 - Percent of Patients Given Adult Smoking Cessation Advice/Counseling
 - *Percent of Patients Given Discharge Instructions

* Required by CMS

CMS Hospital Compare

- Medication Related Measures
 - Pneumonia Quality Measures
 - *Percent of Patients Assessed and Given Pneumococcal Vaccination
 - Percent of Patients Given Adult Smoking Cessation Advice/Counseling
 - *Percent of Patients Given Initial Antibiotic(s) within 4 Hours After Arrival
 - Percent of Patients Given the Most Appropriate Initial Antibiotic(s)

* Required by CMS

CMS Hospital Compare

- Medication Related Measures
 - Surgical Quality Measures
 - Percent of Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision
 - Percent of Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery



Measures Related to CMS Hospital Quality Initiative

- For 100% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy. **Baseline 74.2%**
- 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction or congestive heart failure will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge. **Baseline 19.7%**
- 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge. **Baseline 17.2%**



CMS Quality Measure	Related ASHP 2015 Objective
*Percent of Patients Given ACE Inhibitor for Left Ventricular Systolic Dysfunction (LVSD)	90% of hospital pharmacies will participate in ensuring that patients hospitalized for an AMI or CHF will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge. Baseline 19.7%
Percent of Patients Given Adult Smoking Cessation Advice/Counseling	80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling. Baseline 34.3%
*Percent of Patients Given Beta Blocker at Discharge	90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge. Baseline 17.2%
*Percent of Patients Given Aspirin at Discharge	90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge. Baseline 18.1%
*Percent of Patients Assessed and Given Pneumococcal Vaccination	85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus. Baseline 67.1%



Measures Related to CMS Hospital Quality Initiative

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge. **Baseline 18.1%**

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive lipid-lowering therapy at discharge. **Baseline 10.5%**

85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus. **Baseline 67.1%**

80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling. **Baseline 34.3%**



A Crosswalk Linking the Goals and Objectives of the ASHP Health-System Pharmacy 2015 Initiative to Other Health-Care Priorities

The ASHP Health-System Pharmacy 2015 Initiative focuses on actions that will improve the practice of pharmacy in health-systems. The goals and objectives of the 2015 Initiative coincide with national health care priorities, including governmental, accrediting, and those of other health professional organizations.

ASHP has prepared a crosswalk of the objectives in the 2015 linking them to other national priorities. Website addresses and references have been provided for organizations or studies that support the intent of the 2015 Initiative.

<http://www.ashp.org/2015/Crosswalking.pdf>



Crosswalk Example

Objective	ASHP Goals and Objectives for Pharmacy Practice in Health Systems to be Achieved by 2015	Priorities that correspond to 2015 Objectives*					Literature Supporting the 2015 Objectives
		CMS ^a	CDC ^b	JCAHO	State Collaborative Practice	Other Organizations	
3.3	90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction or congestive heart failure will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge. Baseline: 19.7% (95% CI, 15.9-24.0%)	CMS, JCAHO Revised measure		Core Measure		American College of Cardiology American Heart Association National Committee for Quality Assurance NABP	1, 13, 14, 40-45

a. The policies cited support or are philosophically aligned with the objectives of the ASHP 2015 Initiative but may not explicitly detail the role of pharmacists or pharmacy in achieving those goals.
 b. [∇] indicates that this 2015 objective corresponds to a quality measure established by Centers for Medicare and Medicaid Services 7th Scope of Work indicators.
 c. [∇] indicates that this is a quality measure supported by the CDC.

National Quality Alliances and Organizations

Quality Alliances

- **Hospital Quality Alliance**
 - December 2002
 - Coalition (i.e., unincorporated)
 - Founded by: AHA, FAH, and AAMC
 - NQF, JCAHO, AHRQ, AMA, ANA, NACHRI, AFL-CIO, AARP
 - 20 quality measures
 - Pay-for-Performance: market basket 2% decrease

- **Ambulatory Quality Alliance**
 - September 2004
 - Founded by: AAFP, ACP, AHIP, AHRQ
 - 125 members
 - improve performance measurement, data aggregation and reporting in the ambulatory [physician practice] care setting.
 - 26 "starter" measures (e.g., CAD, CHF, Asthma, Diabetes, Depression, Vaccination, Smoking Cessation, etc,...)
 - Some funding from CMS and AHRQ
 - <http://www.ambulatoryqualityalliance.org/>

AQA Starter Measures

Influenza Vaccination*	Percentage of patients [50-64] who received an influenza vaccination.
Pneumonia Vaccination*	Percentage of patients who ever received a pneumococcal vaccine.
Drug Therapy for Lowering LDL Cholesterol*	Percentage of patients with CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
Beta-Blocker Treatment after Heart Attack*	Percentage of patients hospitalized with acute myocardial infarction (AMI) who received an ambulatory prescription for beta-blocker therapy (within 7 days discharge).
Beta-Blocker Therapy – Post MI*	Percentage patients hospitalized with AMI who received persistent beta-blocker treatment (6 months after discharge).
ACE Inhibitor /ARB Therapy*	Percentage of patients with heart failure who also have LVSD who were prescribed ACE inhibitor or ARB therapy.
HbA1C Management*	Percentage of patients with diabetes with one or more A1C test(s) conducted during the measurement year.
HbA1C Management Control*	Percentage of patients with diabetes with most recent A1C level greater than 9.0% (poor control).
Blood Pressure Management*	Percentage of patients with diabetes who had their blood pressure documented in the past year less than 140/90 mm Hg.
Lipid Measurement*	Percentage of patients with diabetes with at least one Low Density Lipoprotein cholesterol (LDL-C) test (or ALL component tests).
LDL Cholesterol Level (<130mg/dL)*	Percentage of patients with diabetes with most recent LDL-C less than 100 mg/dL, or less than 130 mg/dL.
Use of Appropriate Medications for People w/ Asthma*	Percentage of individuals who were identified as having persistent asthma during the year prior to the measurement year and who were appropriately prescribed asthma medications (e.g. inhaled corticosteroids) during the measurement year.
Asthma: Pharmacologic Therapy*	Percentage of all individuals with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
Antidepressant Medication Management*	Acute Phase: Percentage of adults who were diagnosed with a new episode of depression and treated with an antidepressant medication and remained on an antidepressant drug during the entire 64-day (12-week) Acute Treatment Phase.
Antidepressant Medication Management*	Confirmation Phase: Percentage of adults who were diagnosed with a new episode of depression and treated with an antidepressant medication and remained on an antidepressant drug for at least 180 days (6 months).
Appropriate Treatment for Children with Upper Respiratory Infection (URI)*	Percentage of patients who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or 3 days after the episode date.

Quality Alliances

- Pharmacy Quality Alliance
 - April 24, 2006
 - Founded by: NACDS, NCPA, AHIA, and CMS
 - Starter set of measures being consider
 - Data must be available through PDP claims
 - Two Workgroups
 - Quality Metrics
 - Reporting
 - Develop strategies to define and measure [outpatient] pharmacy [pharmacist?] performance
 - "Might lead to new pharmacy payment models for optimizing patient health outcomes"
 - <http://www.pqaalliance.org/>

American Health Quality Association

<http://www.ahqa.org>

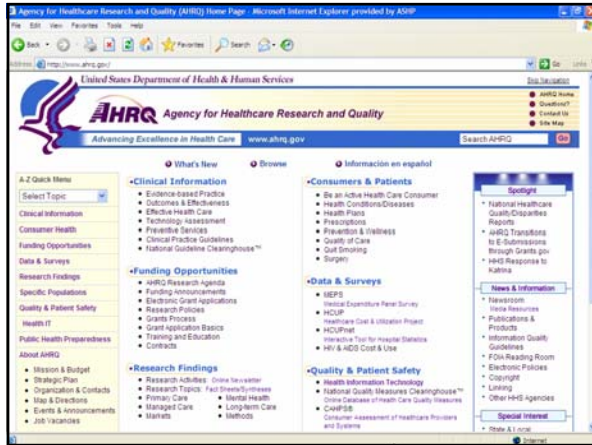
- Quality Improvement Organizations (QIO) work with hospitals and physician offices to improve patient safety by helping to analyze the way care is provided, measure outcomes, and adopt proven best practices.
- Statement of Work (SOW) for the 8th Quality Improvement Organization (QIO) Contract Cycle

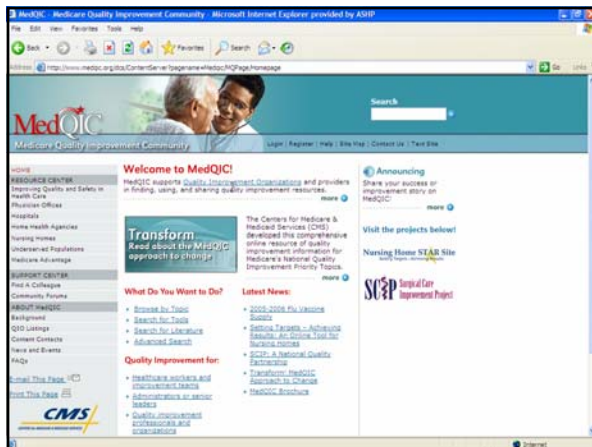
National Quality Forum

- Private, non-profit public benefit corporation
- Voluntary, consensus standard-setting body
- Developed in 1999 to develop a national strategy
- 190 organizations from all sectors – consumers, employers, insurers, healthcare providers, and others
- Some funding from government
- ASHP is a member

NQF Reports

- Standardizing a Measure of Patient Perspectives of Hospital Care
- Standardizing a Patient Safety Taxonomy
- Pay-for-Performance Programs: Guiding Principles and Design Strategies
- National Voluntary Consensus Standards for Hospital Care: An Initial Performance Measure Set
- Safe Practices for Better Healthcare
- Serious Reportable Events in Healthcare: A Consensus Report
- NEW: Therapeutic Drug Management Quality project
 - Establish a national framework and set of voluntary consensus standards to evaluate and report a broad view of therapeutic drug management quality.





Closing Thoughts

- Seek to identify hospital based medication-use related quality initiatives using CMS and NQF measures.
- Pay-for-performance linked to market basket
- Strive to align pharmacy department interests with hospital-wide efforts to achieve national goals for evidence-based quality measures.
- Utilize the ASHP Health-System Pharmacy 2015 Goals, Objectives, and Crosswalk in departmental strategic planning, and in conversations with quality leaders and management.
- Identify opportunities to work with your local QIO
- Collaborate on quality related research

Additional Web sites

- National Quality Forum
 - <http://www.qualityforum.org/>
- The National Academies
 - <http://www.nas.edu/>
- Agency for Healthcare Research and Quality
 - <http://www.ahrq.gov/>
- CDC Infection Control Resources
 - <http://www.cdc.gov/ncidod/dhqp/index.html>
- National Guideline Clearinghouse
 - <http://www.guideline.gov/>

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