WHAT IS QUALITY?

Simply put, health care quality is getting:
• the right care
• to the right patient
• at the right time
  – every time

DIMENSIONS OF QUALITY

• Structure
• Process
• Outcome

• Together, these components are the foundation of providing care that is consistently safe, timely, effective, efficient, equitable, and patient-centered. (IOM 2001)
**STRUCTURE**

- **Structure:** Structural measures give consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care
  - Are the professionals well-educated and appropriately credentialed? Do they meet competency standards?
  - Does the facility meet the requirements of the program? (Up to date equipment? Safe? Accessible?)
  - Are medical records correctly maintained? Are there good mechanisms of communication between clinicians?
  - Whether health care organizations use EMRs or medication order entry systems
  - The number/proportion of board-certified physicians
  - The ratio of providers to patients

**PROCESS**

- **Process:** indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice
  - Having the right things get done in the right way.
  - Is the care provided to the appropriate patient population?
  - Is the care evidence-based?
  - The percentage of people receiving preventive services (mammograms, immunizations)
  - Percentage of people with diabetes who had their blood sugar tested and controlled

**OUTCOME**

- **Outcome:** reflect the impact of the health care service or intervention on the health status of patients
  - Do the patients get better? What is the mortality rate?
  - Was disease or disability reduced or prevented? Was it reduced as much as it could have been based on what we know is scientifically possible?
  - Are the selected outcomes measurable? If poor outcomes are found, is there a process for improvement?
QUALITY STANDARDS

- A quality standard is a set of specific, concise statements that:
  - Act as markers of high-quality, cost-effective patient care across a pathway or clinical area, covering treatment or prevention.
  - Are derived from the best available evidence.
- Since 2000, the US has made enormous strides in developing and implementing scientifically based measures of quality that reflect current science as well as patients' experiences.
- The National Quality Forum is a private voluntary consensus organization which develops quality standards.

NATIONAL QUALITY FORUM

- The National Quality Forum (a private voluntary consensus organization)
  - Endorses quality measures through a transparent process involving clinicians, hospitals, health plans, employers, and patients.
  - Private and public sector purchasers increasingly require use of these measures in their contracts and are linking performance to financial rewards.
  - Health care professional organizations have developed strategies to link engagement in quality improvement initiatives with continuing education and specialty certification, rather than assuming that superb knowledge automatically results in excellent care.
  - Accrediting bodies have also incorporated these measures into their programs.

OTHER QUALITY MEASUREMENT RESOURCES IN US

- Agency for Healthcare Research and Quality (AHRQ)
  - National Healthcare Quality Report
  - National Healthcare Disparities Report
- Overall, the quality of health care as measured by the quality indicators improved by an average of 1.5% (2000-2005)
  - However, this represents a decline when compared with the 2.3% average annual rate between (1994-2005)
- Non-government resources:
  - Joint Commission
  - National Committee for Quality Assurance
  - Kaiser Family Foundation
NATIONAL HEALTHCARE QUALITY REPORT

- National Healthcare Quality Report tracks the health care system through quality measures
  - Based on a framework established by the Institute of Medicine
  - Developed by an interagency working group within HHS.
  - Includes more than 100 measures culled from a wide-range of existing public- and private-sector data collection effort.

NATIONAL HEALTHCARE DISPARITIES REPORT

- Reducing disparities:
  - The most recent National Healthcare Disparities Report (NHDR), AHRQ's companion report to the NHQR, shows that most disparities in health care quality and access are either staying the same or actually getting worse.
  - The NHDR showed that more than 60 percent of disparities in measures of quality have stayed the same or worsened for Blacks, Asians, and poor populations. Also, nearly 60 percent of disparities have stayed the same or worsened for Hispanics.

CHALLENGES TO MEASURING QUALITY

- Balance competing perspectives
  - Purchasers, vs. patients, vs providers
- Develop an accountability framework
  - Accreditation standards? Report cards? Who supplies publically reported data?
- Establish explicit clinical criteria
  - Standardize assessment of quality
- Select indicators for external reporting
  - Be sure to consider relevance, scientific soundness, feasibility
- Financial incentives and quality goals
- Facilitate information system development
  - What variables? Best source for information? Inclusion of consumer perspective data

(McGlynn, Health Affairs 1997 http://content.healthaffairs.org/content/16/3/7.full.pdf)
MEASURING QUALITY IN PR

PULMONARY REHABILITATION

BRITISH THORACIC SOCIETY QUALITY STANDARDS FOR PR (2014)

10 standards focusing on quality structure and process

1. Referral for PR with enrollment within 3 months
2. Accept and enroll patients with functional limitation due to other chronic respiratory diseases
3. PR referral after hospitalization for acute exacerbation
4. PR program with minimum 6 weeks duration, minimum 2 sessions/week
5. Includes supervised, individually tailored and prescribed, progressive exercise training (aerobic/resistance)
6. Includes defined, structured education program
7. Provides individualized written plan for ongoing exercise maintenance
8. Outcome measurement must include: functional capacity, dyspnea, health-related quality of life
9. Programs conduct annual audit of individual outcomes and processes
10. Produce and follow standard operating procedures

PR OUTCOMES RESOURCE GUIDE

Initially developed in 2009 to provide a central resource of evidence-based PR outcomes as well as valid and reliable instruments. Updated in 2014. Within each section at least one instrument available in the public domain (free to use) has been identified.

SECTION 1: FUNCTIONAL STATUS/EXERCISE CAPACITY

- COPD Assessment Test
- METs (metabolic equivalents)
- Forced Expiratory Volume in One Second (FEV1)
- BODE Index
- Six Minute Walk Test Competency

SECTION 2: DYSPNEA MEASUREMENT

SECTION 3: HEALTH RELATED QUALITY OF LIFE

SECTION 4: PSYCHOSOCIAL

SECTION 5: CHRONIC LUNG DISEASE ASSESSMENT TOOLS AND RESOURCES

- 700: Health-related quality of life in COPD patients before and after pulmonary rehabilitation (under review for re-endorsement, last endorsed January 2011)
- 701: Functional capacity in COPD patients before and after pulmonary rehabilitation (updated July 2015)

These measures focused on COPD patients based on the available evidence

AACVPR: Commitment to Quality

NATIONAL QUALITY FORUM APPROVED PR OUTCOME MEASURES

- Outcome measures were initially submitted in 2009
- Both measures have been endorsed by NQF
- 700: Health-related quality of life in COPD patients before and after pulmonary rehabilitation (under review for re-endorsement, last endorsed January 2011)
- 701: Functional capacity in COPD patients before and after pulmonary rehabilitation (updated July 2015)

These measures focused on COPD patients based on the available evidence

AACVPR future plans (Quality of Care Committee [Marge King, MD, Chair]) include:

- Additional outcome measure of dyspnea before and after PR
- Consideration of process measures (e.g., referral, etc.)
INDIVIDUALIZED TREATMENT PLANS

5 components of ITP:
1. Diagnosis
2. Plan for exercise frequency, intensity, modality, & duration
3. Measurable and expected outcomes
4. Individualized goals
5. Estimated timetables to achieve identified outcomes goals

• Each of these components should be part of the ITP, i.e., one document, but obviously not one page
• Must be developed within 1-2 sessions
• Must be signed by MD every 30 days

PR REGISTRY

• Is a powerful tool for tracking patient outcomes and program performance in meeting evidence-based guidelines for secondary prevention of pulmonary disease
• Provides pulmonary rehabilitation programs with national outcomes data for benchmarking
• Access program and patient data reports instantly, and benchmark your results against national averages.
• Implement quality improvement projects based on real data
• Enhance documentation for administrators and referring physicians
• Influence healthcare policy makers to utilize cardiac and pulmonary rehabilitation
• Improve coverage and reimbursement rates for your program

PROGRAM CERTIFICATION

• Peer-review accreditation process designed to review individual facilities for adherence to standards and guidelines developed and published by AACVPR and other professional societies.
• Certification process and requirements are updated each year, and may have changed since your previous certification
AACVPR ANNUAL MEETING

leading change
SAVE THE DATE
32th annual meeting
October 26-27, 2017 • Charlotte, North Carolina

AACVPR ANNUAL MEETING

AACVPR WEBCASTS

AACVPR webcasts are accredited for 1.0 CE hour and have been reviewed by the American Association of Cardiovascular and Pulmonary Rehabilitation Education Coordinators.

You may be awarded CE credit for AACVPR webcasts by your licensing agency.

While webcasts may be pre-approved for CE credit in a given state, please check with your individual state.

AACVPR PUBLICATIONS

JCRP
NewsViews
Guidelines for Pulmonary Rehabilitation Programs
COMBINING IT TOGETHER

LINKING THE TOOLS TOGETHER

• Designing your PR program and selecting your outcomes of interest
  – PR Outcomes Resource Guide
  – Build your outcomes into your Individual Treatment Plan
• Documenting quality in your program
  – Use your Individual Treatment Plan when building/modifying your EMR application
  – The AACVPR Registry provides a system that allows you to track your outcomes and benchmark against national outcomes
  – Participation in the AACVPR Program Certification program provides expert review and accreditation as a quality program based on evidence-based outcomes

REFERENCES

• American Association of Cardiovascular and Pulmonary Rehabilitation (2016). Website: retrieved from: www.aacvpr.org
THANK YOU!
QUESTIONS?