Community Care
OF NORTH CAROLINA

Adult Quality Measures

CCNC Experience

Background:

- Quality Measurement and Feedback (QMAF) program began in 2007
- Guiding principles:
  - Clinical relevance
  - Scientific soundness
  - Feasibility
  - Synergy
- Physician-driven
- Utilize available claims data and perform manual chart reviews across the state
- Measures are not intended to capture every aspect of good clinical care

Lessons Learned:

- Population health vs quality improvement
- Alignment!

Chronic Disease Prevalence – Total Adult Medicaid Population

Condition Category	Number of Adult Medicaid Population	Percent of Adult Medicaid Population
Hypertension (HTN)	231,178	28.6%
Any Behavioral Health Diagnosis	152,011	18.8%
Diabetes	119,067	14.7%
COPD	63,615	7.9%
Ischemic Vascular Disease (IVD)	63,184	7.8%
Asthma	54,017	6.7%
Depression	52,788	6.5%
Beneficiaries with 3 or more chronic conditions	189,783	23.5%

Chronic Disease Prevalence – CCNC Priority Population

Condition Category	Percent of Adult CCNC Priority Population
Any Behavioral Health Diagnosis	51.8%
Hypertension (HTN)	45.6%
Depression	24.0%
Asthma	22.5%
Diabetes	21.2%
Chronic Obstructive Pulmonary Disease (COPD)	13.9%
Ischemic Vascular Disease (IVD)	12.5%
Beneficiaries with 3 or more chronic conditions	50.0%

Measurement Considerations

- **Level of influence/perspective** – primary care provider, hospital, payer
- **Actionable information**
- **Feasibility**
- **Alignment** – providers must report measures to multiple payers
- **Current performance** – consistently high levels of performance leave little opportunity for improvement in quality

Alignment: Who Measures What?

- AHIP
- CMS Medicaid Adult Core Quality Set
- QPP
- NCQA HEDIS
- CPC+
- CCNC

Alignment: Who Measures What?

Chronic Disease Measures	NQF	CMS Core	QPP	HEDIS	CPC+	AHIP	CCNC
Controlling High Blood Pressure	0018	X	X	X	X	X	X
HbA1c poor control	0059	X	X	X	X	X	X
Eye exam	0055		X	X	X	X	
Foot exam	0056		X			X	X
HbA1c testing	0057	X		X		X	X
Medical Attention for Nephropathy	0062		X	X		X	X
Medication Management for People with Asthma	1799		X	X		X	X
IVD: Use of Aspirin or other antithrombolytic	0068		X		X		X
Persistence of Beta-Blocker Treatment After a Heart Attack	0071		X	X		X	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	0058		X			X	

Alignment: Who Measures What?

Chronic Disease Measures cont.	NQF	CMS Core	QPP	HEDIS	CPC+	AHIP	CCNC
Heart Failure Admission Rate	0277	X					X
Asthma in Younger Adults Admission Rate	0283	X					X
HIV Viral Load Suppression	2082	X	X				
Diabetes Short-Term Complications Admissions Rate	0272	X					
COPD or Asthma in Older Adults Admission Rate	0275	X					
Dementia: Cognitive Assessment	n/a		X		X		

Alignment: Who Measures What?

Behavioral Health Measures	NQF	CMS Core	QPP	HEDIS	CPC+	AHIP	CCNC
Antidepressant Medication Management	0105	X	X	X			X
Initiation and Engagement of Alcohol and Drug Treatment	0004	X	X	X	X		
Follow-Up After Hospitalization for Mental Illness	0576	X	X	X			
Tobacco Use: Screening and Cessation Intervention	0028		X		X	X	X*
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	1879	X	X	X			
Screening for Clinical Depression and Follow-Up	0418	X	X				
Depression Remission at 12 Months	0710		X		X		
Medical Assistance with Smoking and Tobacco Use Cessation	0027	X		X			
Diabetes Screening for People with Schizophrenia or Bipolar Disorder taking Antipsychotics	1932	X		X			
Depression Remission at 12 Months – Progress	1885					X	
Use of Opioids from Multiple Providers	n/a	X					
Alcohol and Drug Misuse (SBIRT)	n/a						

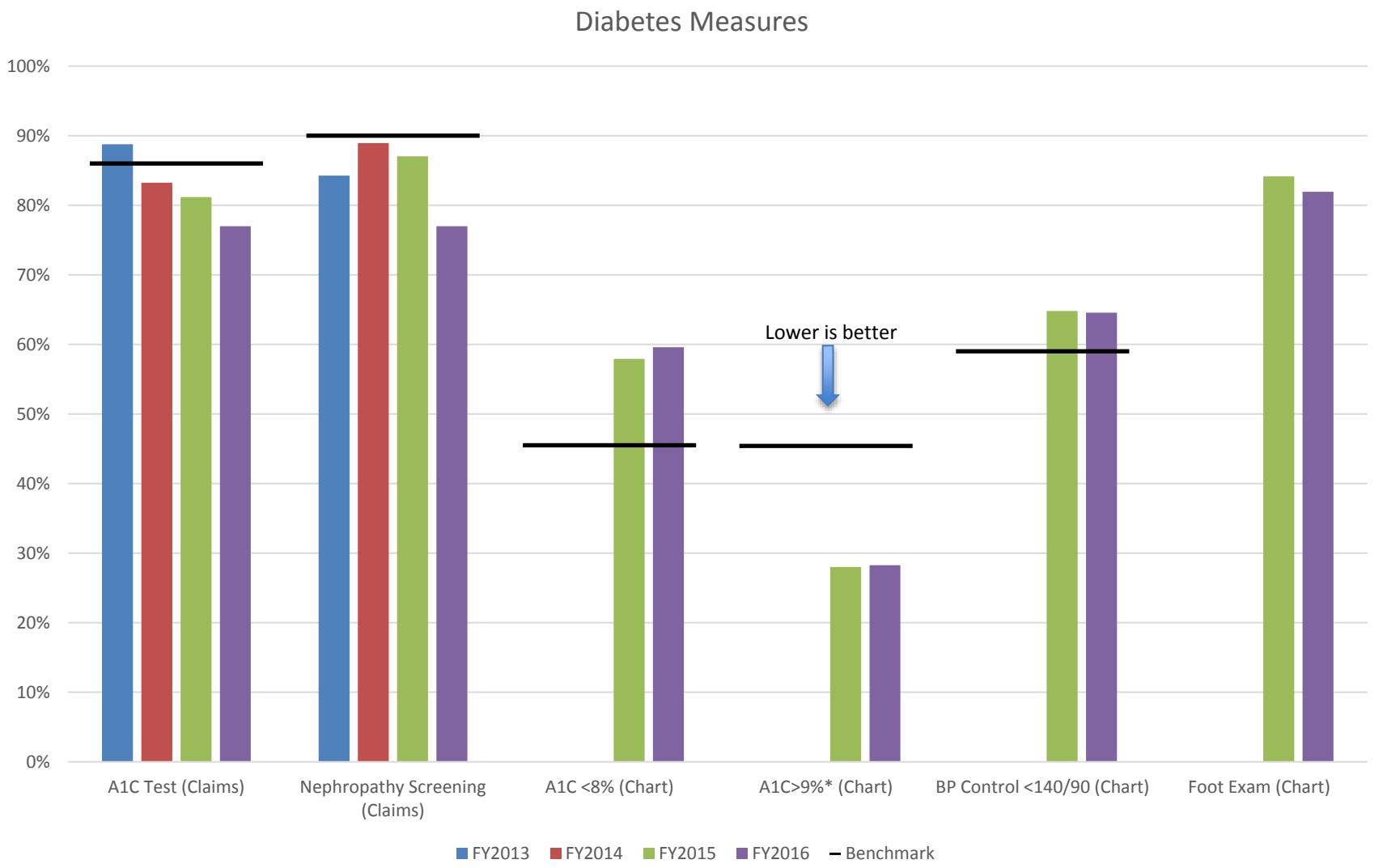
Alignment: Who Measures What?

Medication and Transitions Measures	NQF	CMS Core	QPP	HEDIS	CPC+	AHIP	CCNC
Medication Reconciliation	0097		X	X		X	
Annual Monitoring for Patients on Persistent Medications	2371	X				X	
Timely Transmission of Transition Record	0648						

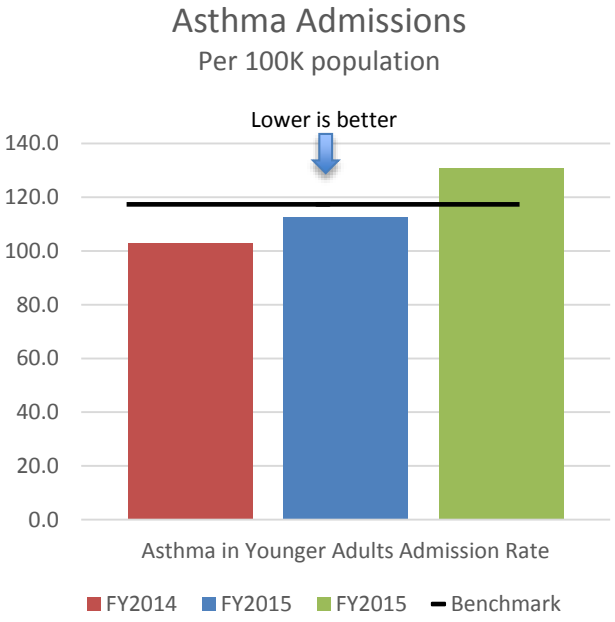
Alignment: Who Measures What?

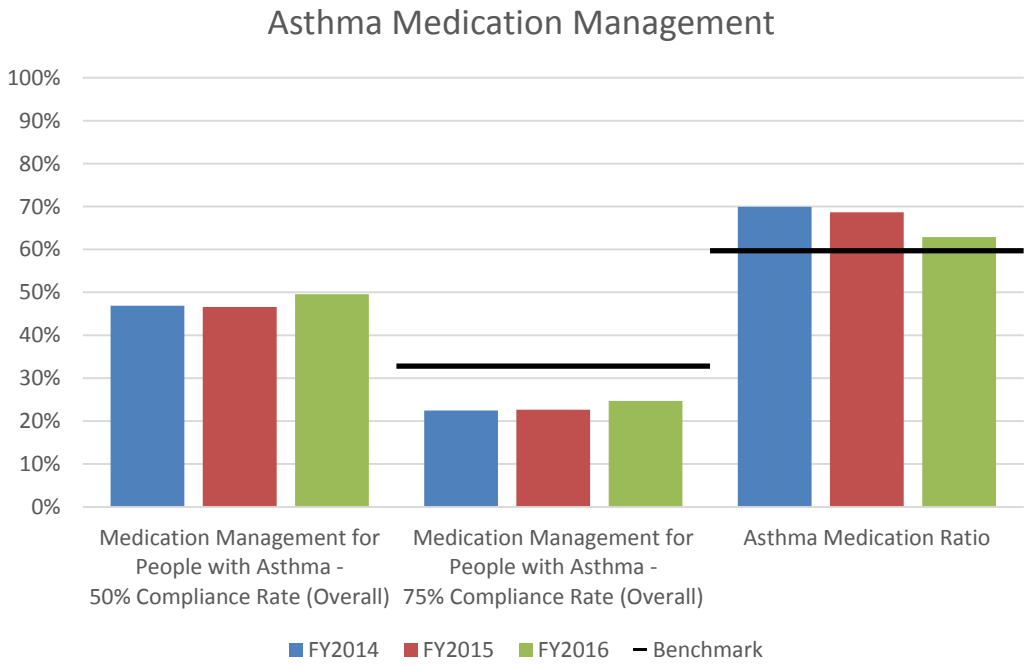
Prevention Measures	NQF	CMS Core	QPP	HEDIS	CPC+	AHIP	CCNC
Cervical Cancer Screening	0032	X	X	X	X	X	X
Breast Cancer Screening	2372	X	X	X	X	X	X
Colorectal Cancer Screening	0034		X	X*	X	X	X
Chlamydia Screening in Women	0033	X	X			X	
Flu Vaccinations for Adults Ages 18-64	0039	X				X	
Pneumococcal Vaccination Status for Older Adults	0043		X			X	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421		X	X			
Adult BMI Assessment	n/a	X				X	

Performance – Diabetes

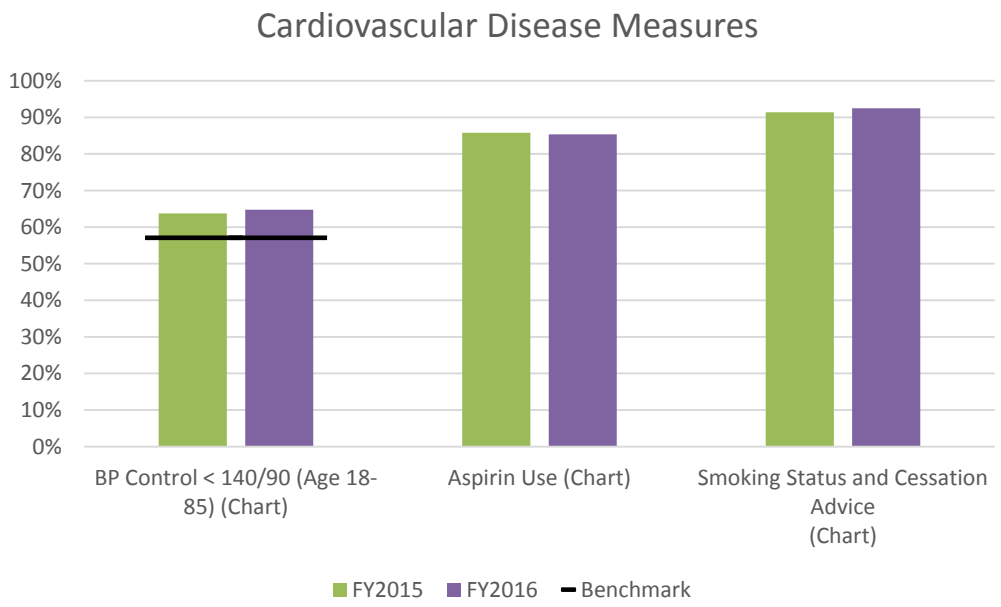


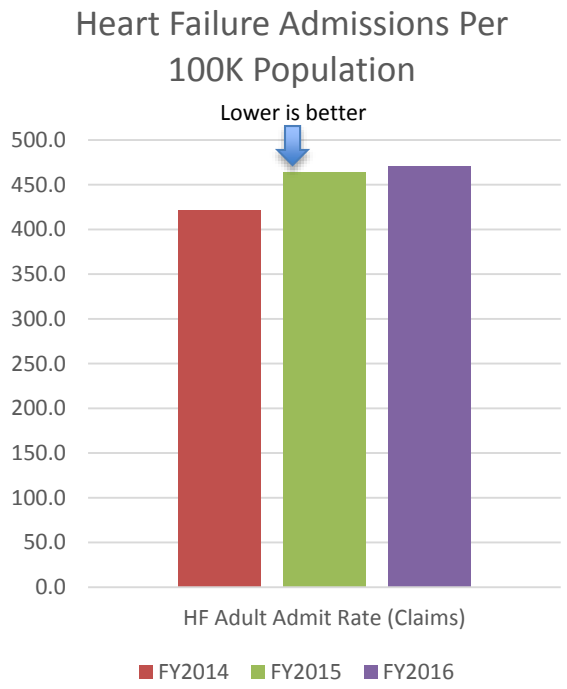
Performance – Asthma



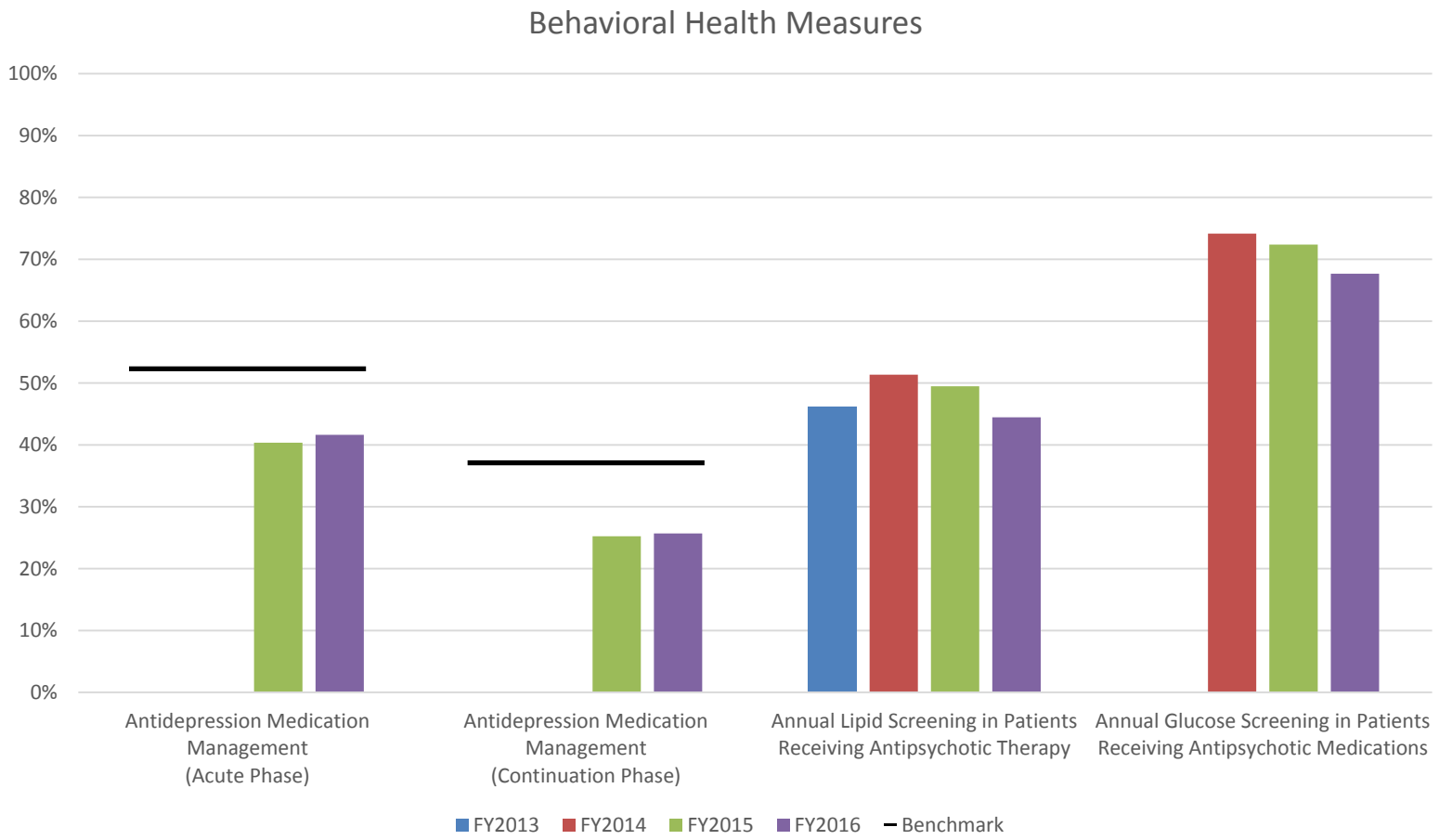


Performance – Cardiovascular Disease

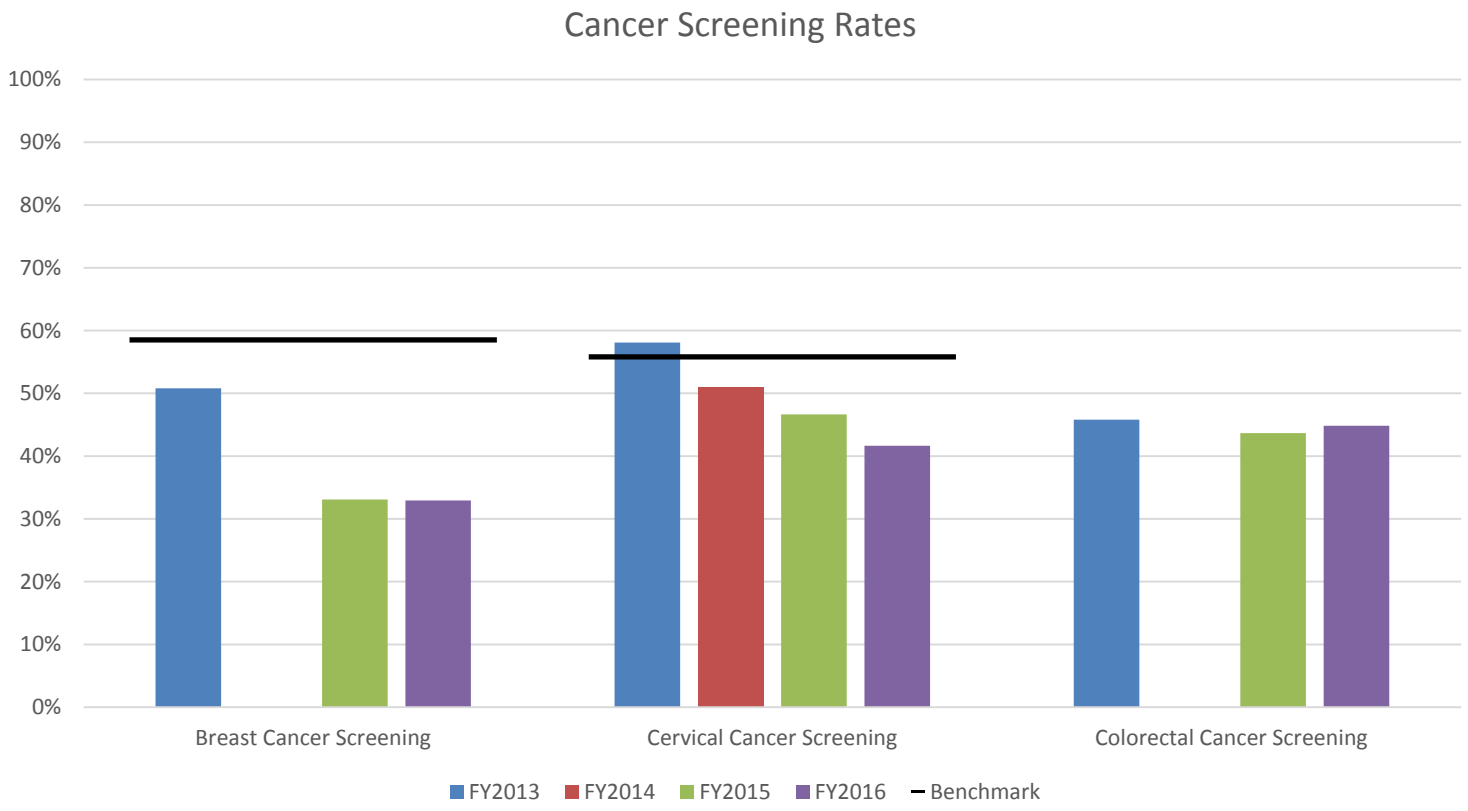




Performance – Behavioral Health



Performance – Cancer Screenings



Summary

- Alignment is key! Where is the overlap?
- Need to consider population health impact
- Where are the [known] performance gaps?
  - Antidepressant Medication Management
  - Medication Management for People with Asthma
  - Cancer Screenings
- Feasibility is important
- Measures are not intended to capture every aspect of good clinical care