

## Oklahoma Quality Measures Summary

Recent reports on healthcare quality in Oklahoma have highlighted ongoing opportunities for improvement.

In these publications the quality of care in Oklahoma is ranked very poorly:

- Robert Wood Johnson Foundation (*A Checkup on Health Care Markets*),
- Commonwealth Fund (*Aiming Higher. Results from a State Scorecard on Health System Performance*),
- National Healthcare Quality Report (*State Snapshots*) produced by the Agency for Healthcare Research and Quality.

After a careful review of the measures used to create these reports, we have identified a list of measures that might be targeted for improvement activities (support, education, quality improvement interventions, regulation, public accountability). While the following construct defines measures by usual care settings, we recognize that cross-cutting activities across provider settings may be the most efficient way to rapidly improve quality of care.

### Care Setting:

**Physician Office** (Note: these measures ARE influenced by access to care and patient compliance and accountability)

When reviewing those measures for which Oklahoma ranked “worse than average” it became clear that the measures fell into two broad categories:

- Care for patients with diabetes mellitus – specific measures of frequency of HbA1c testing, eye examinations, and vaccination of this high risk population
- Preventive care services – colon cancer screening, mammography, Pap smears, cholesterol screening, and vaccination

In addition, several measures that focus on the **pediatric (and maternal)** population were noted that fall into the ambulatory setting

- Childhood vaccination
- Prenatal care/infant mortality
- Childhood access to care/medical home

Since the majority of pediatric care is provided in family practice settings, we question whether there should be separate activities related to pediatric care versus a general approach to ambulatory care.

**Nursing Home** (Note: these measures reflect care given to patients that are already in the healthcare setting and are NOT affected by access to care)

The measures reported in this setting are those that are based on the minimum data set that are submitted by nursing homes for all residents. These measures reflect care provided in the nursing home setting and are currently reported on the CMS website: *Nursing Home Compare*.

- **Pressure ulcers**
- **Use of restraints**
- **Adequate pain management**
- **Use of urinary catheters and urinary tract infections**
- **Delirium** (likely related to use of medications with neuro-metabolic side effects)

**Hospitals** (Note: these measures reflect care given to patients that are already in the healthcare setting and are NOT affected by access to care)

The measures with the most opportunity for improvement relate to the care of patients with **acute myocardial infarction** and **heart failure**. On a national basis, the greatest opportunities for improvement on these measures are found in small rural hospitals. The largely rural nature of the state may account for poor performance on these inpatient measures that are routinely reported on the CMS website: *Hospital Compare*.

**Home Health** (Note: these measures reflect care given to patients that are already in the healthcare setting and are less affected by access to care. It is possible that lack of primary care services may drive some of the higher hospital readmission rates.)

The performance measures for which Oklahoma ranks “worse than average” are based on the standard reporting into OASIS required for all home health agencies.

- **Home after home health**
- **Measures of pain management, transfer skills, and patient mobility**
- **Acute care hospitalization** (Oklahoma has very long home health length of stay and high rates of rehospitalization)

*Other dimensions of care:*

Other measures for which Oklahoma ranked “worse than expected” were in many circumstances **linked** to some of the performance measures listed above.

One notable measure worth discussion is **lung cancer deaths** – need to continue focus on **smoking cessation**.

*Robert Wood Johnson Foundation report*

Finally, see the slides from the Robert Wood Johnson Foundation report. The RWJF report seems to highlight the infrastructure that we need to achieve to get to higher rates of performance on many quality measures:

- Information technology
- Community leadership (look to the employer community to increase involvement)
- Consumer engagement
- Performance measurement and Public Reporting
- Provider incentives (e.g., pay-for-performance by health plans and other insurers)
- Quality improvement