



Stroke Core Measures: Strategies for Success

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Strategies for Improving Care

- Creating a Culture of Quality and Safety
 - Leadership
 - System Change
- **Measurement and Feedback**
- **Public Reporting**
- **Financial and Non-financial Incentives**



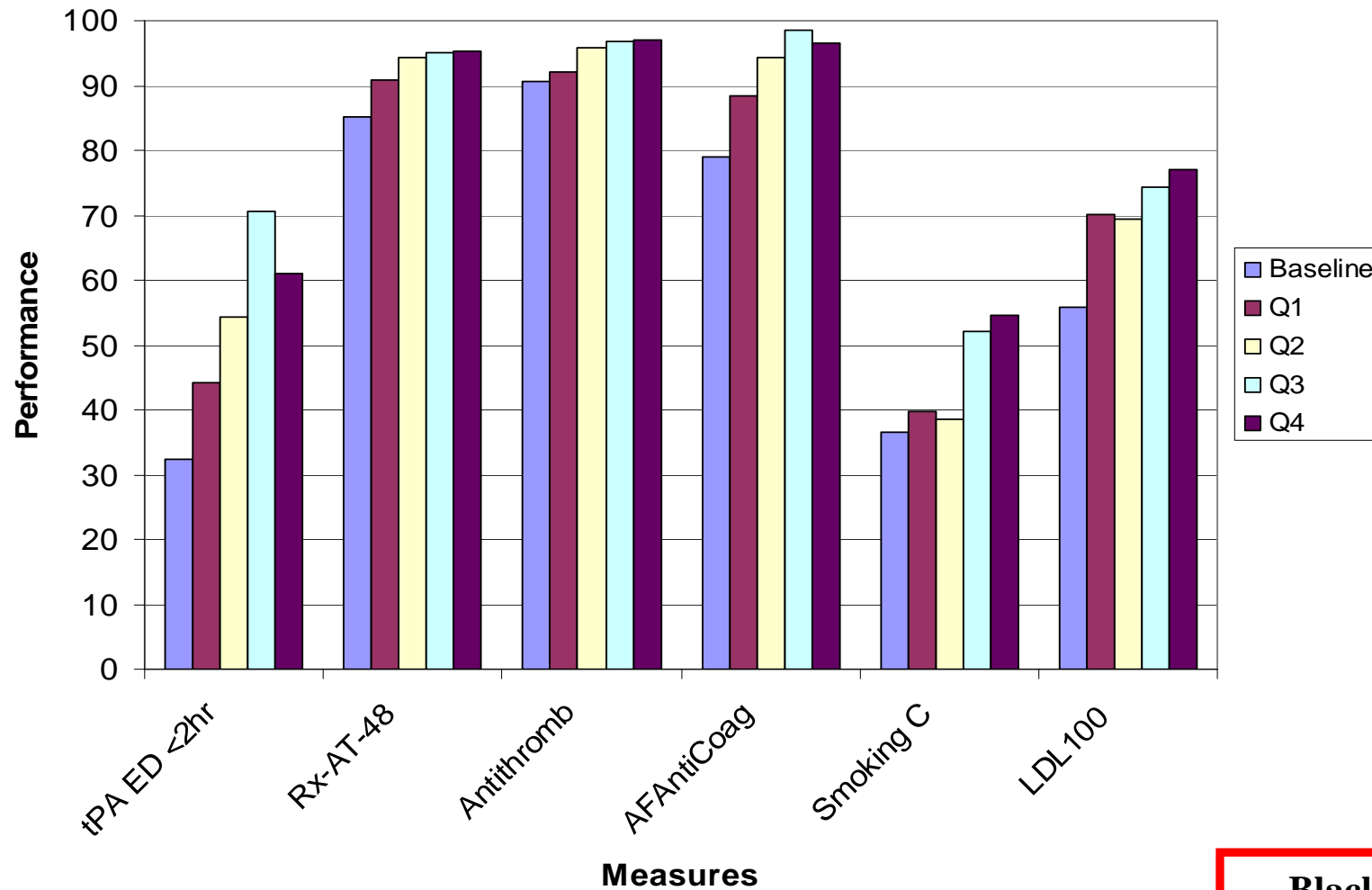
Improving Stroke Care

- It is all about:
 - Leadership
 - Culture:
 - Passion for Perfection
 - Systems
 - Concurrent feedback
 - Redundant
- A sense of urgency

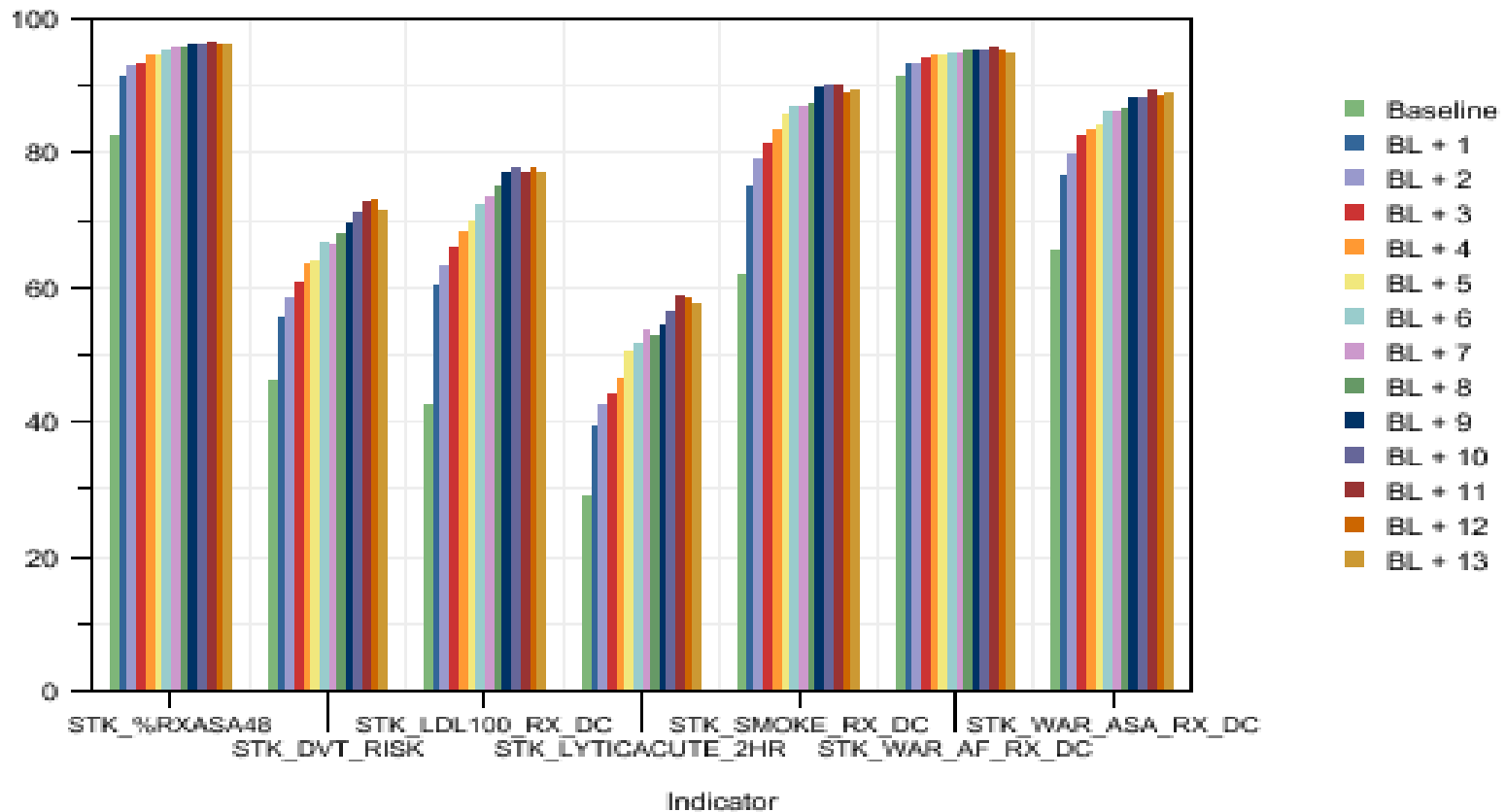
GWTG Hospitals and Patients

<i>Module</i>	<i>Total Hospitals</i>	<i>Total Patients Entered</i>
CAD	751	511,493
HF	543	249,916
Stroke	1,414	758,696
Totals:	2,708	1,520,105

GWTG Stroke Performance



GWTG Stroke Compliance



GWTG Success Factors

- **Stakeholder/ Community Engagement**
- **“It’s the right thing to do”**
 - **Use of measures designed to maximize patient outcome**
 - **Voluntary, patient centered organizations can create passion for change**
- **Concurrent data capture with clinical decision support at the point of care**
- **Focus on improvement, leveraging the QIO infrastructure**
- **American Heart Association recognition**
- **Alignment with other national efforts**

QUALITY:

A necessary and basic tenet of leadership

- **Research on leaders indicates that quality is a number one priority for all effective leaders.**
- **Recent examples of celebrated leaders that have embraced quality as part of their platform:**
 - **Automobile industry (Iacocca, Ford - Quality is Job 1)**
 - **Manufacturing (Jack Welch – Six Sigma)**
 - **Electronics industry (push to reliable products, Motorola, Toyota Production System)**
- **Healthcare fiscal crisis will look towards quality as a mechanism to alleviate the crisis.**

State of Quality From A Federal Perspective

- Present State:
 - Inpatient Prospective Payment System (pay for reporting) FY2010
 - ◆ New stroke measures
 - Physician Quality Reporting Initiative
 - ◆ Stroke measures
- Future State:
 - Hospital Value Based Purchasing (on the horizon)

CMS Hospital Measures

What is the process by which CMS decides what measures should be reported?

- **Examine priority areas**
- **Identify gaps in measure areas**
- **Consult with measure developers (e.g., societies)**
 - **See existing measure set**
 - **May ask for measure(s) to be developed**
- **Examine measures endorsed by NQF**
- **May also request NQF to perform a “call for measures”**



NQF and CMS: Endorsement and inclusion of stroke measures

How stroke measures were included

Background:

- ASA ask for stroke measures to be reintroduced. CMS said would consider in response to comments
- CY 2008 The Joint Commission on behalf of consensus group submit stroke consensus measures to NQF
- NQF Stroke Steering Committee was assembled to review ASA/CDC/TJC consensus measures

Inpatient Prospective Payment System (IPPS) Proposed Rule Released

- Draft Rule April 30th in Federal Register
- Number of items related to stroke care in the proposed rule including:
 - Stroke Quality Measures
 - Severity Adjusted DRGs
 - V-Code for Drip and Ship
- Comments due on June 13th
- Final Rule to be issued in August

NQF: How stroke measures were included

- All measures were adopted except dysphagia
- Some modifications were suggested to statins measures
- NQF members voting closed July 7th
- Final measures to be released ~July 31st

Why was dysphagia measure not endorsed by NQF

Although swallowing assessment is important for many patients for the prevention of aspiration pneumonia, the committee did not endorse the measure b/c:

- Dysphagia screenings are currently not well defined, and use varying techniques
- “Lack of a valid, reliable, standardized screening tool/process supported by research (an research regarding patient status)”
- Noted that the literature showed a 50% lack of assessment in African Americans

Revised Lipid Measure to Statin Measure for NQF endorsement

- **Original measure:** “Ischemic stroke patients with LDL>100, or LDL not measured, or on cholesterol-reducer prior to admission, who are discharged on cholesterol reducing drugs.”
- **Revised Measure STR-006-08:** “Ischemic stroke patients with LDL>100, or LDL not measured, or, who were on cholesterol reducing therapy prior to hospitalization are discharged on a statin medication.”

Revised Lipid Measure to Statin Measure

- **Rationale:**

- Members of the Steering Committee felt:
 - ◆ that not testing LDL is a problem.
 - ◆ The evidence for use of non-statin medications for cholesterol lowering was questionable.




FY 2010 Proposed Measures

43 measures for the FY 2010

- **Stroke measures (5);**
- **SCIP measure (1-proposed last year);**
- **Cardiac surgery measures (15);**
- **Readmission measures (3);**
- **Venous thromboembolism measures (6);**
- **Nursing sensitive measures (4); and**
- **AHRQ measures (9)**

Stroke Measures Proposed in CMS' IPPS Rule for FY'10

- **STK-7 Dysphagia Screening**
- **STK-1 DVT Prophylaxis**
- **STK-2 Discharged on Antithrombotic Therapy**
- **STK-3 Patients with Atrial Fibrillation Receiving Anticoagulation Therapy**
- **STK-5 Antithrombotic Medication By End of Hospital Day Two**



Likely Outcome of IPPS Proposed Rule

- **Dysphagia will not be included in final rule**
- **CMS will support the use of registries as one mean for submitting data**



Putting it all into context....

Measure Name		CMS RHQDAPU Measures	Consensus measures NQF endorsed
1	DVT Prophylaxis	✓	✓
2	Discharged on Antithrombotic Therapy	✓	✓
3	Patients with Atrial Fibrillation Receiving Anticoagulation Therapy	✓	✓
4	Antithrombotic Medication By End of Hospital Day Two	✓	✓
5	Stroke Education	✗	✓
6	Tobacco Counseling	✗	✓
7	Stroke Rehabilitation	✗	✓
8	TPA administered	✗	✓
9	Discharged on Statin medication (Ischemic stroke patient)	✗	✓
10	Dysphagia Screening	✗	✗

What does this mean for hospitals?

- Only 4 stroke measures included in RHQDAPU
- For TJC stroke certification, GWTG-Stroke still have 10 measures
- ASA and partners will continue to advocate for the inclusion of all 10 consensus measures

Physician Quality Reporting Initiative

- For 2008 “eligible professionals” reporting on measures Jan 1, 2008 – Dec 31, 2008, will earn an incentive payment of 1.5%
- 119 quality measures
- Who determined the Stroke PQRI measures
 - Developed by the AMA PCPI with NCQA and AAN
 - Measures developed were based on existing measures

Physician Quality Reporting Initiative

- **Stroke Measures currently in PQRI**
 - **Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports**
 - **Carotid Imaging Reports**
 - **Tissue Plasminogen Activator (t-PA) Considered**
 - **Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage**
 - **Screening for Dysphagia**
 - **Discharged on Antiplatelet Therapy**
 - **Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge**
 - **Consideration of Rehabilitation Services**

Physician Quality Reporting Initiative

- How does PQRI differ from hospital level reporting?
 - PQRI measures care provided by “eligible professionals” (e.g. physicians)
 - Core measures gauge hospital performance.
 - PQRI \$ goes to the physician, hospital level reporting \$ go to the hospital



How does this relate to hospital quality reporting efforts?

- Efforts will be made to further harmonize measures in PQRI with hospital efforts
- Physicians will seek to use registries to report data
 - Possibly GWTG stroke



On the Horizon...

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Value Based Purchasing

- Working towards Value Based Purchasing
- Intended to promote increased quality and efficiency of care
- Make CMS an Active payer
- But REALLY intended to
 - Measuring performance
 - Modify payment by creating payment incentives (P4P like Premier)
 - Publicly reporting performance result
 - Providing direct support for providers through Quality Improvement Organization (QIO) activities.



**We know what to do;
We need to do what we know.**

Victoria Declaration on Heart Health

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Questions???

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