



Developing Clinical Quality Measures for an Academic OB/GYN Department

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Poster presented at the Annual Meeting of the NC OB/GYN Society Meeting, April, 2014.

OBJECTIVE

To develop a series of clinical quality measures to monitor the practice's quality of care which can be used in conjunction with practice management goals as part of an employee incentive program.

BACKGROUND

Healthcare providers are increasingly being asked to demonstrate the quality of care that is provided. This is a challenge for an OB/GYN practice as many of the commonly used primary care measures are based on a chronic disease model.

MAHEC OB/GYN Specialists is the safety-net provider for 17 western North Carolina counties and has 22 faculty providers (10 generalists, 3 MFM, 5 CNMs, 4 NPs) and 16 residents. The providers are supported by 90 clinical staff (RN, MA, front desk, medical records, billing staff).

METHODS

January 2014 - Baseline data was extracted from our EHR (Allscripts Professional™) and initial target and stretch goals were developed.

February 2014- Provider and staff training on the clinical measures and proper entry of data into EHR.

March-June 2014 – Engagement of providers and staff to look at the results and determine how to improve performance using PDSA model.

CLINICAL QUALITY MEASURES

There are 4 process measures and 3 outcome measures. These were adapted from CMS Meaningful Use and North Carolina Pregnancy Medical Home quality measures.

Cervical Cancer Screening – Percentage of women seen in the past 24 months over age 21 with a documented Pap smear in the past 3 years if the practice is the PCP

Beast Cancer Screening – Percentage of women seen in the past 24 months over age 50 with a documented mammogram in past 2 years if the practice is the PCP

Smoking Cessation – Percentage of women seen in the past 24 months who are current smokers that have either received information to stop smoking, been counseled by a provider to stop smoking or received a smoking cessation medication if the practice is the PCP

Identification of Primary Care Provider – Percentage of all women seen since January 2014 with a PCP documented in the EHR

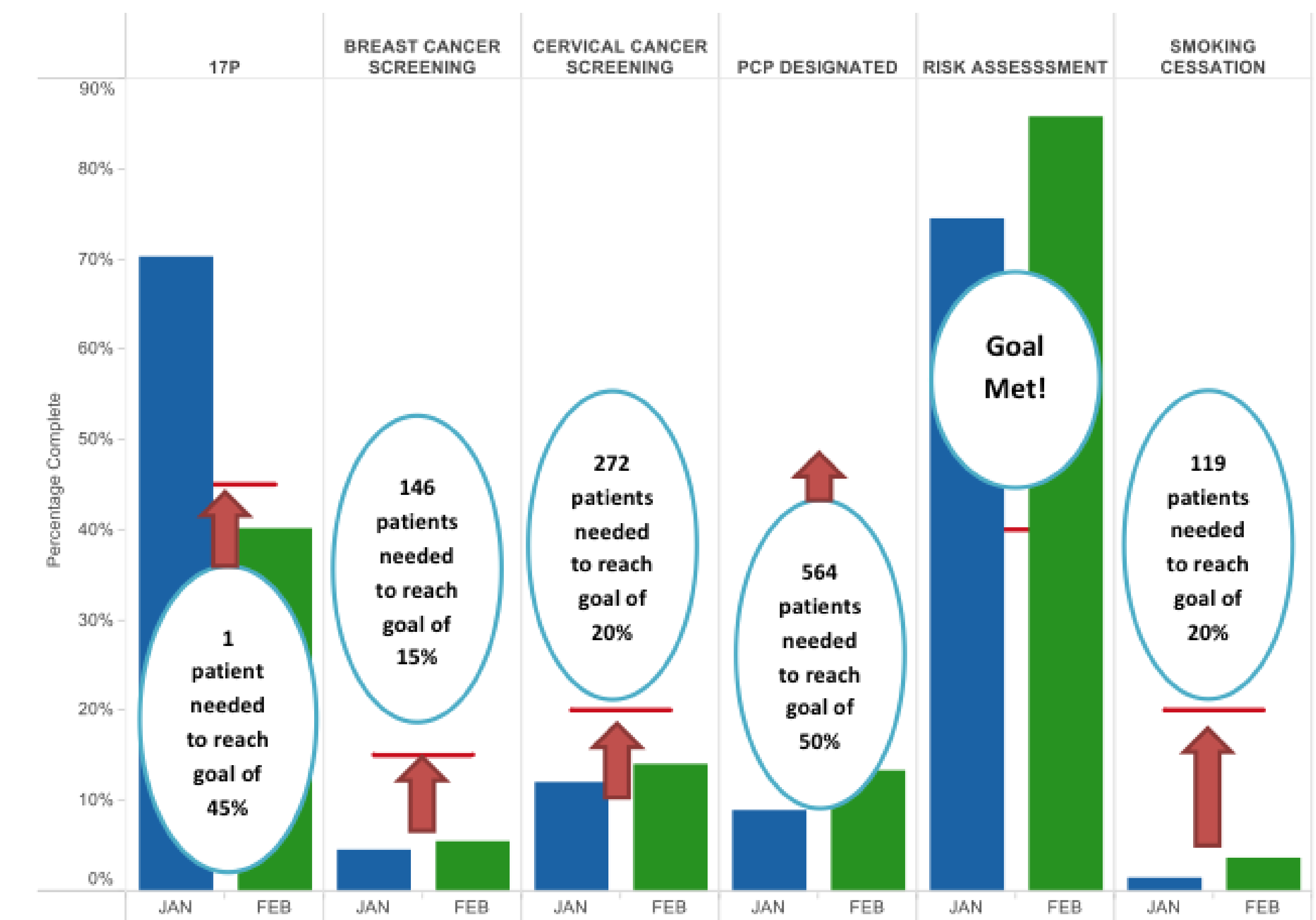
17-P Administration – Percentage of all pregnant women seen who are eligible for, do not decline and receive 17-P

CCNC Risk Assessment Form Completion – Percentage of Medicaid and self pay new OB patients with a completed CCNC Pregnancy Medical Home risk assessment form

Elective Deliveries Less Than 39 Weeks – Number of women who were delivered prior to 39 weeks gestational age

SAMPLE DASHBOARD

MAHEC OB Incentives – January & February 2014



NEXT STEPS

Resetting Targets

In order to improve quality of care through the use of these clinical quality measures, we must now re-evaluate our data and develop updated targets which can be tracked and achieved in an employee incentive program.

Developing Additional Clinical Quality Measures

As other quality opportunities are identified within the practice or if national measures and benchmarks are established, they can also be applied to this model to demonstrate the quality of care we are providing.