Using AOA’s Clinical Assessment Program in Performance Improvement CME

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AOA Clinical Assessment Program (CAP)

• Improves patient outcomes by providing valid assessments of current clinical practices in osteopathic residency programs and physician practices

• CAP is a Web-based performance measurement program which analyzes data taken directly from patient medical records

• Demonstrates the osteopathic profession's commitment to continuous quality improvement

• CAP for Residency Programs
  – Used as an accreditation requirement by ACOFP and ACOI for all FP and IM osteopathic residency training programs

• CAP for Physicians
  – Physicians receive 20 hours of AOA Category 1b CME credit per each measurement set completed

• CAP for PQRI (Physician Quality Reporting Initiative)
  – CAP was chosen as a qualifying registry by CMS in 2008, 2009, 2010 and 2011 for participation in its PQRI registry for payment program
PQRI and AOA CAP

- By entering data on 30 patients, osteopathic physicians are eligible for a lump-sum bonus payment of 2.0% of the Medicare Physician Fee Schedule (PFS) allowed charges for covered services provided during the 2010 calendar year.

  - For example, if a physician provided $100,000 in covered services in 2010, he/she would receive $2,000.

- Physicians can participate in the 2010 PQRI through 13 measure groups.

- There is a cost to participate in PQRI through CAP of $199.

- CAP PQRI for 2010 closes February 1, 2011.


PQRI diabetes performance comparison 2008-2009
For 2008: 79 physicians, ~2300 charts
For 2009: 139 physicians, 4170 charts

1. Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus (PQRI Measure 1)
2. Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus (PQRI Measure 2)
3. High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus (PQRI Measure 3)
4. Dilated Eye Exam in Diabetic Patient (PQRI Measure 117)
5. Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients (PQRI Measure 119)
6. Foot Exam (PQRI Measure 163)
## 2009 PQRI Preventive Care Measure Group

41 physicians, 746 charts

<table>
<thead>
<tr>
<th>Measure Name (Number)</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older (PQRI Measure 39)</td>
<td>80%</td>
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<tr>
<td>2. Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (PQRI Measure 48)</td>
<td>60%</td>
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<td>3. Influenza Vaccination for Patients $\geq 50$ Years Old (PQRI Measure 110)</td>
<td>70%</td>
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<td>4. Pneumonia Vaccination for Patients 65 Years and Older (PQRI Measure 111)</td>
<td>50%</td>
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<td>5. Screening Mammography (PQRI Measure 112)</td>
<td>60%</td>
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<td>6. Colorectal Cancer Screening (PQRI Measure 113)</td>
<td>40%</td>
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<td>7. Inquiry Regarding Tobacco Use (PQRI Measure 114)</td>
<td>30%</td>
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<td>8. Advising Smokers to Quit (PQRI Measure 115)</td>
<td>20%</td>
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<td>9. Body Mass Index (BMI) Screening and Follow-Up (PQRI Measure 128)</td>
<td>10%</td>
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2009 PQRI Back Pain Measure Group
9 physicians, 193 charts

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<tr>
<th>Measure Name (Number)</th>
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<tbody>
<tr>
<td>1.  Back Pain Initial Visit (PQRI Measure 148)</td>
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<td>2.  Physical Exam (PQRI Measure 149)</td>
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<td>3.  Advice for Normal Activities (PQRI Measure 150)</td>
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<td>4.  Advice Against Bed Rest (PQRI Measure 151)</td>
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2009 PQRI Back Pain Measure Group

Average Score

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<th>PQRI Measure</th>
<th>0%</th>
<th>20%</th>
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<th>100%</th>
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Performance Improvement CME and CAP

• The Obesity Epidemic: Improving Practice to Provide Proactive Care
  – Boston University School of Medicine (BUSM)
  – National Committee for Quality Assurance (NCQA)
  – The American Osteopathic Association (AOA)
  – CECity
  – CE Outcomes, LLC

• Purpose: to assess physicians’ current practice; implement improvements; and evaluate effectiveness of interventions to manage and care for patients who are obese through a web based performance assessment module and three web-based educational activities.
Performance Improvement
CME and CAP

• PROTECT (SuPPorting AppROpriate ImmunizaTions Across the AgE SpeCTrum)
  – The Nebraska AHEC (Area Health Education Centers) Network,
  – National Committee for Quality Assurance (NCQA)
  – The American Osteopathic Association (AOA)
  – The American Academy of Family Physicians (AAFP)
  – CECity
  – CE Outcomes, LLC
  – The France Foundation

• Purpose: address specific unmet needs and clinical gaps in the area of vaccine preventable diseases by improving the performance of clinicians who are currently responsible for administering immunizations to pediatric, adolescent, and adult patient populations.
Osteopathic Continuous Certification and CAP

• Certifying Boards which have made a verbal commitment to AOA-CAP for OCC development and support
  – Family Practice
  – Dermatology
  – Orthopedic Surgery
  – Pediatrics
  – Obstetrics and Gynecology

• State licensing boards will be implementing Maintenance of Licensure (MOL) measures that would require evidence of participation in practice based learning

• CAP participation through OCC would satisfy this requirement
Future of CAP

• Additional funded CAP modules and online CME activities
  – Dementia
  – Diabetes

• Transition of CAP to a new platform
  – Integration of all components into one program
  – Multiple uses of physician data

• Use of aggregate CAP data for needs assessment
Questions

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THANK YOU