Quality Measures Summary

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Quality Measures Summary

Introduction

Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, organizational structure, and systems and are associated with the ability to provide high-quality health care. Data on quality measures are collected or reported in a variety of ways based on the type of care and provider. A number of federal agencies and non-profit organizations have designed their own sets of standards for various purposes. In addition to assessing the quality of care delivered, quality measures are required for certification and accreditation programs, as a basis for incentive payments, as well as for quality improvement processes implemented by health care organizations. A separate guidance document on quality improvement processes is in development. Measures can be reported at the provider level or at aggregate levels (practice-wide, statewide, nationwide, etc.). Providers may be required to report data regarding quality measures to multiple agencies with differing measure specifications.

Many organizations participate in the development and application of quality measures. The National Quality Forum (NQF) is the primary organization that assesses the evidence to support and endorses quality measures that have been proposed by other organizations, such as the American Medical Association (AMA) and Agency for Healthcare Research and Quality (AHRQ). The National Committee for Quality Assurance (NCQA) is the primary organization that credentials or accredits programs and ambulatory health care organizations based in part on their performance on quality measures. It also publishes reports on quality measures for health plans using the Healthcare Effectiveness Data and Information Set (HEDIS). Other groups including the Center for Medicare and Medicaid Services (CMS) use the measures endorsed by NQF and applied by NCQA to establish and apply criteria for reimbursement and incentive payments or for accreditation by their agencies. The Joint Commission also accredits health care facilities and uses its own set of asthma measures that differ from NQF-endorsed or NCQA measures. Other groups develop measures for different settings such as long-term care facilities. Several groups, including AHRQ assemble quality measures (including but not limited to the NQF measures) in one place.

This document is intended as a resource for state asthma programs and their partners as they interact with health care organizations. It is important for state asthma programs to understand quality reporting requirements and to identify opportunities to focus on improving asthma quality measures.

Table 1 presents an overview of the different national organizations involved with developing, endorsing and/or requiring the reporting of quality measures related to asthma. The subsequent sections provide descriptions of the organizations and reporting systems, more detail about the individual measures, as well as links to additional information. A list of acronyms can be found on page 25.

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Table 1: Accreditation/certification and incentive measures*

Entities using /reporting on the quality measures	Reporting system	Applies to	Level and type of measures	Use	Number of asthma measures
CMS	Physician Quality Reporting System and Value Modifier (PQRS)	Individual or groups of eligible practitioners (EPs) submitting to Medicare physician fee schedule	Individual or practice level – for asthma generally % of patients	EPs must meet criteria for satisfactory reporting. If they meet criteria they may qualify for incentive payment	5 National Committee for Quality Assurance endorsed, 4 AMA-Physician Consortium for Performance Improvement
ACOs	PQRS and NCQA through HEDIS	ACOs that want NCQA accreditation	Organizations report QI measures	Obtain and maintain NCQA accreditation	4 asthma specific measures (HEDIS)
PCMHs	NCQA through HEDIS	PCMHs that want NCQA recognition	Providers/practices report QI measures	Obtain and maintain NCQA recognition	4 asthma specific measures (HEDIS)
Health Plans	HEDIS	Commercial health plans - NCQA collects Medicare and Medicaid data as well	Both physician/facility level and plan level	Primarily to make improvements in quality of care provided as well as compare various health plans	4 asthma specific measures (HEDIS)
Joint Commission	Children's Asthma performance measures in the ORYX performance measurement initiative	Hospitals, home care organizations, nursing and rehab centers, ambulatory care providers, behavioral health orgs	Aggregate rate for pediatric inpatient asthma by entity	Accreditation and certification of health care organizations	9 asthma specific measures related to inpatient management and a home management plan of care. One of these is included in the 2015 reporting

*Many of these measures may also be used for quality improvement activities

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Table 2: Aggregate reports*

Organizations	Name of system	Applies to	Level and type of measures	Use	Number of asthma measure
Commonwealth Fund		States or regions of the U.S.	Aggregate or statewide level -	To create a national scorecard about health care quality and improvement	1 – "hospital admissions for pediatric asthma" Under the Avoidable Hospital Use and Cost indicator
NCQA	HEDIS (Healthcare Effectiveness Data and Information Set)	health plans, provider organizations, health plan contracting organizations, and other organizations	Health plan and organization level data	Accreditation/certification of health entities. Also compare aggregate measures across health organizations	4 asthma-specific measures in HEDIS 2014 and 5 asthma-related disease management measures
Agency for Healthcare Research and Quality (AHRQ)			State and national levels	To produce the National Healthcare Quality Report (NHQR) and the National Healthcare Disparity Report (NHDR)	10 asthma specific measures

*Many of these measures may also be used for quality improvement activities

Table 3: Quality Improvement Activities

Organizations	Name of system	Applies to	Level and type of measures	Use	Number of asthma measure
AHRQ	National Quality Measures Clearinghouse (NQMC)	Physician/individual practice, health plan, health systems		To provide practitioners, health care providers, health plans, integrated delivery systems, purchasers and others with access to detailed information on quality measures.	40 including HEDIS, Joint Commission, and NQF

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National Quality Forum (NQF)

The National Quality Forum (NQF) is a not-for-profit, nonpartisan, membership-based organization that works to catalyze improvements in healthcare. NQF neither creates nor defines performance measures; rather, NQF fosters consensus among a wide variety of stakeholders around specific standards that can be used to measure and publicly report healthcare quality. NQF-endorsed measures are evidence-based and valid, and in tandem with the delivery of care and payment reform, they help to make patient care safer, improve maternity care, achieve better health outcomes, strengthen chronic care management, and hold down healthcare costs. Consensus standards endorsed by NQF are used for measuring and publicly reporting on the performance of different aspects of the healthcare system, and are widely viewed as the "gold standard" for the measurement of healthcare quality. Once a measure is endorsed by NQF, it can be used by hospitals, healthcare systems, and government agencies like the Centers for Medicare & Medicaid Services for public reporting and quality improvement. NQF maintains a current database of endorsed measures, of which there are 11 asthma-specific measures developed by various organizations.

Table 4: NQF-Endorsed Asthma Measures (As of July 23, 2014)

NQF #	Measure Title	Measure Steward	Type of Measure
0728	Asthma Admission Rate (pediatric)	Agency for Healthcare Research and Quality	Quality
0283	Asthma in Younger Adults Admission Rate (PQI 15)	Agency for Healthcare Research and Quality	Quality
1800	Asthma Medication Ratio (AMR)	National Committee for Quality Assurance	Quality
0047	Asthma: Pharmacologic Therapy for Persistent Asthma	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	Quality
0143	CAC-1: Relievers for Inpatient Asthma	The Joint Commission	Quality
0144	CAC-2: Systemic corticosteroids for Inpatient Asthma	The Joint Commission	Quality
1799	Medication Management for People with Asthma (MMA)	National Committee for Quality Assurance	Quality
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	Bridges To Excellence	Quality
1560	Relative Resource Use for People with Asthma	National Committee for Quality Assurance	Resource Use Measure
0548	Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)	Pharmacy Quality Alliance	Quality
0036	Use of Appropriate Medications for People With Asthma (ASM)	National Committee for Quality Assurance	Quality

National Committee for Quality Assurance (NCQA)

The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Organizations incorporating the NCQA seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance. NCQA accredited health plans face a set of more than 60 standards and must report on their performance in more than 40 areas in order to earn NCQA's seal of approval. NCQA has accreditation programs for a variety of health entities, including health plans, provider organizations, health plan contracting organizations, and other organizations.

Healthcare Effectiveness Data and Information Set (HEDIS®)

The Healthcare Effectiveness Data and Information Set (HEDIS), was broadly adopted by the majority of America's health plans in the mid-1990s as a standardized tool to measure performance on dimensions of care and service. HEDIS consists of 81 measures across 5 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans. Many health plans report HEDIS data to employers and use their results to make improvements in their quality of care and service. To ensure the validity of HEDIS results, all data are rigorously audited by certified auditors using a process designed by NCQA. NCQA has also introduced measurement at different levels of the health care system and physician-level measures, in particular, are being introduced and adopted.

HEDIS measures disease management indicators for a variety of conditions, including asthma. Asthma specific disease management measures include:

- Appropriate medication use
- Influenza vaccination
- Pneumococcal vaccination
- Assessment of tobacco use
- Assistance with tobacco cessation

Additionally, HEDIS 2015 includes 4 asthma specific measures falling under 2 domains of care (Effectiveness of Care and Utilization and Relative Resource Use)

- Use of Appropriate Medications for People With Asthma
- Medication Management for People With Asthma
- Asthma Medication Ratio
- Relative Resource Use for People With Asthma

These measures are applicable to different organizations. For example, “Appropriate Medications for Patients With Asthma” and “Relative Resource Use (RRU): People With Asthma” are considered NCQA performance measures for Accountable Care Organizations and can be included as performance measures for accreditation. It is unclear what the relationship is

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between the HEDIS asthma specific disease management measures and the asthma measures falling under domains of care.

Data Submission

HEDIS data are collected directly from Health Plan Organizations and Preferred Provider Organizations via the Health Organization Questionnaire (HOQ) and HEDIS non-survey data through the Interactive Data Submission System (IDSS). NCQA collects Medicare HEDIS data on behalf of the Centers for Medicare & Medicaid Services (CMS), and Medicaid HEDIS data on behalf of state agencies. In addition, NCQA collects commercial data on behalf of some states and the U.S. Office of Personnel Management for health plan report cards. Commercial HEDIS data are used to calculate national performance statistics and benchmarks, as well as to set standards for measures included in NCQA's Accreditation program.

Recognition Programs – Patient Centered Medical Home (PCMH)

The Patient Centered Medical Home (PCMH) program is for practices that provide first contact, continuous, comprehensive, whole person care for patients across the practice. Whole person care includes provision of comprehensive care and self-management support and emphasizes the spectrum of care needs, such as routine and urgent care; mental health; advice, assistance and support for making changes in health habits and making health care decisions. The Joint Principles developed by the primary care medical societies (American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics, American Osteopathic Association) are the foundation of PCMH:

- whole-person care
- personal clinician provides first contact, continuous, comprehensive care
- care is coordinated or integrated across the health care system
- team-based care

If a practice can demonstrate that it provides whole person care and meets the other elements of the joint principles for most of its patients (at least 75 percent), it can be eligible for PCMH recognition by NCQA even if it is not a traditional primary care practice. Recognition as a PCMH lasts 3 years and must be renewed at the end of this time period in order to maintain NCQA recognition. The NCQA PCMH recognition is a national program and requirements for NCQA recognition do not differ by state. However, states may have additional PCMH certification and recognition programs available to practices in that state. PCMH standards set by NCQA align with federal meaningful use definitions, which may aid practices interested in seeking meaningful use incentives[1]. Asthma specific measures that can be reported by a PCMH are the same as the 4 asthma specific measures listed on page 6.

Additional NCQA PCMH Resources

[1] See page 10 for further information on meaningful use

Accreditation – Accountable Care Organizations (ACO)

In order to determine which organizations may come through the ACO accreditation program, NCQA considers an organization's scope and the types of providers it includes in its network. An ACO is generally considered to be a network of providers and hospitals that provides coordinated care to patients. The ACO Accreditation program evaluates organizations in seven domains:

1. ACO Structure and Operations - The organization clearly defines its organizational structure, demonstrates capability to manage resources and aligns provider incentives through payment arrangements and other mechanisms to promote the delivery of efficient and effective care.
2. Access to Needed Providers - The organization has sufficient numbers and types of practitioners and provides timely access to culturally competent health care.
3. Patient-Centered Primary Care - The primary-care practices within the organization act as medical homes for patients.
4. Care Management - The organization collects, integrates, and uses data from various sources for care management, performance reporting and identifying patients for population health programs. The organization provides resources to patients and practitioners to support care management activities.
5. Care Coordination and Transitions - The organization facilitates timely exchange of information between providers, patients and their caregivers to promote safe transitions.
6. Patient Rights and Responsibilities - The organization informs patients about the role of the ACO and its services. It is transparent about its clinical performance and any performance-based financial incentives offered to practitioners.
7. Performance Reporting and Quality Improvement - The organization measures and publically reports performance on clinical quality of care, patient experience and cost measures. The organization identifies opportunities for improvement and brings together providers and stakeholders to collaborate on improvement initiatives.

NCQA ACO Accreditation includes three levels, representing varying degrees of capability for coordinating care and reporting and improving quality:

- Level 1: This level indicates organizations that are in the formation/transformation stage but have not yet reached full ACO capability. They have the basic infrastructure and possess some of the capabilities outlined in the standards. The length of this status is two years, reflecting the expectation that organizations will be reevaluated to see if they have increased capabilities.
- Level 2: This level indicates organizations with the best chance of achieving the triple aim goals of cost, quality and patient experience. At this level, entities demonstrate a broad range of ACO capabilities. The length of this status is three years.
- Level 3: This level indicates organizations that have achieved Level 2 and demonstrate strong performance or significant improvement in measures across the triple aim. The length of this status is three years.

The asthma specific measures that may be reported for accreditation purposes are the same 4 measures listed on page 6. The manner in which many are reported will vary by individual submitter.

Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS) incorporates quality measures into incentive programs for providers. The measures used by CMS are developed and endorsed by other organizations.

Physician Feedback/Value-Based Payment Modifier Program

The Physician Feedback/Value-Based Payment Modifier Program provides comparative performance information to physicians and medical practice groups. The Program is specific to Fee-For-Service Medicare (not Medicare Advantage) and contains two primary components:

- The Physician Quality and Resource Use Reports (QRURs) - Most resource use and quality information in the QRURs is displayed as relative comparisons of performance among similar physicians or groups.
- Development and implementation of a Value-based Payment Modifier (VM)

The overall approach to implementing the VM is based on participation in the PQRS (see information below). The VM provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule based upon the quality of care provided compared to cost during a defined performance period.

Additional Information
FAQs

Physician Quality Reporting System (PQRS)

The program provides an incentive payment to practices with eligible professionals (EPs). EPs include physicians and practitioners that provide services paid under the Medicare Physician Fee Schedule (see a complete list of eligible professionals). A group practice may also potentially qualify to earn PQRS incentive payments. EPs report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. EPs must choose which measures to report from the implementation guide and measures codes.

The reporting period for the 2015 PQRS will start on January 1, 2015 for both individual and group practices. This is also the first day for 2014 PQRS reporting using EHR. Additionally, beginning in 2015, EPs who do not satisfactorily report data on quality measures for covered services will receive a negative payment adjustment.

To participate in the PQRS, individual EPs may choose to report information about PQRS individual quality measures or measure groups (subsets of four or more PQRS measures that have a particular clinical condition or focus in common).

The types of measures reported under PQRS are developed by provider associations, quality groups, and CMS and change from year to year. The measures generally vary by specialty, and focus on areas such as care coordination, patient safety and engagement, clinical process/effectiveness, and population/public health. Individual EPs who meet the following criteria for satisfactory submission (see below) of PQRS quality measures data via one of the reporting mechanisms for services furnished during the 2014 reporting period will qualify to earn a PQRS incentive payment equal to 0.5% of their total estimated Medicare Part B Physician Fee Schedule allowed charges for covered professional services furnished during that same reporting period.

1. Report on at least 9 measures covering 3 of the 6 National Quality Strategy (NQS) domains for at least 50% of the EP's Medicare Part B FFS patients.
    a. NQS Domains
        i. Making care safer by reducing harm caused in the delivery of care.
        ii. Ensuring that each person and family is engaged as partners in their care.
        iii. Promoting effective communication and coordination of care.
        iv. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
        v. Working with communities to promote wide use of best practices to enable healthy living.
        vi. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models
2. Report at least 1 measure group on a 20-patient sample, a majority of which (at least 11 out of 20) must be Medicare Part B FFS patients.

Additional Information

Meaningful Use

The Health Information Technology for Economic and Clinical Health (HITECH) Act was passed in 2009. In an effort led by CMS, the HITECH Act supports the concept of electronic health records–meaningful use. Meaningful Use is defined by the use of certified EHR technology in a meaningful manner and ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care. Using certified EHR technology, providers must submit information on quality of care and other measures.

CMS grants incentive payments to EPs or Eligible Hospitals (EHs) demonstrating that they have engaged in efforts to adopt, implement, or upgrade certified EHR technology. To encourage EHR adoption, a phased approach is being utilized. Meaningful use is divided into 3 stages, allowing voluntary participation in CMS EHR reporting incentives until 2015. For EPs or EHs that fail to join in 2015, they will receive negative adjustments to Medicare/Medicaid fees starting at 1% and increasing to a 3% reduction by 2017.

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For more information regarding Meaningful Use, please refer to CDC's Meaningful Use website or the "Electronic Health Records, Meaningful Use, Clinical Decision Support, and Population Health Management" guidance document.

Table 5: PQRS Quality Measures Relating to Asthma (As of December 29, 2014)

NQF #	PQRS #	Measure Description	Measure Developer	Reporting Options
0047	53	**Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting:** Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication	AMA- PCPI/NCQA	Registry, Measures Group (Asthma)
0036	311	**Use of Appropriate Medications for Asthma:** Percentage of patients 5 - 64 years who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	NCQA	EHR
N/A	398	**Optimal Asthma Control:** Patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools.	MNCM	Registry

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Agency for Healthcare Research and Quality (AHRQ)

AHRQ's mission is to produce evidence to improve the quality of health care and make it safer, as well as more accessible, equitable, and affordable; working within HHS and with other partners ensures that this evidence is understood and used. AHRQ produces the National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. Surveys of patients, patients' families, and providers, administrative data from health care facilities, abstracts of clinical charts, registry data, and vital statistics are used to assess health care quality in the reports. The NHQR asthma-related measures are primarily national or regional in geographic scope and include some of the measures listed in Table 6.

AHRQ has also developed a variety of asthma resources for different target audiences, including policymakers. In partnership with the Council of State Governments, AHRQ has developed a Resource Guide for State Action along with a Companion Workbook to help states assess the quality of asthma care and create quality improvement strategies. AHRQ has also developed an Asthma Return-on-Investment Calculator to help determine the potential cost savings of an asthma quality improvement program. Module 4 of the resource guide details the various types and sources of asthma quality of care measures reported in the NHQR. These measures (listed in the Table 6) are reported in the NHQR. Additionally, Appendix D of the guide lists measures that are currently used or have been used in the past throughout the country to measure asthma care quality and shows that different organizations evaluate different dimensions of asthma and define measures in different ways.

National Quality Measures Clearinghouse (NQMC)

NQMC is an initiative of AHRQ to promote widespread access to quality measures by the health care community and other interested individuals. It is a database and web site for information on specific evidence-based health care quality measures and measure sets. The NQMC mission is to provide practitioners, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining detailed information on quality measures, and to further their dissemination, implementation, and use in order to inform health care decisions.

The National Quality Measures Clearinghouse (NQMC) is a database of measures meeting specific criteria as defined by AHRQ for inclusion. Measures in NQMC are classified into domains according to the domain framework on the following page. To be included in NQMC, measures must meet the following four inclusion criteria. NQMC has compiled 40 asthma related measures from various data sources.

1. The measure must address some aspect(s) of health care delivery or population health that can be classified into one of the domains described in the Domain Definitions.
2. The measure must be in current use or have been pilot tested within the last three years and must be the most recent version if the measure has been revised. A measure is in current use if at least one health care organization has used the measure to evaluate or report on quality of care within the previous three years.

3. The submitter must provide English-language documentation that is available upon request in print or electronic format (for free or for a fee) that includes at least each of the four following items:
    a. Rationale for the measure
    b. A description of the denominator and numerator of the measure (including specific variables for inclusion or exclusion of cases/events from either the denominator or numerator)
    c. The data source(s) for the measure
    d. Documentation of evidence supporting the measure and the criterion of quality is required for Quality Measures, and for the quality component of Efficiency Measures
4. At least one of the following criteria must be satisfied with specific information attached in each case (evidence from peer-reviewed literature is preferred):
    a. The measure has been cited in one or more reports in a National Library of Medicine (NLM) indexed, peer-reviewed journal, applying or evaluating the measure's properties.
    b. The submitter provides documented evidence evaluating the reliability and validity of the measure.
    c. The measure has been developed, adopted, adapted, or endorsed by an organization that promotes rigorous development and use of measurement in health care. Such an organization may be at the international, national, regional, state or local levels (e.g., a multi-state consortium, a state Medicaid agency, or a health organization or delivery system).

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Table 6: Dimensions of Asthma Care Measurement (from AHRQ Resource Guide, Module 4)

Provider Care (Process Measure)	
Category	**Description**
A. 1. Asthma severity assessment	Asthma severity is assessed by health professional during a patient visit.
A. 2. Asthma medication	Use of anti-inflammatory medications (such as inhaled corticosteroids) to control asthma for patients with persistent asthma.
A. 3. Asthma management plans	Patients with asthma who are given a written/documented asthma management plan.
A. 4. Self-management support or patient education	Patients and their families have discussed with their doctors how to manage their asthma and avoid asthma triggers.
A. 5. Planned care for asthma	Planned care visits for asthma are completed at least every 6 months, or more frequently for more severely ill patients or those with comorbidities.
	Asthma patients are given influenza vaccines.
	Asthma patients are given smoking cessation counseling.
Patient/Parent Self-Care (Process Measures)	
B. 1. Environmental modifications	Percent of asthma population that has been advised by a health professional to change things in home, school, or work to reduce asthma triggers.
	Percent of asthma population exposed to environmental tobacco smoke.
Outcome Measures	
C. 1. Daily symptom burden	Number of days in the past month with limited activity due to asthma.
	Number of school/work days missed in the past month due to asthma.
	Number of days with sleeping difficulty in the past month due to asthma.
	Number of days with (or free of) asthma symptoms in the past month
	Frequency of use of beta-agonists for people with asthma.
C.2. Acute avoidable events due to asthma (exacerbations)	Rate of asthma hospitalizations in the State.
	Rate of emergency or urgent care visits for asthma in the State.
Enabling Factor	
D. 1. Access to care	People with asthma who have health insurance coverage in the State.
Other Factors	
D. 2. Prevalence	Percent of population that has ever been told they have asthma by a doctor or health professional.
	Percent of population that currently has asthma.
	Percent of population that has had asthma attack in past 12 months.

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Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to people who are geographically isolated, economically or medically vulnerable such as uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. HRSA collects and reports data at both national and state levels. In the past, 11 asthma-specific measures were reported under the Health Disparities Collaborative: Asthma Collaborative. However, the collaborative is no longer in existence.

Uniform Data System (UDS)

The Uniform Data system (UDS) is a core set of information for reviewing the performance of community health centers. UDS data are collected from health center programs which include HRSA Program Grantees (such as Federally Qualified Health Centers) and Look-Alikes as defined in Section 330 of the Public Health Service Act. The data are used to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. Additionally, the data help to identify trends over time and UDS data are compared with national data to review differences between the U.S. population and individuals and families who rely on the health care safety net for primary care. The following asthma specific measures are included in the UDS:

- Percentage of patients aged 5 through 40 with a diagnosis of mild, moderate, or severe persistent asthma who received or were prescribed accepted pharmacologic therapy
- Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan

The 2013 UDS reporting instructions for Health Centers can be found here. State specific and national program grantee data for multiple years can be found here. Although limited asthma data is available, trends over time can be observed.

HRSA Quality Toolkit

The HRSA Quality Toolkit is designed to assist a health care organization with its quality improvement (QI) efforts. The toolkit is comprised of tools and resources to support an organization's new or existing QI program. The information provided can be integrated into existing QI programs or used as the basis for a new QI emphasis.

HRSA Core Clinical Measures

HRSA defined a set of evidence-based Core Clinical Measures (CCMs) that targets high-priority health conditions found among HRSA's safety-net populations, which were identified by the Institute of Medicine. The CCMs, which target health care processes and outcomes, are a set of performance measures that reflect HRSA's role in community health. The measures are consistent with national quality measures endorsed by NQF, NCQA, and the Ambulatory Care Quality Alliance (AQA). An organization may use these measures as part of its own quality improvement effort.

Additional HRSA CCMs are planned for performance measurements in mental health, oral health, asthma, obesity, and tobacco prevention and cessation. Quality measures are also being considered for patient safety, patient satisfaction, and health literacy and communication. Although HRSA plans to develop performance measures specific to asthma, there are currently no asthma-related core clinical measures.

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Joint Commission

The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States. The Joint Commission standards address the organization's level of performance in key functional areas, such as patient rights, patient treatment, medication safety, and infection control. To earn and maintain The Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years. The following organizations can apply to receive Joint Commission accreditation:

- General, psychiatric, children's and rehabilitation hospitals
- Critical access hospitals
- Home care organizations, including medical equipment services and hospice services
- Nursing and rehabilitation centers
- Behavioral healthcare organizations, addiction services
- Ambulatory care providers, including group practices and office-based surgery practices
- Independent or freestanding clinical laboratories

Joint Commission accredited organizations can also earn additional certification for programs devoted to chronic diseases and conditions, such as asthma, diabetes and heart failure. Providers of health care staffing services can also earn Joint Commission certification.

Additional Information
Joint Commission Standards Information
Certification Information

Children's Asthma Performance Measures

In 2003, The Joint Commission launched project activities to examine Children's Asthma performance measures for inclusion in the ORYX® performance measurement initiative. The ORYX® initiative integrates outcomes and other performance measurement data into the accreditation process. ORYX measurement requirements are intended to support Joint Commission accredited organizations in their quality improvement efforts. As of January 1, 2014 accredited general medical/surgical hospitals are required to collect and transmit data to The Joint Commission on a minimum of six core measure sets or a combination of applicable core measure sets and non-core measures.

The asthma performance measures can be found in the Specification Manual for National Hospital Inpatient Quality Measures. As of January 1, 2015 measures CAC-1 (Relievers for Inpatient Asthma) and CAC-2 (Systemic Corticosteroids for Inpatient Asthma) will be discontinued.

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Table 7: Joint Commission Measures Relating to Asthma (Specifications for CAC-3 as of December 17, 2014)

Set Measure ID #	Performance Measure Name	Description	Type of Measure	Data Reported As
CAC-3	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.	Process	Aggregate rate generated from count data reported as a proportion

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Commonwealth Fund

The Commonwealth Fund is a private foundation that aims to promote a health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. The Commonwealth Fund measures performance indicators at an aggregate or statewide level.

Of the 42 performance indicators measured by the Commonwealth Fund, "hospital admissions for pediatric asthma" is the only explicit asthma-related measure and falls under the Avoidable Hospital Use and Cost indicator. This measure is presented as a rate per 100,000 children and can be compared across previous Scorecard Reports.

Aiming Higher: Results from a Scorecard on State Health System Performance, 2014

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Additional Evolving Measures

Optimal Asthma Care – Minnesota

A recent Minnesota statute requires the Minnesota Department of Health to establish a standardized set of quality measures for health care providers across the state and to produce an annual report on health care quality. Various measures and guidelines were developed around several health conditions, including asthma. Guidelines related to the diagnosis and management of asthma aim to:

1. Increase the rate of patients five years and older who have accurate assessment of asthma severity and control through the use of objective measures of lung function and symptoms.
2. Increase the rate of patients five years and older who have written asthma action plans and timely and accurate assessment of asthma exacerbation.
3. Increase the rate of patients five years and older who have appropriate treatment and management of asthma in inpatient care settings.
4. Increase the rate of patients five years and older who have follow-up visits to ensure asthma control is maintained and appropriate therapy is administered following any visit for asthma or medication adjustment.

An asthma-specific measure, "Optimal Asthma Care," has been developed to measure the percentage of pediatric and adult patients who have asthma and meet specified targets to control their asthma. This measure utilizes electronic medical records to determine asthma control, asthma risk, and asthma education. More detailed information regarding the specifications of the measure can be found here. The Optimal Asthma Care measure is currently in use throughout Minnesota.

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National Prevention Council

The National Prevention Council is comprised of 20 federal departments, agencies and offices and is chaired by the Surgeon General. The National Prevention Council developed the National Prevention Strategy and the National Prevention Council Action Plan. This Action Plan highlights the contributions that each member department is making to ensure the health, well-being, and resilience of the American people. The goal of the National Prevention Strategy (NPS) is to increase the number of Americans who are healthy at every stage of life. The NPS incorporates four strategic directions:

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

Additionally, the NPS includes seven priorities that provide evidenced-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. These priorities include:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

Although the NPS is national in scope, implementation requires collaboration with various partners, including state and local government, businesses, and community and faith-based organizations. The Association of State and Territorial Officials has created an implementation toolkit to provide guidance and information related to the NPS strategic directions and priorities.

Additional NPS resources

Association of State and Territorial Health Officials (ASTHO)

ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and the public health professionals these agencies employ. ASTHO's primary function is to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation's health. ASTHO participates in a number of grants, contracts and cooperative agreements with federal agencies and receives foundation support for special projects. ASTHO is dedicated to increasing state health agency capacity to improve the performance and quality of the public health system. ASTHO does this by providing technical assistance and resources to states in the areas of accreditation preparation, national performance standards assessment, and quality improvement. ASTHO does not lobby or advocate for policies at the state level.

Accreditation and Performance

ASTHO supports state and territorial health agencies who seek voluntary national accreditation from the Public Health Accreditation Board (PHAB) by providing comprehensive technical assistance. Public health department accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

The National Public Health Performance Standards (NPHPS) is a collaborative effort to enhance the Nation's public health systems. The standards are designed around the ten Essential Public Health Services to assure that the standards fully cover the range of public health action needed at state and community levels. The standards focus on the overall public health system (all public, private, and voluntary entities that contribute to public health activities within a given area), rather than a single organization. To assure that the standards can be used for continuous quality improvement, they describe an optimal level of performance rather than provide minimum expectations.

Additional Resources

ASTHO provides a variety of asthma-related resources. ASTHO has identified and organized lists of national, regional, and state organizations that focus on asthma education, prevention, and management. ASTHO has also compiled information about a variety of successful asthma intervention programs.

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Appendix A: List of Acronyms

ACO	Accountable Care Organization
AMA	American Medical Association
AMA-PCPI	American Medical Association Physician Consortium for Performance Improvement
AHRQ	Agency for Healthcare Research and Quality
AQA	Ambulatory Care Quality
ASTHO	Association of State and Territorial Health Officials
CAC	Children's Asthma Care
CCM	Core Clinical Measures
CMS	Centers for Medicare and Medicaid
FFS	Fee for service
EH	Eligible Hospitals
EHR	Electronic health record
EP	Eligible Professionals
HEDIS	Healthcare Effectiveness Data and Information Set
HRSA	Health Services and Resource Administration
HOQ	Health Organization Questionnaire
IDSS	Interactive Data Submission System
MNCM	Minnesota Community Measurement
NCQA	National Committee for Quality Assurance
NHDR	National Healthcare Disparities Report
NHQR	National Healthcare Quality Report
NPS	National Prevention Strategy
NQF	National Quality Forum
NQMC	National Quality Measures Clearinghouse
NQS	National Quality Strategy
PCMH	Patient-centered Medical Home
PHAB	Public Health Accreditation Board
PQRS	Physician Quality Reporting System
QCDR	Qualified Clinical Data Registry
QRUR	Quality and Resource Use Reports
RRU	Relative Resource Use
UDS	Universal Data System
VM	Value Modifier