

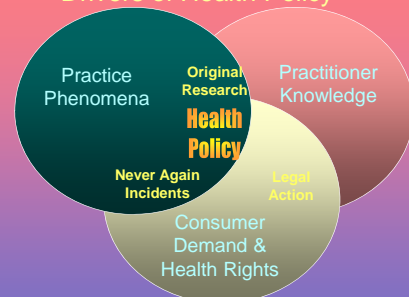
CSC Certification Standards and Quality Metrics: From Development to CMS Adoption

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Research–Practice–Consumer Rights: Drivers of Health Policy




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Assumptions:

- Emerging technologies, therapies, and practices will produce both anticipated and unanticipated, unstudied phenomena.
- Practitioners' knowledge and skills are heterogeneous and dynamic, ranging from beginner to expert levels, and change as new practice phenomena emerge.
- U.S. consumers expect and demand high quality evidence-based health services.
- Health policy aims to ensure consumer access and excellence in practice.

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How Research Drives Policy Development

- Must relate to a compelling health issue (4-Ds):
 - Disability
 - Disparity
 - Death
 - Dollars
- Practice must demonstrate efficacy (phase III testing)
- Practice must be generalizable (phase IV testing)
- Widespread implementation must be capable of producing substantial economic benefit to patients and society at large

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Research to Policy: Key Movers and Shakers

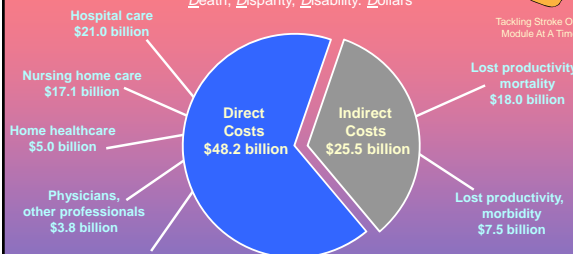
- Professionals must possess a common vision related to the benefits of new practice implementation
- Professional organizations must unite to champion awareness, educate users, compile methods for widespread implementation, and stimulate policy development
 - Public service announcements
 - Guideline development
 - Define quality indicators and methods for use/reporting
 - Collaborate with public agencies and legislators

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Stroke: A 4-D Public Health Problem!


Death, Disparity, Disability, Dollars



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Stroke Outcomes Prior to Approval of Intravenous Alteplase




Tackling Stroke One
Module A: A Time

- 75% Paralysis
- 47% DVT
- Dysphagia
 - Almost 50%
 - Up to 17% tube feeding dependent
- 68% Depression
- 60% Incontinence
- 40% Communication Disorder
 - Aphasia
 - Dysarthria
- 50% Cognitive Impairment

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Acute Stroke Care Milestones




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Module A: A Time

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Created by Kathy Morrison

Regulation... “Rockin My World”




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Module A: A Time

- Adoption of evidence into practice is slow
- Patients and families are beginning to demand evidence-based practices
 - Litigious nature of society
 - Sensational “never again events”
- Since practitioners were reluctant to standardize practice around evidence, Uncle Sam had to step up

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Finding Balance



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Module A: A Time

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The Core Measure Journey




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Module A: A Time

- Guidelines
- ↓
- Metric sponsor
- ↓
- NQF review and approval
- ↓
- CMS adoption
- ↓
- Pay-for-performance alignment

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NQF Measure Endorsement Criteria




Tackling Stroke One
Module A: A Time

- **Impact, Opportunity, Evidence—Importance:** Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-impact aspect of healthcare where there is variation in or overall less-than-optimal performance
- **Reliability and Validity—Scientific Acceptability of Measure Properties:** Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented

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NQF Measure Endorsement Criteria




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Module At A Time

- **Feasibility:** Extent to which the required data are readily available or could be captured without undue burden and can be implemented for performance measurement
- **Usability:** Extent to which intended audiences (e.g., consumers, purchasers, providers, policymakers) can understand the results of the measure and find them useful for decision making

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Robust Measures




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Module At A Time

- Elimination of measures met by "documentation" (i.e. documentation of teaching or counseling provided)
 - Patient change in knowledge level
 - Change in patient behavior (smoking cessation)
- Endorsement of measures with broad specificity (i.e. cross-cutting measures; measures for an entire population – stroke, vs. measures for stroke patients with dysphagia)

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Outcomes vs. Processes



Tackling Stroke One
Module At A Time

- **Outcomes:**
 - Results tied to specific processes and/or sample characteristics
 - Influenced by co-morbidities, psychosocial, and economic contributors
 - Examples:
 - Mortality
 - Complications
 - Functional status
- **Processes:**
 - Methods used to provide healthcare
 - Involves people, resources, systems, materials
 - Influenced by service availability, provider knowledge/skills
 - Examples:
 - PSC core measures and most CSC candidate measures

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