



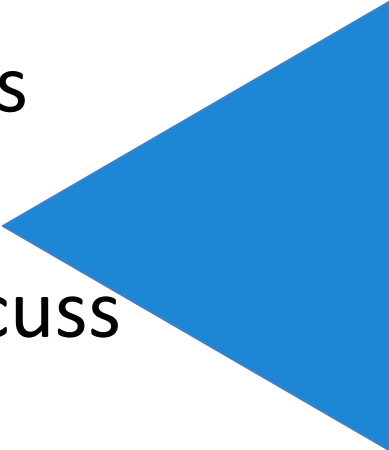
Improving Systems of Care Through Meaningful Measurement

Acknowledgments

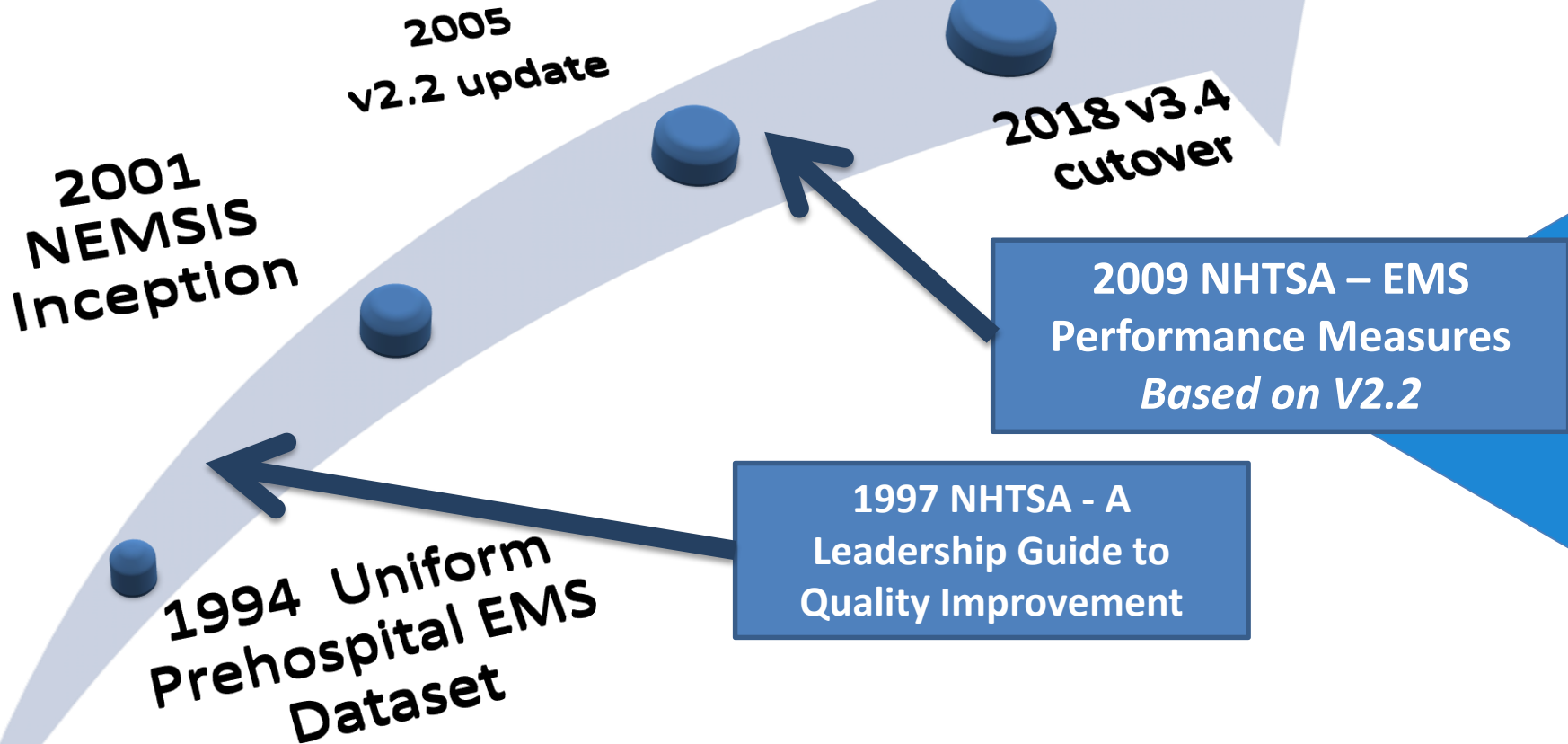
Thank you to the National Highway Traffic Safety Administration for funding and supporting this important work.

50 workgroup and committee members giving their time and expertise!

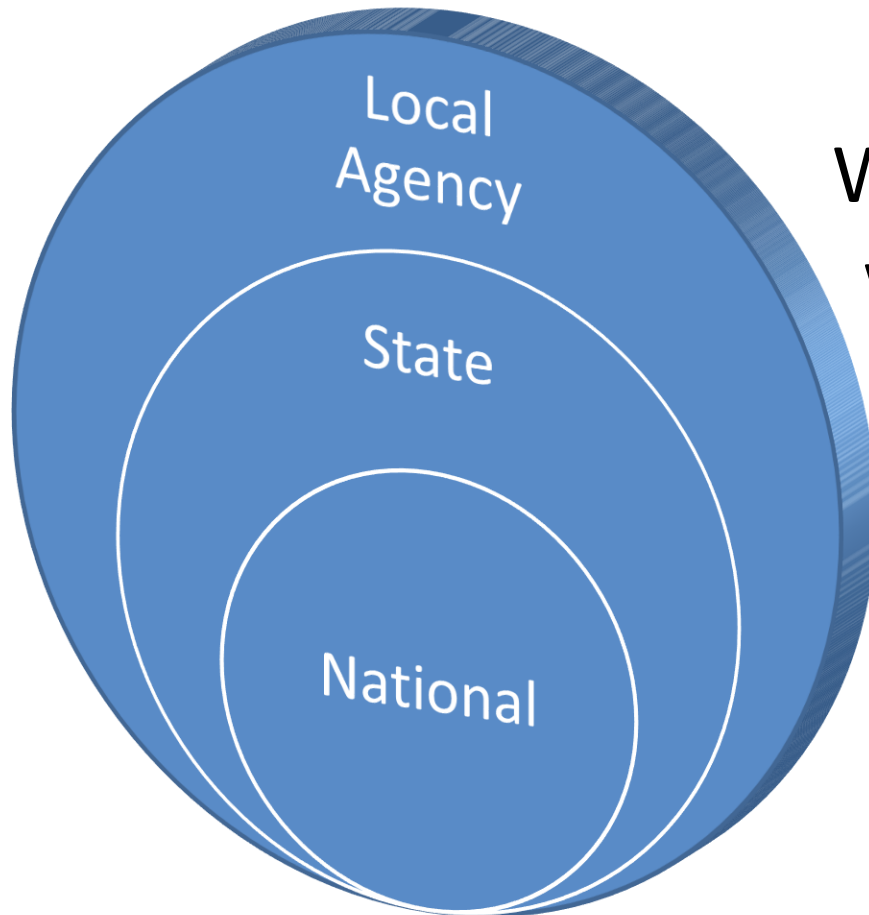
Public volunteers who will test and discuss draft measures prior to becoming final.

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History of EMS Data & Quality Systems

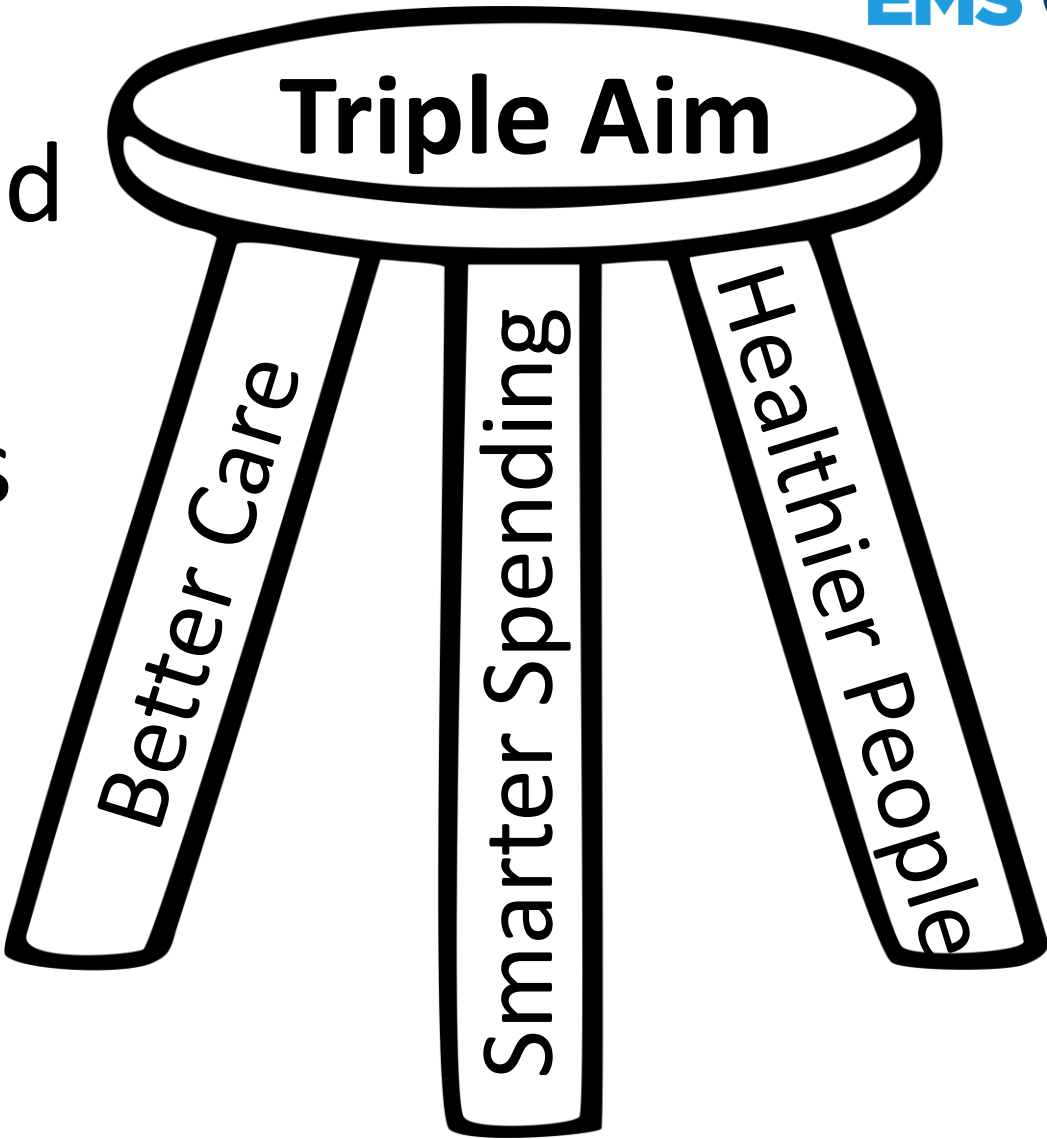


NEMESIS Datasets Supporting Performance Measurement



What can you do with your data?

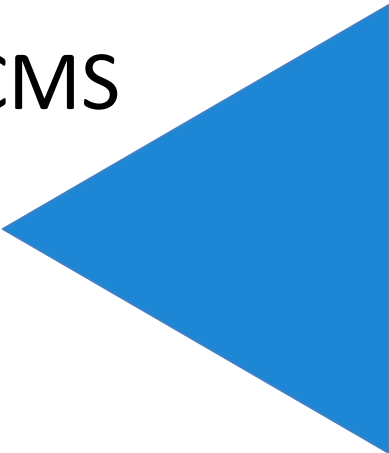
Patient
Centered
Health
Systems



Pay For Performance is here!

- **Value:** CMS fee for service based payments tied to value for providers in alternative payment models (i.e. accountable care organizations, medical homes, bundled payments)
 1. 30% by 2016
 2. 50% by 2018
- **Quality:** CMS quality program (performance measures) participation
 1. 85% by 2016
 2. 90% by 2018

Health Care Learning & Action Network

- The Department of Health & Human Services is facilitating public-private partnerships to meet or exceed the CMS goals for value based payments
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Medicare (CMS) Payment System Categories

1. FFS with no link of payment to quality

2. FFS with a link of payment to quality

3. Alternative payment models built on FFS architecture

4. Population-based payment

Description

Payment is based on volume, not quality

A portion of payment vary based on quality or efficiency of health care delivery

Some payment linked to effective management of a population or episode of care. Still triggered by delivery of services.

Payment NOT directly linked to service delivery. Payment & responsibility for long term care of beneficiary (e.g. ≥ 1yr).

CMS FFS

- Limited in CMS FFS
- Majority of CMS payments now linked to quality

- Hospital value-based purchasing
- Physician value-based modifier
- Readmission/Hospital Acquired Condition Reduction Program

- ACOs
- Medical Homes
- Bundled payments
- Comprehensive primary care

- Eligible Pioneer accountable care organizations in years 3-5

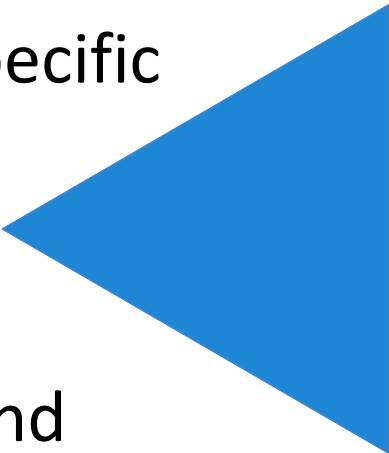
FFS= Fee For Service

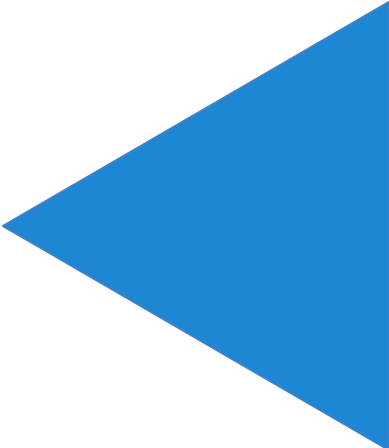
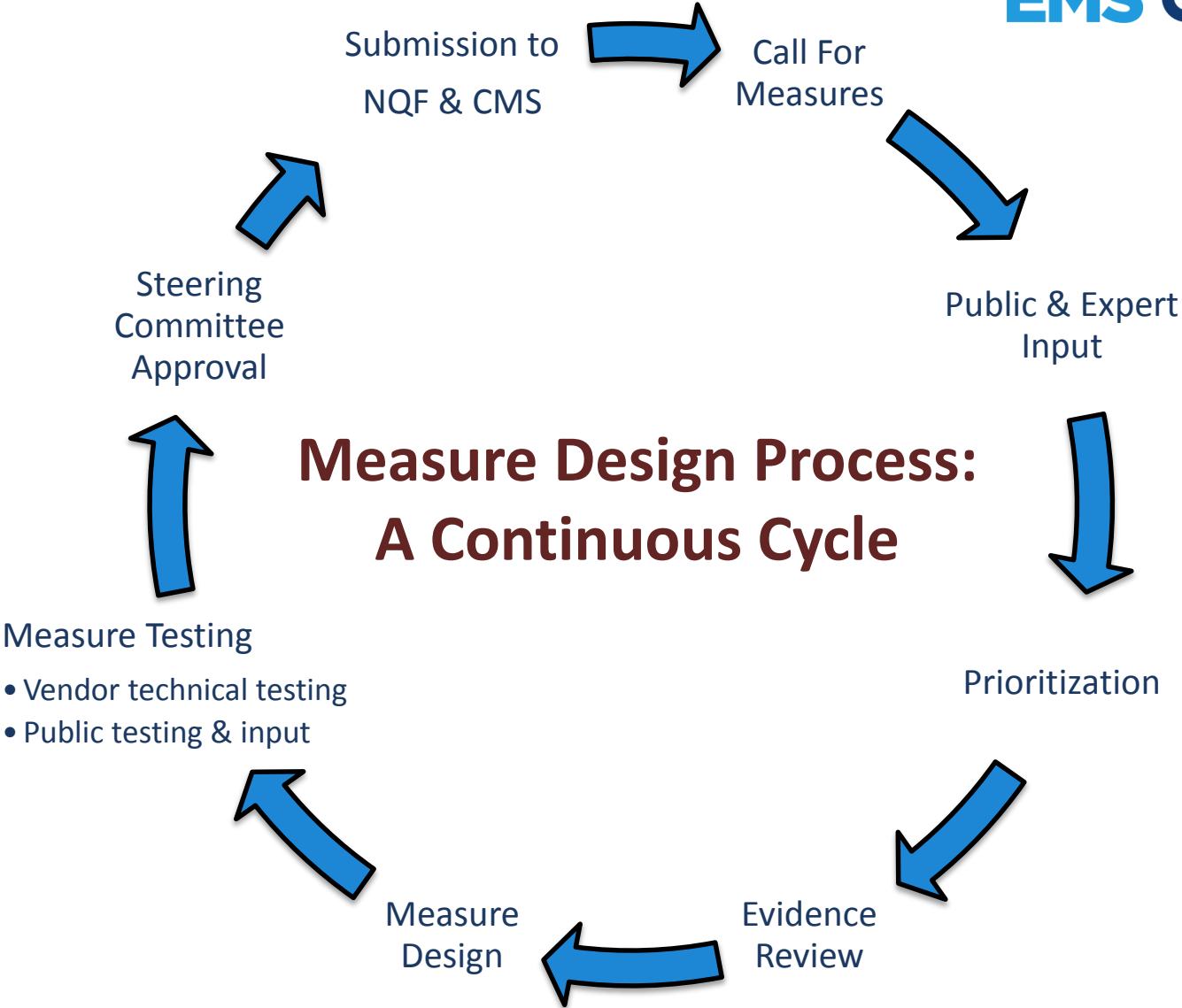
ACO= Accountable Care Organization

CMS Quality Measures

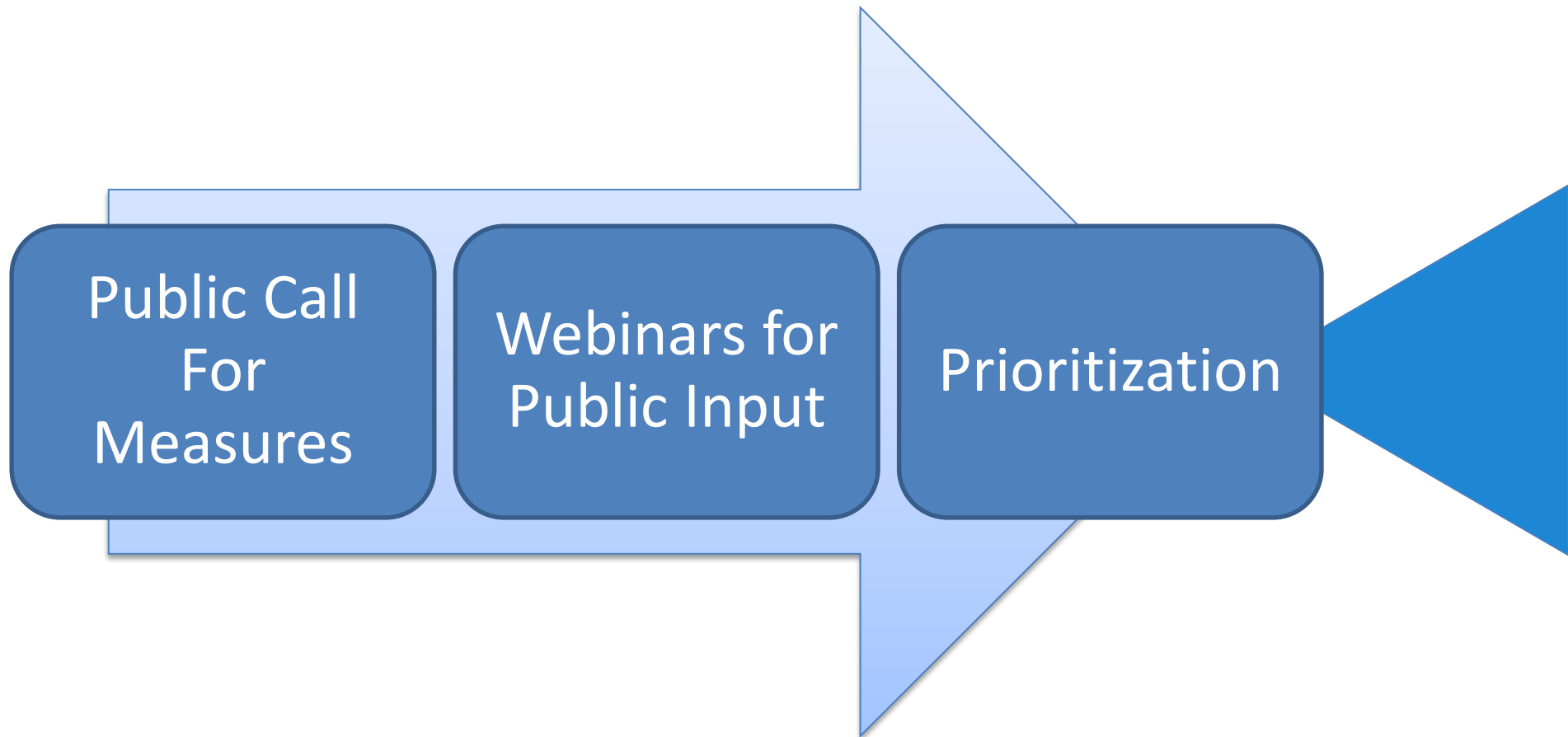
1. Developed by Measure Stewards (such as NASEMSO)
2. Submitted to National Quality Forum (NQF)
3. Extensive public evaluation of draft measures
4. NQF chooses to endorse measure (or not)
5. CMS chooses to accept measure (or not) for payment
6. Health care providers submit Measure Scores electronically to CMS

EMS Performance Measures

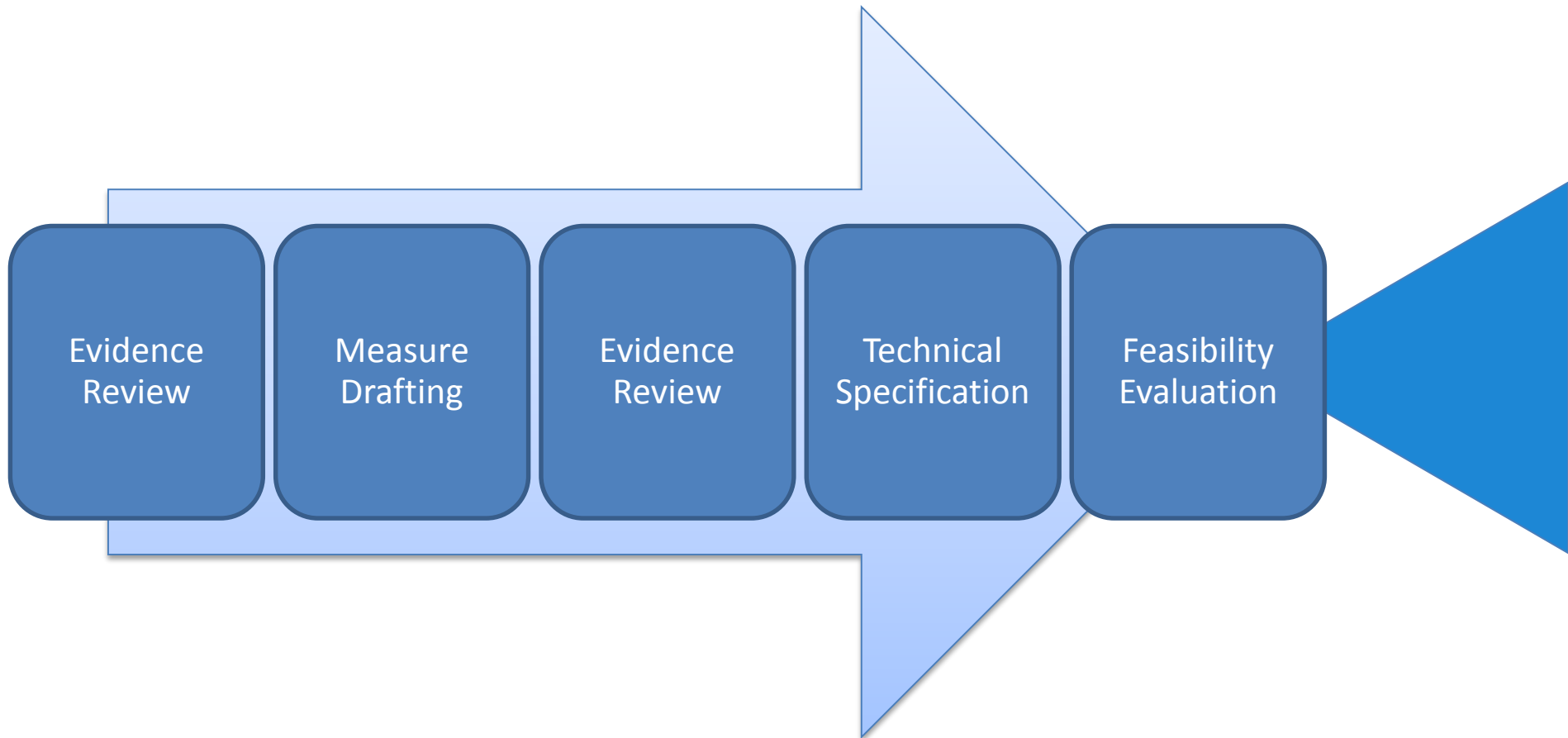
- EMS industry opportunity to develop measures from us and work for us!
 - EMS Compass Initiative will:
 1. Develop a process for designing EMS specific performance measures.
 2. Design a family of structural, outcome, process, and balancing measures.
 3. Develop a guidance for EMS agencies and providers in how to use measures.
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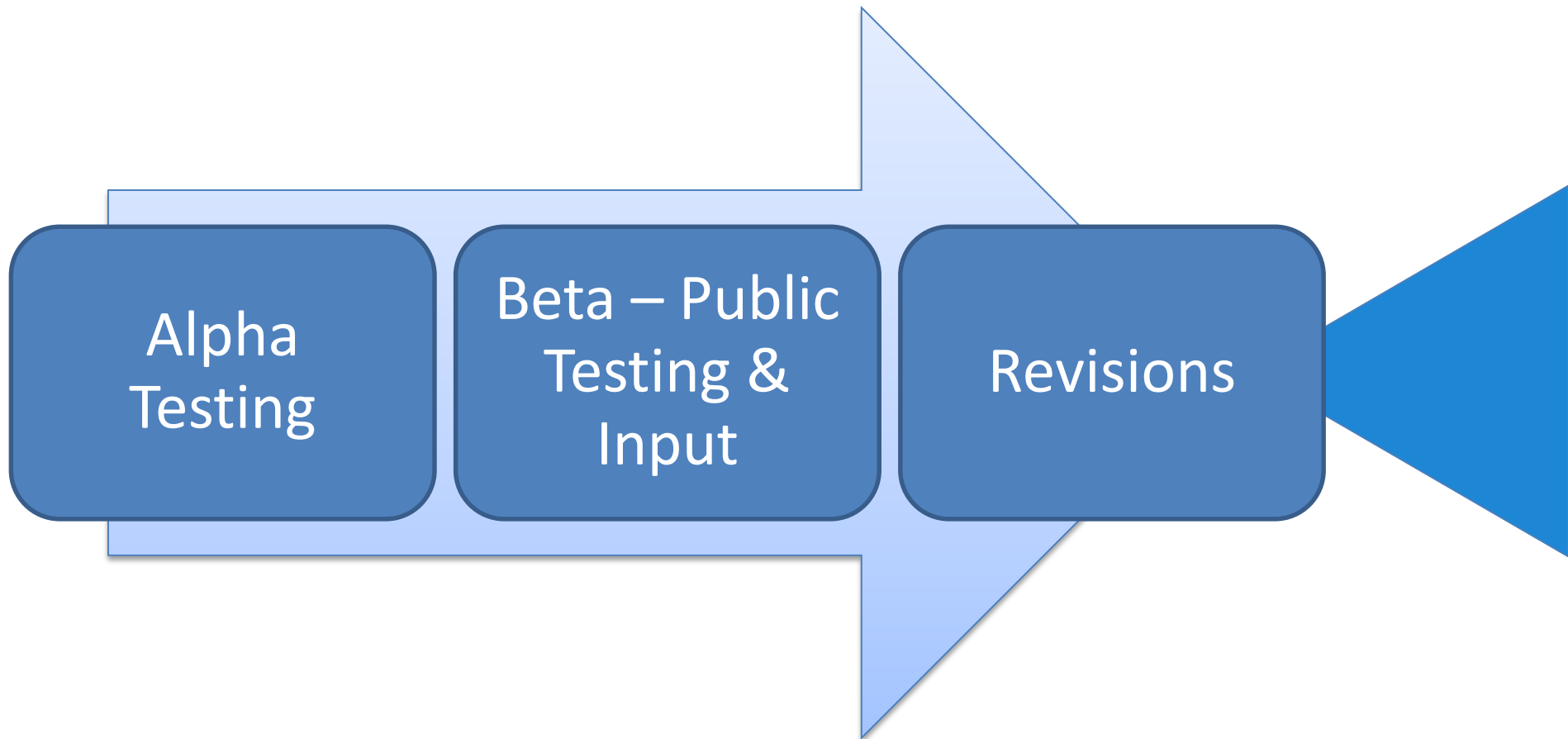
Measure Conceptualization



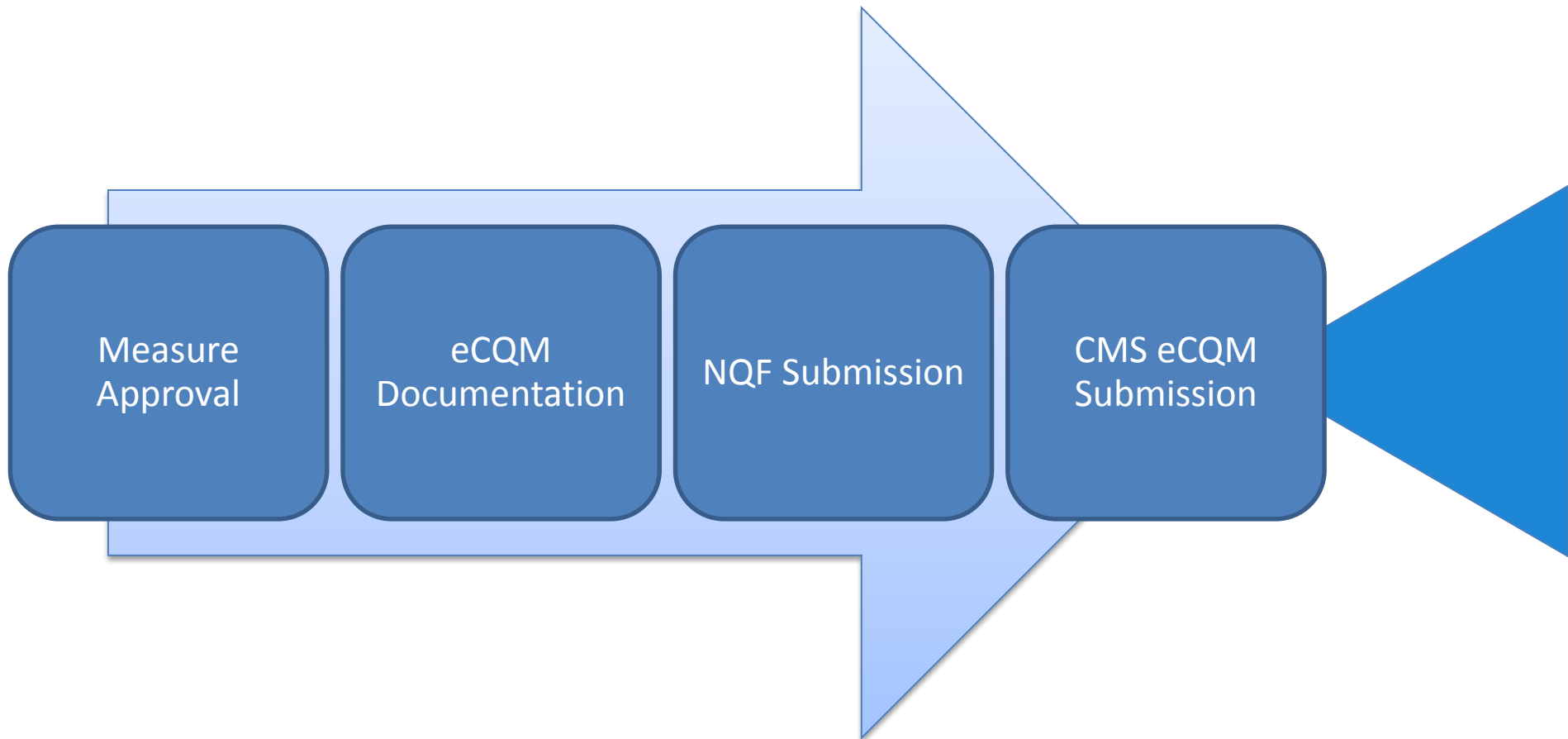
Measure Specification



Measure Testing



Measure Implementation



What is a performance measure?

Measurement Domain

Clinical Area

Topic

Family of Measures

Structure

Process

Outcome

Balancing

Measure Formula

Denominator

Numerator

=Score

| Domains | Example Possible Clinical Conditions & Topics |
|---------------------------------------|--|
| Patient and Family Engagement | Customer satisfaction, parent/family involvement, patient experience |
| Patient Safety | Stretcher drop rate, adverse event rate, ambulance crash rate, deteriorating patient (early warning), infection control/hand hygiene |
| Care Coordination | Matching care to need, access |
| Population/Public Health | Volumes, symptoms onset to 911, requests per capita |
| Efficient Use of Healthcare Resources | Cost per capita/patient, tax dollars per capita, patient utilization rate, patient contact time reliability, crash scene time |
| Clinical Process/Effectiveness | Stroke, STEMI, SCA, trauma, RAD, sepsis, CHF, pain management, hypoglycemia, seizures, COPD, mental health, anaphylaxis , provider skill success rate |
| EMS Workforce* | Turnover/Retention, vacancy rate, productivity, Compensation Comparator, injury rate, lost work days rate, education, R&R, certification & licensure, safety (near miss reporting, policies, etc), provider safety |
| EMS Fleet* | Vehicle miles traveled (VMT) rates |
| EMS Data* | NEMIS submission rate, data integrity |
| EMS Finance* | Reimbursement rates |

*EMS Convenience Domains that are outside the NQS/NQF original six but may prove to be necessary for EMS performance measurement.

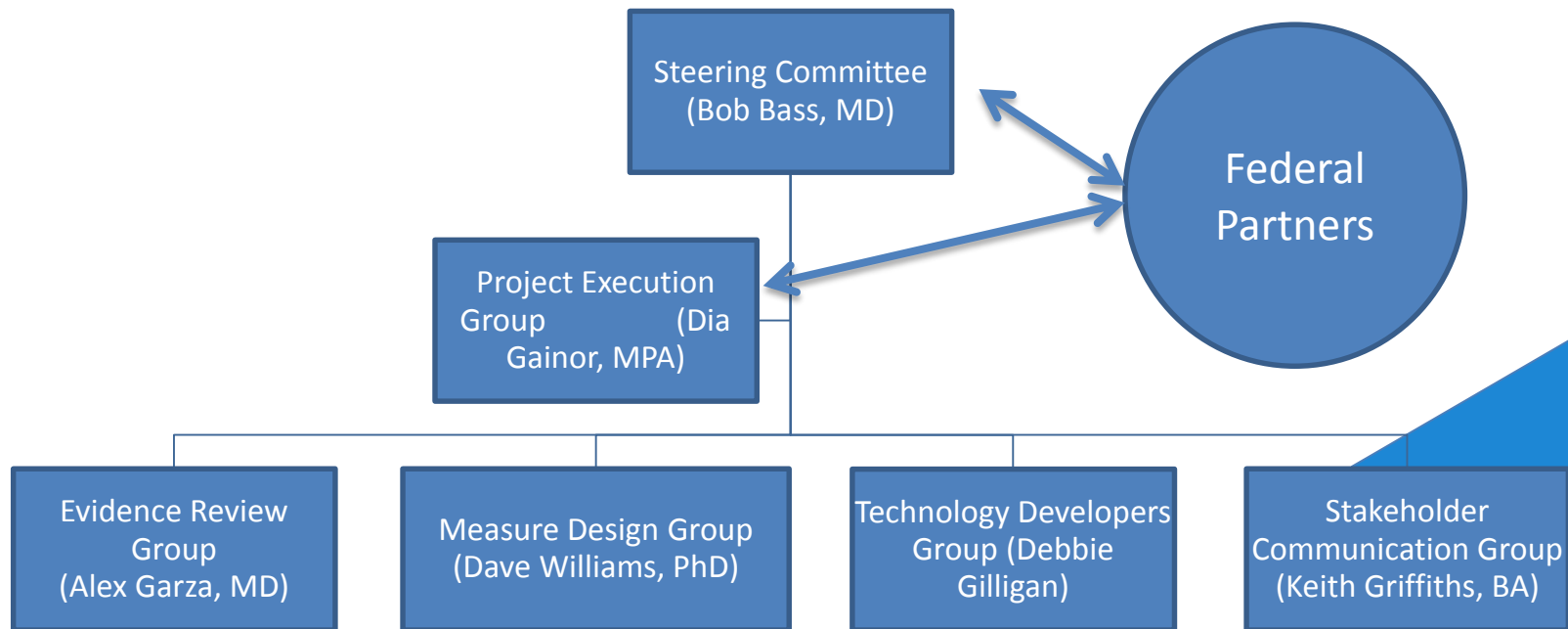
EMS Measure Considerations

- NQF Priority Criteria*
 - Importance to Measure and Report
 - Feasibility
 - Scientific acceptability of measure properties**
 - Usability and Use
 - Comparison to related or Competing measures.
- Data source from the National Emergency Medical Services Information System (NEMSIS) Version 3 generation data whenever possible.

* http://www.qualityforum.org/docs/measure_evaluation_criteria.aspx

** The preferred systems for grading the evidence are the U.S. Preventive Services Task Force (USPSTF) grading definitions and methods, or Grading of Recommendations, Assessment, Development and Evaluation (GRADE) guidelines.

Overall Org Chart

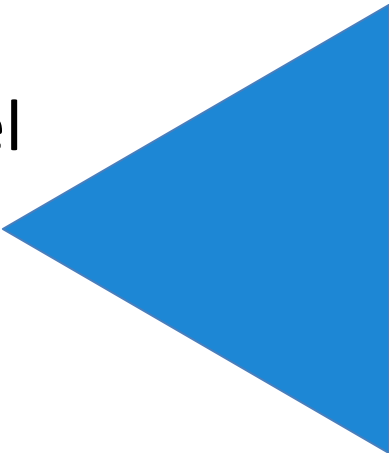


Project Staff:
Nick Nudell, MS, NRP – Project Manager
Zoe Renfro, BA – Project Staff

EMS Compass Initiative Meetings

- Steering Committee:
 - 20 members 4 meetings
- Measurement Design Group:
 - 12 members 8 meetings
- Technology Developers Group:
 - 9 members 2 meetings
- Communications Group:
 - 6 members 4 meetings

Initiative Activity Schedule

- Oct. 2014: Project Started
 - Jan. 2015-July 2016: 24 meetings & workgroups
 - July 2016: Submit to peer review journal
 - July-Aug. 2016: Conduct Blue Ribbon Panel
 - Aug. 2016: Publish NASEMSO document
 - Sept. 2016: Completion of this phase
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EMS COMPASS

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