AMGA™

Advancing High Performance Health

AMGA Collaborative for Performance Excellence℠

Clinical Quality and Safety Domain

How can health systems provide high-quality clinical services, achieve superior performance, and obtain the information necessary to implement rapid, sustainable improvement?

AMGA's Collaborative for Performance Excellence (CPX) answers these challenges by offering Clinical Quality and Safety as one of its four domains. The domains enable CPX participants to focus on specific areas to prepare for risk-based contracts and drive operational efficiency.

CPX builds on AMGA's strong track record of working with members to improve care and quality:

- Our national Together 2 Goal® campaign has improved care for more than 760,000 people with Type 2 diabetes in its first two years
- Our Adult Immunization Best Practices Learning Collaborative led to more than 4 million vaccines being administered or documented by participating groups

The power of data and advanced analytics enables CPX participants to:

- Achieve superior population clinical outcomes efficiently and cost-effectively
- Benchmark against peers, with opportunity for peer-to-peer learning from top performers
- Identify and act to improve low-performance areas
- Incorporate insights quickly into practice workflows

Domain Measures

CPX participants who choose to focus on the Clinical Quality and Safety domain will select from the following measures:

- Colorectal cancer screening (*example below*)
- Hypertension control
- Breast cancer screening
- Pneumococcal vaccination rate
- HbA1c control

Colorectal Cancer Screening Example

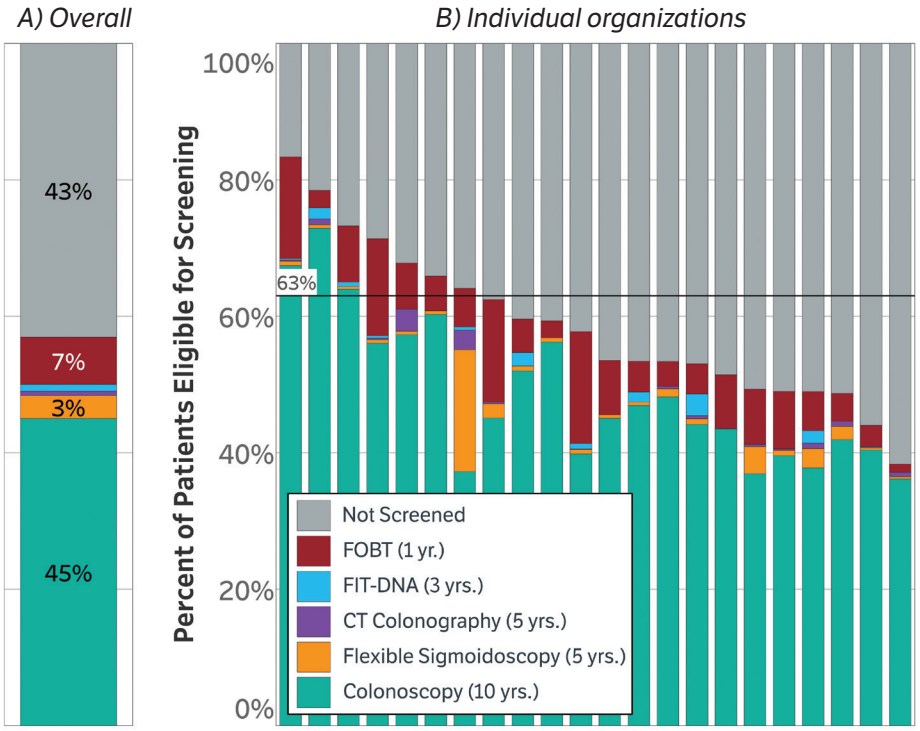
Colorectal cancer (CRC) is one of the most common and treatable forms of cancer, and early detection is key to successful treatment and saving lives. The U.S. Preventive Services Task Force recommends CRC screening for all adults aged 50-75, yet the national rate of CRC screening for this population, although improving, was only 63% in 2015.

Tip: Premier Medical Associates (Monroeville, PA) achieved a CRC screening rate over 80% by offering patients less-invasive test options like at-home fecal immunochemical tests (FOBT), which many of their patients prefer to colonoscopy. Premier says, "the best screening test is the one that gets done."

Beyond performing (or ordering) the appropriate test, a critical aspect of quality measurement is documentation in a structured field in the EHR. This ensures appropriate credit in quality reporting and the ability to use the EHR's clinical decision support logic to alert providers that a patient is due for screening, or to use a registry to create a patient list for outreach. In this collaborative, we will facilitate sharing how groups are getting documentation done (e.g., for FIT-DNA, which is performed and billed by a commercial lab), as well as hearing from groups with overall high screening rates how they are accomplishing their success. Participants can also learn from each other what methods aren't working.

Figure 1 shows CRC screening rates for 24 AMGA member organizations. The wide bar in Figure 1A shows that overall, 57% of eligible patients were screened; 45% by colonoscopy, 3% by flexible sigmoidoscopy, 7% by fecal occult blood tests (FOBT), and a small percent of patients via FIT-DNA (Cologuard®) or CT colonography ("virtual colonoscopy"). Across individual organizations, Figure 1B shows that CRC screening rates ranged from 38%-82%, reflecting variation in performance, in addition to variation in the tests used.

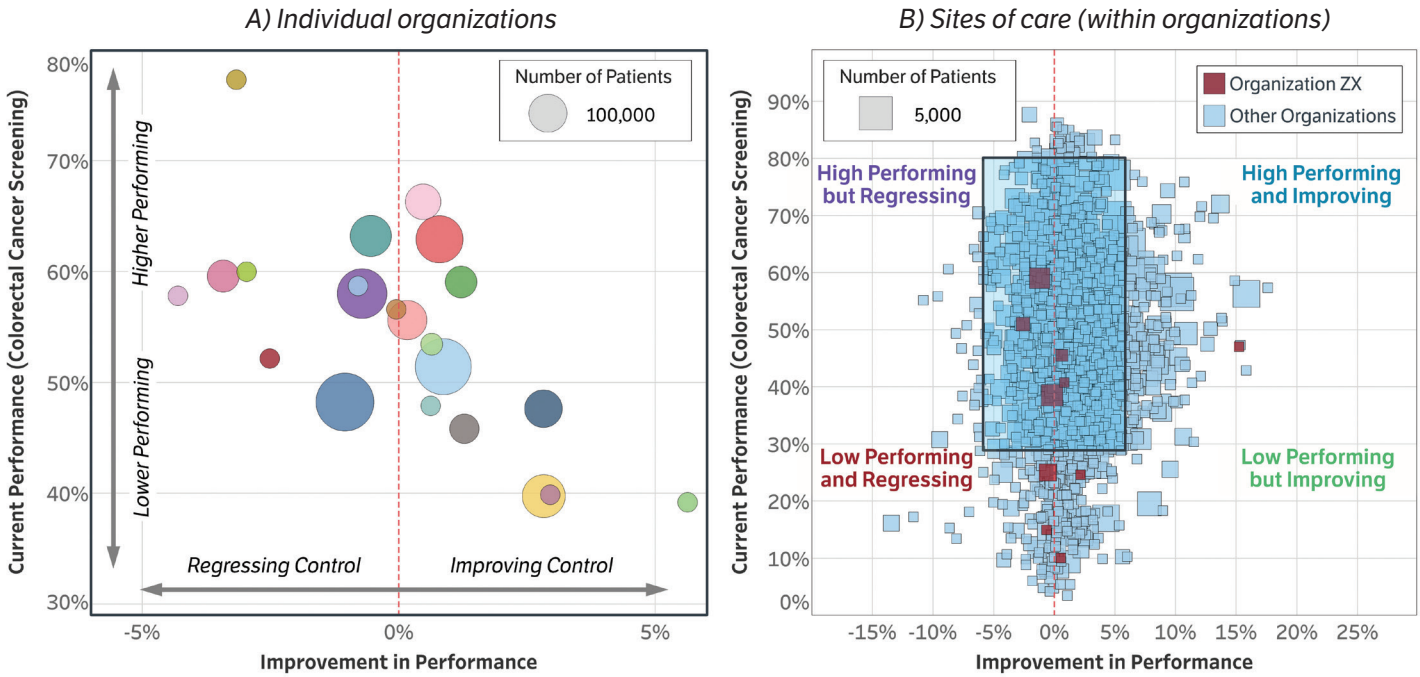
Figure 1: *Colorectal cancer screening rates overall (A) and by organization (B)*



*Patients aged 50-75, ≥ 1 visit in the measurement year**

Figure 2 displays an interactive dashboard that will be available to each CPX participant. In Figure 2A, each circle represents one organization, and the size of the circle reflects the number of patients eligible for CRC screening. The vertical axis shows current CRC screening performance, and the horizontal axis, change in performance from the previous year. Figure 2B is similar, where each square represents a site of care from an organization on the left. While there is some variation in screening rates across organizations, there is much wider variation across sites of care, and more importantly, each organization has sites of care that are among the highest and lowest performers. Participants can use these data to identify high-performing or rapidly improving sites at their own organization, understand what they're doing differently, and introduce improvements across their group or system.

Figure 2: *Colorectal cancer screening performance and improvement by organization (A) and site of care (B)*



*Patients aged 50–75, ≥ 1 visit in the measurement year**

Data source: Optum, AMGA's Distinguished Data and Analytics Collaborator

OPTUM®