A Model for Extending Physician-Specific Process Measures to the Advanced Practice Nurses.
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Summary:
Many institutions have developed mechanisms to measure quality indicators for their physician providers based on commonly reported process measures and outcomes. In preparation for interventions to improve quality, we discuss a model that we created to extend our institutions algorithms and electronic database queries against our electronic health record’s (EHR) clinical data repository. The algorithms and queries in the model are used to measure indicators for our physician extenders, specifically the advanced practice nurses (APNs). It may be highlighted that tracking outcomes with standardized measures to demonstrate APNs contribution to patient care is well received.

Description:
APNs are increasingly providing primary care to patients in the ambulatory setting. However, patient related data is often tied back to the primary care provider of record and not necessarily the APN providing the care. This is problematic when assessing provider-specific process measures and outcomes as guideline adoption is increasingly being scrutinized and economic compensation is being linked to outcomes in many settings. The electronic health record typically used in clinical settings often lacks the structured data necessary to accurately identify the APN rendering care.

Like many institutions, we have been utilizing our administrative and clinical data repository to identify physician-specific indicators when physicians are linked to specific patients. We have developed a model that uses electronic database queries to analyze visit and encounter level data within our EHR to 1) identify patients who are likely to be primarily managed by APN and 2) link algorithms deriving process measures and outcomes developed for primary care physicians to the APN patient population.

We plan to utilize this model in assessing a variety of indicators including: chronic disease management (hypertension, diabetes, etc.), immunization compliance (flu vaccine, pneumococcal vaccine, etc.), cancer screening (mammography, pap smear, colonoscopy, etc.) and wellness (hyperlipidemia and diabetes screening, osteoporosis screening, tobacco cessation counseling, etc). Furthermore, our model can be extended to other providers such as post-graduate trainees and medical students as well. It is imperative that a well-defined robust model of identifying the correct patient population is utilized when examining quality process measures and outcomes. This is necessary if there is to be wide-spread acceptance and adoption of subsequent EHR based quality improvement projects. Modifications of the EHR may also be needed to accurately reflect the various providers responsible for a specific patient’s care.

REFERENCES