Measuring a Veteran’s Quality of healthcare Managed by a Nurse Practitioner in a Veterans Affairs Outpatient Setting Using Ongoing Professional Practice Evaluation and Core Performance Measures

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OPPE Introduction

• OPPE is an innovative program implemented at VAGLAHS.
  – Based on national standards recommended by IOM, HEDIS, and JC for evaluation of patient care
  – Provides surveillance, education, and transparency in evaluating NP care.
• Program objective is to validate and improve quality and safety of delivered care.
• VA is the largest integrated healthcare for 5.5 million Veterans.
OPPE Background

- IOM/ACGME-The impetus for the program
  - In response to IOM report “to err is human”, ACGME implemented the Outcome Project
- Six domains of care were used and were validated
- Results revealed an improvement in delivered and perceived quality of care. Joint Commission has now adopted these domains.
- VHA was introduced to these domains as a measure for NP quality of care in 2007.
HEDIS Measures/Core Performance Measures

- VA has also adopted these measure quality of care.
  - These measures are incorporated into the OPPE domain of Practice-Based Learning
  - Endorsed by Medicare and NCQA as validated measures
  - Process measures that translate to improved outcomes

- Measures: HTN goal of SBP<140, HL management, adherence to evidence based practice for Diabetes (foot exam/yr, retinal screening, & lipids), obesity, depression, etc.
OPPE Program-Process

- Program stakeholder buy in 2007-2009
- Implemented in 2010
- APRN Review Board created to provided oversight for implementation for 105 NPs and 7 CNSs. Discussion for this topic is focused on NPs only.
- An understanding of organizational culture and leadership was important.
- Understanding my own leadership style-then formulate strategies to intertwine both for best results
- VA organization prioritizes quality of care, hence this common foundational value was used to bring stakeholders on board
OPPE Program-Process cont.

• Implementation of program required broad interprofessional support.

• Numerous meetings with stakeholders, representatives from nursing, medicine, primary care, executive leadership, union partners, and credentialing department provided broad support for the program.
OPPE Overview

- Education
- Transparency
- OPPE is a process used to monitor surveillance across 6 practice domains:
  (a) patient care,
  (b) medical-clinical knowledge
  (c) practice based learning and improvement
  (d) interpersonal and communication skills
  (e) Professionalism
  (f) system-based practice
# Ongoing Professional Practice Evaluation (OPPE)

<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>Service: Primary Care</th>
<th>Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload Statistical Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Expected Panel Size</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Provider Data

### Patient Care

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>(Trigger)</th>
<th>Practitioner Data</th>
<th>Triggered</th>
<th>Performance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of disallowed abbreviations (chart review)</td>
<td>&gt;2 charts in review period</td>
<td>No occurrences noted</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>History content and quality adequate</td>
<td>&lt;70% compliance</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Examination content and quality adequate</td>
<td>&lt;70% compliance</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment is appropriately documented – with clear goals based on available data</td>
<td>&lt;70% compliance</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan of care is appropriately documented based on clinical and diagnostic data</td>
<td>&lt;70% compliance</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling and Education of Patients/families is documented as appropriate to the situation</td>
<td>&lt;70% compliance</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practices within scope of granted privileges</td>
<td>≥ 1 failure in review period</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Clinical Knowledge</td>
<td>Acceptable Level (Trigger)</td>
<td>Practitioner Data</td>
<td>Triggered</td>
<td>Performance Plan</td>
</tr>
<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Adherence to evidence based guidelines as appropriate for the diagnosis</td>
<td>&lt;70% compliance</td>
<td>□Yes □No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-Based Learning and Improvement</th>
<th>Acceptable Level (Trigger)</th>
<th>Practitioner Data</th>
<th>Triggered</th>
<th>Performance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets performance measure for (✓ those monitored this review period):</td>
<td>Fails individual measure(s) on 3 out of 5 months during review period</td>
<td>□Yes □No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM BP &lt;140/90</td>
<td>DM BP&lt;140/90 (goal&gt;76%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM A1c &gt;9 or absent &gt;yr</td>
<td>Depression (goal &gt;/= 95%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM A1c measured annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM LDL &lt;100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM LDL measured w 1 yr review</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□DM Renal Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□DM Timey Retinal Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□CVD LDL &lt;100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□CVD LDL measured in last yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□HTN Dx and BP &lt;140/90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□CA CRC screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□CA cervical cancer screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□CA mammogram</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Pneumonia Vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Flu vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□MOVE program/screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Tobacco screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Depression screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Alcohol use screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Alcohol Use Screen (/&gt;= 95%) | □Yes □No |</p>
<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills</th>
<th>Acceptable Level (Trigger)</th>
<th>Practitioner Data</th>
<th>Triggered</th>
<th>Performance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Complaints</td>
<td>&gt;3 in review period</td>
<td>0</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>Progress notes completed within 3 business days of visit</td>
<td>&lt; 70% compliance</td>
<td>100</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>Electronic medical record entries are appropriate in content (inappropriate entries include using medical record in place of e-mail or making inappropriate remarks about patient).</td>
<td>&gt; 2 failures in review period</td>
<td>0</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Acceptable Level (Trigger)</th>
<th>Practitioner Data</th>
<th>Triggered</th>
<th>Performance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains patient privacy and security of information</td>
<td>&gt; 3 privacy/security breaches in review period</td>
<td>0</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>Absence of validated disruptive or unprofessional behavior</td>
<td>&gt;1 occurrence</td>
<td>0</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System-Based Practice</th>
<th>Acceptable Level (Trigger)</th>
<th>Practitioner Data</th>
<th>Triggered</th>
<th>Performance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coding is appropriately entered for the level of visit complexity</td>
<td>&lt;70% compliance</td>
<td>100</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>Medication reconciliation completed</td>
<td>&lt;70%</td>
<td>100</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
</tbody>
</table>

Name of Service Chief: [Signature]
Frequency of Review: Every six months; twice per year. JAN and JULY
Comments:
Recommendation regarding continued privileges:
☐Continue
☐Limit
☐Revoke
Next Review to be Completed by: (Month/Year)
OPPE Measurement Instrument

• Instrument Validity
  – Nine person expert panel from VAGLAHS used to establish face validity for domains and competencies
  – Consensus on checklist of behaviors/action/threshold for triggers reached
  – Validity of domains has previously been established by ACGME and RWJF
  – Validity and reliability of HEDIS/core measures has already been established

• Reliability
  – NPs educated on tool and processes. Provided with one excellent and one poor progress note. Inter-rater reliability was found to be at 98%.
  – Differences resolved with consensus.
  – Continued 5% of charts are reviewed to ensure reliability
Purpose

• The study’s purpose is to evaluate the effect of OPPE program in care delivered by nurse practitioners.

• To-date no study has been conducted reviewing the effectiveness of such a program.

• Research question
  – Does OPPE improve care delivered by nurse practitioners in Veterans receiving care at VAGLAHS.

• OPPE instrument, sample description, data analysis, results, discussion and limitations are discussed.
Chart Reviews/OPPE March and September

- Substandard Performance
- Meets standard

Verified by the APRN review board

- Request to formulate a performance plan to address deficiency

Practitioner data reviewed at 30, 60, and 90 days to assess deficiency correction

- NO further Triggers identified
- Triggers identified

NO further Triggers identified

- Change to OPPE

Triggers identified

- Placed under direct supervision of physician and stringent plan implemented
- No identified triggers then transition to OPPE

Triggers identified-Process for removal

Continue OPPE
Study

- **Aim:** Evaluate improvement in healthcare quality with implementation of OPPE program for Veterans managed by NPs in outpatient setting in Western United States.

- **Study was approved as an exempt project by IRB at VA GLAHS**

- **Sample:**
  - **Inclusion:** All practicing NPs (FT/PT/WOC/contract)
  - **Exclusion:** employed<3months, NPs working in the capacity of RN or administrator, NPs on Sabbatical, Long term projects, fellowships, etc.
  - Each NP was nationally certified by an approved certification body (ANCC/AANP)
Nurse Practitioner Population

- 65% FNP, 33% Acute Care/Geriatric, and 2% Psych NPs
- 86% were certified in their assigned area of practice, 14% were certified as Geriatric but working in primary care medicine. All had training to work in their area of specialty

<table>
<thead>
<tr>
<th>NP Specialty</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>33</td>
<td>44</td>
<td>37</td>
</tr>
<tr>
<td>Geriatric care</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Psychiatric/Mental</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty care</td>
<td>18</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>79</td>
<td>87</td>
</tr>
</tbody>
</table>
Data Analysis

• Data collection done on 32 total competencies
  – These collectively addressed the six domains
• Number of individuals compliant with each competency was collected for 2010, 2011, & 2012
• Data from 2010 was compared to 2011 and 2011 with 2012
• Data entered in excel database and 25% of data entry was verified by comparing raw data with computer data entry
• “t-test” analysis was used with p<0.05 to compare percentages from respective years
Results

• There was no statistical significance for individual NP compliance from 2010-2011 (64% vs 66% P=0.44)

• A statistically significant difference was found comparing individual compliance from 2011 to 2012 (66% vs 80% p<0.01)

• All NPs were 100% compliant with two of the competencies “Completion of Mandatory Training and Medication Reconciliation”
Results Year Over Year Improvement

<table>
<thead>
<tr>
<th>Competency Compliance (total 32 Competencies)</th>
</tr>
</thead>
</table>

- **2010-2011**
  - (64% vs 66%)
  - \( P=0.44 \)

- **2011-2012**
  - (66% vs 80.3%)
  - \( P<0.01 \)

### Yearly Compliance Comparison

<table>
<thead>
<tr>
<th>Year</th>
<th>% Compliance with Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>64</td>
</tr>
<tr>
<td>2011</td>
<td>66</td>
</tr>
<tr>
<td>2012</td>
<td>80.3</td>
</tr>
</tbody>
</table>
Individual Domain Based Compliance

Compliance with Domains 2010/2011/2012

<table>
<thead>
<tr>
<th></th>
<th>#1 Patient care domain</th>
<th>#2 Medical Clinical Knowledge</th>
<th>#3 Practice Based Learning and Improvement</th>
<th>#4 Interpersonal and communication skills</th>
<th>#5 Professionalism</th>
<th>#6 System Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 2010</td>
<td>794</td>
<td>184</td>
<td>139</td>
<td>476</td>
<td>318</td>
<td>259</td>
</tr>
<tr>
<td>Year: 2011</td>
<td>684</td>
<td>148</td>
<td>288</td>
<td>416</td>
<td>284</td>
<td>293</td>
</tr>
<tr>
<td>Year: 2012</td>
<td>770</td>
<td>173</td>
<td>427</td>
<td>451</td>
<td>310</td>
<td>426</td>
</tr>
</tbody>
</table>
Results cont.

• New graduates or those that did not receive appropriate orientation/mentorship with an NP had difficulty passing.

• NPs who had been out of clinical practice returning to practice had difficulty
  – with consultation and individualized education, they were able to pass

• Present study demonstrates that with education, transparency, and constructive feedback there is a statistically significant improvement in delivered quality of care by NPs
Translating Results Into Practice

<table>
<thead>
<tr>
<th>Performance Plan Initiated</th>
<th>% failed performance plan</th>
<th>% left the VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>15%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Discussion

• NPs at VA assume variety of roles traditionally held by MDs

• Their level of abilities are commensurate
  – With license, certification, academic training, experience, and knowledge

• NPs are qualified to address health care needs of population in primary, secondary and tertiary practice settings
Discussion

• Numerous studies have demonstrated equivalence of NP delivered care with that of an MD.
• However up to the time reviewed there were no studies that measured NP delivered care on an ongoing basis.
• In our study, biannual monitoring, chart reviews, aggregate data review, feedback, and discussion of progress during annual meetings resulted in increased focus on quality of care
Discussion

• OPPE program provides transparency and validates care provided by NP.
• Ongoing monitoring improves quality and safety of delivered care
• There was a direct correlation between program implementation and year over year improvement
• Ongoing measurement identified best practices and those that required improvement
• Our research compared NPs care with NP care year over year
• It did not seek to compare NP to MD care
Lessons Learned

• Concept of peer review met with resistance, anxiety and performance fear with NP
• Expectation that all NPs would be able to meet all measures
  – Had not conceptualized the impact of different settings and population in meeting measures
  – NPs working with homeless population could not meet the measure of HTN, lipids or diabetes
  – Measures had to be modified based on population served
Lessons Learned

• Reasons for individuals inability to meet measures had to be explored
  – Staffing issues played a role—they were given latitude till issues were resolved was given
  – Some required substantial coaching when they began working with unfamiliar population/returned to practice after working in non clinical roles

• OPPE must be tailored to area of practice and issues outside of NP control can impact validity of data collection
Implications for Practice

• OPPE competencies are used nationally – ACGME

• Prototype-national implications
  – Reliable, valid
  – Evaluates and improves NP practice
  – Feedback and education to assist low performing NPs (improved QOC)

• Provides foundational elements for policy and procedures to manage NP practice
Implications for Practice

NP Practice

• Organized OPPE program is paradigm to provide oversight of QOC delivered by NP
• Track and trend NP practice overtime
  – Showcase excellence in performance
  – Validate NP Practice
  – Remove NPs who do not meet practice standards
• Reassurance to consumers
  – NP practice meets standards (IOM, HEDIS, Medicare)
• Tool to establish value and worth as an NP
• Can be used as leverage when hiring NP
Implications for Practice
Education

• May assist academic programs in setting standards and training for graduates
  – It may reduce remediation required by a new NP upon entry into practice

• Increased pressure for online curricula, shorter programs
  – Essential for educational program to show baseline competency in provision of QOC
Conclusion

• OPPE evaluation program allows NPs to evaluate, validate, and provide transparency of clinical practice
• It allows NPs to demonstrate their impact on quality care and highlight their clinical outcomes
• NPs expressed high satisfaction with the OPPE tool, education, and results.
References


References


References

• National Center for Veterans Analysis and Statistics. (2013). Veteran Population. from Veterans Affairs
  www.va.gov/vetdata/Veteran_Population.asp
References

