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Specialty Measure Scorecard: A Comprehensive Approach to Academic Medicine Quality

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Learning Objectives



- Describe the process of gaining buy-in and developing a scorecard for specialty metrics.
- Explain the complexities of bringing together disparate data sources in an organized fashion.



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Why Specialty Measures?

- Most existing quality measurement systems don't provide valid or usable information.
- The few valid and usable quality measurement systems that exist focus on 'general quality outcomes'
- This leaves 3 gaps in a health system with a significant specialty focus.
 - Patients face a gap in knowing where to seek care
 - Specialty clinicians face a gap in engagement towards quality improvement
 - Healthcare organizations face a gap in articulating the full value of the organization
- A valid portfolio of specialty specific measures can cover these gaps

Try-Try-Try Again !



	Specialties	Measures	Incentives	Result
Specialty Measures 1.0 2015-2017	36 <i>[big bang]</i>	Custom	++	<input type="checkbox"/> High specialty engagement <input type="checkbox"/> Extreme analytics effort <input type="checkbox"/> High Improvement effort <input type="checkbox"/> Abandoned
Specialty Measures 2.0 2018-2019	5 <i>[1 by 1]</i>	Existing	+	<input type="checkbox"/> Low specialty engagement <input type="checkbox"/> Low analytics effort <input type="checkbox"/> Low improvement effort <input type="checkbox"/> Interrupted by Covid

Learning from the School of Hard Knocks

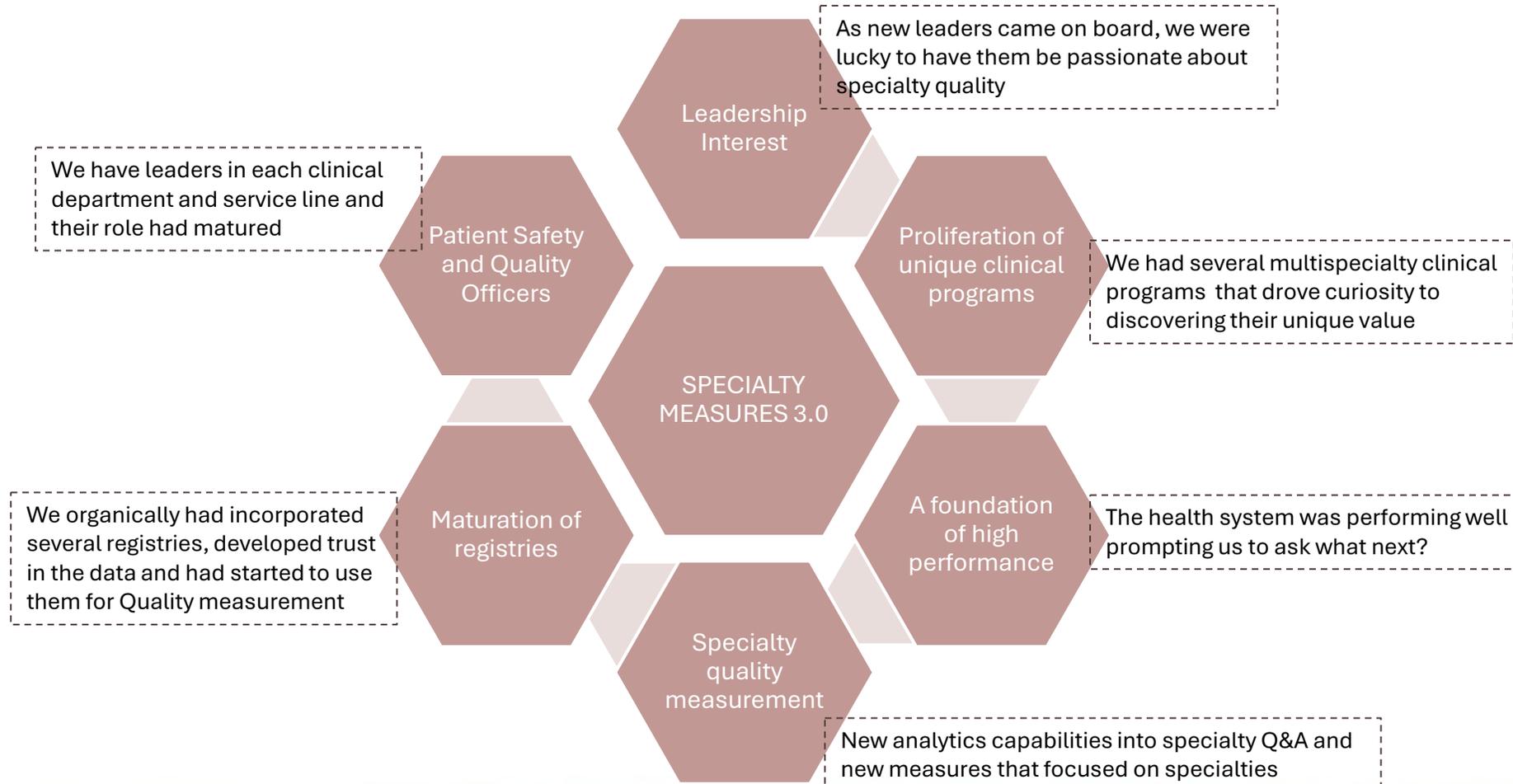


- There is considerable pent-up engagement in specialties to be unleashed
- Analytics and improvement resources are finite and easily exhausted
- Goodhart's laws are always in effect and incentives lead to strange behaviors
- Shoehorning general quality measures to be specialty measures doesn't work (example: diabetes management as a measure of quality of endocrine care)

Specialty Measures 3.0 [2023 – 2025] An Idea Whose Time Has Come?



Specialty Measures 3.0 [2023 – 2025] An Idea Whose Time Has Come?



Specialty Measures 3.0 : Measures Included



Registries

- NSQIP
- MPOG
- TQIP
- SRTR
- CathPCI

Third Party Specialty Measures

- Service line specific performance
- Outpatient procedure revisits
- Derived measures for data and ranking

Unique clinical programs

- Sickle cell population health program
- Ambulatory Diabetes Outreach Program (ADOP - pharmacy)
- Complexity Intervention Unit (CIU) program
- HIV management program
- Stewardship Programs

Example: Unique Clinical Program

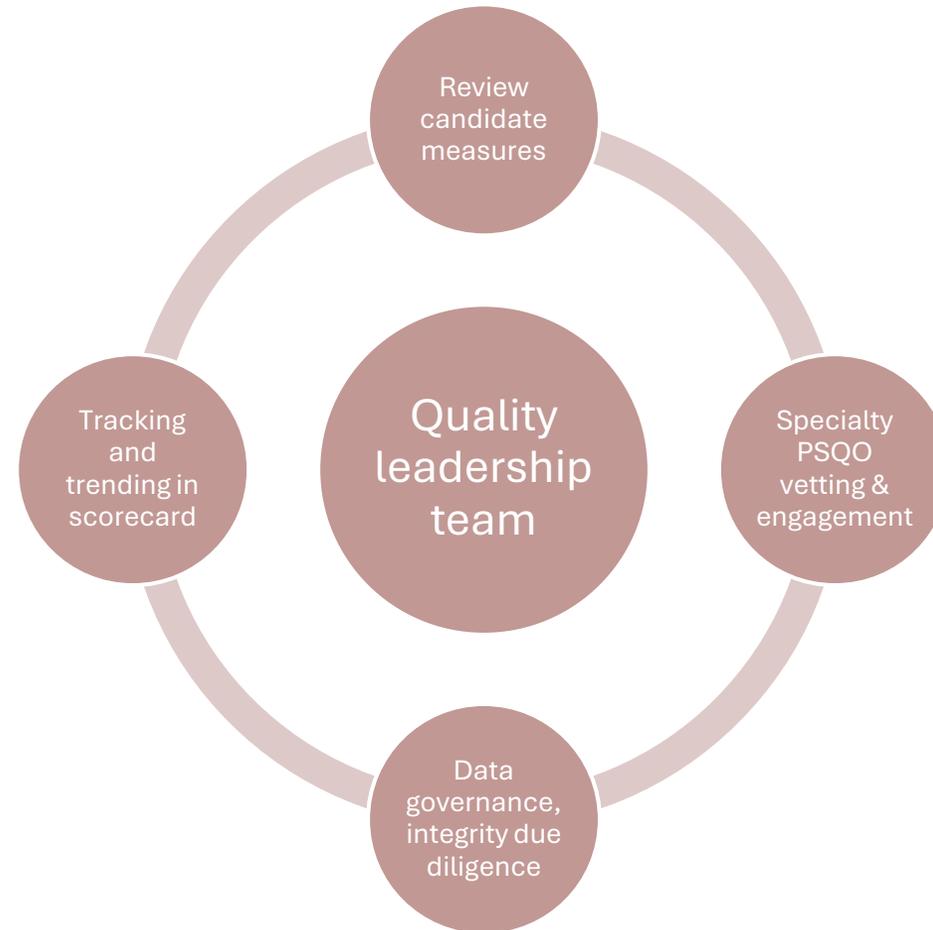


Complexity Intervention Unit

- Unique unit and care model addressing acute care needs and psychiatric disorders
- Elevated visibility in the Specialty Metric scorecard
- Scorecard tracks readmissions for this unit specifically given the specialized approach to this high-risk population



Specialty Measures 3.0 in Broad brush strokes



Bringing it Together



FY 2025 Specialty Measure Scorecard

Published: June 2025



Specialty	Metrics	F&MCW		
		FY24 End	FY25 Actual	FY25 Goal
Anesthesia	Normothermia	3.9%	4.2%	10.0%
	Protective Tidal Volume	99.0%	99.0%	90.0%
	Periop Hyperglycemia Management	42.0%	39.0%	90.0%
CIU (Med/Psych)	30 Day Readmissions	13.50%	12.07%	14.31%
	LOS O:E	0.77	0.74	0.86
Dermatology	Mohs Stages per Case (Average)	1.51	1.50	
Emergency Medicine	Sepsis Mortality	0.45	0.51	0.62
Medicine - Cardiovascular	Cardiology Mortality	0.58	0.56	0.89
Medicine - Endocrinology	TSH Level Management	84%	83%	84%
Medicine - GI	Outpatient Colonoscopy Revisit Rate	1.17%	1.09%	0.41%
	Biliary Procedure Revisit Rate	5.46%	6.41%	1.53%
Medicine - Hematology	Sickle Cell Readmissions	28.00%	17.39%	
	Sickle Cell LOS (O:E)	0.57	0.48	0.86
Medicine - Infectious Disease	HIV Viral Load Suppression Rate	92.8%	91.0%	95.0%
Medicine - Nephrology	OP Hemodialysis		40%	36%
Medicine - Pulmonology	Time to Inpatient Bronchoscopy	24.00	24.00	
Medicine - Rheumatology	TB Screening Prior to Anti-TNF Medication	62%	57%	

Data Sources:

- Epic Clarity
- Vizient
- MPOG
- NSQIP
- TQIP
- SRTR
- CathPCI

Bringing it Together (cont'd)



MSK/Ortho	Arthroscopy Revisit Rate	1.28%	0.00%	0.20%
	Hip Fracture Time to Surgery	31.2	25.1	24.0
	Own the Bone - Osteoporosis Management in Post-Fracture - Women	38.5%	34.3%	36.0%
	Own the Bone - Osteoporosis Screening in Older Women	75.8%	77.2%	72.3%
OB/GYN	Timely Management of Blood Pressure	97.0%	97.5%	
	Hyst SSI	1.07	1.86	0.35
Oncology/Cancer	Overall Service Line Rank - Onc (Vizient - Quarterly)	7	10	11
Pathology	Biopsy Turnaround Time	82.47%	76.22%	80.00%
	Frozen/Final Diagnosis Correlation	0.36%	0.54%	1.50%
PMR	Readmission - Acute Rehab	10.50%	7.84%	11.18%
Reproductive Medicine	Intracytoplasmic Sperm Injection Fertilization Rate		78.52%	70.00%
	Elective Single Embryo Transfer Rate		100.00%	90.00%
Surgery	Risk Adjusted Mortality	0.87	0.83	0.89
	Overall Morbidity	6.50%	6.51%	6.73%
	Colon SSI	7.77%	7.44%	8.26%
Therapy Stewardship	Daily Mobility Targets		41.0%	50.0%
Urology	Urinary Procedure Revisit Rate	2.79%	2.71%	1.78%

Data submitted in June, covering measures through May performance. Some measures have additional lag (readmissions timing, 3rd party processing)

Performance Key

- At or beating FY25 goal
- Not meeting FY25 goal, but ahead
- Not meeting FY24 result

Data Sources:

- Epic Clarity
- Vizient
- MPOG
- NSQIP
- TQIP
- SRTR
- CathPCI

Bringing it Together – Drilldown....



Goal
Decrease the rate of intraoperative normothermia

Performance Summary

Month	F&MCW - R12	FY24 GOAL	FY25 GOAL
Jun	3.9%	3.9%	10.0%
Jul	3.8%	3.9%	10.0%
Aug	4.0%	3.9%	10.0%
Sep	3.8%	3.9%	10.0%
Oct	3.9%	3.9%	10.0%
Nov	3.9%	3.9%	10.0%
Dec	3.9%	3.9%	10.0%
Jan	3.9%	3.9%	10.0%
Feb	3.9%	3.9%	10.0%
Mar	4.0%	3.9%	10.0%
Apr	4.2%	3.9%	10.0%
May	4.2%	3.9%	10.0%
Jun	10.0%	3.9%	10.0%

Legend: ▲ F&MCW - R12, — FY24 GOAL, — FY25 GOAL. Desired Trend ▼

	FY234 Year-End	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY24 Goal	FY25 Goal
F&MCW	3.9%	3.8%	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.2%	4.2%		10.0%	10.0%

Data Definition

<https://spec.mpog.org/Spec/Public/21> Percentage of patients requiring general or neuraxial anesthesia for whom a body temperature ≥ 36 degrees Celsius (or 96.8 degrees Fahrenheit) was not recorded within 30 minutes before to 15 minutes after anesthesia end time.

Source
MPOG Temp 03 Measure

Performance Key

- At or above FY25 goal
- At or above FY24 goal
- At or above FY23 year-end, but below goal
- Below FY23 year-end

Making it Stick: Building Processes to Manage the Scorecard and Aligning Sponsorship



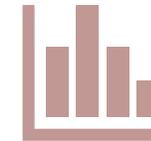
Establish monthly standard work



Targeted distribution for key stakeholders



Broad visibility across the organization



Annual measure review

The Crystal Ball: What's Next?



1

Continue to focus on the basics

- *Maintain ranked performance*
- *Expand and enhance specialty measures portfolio – incorporate PROMs*
- *Enhance visibility to board, communities, payors.*

2

Overcome the burden of registry abstraction

- *Consolidate abstraction functions*
- *Partnership with A.I.*

3

Define ,Codify , Deploy and Measure 'Great care'

- *Clinical Pathways*
- *Clinical Stewardship*
- *Measure process and outcome measures for pathways and stewardship*

Final Reflections: We are Playing an 'Infinite' Game



Key Principles for the Infinite Game:

- **Just Cause:**
 - *A clear and inspiring vision for the future that motivates and unites people, going beyond self-interest. It's a purpose that transcends the immediate goals and motivates the organization to strive for something bigger.*
- **Trusting Teams:**
 - *Building strong, resilient teams where members trust each other and the leadership, allowing for open communication and a sense of psychological safety.*
- **Worthy Rivals:**
 - *Recognizing that competitors, while not necessarily friends, can push you to improve and innovate, ultimately advancing your just cause.*
- **Existential Flexibility:**
 - *The capacity to disrupt your own business model or strategic course to better advance your just cause, even if it means significant changes. This involves adapting to new technologies, business models, or paths to stay relevant and effective.*
- **Courage:**
 - *The willingness to take risks, admit mistakes, shift perspectives, and stay true to your just cause in the face of internal and external pressures.*

Lessons Learned



Patience

Resilience

Discipline

Talent

Leadership

Teamwork

Key Takeaways



- Start with Defining your ‘why’
 - *Burning Platform or Burning Ambition?*
- Develop a Mechanism to Engage Leaders in Specialties
 - *Pride is a quality improvement strategy*
- Ideas are Easy – Execution is Everything
 - *None of our ideas are unique – to succeed develop and exercise your execution muscle*



Questions?

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