

### Quality Measures

Quality measures should be:

- Something that can improve health for your patients
- Easy to quantify and easy to measure
- Something that you have the ability to impact
- Tied to standards (such as insurance company, government, local, or organization measures) when possible

### Possible COPD Quality Measures

- Percentage of adults with a smoking status documented on their chart \*
- Percentage of adults who smoke
- Percentage of smokers who have had smoking cessation counseling in the past year ([NQF 0028](#), MIPS #226)
- Percentage of smokers with COPD (or COPD exacerbation) who have had smoking cessation counseling \*
- Percentage of patients with COPD who have their GOLD stage documented on their chart
- Percentage of patients age  $\geq 18$  years with COPD who had spirometry results documented ([NQF 0091](#))
- Percentage of patients age  $\geq 40$  years with COPD who had spirometry results documented ([HEDIS Measure](#))
- Percentage of patients with COPD exacerbation who receive both an antibiotic and a corticosteroid \* ♦
- Percentage of patients with COPD exacerbation (ER or hospital visit) who receive systemic corticosteroids and/or bronchodilators ([HEDIS measure](#)) \* ♦
- Percentage of patients with COPD and FEV1 < 60% on long-acting bronchodilator ([NQF 0102](#), MIPS #052)
- Percentage of patients with COPD and dyspnea on long-acting b2-agonist (LABA)/long-acting muscarinic antagonist (LAMA) combination therapy

It is an option, for many of these measures, to work on health equity issues by looking for differences in the measure between groups of different race/ethnicities, socioeconomic status, or insurance status.

### Interventions

Good interventions will:

- Use the entire team effectively - Not just more work for the physician and other clinical staff
- Often engage patients in improving their health
- Generally involve incremental change - Make small changes, then make more changes later if the initial changes work well
- Only change one or two processes at a time
- Include educating staff on the disease or treatment being addressed

### Possible COPD Interventions

- Have nurse/MA confirm smoking status for every patient \*
- Have nurse/MA ask smokers if they are interested in help with smoking cessation
- Put smoking cessation resources for patients in waiting room or exam room \*
- Develop standing orders for spirometry for patients with COPD who do not have spirometry on their chart, then have nursing staff contact patients who are due for spirometry
- Order [1-800-QUIT-NOW notepads](#) from CDC to use to make cessation prescriptions for patients who smoke \* ♦
- Discuss COPD diagnosis and treatment during a staff meeting, then discuss how all team members can improve care
- Have all clinicians install the [Global Initiative for Chronic Obstructive Lung Disease Pocket Guide App](#) and use it during visits
- Implement a dashboard in your EHR to monitor appropriate medication prescribing and review results in team meetings

\* Ideas for physicians without continuity of patients   ♦ Ideas for physicians in administrative roles