

Quality measure relationships

Table of contents

1. Structure measure relationships

Quality measures referred to as structure measures are quantifiable attributes of an organization that support clinical processes and outcomes. Individual structure measures are displayed in column 1. Column 2 displays process and outcome measures relating to and/or are directly supported by the structure measure.

- 1.1. Structure quality measures supporting care that gets results (effective; efficient).....1
- 1.2. Structure quality measures supporting care that protects patients from errors and does not cause harm (safe).....3
- 1.3. Structure quality measures supporting care that is responsive to patients' needs and preferences (patient-centered; timely; equitable).....4

2. Process measure relationships

Process measures are quantifiable clinical processes related to the delivery and receipt of care. Outcome measures reflect the result of care and patient experiences while receiving care. Column 1 displays individual process and outcome measures. Column 2 displays structure measures relating to and/or are required to support the process and outcome measure.

- 2.1. Process and outcome quality measures supporting care that gets results (effective; efficient).....6
- 2.2. Process and outcome quality measures supporting care that protects patients from errors and does not cause harm (safe).....8
- 2.3. Process and outcome quality measures supporting care that is responsive to patients' needs and preferences (patient-centered; timely; equitable).....10

1. Structure Measure Relationships

1.1 - Structure quality measures supporting care that gets results (effective; efficient)

Structure Measure	Related Process or Outcome Measure(s) (Outcome Indicators Noted in <i>Italics</i>)
S1. Supports best practices	
S1.1 The organization requires obtaining a health history prior to clinical evaluation and management	➤ Percentage of patients with documented past health history prior to initiating care ➤ Percentage of patients whose clinical record includes a review of systems (e.g., cardiovascular, pulmonary, etc.) ➤ Percentage of patients screened for opioid use ➤ Percentage of patients screened for physical activity level ➤ Percentage of patients screened for tobacco use ➤ Percentage of patients with a documented list of current medications
S1.2 The organization requires obtaining a condition specific history prior to clinical evaluation and management	➤ Percentage of patients with documented condition-specific history prior to initiating care
S1.3 The organization supports screening for psychosocial risk factors for poor outcome and/or chronicity	➤ Percentage of patients assessed for psychological and social risk factors for poor outcome and/or chronicity

S1.4 The organization supports diagnostic imaging consistent with clinical guidelines and best practices	➤ Percentage of patients screened for the possibility of pregnancy prior to obtaining radiographs
S1.5 The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions	➤ Percentage of visits where the need for additional visits is assessed ➤ Percentage of patients whose response to care is regularly assessed ➤ Percentage of visits with a current care plan ➤ <i>Percentage of patients assessed during a re-evaluation using a valid functional and/or symptom outcome measure</i>
S1.6 The organization supports multimodal chiropractic care	➤ Percentage of care plans including 5 components: 1) Active therapies such as supervised or unsupervised exercise; 2) Manual therapies such as joint manipulation, and myofascial therapies; 3) Education about one's condition including pain physiology when appropriate; 4) Self-management advice and/or activities; and 5) Therapeutic goals. Note: Multimodal interventions are not required at each visit during a care plan. ➤ Percentage of older adults offered advice on balance, strength, and endurance exercises to prevent falls
S1.7 The organization supports advice to stay active for patients with low back pain	➤ Percentage of care plans including 5 components: 1) Active therapies such as supervised or unsupervised exercise; 2) Manual therapies such as joint manipulation, and myofascial therapies; 3) Education about one's condition including pain physiology when appropriate; 4) Self-management advice and/or activities; and 5) Therapeutic goals. Note: Multimodal interventions are not required at each visit during a care plan.
S2. Organizational Framework	
S2.1 The organization has employment training procedures	➤ †
S2.2 The organization has a reporting/supervisory structure	➤ †
S2.3 The organization has a future planning strategy	➤ †
S2.4 The organization maintains a current database of professional credentials for all providers	➤ †
S3. Supports quality assessment/improvement	
S3.1 The organization conducts regular audits to ensure regulatory compliance	➤ †
S3.2 The organization conducts regular audits as part of a quality improvement program	➤ †

†Structure measures that do not support specific process or outcome measures, but instead demonstrate organizational commitment toward maintaining a culture of quality improvement.

1.2 - Structure quality measures supporting care that protects patients from errors and does not cause harm (safe)

Structure Measure	Related Process or Outcome Measure(s) (Outcome Indicators Noted in <i>Italics</i>)
S1. Safety-related organizational infrastructure	
S1.1 The organization has infection control and prevention protocols	➤ <i>Adverse event rate*</i>
S1.2 Training procedures are in place for hand hygiene, personal protective equipment, and environmental cleaning	➤ <i>Adverse event rate*</i>
S1.3 Screening for serious pathology (i.e. red flags) is expected by the organization	➤ Percentage of patients screened for signs and symptoms of serious pathology (i.e. red flags) ➤ Percentage of patients whose vital signs are recorded ➤ Percentage of patients with documented past health history prior to initiating care ➤ Percentage of patients with documented condition-specific history prior to initiating care ➤ Percentage of patients who receive a clinical examination for a presenting problem
S1.4 A referral pathway is in place for patients at risk for self-directed violence	➤ Percentage of patients at risk for self-directed violence referred to an appropriate provider*
S1.5 The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting	➤ Percentage of patients screened for signs and symptoms of serious pathology (i.e. red flags) ➤ Percentage of patients screened for the possibility of pregnancy prior to obtaining radiographs ➤ Percentage of patients over age 40 screened for major risk factors for osteoporosis ➤ Percentage of patients who receive a clinical examination for a presenting problem ➤ Percentage of patients with a documented list of current medications ➤ Percentage of patients whose vital signs are recorded ➤ <i>Adverse event rate*</i>
S1.6 A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care	➤ Percentage of patients over age 40 screened for major risk factors for osteoporosis ➤ Percentage of patients with new/recent osteoporotic fracture referred to a primary care or other relevant provider ➤ Percentage of patients screened for signs and symptoms of serious pathology (i.e. red flags) ➤ Percentage of patients who receive a clinical examination for a presenting problem ➤ Percentage of patients at risk for self-directed violence referred to an appropriate provider* ➤ Percentage of older adults screened for abilities to independently carry out activities of daily living
S1.7 The organization expects examination of a body region prior to delivering care to the area	➤ Percentage of patients who receive a clinical examination for a presenting problem ➤ Percentage of care plans based on a clinical evaluation
S1.8 The organization supports screening older adults for abilities to carry out activities of daily living*	➤ Percentage of older adults screened for abilities to independently carry out activities of daily living

*Newly proposed measure matching a consensus-derived measure

1.3 - Structure quality measures supporting care that is responsive to patients' needs and preferences (patient-centered; timely; equitable)

Structure Measure	Related Process or Outcome Measure(s) (Outcome Indicators Noted in <i>Italics</i>)
S1. Supports timely access to care	
S1.1 The organization supports scheduling timely chiropractic care	➤ Number of days between request and an appointment for chiropractic care
S2. Supports autonomy and beneficence	
S2.1 The organization requires informed consent from a patient, parent, or legal guardian prior to delivering clinical services	➤ Percentage of patients receiving care only after completing an informed consent process
S2.2 The organization expects providers to communicate an explanation of the suspected/confirmed condition to patients	➤ Percentage of patients receiving care only after completing an informed consent process
S2.3 The organization supports continuity of ongoing care with the same provider during the course of a care plan	➤ Percentage of visits with a current care plan
S2.4 Costs of chiropractic care are transparent	➤ †
S2.5 The organization supports shared decision-making among providers and patients	➤ Percentage of patients receiving care only after completing an informed consent process ➤ Percentage of patients involved in care planning and decision-making ➤ <i>Percentage of patients reporting involvement in their care planning and decision-making</i>
S2.6 The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients	➤ Percentage of patients over age 40 screened for major risk factors for osteoporosis ➤ Percentage of patients with new/recent osteoporotic fracture referred to a primary care or other relevant provider ➤ Percentage of patients screened for signs and symptoms of serious pathology (i.e. red flags) ➤ Percentage of older adults screened for abilities to independently carry out activities of daily living ➤ Percentage of patients at risk for self-directed violence referred to an appropriate provider*
S2.7 The organization encourages interventions to support patient self-management capacity such as education and active care approaches	➤ Percentage of older adults offered advice on balance, strength, and endurance exercises to prevent falls; Percentage of care plans including 5 components: 1) Active therapies such supervised or unsupervised exercise; 2) Manual therapies such as joint manipulation, and myofascial therapies; 3) Education about one's condition including pain physiology when appropriate; 4) Self-management advice and/or activities; and 5) Therapeutic goals. Note: Multimodal interventions are not required at each visit during a care plan ➤ Percentage of older adults offered advice on balance, strength, and endurance exercises to prevent falls ➤ Percentage of patients involved in care planning and decision-making ➤ <i>Percentage of patients reporting involvement in their care planning and decision-making</i>

The organization collects data from patients about their care	➤ Percentage of patients assessed with valid functional and/or symptom outcome measures as a baseline ➤ <i>Percentage of patients reporting involvement in their care planning and decision-making</i> ➤ <i>Percentage of patients reporting satisfaction with chiropractic care</i> ➤ <i>Percentage of patients assessed during a re-evaluation using a valid functional and/or symptom outcome measure</i> ➤ <i>Return to work time for patients with a work-related injury</i> ➤ <i>Adverse event rate*</i>
S3. Protects privacy	
S3.1 The organization secures patient records according to regulatory requirements	➤ †
S4. Supports a multidimensional-health approach	
S4.1 The organization maintains the capacity to connect patients with psychological resources (e.g., mental health providers) and social resources (e.g., community groups, religious organizations)	➤ Percentage of patients assessed for psychological and social risk factors for poor outcome and/or chronicity ➤ Percentage of patients at risk for self-directed violence referred to an appropriate provider*
S4.2 Resources are available for mind-body interventions such as Cognitive-Behavioral Therapy and Mindfulness-Based Stress Reduction	➤ Percentage of patients assessed for psychological and social risk factors for poor outcome and/or chronicity

*Newly proposed measure matching a consensus-derived measure; †Structure measures that do not support specific process or outcome measures, but instead demonstrate organizational commitment toward maintaining a culture of quality improvement.

2. Process and Outcome Measure Relationships

2.1 – Process and outcome quality measures supporting care that gets results (effective; efficient)

Process and Outcome Measure (Outcome Indicators Noted in <i>Italics</i>)	Related Structure Measure(s)
P1. Clinical evaluation	
P1.1 Percentage of patients with documented past health history prior to initiating care	➤ The organization requires obtaining a health history prior to clinical evaluation and management ➤ Screening for serious pathology (i.e. red flags) is expected by the organization
P1.2 Percentage of patients with documented condition-specific history prior to initiating care	➤ The organization requires obtaining a condition specific history prior to clinical evaluation and management ➤ Screening for serious pathology (i.e. red flags) is expected by the organization
P1.3 Percentage of patients whose clinical record includes a review of systems (e.g., cardiovascular, pulmonary, etc.)	➤ The organization requires obtaining a health history prior to clinical evaluation and management
P1.4 Percentage of patients assessed with valid functional and/or symptom outcome measures as a baseline	➤ The organization collects data from patients about their care ➤ The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions
P1.5 Percentage of patients whose response to care is regularly assessed	➤ The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions
P1.6 Percentage of visits where the need for additional visits is assessed	➤ The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions
P2. Clinical screening	
P2.1 Percentage of patients assessed for psychological and social risk factors for poor outcome and/or chronicity	➤ The organization supports screening for psychosocial risk factors for poor outcome and/or chronicity ➤ The organization maintains the capacity to connect patients with psychological resources (e.g., mental health providers) and social resources (e.g., community groups, religious organizations) ➤ Resources are available for mind-body interventions such as Cognitive-Behavioral Therapy and Mindfulness-Based Stress Reduction
P2.2 Percentage of patients screened for opioid use	➤ The organization requires obtaining a health history prior to clinical evaluation and management
P2.3 Percentage of patients screened for tobacco use	➤ The organization requires obtaining a health history prior to clinical evaluation and management
P2.4 Percentage of patients screened for physical activity level	➤ The organization requires obtaining a health history prior to clinical evaluation and management ➤ The organization encourages interventions to support patient self-management capacity such as education and active care approaches ➤ The organization supports advice to stay active for patients with low back pain
P3. Care planning	
P3.1 Percentage of visits with a current care plan	➤ The organization supports continuity of ongoing care with the same provider during the course of a care plan ➤ The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions
P3.2 Percentage of care plans based on a clinical evaluation	➤ The organization expects examination of a body region prior to delivering care to the area

P3.3 Percentage of care plans including 5 components:

1) Active therapies such supervised or unsupervised exercise; 2) Manual therapies such as joint manipulation, and myofascial therapies; 3) Education about one's condition including pain physiology when appropriate; 4) Self-management advice and/or activities; and 5) Therapeutic goals. Note: Multimodal interventions are not required at each visit during a care plan.

- The organization supports multimodal chiropractic care
- The organization encourages interventions to support patient self-management capacity such as education and active care approaches
- The organization supports advice to stay active for patients with low back pain

O1. Clinical outcomes

O1.1 Percentage of patients assessed during a re-evaluation using a valid functional and/or symptom outcome measure

- The organization expects regular monitoring and re-evaluation to inform discharge, continued care, and referral decisions
- The organization collects data from patients about their care

O1.2 Return to work time for patients with a work-related injury

- The organization collects data from patients about their care

2.2 – Process and outcome quality measures supporting care that protects patients from errors and does not cause harm (safe)

Process and Outcome Measure (Outcome Indicators Noted in <i>Italics</i>)	Related Structure Measure(s)
P1. Clinical management	
P1.1 Percentage of patients with a documented list of current medications	➤ The organization requires obtaining a health history prior to clinical evaluation and management ➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting
P1.2 Percentage of patients whose vital signs are recorded	➤ Screening for serious pathology (i.e. red flags) is expected by the organization ➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care
P1.3 Percentage of patients who receive a clinical examination for a presenting problem	➤ The organization expects examination of a body region prior to delivering care to the area ➤ Screening for serious pathology (i.e. red flags) is expected by the organization ➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care
P1.4 Percentage of patients screened for signs and symptoms of serious pathology (i.e. red flags)	➤ Screening for serious pathology (i.e. red flags) is expected by the organization ➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care ➤ The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients
P1.5 Percentage of patients screened for the possibility of pregnancy prior to obtaining radiographs	➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ The organization supports diagnostic imaging consistent with clinical guidelines and best practices
P1.6 Percentage of patients at risk for self-directed violence referred to an appropriate professional*	➤ A referral pathway is in place for patients at risk for self-directed violence ➤ The organization maintains the capacity to connect patients with psychological resources (e.g., mental health providers) and social resources (e.g., community groups, religious organizations) ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care ➤ The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients
P2. Older adults	
P2.1 Percentage of patients over age 40 screened for major risk factors for osteoporosis	➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care

	➤ The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients
P2.2 Percentage of patients with new/recent osteoporotic fracture referred to a primary care or other relevant provider	➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care ➤ The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients
P2.3 Percentage of older adults screened for abilities to independently carry out activities of daily living	➤ The organization supports screening older adults for abilities to carry out activities of daily living* ➤ A referral pathway is in place for patients with signs and/or symptoms of conditions outside the scope of chiropractic care ➤ The organization recognizes the responsibility of providers to refer, co-manage, and/or communicate with other healthcare professionals when clinically indicated and authorized by patients
P2.4 Percentage of older adults offered advice on balance, strength, and endurance exercises to prevent falls	➤ The organization encourages interventions to support patient self-management capacity such as education and active care approaches ➤ The organization supports advice to stay active for patients with low back pain ➤ The organization supports multimodal chiropractic care
O1. Safety	
O1.1 Adverse event rate*	➤ The organization prioritizes safety through incident reporting, clinical risk management, and adverse event reporting ➤ The organization collects data from patients about their care

*Newly proposed measure matching a consensus-derived measure

2.3 – Process and outcome quality measures supporting care that is responsive to patients’ needs and preferences (patient-centered; timely; equitable)

Process and Outcome Measure (Outcome Indicators Noted in <i>Italics</i>)	Related Structure Measure(s)
P1. Beneficence and respect for persons	
P1.1 Number of days between request and an appointment for chiropractic care	➤ The organization supports scheduling timely chiropractic care
P1.2 Percentage of patients receiving care only after completing an informed consent process	➤ The organization requires informed consent from a patient, parent, or legal guardian prior to delivering clinical services ➤ The organization expects providers to communicate an explanation of the suspected/confirmed condition to patients ➤ The organization supports shared decision-making among providers and patients
P1.3 Percentage of patients involved in care planning and decision-making	➤ The organization supports shared decision-making among providers and patients ➤ The organization encourages interventions to support patient self-management capacity such as education and active care approaches
O1. Patient experience	
<i>O1.1 Percentage of patients reporting involvement in their care planning and decision-making</i>	➤ The organization supports shared decision-making among providers and patients ➤ The organization encourages interventions to support patient self-management capacity such as education and active care approaches ➤ The organization collects data from patients about their care
<i>O1.2 Percentage of patients reporting satisfaction with chiropractic care</i>	➤ The organization collects data from patients about their care