

Creating Quality Indicators that Matter to Clinicians and Patients

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What is Quality? For Whom?













5. Nurses and Medical Assistants

Listens to you

Response	Frequency	Percent	0	20	40	60	80	100
Very Good	168	73.0%						
Good	53	23.0%						
Fair	8	3.5%						
Poor	1	0.4%						

Friendly and helpful to you

Response	Frequency	Percent	0	20	40 (60 E	30 100
Very Good	154	69.4%					
Good	57	25.7%					
Fair	9	4.1%					
Poor	2	0.9%					

Answers your questions

Response	Frequency	Percent	0	20	40	60	80	100
Very Good	146	67.0%						
Good	62	28.4%						
Fair	9	4.1%						
Poor	1	0.5%						











	14-Q1	14-Q2	14-Q3	14-Q4	15-Q1	15-Q2
Breast Cancer Screening	55%	55%	53%	48%	48%	52%
Cervical Cancer Screening	75%	74%	72%	71%	69%	71%
Childhood Immunizations	92%	96%	95%	89%	89%	95%
Controlled Diabetes (A1c ≤9%)	75%	75%	75%	76%	82%	81%
Controlled Hypertension	73%	73%	72%	69%	69%	72%
Depression Screening & Follow Up	/3/0	7378	7270	200	5%	10%
Lew Bisthweight	50/	50/	40/	270	576	10%
LOW BITTIWEIGHT	5%	5%	4%	6%	0%	0%
Prenatal Care	73%	74%	74%	71%	83%	83%
Tobacco Use Intervention	98%	98%	97%	98%	96%	96%



Organization/Regulatory Body	# of Indicators Collected
US Dept of HHS National Quality Measures Clearinghouse (2013)	2,100
CMS	1700
NQF	630
AHRQ National Healthcare Quality and Disparities Reports (2012)	250
HEDIS	81
Joint Commission	57







Increasing Burden of Measurement

"As the number of available measures continues to grow without concomitant gains in health outcomes, responsibilities for assessing, measuring, and reporting can become a burden with marginal benefit."

~Meltzer and Chung, Health Affairs 33:1(2014):132-139





Marginal Institutional Value

Investment of QI resources

"The need to invest in capturing required metrics and to improve performance on these metrics to reach the top echelon has caused some providers to overinvest measurement resources and improvement dollars in these high-profile, high visibility measures. This has led to organizations to deplete their quality measurement budgets and ignore other important topics."

(Meyer et al BMJ Quality and Safety, 2012; 21:964-968)



Marginal Institutional Value

Flexibility of resources

Particular providers may not need improvement on metrics within a required set, but rather on another metric. A broader optional set and narrow required set may alleviate the problem of diverting money and resources away from internally needed performance improvements in favor of externally reported metrics





Current Challenges - Measures

- Lack of standardization and comparability from one reporting body to another
 - Lack of agreement on what to measure
 - Lack of agreement on how to define the measure once identified (consistent numerators and denominators)
- Can lead to methods that technically meet a requirement, but do not add value (e.g. tobacco pamphlets)
- Weak to no association between process measures and patient outcomes
- Need to eliminate measures that have "topped out"



Current Challenges - Measures

- Lack of association between process measures and outcomes
- HEDIS Measure for Asthma Quality of Care

~Yoon et al, Journal of Allergy and Clinical Immunology Practice 2015;3:547-552.





Current Challenges - Measures

- Specialists
 - More specialists than generalists
 - Many specialties do not yet have a core set of metrics developed
 - Current specialty measures tend to be process focused rather than outcome
- What about metrics related to overuse?
- Attribution methods
- Current measures reflect interest of providers rather then consumers and purchasers
- Measures keeping up with changes in clinical practice and the cumbersome processes that accompany changes



Current Challenges - Data

- Significant investments in technology and processes to collect data
- Geographic variation in capabilities and resources
- Methods to move data into a database where comparison across providers can be made





Current Challenges – Public Reporting

- No info on patient experience or patient reported outcomes
- User-friendly interface
- Specialty metrics that matter





What *Really* Matters?

Finding the Metrics that Matter

Which of the hundreds (or even thousands) of existing quality indicators will result in changes in care that produce the greatest improvements in health?





What *Really* Matters?

Finding the Metrics that Matter

7 of 13 indicators account for 93% of health improvements6 of 13 indicators account for only 7% of health improvements

~Meltzer and Chung, Health Affairs 33:1(2014):132-139





What *Really* Matters?

Is it time to provide guidance and principles for the development of quality metrics that are required

Groups have defined rules for metric creation





Rules for Metric Creation

- 1. Measure process quality (only that which is tied to outcomes)
- 2. Measure value: health outcomes, patient experience, total cost
- 3. Design data systems to collect data
 - 1. Build quality measures into workflows
 - 2. For key processes, design the data system around the workflow
 - 3. Provide transparent reporting to promote learning, healthy competition and public accountability
- 4. Use return-on-measure investment analysis: cost of measurement relative to impact on outcomes and cost
- 5. Establish an ongoing process for refining and selecting metrics



Rules for Metric Creation - AHIP

1	Measure sets must be aimed at achieving the three part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
2	NQF-endorsed measures are preferred.* In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process where applicable.
ŝ	Data collection and reporting burden must be minimal.
4	Overuse and underuse measures should both be included.
5	Measure sets for clinicians should be limited to fewer than 15 measures when possible.
6	Measures that are currently in use by physicians, measure patient outcomes, and have the ability to drive improvement are preferred.
7	Measures that are cross-cutting across multiple conditions to reflect a domain of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation) are preferred.
8	Measures should be meaningful to and usable by consumers, and also applicable to different patient populations.
9	Patient outcome measures should allow careful and prudent physicians to attain success.
10	As with all measures, those which reform payment or delivery systems should measure clinical quality, patient experience, and costs.



Choosing Wisely

Do we need metrics on not ordering tests, etc.?

Choosing Wisely aims to promote conversations between clinicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

~www.choosingwisely.org





PROM = Patient Reported Outcome Measure

Advantages:

- Most healthcare aims to reduce symptoms, minimize disability, and improve QOL; these are aspects that only a patience can assess
- Patients welcome being involved; this may have health benefits itself
- Patients response rates are invariably better than clinicians'
- Avoids observer bias (inevitable if asking clinicians to assess their own practice
- Considering patient views increases public accountability

PREM = Patient Reported Experience Measure





Patient Reported Outcome Measures Disease Specific

Disease specific PROM: Oxford Hip Score

Twelve questions about how the patient has been over the previous 4 weeks covering pain (4 items), mobility (3 items), and activities (5 items). Five possible answers scored from 0 to 4, creating overall scale of 0 (severe disease) to 48 (no problems).

Example questions:

During the past 4 weeks have you been able to climb a flight of stairs?

Yes, easily/With little difficulty/With moderate difficulty/With extreme difficulty/No, impossible

During the past 4 weeks how would you describe the pain you usually had from your hip? None/Very mild/Mild/Moderate/Severe

During the past 4 weeks could you do the household shopping on your own?

Yes, easily/With little difficulty/With moderate difficulty/With extreme difficulty/No, impossible





Generic PROM: EuroQol EQ-5D

Five questions seeking information that best describes the patient's health that day, covering mobility, self care, usual activities, pain/discomfort, anxiety/depression. Three possible answers: no problem; some problem; severe problem.

Example questions:

Self care: I have no problems with self care/I have some problems washing or dressing myself/I am unable to wash or dress myself.

Anxiety/depression: I am not/moderately/extremely anxious or depressed.





Uses:

- Assist clinicians to provide better and more patient centered care
- Assess and compare the quality of providers
- Provide data for evaluating practices and policies





Challenges:

- Time and cost of collection, analysis and presentation of data
- Rate of patient participation
- Attributing outcomes to the quality of care
- Providing appropriate output to different audiences
- Avoid misuse of PROM's





What Next:

- Combine initiatives used for clinical management and provider comparison, which has been separate in development in the past
- Encourage adoption of new data collection technologies to make PROMs part of everyday life
- Priority disease and treatments need to be identified
- Methodological challenges need to be improved
- Use of PROMs in development of value-based care structures





Ongoing Metric Assessment

Evaluating metrics for retirement

- Evidence basis for a measure has changed
- Sustained high performance "topped out"
- Cost of collecting and measuring outweighs the clinical utility of the measure
- Measure is demonstrated to have minimal impact on health outcomes





How do you know good care when you see it?

- •Study from the anthropology
- •Rebecca Etz et al: Primary Care Measures that Matter
- •2 Questions:
 - 1. How do you know good care when you see it? List what you think are the top 3-5 qualities, capacities, measures, or characteristics.
 - 2. If allowed only 5 questions, what would you ask members of a practice to know if they are helping to deliver health and wellness to their patients?

















Current State

IOM – Core Metrics Center for Healthcare Transparency AHIP MACRA – MIPS/APM





IOM Vital Signs: Core Metrics for Health and Health Care Progress

IOM Committee on Core Metrics for Better Health at Lower Cost

Goals:

- Study the current state of measurement
- Identify measures most reliably reflective of the Triple Aim: overall health care quality, patient engagement and costs of care
- Propose a basic, minimum set of core metrics
- Recommend methods of implementation of a core set of metrics





IOM Vital Signs: Core Metrics for Health and Health Care Progress

Core Metrics Definition: parsimonious set of measures that provide a quantitative indication of current status on the most important elements in a given field and that can be used as a standardized and accurate tool for informing, comparing, focusing, and monitoring change

Important Concepts:

- Measurement is not an end, but a means
- Process for metric development needs to be broad and inclusive
- Composite measures are needed a current gap
- All measure sets should align toward a common goal



BOX Core Measure Set with Related Priority Measures

7. Preventive services

Influenza immunization

Breast cancer screening

Usual source of care

Delay of needed care

8. Care access

9. Patient safety

Pressure ulcers

Wrong-site surgery

Colorectal cancer screening



1. Life expectancy

Infant mortality Maternal mortality Violence and injury mortality



2. Well-being Multiple chronic conditions Depression



3. Overweight and obesity Activity levels Healthy eating patterns



4. Addictive behavior Tobacco use Drug dependence/illicit use Alcohol dependence/ misuse



5. Unintended pregnancy Contraceptive use



6. Healthy communities

Childhood poverty rate Childhood asthma Air quality index Drinking water guality index











10. Evidence-based care Cardiovascular risk

Medication reconciliation

reduction Hypertension control

Diabetes control composite

Heart attack therapy

protocol

Stroke therapy protocol

Unnecessary care

composite



11. Care match with patient goals

Patient experience Shared decision making End-of-life/advanced care planning



12. Personal spending burden

Health care-related bankruptcies



13. Population spending burden

Total cost of care Health care spending arowth



14. Individual engagement Involvement in health initiatives



15. Community engagement Availability of healthy food Walkability Community health benefit agenda



Purpose:

- Meaningful and actionable information on cost and quality of care is available in order to
 - Assist purchasers in pay-for-value programs
 - Assist providers in practice improvement
 - Assist general public in making informed health care decisions
- Plan to work through Regional Data Intermediaries





Proposed Dashboard Measures – Patient-generated

- Depression remission at 6 months
- Knee replacement functional status
- PROMIS Overall wellbeing and physical health
- CG-CAHPS
- CollaboRATE shared decision-making tool
- Patient experience measure TBD





Proposed Dashboard Measures – Clinical

- Diabetes Care Composite
- Controlling High Blood Pressure





Proposed Dashboard Measures – Cost and Utilization

- Total Cost of Care
- Total Resource Use
- Procedure Episode Cost
- Plan All-Cause Re-admissions
- Procedure Volume
- Cancer Prevention Composite





AHIP/Core Quality Metrics Collaborative

-AHIP = America's Health Insurance Plans – trade association

-Teamed up with CMS, NQF, and physician organizations to form Core Quality Measures Collaborative





AHIP/Core Quality Metrics Collaborative

Reduce the total number of measures by eliminating low value metrics and introducing consistency across payers in their requirements for quality reporting

Aim

Aim II

Aim III

Refine the measures that remain to further ease the burden of collection

Relate measures to patient health outcomes, focusing on "measures that matter" Governing Principles for Core Measure Sets Core Quality Measures Collaborative



MACRA

MACRA = Medicare Access and CHIP Re-authorization Act

- Law that passed as the SGR-Fix
- Combines existing CMS quality reporting programs into one system

1. MIPS
2. APM





MACRA –

MIPS (Merit-Based Incentive Payment System)

- Combines PQRS, Value Modifier, and Meaningful Use incentive program into one simple program based on:
 - Quality
 - Resource Use
 - Clinical Practice Improvement
 - Meaningful Use of Certified EMR







- Patient-reported outcomes
- SDH
- Specialty measures
- Patient engagement
- Community engagement
- Composite indicators (e.g. patient safety, healthy communities, evidence-based care)
- Processes for metric elimination





Where do we go from here?

- Fill in the Gaps
- Develop smaller measure set with true value
- Identify which metrics contribute to value --- result in changes in care that produce the greatest improvements in health
- Broaden measure set as needed for specific QI reason (when? How? standardized, unique)
- Guidance/criteria for a good metric
- What do we do in the mean time continue status quo? Cease completely?

