Performance Measurement and Quality Improvement

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42 year old father of two young children presents to an emergency department after “falling out” without any warning. He had a normal EKG and was told to follow-up with his primary care doctor.

Two days later, he had another episode without warning and his wife found him as he was “coming around.” He did not seek care.

One week later, he comes in for his primary care visit. He was very frightened. He had no idea what was happening.
National Quality Strategy

Better Care

Healthier People, Healthier Communities

Smarter Spending

PRIORITIES

Make care safer by reducing harm caused in the delivery of care.

Strengthen person and family engagement as partners in care.

Promote effective communication and coordination of care.

Promote effective prevention and treatment of chronic disease.

Work with communities to promote best practices of healthy living.

Make care affordable.
Policy Context: From Volume to Value

All Medicare Fee-For-Service (FFS) payments

- 68% FFS linked to quality (2011)
- >80% FFS linked to quality (~20% Alternative payment models) (2014)
- 85% FFS linked to quality (30% Alternative payment models) (2016)
- 90% FFS linked to quality (50% Alternative payment models) (2018)
Patient Focused Episodes

- Functional Status
- Quality of Life
- Shared decision-making
- Clinical outcomes & PROs
- Costs

Population at risk

Acute Phase

Post-Acute/Rehab

Secondary Prevention
Measurement Critical to New National Policies

**MACRA**—Encourages alternative payment models and establishes new method for paying physicians (MIPS).

**IMPACT Act**—Aligns measures across post acute and long term care settings—home health, long term care hospitals, skilled nursing facilities, inpatient rehab facilities.

**Medicaid Reforms**—Core measures for adults and children, proposals to establish Medicaid managed care quality rating system, states innovating with delivery system reforms.

**PACE Innovation Act** -- Expanded eligible population to anyone older than age 21; pilot programs
Getting to Measures that Matter

- **Streamline measurement**
- Address underlying measurement science
- Drive toward patient-centered outcome measures
- Fill prioritized measurement gaps
- Shift to care of populations
Measure Alignment

- Federal Programs
- Health Plans
- State Programs
- Provider Measures
- Ratings
Streamline Measurement

- Measure when and where it is most appropriate
- Remove measures that don’t add value to focus on measures more meaningful to patients, payers and providers
- Need to assess burden and benefits of measurement – need effective feedback on measurement
- Challenge of emerging data sources (e.g., registries, EHRs, personal devices, social determinants)
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Advancing Measurement Science

- **Sociodemographic Status Adjustment**: When is risk adjustment appropriate and/or necessary?
- **Variation**: What common criteria should be used to standardize measures?
- **Attribution**: Which entities and individuals are responsible for improving care and reducing costs?
Influence of Healthcare and Patient Factors

Outcome due to patient-related factors and healthcare factors
Types of Potential Patient-Related Risk Factors

Patient factors influence outcomes through a variety of pathways

- Genetics (e.g., predisposition to conditions)
- Demographic characteristics (e.g., age, sex, ethnicity, language)
- Clinical factors (e.g., diagnoses, conditions and severity)
- Socioeconomic factors (e.g., poverty, education)
- Health-related behaviors and activities (e.g., tobacco, diet)
SDS Adjustment: At Least Two Divergent Views

Adjustment for SDS necessary for comparative performance

Adjustment for SDS will mask disparities
Each measure must be assessed individually to determine if SDS adjustment is appropriate.

Not all measures should be adjusted for SDS factors (e.g., central line infection would not be adjusted)

- Need conceptual basis (logical rationale, theory) and empirical evidence
- NQF will endorse SDS-adjusted measure and stratification

Experience to date: risk models using currently available SDS adjustors are not demonstrating an association for measures with a clear conceptual basis for SDS adjustment
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Patient Reported Outcomes (PROs)

- The concept of any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient’s response.
- Growing number of well-validated patient-level instruments (e.g., PROMIS)
- Challenges to use for accountability and performance improvement:
  - Frequently used in research, but not in clinical use
  - Aggregation of patient-reported information to measure provider performance challenging
PROs

- Health-related quality of life (HRQOL)
- Symptoms
- Function
- Satisfaction with care or symptoms
- Adherence to prescribed medications or other therapy
- Perceived value of treatment
PROM Guiding Principles

- Psychometric Soundness
- Person-Centered
- Meaningful
- Actionable
- Implementable
## PROMs and PRO-PMs

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Patients with clinical depression</th>
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<tbody>
<tr>
<td><strong>PRO</strong> (concept)</td>
<td>Symptom: depression</td>
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<tr>
<td><strong>PROM</strong> (instrument, tool, single-item measure)</td>
<td>PHQ-9 ©, a standardized tool to assess depression</td>
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<tr>
<td><strong>PRO-PM</strong> (PRO-based performance measure)</td>
<td>Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score &gt;9 with a follow-up PHQ-9 score &lt;5 at 6 months (NQF #0711) and at 12 months (NQF #0710)</td>
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PatientsLikeMe and NQF Collaboration

• PatientsLikeMe awarded an RWJF grant to help jumpstart changes that will amplify the patient voice in the measurement of healthcare performance.
• Supports collaboration between PatientsLikeMe’s Open Research Exchange and NQF to develop, test and facilitate the broader use of PRO-based performance.
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MAP Dual Eligible Workgroup: Recommendations

• Challenges applying measures designed for the general population to complex or at-risk individuals
  • Potential for unintended consequences or clinically inappropriate targets.

• Core set of measures aimed at quality and outcomes for this vulnerable population widely used

• This population specifically affected by risk adjustment of SDS factors in measures
MAP Dual Eligible Workgroup: Priority Gaps

- Person-centered measures
- Care coordination
  - Especially between acute care and long-term services and supports
- Optimal functioning
- Community integration and access to community resources
HCBS refers to an array of services and supports that promote the independence, well-being, self-determination, and community inclusion of an individual of any age who has significant, long-term physical, cognitive, and/or behavioral health needs and that are delivered in the home or other integrated community setting.
What is Driving HCBS Quality Measurement?

- HCBS in growing demand as care shifts to the community
  - $ community care > $ institutional care
- Diverse populations:
  - Elderly
  - Alzheimer/dementia
  - Dually eligible beneficiaries
  - Physical, intellectual and developmental disabilities
- Both HCBS and PACE integrate health care with social services – similar services and populations
- Shift from value to volume;
- Move towards standardizing quality measurement across care settings
HCBS Project: Key Milestones

Create a conceptual framework for measurement, including a definition for HCBS

Perform a synthesis of evidence and environmental scan for measures and measure concepts

Identify gaps in HCBS measures based on the framework and environmental scan

Make recommendations for HCBS measure development
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## Alternative Payment Framework

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<tr>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
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<tbody>
<tr>
<td>FFS with link to quality &amp; value</td>
<td>APMs built on FFS architecture</td>
<td>Population-based payment</td>
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<tr>
<td><strong>Pay for reporting</strong></td>
<td>APMs with upside gainsharing</td>
<td>Condition-specific population based payment</td>
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<tr>
<td><strong>Rewards for performance</strong></td>
<td>APMs with upside gainsharing &amp; downside risk</td>
<td>Comprehensive population based payment</td>
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<td><strong>Rewards &amp; penalties for performance</strong></td>
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NQF Disparities Standing Committee

- NQF Disparities Standing Committee will provide guidance across all of NQF’s work:
  - Develop a roadmap for how measurement can be used to proactively reduce disparities
  - Review implementation of the revised NQF policy and evaluate the SDS trial period
- Co-chairs:
  - Marshall Chin (University of Chicago)
  - Ninez Ponce (UCLA)
Measuring Value

Outcomes
- Defined by patient
- Measured for patient’s condition over entire episode of care

Cost
- Measured for patient’s condition over entire episode of care

Value for Patients over their condition = Health Outcomes

Cost of delivering outcomes
NQF Measure Incubator: Getting to quality measures that matter

Topic

Developer

Data

Funding

Novel Measures

eMeasures
Outcome Measures
Patient-reported Outcome Measures
Cost/Efficiency/Value Measures

Improved Patient Care and Outcomes
Purpose of Measurement:
Improve Healthcare Quality
Quality Imperative

Not everything that counts can be counted, and not everything that can be counted counts

~Albert Einstein
(William Bruce Cameron)

But.....

You can’t improve what you don’t measure

~ W. Edwards Deming
Discussion

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