The Future of Quality Measurement: Value and Science-Driven Healthcare

AHQA Annual Meeting
Washington, DC

September 11, 2015
Improve health and healthcare quality through measurement

- Gold standard for endorsement and selection of quality measures for public and private programs
- An essential forum – over 430 organizational members across multiple stakeholder groups
- Quality leadership – reach consensus on healthcare’s complex measurement issues (e.g., risk adjustment, linking cost and quality, patient-reported outcome measures)
Starting the Quality Journey
Quality Takes Off

'95  NCQA Develops Health Plan Report Card

'98  President’s Advisory Commission

'99  NQF launches

'01  IOM Crossing the Quality Chasm

Focus: public reporting
Quality Takes Off

’04
CMS Launches Hospital Compare and Pay for Reporting

’08
MA BC/BS Alternative Quality Contract

’10
Passage of the ACA
- Value-based purchasing and ACOs
- MAP launched to align measures for federal programs

Focus shifts: value-based purchasing
Today’s Quality Landscape
The National Quality Strategy

Better Care

Priorities
- Health and Well-Being
- Prevention and Treatment of Leading Causes of Mortality
- Person- and Family-Centered Care
- Effective Communication and Care Coordination
- Patient Safety
- Affordable Care

Healthy People/Healthy Communities

Affordable Care
PROGRESS:
Making Care Safer and Reducing Costs

46% Reduction in Hospital Acquired Infections

50,000 Fewer Deaths

$12B Savings
CHALLENGES:

Coordinated Care Delivery

Every year the average elderly patient sees 7 DOCTORS ACROSS 4 PRACTICES

Average surgery patient is seen by 27 HEALTHCARE PROVIDERS

FEWER THAN HALF OF patients follow-up with their primary care provider after hospital discharge
Reduced readmissions means more Medicare beneficiaries are healing at home rather than returning to the hospital.
CHALLENGES:
Out-Of-Pocket Pain

- 11% Increase in WAGES for an Individual
- 93% Increase in Employee Contributions to PREMIUMS
- 146% Increase in DEDUCTIBLES
**POLICY:**

Value Over Volume

<table>
<thead>
<tr>
<th>Year</th>
<th>Historical Performance</th>
<th>Goal</th>
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<tbody>
<tr>
<td>2011</td>
<td>0%</td>
<td>68%</td>
</tr>
<tr>
<td>2014</td>
<td>~20%</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>2016</td>
<td>30%</td>
<td>85%</td>
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<tr>
<td>2018</td>
<td>50%</td>
<td>90%</td>
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- All Medicare Fee-For-Service (FFS) payments
- FFS linked to quality
- Alternative payment models
Policy Context: SGR Fix (HR2)

- A leap on the path toward paying physicians for value not volume – it is a journey
- Aligns three physician-level programs and eliminates yearly uncertainty (“the fiscal cliff”) by stabilizing payments
- Participation in qualified Alternative Payment Model (APM) (e.g., episode-based payments)
<table>
<thead>
<tr>
<th>Outcome measures</th>
<th>Process measures</th>
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<tbody>
<tr>
<td>— for accountability</td>
<td>— for improvement</td>
</tr>
<tr>
<td>Measurement burden</td>
<td>Comprehensiveness</td>
</tr>
<tr>
<td>— for providers/clinicians</td>
<td>— for consumers/purchasers</td>
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<tr>
<td>System-level measurement</td>
<td>Individual clinician-level measurement</td>
</tr>
<tr>
<td>Limited set of core measures</td>
<td>Metrics to meet needs of different specialists and settings</td>
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IOM: US Vital Signs

- Life expectancy
- Well being
- Overweight and obesity
- Addiction behavior
- Unintended pregnancy
- Healthy communities
- Preventive services
- Care access

- Patient safety
- Evidence based care
- Care match with patient goals
- Personal spending burden
Scope of Future Measurement

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
Consider Measurement Science Issues

- SES /Risk Adjustment
- Linking cost and quality
- Attribution
- Alignment and comparability of measures
- Data availability for systemic improvement
Influence of Healthcare and Patient Factors

Outcome due to patient-related factors and healthcare factors

Health status

Time

Healthcare

Patient-related factors
Views on Adjustment for SES and Other Demographic Factors

**OPPOSE**
- Some providers may deliver worse quality care to disadvantaged patients
- Adjustment could make meaningful differences in quality disappear
- Worse outcomes could be expected
  - No expectation to improve
  - Implies or sets a different standard
- Lack of adequate data for SES adjustment
- Prefer payment approach to help safety net

**SUPPORT**
- Risk adjustment allows for comparative performance
- A performance score alone (whether or not adjusted for SES factors) cannot identify disparities.
- Hospitals caring for the disadvantaged are already being penalized.
- No evidence that disparities would be reduced through further negative financial incentives.
- Lack of adjustment would continue to create a disincentive to care for the poor.
Measure and Define Value

Value

Efficiency

Stakeholder Preference

Quality

Time

Resource use

Costs/resources used to provide care
Alignment and Measure Comparability

- Avoid unnecessary duplication and burden within and across settings and payers
- Cacophony of “look-alike measures” within and across public and private sector
- Potential trade-offs between consistency and innovation
- How close is close enough for comparability?
  - Role of data source?
  - Role of population?
IOM report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, cites feedback loops as essential for continuous learning and system improvement.

- Continuously learning system uses information to change and improve its actions and outputs over time.
NQF Measure Incubator:
Getting to quality measures that matter

- E-measures
- Outcome measures
- Patient-reported Outcome measures
- Cost/Efficiency/Value measures

Improved patient care and outcomes
The 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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