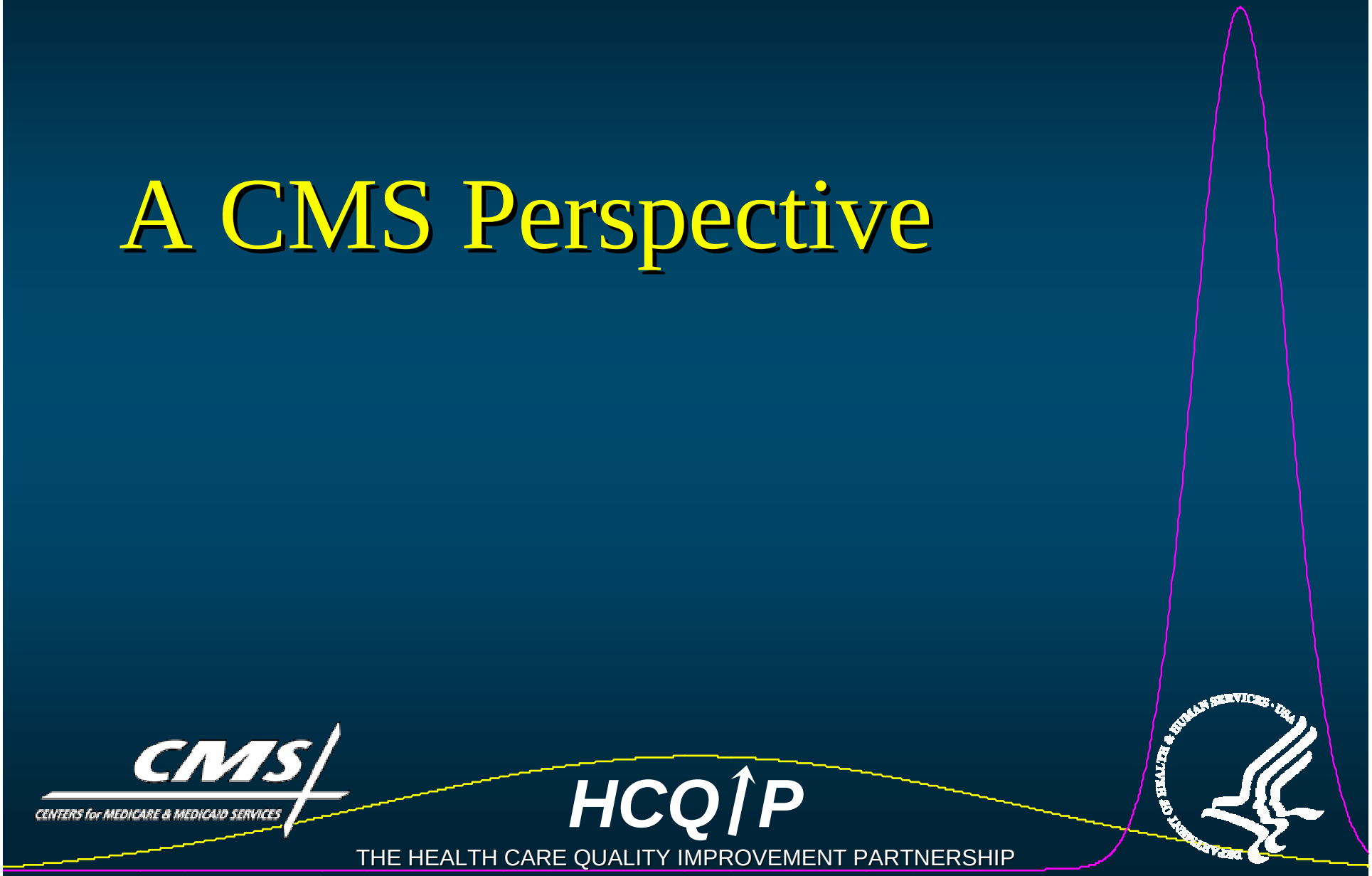
# Health Statistics of the Future and Quality of Care

at the Workgroup on Quality of the National Committee on Vital and Health Statistics

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

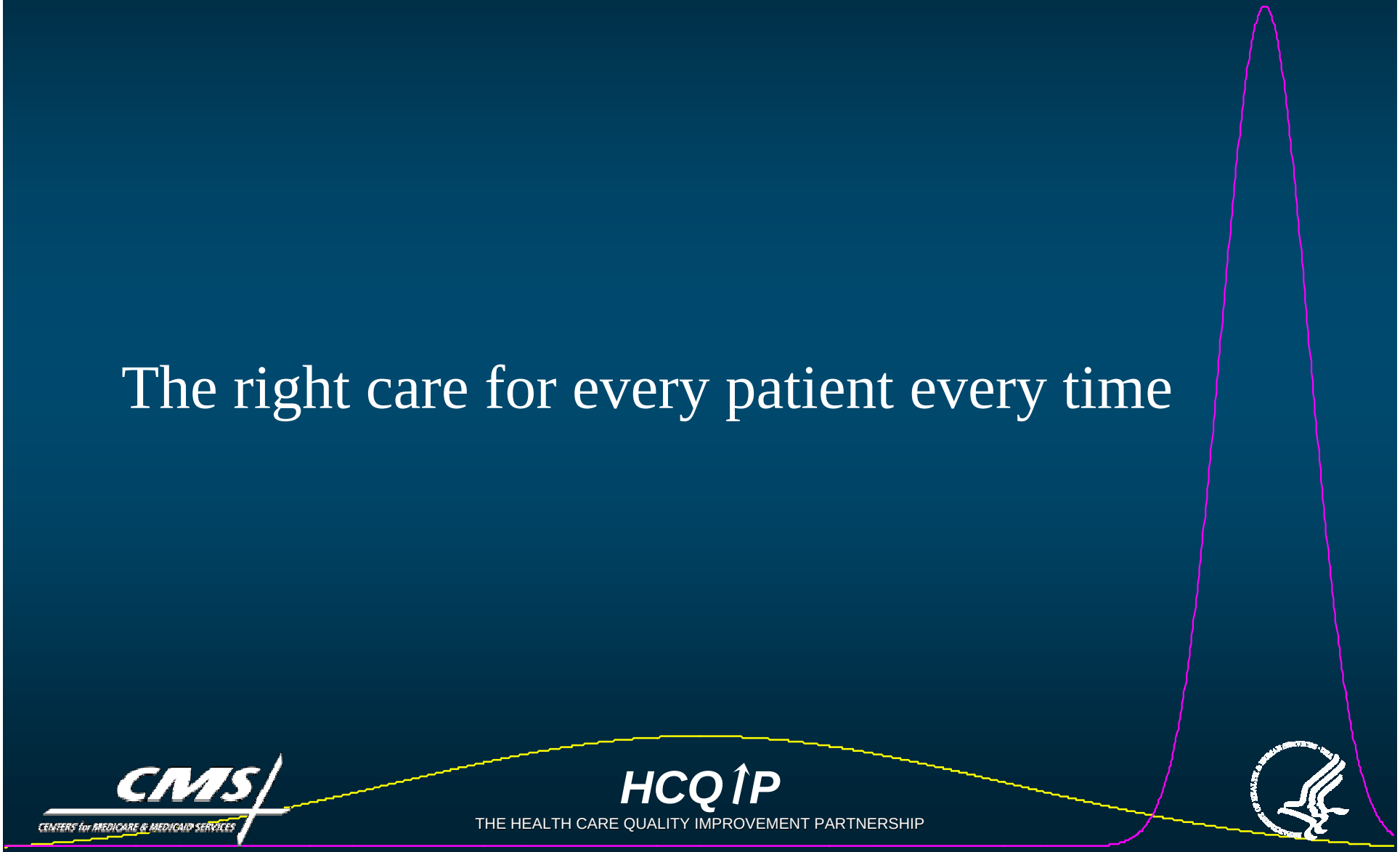
HCQIP
THE HEALTH CARE QUALITY IMPROVEMENT PARTNERSHIP

# A CMS Perspective



# Vision

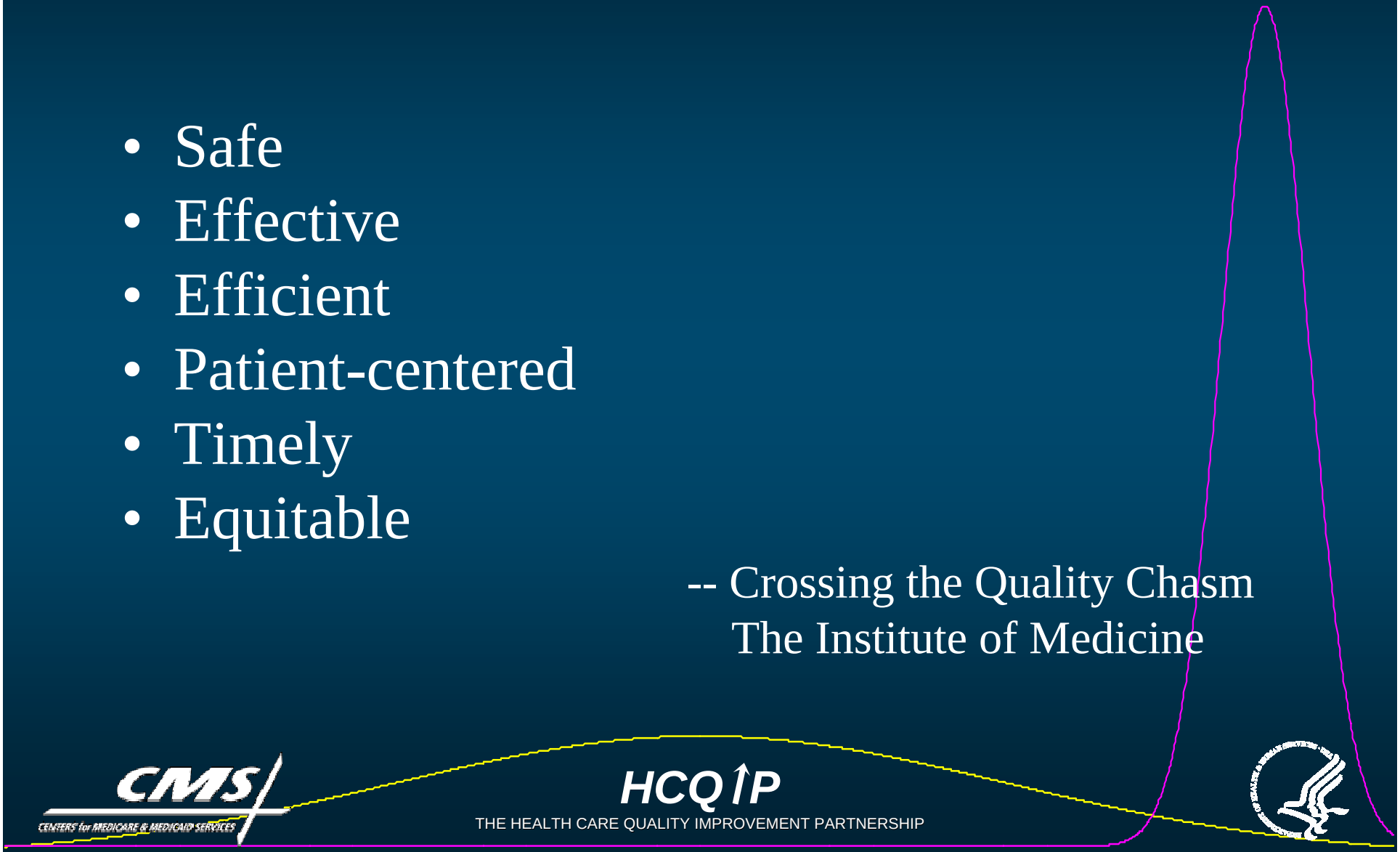
The right care for every patient every time



# What is the right care?

- Safe
- Effective
- Efficient
- Patient-centered
- Timely
- Equitable

-- Crossing the Quality Chasm
The Institute of Medicine

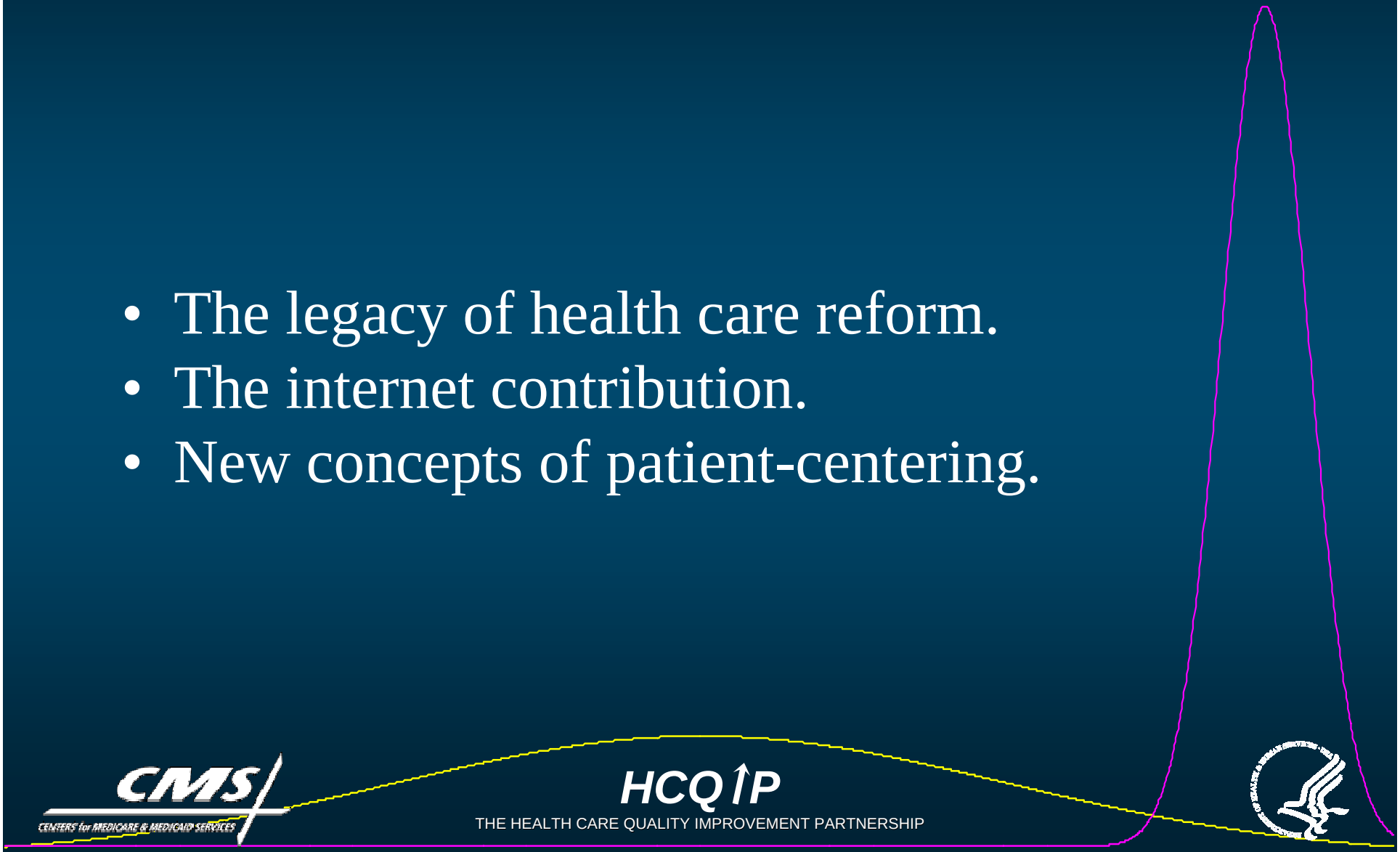


# Scope

- The vision requires transformational, not just incremental change
- To serve Medicare and Medicaid we must transform the entire healthcare system.
- Transforming the system requires transforming the infrastructure, where this workgroup comes in.

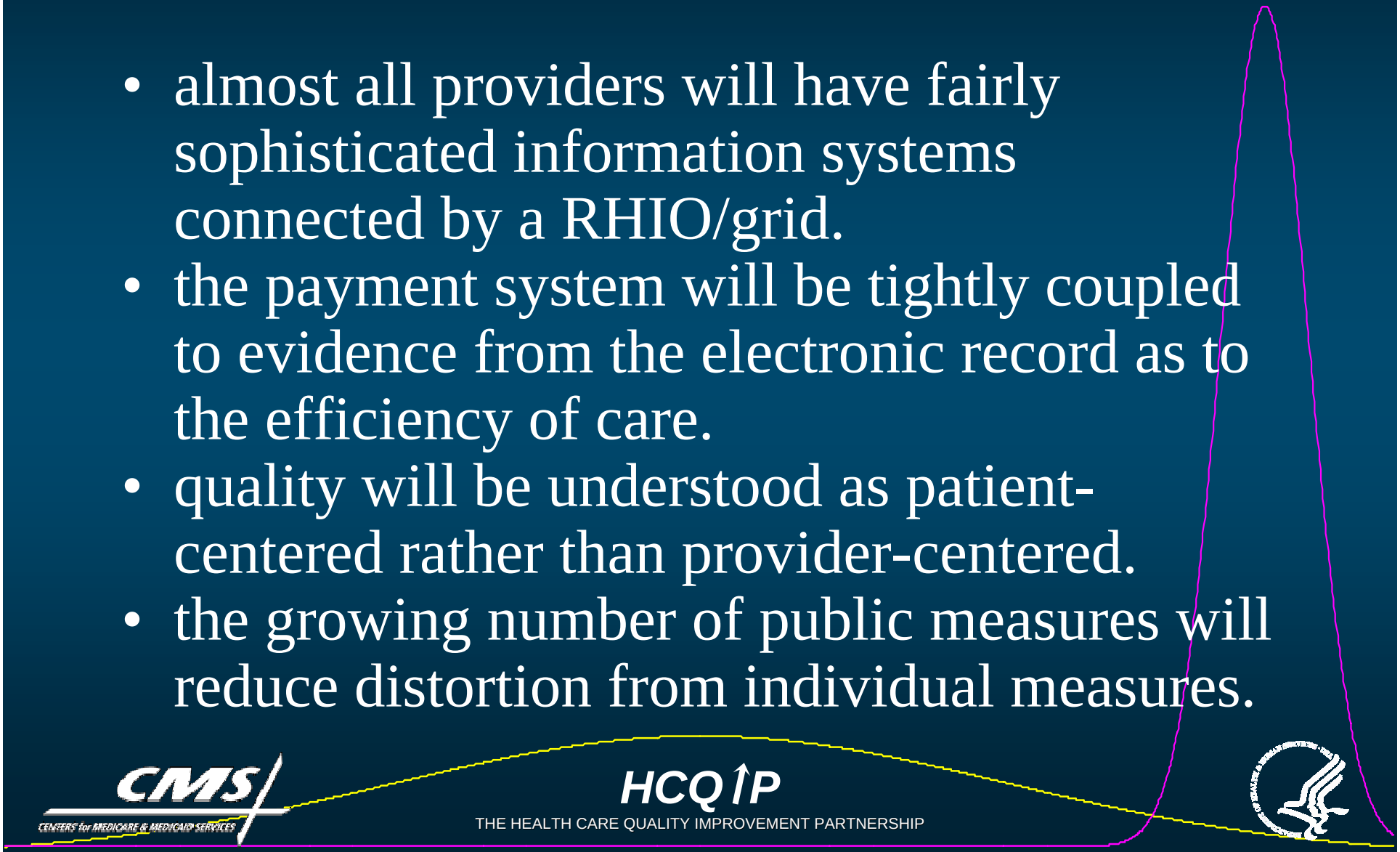
# Waiting For A Healthcare System

- The legacy of health care reform.
- The internet contribution.
- New concepts of patient-centering.



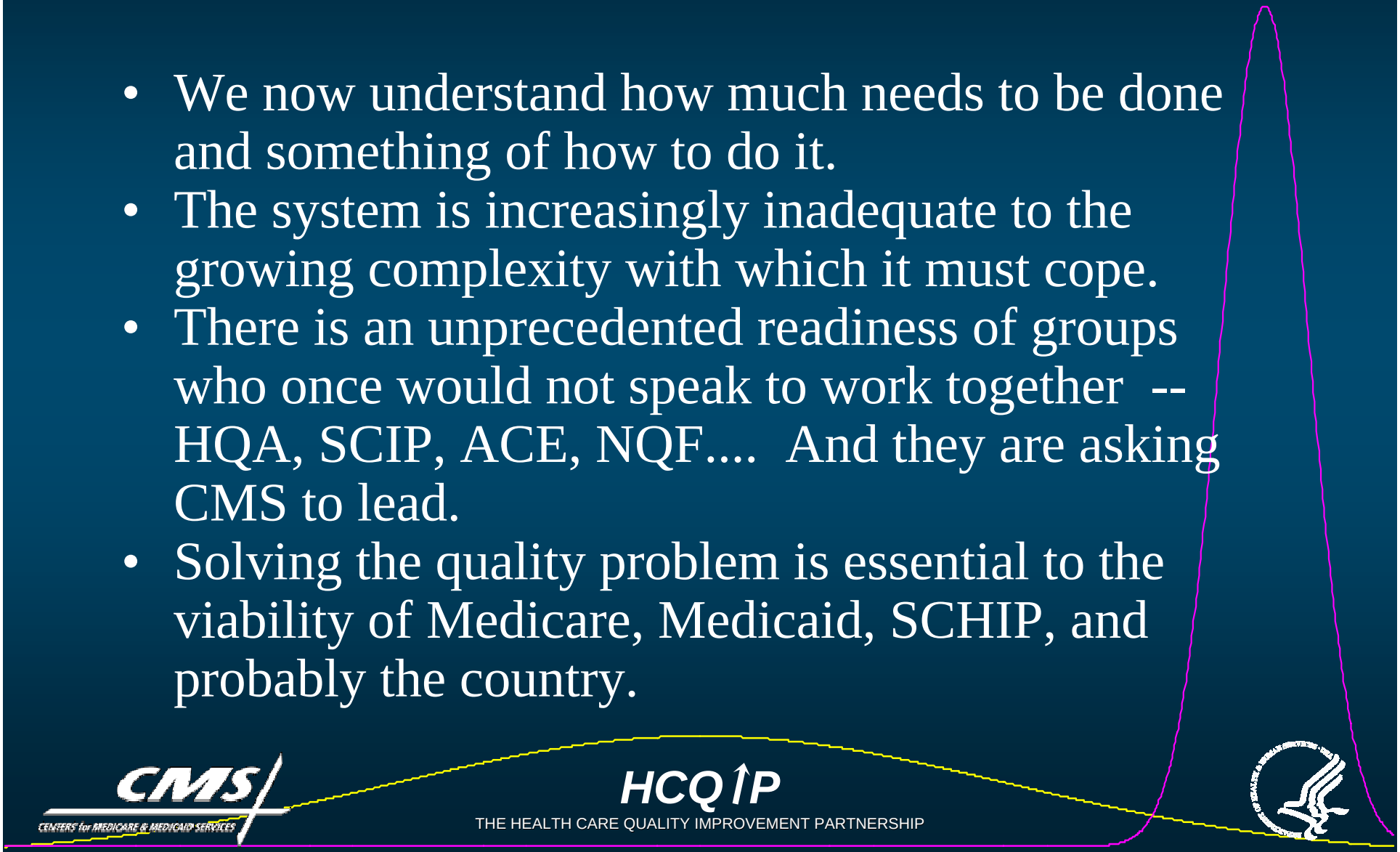
# Vision of the System in 10 Years

- almost all providers will have fairly sophisticated information systems connected by a RHIO/grid.
- the payment system will be tightly coupled to evidence from the electronic record as to the efficiency of care.
- quality will be understood as patient-centered rather than provider-centered.
- the growing number of public measures will reduce distortion from individual measures.



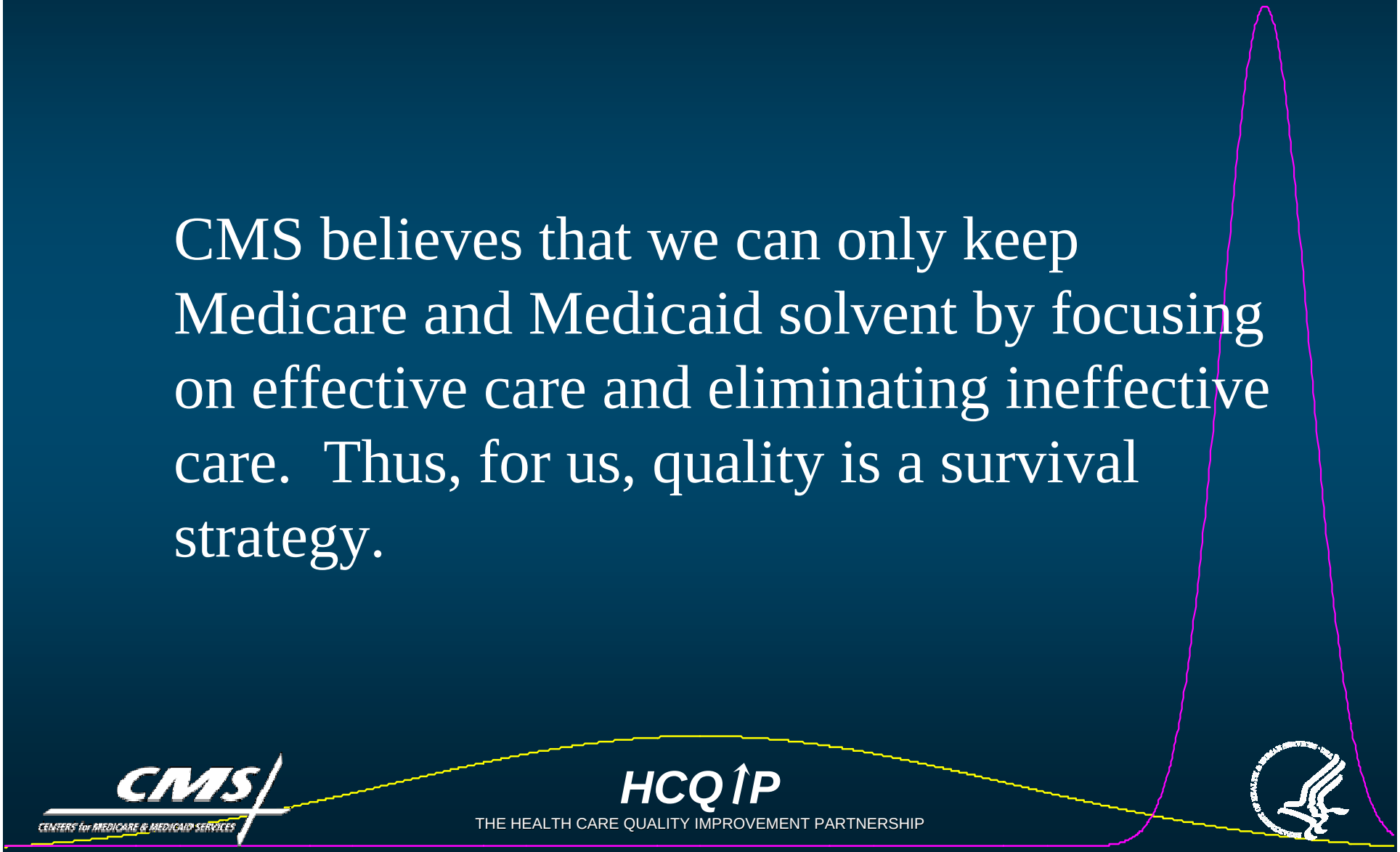
# Why is this the moment?

- We now understand how much needs to be done and something of how to do it.
- The system is increasingly inadequate to the growing complexity with which it must cope.
- There is an unprecedented readiness of groups who once would not speak to work together -- HQA, SCIP, ACE, NQF.... And they are asking CMS to lead.
- Solving the quality problem is essential to the viability of Medicare, Medicaid, SCHIP, and probably the country.



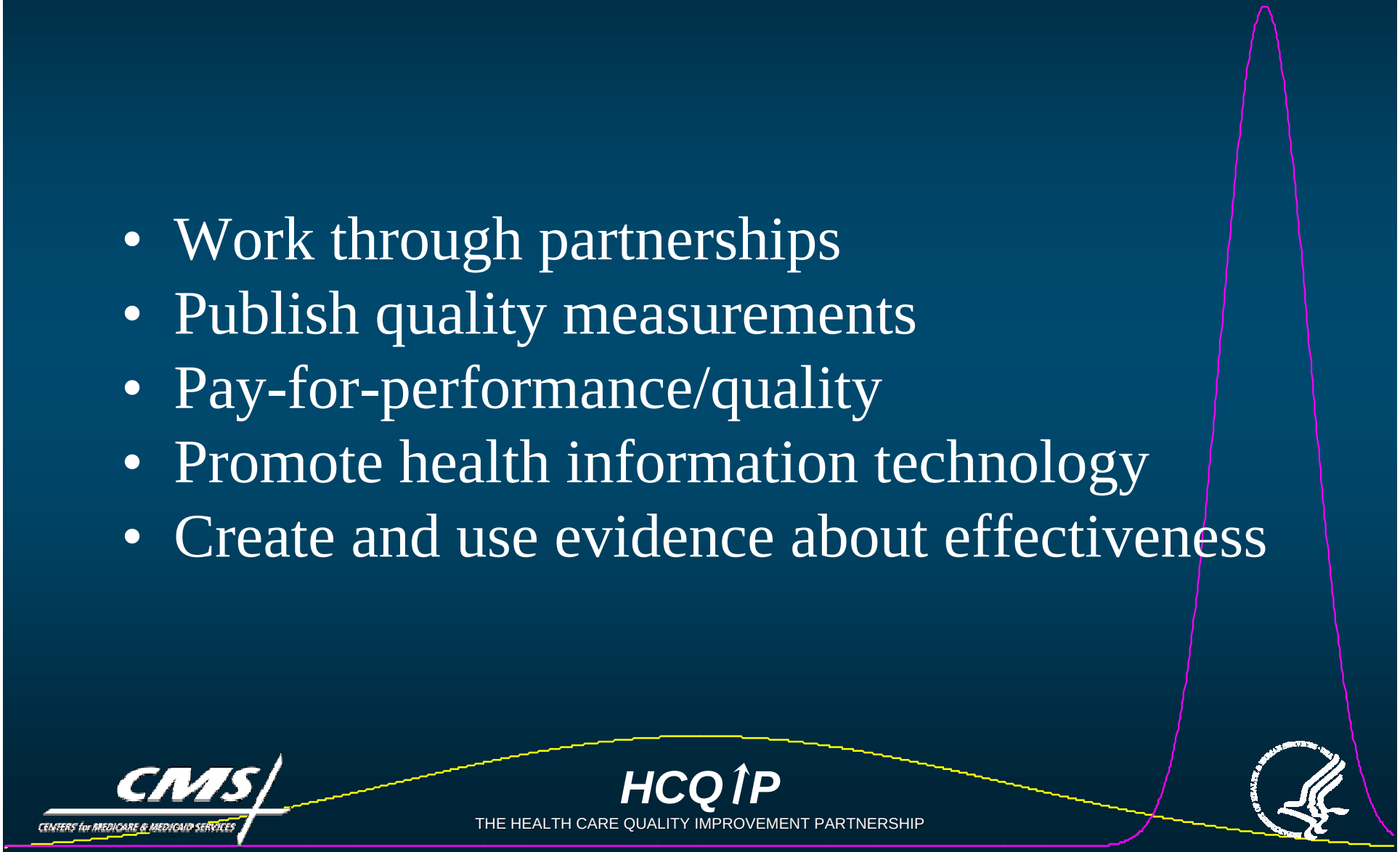
# CMS Business Case

CMS believes that we can only keep Medicare and Medicaid solvent by focusing on effective care and eliminating ineffective care. Thus, for us, quality is a survival strategy.



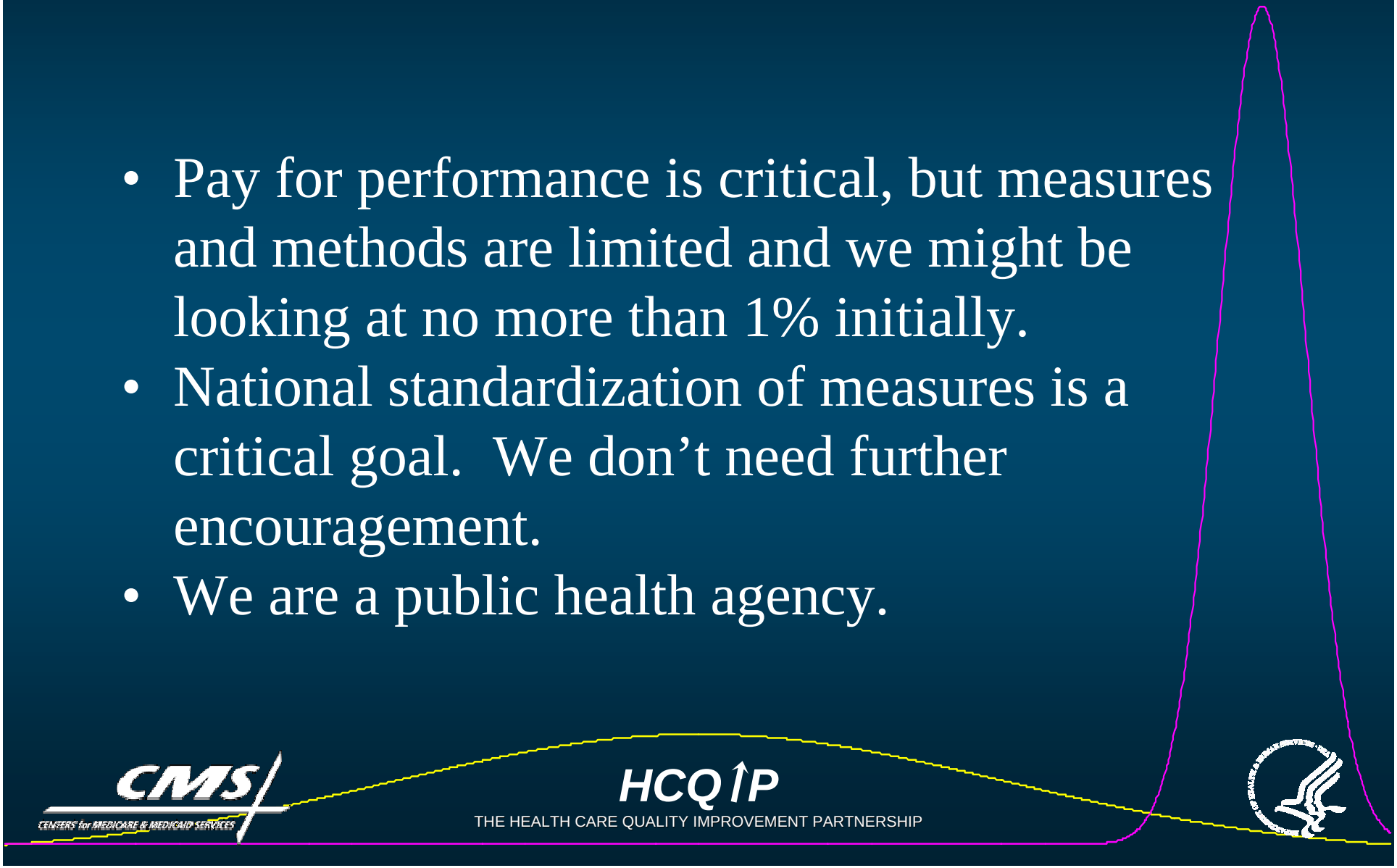
# CMS Transformational strategies

- Work through partnerships
- Publish quality measurements
- Pay-for-performance/quality
- Promote health information technology
- Create and use evidence about effectiveness



# CMS Perspectives

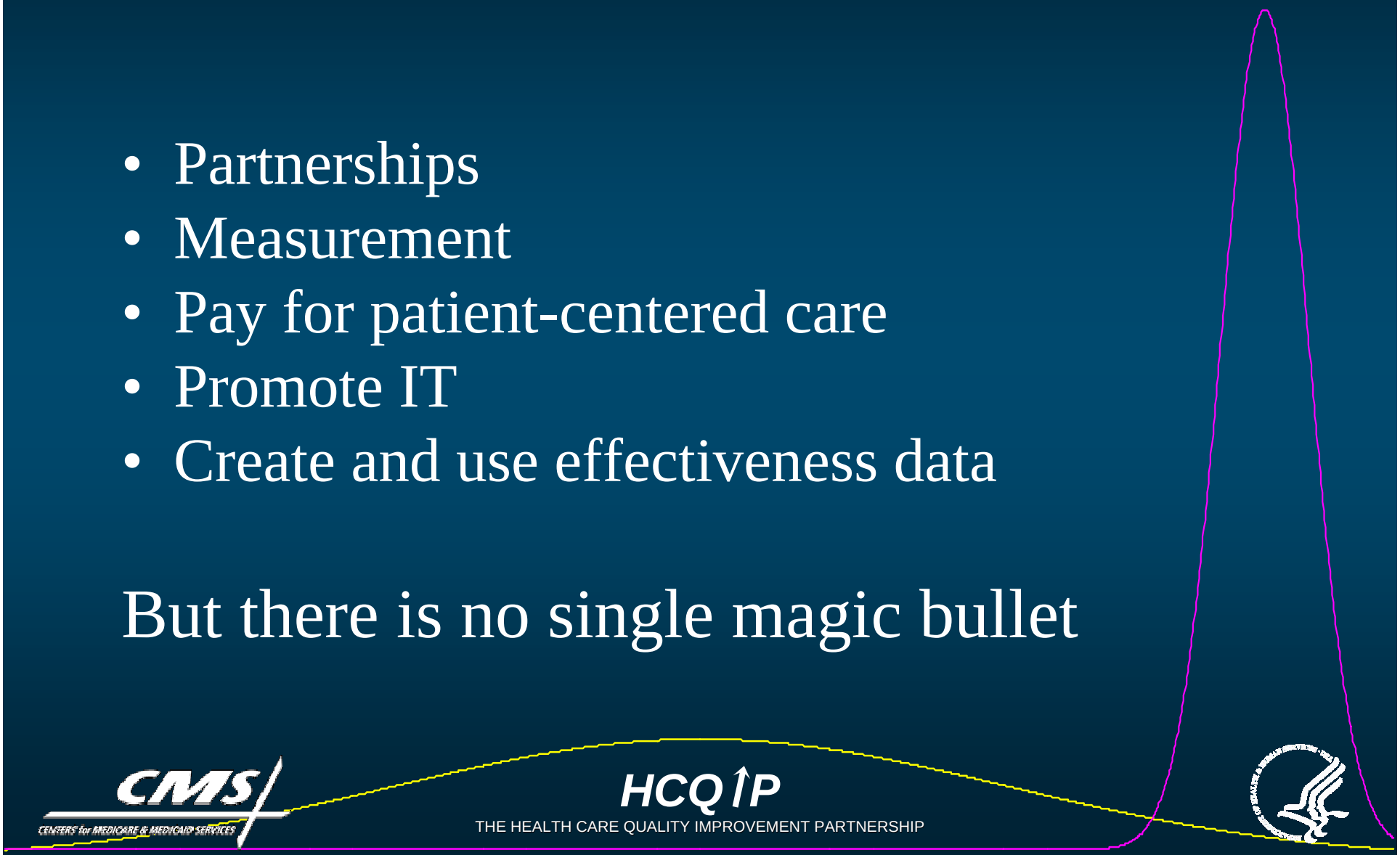
- Pay for performance is critical, but measures and methods are limited and we might be looking at no more than 1% initially.
- National standardization of measures is a critical goal. We don't need further encouragement.
- We are a public health agency.



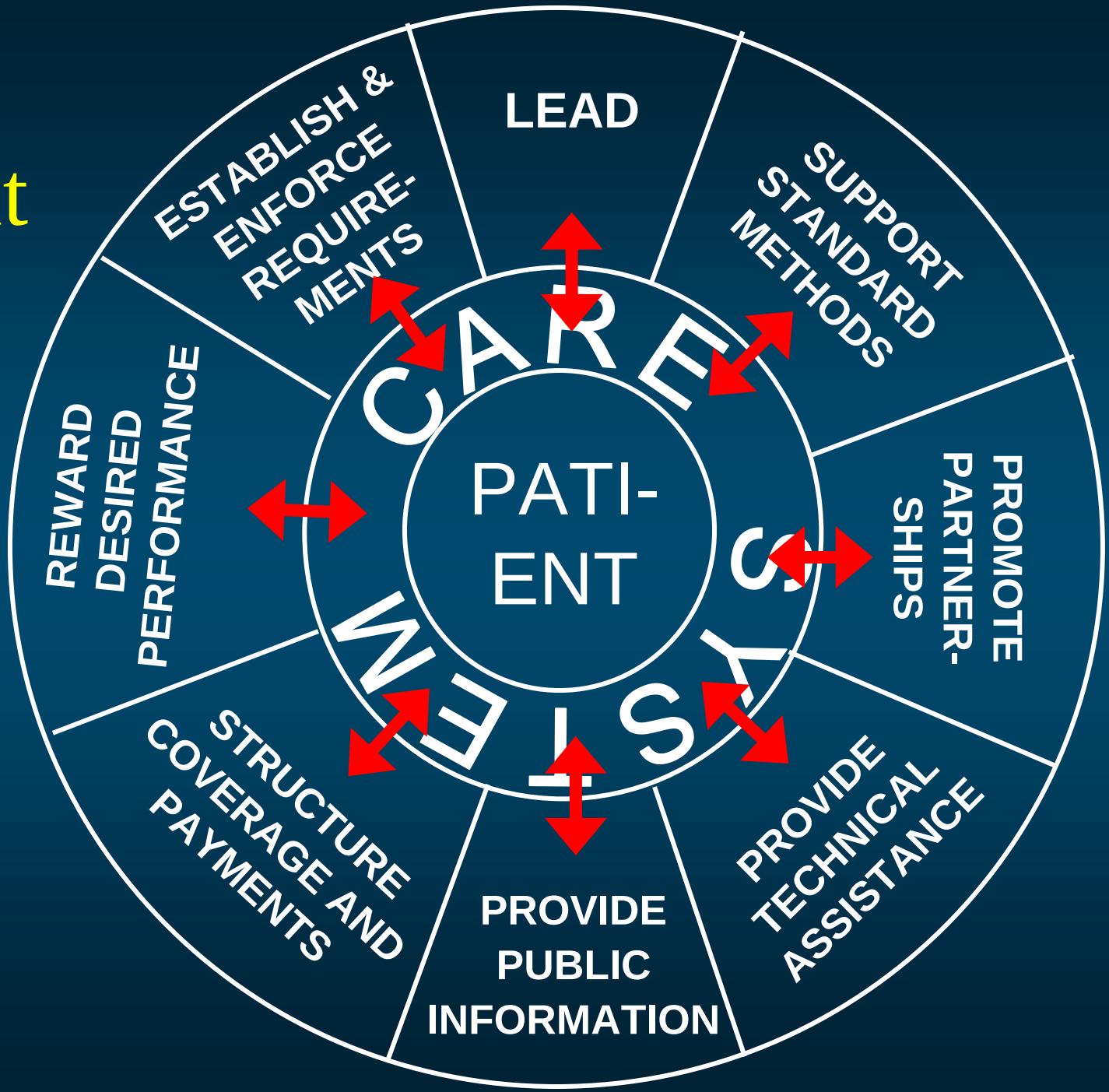
# Five strategies for system transformation

- Partnerships
- Measurement
- Pay for patient-centered care
- Promote IT
- Create and use effectiveness data

But there is no single magic bullet

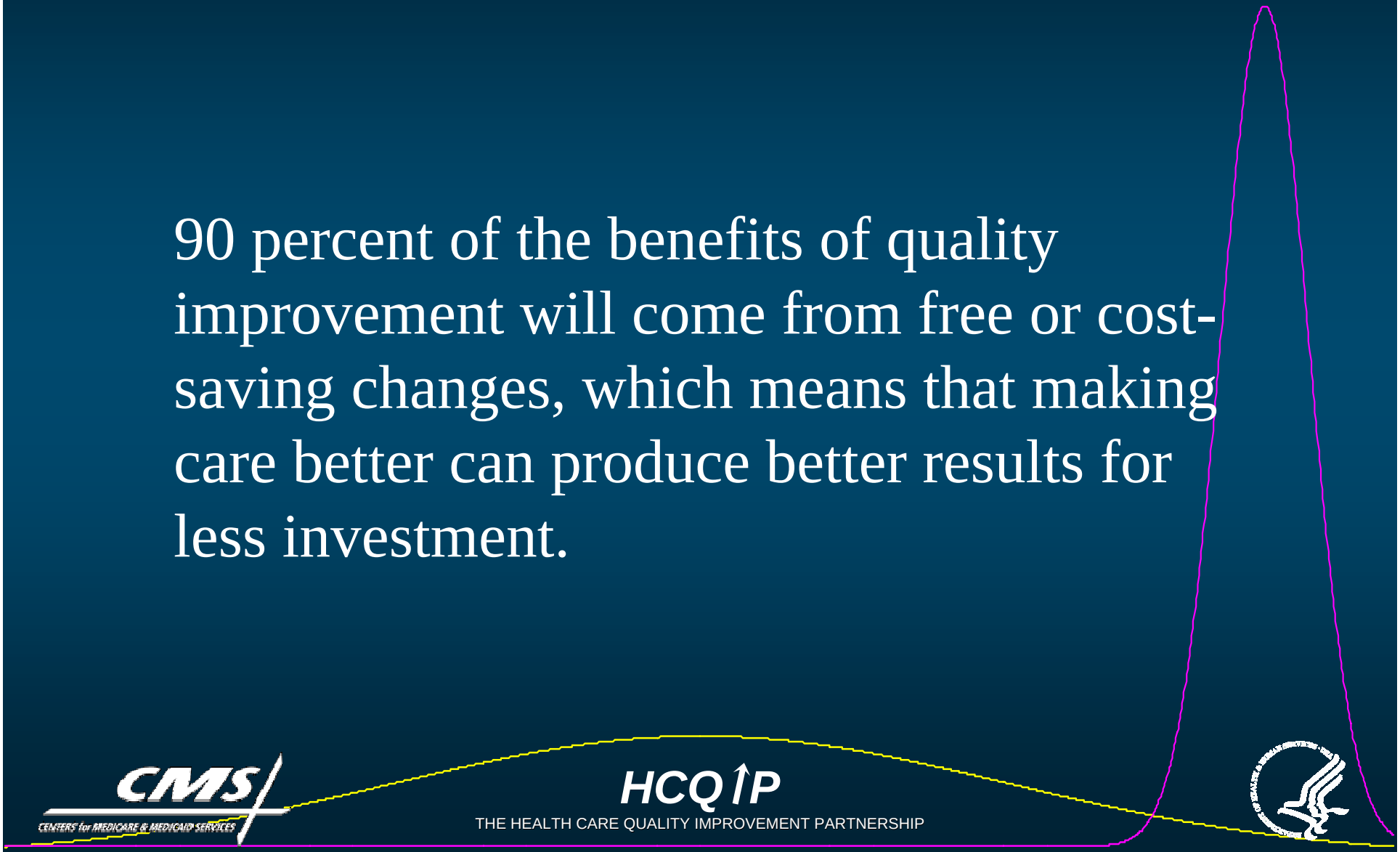


# The Toolkit


LEAD
SUPPORT STANDARD METHODS
PROMOTE PARTNER-SHIPS
PROVIDE TECHNICAL ASSISTANCE
PROVIDE PUBLIC INFORMATION
STRUCTURE COVERAGE AND PAYMENTS
REWARD DESIRED PERFORMANCE
ESTABLISH & ENFORCE REQUIRE-MENTS
CARE SYSTEMS
PATI-ENT

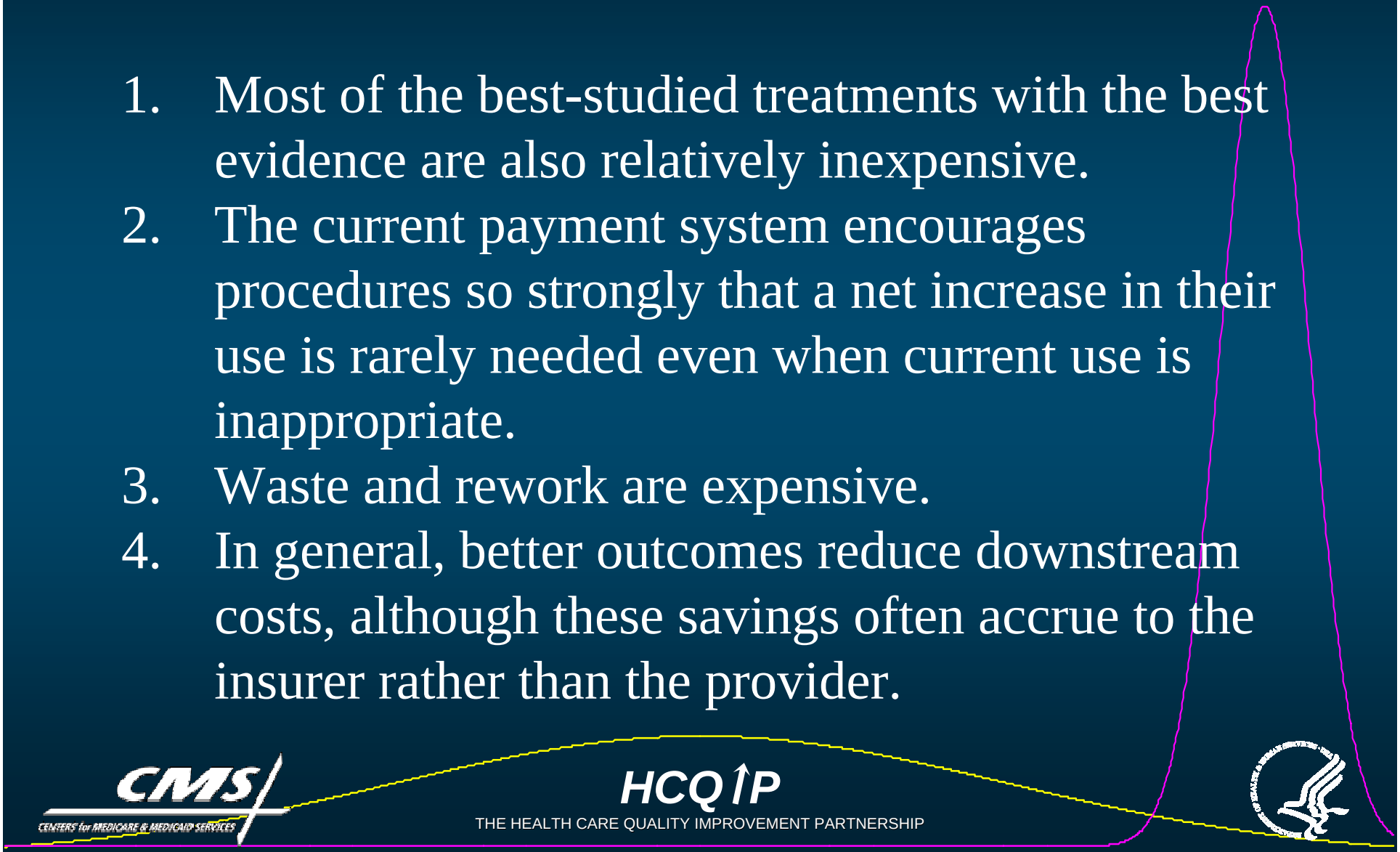
# Hypothesis on Cost and Quality

90 percent of the benefits of quality improvement will come from free or cost-saving changes, which means that making care better can produce better results for less investment.



# How can this be?

1. Most of the best-studied treatments with the best evidence are also relatively inexpensive.
2. The current payment system encourages procedures so strongly that a net increase in their use is rarely needed even when current use is inappropriate.
3. Waste and rework are expensive.
4. In general, better outcomes reduce downstream costs, although these savings often accrue to the insurer rather than the provider.

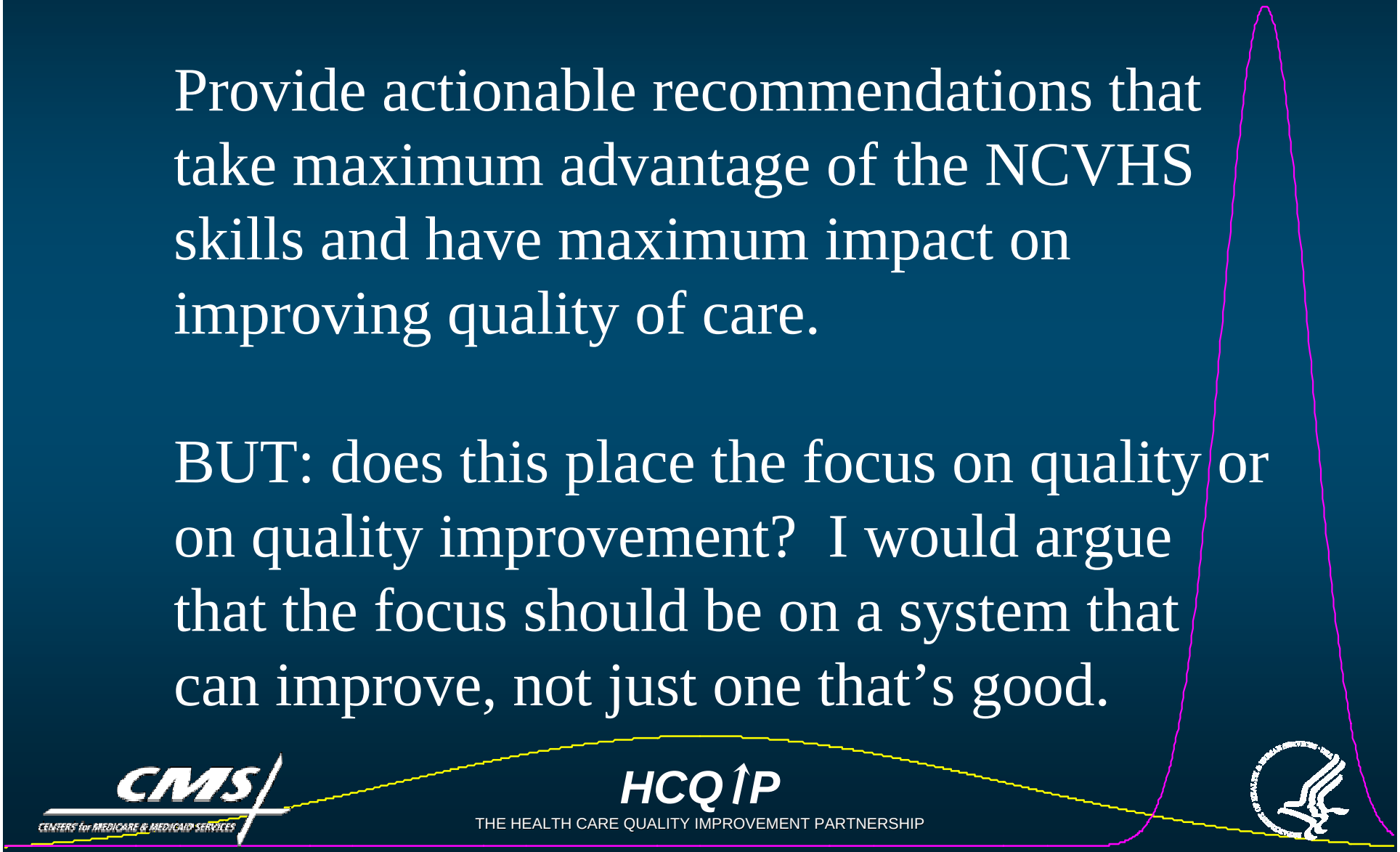


# Issues for the Workgroup

# Issue 1: Aim for the workgroup

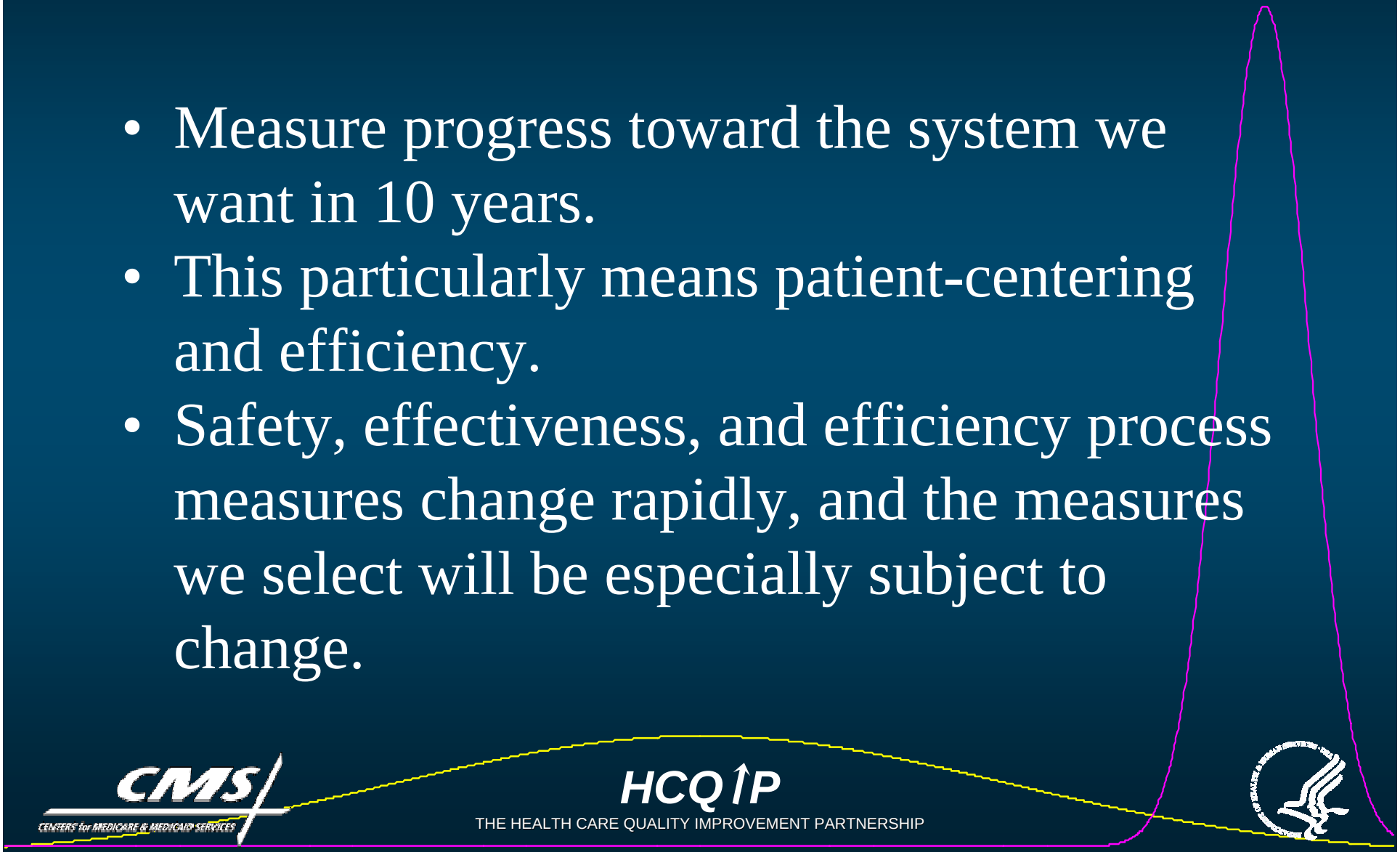
Provide actionable recommendations that take maximum advantage of the NCVHS skills and have maximum impact on improving quality of care.

BUT: does this place the focus on quality or on quality improvement? I would argue that the focus should be on a system that can improve, not just one that's good.

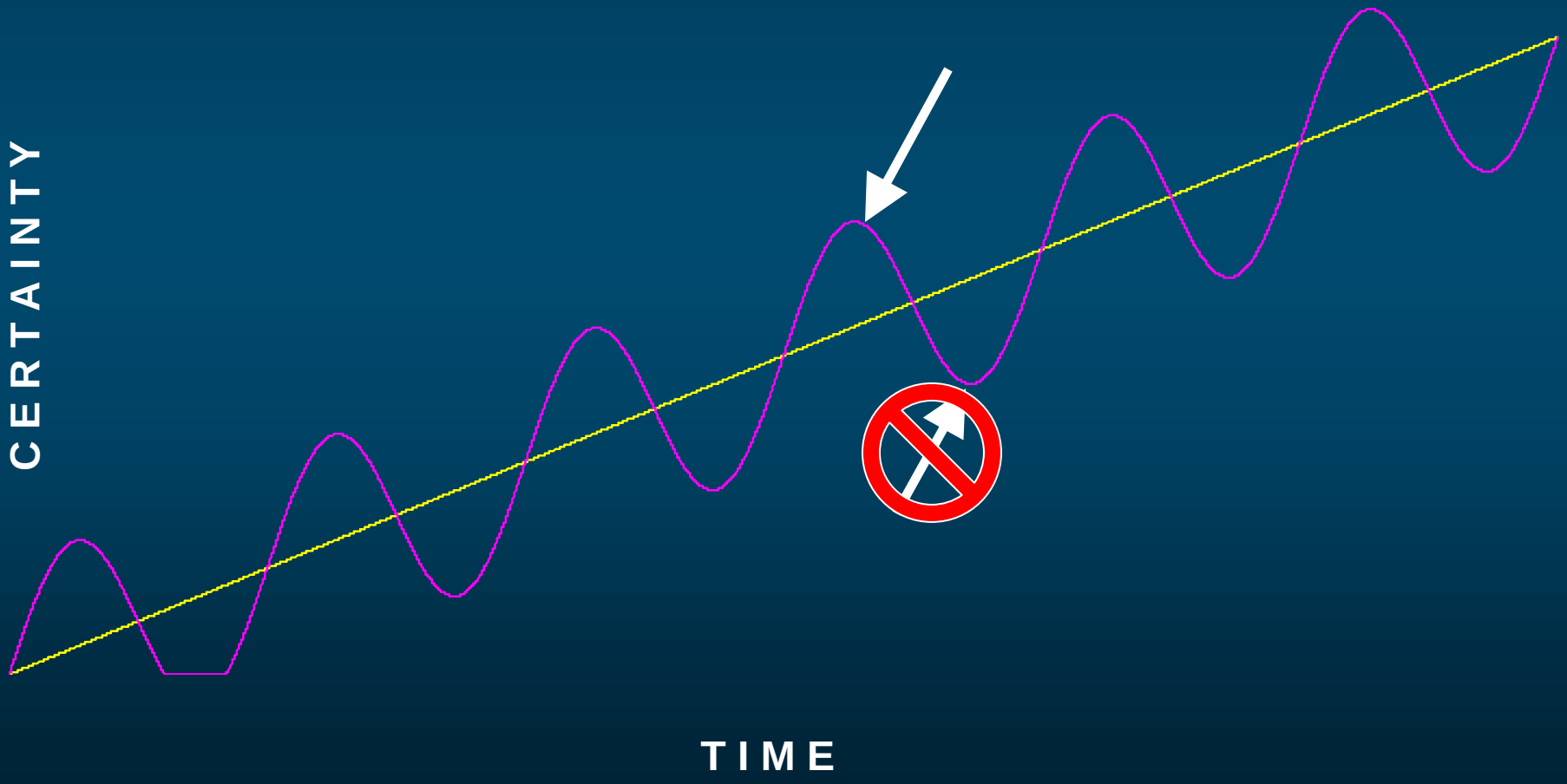


# Issue 2: Measures

- Measure progress toward the system we want in 10 years.
- This particularly means patient-centering and efficiency.
- Safety, effectiveness, and efficiency process measures change rapidly, and the measures we select will be especially subject to change.

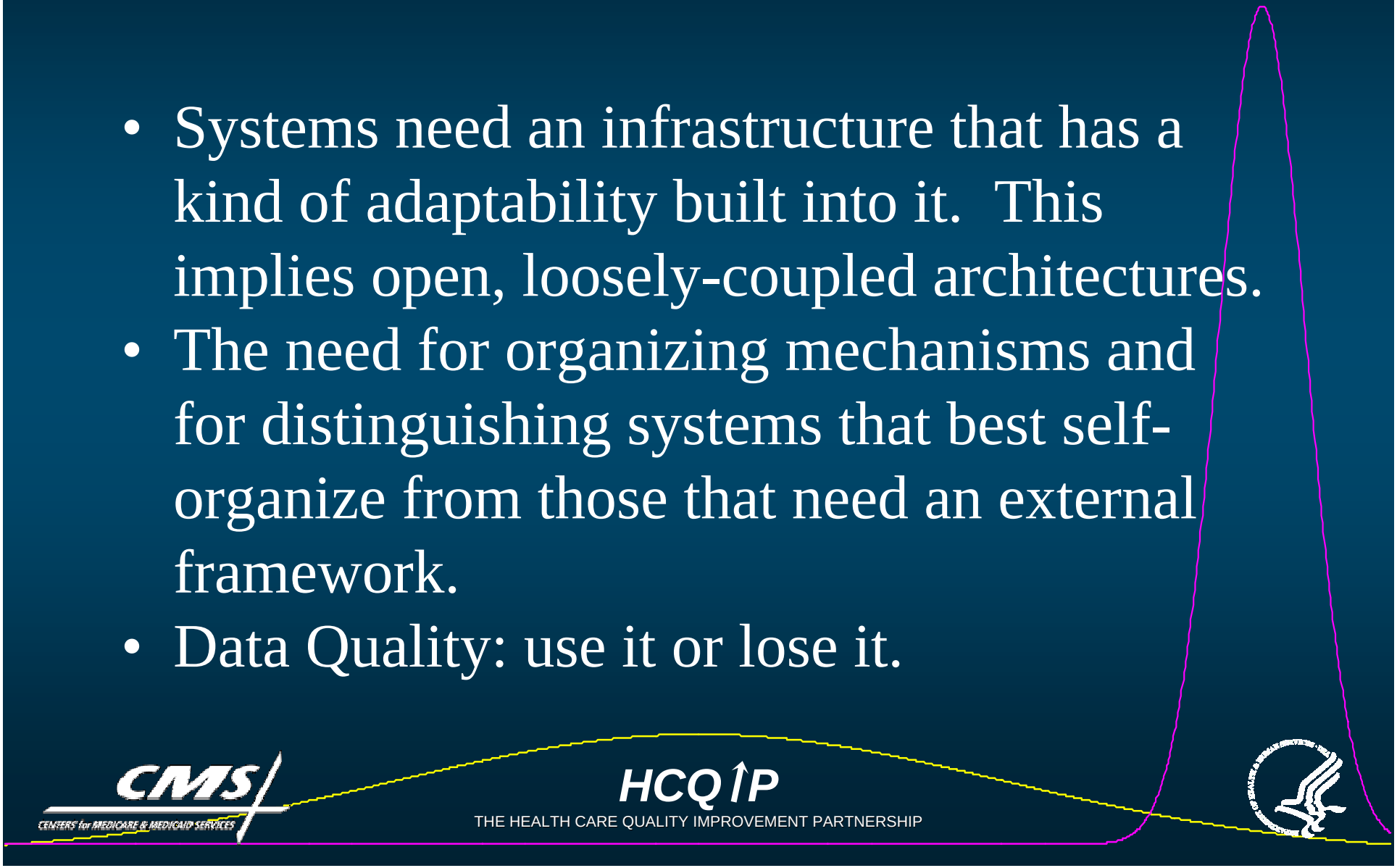


# Growth in Perceived Certainty over Time



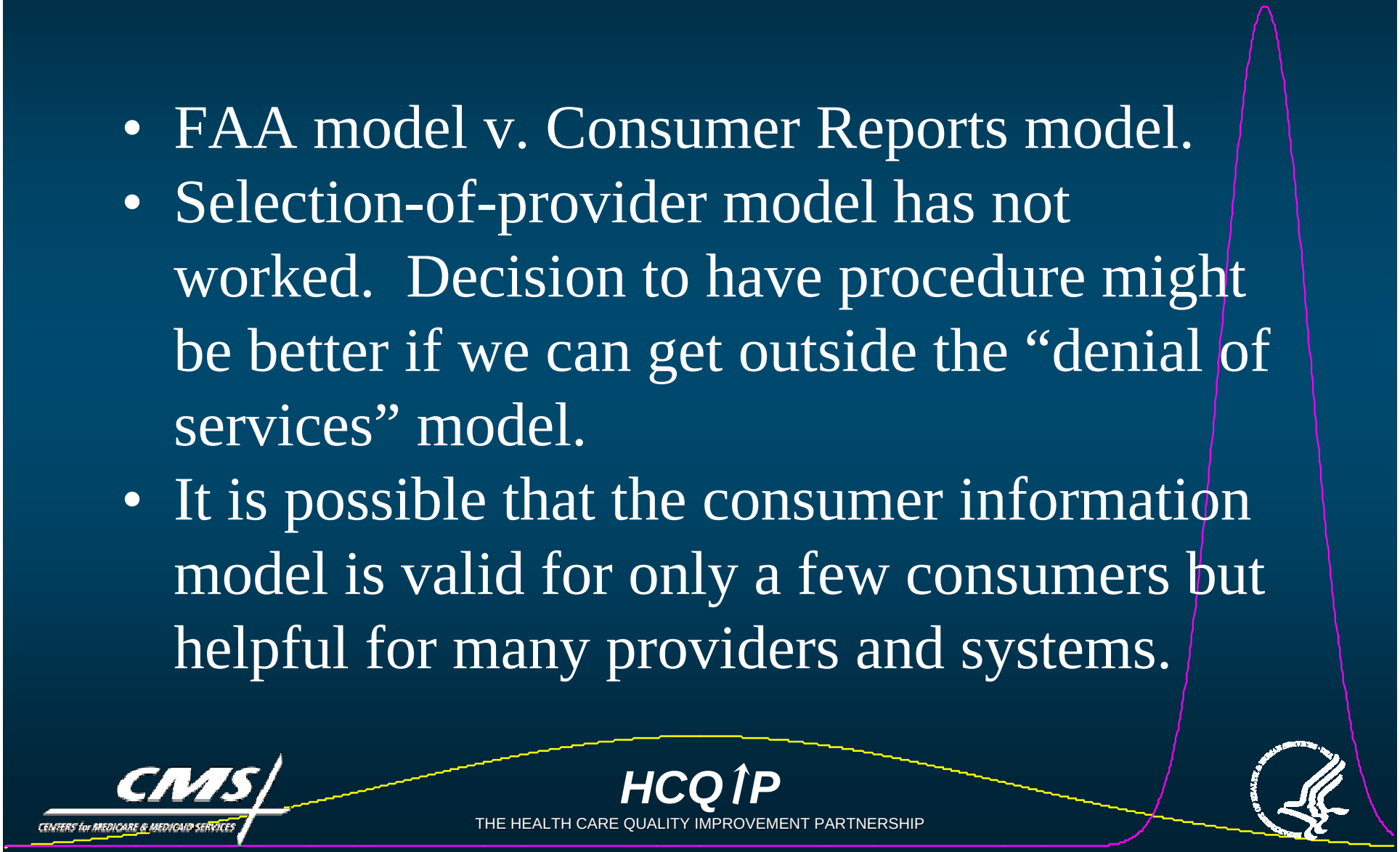
# Infrastructure

- Systems need an infrastructure that has a kind of adaptability built into it. This implies open, loosely-coupled architectures.
- The need for organizing mechanisms and for distinguishing systems that best self-organize from those that need an external framework.
- Data Quality: use it or lose it.



# Issue 3: What is the Consumer Role?

- FAA model v. Consumer Reports model.
- Selection-of-provider model has not worked. Decision to have procedure might be better if we can get outside the "denial of services" model.
- It is possible that the consumer information model is valid for only a few consumers but helpful for many providers and systems.

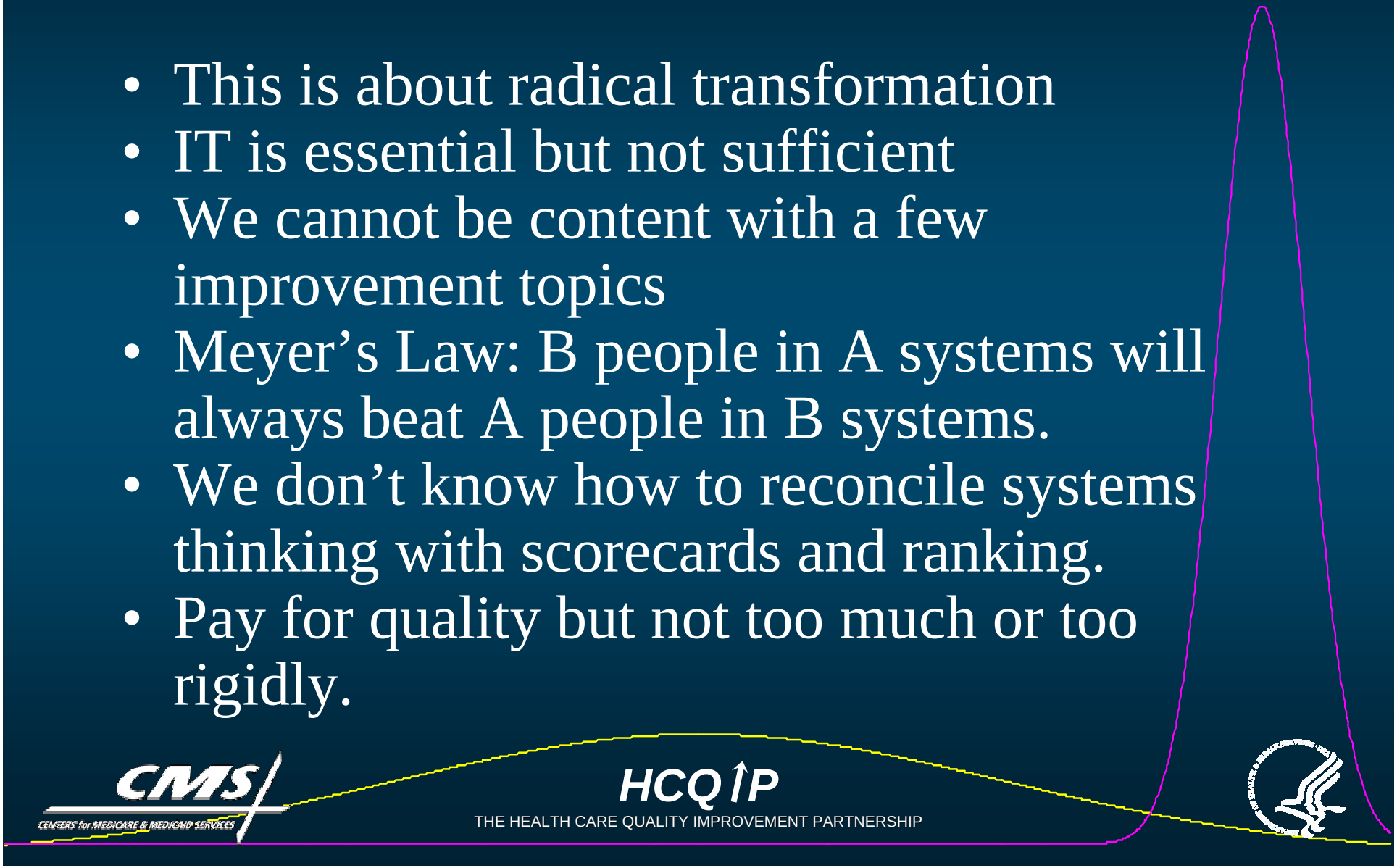


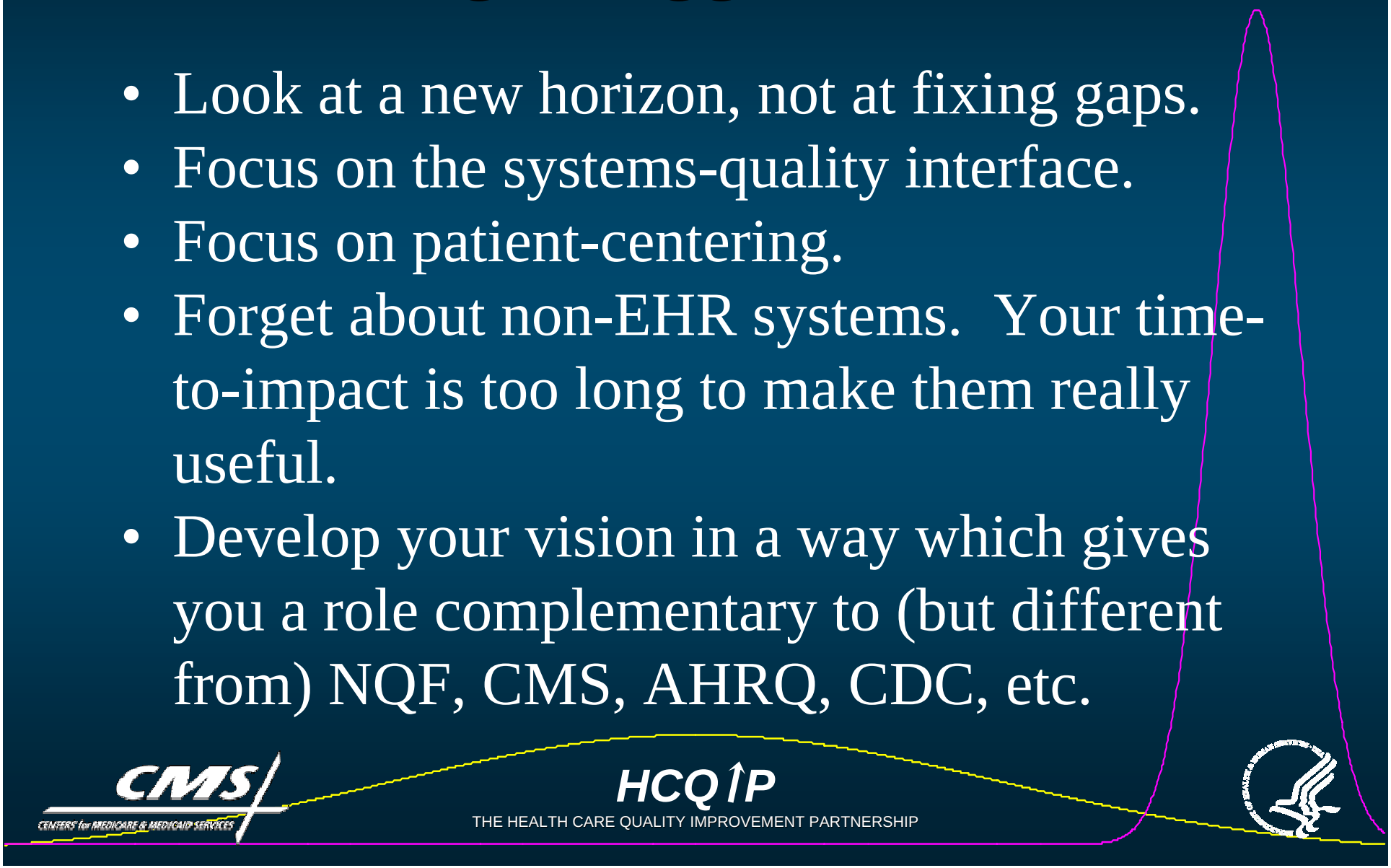
# Issue 4: Physicians, CEOs, and Purchasers: Winning Hearts and Minds

- Physicians often do not get it, overestimate their competence and readiness for change, and are preoccupied.
- CEOs think it is the docs, but QI officers and CMOs think it is systems, especially IT.
- We are bad purchasers, purchasing from a broken system. Purchasers are perceived not to deliver.
- Making investment pay off for the investor is critical.

# Issue 5: Systems thinking

- This is about radical transformation
- IT is essential but not sufficient
- We cannot be content with a few improvement topics
- Meyer's Law: B people in A systems will always beat A people in B systems.
- We don't know how to reconcile systems thinking with scorecards and ranking.
- Pay for quality but not too much or too rigidly.



# Some strategic suggestions

- Look at a new horizon, not at fixing gaps.
- Focus on the systems-quality interface.
- Focus on patient-centering.
- Forget about non-EHR systems. Your time-to-impact is too long to make them really useful.
- Develop your vision in a way which gives you a role complementary to (but different from) NQF, CMS, AHRQ, CDC, etc.