



American Board
of Internal Medicine

What Makes Measures and Other Assessment Methods Meaningful?

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Overview of Talk

- Meaningfulness criteria
 - Validity
 - Importance
 - Longevity
- Physicians organizations-an overview
- How Boards, including ABIM, are improving quality
 - Board Certification means better quality
 - Efforts unrelated to quality measures
 - Efforts related to quality measures
- How do Board efforts align with others?

Validity

- Does the measure capture what is intended?
 - Smoking cessation counseling
- Does the measure discriminate performance among providers?
 - Sample size per provider; individual versus system
- Does improvement on the measure result in improved outcomes?
 - RCT outcomes → guidelines → quality measures → quality improvement → better outcomes
 - Back-translation
 - Forced responses to move to next screen

Importance

- How much of an impact does satisfying the measure have?
 - Weighing the patient versus providing nutrition counseling
- What is the value of individual measures versus composite scores?
 - The heroic pneumovax

Longevity

- How long does a measure remain current?
 - Life span of a guideline is about 3 years
- How long does it take to game the system?
 - Default documentation that satisfy quality indicator
 - The remarkable capacity to quickly respond to economic incentives

Physician Organizations from 30,000 feet

- **Medical Societies (ACP, ACC, etc.)**
 - National membership organizations
 - Promote education and provide CME
 - Develop clinical guidelines & publish medical journals
- **Licensing Boards**
 - Issue and regulate medical licenses—required for practice
- **Certifying Boards (ABS, ABFM, ABO, etc.)**
 - Non profit “oversight” organization
 - Do not accept support from Rx or device companies
 - Established role defining “the field”

ABMS and ABIM – Key Facts

- American Board of Medical Specialties (ABMS) is the umbrella organization for 24 boards; ABIM is the largest (1/3 of practicing physicians)
- Approximately 85% of physicians are board certified
- ABIM Mission – *“Of the profession and for the public”*

ABIM's Approach to Using Measures to Drive Quality Improvement

- Maintenance of Certification (MOC)
 - Required since 1990
 - Four parts
 1. Valid license
 2. Self-evaluation
 3. Written examination of knowledge
 4. Performance in practice

Board Certification Correlates With:

Better outcomes & more reliable care	<i>JAMA</i> , 2004, Vol. 292, pp.1038-43
Quality of care for patients being treated for high blood pressure	<i>Cardiology</i> , 2008; Vol. 117, pp.623-628
15% lower mortality in myocardial infarction	<i>Acad. Med.</i> , 2000, Vol. 75, pp. 1193-98
Higher rates of preventive service	<i>JAMA</i> , 2005, Vol. 294, pp. 473-81
40% lower mortality in colon resection	<i>Surgery</i> , 2002, Vol. 132, pp. 663-70
20% fewer low birth weight babies	<i>Am. J. of Pub. Health</i> , 1995, Vol. 85, pp. 1087-91

Knowledge Assessment & Exam

Complimentary to Performance Measures:

- Diagnostic Acumen -- @ 17 % of all medical errors are diagnostic
- Clinical Judgment
- Conservative Management

...That said, Performance Measures Matter

- ABMS requires boards to implement assessment of performance
- An Example: ABIM Practice Improvement Module (PIM)
 - Web-based practice self-evaluation uses NQF measures where available
 - Practice improvement cycle (PDSA) required to address areas identified as needing improvement
- PIMs also include patient experience, practice infrastructure and peer surveys

Quality Measurement and Improvement

1. Set National Priorities



2. Develop Guidelines



3. Operationalize and endorse measures



4. Develop Assessments



5. Provide Reports/
Feedback



6. Re-Assess

- Government agencies, IOM, NQF

- MD societies, researchers, VHOs

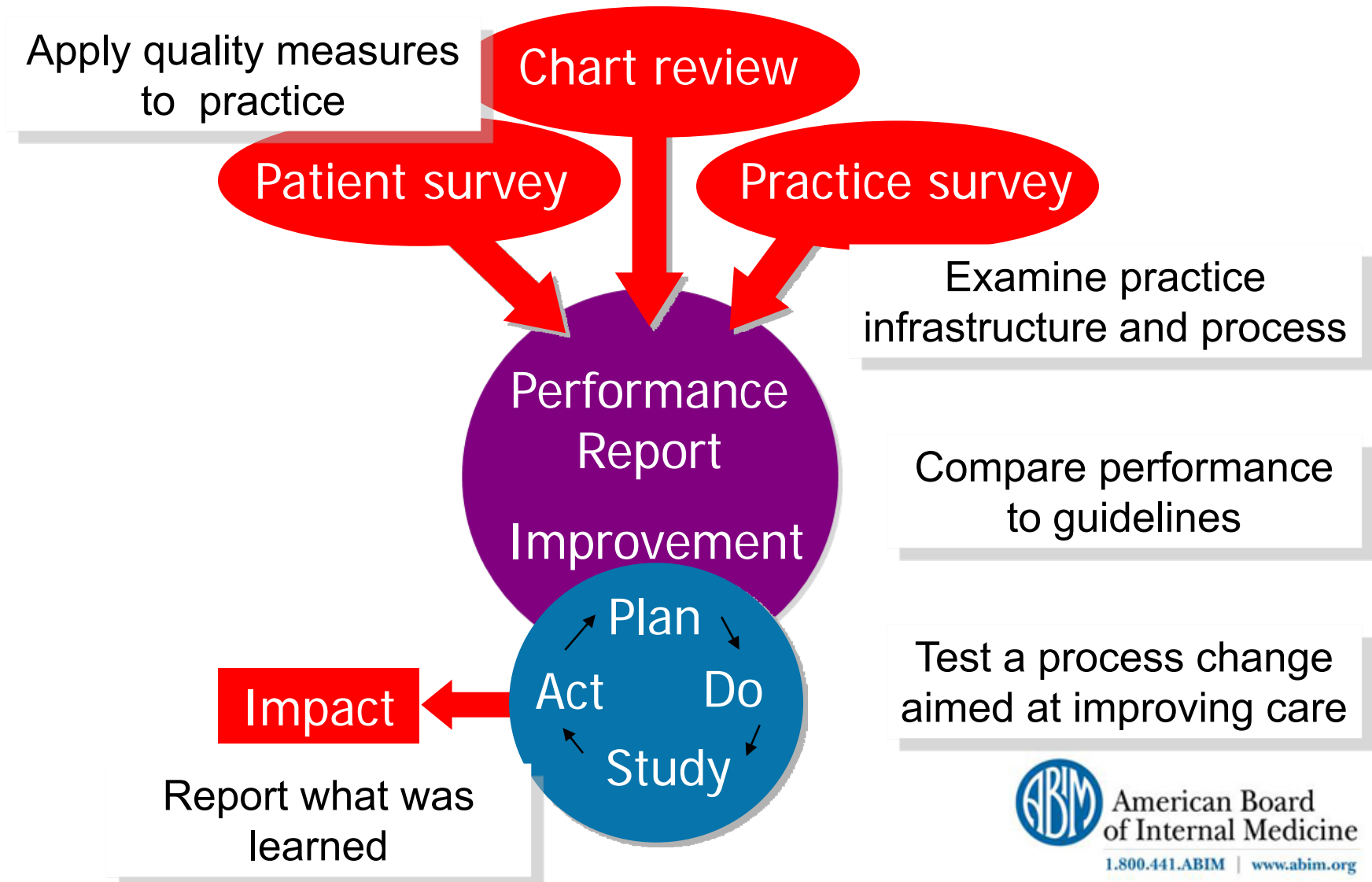
- NCQA, PCPI, think tanks (eg RAND), NQF

- NCQA, Boards

- NCQA, Boards

- Boards

ABIM Practice Improvement Modules (PIM)



An Example: the Diabetes PIM Experience

- Scoring based on sample of 957 physicians completing *Diabetes PIM* to satisfy the self-evaluation of practice performance requirement of MOC
 - 81% general internists, 13% endocrinologists
 - 20,131 patient charts (21.0 patients per physician)
 - 18,974 patient surveys (19.8 patients per physician)

Process for Developing a Composite Score

- Convene an expert panel
- Review actual performance on individual measures
- Review reliability of individual measures
- Select clinical and patient experience measures
- Weight importance of individual measures
- Review reliability & reproducibility of composite
- Review actual performance on composite
- Define a “Borderline Candidate”
- Develop a Standard for performance

Diabetes PIM: Physician Performance Profile

Measure	Criteria	Points
<u>Clinical Process Measures</u>		
Eye Exam	≥ 60% of pts	10
Nephropathy Assessment	≥ 80% of pts	5
Foot Exam	≥ 80% of pts	5
Smoking Status Documentation & Cessation Advice and Treatment	≥ 80% of pts	10
<u>Intermediate Outcome Measures</u>		
HgBA1c Poor Control (> 9.0)	≤ 20% of pts	15
HgBA1c Superior Control (< 7.0)	≥ 40% of pts	10
Blood Pressure Poor Control (≥ 140/90)	≤ 35% of pts	15
Blood Pressure Superior Control (< 130/80)	≥ 35% of pts	10
LDL Poor Control (≥ 130 mg/dl)	≤ 37% of pts	10
LDL Superior Control (< 100 mg/dl)	≥ 36% of pts	10
<u>Patient Survey Measures</u>		
Overall diabetes care	≥ 75% of pts	10
Self-care Support	≥ 75% of pts	10

Diabetes PIM chart measures and score

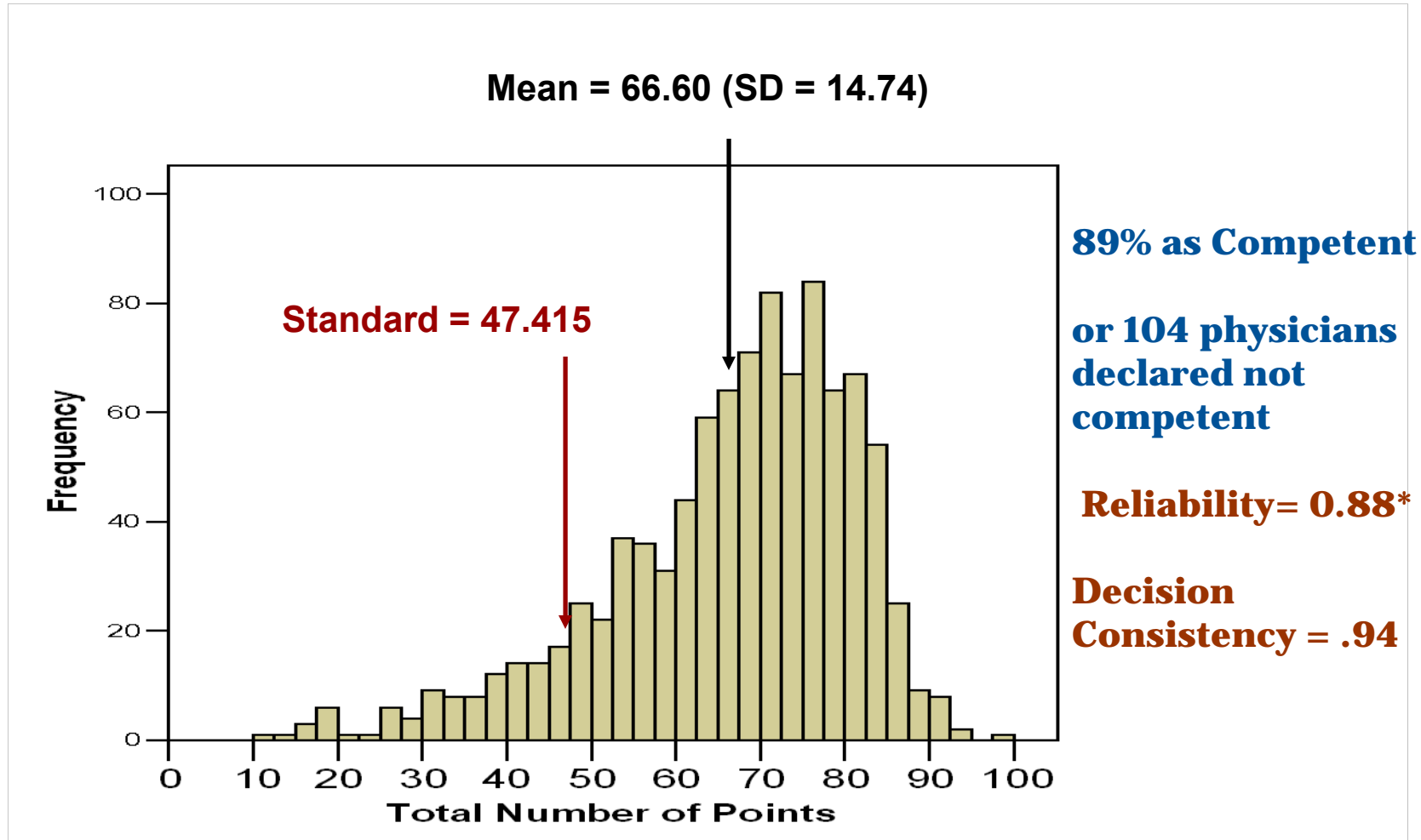
Measure (% of patients)	Physician Mean	Reliability (25 pts)
<u>Clinical Process Measures</u>		
Eye exam ($\geq 60\%$)	58%	0.81
Nephropathy Assessment ($\geq 80\%$)	87%	0.63
Foot Exam ($\geq 80\%$)	54%	0.82
Smoking Status Documentation & Cessation Advice and Treatment ($\geq 80\%$)	97%	0.42
<u>Intermediate Outcome Measures</u>		
HgBA1c Poor Control ($\leq 20\%$)	74%	0.57
HgBA1c Superior Control ($\geq 40\%$)	68%	0.62
Blood Pressure Poor Control ($\leq 35\%$)	73%	0.58
Blood Pressure Superior Control ($\geq 35\%$)	58%	0.59
LDL Poor Control ($\leq 37\%$)	79%	0.59
LDL Superior Control ($\geq 36\%$)	83%	0.55
Clinical measure score	73.0	0.82

Diabetes Care: Setting a Performance Standard

Measure	Criteria	Points
Ophthalmologic Exam	28.8%	X 8 = 2.304
Nephropathy Assessment	73.1%	X 9 = 6.579
Podiatry Exam	35.6%	X 4 = 1.424
Smoking Status & Cessation Advice/Treat	67.5%	X 7 = 4.725
HgBA1c Poor Control	72.5%	X 11 = 7.975
HgBA1c Superior Control	28.8%	X 8 = 2.304
Blood Pressure Poor Control	53.7%	X 11 = 5.907
Blood Pressure Superior Control	16.9%	X 10 = 1.690
LDL Poor Control	58.7%	X 10 = 5.870
LDL Superior Control	23.8%	X 9 = 2.142
Overall Diabetes Care Satisfaction	46.3%	X 6 = 2.778
Patient Self-care Support	53.1%	X 7 = 3.717
Standard		Sum = 47.415

Diabetes PIM: Physician Performance

Must Meet the Minimum Criteria to Earn Any Points for each Measure



N = 957

* Reliability increase to 0.91 for N=35 and 0.93 for N=45.



Growing Number of PIMs

- Clinical Preventive Services
 - **Diabetes ***
 - **Preventive Cardiology ***
 - Asthma
 - **Hypertension ***
- Care of the Vulnerable Elderly
- Patient & Physician Peer Assessment
- Self-Directed PIM
- Hospital Care
- Subspecialty PIMs
 - Colonoscopy
 - HIV
 - Hepatitis C
 - Osteoporosis
- Communication
 - Primary Care
 - Subspecialists
 - Referring Physicians
- Care of the Mechanically Ventilated Patient
- *Under Development: Comprehensive Care PIM*

Research: PIMs Make a Difference

- Eleven (11) published or in press PIM studies to date
- Five studies, including 2 controlled studies, have demonstrated positive changes in care

Does Physician Performance Improve as a result of PIM participation?¹

Review of Hypertension PIM re-measurement results for general internists (115) and subspecialists (53)

Target Measure Category		
(Mean re-measurement N=31 patients)	Number of physicians	Mean Δ
Blood Pressure or Lipid Control	52	+ 28%
Medication Selection/Adherence	12	+ 33%
Non-pharmacological Treatment/Self-care Support	69	+ 50%
Patient Evaluation & Testing	35	+ 37%

¹Hess B, et al. Presented at SGIM, May 2009

How do Physicians Respond to PIMs?

- Diplomate self-reported experience (~5,000 physicians):
 - **73** % of physicians who have completed PIMs report they have changed their practice
 - **82** % would recommend the PIM to a colleague
- To “test drive” a PIM:
www.abim.org/online/pim/demo.aspx

Board Alignment Efforts



Board Alignment: Private Sector

- Health plans: MOC incorporated into reward and recognition programs
 - Aetna, Cigna, Humana, UnitedHealthGroup
 - Blue Cross Blue Shield (including Highmark, Horizon, BCBS of Nebraska, BCBS of Tennessee, Triple-S Inc., and BCBS Association)
- Bridges-to-Excellence P4P programs
- Alignment with other QI efforts, e.g., Mayo

Board Alignment: Public Sector

- CMS PQRI
 - Boards modules function as registries
 - MOC pathway – contained in Senate Finance bill
- Discussions underway about alignment with meaningful use
 - Requirements for EHRs that would facilitate MOC
 - Modifying and building new MOC assessment tools to align with and support meaningful use goals and measures

Summing Up: ABIM's Approach to Measures and Other Tools to Improve Quality

- ABIM aligned with where the quality field is headed
- Board requirement for MOC engages physicians in improving quality of care
- MOC measures and other tools are comprehensive and multi-faceted
- PIMs change physician behavior
- PIMs are readily adoptable and not too burdensome
- Public and private payers can leverage this existing, well regarded infrastructure to align QI efforts and accelerate improvement