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

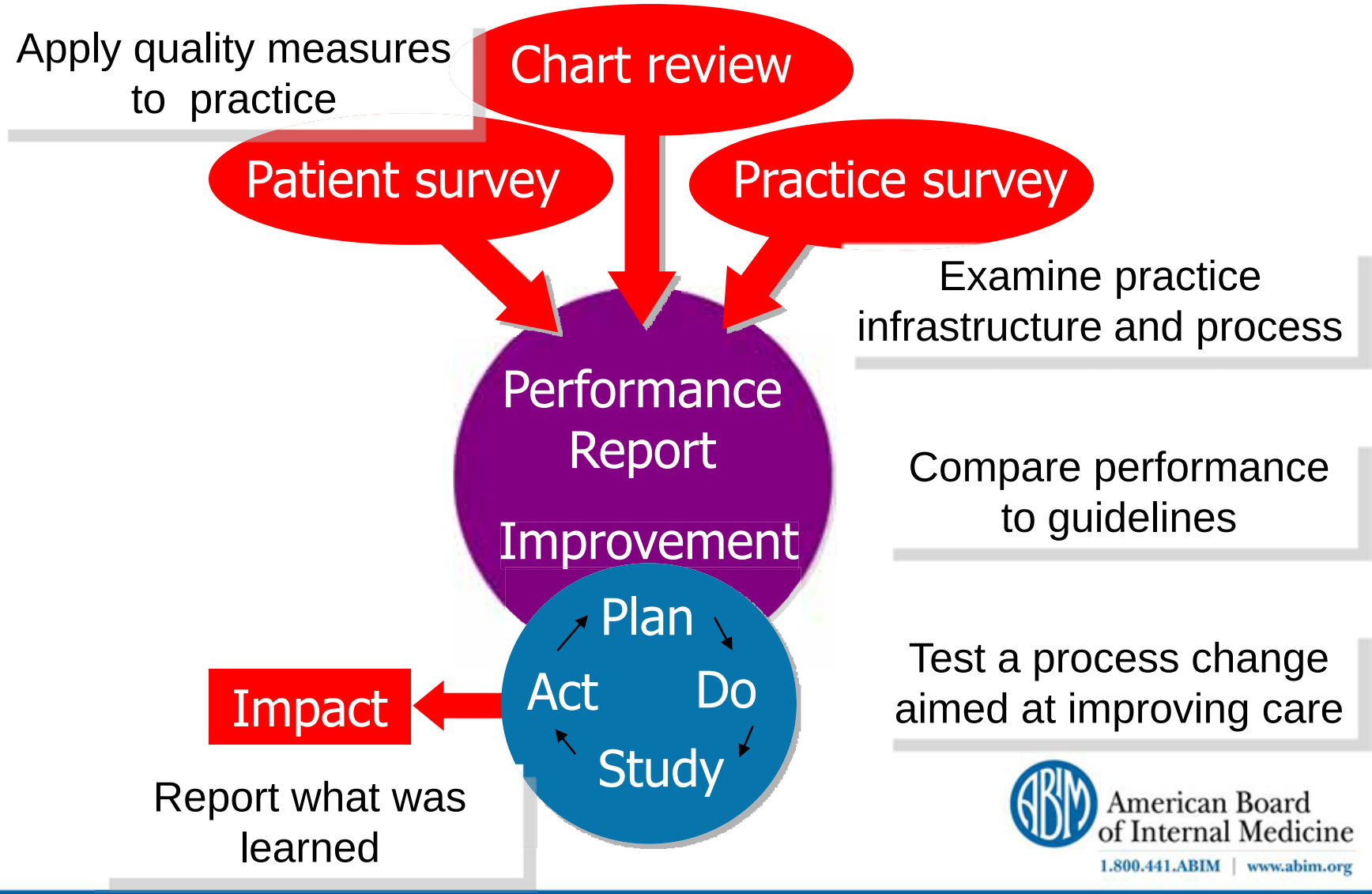
- ABMS requires boards to implement assessment of performance
- An Example: ABIM Practice Improvement Module (PIM)
  - Web-based practice self-evaluation uses NQF measures where available
  - Practice improvement cycle (PDSA) required to address areas identified as needing improvement
- PIMs also include 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
Clinical Process Measures		
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
Intermediate Outcome Measures		
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
Patient Survey Measures		
Overall diabetes care	≥ 75% of pts	10
Self-care Support	≥ 75% of pts	10

Diabetes PIM chart measures and score

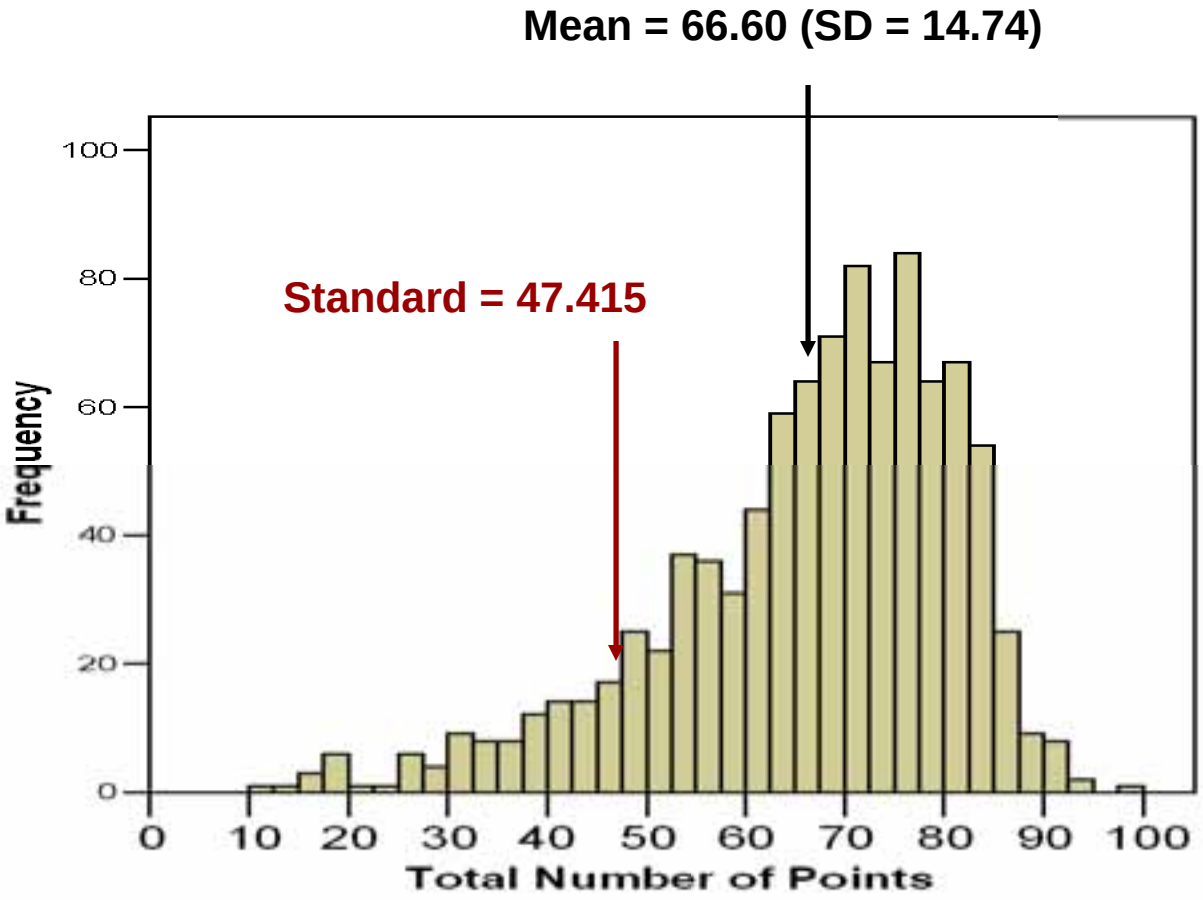
Measure (% of patients)	Physician Mean	Reliability (25 pts)
Clinical Process Measures		
Eye exam (≥60%)	58%	0.81
Nephropathy Assessment (≥80%)	87%	0.63
Foot Exam (≥80%)	54%	0.82
Smoking Status Documentation & Cessation Advice and Treatment (≥80%)	97%	0.42
Intermediate Outcome Measures		
HgBA1c Poor Control (≤20%)	74%	0.57
HgBA1c Superior Control (≥40 %)	68%	0.62
Blood Pressure Poor Control (≤ 35%)	73%	0.58
Blood Pressure Superior Control(≥35%)	58%	0.59
LDL Poor Control(≤37%)	79%	0.59
LDL Superior Control (≥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



89% as Competent

or 104 physicians declared not competent

Reliability= 0.88*

Decision Consistency = .94

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%

[1]Hess 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

American Board of Internal Medicine

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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