



National Committee on Vital and Health Statistics Quality Subcommittee Hearing Environmental Scan

October 19, 2010

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the client to whom it is addressed.*

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Executive Summary

- ▶ Purchasers , payors, and regulators, who are held accountable for determining how to measure value, are driving the measurement agenda, but there are still important gaps in two areas:
 - Information that can be used to track progress toward a more efficient healthcare delivery system
 - Information that can engage and activate consumers in health reform
- ▶ There is a marked and obvious difference between what consumers desire to manage their health and healthcare and what is important to regulators and purchasers. Consumers do not equate “information” with “measures” and they do not use the current measures
- ▶ Provider organizations have embraced the need to improve and demonstrate efficiency in the healthcare system. They are hampered by method and measure gaps and are wary of both the burden of measurement and the potential that measuring quality could divert resources from quality improvement
- ▶ Providers have a particular need for information as they engage consumers and coordinate their care and measures to assess progress towards patient-centeredness

This document contains the detailed results of our scan and analysis

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Booz Allen conducted an environmental scan to identify future information and measure needs of healthcare stakeholders seeking to improve healthcare quality

- ▶ The goal of the Quality Subcommittee is to outline a roadmap for quality measures that will measure both individual and population health status using electronically available data and emerging data sources in support of the development of meaningful measures
- ▶ The scan will help to inform a final letter to the Secretary of the Department of Health and Human Services containing recommendations of the full committee to benefit national policy makers in their decisions regarding data and measure use in the quest for quality healthcare
- ▶ The goal of the Quality Subcommittee Hearing is to gain perspective on the activities necessary to support anticipated medium (3- to 5-year) needs of healthcare stakeholders including:
 - Those who use or consume measurement information
 - Those who provide care and are responsible for improving performance
 - Those who accredit and regulate based on measurement information
 - Those who use measures to make decisions about coverage

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To guide the development of the measures roadmap, the Quality Subcommittee drafted research questions to use during the hearing to advance quality measurement in support of health reform

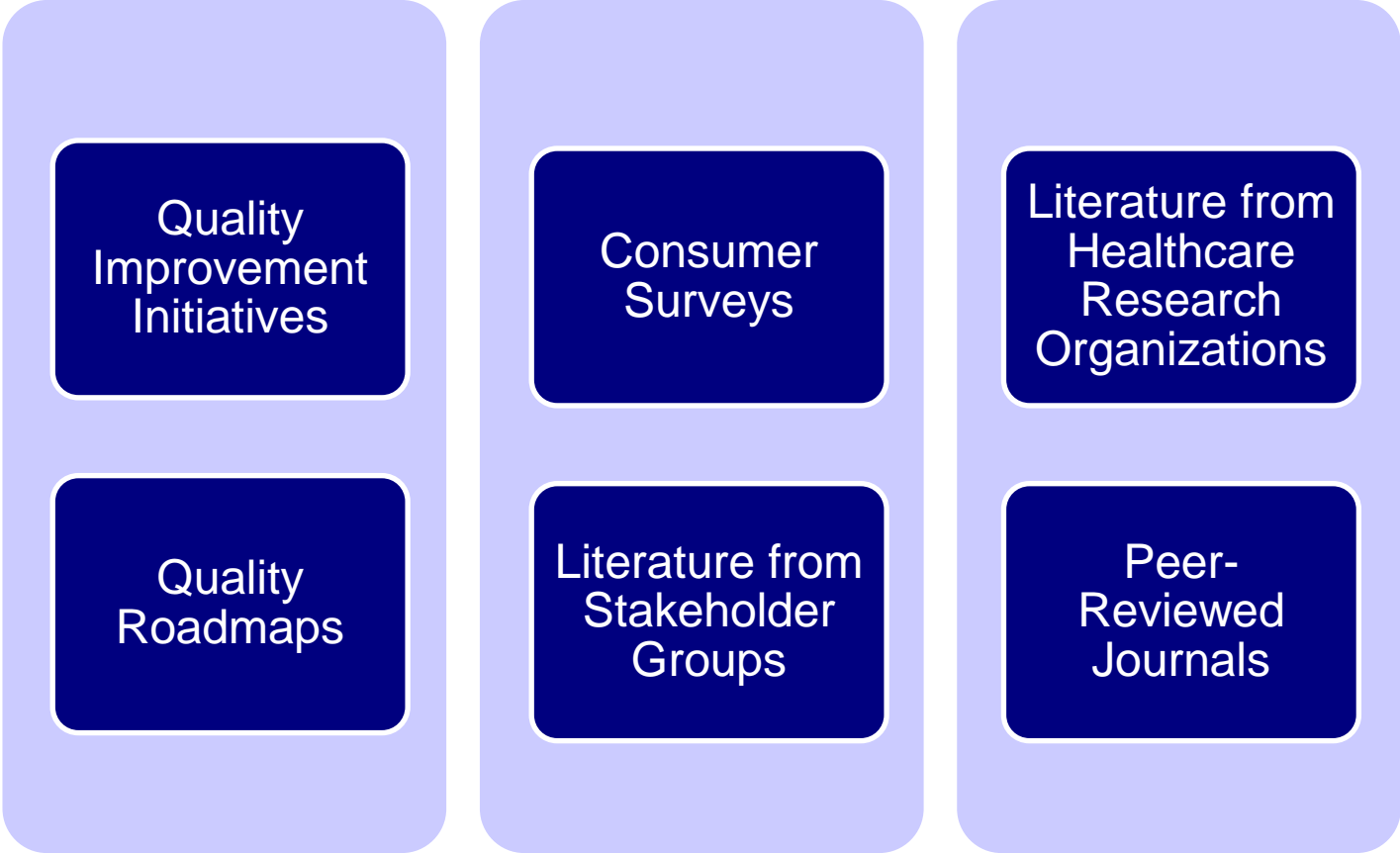
- ▶ What information and measures would help consumers better understand and become more active participants in managing their own health?
- ▶ What measures of quality do providers need to improve quality and increase accountability?
- ▶ What measures of quality do professional organizations, accreditation organizations, and regulators need to assess clinical performance across the continuum?
- ▶ What information and measures do payors and group purchasers need to assess the value of healthcare and use it for decisions about coverage?

To ensure the scan was forward-looking, we focused first on initiatives that achieved quality improvement

- ▶ Prior to the collection of data, we worked with the Quality Subcommittee to define the proposed research questions to eliminate ambiguity and to ensure all information collected was focused on the goals of the Subcommittee
- ▶ We then identified potential stakeholders that conduct research and activities related to each research question
- ▶ We performed keyword searches on stakeholder websites in addition to conducting searches on general search engines, such as Google and Bing, in peer-reviewed journals, and quality measurement roadmaps with the goal of identifying future information and measure needs
- ▶ Using the collected data, we pinpointed future information and measure needs that were expressed by stakeholders and were relevant to each of the four research questions and documented all sources
- ▶ We then identified organizations that incorporated the future needs into initiatives that resulted in positive outcomes in terms of healthcare quality improvement
- ▶ The needs were stratified by research question. The literature expressing the need and the stakeholder organizations with relevant, successful initiatives are listed alongside the appropriate future need within the appendix

Comprehensive matrixes containing all future data and measure needs, sources from which the information was drawn, researched stakeholders, and their successful initiatives are contained within the appendices

To gain a comprehensive view of stakeholder information and measure needs various sources were referenced



The existing quality roadmaps and frameworks that we reviewed to identify future information and measure needs

- ▶ Measurement Framework: Evaluating Efficiency across Patient-Focused Episodes of Care, National Quality Forum
- ▶ Performance-Based Health Care through Implementing Effective Quality and Cost Measures, Quality Alliance Steering Committee
- ▶ Health Information Technology Automation of Quality Measurement: Quality Data Set and Data Flow , National Quality Forum
- ▶ Envisioning the National Health Care Quality Report - Conceptual Framework
- ▶ Foundation for Accountability (FACCT) Consumer Information Framework
- ▶ Institute of Medicine STEEEP Frameworks
- ▶ Roadmap for Quality Measurement in the Traditional Medicare Fee-for-Service Program, Centers for Medicare and Medicaid Services
- ▶ Medicare Resource Use Measurement Plan, Centers for Medicare and Medicaid Services
- ▶ A Framework for Measuring Healthcare Efficiency and Value, Physician Consortium for Performance Improvement: Work Group on Efficiency and Cost of Care

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What information and measures would help consumers better understand and become more active participants in managing their own health?

- ▶ Health status and wellness information (blood pressure, glucose, weight, fitness, nutrition, etc) to facilitate self-care and management
- ▶ Treatment option information based on geography and health plan
- ▶ Timely information around quality and cost when making healthcare decisions (follow-up care, generic medications, treatment options)
- ▶ Condition-specific patient experience and medical information that is shared through disease communities and social networks to gain guidance and advice from peers with similar conditions and preferences
- ▶ Personalized self-care programs and guidelines that account for individual needs and preferences
- ▶ Patient satisfaction results and treatment preferences reported directly to providers so that providers can use the information to change or improve their clinical performance
- ▶ Measurements of care coordination focusing on care transition and medication reconciliation
- ▶ Health-related quality of life measures to evaluate the effectiveness of healthcare interventions

Measure Implications: Consumer

▶ Provider Selection:

- Consumers still are not showing interest in using current quality measures to select providers. A recent Deloitte survey shows again that consumers compare providers based on perceptions of quality with little data upon which to base these comparisons. Hospital quality ratings rank sixth among factors that informed consumers' most recent hospital choice, behind insurance coverage, physician recommendation, and reputation
- Consumers value care coordination and may value provider selection metrics that demonstrate how well the provider coordinates care. Also, how might we measure information flow or information sufficiency?

▶ Consumer measures:

- Fragmented quality measures are less useful to consumers. Consumers desire measures that are both holistic and customized to their conditions, ideally linked to coordinated guidelines. Do consumers need their own measures? Individualized consumer measures could give consumers answers to questions like “how am I doing relative to how well I should be doing post-surgery?”

▶ Community Health:

- There is a need for metrics to help connect clinicians and the community using population health metrics, and potentially composites, to measure the impact of community interventions and medical care improvements

Consumer access to information and measures, coordinated across sites and episodes of care, is enabled through current and emerging technologies

- ▶ Comprehensive health status and wellness information that consumers use to manage their own healthcare are contained within portable, secure, private, simple, affordable, and easily accessible PHRs or other mobile technologies
- ▶ Functional assessment data allows the elderly and disabled consumers to better manage their health status and can be collected in-home through monitoring technologies
- ▶ Patient experience information that enables consumers to make decisions about their own care using information from people with similar conditions is shared through online tools and social networks
- ▶ Measures of care satisfaction allow providers to modify their care processes to better address consumer preferences and needs and are reported directly to providers and navigators via multiple technologies
- ▶ Measures of care coordination to improve patient navigation of the healthcare system is enabled by EHRs and health information exchanges

What measures of quality do providers need to improve quality and increase accountability?

- ▶ Relevant process, structure, and outcome measures. Providers recognize gaps in measurement in specific areas, due to methodology and information constraints:
 - Care coordination/transitions of care (particularly hospital to post-acute/rehab/home health)
 - Episodes of care
 - Efficiency (including patient flow through the health system)
 - Specialty care—data are often collected in proprietary registries but are expensive for organizations to access
 - Disparities—data on race and ethnicity not always captured
- ▶ Patient-centered clinical information that allows the provider to monitor the patient across episodes and settings of care
- ▶ Information on each patient’s ability to manage their care and techniques to increase patient engagement
- ▶ Quality measurement data that can inform EHR and clinical decision support systems with recommendations that can be implemented at the point of care

What measures of quality do providers need to improve quality and increase accountability?

- ▶ Public health priorities to align individual and community health outcomes
- ▶ Measures of patient morbidity such as functional status and health-related quality of life
- ▶ Patient satisfaction measurements, survey results, and treatment preferences reported directly to providers so that providers can use the information to change or improve their clinical performance
- ▶ Specialty provider and laboratory quality and cost information to inform referral choice
- ▶ Condition-specific measures across all care settings
- ▶ Measures to evaluate medication safety and patient adherence

Measure Implications: Provider

- ▶ Measures used for quality improvement (QI) are often customized for the local QI effort, and may not be the same measures used for public reporting. Emphasizing outcome measures for public reporting may induce the least burden on providers, allowing process measures used for QI to be customized locally
- ▶ Providers need a better understanding of non-clinical outcomes (i.e. functional status, health-related quality of life, patient experience, and patient activation) for their patient population in order to support patient-centered care
- ▶ Providers need a better understanding of the care and outcomes of care provided by peer clinicians who are treating the same patient. They also need better metrics for specialists to whom they may refer patients
- ▶ Providers recognize gaps in measurement in specific areas due to methodology or information constraints:
 - Care coordination/transitions of care (particularly hospital to post-acute/rehab/home health)
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Provider access to information and measures is also enabled through current and emerging technologies

- ▶ Providers use performance measures and outcomes information across sites and episodes of care that are available through EHRs and other technologies to create patient-specific treatment and safety recommendations
- ▶ Patient information collected during routine care is being used by clinical decision support system technologies to aid providers in making care decisions
- ▶ Best practices and up-to-date guidelines help to ensure providers are utilizing optimal information during the care process and can be diffused in a timely manner through EHR and clinical decision support systems
- ▶ Public health data indicators enable tracking of trends and generation of individual patient reminders; this information is generally available through electronic databases and registries
- ▶ Provider performance measures allow primary care physicians to make informed referrals and can be accessed through sophisticated electronic referral systems at the point of referral or recommendation

Measure Implications: Consumer-Provider Intersection

- ▶ Efficacy measures of self-care strategies
- ▶ Measures that assess providers' or facilities' ability to include patient input
- ▶ Measures of patient engagement and shared decision-making
- ▶ Measures of population-specific care coordination and care transition
- ▶ Expansion of patient experience of care survey to include input from patients regarding the management of medical conditions, not just satisfaction with an instance of care

What measures of quality do professional organizations, accreditation organizations, and regulators need to assess clinical performance across the continuum?

- ▶ Measures of provider performance, with a focus on competency, that are ongoing, accurate, evidence-based, and appropriately adjusted
- ▶ Measurements of quality across the care continuum that are processed and disseminated electronically
- ▶ Measures aggregated across health plans, government purchasers, and other entities to create quality measures around a particular conditions or patient care activity to create statistical reliability for providers with small numbers of patients
- ▶ Measures to evaluate medication safety and patient adherence
- ▶ Hospital performance information that addresses all areas of clinical care including pharmacy nursing, and care satisfaction
- ▶ Standardized critical details of measure implementation including attribution and sample size
- ▶ Performance information on providers and hospitals caring for priority populations

Measure Implications: Professional Organizations, Accreditation Organizations, and Regulators

- ▶ Regulators and accreditation organizations are largely driving the national measurement agenda and desire more measures covering a broader population
- ▶ Regulators and accreditation organizations need new ways to measure “systems” of care as care is bundled and organizations become jointly accountable
- ▶ In evaluating competence, it would be useful for professional organizations to distinguish procedural and knowledge-based care and to identify any differences in the measure strategies across the groups. For instance, how might we broadly address measure outcomes for procedures where there is a high correlation between volume and outcome?
- ▶ There is a lack of examination of the decision making process (probability, value, and process functions) in healthcare and it’s relationship to measurement. Could professional organizations help to differentiate how we measure based on the cognitive biases that consumers and providers are subject to when making decisions?

What information and measures do payors and group purchasers need to assess the value of healthcare and use it for decisions about coverage?

- ▶ Measures of value and efficiency using consensus definitions
- ▶ Resource utilization measures during an episode of care including overuse and underuse
- ▶ Integrated quality and administrative data
- ▶ Outcome measures to evaluate the impact of coverage decisions
- ▶ Information on patient satisfaction and quality in relation to overall care efficiency

Significant deficits were noted in the definition of value due to difficulty in reaching agreement on measures of “cost” and how costs can be attributed to specific treatments and products

Measure Implications: Payors and Group Purchasers

- ▶ Payors and group purchasers track closely with regulators and accrediting bodies on measure needs. In the value arena, there is a desire for comparisons of enrollee costs over time, with particular focus on the need for resource utilization and overuse measures
- ▶ Measures of value are compromised by changing perspectives (cost to whom? value to whom?). Substitutions and cost-shifting are not represented in measures of cost
- ▶ How do we assess value when coverage decisions influence consumer and provider decisions in non-random ways (RAND Health insurance experiment)? How can we change value just by changing coverage? How do we assess the population impacts of coverage decisions (e.g. immunizations where the benefit to the population is larger than the benefit to the individual)?