

Findings, Recommendations and Discussion  
Points Regarding  
***Developing a Quality Measure  
Roadmap***

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# **Key Questions for NCVHS**

- **What is the issue we are addressing?**
- **Why did we choose this issue?**
- **What did we hear from the testifiers?**
- **What are we recommending and why?**
- **What are the areas of controversy?**

# Future of Quality Measurement

- Measurement has been shown to play a key role in shaping performance. Current measurement is misaligned with the vision of health care reform because, while the vision highlights patient centered coordinated care, current measurement is provider-centric focusing on care encounters in a subset of selected areas.
- Current measurement is heavily weighted to inpatient care for cardiovascular and surgical conditions. Out patient measures also focus on cardiovascular conditions and cancer screening.
- The patients, while a focal point of reform, do not have measure that reflect their interests, needs, functional status, cost or preferences.
- It is critical to realign measurement with goals both to advance the achievement of the goals of health care reform and also to avoid sinking money and resources into a measurement model that is outdated and inadequate.

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# Future of Quality Measurement

(Continued)

- Broaden the context of quality measurement to include more stakeholder's needs, and examine activities necessary to coordinate and support anticipated medium term (3-5 year) requirements:
  - Consumers
  - Providers
  - Professional organizations, accreditation organizations, and regulators
  - Payors and group purchasers
- Focus on the needs of consumer/patients and their health care teams, while also considering the secondary uses of multiple stakeholders to coordinate and support anticipated medium term (3-5 year) requirements:
  - Professional organizations
  - Accreditation organizations
  - Regulators
  - Payors and group purchasers
- Create a roadmap for quality measures that will measure both individual and population health status using current and emerging electronically available data sources in support of the development of meaningful measures

# Importance of Identifying Needs for Effective Quality Measurement

- Quality measurement and feedback is central to effective clinical practice
- Healthcare reform places increased focus on quality, with a definition of quality that is broader than current definitions
- Quality assessment increasingly will focus on patient experience and value
- Quality measure development does not yet take advantage of health IT
- Types and sources of quality data are increasing affording opportunity for new types of measurement

# Summary of Conclusions from Stakeholder Testimonies

- Gap between currently available quality measures and the needs of key healthcare stakeholders
- Need for a shift in the way measures are focused and developed toward the patient's perspective
- Failure to correct current path would result in massive effort and expenditure of resources on measurement activities that do not assess progress toward health reform or measure adequately healthcare quality and value from all stakeholder's perspectives
- Opportunities exist to improve the development of quality measures from current and emerging sources of electronically available data

# Recommendation 1:

## Patient Focused Measurement

### *Recommendation:*

Shift focus of measurement and measure development activities to support the needs of patients as the primary determinant of their own health and wellness

### *Reasons:*

- a. Current measures lack relevance to all stakeholders, and new models of care delivery
- b. Quality measures use by patients is limited - Consumers desire tailored information relevant to their personal healthcare needs
- c. Healthcare teams use different measures for internal QI than those externally reported, creating reporting burden

# **Recommendation 2: Measurement of Patient Interaction with Health System**

## ***Recommendation:***

Develop improved measures of quality, cost, value, accountability, and experience that are patient-focused and assess the interactions of the patient with the healthcare team and health system

## ***Reasons:***

- Gaps exist in measuring relationship between patients and providers, and accountability in healthcare
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- Providers identified gaps in standardized criteria
- Regulators need measures across sites and episodes
- Payors need methodologies to assess value and efficiency
- Consumers want information and transparency about cost
- Cost needs to be assessed across the continuum of care with better data consistency



# Recommendation 3: Secondary Use of Data in Oversight of the Health System

## *Recommendation:*

Regulators, certifying organizations, and payers should be actively involved in the coordination of information requirements to support creation of measures that assess quality, efficiency, and competency, to ensure that they meet their goals in overseeing the healthcare system.

## *Reasons:*

- Maximize the utility of current and emerging electronic data sources of rich clinical data to complement administrative data sources for quality assessment
- Coordinated measurement would allow providers to collect clinical data once to support multiple uses
- Maintenance of certification represents a key lever for driving use and re-use of quality measurement data
- Need for real time use of quality data in a learning health system

# Controversial Topics

- Patients and providers should be the focus of measure development, which is a **paradigm shift** from the current system in which regulators and payors drive measure development
- Patient generated information can have variable reliability and physicians and other providers may not know how to optimally integrate this information.
- Providers use **different measures for internal quality improvement** and for public reporting; can a set of measures be used for both purposes?
- How can measures be created to address individual conditions and preferences without increasing collection **burden**?
- **Cost** should be measured according to whose perspective?
- Are providers wholly **accountable** for patient care?