



The National Committee on Vital and Health Statistics

The Public Advisory Body to the Secretary of Health and Human Services



Quality Subcommittee

Recent Activities and Future Directions

Enhancing the Nation's Ability to Measure
and Improve Healthcare Value



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Hearing: *The Meaningful Measure Supply Chain*

October 13-14, 2009 : <http://www.ncvhs.hhs.gov/091201lt.pdf>

Key Questions:

- How do we approach building meaningful measures?
- What is the current process for developing measures and does it adequately address measure development for key national priorities and sub-populations?
- How do we introduce new data sources – clinical data from EHRs, user-generated data, etc. – into the measure development process?
- How do we exchange them for old measures based on administrative data?
- How do we maintain and update measures and what are the health IT system implications?

Panels on:

- Setting priorities for measurement (Helen Burstin, - NQF)
- What makes a measure meaningful? (Helen Burstin – NQF, David Reuben – ABIM)
- Current measure development, endorsement, and adoption process (Karen Kmetz - AMA, Sarah Scholle – NCQA, Bernie Rosof – QHC, Frank Opelka – ACS)
- Building Meaningful Measures - Adoptability (Floyd Eisenberg - NQF, Blackford Middleton, NCVHS)
- Meaningful measures for care coordination (Sarah Hudson Scholle – NCQA, Kathy McDonald, Stanford)
- Discussion of national priority measure sets (Carolyn Clancy, AHRQ)
- Meaningful measures of disparities (Ernie Moy - AHRQ, Kalahn Taylor-Clark - Brookings)
- Meaningful measures of value (including efficiency) (Michael Rapp – CMS, Joachim Roski, Brookings)
- Meaningful measures of integration, population health and health status (Linda Harris – OPHS, Floyd Eisenberg - NQF)



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Letter: *Meaningful Measurement of Quality Health Care using Electronic Health Records*, Dec 1, 2009: <http://www.ncvhs.hhs.gov/091201lt.pdf>

Testimony highlighted that while a wide array of efforts to develop and use health quality measures are occurring, most efforts had focused objectives that were largely occurring independently of each other.

Observation 1: Absence of a national strategy has undermined effectiveness in development and application of quality measures. It impedes creation of useful measures and increases provider burden

Recommendation 1: HHS should develop a national quality and performance measurement strategy and designate or establish an oversight structure to coordinate and align existing initiatives in the national strategy

Observation 2: Lack of standard definitions for measures and their underlying data elements, critical building blocks of current and future measures, are a key barrier to their effective and efficient use.

Recommendation 2: HHS should fund creation of a library of specifications for quality and performance measures and associated EHR data elements, e.g., NQF's Quality Data Set (Model)

Observation 3: Existing EHR systems are not designed to produce easily the quality reports required by various public and private reporting initiatives.

Recommendation 3: ONC should require EHR vendors to use relevant standard data element definitions



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Hearing: Developing a Quality Measurement Roadmap, Considering Future Information Needs and Data Sources

Oct 18-19, 2010: <http://www.ncvhs.hhs.gov/101018ag.htm>

Panel 1: What information and measures will consumers need to execute their functions as educated purchasers and stewards of their own health

- Eva Powell - NPWF, Judy Hibbard – U Oregon, Eugene Nelson - Dartmouth

Panel 2: What information and measures do providers need to improve quality and increase accountability?

- Fred Rachman – Alliance of Chicago Community Health Service, Yael Harris - HRSA, Theresa Cullen - IHS

Panel 3: What do professional organizations, accreditation organizations, and regulators need to assess clinical performance across the continuum?

- Kevin Weiss – ABMS, Margaret VanAmringe – Joint Commission, Rebecca Lipner, ABIM

Panel 4: What information do payors and group purchasers need to measure the value of healthcare and use it for decision about coverage?

- David Stumpf – UHG, Barry Bershaw – Minnesota Community Measurement, Arnold Milstein – Mercer, Joachim Roski – Brookings



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Letter: *Aligning Quality Measurement with Needs of Health Reform*

Feb 17, 2011: <http://www.ncvhs.hhs.gov/110217lt.pdf>

Testimony highlighted the dissonance between currently available quality measures, the needs of key health care stakeholders, and the vision of health reform. Health reform emphasizes patient-centered, coordinated care; current measures are provider-centric.

- **Urgent need to shift from legacy measures to those supporting health reform**
- **Need to leverage electronic capabilities**

Observation 1: Consumers desire information relevant to personal needs and preferences (vs. “average patient”). Most measures directed towards providers.

Recommendation 1: Prioritize and fund development of measures that are meaningful to consumers (e.g., patient-specific outcomes (stratified, not risk-adjusted), patient experience)

Observation 2: Focus on healthcare value, including indirect costs (e.g., work days lost, travel)

Recommendation 2: Fund research and development of improved assessments of the value of health care based on measures and information about cost and quality that are relevant to all health care stakeholders



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Observation 3: Neither patients nor providers have enough information to understand and coordinate care in order to be accountable for performance.

Recommendation 3: Fund research and development to provide information and measures that enhance the ability to assess accountability and care coordination in health care

Observation 4: Lack of measure coordination reduces comparability of quality reports and increases burden on providers.

Recommendation 4: Convene quality measurement stakeholders to formulate a strategy to coordinate development of quality measures using standard metadata (i.e. names, definitions, and representations) that improve the efficiency of data reuse.



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Hearing: *Measures that Matter to Consumers*

February 28-29, 2012: <http://www.ncvhs.hhs.gov/120228ag.htm>

Goal: To recognize and address the gap between the needs of consumers (people) in making decisions about their health and healthcare and the available and usable data and tools to help them meet these needs

Key Questions:

- What are the major shortcomings of the information now available to health care consumers?
- What information would be meaningful in supporting consumer/patient health and health care decisions, and how should it be presented?
- What is known, and not known, about how health care consumers seek information and make decisions?
- How can quality information support patient activation and strengthen patients' roles in collaborating with their providers?
- How can health care quality information be used to improve community health?



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Panels:

- **Understanding Consumer/Patient Health and Healthcare Decision-Making Needs**
 - Joyce Dubow – AARP, Christine Bechtel – NPWF, Lynn Quincy – Consumer Union, James Sutton – RMC, Jake Flaitz, Paychex)
- **Measures and Data to Support Health and Healthcare Decision-Making**
 - David Lansky – PGBH & prior speakers
- **Use of Functional Status and Self-Management Measures**
 - Heather Smith – AAPTA, John Hough – NCHS, Matt Stiefel – KP, John Wasson – Dartmouth
- **Use of Patient Experience and Satisfaction Measures in Assessing Whether Consumers/Patients Achieved Their Goals and Expectations**
 - Dale Shaller – Shaller Consulting, Regina Holliday, Susan Madden and Rick Siegrist – Press Ganey
- **Use of Patient Preference Measures in Selection of Insurance Coverage, Health Providers and Treatment Options**
 - Sarah Thomas – NCQA, David Stumpf – Woodstock Health IT, Robert Krughoff – Consumer Checkbook



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Letter: Immediate Steps to Improve Support for Consumers' Health

Decision-Making, June 22, 2012: <http://www.ncvhs.hhs.gov/120622lt1.pdf>

Testimony revealed two overall themes:

- Consumers are “flying blind” as they try to make health-related decisions and
- Policy makers, purchasers/employers, payers, measure developers, quality experts, and health care providers need to listen to consumers and engage them in the design and testing

Key Observations:

- The cost and quality information now available to consumers is insufficient and inadequate for enabling consumers to make decisions about health care coverage, providers, and treatment.
- To enable consumers to make value-based health care decisions, cost and quality information must be understandable and relevant to the individual and be derived from both quantitative measures and qualitative comments (i.e. must accommodate the diverse needs, preferences, and capacities of American consumers and allow for variations in language, general literacy, health literacy, numeracy, and the ability to access and use computer and online technologies)
- As a source of quality and cost information, providers and health systems need to be more proactive in providing consumers with the data and tools they need to make informed, value-based health care decisions.
- Aggregate information on the health of local communities is a critical and underdeveloped dimension of health care quality information. Few U.S. communities have access to local information that integrates population health data with data on the performance and outcomes of local health care providers, as discussed in the December 2011 NCVHS report, *The Community as a Learning System: Using Local Data to Improve Local Health*.
- The U.S. can improve health care consumer decision-making now by providing the best data and tools available, in accordance with what is already known about how consumers make decisions. Over time, more meaningful and usable information can be developed by involving consumers and patients in user-centered design and conducting further research on consumer decision-making and information use.



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The lack of relevant and usable cost and quality information for consumers impedes attempts to reform our current health delivery system. We believe the establishment of health insurance exchanges provides a unique opportunity to stimulate the development and presentation of information that consumers find usable, meaningful, and actionable.

Recommendations:

1. HHS should provide technical guidance to support development and implementation of measures and consumer decision-making tools that are relevant, usable, and accessible
2. In order to address the immediate need to support consumer decision-making in selecting health insurance, HHS should develop model report formats for use by federally-supported state health insurance exchanges to present information on coverage, cost, and quality for insurance products listed in the exchange. And provide tools to customize displays of 30 common services and procedures based on personal preferences.
3. HHS should encourage collaboration among the entities that develop and endorse consumer-oriented measures of health and health care to ensure that these measures are relevant, well-specified, and publicly available and that they leverage consistent value sets