Developing and using clinical quality measures to drive improvement

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May 8, 2018

Agenda

- The measurement landscape
- Cycle of measurement activities
  - Principles of measure conceptualization and design
  - Measure specification and testing
  - Implementation and integration
- Emerging trends
- Wrap up and close

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A Few Caveats

- Clinician level measure developer, primarily in the ambulatory setting
- The measurement field uses acronyms that are likely foreign to most outside our world
- We love our catch phrases, most notably
  - “If you can't measure it, you can't improve it”
  - “Not everything that can be counted counts, and not everything that counts can be counted.”

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PCPI's Leadership in Measurement

- Nationally recognized as a leader in measure development, specification, and testing
- Measure development portfolio includes:
  - 47 measurement sets; >300 individual measures
  - ~90 NQF-endorsed™ measures
  - Many measures in federal programs including CMS PQRS and EHR incentive program
  - (many in collaboration with PCPI member societies and/or NCQA)
- www.thepcpi.org

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Measurement Landscape: Past

Key Developers

- TJC
  - Hospitals
- NCQA
  - Health Plans
- PCPI
  - Physicians

Key Uses

Pay for Reporting

- Hospital Inpatient Quality Reporting
- HEDIS
- CMS' Physician Quality Reporting System

Public Reporting

- Hospital Compare

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Measurement Landscape: Present

Key Developers

- TJC
- NCQA
- PCPI
- Government (CMS, ONC, AHRQ, CDC) or its contractors
- State or local organizations
- Health Insurers
- Health Systems
- Specialty Societies

Key Uses

Pay for Reporting/Performance

- Hospital Inpatient Quality Reporting
- Hospital Outpatient Quality Reporting
- HEDIS
- Quality Payment Program

Public Reporting

- Hospital Compare, Physician Compare, Qualified Clinical Data Registries

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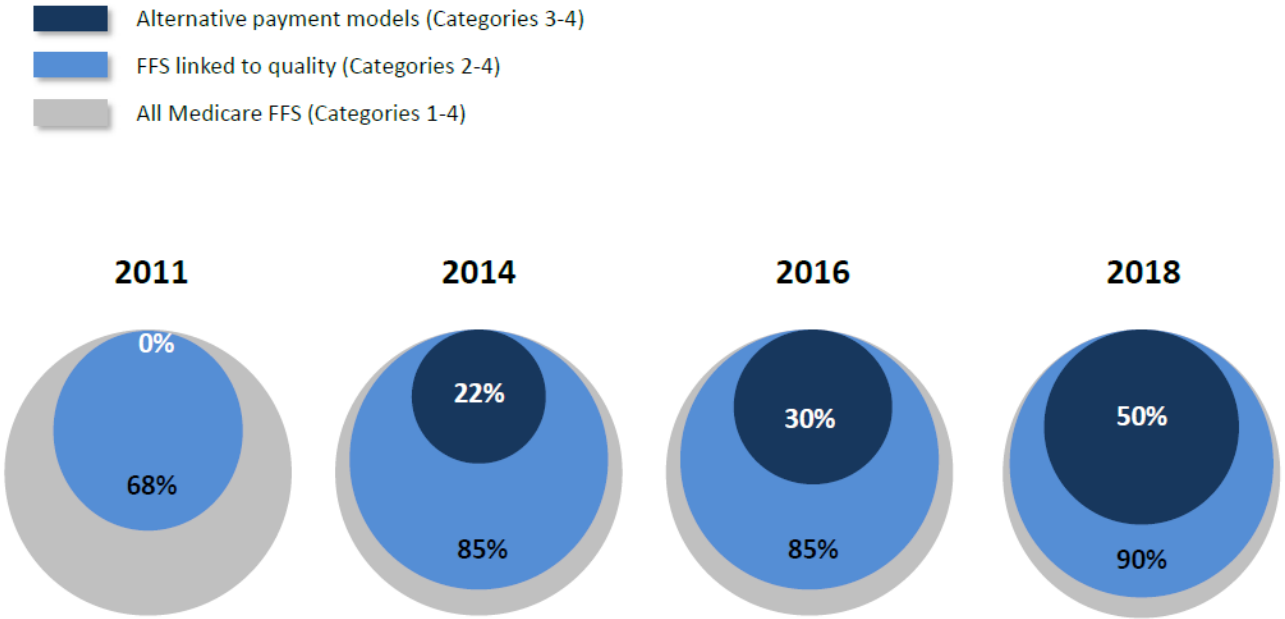
Measurement Landscape: Future

- Target percentage of payments in fee for service (FFS) linked to quality and alternative payment models



From presentation by Dr. Kate Goodrich, CMS

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Measurement by the Numbers

- >2500 measures in the National Quality Measures Clearinghouse
- >700 measures endorsed by National Quality Forum
- 271 measures in Merit-based Incentive Payment System
- 1000+ measures in Qualified Clinical Data Registries

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And Yet…

- 63% of physicians say that current measures do not capture the quality of care they provide
- Physician practices are spending $15.4 billion each year — about $40,000 per physician — to report on performance

Citation: Casalino LP et al. Health Aff (Millwood) 2016; 35: 401-6.

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There is Hope

- Intent is good: Goal to drive improvement in patient health outcomes
- Many developers follow a rigorous measure development process
- Push for parsimony, wherever possible, and harmony

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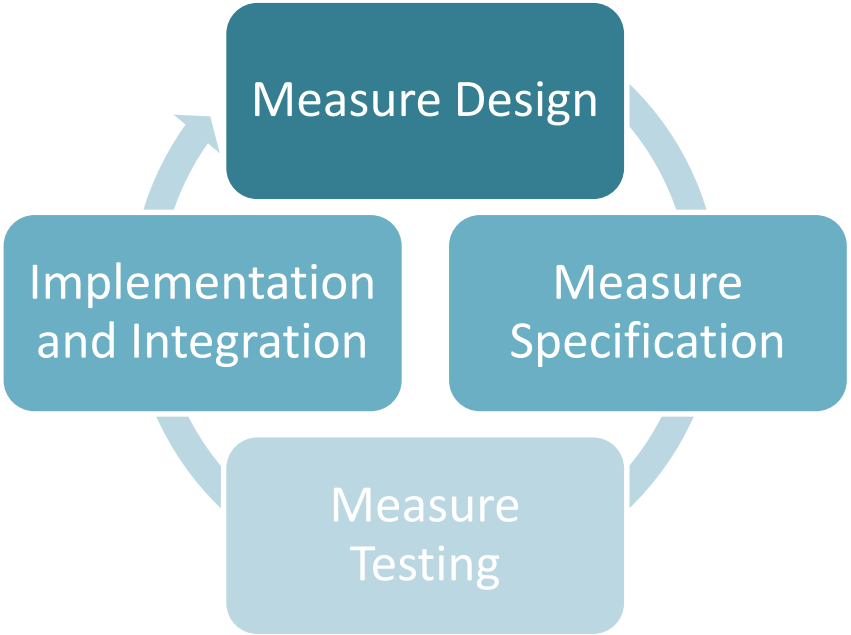
Measurement Cycle of Activities



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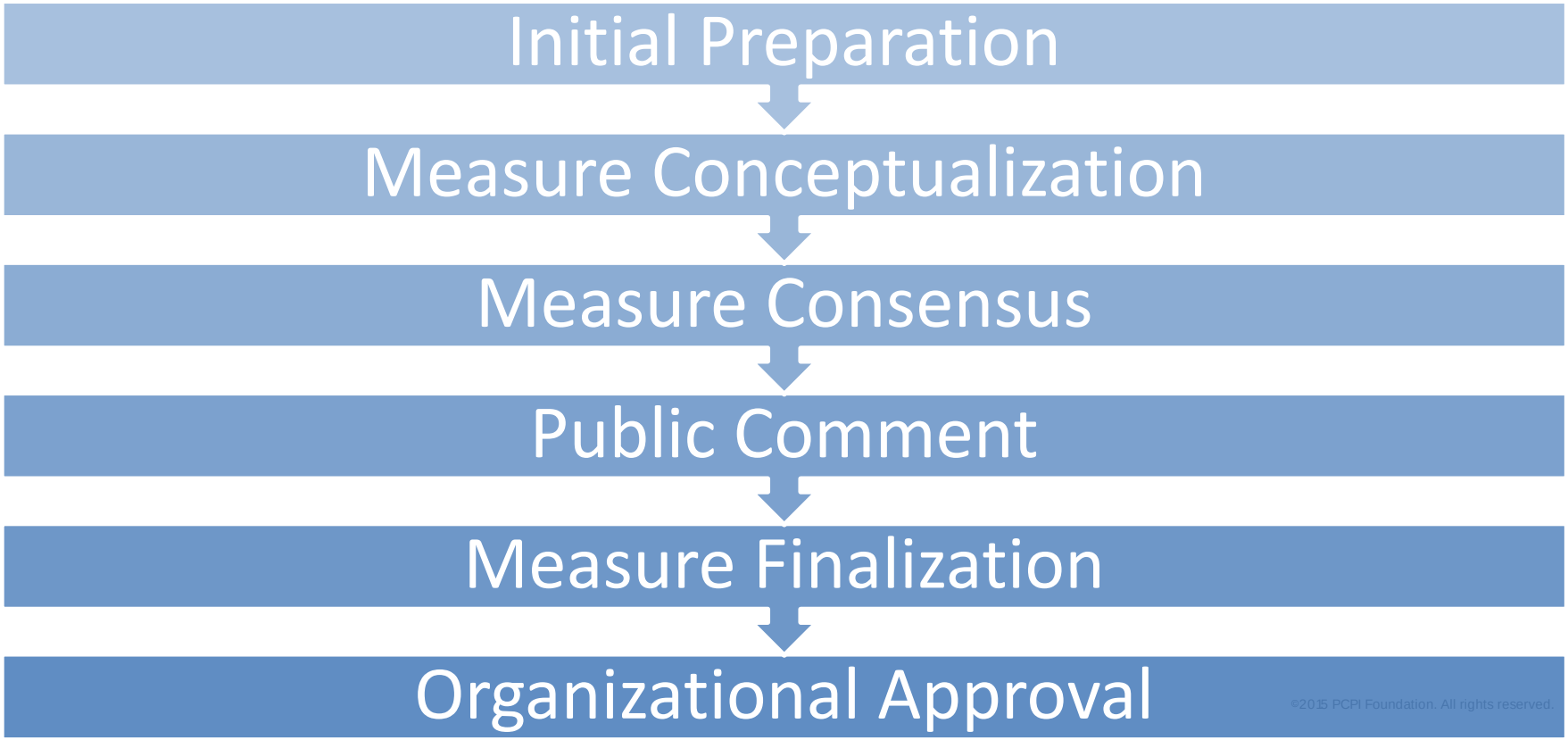
Measure Development Process



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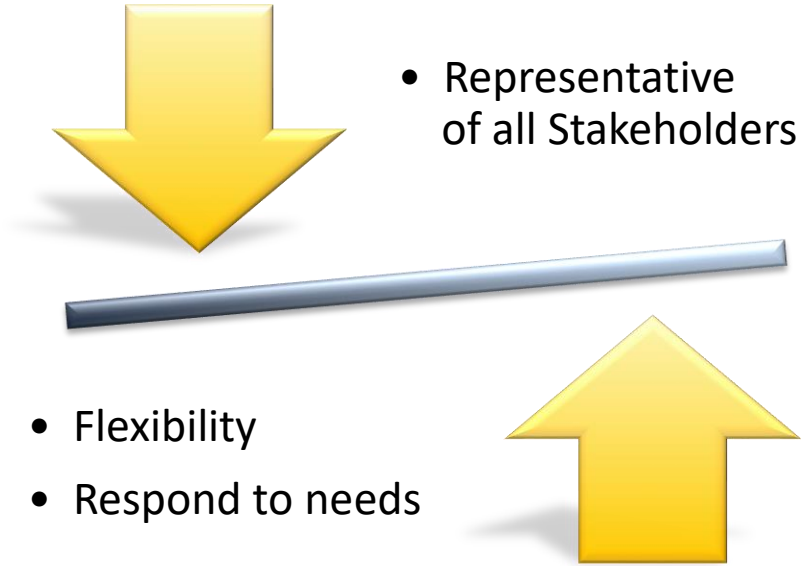
Form TEP

The composition of the Technical Expert Panel (TEP) is critical to the success of a measure



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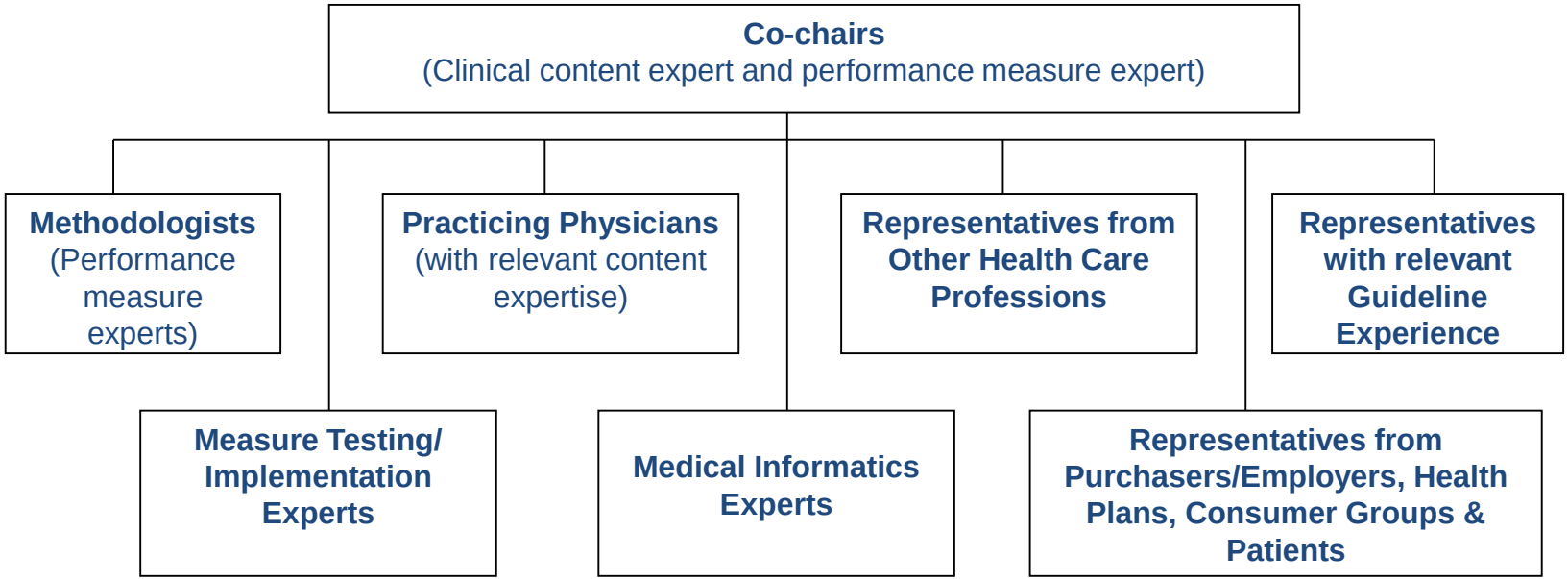
TEP Composition



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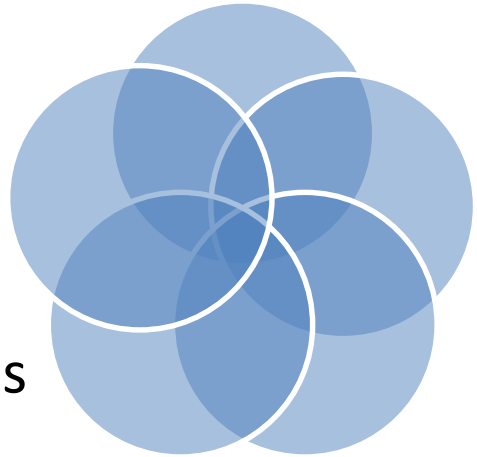
Key Concepts in Measure Design

Link to outcomes

Feasibility



Solid evidence base

Address gaps in measurement

Address gaps & variations in care

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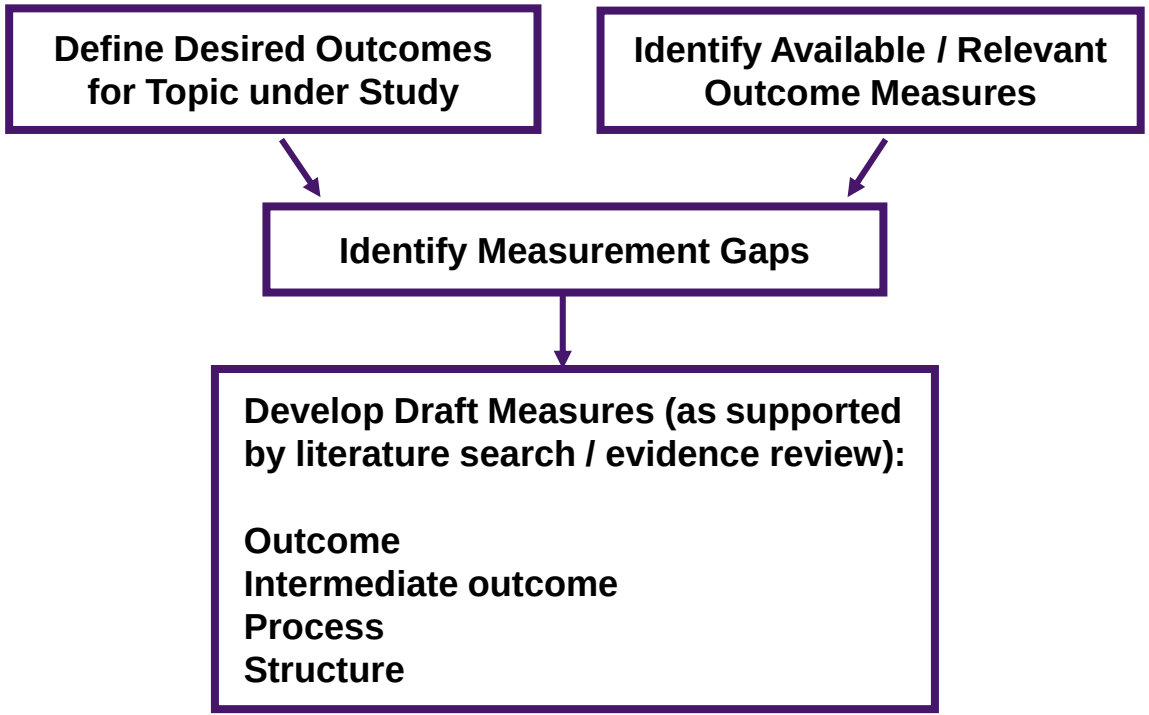
Focusing Measure Development on Desired Outcomes



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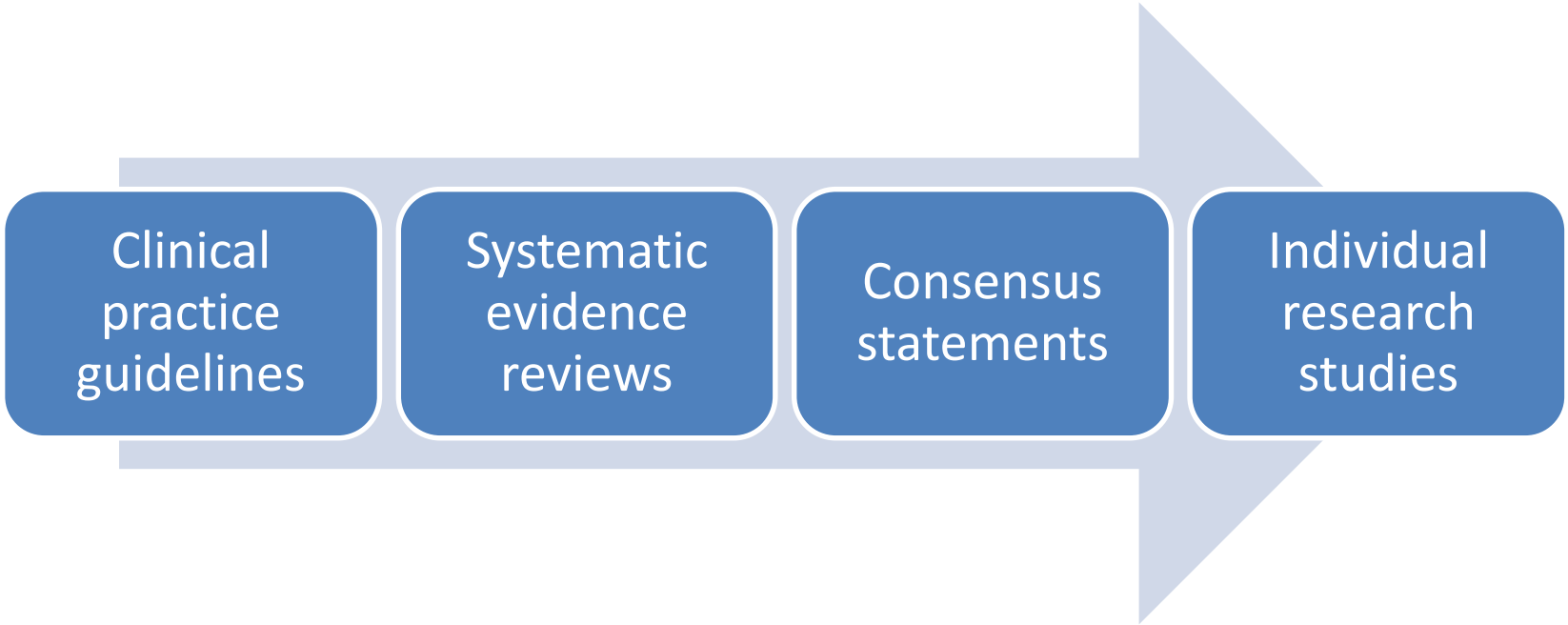
Evidence Base



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Opportunities for Improvement

- Ensure that there is a need to improve performance for the concept of interest
- Opportunities for improvement can include:
  - Overall less than optimal performance
  - Variation in performance across patient populations
  - Variation in performance across providers
  - Inconsistent performance
- No absolute threshold for gap in care, measure-specific

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Existing Measures

- Scan the existing measure landscape to ensure proposed measure concepts address a gap in measurement
- Harmonize concepts with existing measures where possible
- Search for existing measures related to both the overall measure topic and the specific concepts of interest

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Feasibility Considerations

In thinking about measure components, we need to consider:

- Is the necessary measure data captured in the intended data source?
- Can each data element be abstracted (i.e., in a structured, standardized format) from the intended data source?
- Will it be captured by the physician or health professional as part of the routine course of care?

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Types of Measures

Outcome measure:

A measure that assesses the results of healthcare that are experienced by patients: clinical events, recovery and health status, experiences in the health system, and efficiency/cost.

- Postoperative stroke following CABG surgery
- Patient-reported functional status, HRQoL, and symptoms following elective PCI

Process measure:

A measure that focuses on steps that should be followed *(or avoided)* to provide good care.

- Heart failure patients with LVSD receiving beta-blocker therapy
- Routine preoperative cardiac stress imaging in low risk surgery patients

Structural/Management measure:

A measure that assesses features of a healthcare organization or clinician relevant to its capacity to provide healthcare.

- Heart team approach to revascularization decisions for patients with unprotected left main or complex CAD

Source: CMS Measures Management System Blueprint

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Types of Measures

Additional types of measures include:

- Access
- Efficiency/Cost
- Patient Experience
- Population Heath
- Utilization of Services
- Composite

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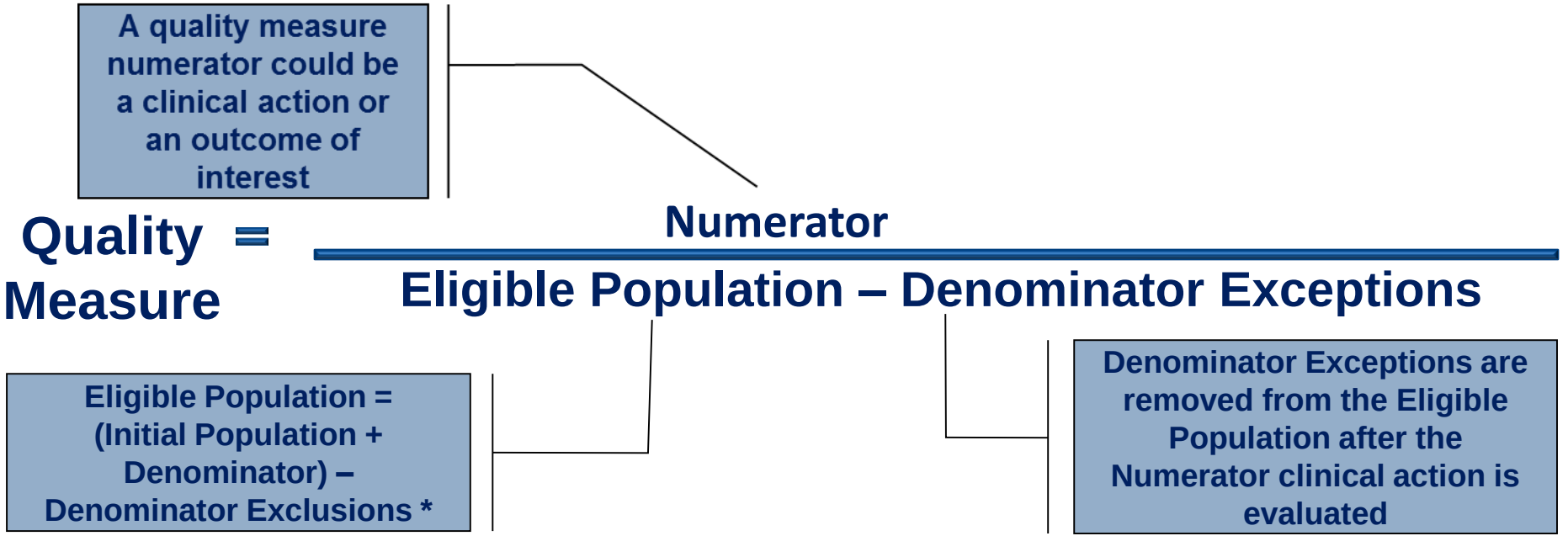
Anatomy of a Quality Measure



*** Denominator Exclusions are removed from the IP/D before the Numerator is ever evaluated; the Numerator clinical action is never appropriate for this group of patients.**

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Exclusions and Exceptions

- Exclusions
  - Applied uniformly across a patient population to remove an entire group of patients
  - Removed from denominator before considering numerator action
  - Applied to patients for whom the measure focus would not be appropriate
- Exceptions
  - Patients included in denominator for whom a particular numerator action may not apply
  - Only apply to denominator patients who fail to meet the numerator
  - Allows clinical judgment & individual patient characteristics to be factored into quality measurement
  - Applied on a case-by-case basis

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Anatomy of a Measure: Example

Numerator

Patients with patient reported functional status assessment results (eg, VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR within two weeks before or during the initial encounter and the follow-up encounter during the measurement year

Measure =

Patients 65 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure

Denominator

Exclusions: Patients with severe cognitive impairment or patients with a diagnosis of cancer

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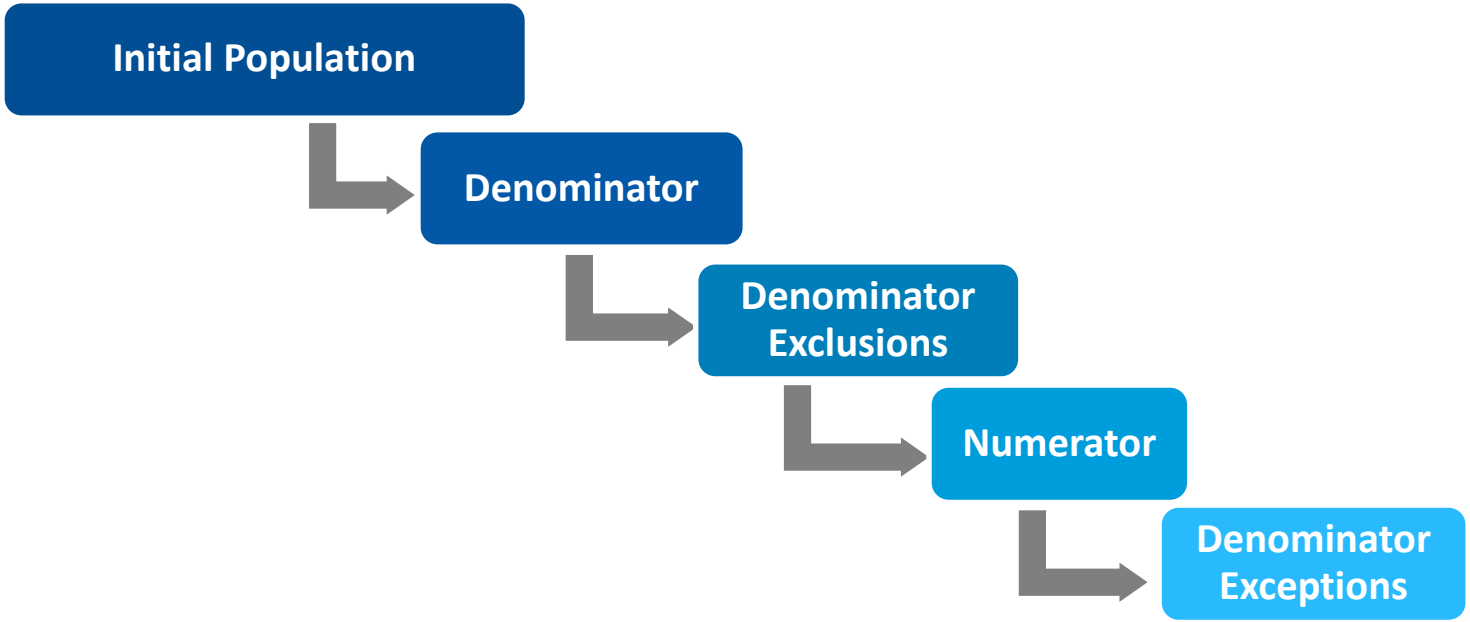
Measure Calculation



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Measure Narrative to Specification

- Focus on electronic clinical quality measure (eCQM) health quality measures format (HQMF)
- Create a framework
  - Identify data elements
    - QDM
  - Identify metadata of data elements
    - Map out attributes, functions, timings, and relationships between data elements
  - Vocabularies to capture data elements and metadata
- Development of specification
- Building of value sets

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Measure Testing

- Why test measures?
  - Have confidence that the measures are able to reliably capture the data they are intended to capture
  - Ensure that there is no significant difference in the way data is being captured in registries
  - Increase provider confidence in measures and measure results

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Alpha Testing: Feasibility Testing

- Provides an opportunity to identify the following:
  - Necessary refinements to measure concepts and technical specifications
  - Data sources
  - Potential barriers to implementation
  - Strategy for data collection and analysis
  - Unintended consequences

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Beta Testing: Reliability and Validity Testing

- Opportunity to evaluate the scientific acceptability of measures, using empirical data
- Reliability Testing
  - Enhanced evaluation of a measure's importance, including evaluation of performance thresholds and outcome variation
- Validity Testing
  - Evaluates the extent to which a measure truly measures that which was intended

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Measure Implementation and Integration

Long path to use in a federal program:

1. CMS annual call for measures
2. CMS review and creation of Measure Under Consideration (MUC) list
3. Review by Measure Applications Partnership – convened by the National Quality Forum (NQF)

Measures submitted by 6/30/2018, not eligible for inclusion until 2020!

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Measure Endorsement

National Quality Forum(NQF) Endorsement

- Stakeholder Input
- Build Consensus

Assessment Criteria

- Importance to Measure
- Scientific Acceptability
- Usability
- Feasibility

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NQF Measure Review Process

1. Intent to Submit
2. Call for Nominations
3. Measure Review
4. Public Commenting with Member Support
5. Measure Endorsement
6. Measure Appeals

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CMS and Meaningful Measures

- Meaningful measures:
  - Address high impact measure areas that safeguard public health
  - Patient-centered and meaningful to patients
  - Outcome based where possible
  - Relevant for and meaningful to patients
  - Minimize level of burden for providers
  - Significant opportunity for improvement
  - Address measure needs for population based payment through alternative payment models
  - Align across programs and/or with other payers

Source: CMS, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html

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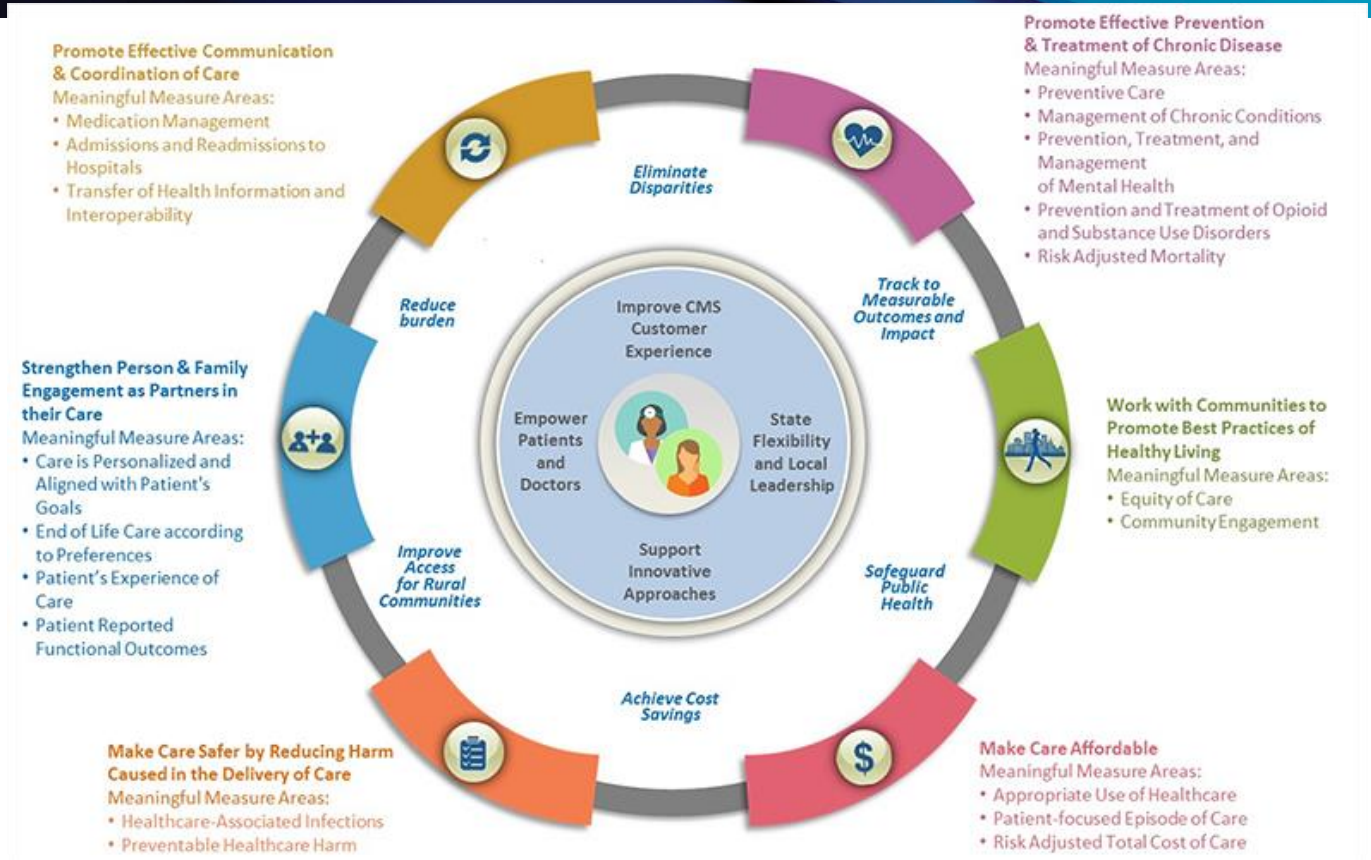
Meaningful Measures



Source: CMS

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CMS Measure Development Plan and Measurement Gap Areas

Clinical Care

- Measures incorporating patient preferences and shared decision-making
- Cross-cutting measures that may apply to more than one specialty
- Focused measures for specialties that have clear gaps
- Outcome measures

Safety

- Measures of diagnostic accuracy
- Medication safety related to important drug classes

Care Coordination

- Assessing team-based care (e.g., timely exchange of clinical information)
- Effective use of new technologies, such as telehealth

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CMS Measure Development Plan and Measurement Gap Areas

Patient and Caregiver Experience

- Patient-reported outcome measures (PROMs)
- Additional topics that are important to patients and families/caregivers (e.g., knowledge, skill, and confidence for self-management)

Population Health and Prevention

- Developing or adapting outcome measures at a population level to assess the effectiveness of the health promotion and preventive services delivered by professionals
- IOM Vital Signs topics (e.g., life expectancy, well-being, addictive behavior)
- Detection or prevention of chronic disease (e.g., chronic kidney disease)

Affordable Care

- Overuse measures (e.g., overuse of clinical tests/procedures)

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Outcome Measures – Why Now?

- Patients want results
- More closely reflects the quality of care
- Potentially have the greatest impact on improving care

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Outcome Measures – Why Now?

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Strategic Approach – CMS will collaborate with specialty groups and associations to develop measures that are important to both patients and providers and that represent important performance gaps in the targeted quality domains. When considering measures, CMS will prioritize outcomes, person and caregiver experience, communication and care coordination, and appropriate use/resource use.

What Is Value in Health Care?

Michael E. Porter, Ph.D.

Achieving high value for patients must become the overarching goal of health care delivery, with value defined as the health outcomes achieved per dollar spent.[1] This goal is what

NATIONAL QUALITY FORUM

Person-Centered Care and Outcomes
Considering measures that are most important to patients—particularly patient-reported outcomes—and opportunities to advance them through the use of health information technology

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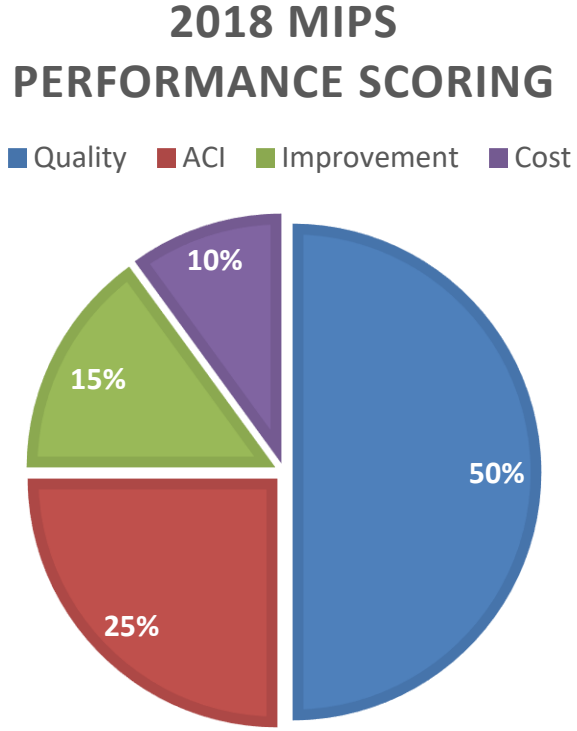
Outcome Measures – Why Now?

- Merit-Based Incentive Payment System - Quality component:

Requires reporting on 6 measures, at least <u>one outcome measure</u> *(or another high priority measure)*



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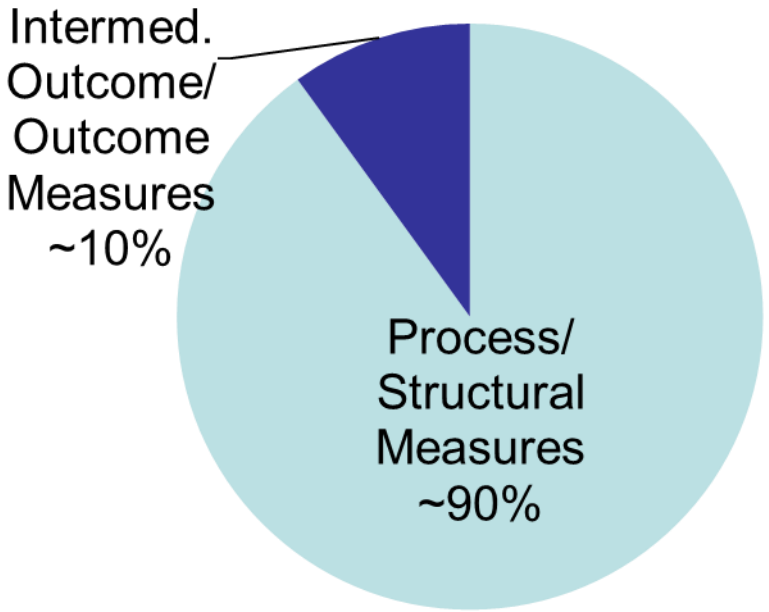
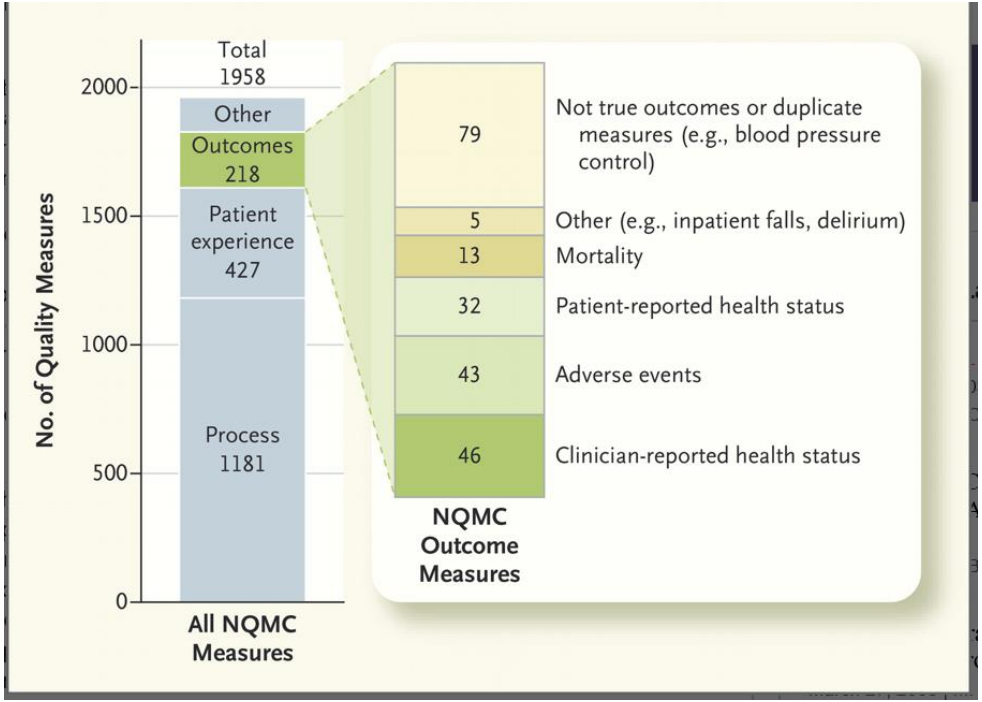
How are we doing at meeting the demand?

PCPI:



NQMC:



Porter ME et al. N Engl J Med. 2016 Feb 11;374(6):504-6.

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Tackling the Trends

- Special considerations:
  - Require collaboration across a broad range of stakeholders; patient input on measurement is more important than ever
  - Unique feasibility challenges
  - Challenges in establishing an evidence base, traditional RCTs are often not available

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How can you get involved?

Influencing measure design

- Technical expert panel calls for nomination
- Sharing your opinion via public comment

Improving measures post implementation

- Communicating with measure stewards directly
- JIRA
- Commenting during NQF review process

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Wrap-Up

Thank you!

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