Primary Care Measurement: What's Working and What's Not

SEPTEMBER 19, 2019

Patient-Centered Primary Care COLLABORATIVE

Welcome & Announcements

Welcome – Julie Schilz, Senior Director, Commercial Health Innovations, Mathematica

Upcoming PCPCC Webinars

Interested in PCPCC Executive Membership?

Email Jenifer Renton (jrenton@pcpcc.org) or visit www.pcpcc.org/executive-membership

PCPCC Annual Conference

Save the Date: November 4 - 5, 2019

Patient-Centered Primary Care COLLABORATIVE

2019 PCPCC Annual Conference
#PCPCC2019 is under TWO MONTHS AWAY!

This year's conference features a dynamic group of speakers including:

- Grace-Marie Turner, President, Galen Institute,
- Jill Hummel, President and General Manager, Anthem Blue Cross Blue Shield of Connecticut,
- Kavita Patel, MD, Vice President, Johns Hopkins Medicine
- Paul Grundy, MD, MPH, FACOEM, FACPM, Chief Transformation Officer, Innovaccer
- and more!

Visit **pcpccevents.com** today to view the agenda, full list of speakers, conference prospectus, and to register for this year's conference.

Patient-Centered Primary Care COLLABORATIVE

Today's Speakers

Rebecca Etz, PhD
Associate Professor, Family Medicine and Population Health
Co-Director, The Larry A. Green Center
Virginia Commonwealth University School of Medicine

Amir Qaseem, MD, PhD, MHA, MRCP(London), FACP
Vice President, Clinical Policy and Center for Evidence Reviews
American College of Physicians

Jay W. Lee, MD, MPH, FAAFP
Director of Primary Care
CareMore Health

Janice Tufte
Patient Advisor

Julie Schilz, BSN, MBA
Senior Director
Commercial Health Innovation
Mathematica
(Moderator)

Patient-Centered Primary Care COLLABORATIVE

Person-Centered Primary Care Measure

2019 ABMS Conference

Rebecca Etz, PhD

Associate Professor, VCU

Family Medicine and Population Health

Co-Director, The Larry A. Green Center

Kurt C. Stange, MD, PhD

Distinguished University Professor, CWRU

Dorothy Jones Weatherhead Professor of Medicine

Co-Director, The Larry A. Green Center

THE LARRY A. Green Center

With thanks/our Team

For doing the work

- Martha M Gonzalez, BA
- Jonathan P O'Neal, BA
- Sarah R Reves, FNP
- Stephen J Zyzanski, PhD

For providing critical insights

- Participants in the crowd sourcing
- Participants in the Starfield III Summit
- Practices testing the measure

For funding support

- American Board of Family Medicine
- ABFM Foundation
- Agency for Healthcare Research and Quality
- Family Medicine for America's Health
- North American Primary Care Research Group
- Society for General Internal Medicine
- Virginia Commonwealth University

How it all began

2011 – A ‘Bright Spot’ Study for RWJ Foundation

- Purpose: find high quality, clinically excellent practices with sustainable workforce innovations
- … and what they said

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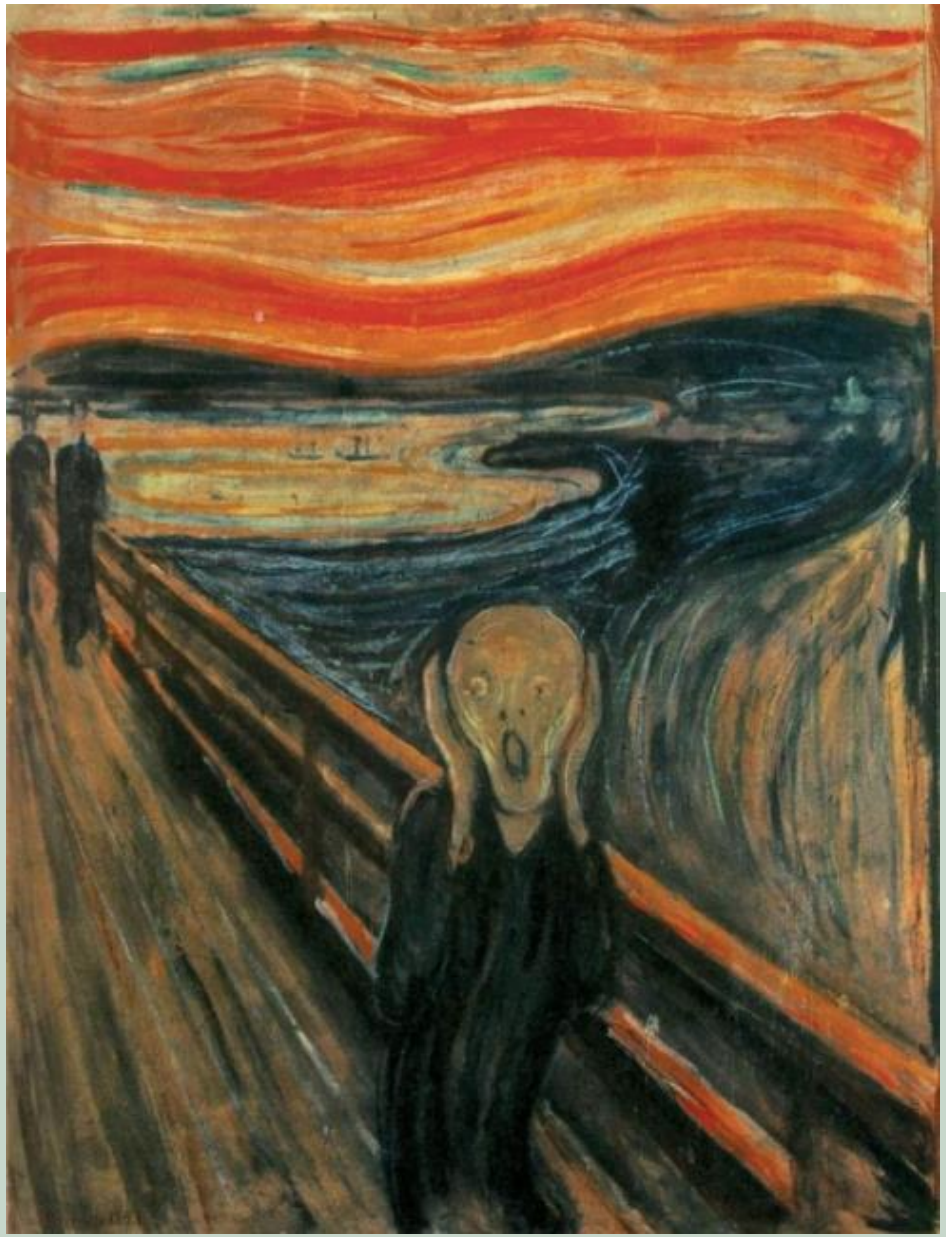

"I sensed an infinite scream passing through nature…"

Framing the Problem – Measures

Too many measures, and yet none our own

- Measures are self definition
- Measures are potential and aspiration
- Measures are ways of knowing
- Measures are communication with purpose

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Starting Over

1. Begin with evidence that matters
    - What is most important to those seeking care
    - … and those in care delivery
2. Inform with expert knowledge
    - Member checking and refining
    - Dynamic negotiation of constraints
3. Rapid cycle testing and implementation

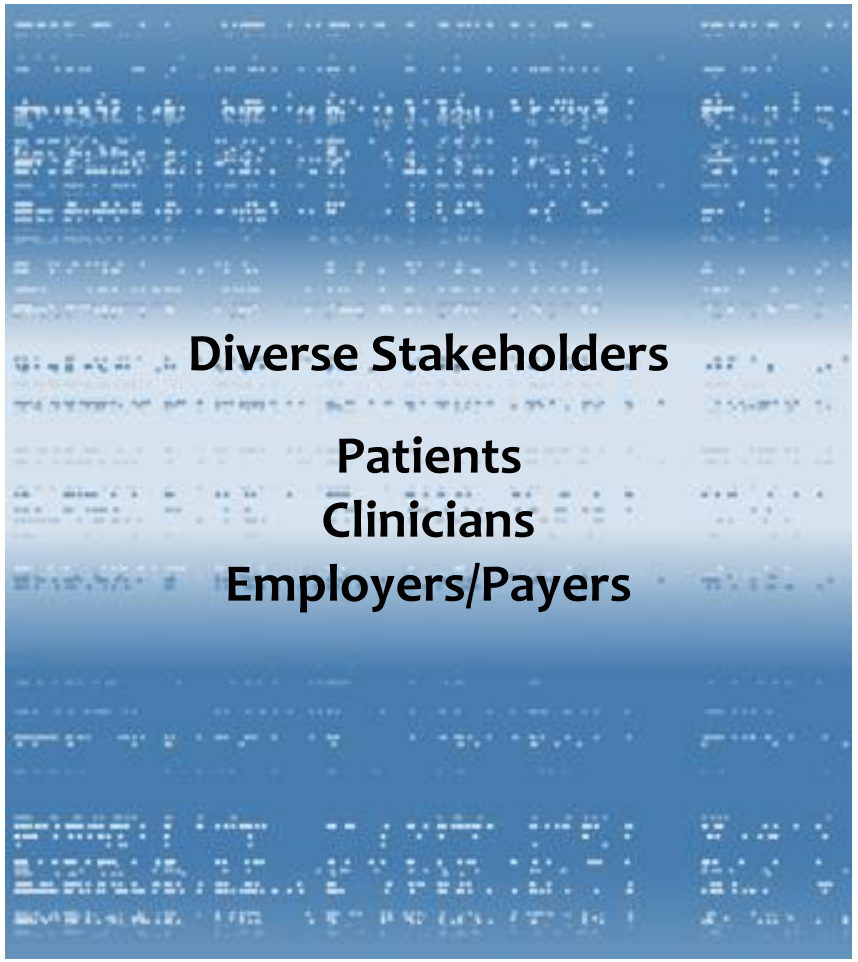
Evidence … crowd sourcing

Open-ended online survey:

- How do you know good care?
- What do you want to assess it?

Where is the overlap? (38%)

- Prevention surveillance
- Disease pathway indicators
- Utilization of non-PC services



Expert Knowledge … Starfield III

70 Inter/National Primary Care Leaders

- Met for 2.5 days
- Individual, large and small group work
- October 4-6, 2017 in Washington DC

Objectives

- Refine and advance findings from survey
- Develop single voice, parsimonious measure

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Expert Knowledge … Starfield III

Primary care holds two competing ontologies in one coherent whole

Primary care elements are broad,
Interdependent,
and require integrated assessment

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Rapid Cycle Testing

One Measure, 11 Patient Reported Items
No intermediate clinical outcomes
No process or proof of delivery

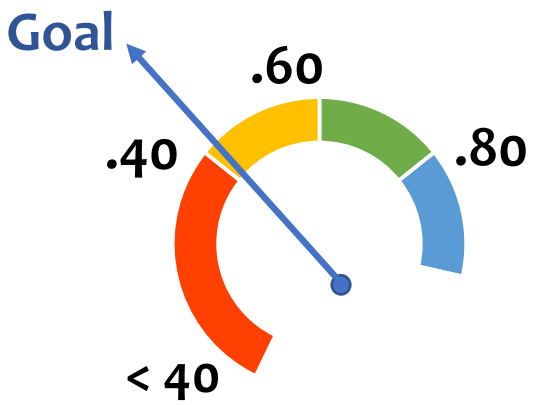
Round 1 online – refine language … n = 1000+

Round 2 online – reliability … n = 1000+

Round 3 in practice – variation … n = 300+ in 4 locations

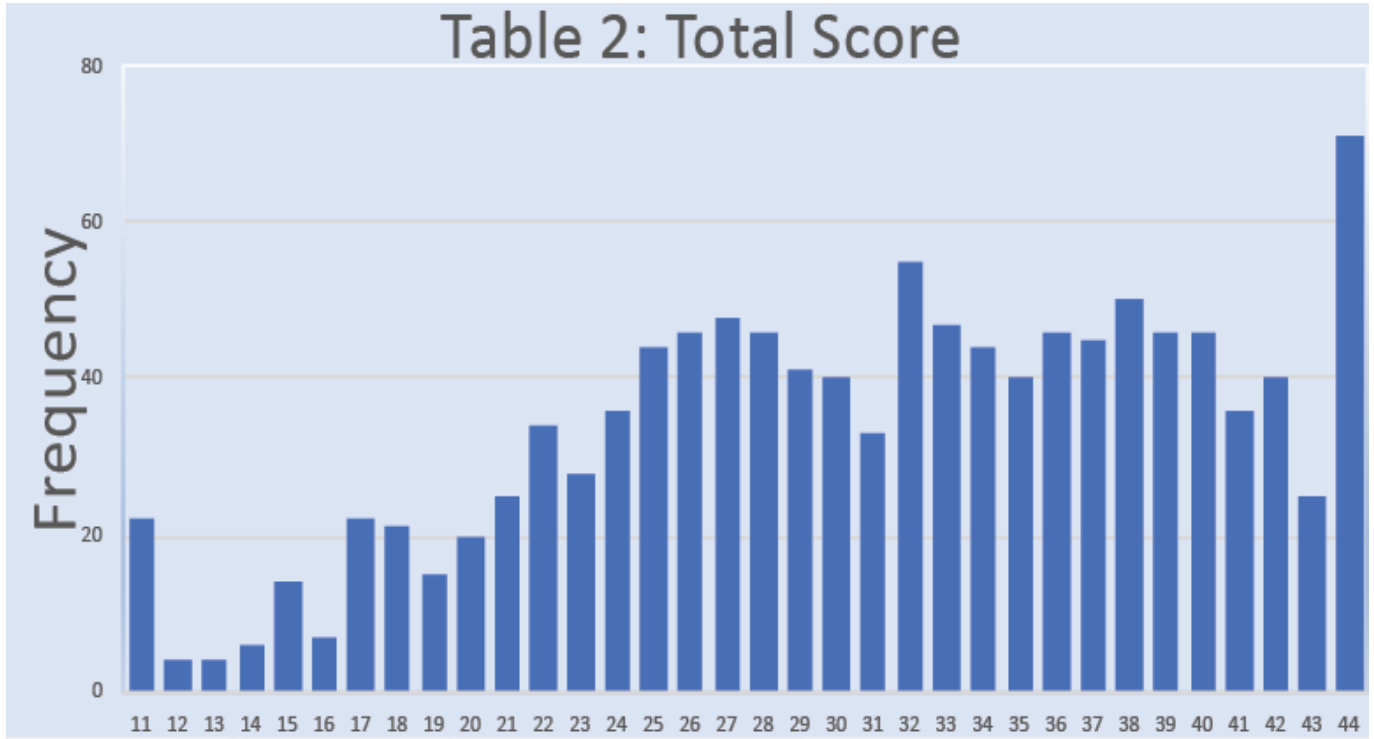
Etz RS, Zyzanski SJ, Gonzalez MM, Reves SR, O'Neal JP, and Stange KC. A New Comprehensive Measure of High-Value Aspects of Primary Care. Ann Fam Med. 2019;17(3):221-230.

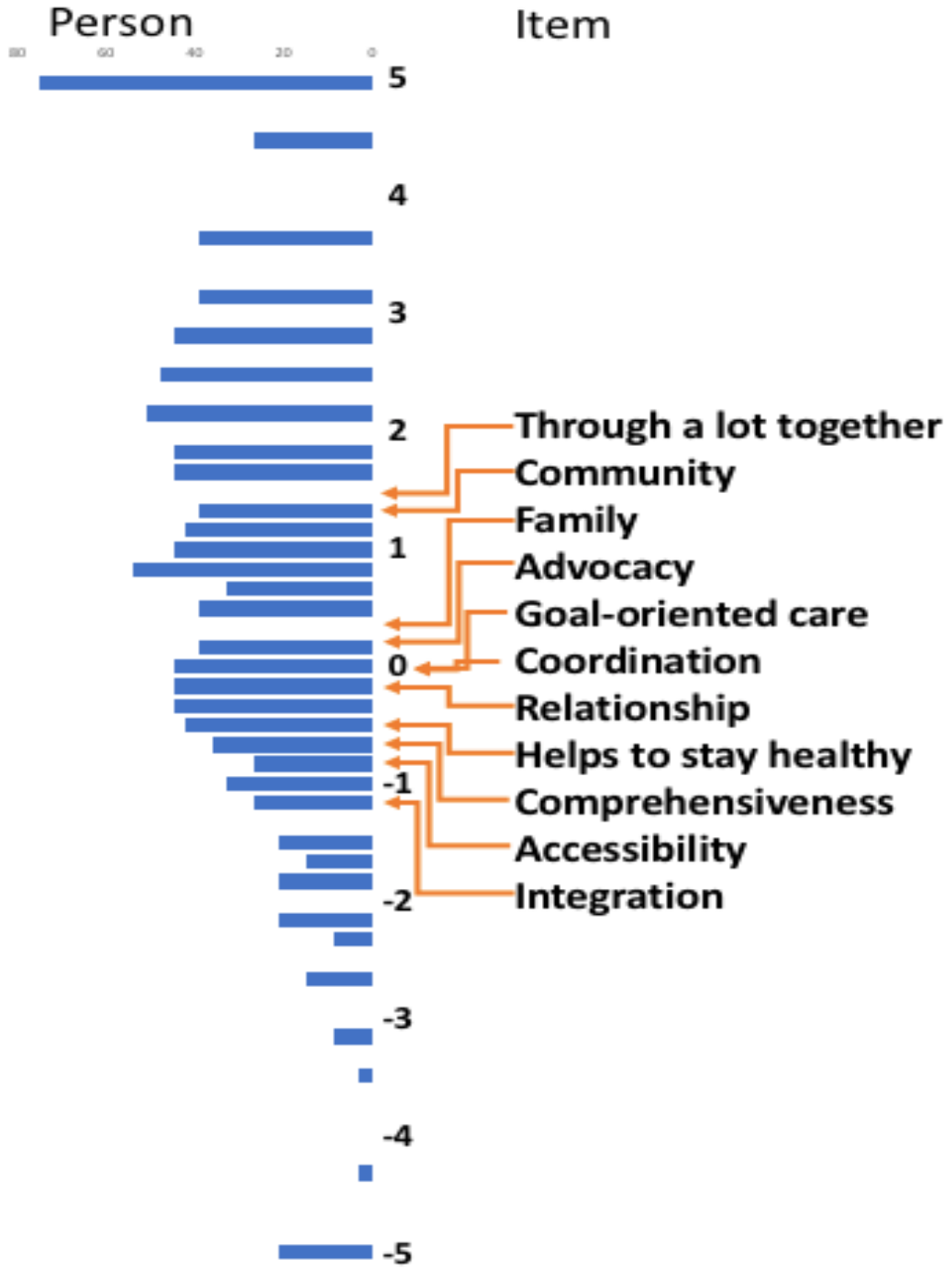
Factor Analysis



How Primary Care Works - Items	Factor Loading	Item-Total
My practice makes it easy for me to get care.	**.70**	**.67**
My practice is able to provide most of my care.	**.70**	**.66**
In caring for me, my doctor considers all of the factors that affect my health.	**.80**	**.76**
My practice coordinates the care I get from multiple places.	**.64**	**.62**
My doctor or practice knows me as a person.	**.83**	**.81**
My doctor and I have been through a lot together.	**.66**	**.64**
My doctor or practice stands up for me.	**.85**	**.83**
The care I get takes into account knowledge of my family.	**.80**	**.78**
The care I get in this practice is informed by knowledge of my community.	**.71**	**.70**
Over time, my practice helps me stay healthy.	**.85**	**.82**
Over time, this practice helps me to meet my goals.	**.85**	**.81**

Scale Distribution and Rasch Modeling





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Dosing and Concurrent Validity

- Patient Enablement Index p=.0001
- What Matters Index p=.0001 online, p=.08 clinical
- If your doctor had this, would it help your care? Yes, p=.0001
- Was the survey hard to complete? No, p=.02
- Age p=.0001, online sample, p=.17 clinical sample
- Income p=.002, dose-response effect
- M/F, minority, device used, region of country No assoc

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Every old idea
was a best idea…

What's Next?

- Validated in 28 languages, 35 countries
- US-based clinical trials
  - Cost and utilization
  - Traditional comparators
  - Quality improvement
- International clinical trials
- CMS and NQF endorsement

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Patient-Centered Primary Care COLLABORATIVE

September 19, 2019

Time to Re-envision Performance Measurement & Performance Measures

Amir Qaseem, MD, PhD, MHA, MRCP (LON), FACP

Vice President, American College of Physicians

Adjunct Faculty, Thomas Jefferson University

ACP American College of Physicians
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American College of Physicians

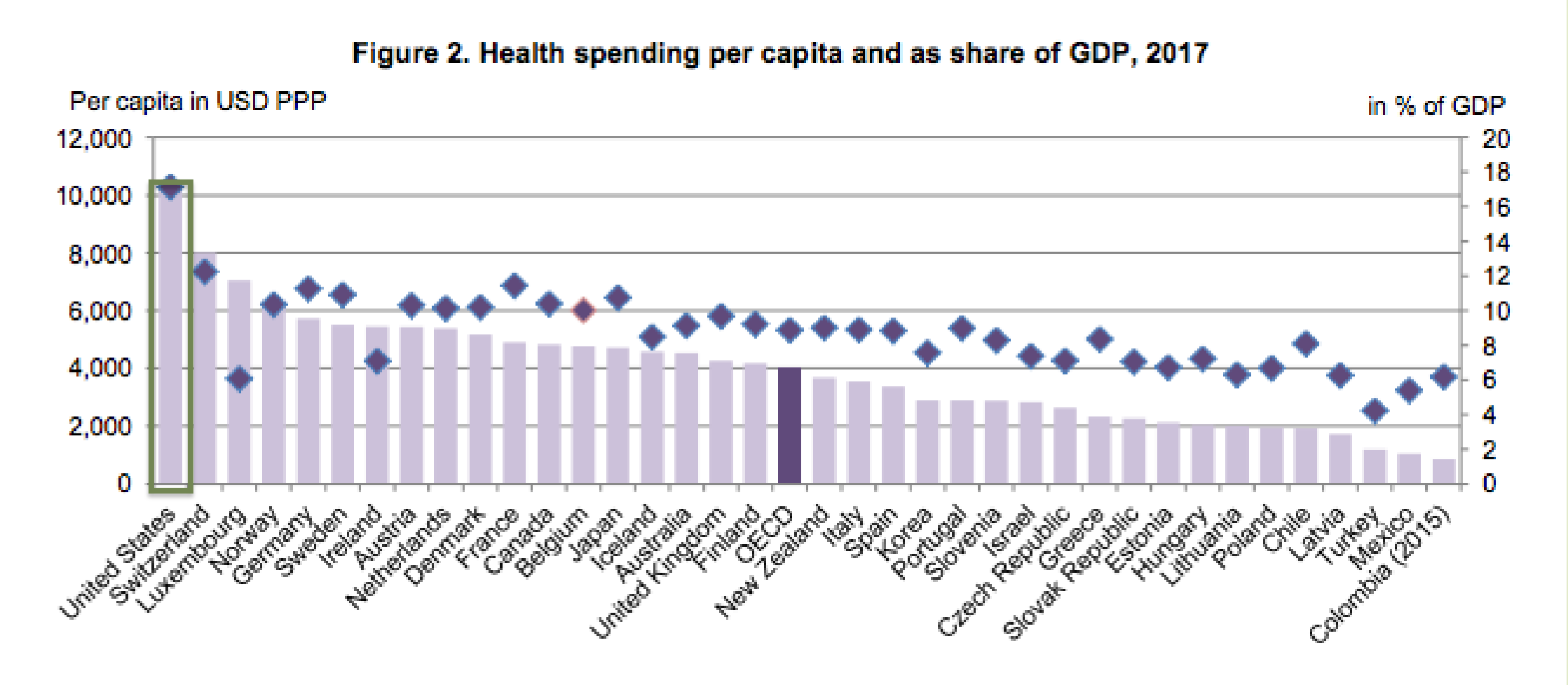
- Largest medical specialty organization in the United States
- 152,000 members
  - Internists and internal medicine subspecialists
  - Residents and Fellows
  - Medical students
- HQ (Philadelphia)
  - advocacy (Washington, DC)

US Health Care Spending

CMS

- $3.4 trillion (2016) [$3,400,000,000,000]
- $5.5 trillion (2025) [$5,500,000,000,000]

Fun facts on health care spending



Source: OECD, Spending on Health: Latest Trends, 2018

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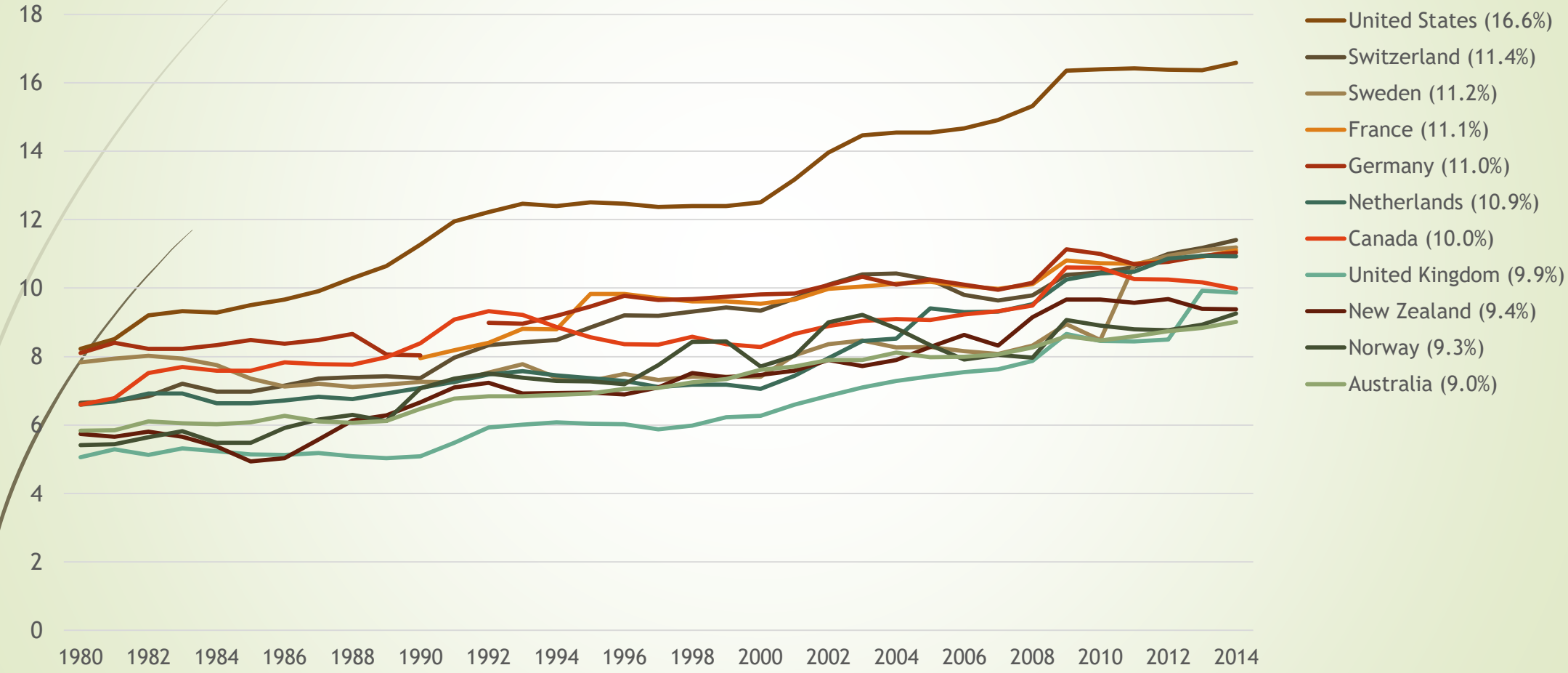
Fun facts on health care spending



Source: Commonwealth Fund, 2017: Schneider et al., Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better US Healthcare

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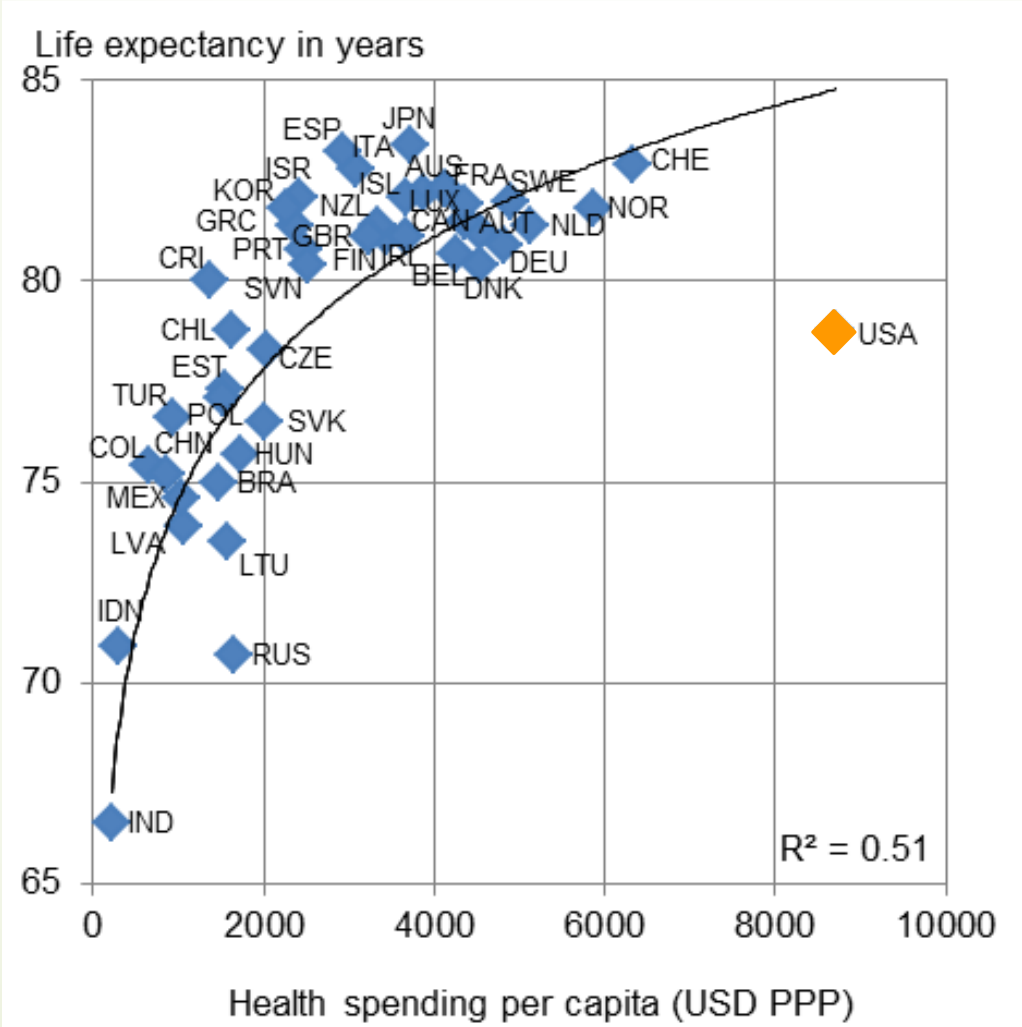
Life expectancy at birth & spending per capita



Source: OECD, Health at a Glance 2017: OECD Indicators

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Fun facts

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	**2**	**9**	**10**	**8**	**3**	**4**	**4**	**6**	**6**	**1**	**11**
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

Source: Commonwealth Fund analysis.

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Quality and costs

- Value-based purchasing
  - Outcomes achieved relative to the cost
- Patients are very interested in the quality of care provided by their physician.
- Payers want to cut costs
- Performance measurement is an important tool to help physicians, health plans, and other stakeholders to identify gaps to improve care.
- Performance measurement is generally focused on what is easy to measure.

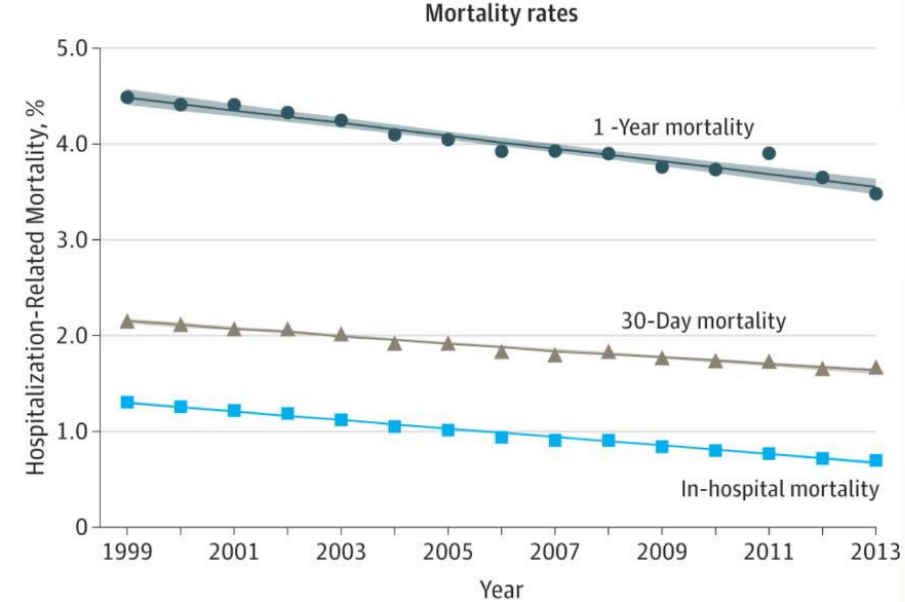
There are just too many performance measures or too few performance measures

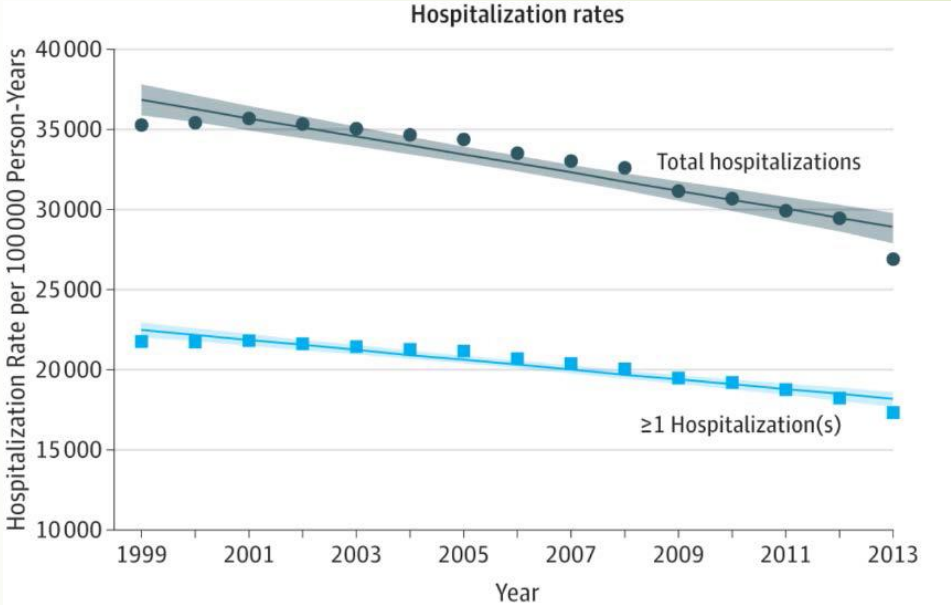
- HHS Measures Inventory
  - 1606 Non-NQF endorsed measures
  - 603 NQF endorsed
- NQMC
  - 2522 measures (139 are outcome measures & 32 are PROMs)
  - 2377 for health care delivery and 145 for population health
- NQF
  - 1101 measures (622 endorsed measures)
- CMS' Quality Payment Program
  - Over 270 measures

Current Stats

- $15.4 Billion: Dollars spent per year by physicians dealing with quality measurement
- 15.1: Staff hours per clinician per week dealing with external quality measures
  - 14+ hours to enter information, collecting, transmitting data etc
  - Less than 30 minutes on reviewing reports

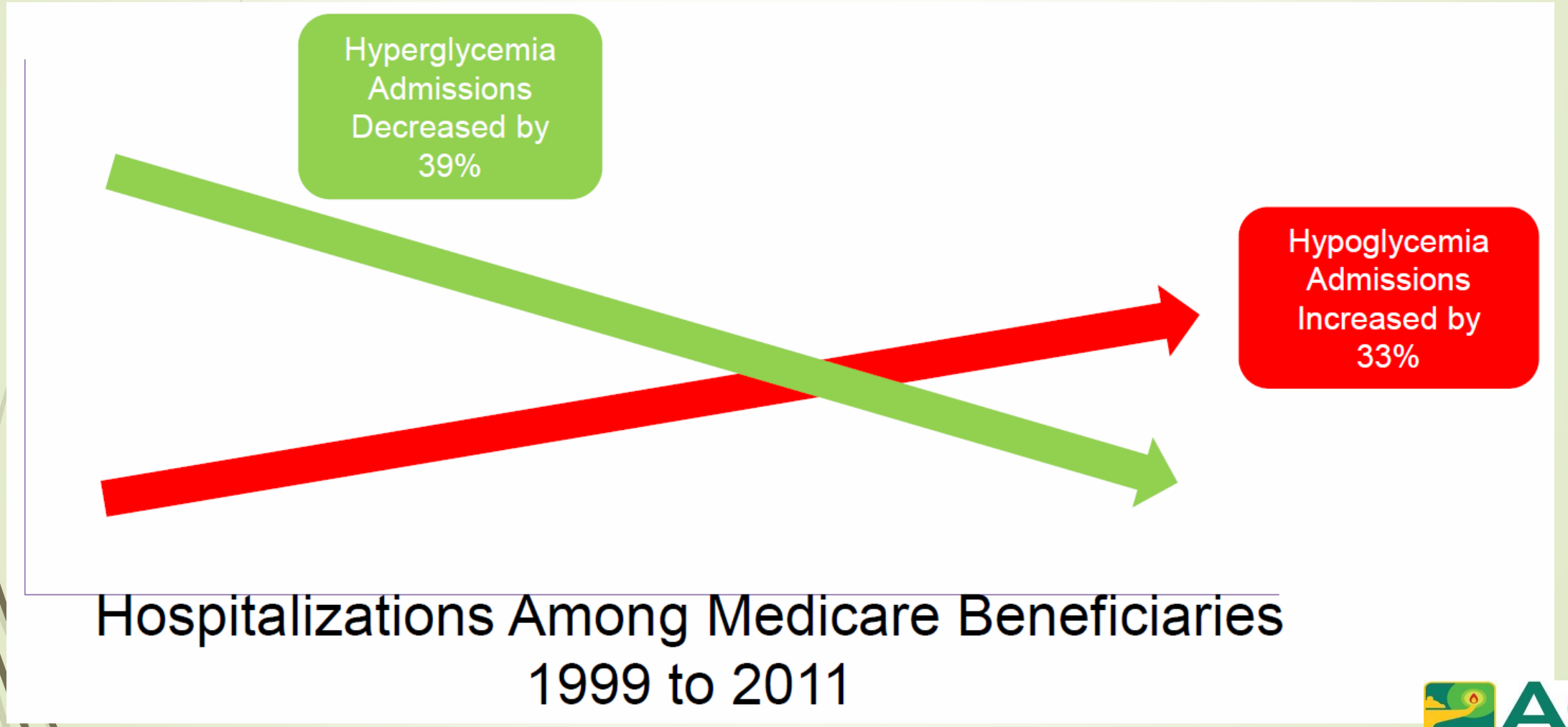
Quality measurement works…





JAMA. 2015;314(4):355-365. doi:10.1001/jama.2015.8035

Undertreatment vs Overtreatment



JAMA IML 2014; 174(7): 1116-1124

Patient reported outcomes

- Call for patient reported outcome measures but science/methodology is very difficult, not aligned with purchaser/payer requirements, lack of data infrastructure etc.

REPORT TO THE CONGRESS

Medicare Payment Policy

MEDPAC Medicare Payment Advisory Commission

March 2018

- "The commission has concluded that one part of MACRA, the Merit-based Incentive Payment System (MIPS), will not fulfill its goals and therefore should be eliminated. The commission did not reach this conclusion hastily."

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The NEW ENGLAND JOURNAL of MEDICINE

Reimagining Quality Measurement

Elizabeth A. McGlynn, Ph.D., Eric C. Schneider, M.D., and Eve A. Kerr, M.D., M.P.H.

N Engl J Med 2014; 371:2150-2153 | December 4, 2014 | DOI: 10.1056/NEJMp1407883

The quality-measurement enterprise in U.S. health care is troubled. Physicians, hospitals, and health plans view me
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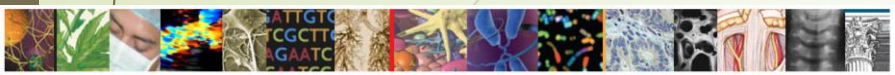
overcome these troubles, measure developers are creating ever more measures, and payers are requiring their use in more settings and tying larger financial rewards or penalties to performance. We believe that doing more of the same is misguided: the time has come to reimagine quality measurement.

We believe that doing more of the same is misguided: the time has come to reimagine quality measurement.

- Don Berwick asked for 50% reduction in 2015….since then we have increased the number of measures



The NEW ENGLAND JOURNAL of MEDICINE

Time Out — Charting a Path for Improving Performance Measurement

Catherine H. MacLean, M.D., Ph.D., Eve A. Kerr, M.D., M.P.H., and Amir Qaseem, M.D., Ph.D., M.H.A.

N Engl J Med 2018: 378: 1757-1761

ACP Measure Review Criteria.

Domain 1. Importance

Meaningful clinical impact: Implementation of the measure will lead to a measurable and meaningful improvement in clinical outcomes.

High impact: Measure addresses a clinical condition that is high-impact (e.g., high prevalence, high morbidity or mortality, high severity of illness, and major patient or societal consequences).

Performance gap: Current performance does not meet best practices, and there is opportunity for improvement.

Domain 2. Appropriate Care

Overuse: Measure will promote stopping use of a test or treatment in general population or individuals where the potential harms outweigh the potential benefits.

Underuse: Measure will encourage use of a test or treatment in general population or individuals in whom the potential benefits outweigh the potential harms.

Time interval: Time interval to measure the intervention is evidence-based.

Domain 3. Clinical Evidence Base

Source: Evidence forming the basis of the measure is clearly defined with appropriate references.

Evidence: Evidence is high-quality, high-quantity, and consistent and represents current clinical knowledge.

Domain 4. Measure Specifications

Clarity — numerator and denominator clearly defined:

- For process measures, numerator includes a specific action that will benefit the patient, and denominator includes well-specified exclusions.
- For outcome measures, numerators detail an outcome that is meaningful to the patient and under the influence of medical care.
- Denominator includes well-specified and clinically appropriate exceptions to eligibility for the measure.

Clarity — all components necessary to implement measure clearly defined

Validity: The measure is correctly assessing what it is designed to measure, adequately distinguishing good and poor quality.

Reliability: Measurement is repeatable and precise, including when data are extracted by different people.

Risk adjustment: Risk adjustment is adequately specified for outcome measures.

Domain 5: Measure Feasibility and Applicability

Attribution: Level of attribution specified in the measure is appropriate (measure ties the outcomes to the appropriate unit of analysis) and is clearly stated.

Physician's control: Performance measure addresses an intervention that is under the influence of the physician being assessed.

Usability: Results of the measure provide information that will help the physician to improve care.

Burden: Data collection is feasible and burden is acceptable (low, moderate, or high)

Methods/Analysis

- RAND-UCLA Appropriateness Method
- Each member, equal weight; consensus not required; content, construct, and predictive validity;
- 9-point scale: 1-3 (does not meet criteria); 4-6 (meets some criteria); 7-9 (meets criteria)
- Three ratings: Valid, Uncertain, Not Valid
- Not Valid: if median overall rating was 1-3 and no disagreement (disagreement = 3 or more raters (8-10 total raters) or 4 or more raters (11-13 total raters) are not in the highest category)
- Uncertain Validity: if median overall rating was 4-6
- Valid: if median overall rating was 7-9 and no disagreement (disagreement = 3 or more raters (8-10 total raters) or 4 or more raters (11-13 total raters) are not in the lowest category)

Results

- 86 ambulatory GIM performance measures
  - 37% valid (32)
  - 35% not valid (30)
  - 28% uncertain validity (24)
- NCQA developed: 59%
- NQF endorsed: 48%

Where do we go from here?

- Accept some of the facts and acknowledge them
  - There are no perfect performance measures.
  - Performance measurement science is imperfect.
  - We still can not measure large parts of clinical practice that has an impact on patient's health outcomes.
- Define what exactly are we trying to achieve. Is it improve health care or health? Is it reducing costs? What is quality? Value = Quality/Costs?

Where do we go from here?

- Define the terminology.
- Performance measurement should not be limited by the easy to obtain measures from data or a retrospective exercise
- Needs to be fully integrated into care delivery

Best Methods to Identify Clinical Areas for Performance Measurement

- Standards for performance measurement

  - "Lack of focus, consistency, and organization limits their overall effectiveness in improving performance of the health system."
  - "Which measures matter the most"

Standards for Developing Trustworthy Performance Measures

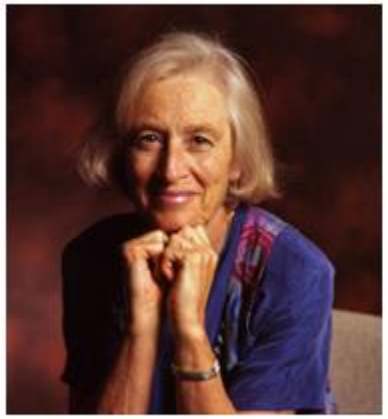
- Identify best methods and standards for developing rigorous, trustworthy performance measures.

What Measurement Means for Physicians

Jay W. Lee, MD, MPH, FAAFP
Director of Primary Care
CareMore Health

CareMore HEALTH

THE VALUES



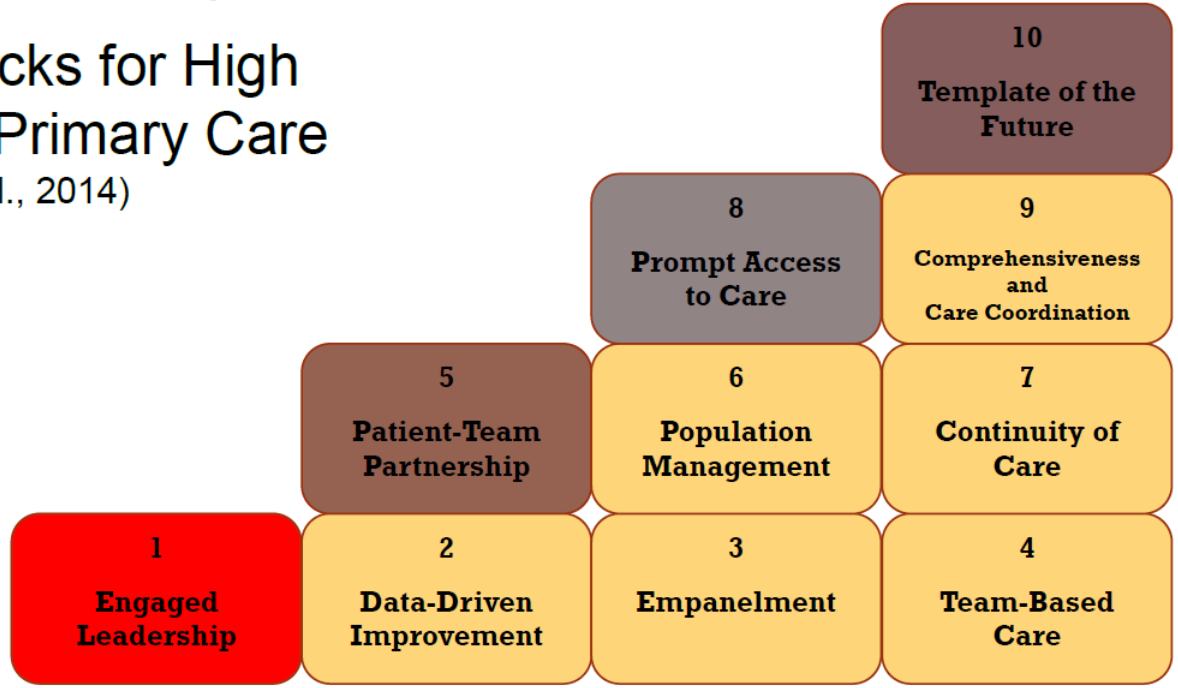
- First-contact
- Continuous over time
- Comprehensive and concerned for the whole patient
- Coordinated across the system

http://content.healthaffairs.org/content/29/5/799.full

THE FRAMEWORK

Building Blocks for High Performing Primary Care

(Bodenheimer et al., 2014)



Measurements that Make Sense

Public Patient Perspective

Janice Tufte
Patient Advisor

Measuring ‘What Matters to the Patient’ vs ‘What is the Matter with the Patient’

Public Patient Inclusion in the Measurement continuum helps to ensure that issues of access, reliability, affordability and relevance are discussed

‘**Social Influencers**’ or ‘Social Probabilities’ of Health - Social ‘Determinants’ of Health = How to include, capture ‘& measure ‘them’

Patient Reported Outcomes - patient preferences, values, goals and limitations documented?

Performance Measures do not really capture the bigger picture of individual or of population health

Complex Care BCN- How is improvement measured & is this realistic?

Multiple Chronic conditions- are we measuring what matters most, matched to patient’s stated health goals?

Burden of measurements today- how to streamline yet capture essential clinical indicators & patient preferences goals, limitations & value?

What is Next?

- Public Patient Involvement in Primary Care Measurement and Evidence Work
- PROs and PROMs seen more frequently
- Remember that 'Quality of Life' is often why Patients seek help at Primary Care
- See more 'Meaningful Measures' as a result

William Osler quotes:

- *"Listen to your patient, he is telling you the diagnosis."*
- *"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."*
- **Janice Tufte** modification of Osler quote

'The young physician starts life with 20 measures for one disease and the old physician ends life with one measure for 20 diseases'

- Thank you for your dedication and time.

The young physician starts life with 20 drugs for each disease, and the old physician ends life with one drug for 20 diseases.

-William Osler