



NATIONAL
QUALITY FORUM

Leveraging the Data Dividend for Evidence Generation

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Leveraging the Data Dividend

- Multitude of new sources of data: registries, EHRs, personal devices, social determinants
- Great potential to know more
 - Can support better performance measurement and better information to personalize care
- Challenges
 - Making sense of all these data sources
 - Getting data that is accurate, timely, longitudinal and real-time

Current State

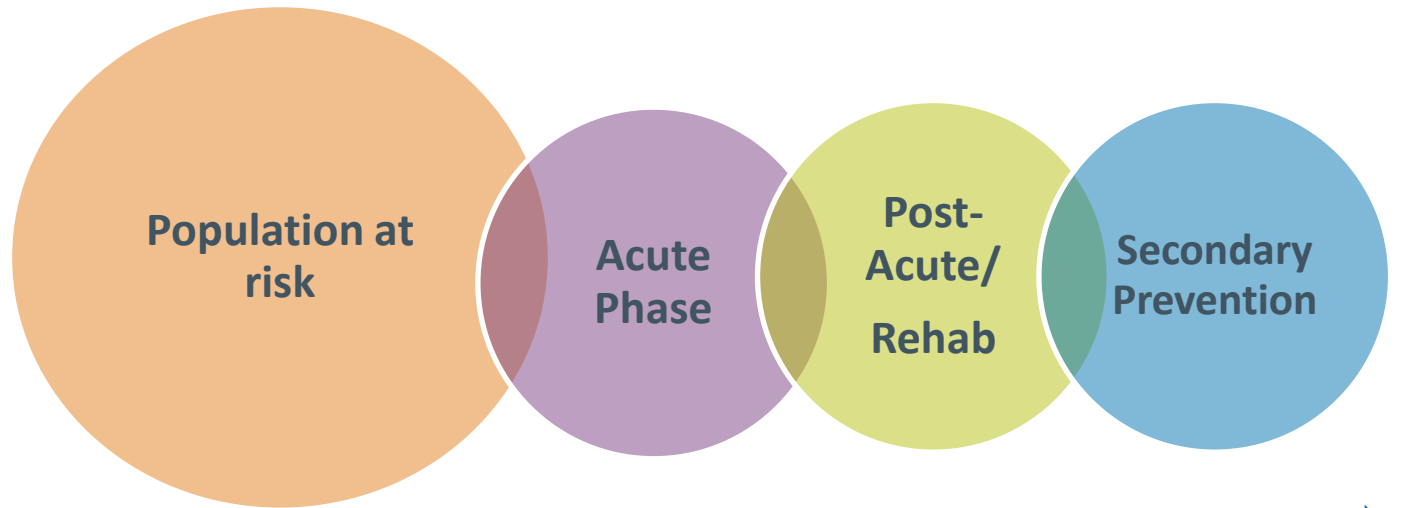
- 42 year old father of two young children presents to an emergency department after “falling out” without any warning. He had a normal EKG and was told to follow-up with his primary care doctor.
- Two days later, he had another episode without warning and his wife found him as he was “coming around.” He did not seek care.
- One week later, he comes in for his primary care visit. He was very frightened. He had no idea what was happening.



Future State

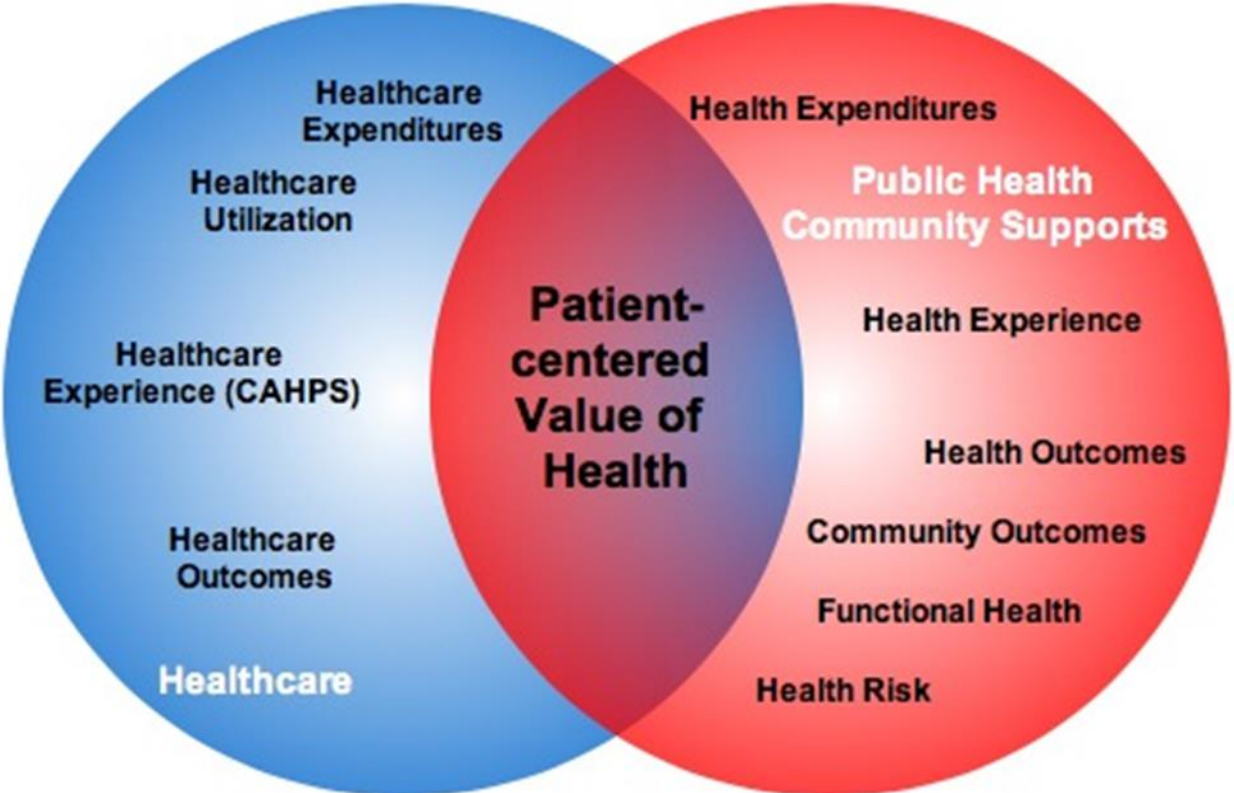
- Emergency department record and EKG available in virtual electronic record
- Ongoing remote monitoring of his heart rhythm with data communicated in real time to responsible providers
- ED and follow-up heart rhythm data available to primary care providers at follow-up
- Patient encounter data simultaneously captured in electronic data registry for syncope

Patient Focused Episodes



- Functional Status
- Quality of Life
- Shared decision-making
- Clinical outcomes & PROs
- Costs

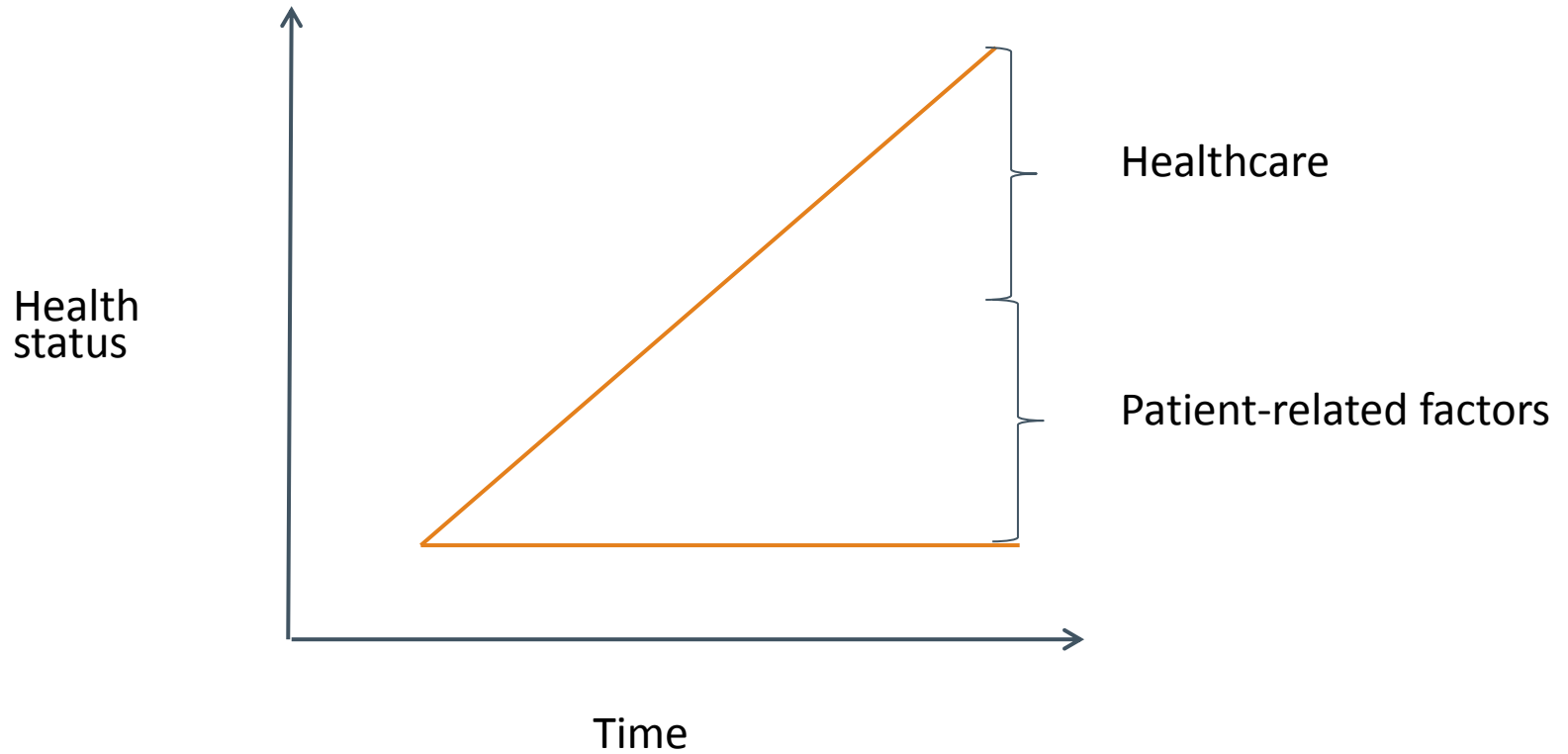
MU Measurement Framework



Expenditures	Experience	Outcomes
Intermediate Healthcare Expenditures	Patient Activation	Functional Health
Public Health Expenditures	Access to Care and Information	Health Risk
Patient Expenditures	Communication with Healthcare	Disease/condition
Enabling Service Expenditures	Shared Decision-making	Site of Care
	Access to Enabling Services	

Influence of Healthcare and Patient Factors

Outcome due to patient-related factors and healthcare factors



Patient-Related Risk Factors

- Genetics (e.g., predisposition to conditions)
- Demographic characteristics (e.g., age, sex, ethnicity, language)
- Clinical factors (e.g., diagnoses, conditions and severity)
- Psychosocial factors, socioeconomic, and environmental factors
- Health-related behaviors and activities (e.g., tobacco, diet)
- Quality of life, attitudes, and perceptions

Applying data to improve care and measurement

- Analytics for systems level improvement
- Feedback on how measures affected care
- New sources of data and ability to re-use data for multiple purposes
- Use same data sources to support improvement, accountability, and evidence generation

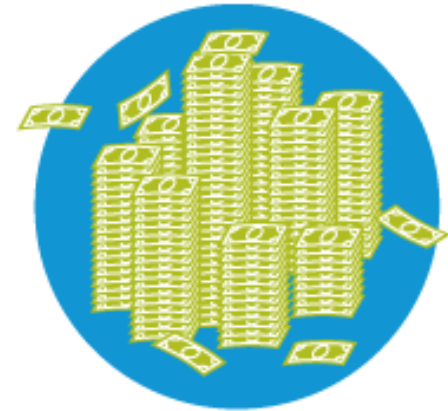
Progress: Reducing Healthcare Associated Infections, 2010-2013



46%
**REDUCTION IN
HOSPITAL ACQUIRED
INFECTIONS**



50,000
FEWER DEATHS



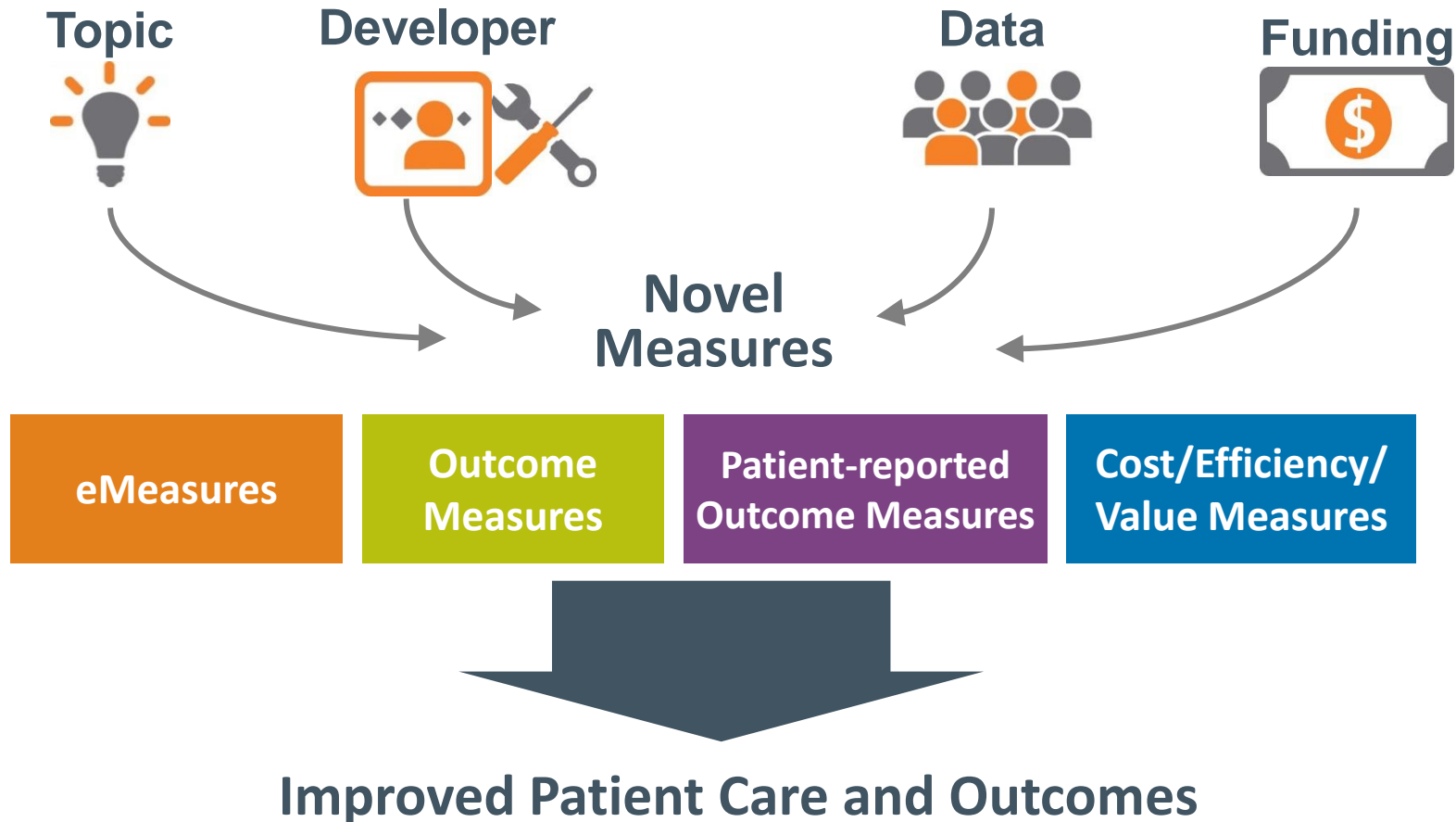
\$12B
SAVINGS

Challenge: Reduce Antimicrobial Resistance

NHSN Antimicrobial use measure (NQF#2720)

- Assess antimicrobial use in hospitals based on electronic medication administration data
- Compares antimicrobial use that the hospitals report with antimicrobial use predicted on the basis of nationally aggregated data
- Standardized Antimicrobial Administration Ratios (SAARs) summarizes observed-to-predicted antibacterial use for one of 16 antibacterial agent-patient care location combinations.

NQF Measure Incubator: Getting to quality measures that matter



The Quality Imperative

Not everything that counts can be counted, and not everything that can be counted counts

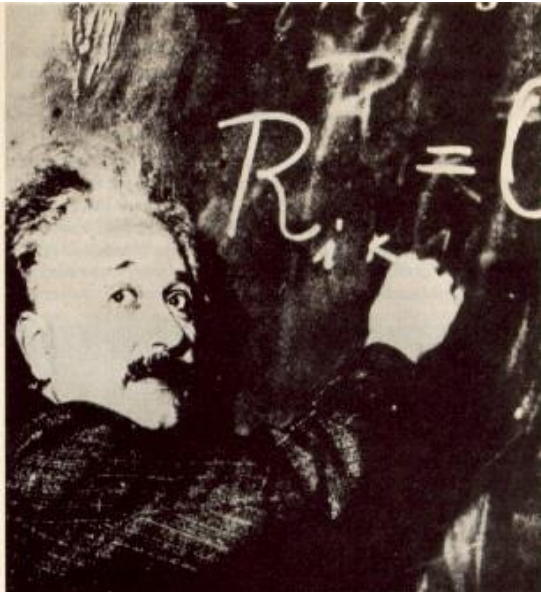
~Albert Einstein

(William Bruce Cameron)

But.....

You can't improve what you don't measure

~ W. Edwards Deming



Discussion

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