PREMIER

Streamlining quality reporting to drive patient value

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The scale and commitment to transform healthcare

Premier is a provider-driven healthcare performance improvement company. We co-innovate solutions with our members to reduce costs, improve quality, and produce better patient outcomes.

SCALE

- Alliance of ~**3,600** hospitals – **74%** of U.S. community hospitals – and ~**120,000** other providers
- Work with 1.2 million clinicians; Care for >120 million Americans
- Integrated clinical, financial, operational data – insights into ~**40%** of U.S. health system discharges
- Approximately **$44 billion** in supply chain spend
- Manage ~**2,000** contracts from ~**1,100** suppliers

ALIGNMENT

- **10** health system board members
- Premier field force embedded in member hospitals

COMMITMENT

- Members view Premier as strategic partner

CO-INNOVATION

- Co-develop solutions with members
- Committees composed of **~163** member hospitals
- **~1,200** hospitals in performance improvement collaboratives

HONORHEALTH
Adventist HEALTH SYSTEM
BON SECOURS HEALTH SYSTEM
Dignity Health
JOHNS HOPKINS MEDICINE
Einstein HEALTHCARE NETWORK
GNYHA Services
Banner Health
MERCYHEALTH
INOVA
Henry Ford HEALTH SYSTEM
COMMUNITY MEDICAL CENTERS
UHS
Texas Health Resources
Carolinas HealthCare System
Catholic Health Initiatives
Imagine better health.℠

Note: Data as of June 30, 2015.

Many health systems are not aware of the variety of metrics that are being actively tracked and submitted

Many programs require measures

- CMS programs (e.g., core measures, PQRS, meaningful use)
- Contractual requirements from other payers
- Centers of Excellence for enhanced payment or ability to offer service
- Certification requirements (e.g., transplant centers)
- Registries that are common (e.g., NSQIP) or for physician maintenance of certification and OPPE

Data collection can become the focus instead of driving improvement

CMS – Centers for Medicare and Medicaid Services, PQRS – Physician Quality Reporting System, NSQIP – National Surgical Quality Improvement Project, OPPE – ongoing professional practice evaluation

Options to manage measurement

Providers

- Providers bear the responsibility for managing the various reporting requirements
- Providers vet the measures and “defend” the care provided
- Providers define necessary workflows to support data collection

Systems

- Systems create an integrated care system for providers, but manage individual reporting requirements on the backend
- Systems define necessary workflows to support data collection
- Systems provide FTE to support effort

Payers

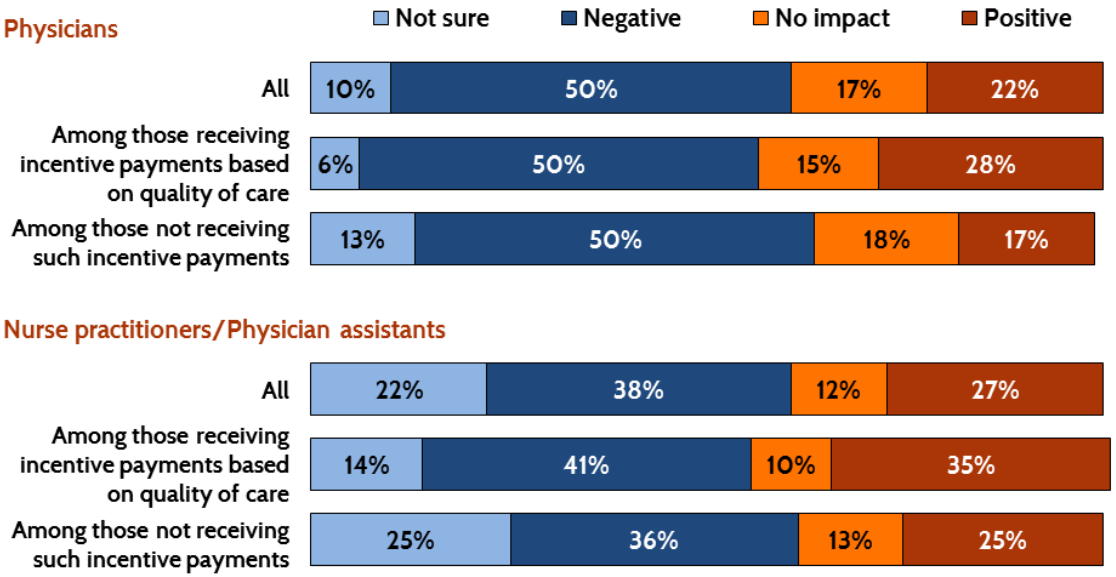
- Payers provide consistent logic for measurement requirements
- Payers support streamlining/ aligning measurement to focus on high-value metrics
- Payers develop evidence-based attribution and assignment protocols

Despite the increase in measurement, a minority of providers feel that patient care is improving

Recent survey showed that **half of physicians** feel quality measurement is having a **negative impact**

Exhibit 3. Providers Are Largely Negative About Increased Use of Quality Metrics to Assess Provider Performance

Do you think the increased use of quality metrics to assess provider performance is having a positive, negative, or no impact on primary care providers' ability to provide quality care to their patients?



Source: The Commonwealth Fund/Kaiser Family Foundation 2015 National Survey of Primary Care Providers.

- Hard to balance the need for **shared decision making** and **standardized measures** for all patients
- Patients' **stated goal and satisfaction** with care may vary
- **Function may supersede** a pre-defined outcome for many patients

Advanced measures framework

Goal:

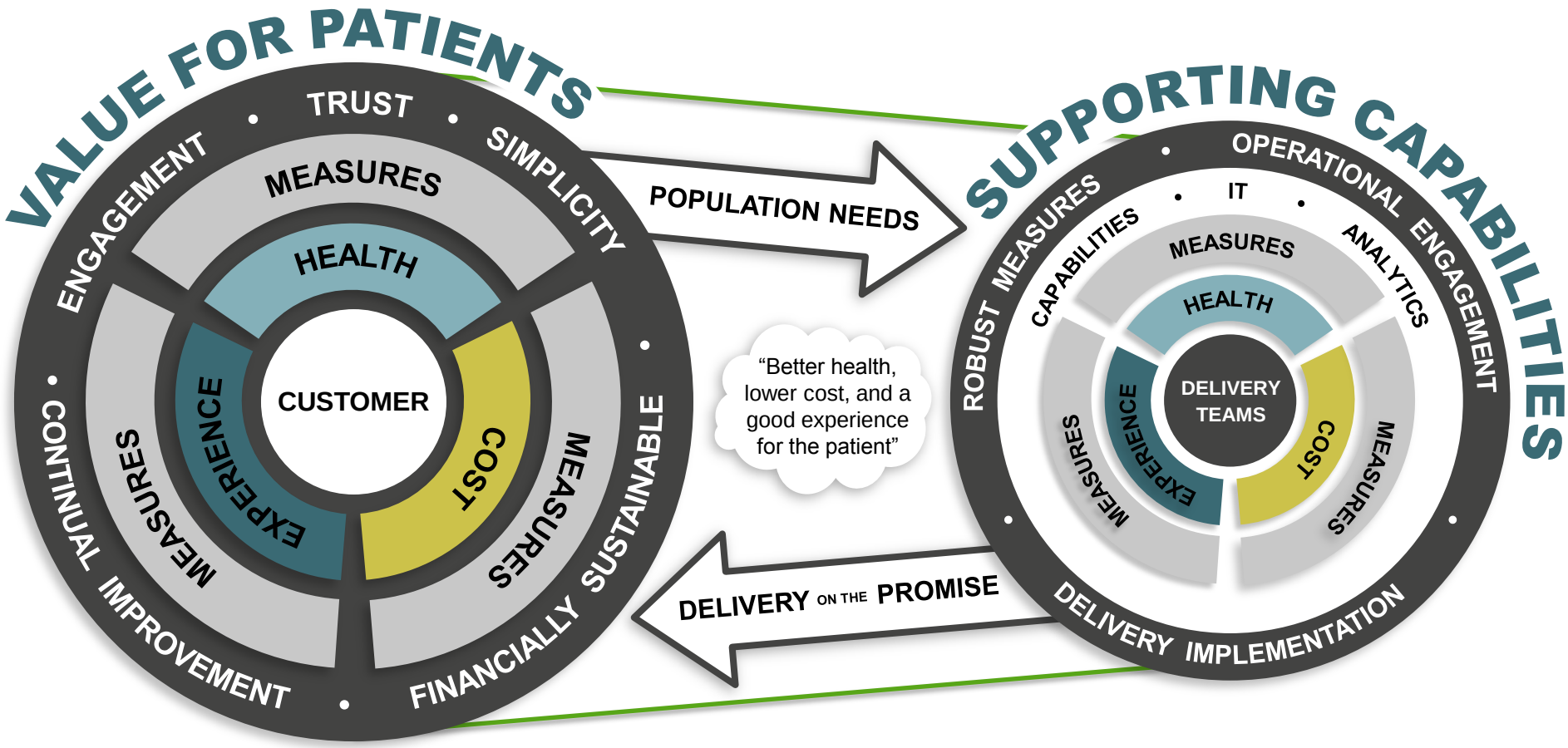
Value
=
Health
+
Experience

Expenditures

Drivers			
Primary	**Secondary**	**Tertiary**	**Quaternary**
• Healthy Days (Patient reported)	• Physical • Mental • Both • Other (Social)	Patient…. • Pain • Mobility • Symptoms • Lifestyle Risks Clinical… • Biometrics • Past medical history… • Outcomes (Population specific)	Care Delivery Processes • Disease-specific • Care model • Care paths • Transitions of care
Overall patient experience	• Satisfaction • Confidence (self) • Confidence (care team)	• Setting-specific surveys • Provider-specific surveys • Disease-specific surveys	• Patient engagement/ activation • Provider culture
• Health delivery expenditures • Non-HC delivery cost (opportunity cost)	• Payor • Patient and lost wages • Productivity • Absenteeism • Employer-sponsor health programs - Wellness - Incentives	• Admissions • ER visits • Provider costs • Rx cost/utilization • Post-acute care • Utilization - Diagnoses - Procedures - Surgery • Home health network (Primary care) - Care team	• Disease specific cost of care • Focused measures of waste and overuse • Focused measures of harm and treatment failures

http://healthaffairs.org/blog/2013/05/09/a-framework-for-accountable-care-measures/

Building innovation starts with defining value



7