

# **Streamlining Quality Measurement: Opportunities and Challenges**

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**NAM VISIC Meeting**  
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# Disclosures:

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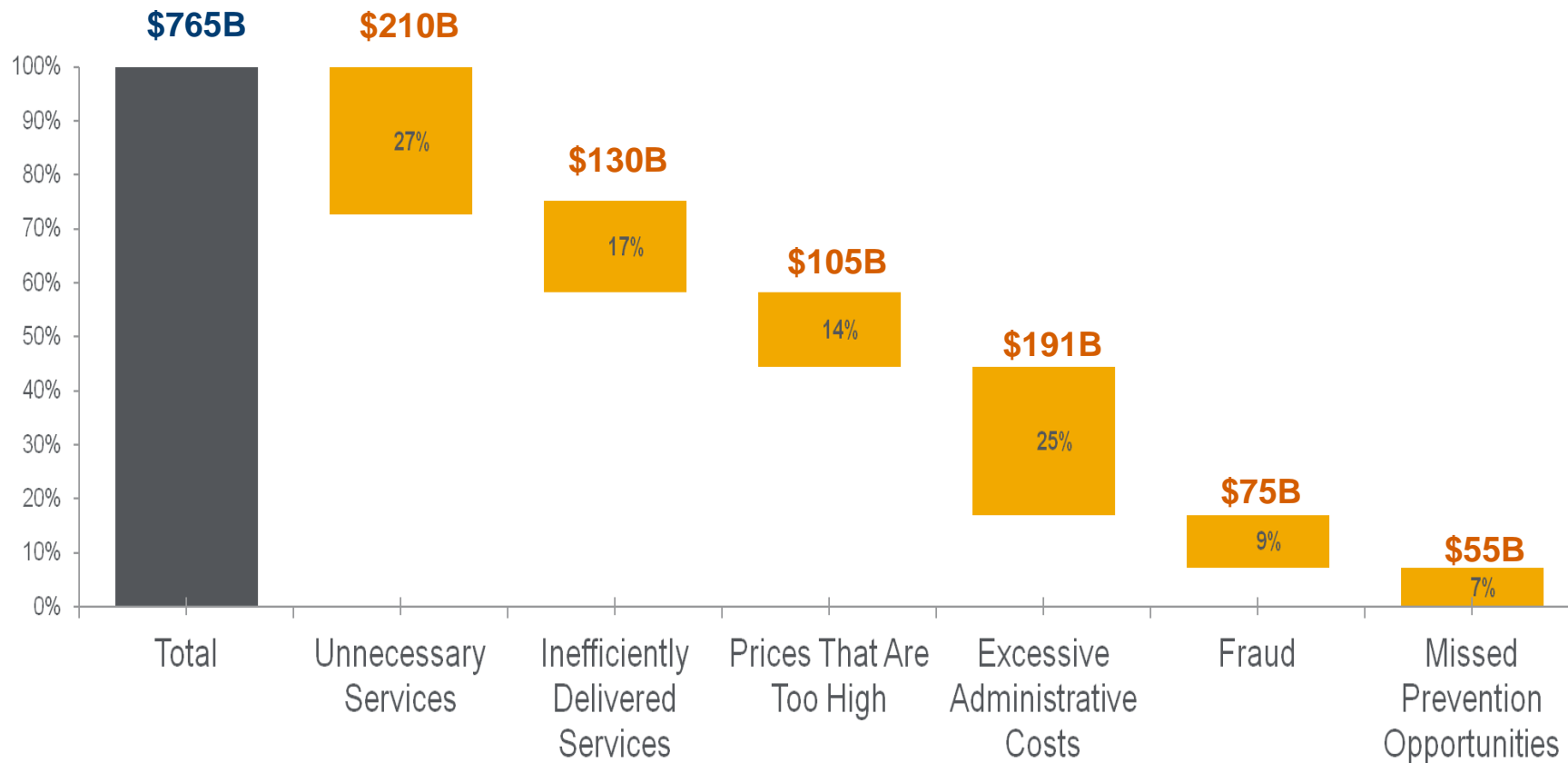
- UnitedHealth Group: Employee
- National Quality Forum (NQF), PCPI Foundation, Institute for Clinical and Economic Review (ICER): Board Member
- Opinions expressed are my own

# Overview:

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- All stakeholders are demanding more value for health spending
  - 30% of all spending is waste
  - Pervasive, persistent, unexplained variation in quality/cost/patient experience
  - FFS rewards volume/intensity, not value
- Significant payment/delivery reforms underway in both private and public sectors, aimed at paying for value
  - The obvious corollary is that value is going to be measured—not in theory, but in actual, working measurement systems
- Some progress on aligning measures, but also challenges
- And aligning measures is not sufficient—need effective, efficient Measurement Program and QI System
- Open Discussion

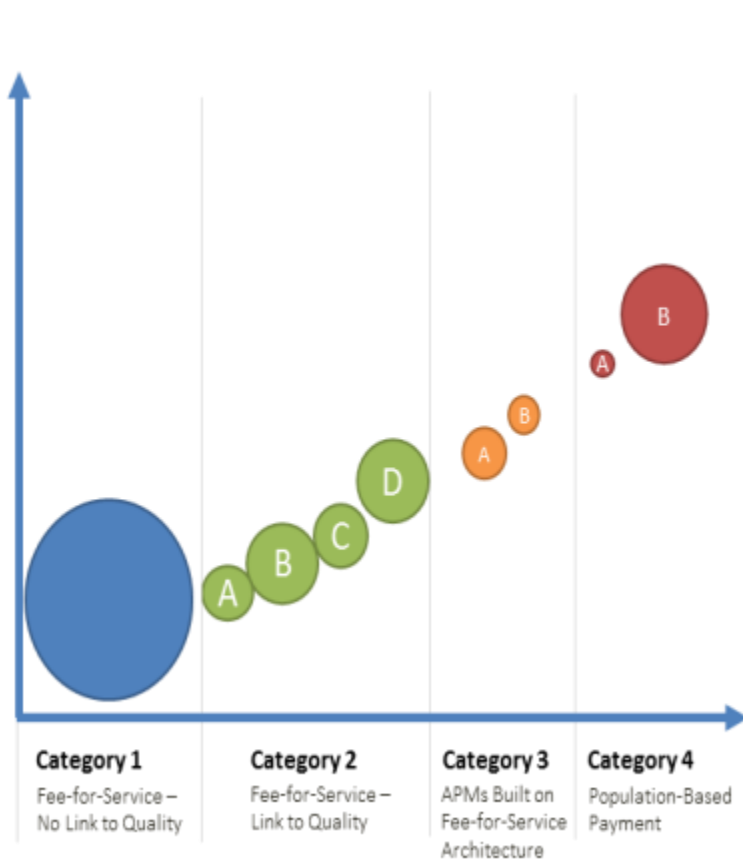
# Let's Level Set: About 30% of All Current Spending is Waste



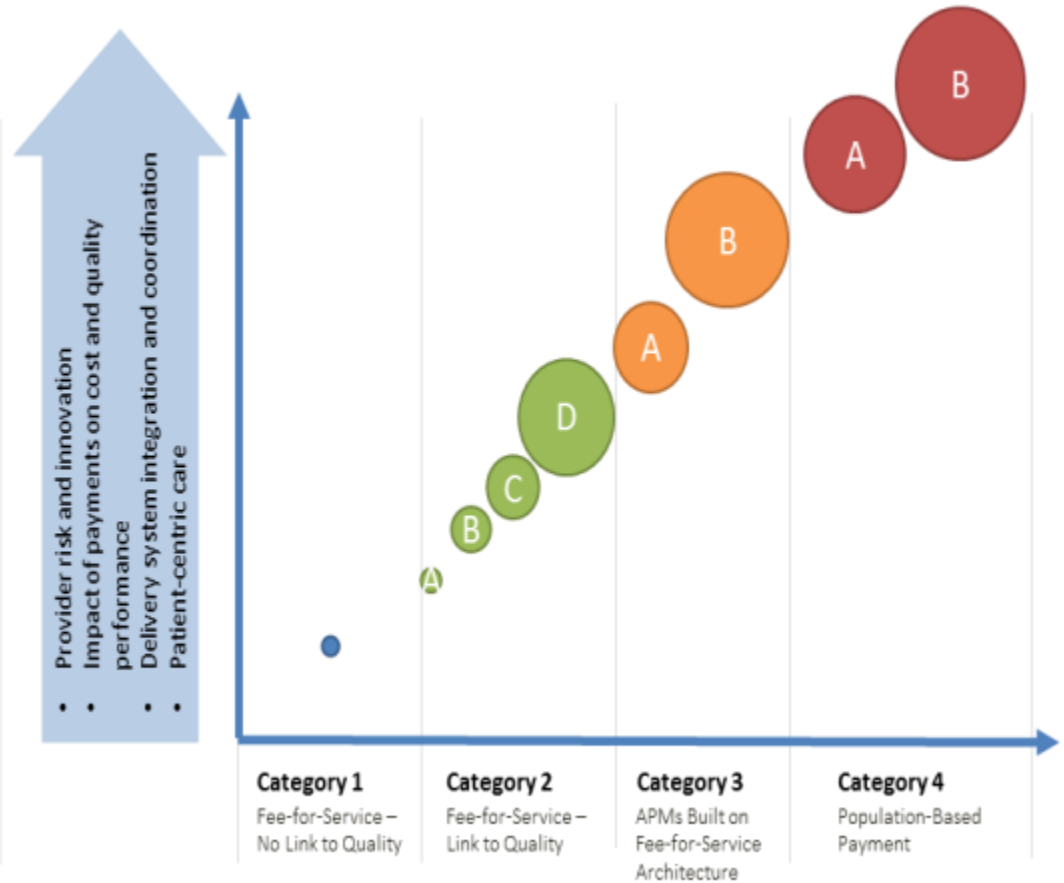
Source: Institute of Medicine: "The health care imperative: Lowering Costs and Improving Outcomes - Workshop Series Summary"

# From Volume to Value: HCLAN APM Framework White Paper

## CURRENT STATE



## FUTURE STATE



# UnitedHealthcare's Payment Reform Experience: National Growth

**40%**

*of spend covered by  
value-based contracts*

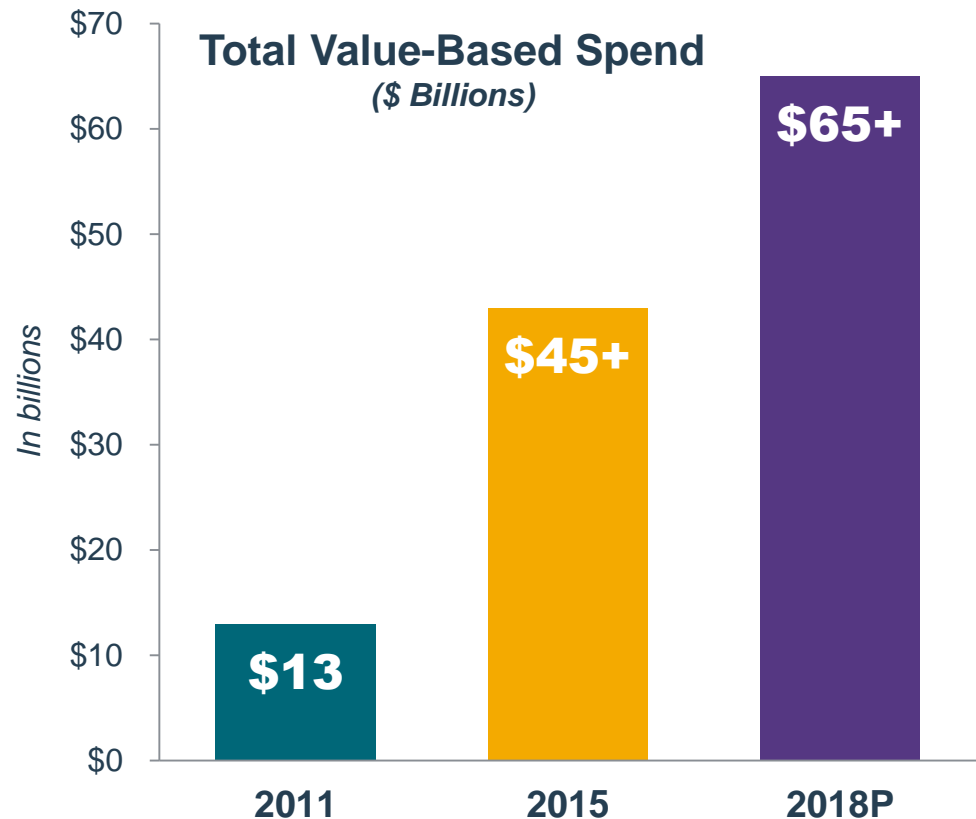
**>13M**

*members impacted by  
value-based programs*

**1%-6%**

*lower medical cost across a range  
of Value-Based Care Programs*

## Value-Based Contracting Growth



All figures are reflective of all lines of business and programs in aggregate.

# What Would Help: Better Measure Alignment



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## Quality Measurement Alignment Work Advances

One of the most important ways to capture data for improvement is through significantly enhanced alignment—use of a uniform set of measures across the public and private sectors—as recently called for by both the Institute of Medicine and the Bipartisan Policy Council. Important work toward this goal in the area of physician-specific measures has been led by AHIP and CMS, and now involves medical specialty societies.

### Related Information

[The Core Quality Measurement Collaborative](#)

[Vital Signs: Core Metrics for Health and Healthcare Progress \(PDF\)](#)

[Transitioning from Volume to Value:](#)

In a recent [Health Affairs](#) blog, CMS Chief Medical Officer Patrick Conway described the Core Quality Measures Collaborative’s work to assemble core measure sets in key clinical areas such as primary care, cardiology, orthopedics, oncology and OB/GYN. NQF has provided technical assistance to this work and recently hosted a meeting of the Collaborative with consumers and purchasers so that they could provide feedback on a draft set of core measure sets.

“Ensuring that public and private payers can agree on a uniform, targeted, and high-value set of measures can reduce redundant and burdensome data collection and reporting for providers,” said NQF President Christine K. Cassel, MD. “Better measure alignment also can

# Core Quality Measures Collaborative: A Good Start

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## Modern Healthcare

CMS and AHIP's quest to tame the wilds of healthcare quality measures

By Melanie Evans | February 16, 2016

The Obama administration and health insurers took a step Tuesday toward standardizing and improving the measures that are intended to gauge the quality of healthcare but are widely criticized as too burdensome for providers and too numerous or irrelevant to be much help to consumers.

**FierceHealthPayer**

**CMS, AHIP release new quality measures for physicians**

Core Quality Measures

Collaborative aims to drive alignment among payers, reduce reporting burden for practices

February 17, 2016



**American College of Physicians supports Core Quality Measures Collaborative agreement**

Philadelphia, February 16, 2016 – The American College of Physicians (ACP) supports the Core Quality Measures Collaborative agreement on core measure sets for select areas of practice – Accountable Care Organizations (ACO)/Patient Centered Medical Homes (PCMH)/Primary Care, Cardiology, Gastroenterology, and HIV/Hepatitis C.



# What Would Help: More Focus on Outcomes



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## Perspective

### Standardizing Patient Outcomes Measurement

Michael E. Porter, Ph.D., M.B.A., Stefan Larsson, M.D., Ph.D., and Thomas H. Lee, M.D.  
N Engl J Med 2016; 374:504-506 | February 11, 2016 | DOI: 10.1056/NEJMp1511701

Comments open through February 10, 2016

Every hospital should follow every patient it treats long enough to determine whether the treatment has been successful, and then to inquire 'if not, why not' with a view to preventing similar failures in the future."  
Ernest Codman, 1914

**TABLE 1**  
**CODMAN'S ERROR CLASSIFICATION**

*All results of surgical treatment that lack perfection may be explained by one or more of the following causes:*

ERROIS DUE TO LACK OF TECHNICAL KNOWLEDGE OR SKILL	E-S
ERROIS DUE TO LACK OF SURGICAL JUDGMENT	E-J
ERROIS DUE TO LACK OF CARE OR EQUIPMENT	E-C
ERROIS DUE TO LACK OF DIAGNOSTIC SKILL	E-D

*These are partially controllable by organization:*

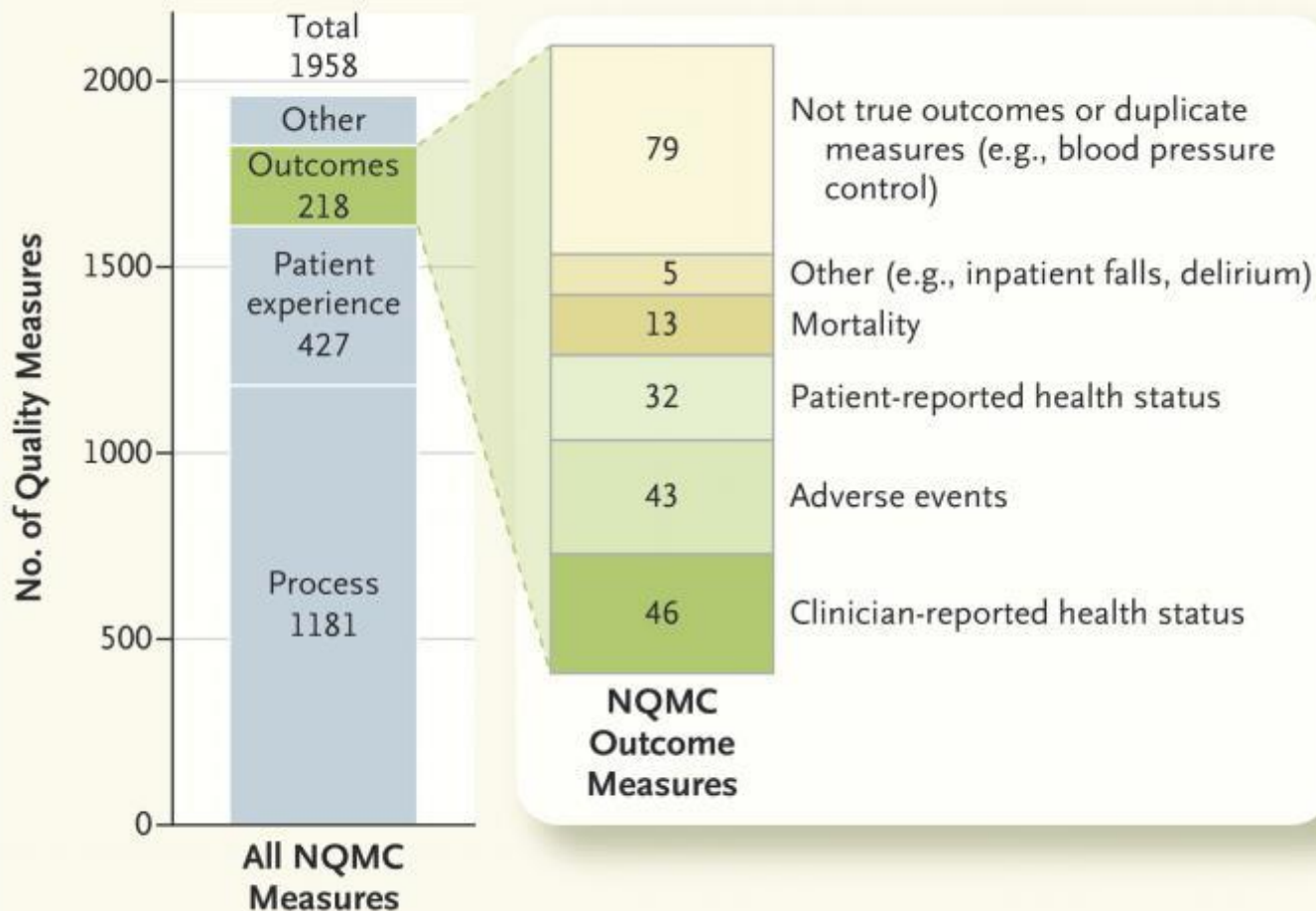
THE PATIENTS' UNCONQUERABLE DISEASE	P-D
THE PATIENTS' REFUSAL OF TREATMENT	P-R

*These are partially controllable by public education:*

THE CALAMITIES OF SURGERY OR THOSE ACCIDENTS AND COMPLICATIONS OVER WHICH WE HAVE NO CONTROL	C
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*These should be acknowledged to ourselves and to the public, and study directed to their prevention.*

# Categories of Quality Measures Listed in the National Quality Measures Clearinghouse (NQMC).



# Streamlined Measures:

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- Can provide focus for improvement efforts
- Can reduce complexity and administrative burden
- Can accelerate progress toward higher-value care

BUT:

- Can lead to lowest-common denominator program
- Can slow down the lead dog (delivery system, payer, purchaser, region)
- Won't overcome fundamental operational problems
- Are only one part of a Measurement Program (which itself is just a part of a QI System)

# Streamlined Measures: Just Part of A Measurement Program

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- Components of a Measurement Program:
  - Measures
  - Defined Population, Timeframe, Setting
  - Rules related to risk-adjustment, exclusions, errors, etc
  - A stable platform for data collection, analysis, report writing, production
  - A service bureau for meeting the needs of various stakeholders
- And such a program is only one part of an overall QI system that is organized and aimed at continual improvement
- Such a QI system will also be focused on continual refinement and evolution of measures as improvement efforts evolve
- So the “mental model” of what constitutes “streamlined measures” is an open issue

**THANK YOU!**  
**Questions/Discussion**