Streamlining Quality Measurement: Opportunities and Challenges

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Disclosures:

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

- 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
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

Total Value-Based Spend ($ Billions)

- $13 (2011)
- $45+ (2015)
- $65+ (2018P)

All figures are reflective of all lines of business and programs in aggregate.
What Would Help: Better Measure Alignment

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.

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
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.
What Would Help: More Focus on Outcomes

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

The chart shows the distribution of quality measures according to various categories. The total number of quality measures is 1958, with the following breakdown:

- Total: 1958
- Process: 1181
- Outcomes: 218
- Patient experience: 427
- Other: 79

Within the Other category, the chart further breaks down into:

- Not true outcomes or duplicate measures (e.g., blood pressure control): 79
- Other (e.g., inpatient falls, delirium): 13
- Mortality: 5
- Patient-reported health status: 32
- Adverse events: 43
- Clinician-reported health status: 46

The chart also indicates that the NQMC Outcome Measures category includes all the mentioned categories.
Streamlined Measures:

- 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

- 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