



Vital Signs Core Metrics: Reducing Measurement Burden

WEBINAR
OCTOBER 26, 2017 | 12:00-1:00 PM ET



#NAMVitalSigns | @theNAMedicine

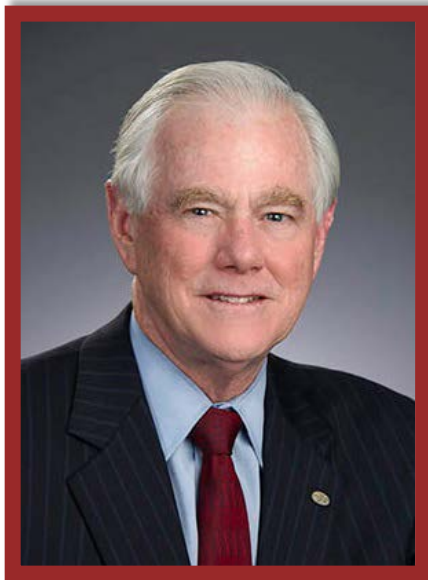


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NAM Leadership Consortium

Vital Signs Initiative



J. Michael McGinnis, MD, MPP
Leonard D. Schaeffer Executive Officer
National Academy of Medicine



Y. Claire Wang, MD, ScD
Senior Program Advisor
National Academy of Medicine



AGENDA

12:00 PM |

Welcome & Introductions

Michael McGinnis & Claire Wang, National Academy of Medicine

12:05 PM |

What is Known about Measurement Burden in U.S. Health Care

Nancy Dunlap, University of Alabama at Birmingham

Observations from the Field: Reporting Quality Metrics in Health Care

David Gans, Medical Group Management Association

Burden of Quality Reporting on Physician Practices

12:25 PM |

Moving Towards Core Metrics: Opportunities

Lewis Sandy, UnitedHealth Group

John Bernot, National Quality Forum

Nancy Foster, American Hospital Association

12:50 PM |

Audience Q&A

1:00 PM |

Adjourn



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Study Committee (2015)

DAVID BLUMENTHAL (Chair), The Commonwealth Fund
JULIE BYNUM, The Dartmouth Institute
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DIANA DOOLEY, California Health and Human Services
TIMOTHY FERRIS, Partners HealthCare
SHERRY GLIED, New York University
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KEVIN LARSEN, Office of the National Coordinator for HIT
ELIZABETH McGLYNN, Kaiser Permanente
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LYN PAGET, Health Policy Partners
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DAVID STEVENS, National Association of Community Health Centers
PAUL TANG, Palo Alto Medical Foundation
STEVEN TEUTSCH, Los Angeles County Department of Public Health



Download at:
Nam.edu/VitalSigns



Ongoing Activities

Refine & Update Core Measures

Vital Signs Partnership Network

Build Vital Signs User Resources

Cultivate Implementation Pilots

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Today's Webinar

- **Aim:** Explore the benefits and burdens of quality metrics reporting, from the perspectives of health systems and physician practices.
- **Questions:**
 - How have quality measures driven improvement and value in health care?
 - What is the current burden of quality reporting requirement for providers?
 - What are the primary opportunities and initiatives to sharpen focus on core metrics?



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Nancy E. Dunlap, MD, PhD, MBA

Professor Emerita of Medicine, Scholar
 Lister Hill Center for Health Policy
 University of Alabama at Birmingham

Observations from the Field: Reporting Quality Metrics in Health Care

A National Academy of Medicine Perspective

Challenges and Next Steps toward Better Measurement

✓ Prioritize	→	The focus of quality metrics should be on process improvement.
✓ Reduce	→	Number of quality metrics externally reported needs to be manageable.
✓ Enable flexibility	→	Different organizations may need fewer metrics on which to focus so process improvement can occur.
✓ Evaluate	→	Metrics should be regularly evaluated to ensure that they drive actual improvement.
✓ Standardize	→	Alignment and standardization of definitions between groups are needed.
✓ Pilot test	→	Metrics should be piloted prior to widespread dissemination.
✓ Redesign	→	Electronic health records should be designed to more easily collect and report metrics.



List of Organizations

- Aetna
- American Hospital Association
- Association of American Medical Colleges
- Baylor Scott & White Health
- Bellin Health
- BJC HealthCare
- Boston Medical Center
- Children's Mercy Hospital
- Cleveland Clinic
- Froedtert Health System
- Geisinger Health System
- Group Health Cooperative
- Johns Hopkins Health System
- Mayo Clinic
- Mayo Clinic Arizona
- Montefiore Medicine
- National Institutes of Health Clinical Center
- New York University Langone Medical Center
- OCHIN
- University of Alabama at Birmingham Health System
- University of Arizona Health Network
- University of California, Los Angeles, Health System
- University of Kansas Health System
- University of Virginia Health System
- U.S. Department of Defense Medical Services
- Vanderbilt University Health System



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Information was gathered through telephone interviews.

- **Participants:**

- Leaders from 20 Health Systems
 - 2 Provider Groups
 - 2 Health Care Associations
 - 1 Health Insurance Executive

- **Interview Questionnaire:**

- Local Healthcare Landscape
- Burden of Reporting Metrics
- Quality Improvement Resulting from Metric Reporting



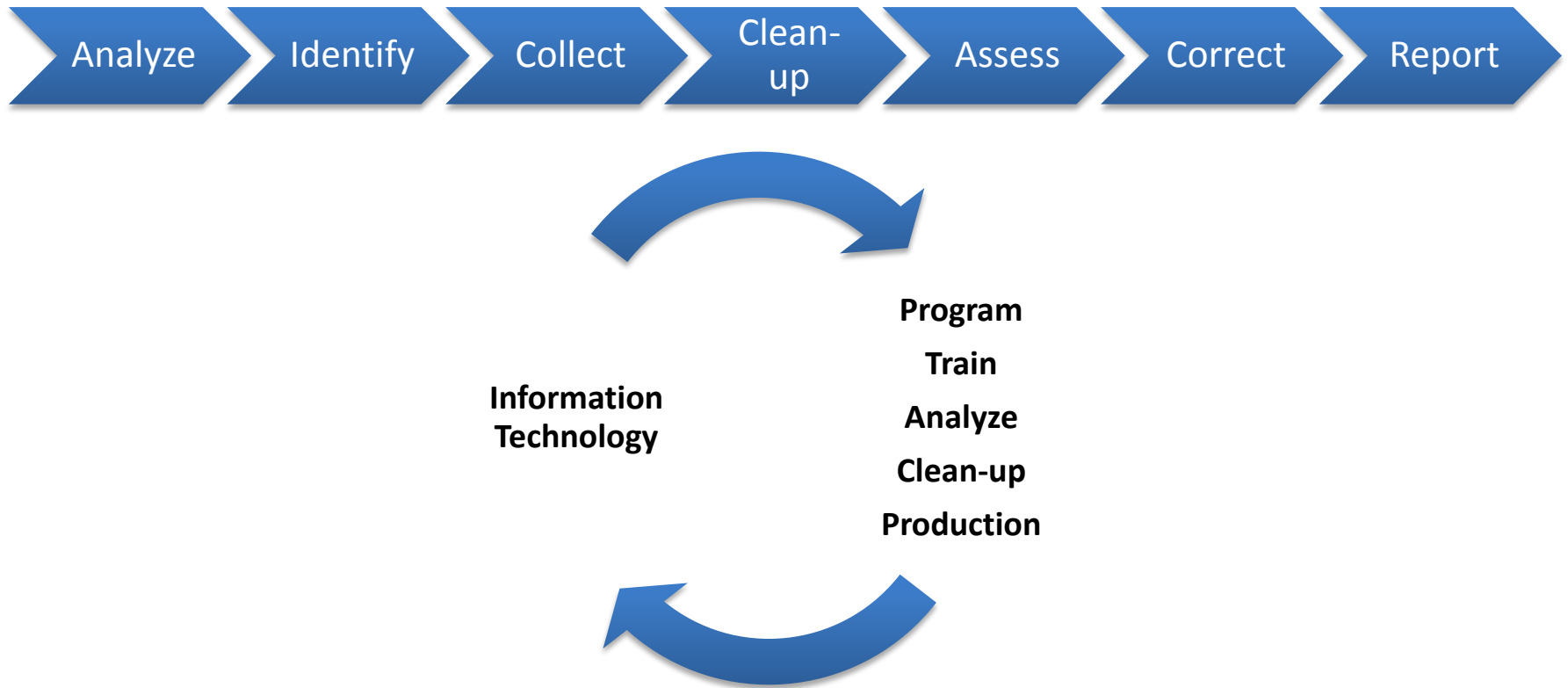
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Measurement Challenges

- Number of Mandatory Metrics: 284 to >500
- Changes to metrics: At least annually
- Variations of metrics: Often slight
- Complexity of reporting: Requiring staff

Metric Reporting requires multiple steps.



Providers estimated the personnel and cost associated with quality metric reporting.

Hospital/Health System Size	180 to 3000 beds	
Estimated number of Personnel Focused on quality reporting Full-Time Equivalent (FTE)	Average 50 to 100 Range 12 to 120	
Types of Personnel Involved	Abstractors Quality Professionals Physicians Nurses Epidemiologists Business Intelligence	Finance Clinical Systems Office Clinical Documentation Specialists Performance Improvement Marketing
Estimated Cost of Personnel	Majority \$5M to \$10M/year (Range \$3.5M--\$12M)	



David N. Gans, MSHA, FACMPE
Senior Fellow, Industry Affairs
Medical Group Management Association

Benefit and Burden of Quality Reporting: Perspectives from Physician Practices



Casalino LP, Gans D, Weber R, Cea M, Tuchovsky A, Bishop TF, Miranda Y, Frankel BA, Ziehler KB, Wong MM, Evenson TB. US physician practices spend more than \$15.4 billion annually to report quality measures. *Health Affairs*. 2016 Mar 1;35(3):401-6.

National Survey of Physician Practices

- November 2014 web-based survey of cardiology, orthopedics, primary care and multispecialty practices
- Conducted by researchers from Weill Cornell Medical College and the Medical Group Management Association with funding from The Physicians Foundation.
- Collected time estimates for physicians and staff on six categories of activity related to external quality measures.
- Converted time estimates into estimates of the cost to practices of dealing with external quality measures.

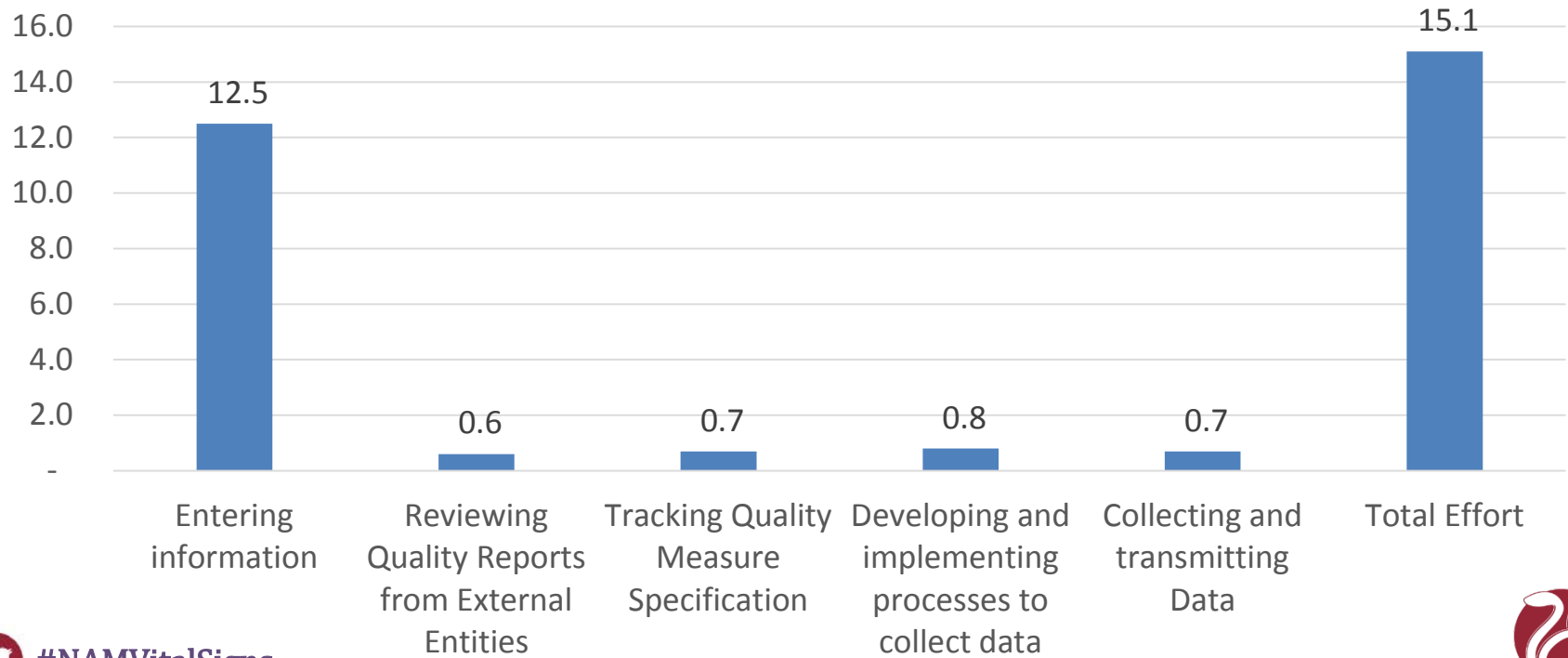


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Collecting and Reporting Quality Measures Takes Time

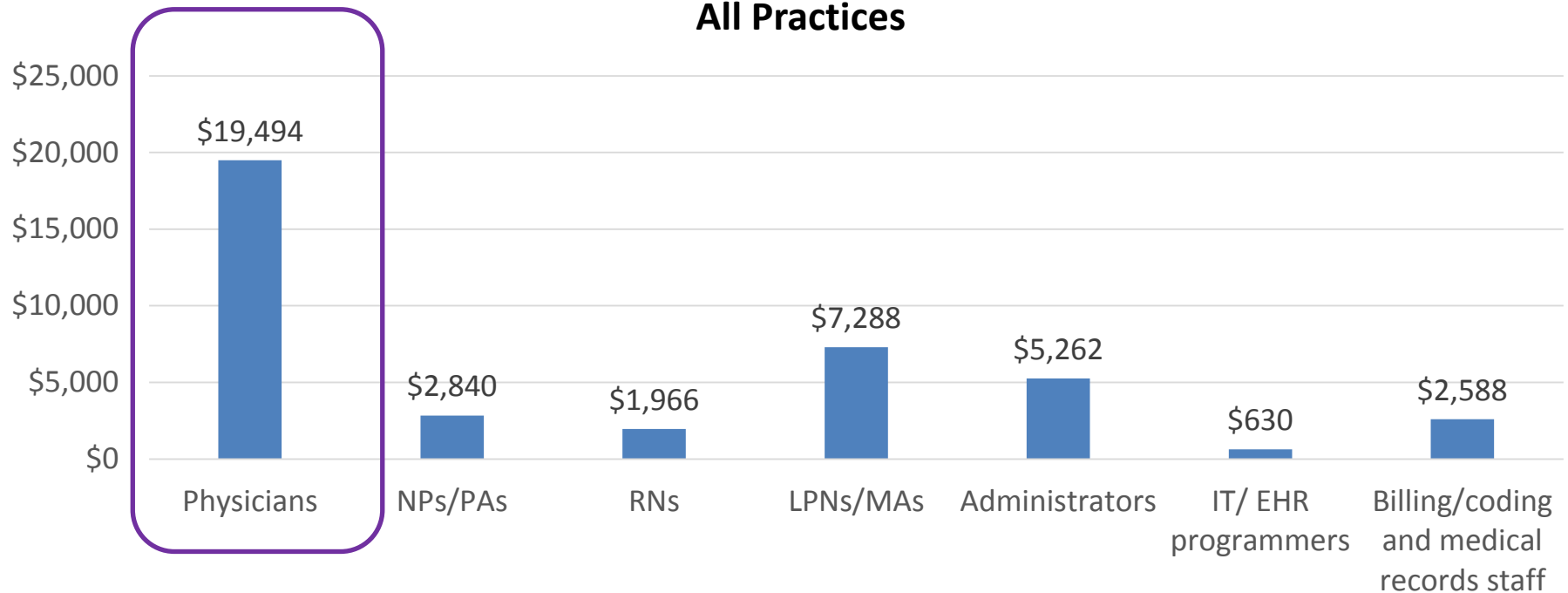
Mean Hours per Week per Physician Dealing
with External Quality Measures
All Practices



Quality Measurement Is Expensive

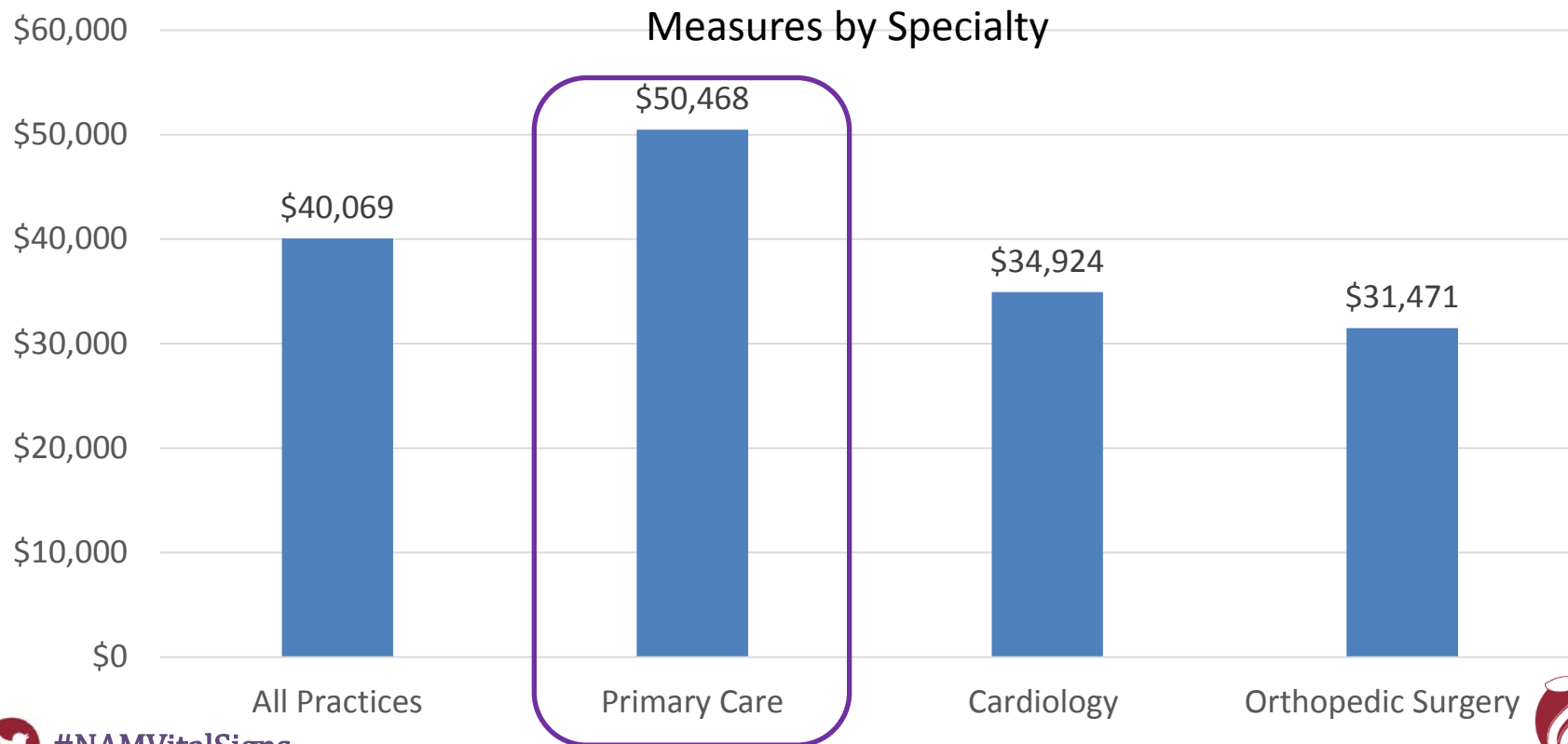
Cost per Physician per Year Dealing with External Quality Measures

All Practices



The Cost of Quality Measurement Varies by Specialty

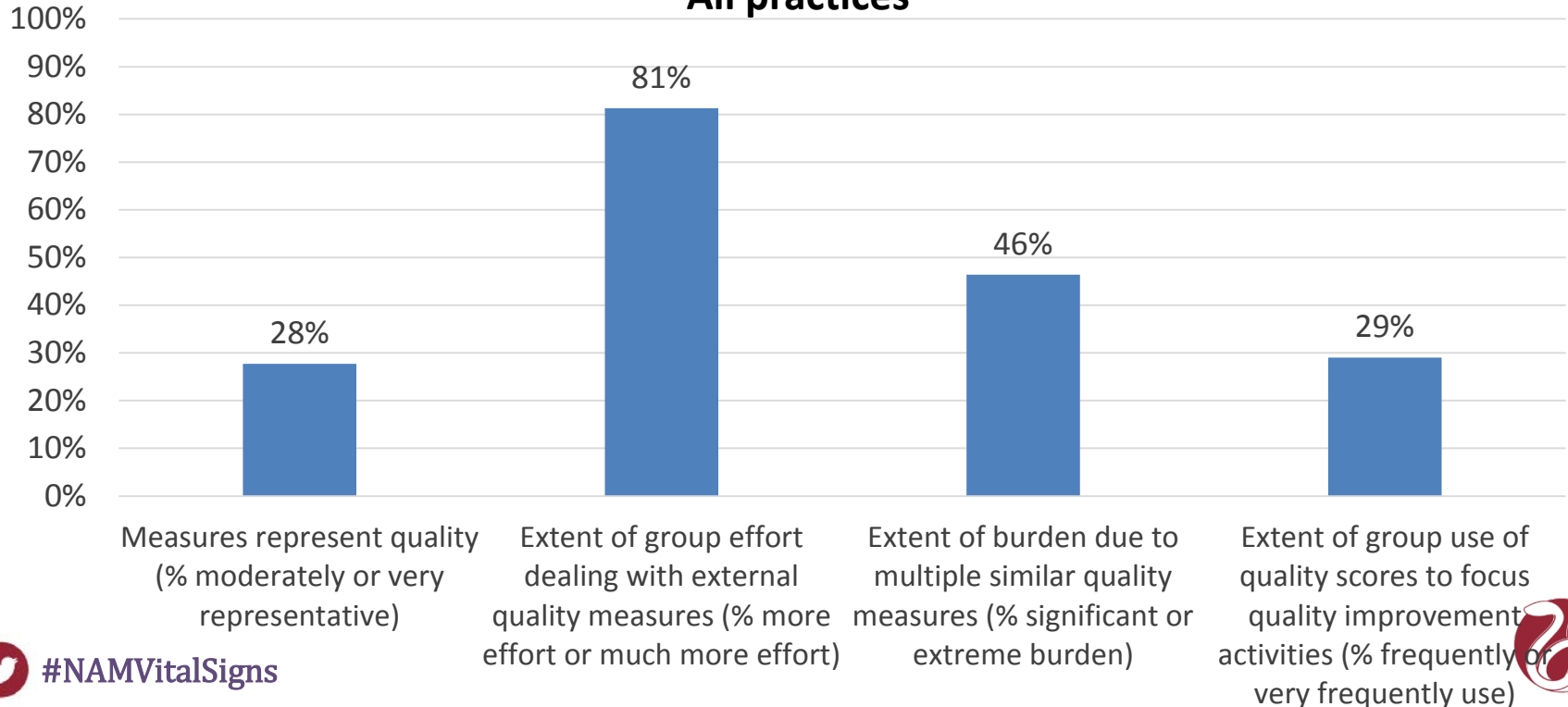
Total Cost per Physician per Year Dealing
with External Quality
Measures by Specialty



Practices Have a Poor Perception of External Quality Measures

Physician Practices' Perception of External Quality Measures

All practices



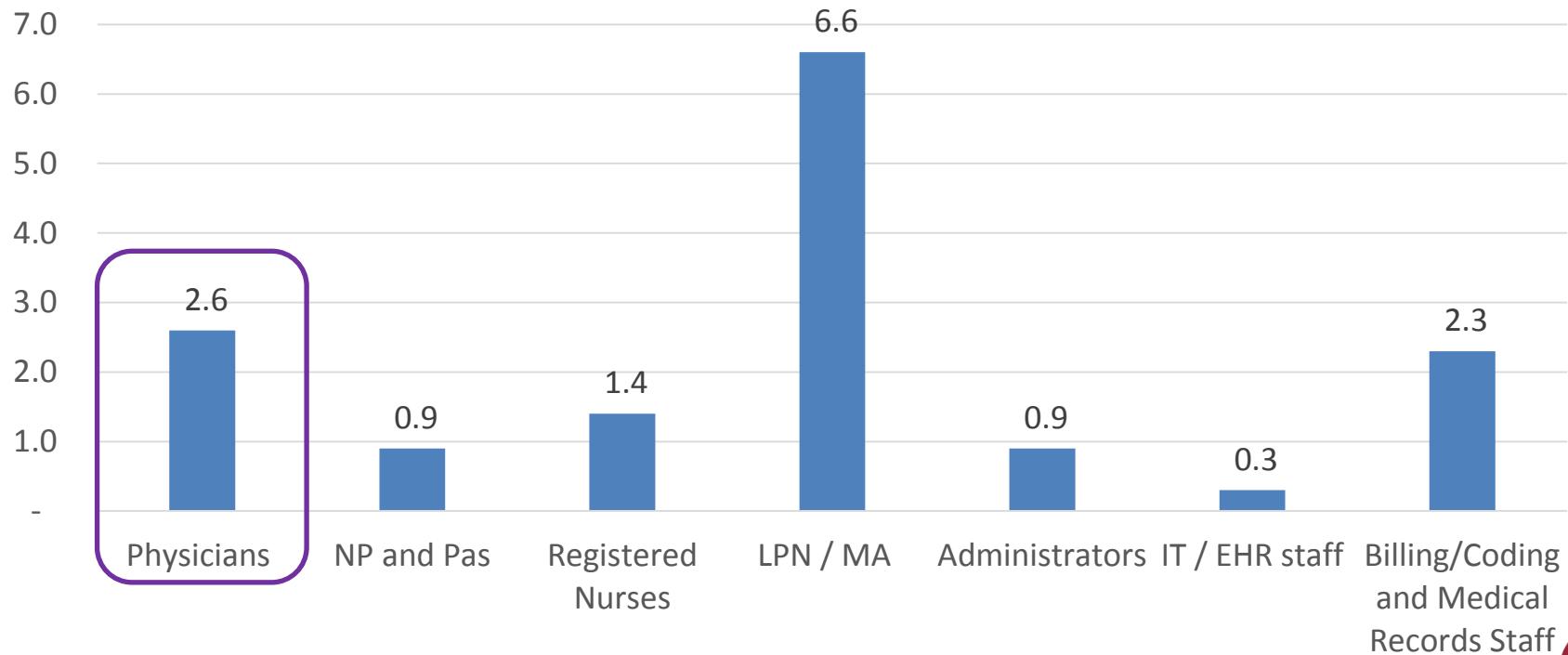
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Physicians and Staff are Involved in Quality Measurement

Mean Hours per Physician per Week by Position Dealing with External Quality Measure

All Practices



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Responding Practices' Sentiments

- Quality measures do not adequately represent quality of care.
- Entering quality data decreases clinicians' productivity.
- Providing quality data to external entities is very expensive.
- Quality measures, methods of reporting, and reporting periods should be standardized.
- It should be possible for an EHR to automatically collect and report quality measures.
- Measures should be specialty specific – orthopedists in particular felt like current measures are not suitable for them.



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Major Findings

- All participants responded that the reporting of metrics was important.
- The majority of participants felt that the number of metrics being requested is overwhelming.



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Theme #1

- The focus of quality metric reporting should be on process improvement.

Theme #2

- The number of quality metrics externally reported should be kept to a manageable level.

Theme #3

- Different organizations may need fewer metrics on which to focus so process improvement can occur simultaneously.

Theme #4

- Metrics should be regularly evaluated to ensure that they drive actual improvement in care outcomes.

Theme #5

- Alignment and standardization of definitions among groups requesting metrics are needed.

Theme #6

- Metrics should be piloted and definitions finalized prior to widespread dissemination.

Theme #7

- Electronic health records should be designed to more easily collect and report metrics and we should move away from quality metrics derived from billing and administrative systems.



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Summary of Themes (1)

- **Prioritize:** The focus of quality metric reporting should be on process improvement.
- **Reduce:** The number of quality metrics externally reported needs to be kept at a manageable level.
- **Enable flexibility:** Different organizations may need fewer metrics on which to focus so process improvement can occur simultaneously.
- **Evaluate:** Metrics should be regularly evaluated to ensure that they drive actual improvement in care processes and outcomes.

Summary of Themes (2)

- **Standardize:** Alignment and standardization of definitions between groups requesting metrics are needed.
- **Pilot test:** Metrics should be piloted and definitions finalized prior to widespread dissemination.
- **Redesign:** Electronic health records should be designed to more easily collect and report metrics.

Publications |

Dunlap, N. E., et al. 2016. Observations from the Field: Reporting Quality Metrics in Health Care. National Academy of Medicine, Washington, DC.

Casalino, L.P., Gans, D., et.al. 2016. US Physician Practices Spend More Than \$15.4 Billion Annually To Report Quality Measures. Health Affairs 35:3.

Panel Discussion

- From your perspective, how are the things actually going in moving towards the parsimonious, consistent measures that matter most?
- How can the Vital Signs initiative and the NAM help accelerate progress? What will it take for the Vital Signs to serve as the anchor elements for payers and providers?



“The current state of measurement: too complex; too manual; not enough improvement”

Lewis G. Sandy, MD, FACP

Executive Vice President, Clinical Advancement
UnitedHealth Group



Nancy Foster

Vice President
Quality and Patient Safety Policy
American Hospital Association

“The regulatory burden is substantial and unsustainable, and reducing the administrative complexity of health care would allow providers to spend more time on patients, not paperwork.”
– American Hospital Association



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“The aim is to ensure that the right measures are available and preferentially used to help drive improved health and healthcare for all.”

John Bernot, MD

Senior Director, Quality Measurement
National Quality Forum



NATIONAL
QUALITY FORUM

Measure Prioritization and Feedback

John Bernot, MD



**Facilitate
Transition to
Value**



**Connect to
Frontlines**



**Provide
Thought
Leadership**

Measure Prioritization

Prioritization Criteria: Environmental Scan

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for meaningful and usable measures of performance

NQF Prioritization Criteria

Outcome-focused

- Outcome measures and measures with strong link to improved outcomes and costs

Improvable and actionable

- Actionable measures with demonstrated need for improvement and evidence-based strategies for doing so

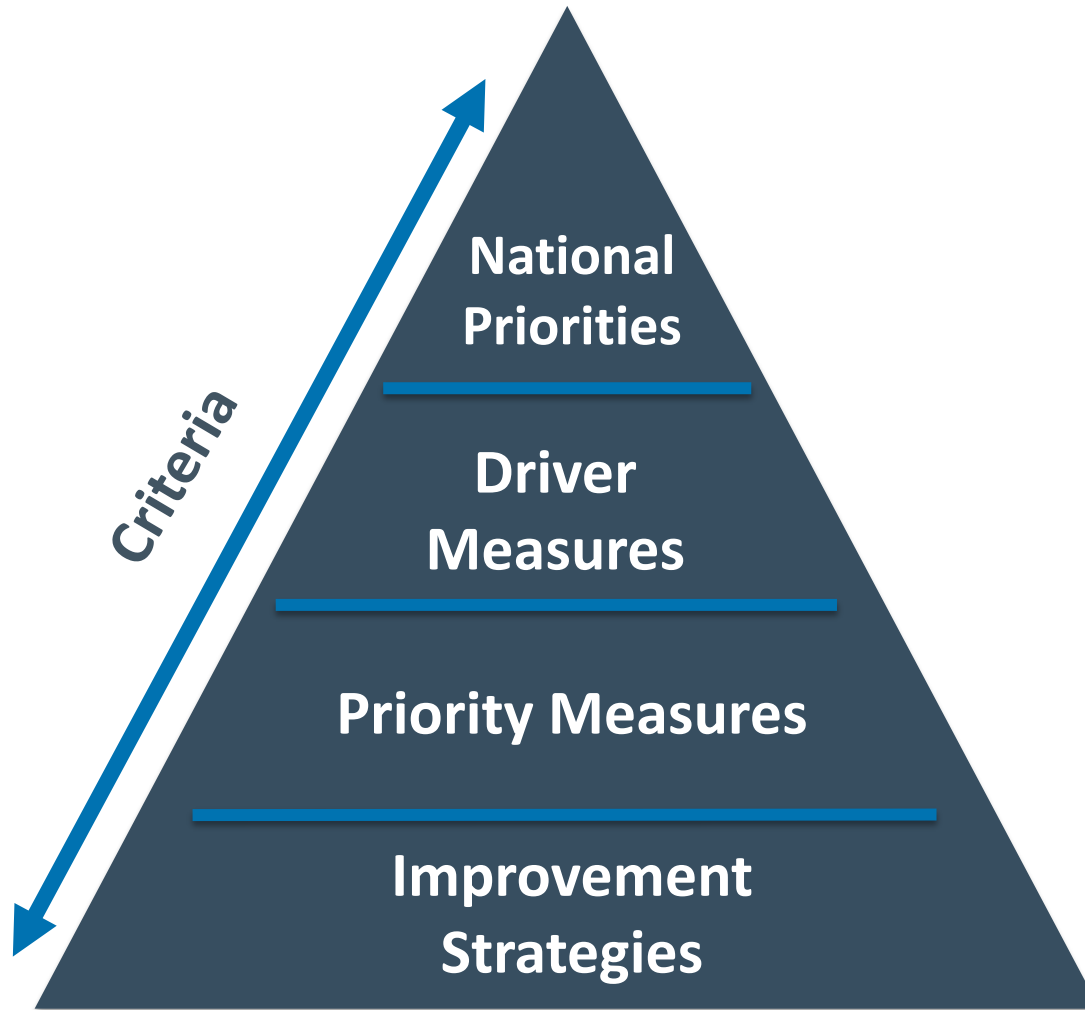
Meaningful to patients and caregivers

- Person-centered measures with meaningful and understandable results for patients and caregivers

Support systemic and integrated view of care

- Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

Prioritization Framework

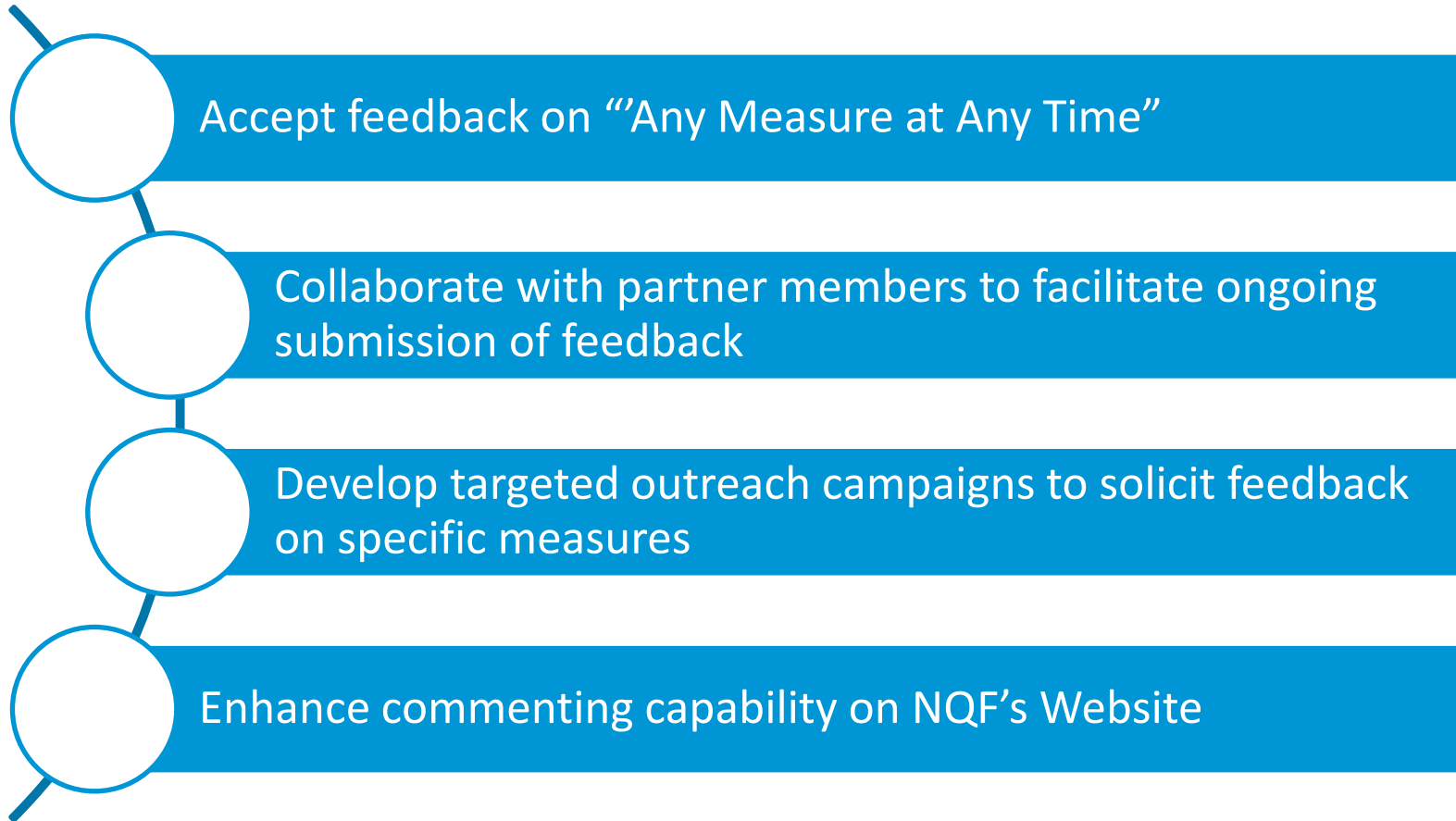


National Priorities

National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	<i>Are you getting better?</i>
Patient experience (including care coordination, shared decision making)	<i>How was your care?</i>
Preventable harm/complications	<i>Did you suffer any adverse effects from your care?</i>
Prevention/healthy behaviors	<i>Do you need more help staying healthy?</i>
Total cost/low value care	<i>Did you receive the care you needed and no more?</i>
Access to needed care	<i>Can you get the care you need when and where you need it?</i>
Equity of care	<i>Are you getting high quality care regardless of who you are or where you live?</i>

Measure Feedback

Collecting Measure Feedback

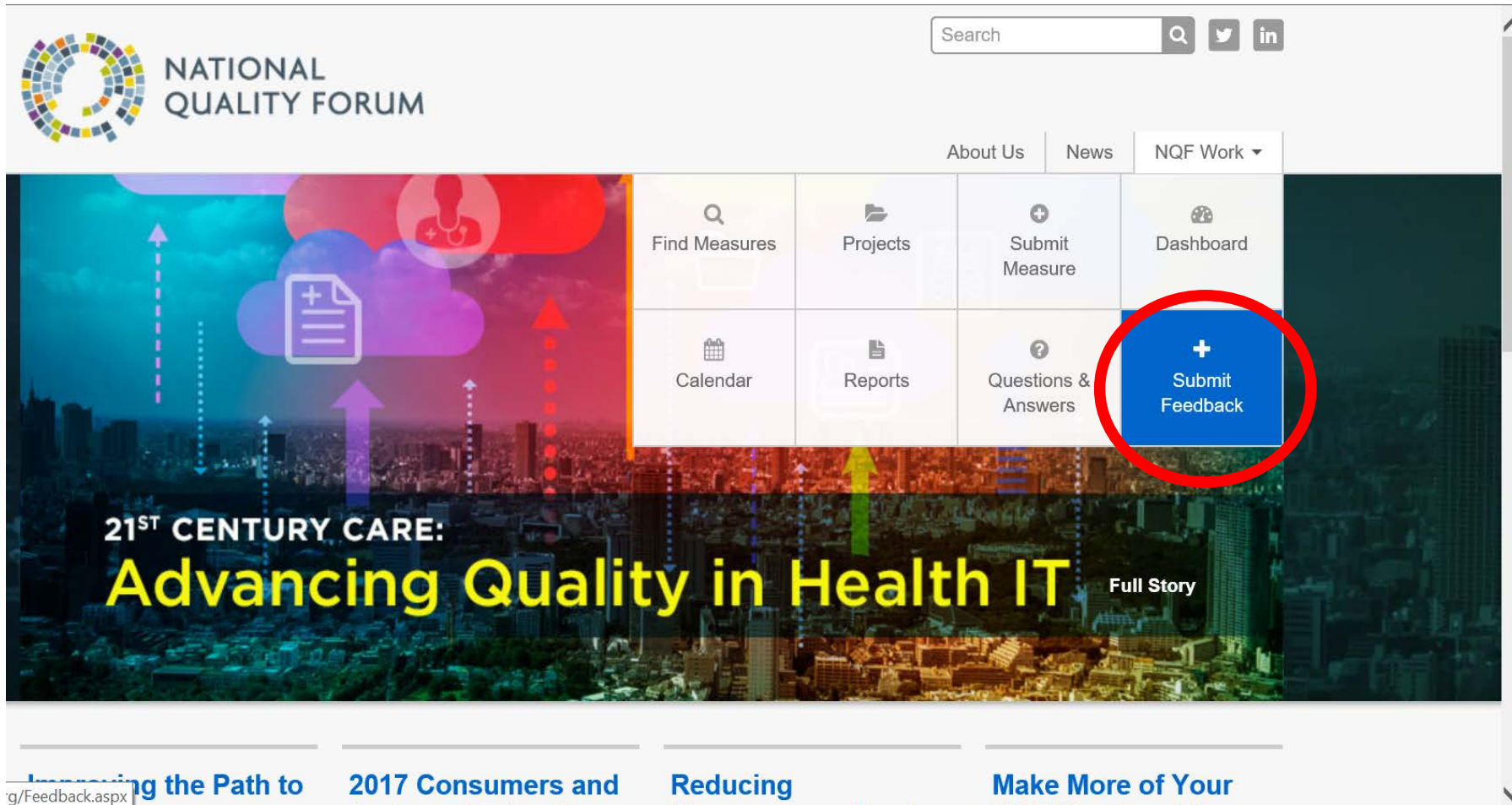


Maintenance Criteria Update

- Use: Change to **must-pass** for **maintenance** measures
 - *In use in accountability program within 3 years and publicly reported within 6 years*
 - *Measure has been vetted by those being measured or others*
- Usability*: still not must-pass
 - *Demonstrated improvement*
 - *Benefits outweigh evidence of unintended negative consequences to patients*

* Information for these two subcriteria may be obtained via literature, feedback to NQF, and from developers during the submission process.

NQF Measure Feedback



The screenshot displays the National Quality Forum (NQF) website interface. At the top left is the NQF logo, a circular arrangement of colored dots, followed by the text "NATIONAL QUALITY FORUM". To the right is a search bar with a magnifying glass icon and social media icons for Twitter and LinkedIn. Below the search bar are navigation links: "About Us", "News", and "NQF Work" with a dropdown arrow. A central grid of eight buttons is shown: "Find Measures" (magnifying glass icon), "Projects" (folder icon), "Submit Measure" (plus icon), "Dashboard" (globe icon), "Calendar" (calendar icon), "Reports" (document icon), "Questions & Answers" (question mark icon), and "Submit Feedback" (plus icon). The "Submit Feedback" button is highlighted with a red circle. Below the grid is a large banner with a cityscape background, featuring the text "21ST CENTURY CARE: Advancing Quality in Health IT" in yellow and white, with a "Full Story" link. At the bottom, a navigation bar contains four links: "Improving the Path to", "2017 Consumers and", "Reducing", and "Make More of Your".

NATIONAL QUALITY FORUM

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Calendar Reports Questions & Answers Submit Feedback

21ST CENTURY CARE: Advancing Quality in Health IT Full Story

Improving the Path to 2017 Consumers and Reducing Make More of Your

Panel Discussion

- From your perspective, how are the things actually going in moving towards the parsimonious, consistent measures that matter most?
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Vital Signs: Core Metrics

Reducing Measurement Burden



Nancy Dunlap,
University of Alabama at
Birmingham



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Management Association



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Nancy Foster,
American Hospital
Association

Q & A

Please type your questions in the Q & A box at the lower right-hand corner.

Provide your name and organization.

If possible, please specify who you are directing your question to.



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NAM Vital Signs Wants to Hear From You:



Activities: Which organizations are applying the Vital Signs framework?

Linkages: How can we align driver measures or process levers with Vital Signs?

Measures: What datasets and composite measures have been most useful?

Partnership: How should we build a learning network and user toolkit?

Contact: Claire Wang, cwang@nas.edu

Join the Vital Signs Mailing List at nam.edu/VitalSigns



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References:

- Observations from the Field: Reducing Measurement Burden (NAM discussion paper)
- U.S. Physician Practices Spend More than \$15.4 billion annual to report quality measures (Health Affairs)
- Regulatory Overload: Assessing the Regulatory Burden on Health Systems, Hospitals and Post-acute Care Providers. (aha.org/regrelief)
- Streamlining Quality Measurement: Opportunities and Challenges (Presentation by Lew Sandy at the NAM, Mar 1, 2016)

Related Reports from the NAM:

- Vital Signs: Core Metrics for Health and Health Care Progress (nam.edu/vitalsigns)
- Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health (nam.edu/HighNeeds)
- First, Do No Harm: Marshaling Clinician Leadership to Counter the Opioid Epidemic (nam.edu/FirstDoNoHarm)
- Community-Based Models of Care Delivery for People with Serious Illness (nam.edu/SeriousIllness)
- Optimizing Strategies for Clinical Decision Support (*available Nov 14*)



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