

**Institute of Medicine Workshop Summary Release  
Core Measurement needs for Better Care, Better Health,  
and Lower Costs: Counting What Counts**

June 24, 2013

The National Academy of Sciences  
2101 Constitution Ave NW

# IOM Workshop on Core Metrics for Better Care, Better Health, and Lower Costs

## Broad Objectives

- Examine a vision for core health metrics
- Draw on lessons from existing efforts
- Identify metrics that reliably measure care, health, and cost outcomes
- Describe implementation strategies for these measures

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## Themes

### Ideally Common Measures Will ...

- emphasize issues most important to improving care, lowering costs, and improving health (Triple Aims).
- support improvement in health services as well as payment strategies that target important issues
- reduce the burden of measurement imposed by an increasing proliferation of reporting requirements
- be derived with input from a range of varied perspectives so that they are meaningful across a wide range of stakeholders

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## Themes

### Ideally Common Measures Will ...

- support evaluation of variation across the spectrum of providers and organizations
- support coordinated and effective services across settings and organizations (e.g. shared interests across settings)
- guide creation of a robust digital infrastructure including exchange of key elements across settings and organizations

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## **Themes**

**Most Importantly ... A lot of optimism and interest .... And a collective feeling that core measures could advance progress towards a Learning Health System**



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**TABLE 8-2** Example Organizing Framework for Describing the Core Measurement Needs

Metric Domain	Potential Metric Categories	Cross-Cutting
Population Health	<ul style="list-style-type: none"> <li>- Current health</li> <li>- Contributors and risks to future health</li> </ul>	Equity and Variation
Health Care	<ul style="list-style-type: none"> <li>- Patient-centered</li> <li>- Effective</li> <li>- Safe</li> <li>- Value and efficiency</li> <li>- Coordination and communication</li> </ul>	
Cost	<ul style="list-style-type: none"> <li>- Resource use and expenditures</li> <li>- Utilization</li> <li>- Affordability</li> </ul>	

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## Key Characteristics

- Minimize overall measurement burden (cost, time, effort)
- Utilize data captured during routine work
- Specifications that assure consistency across settings
- Use existing measures where possible
- Measures should be meaningful with impact on health, healthcare, cost
- May need to be composite measures in order to be meaningful
- Measures need to be actionable (need benchmark comparable data)



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## Key Characteristics

- **Actionable**
  - Quality improvement across settings, organizations, disciplines
  - Services across settings, organizations, disciplines
  - Payment and purchasing
  - Reporting and transparency
  - Policy and regulation
  - Scientific and clinical research

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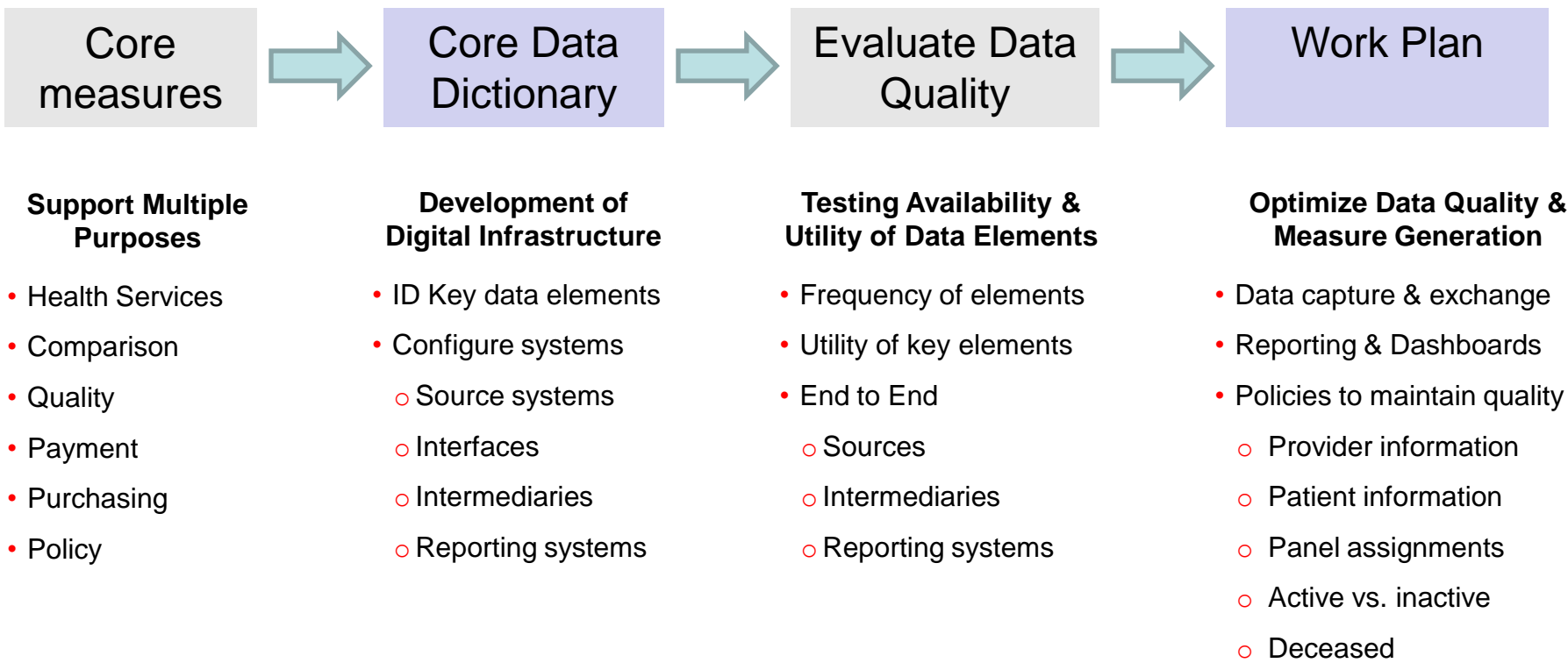
## Challenges

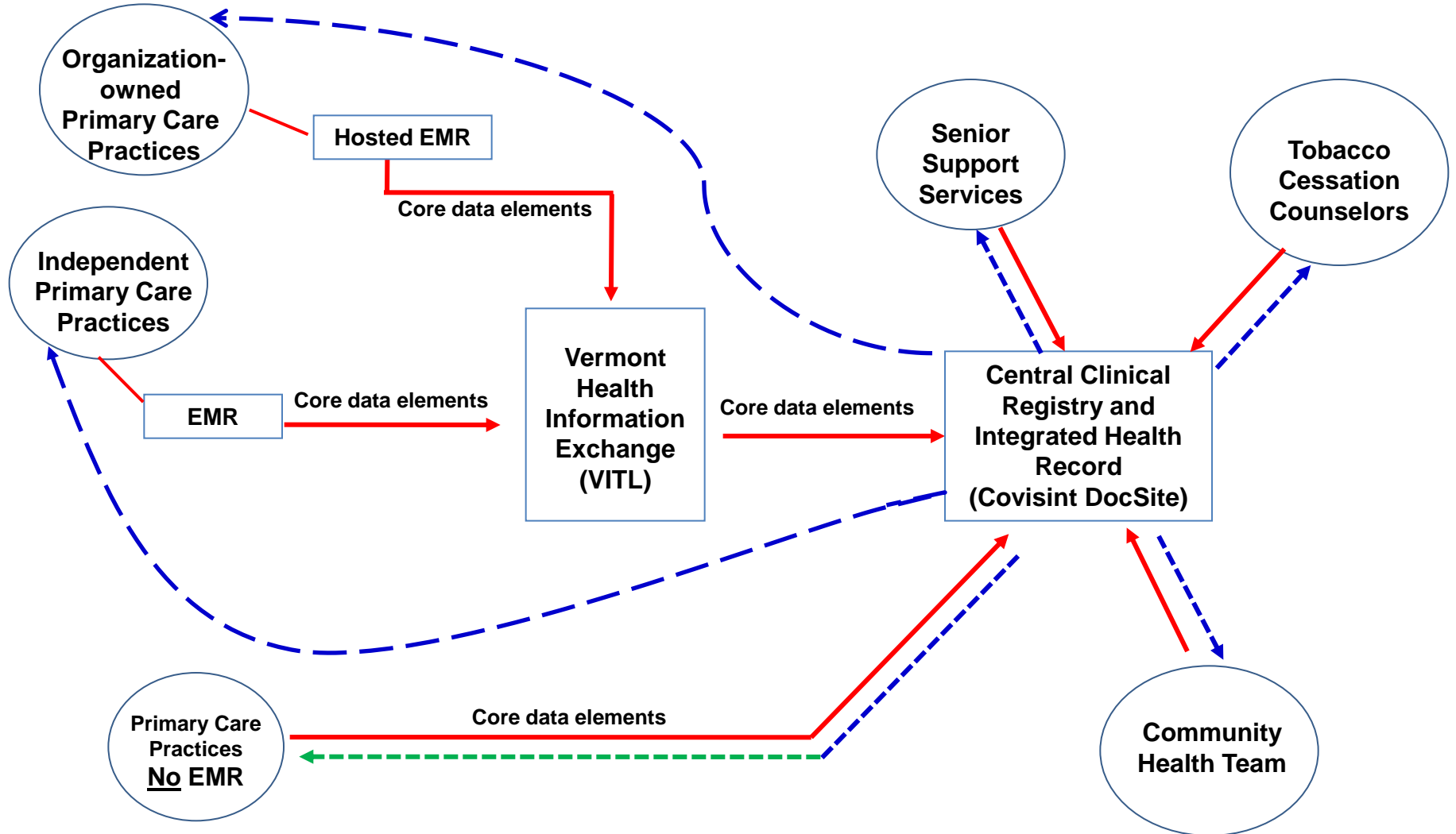
- Defining populations (overly restrictive definitions limit utility and separate interests such as healthcare & public health)
- Leadership to drive a culture of transparency and accountability
- Value case for common measures
- Knowledge management - using results in a Learning Health System
- Measures that are useful at all levels (individuals, populations, practices, organizations, communities, regions, nationally)
- Overcoming the 'Tyranny of the Now' ..... willingness to embrace alignment across initiatives

# Use of core measures to guide development of the digital infrastructure and a Learning Health System

# Vermont Health Information & Data Systems Network

## *Development guided by core measures*





## Blueprint Data Quality Sprints - *Key Issues*

- ❑ Accurate & Updated Provider Information
- ❑ Accurate Provider-Patient (panel) assignments
- ❑ Accurate Classification of 'Active' & 'Inactive Patients'
- ❑ Accurate Identification of Deceased Patients
- ❑ Reliable Identify Management & Ability to Merge Records
- ❑ Updates to EHR templates to improve data capture
- ❑ Translations to normalize data that is tracked inconsistently

# Quality Data Leads to Quality Improvement Clinical Registry

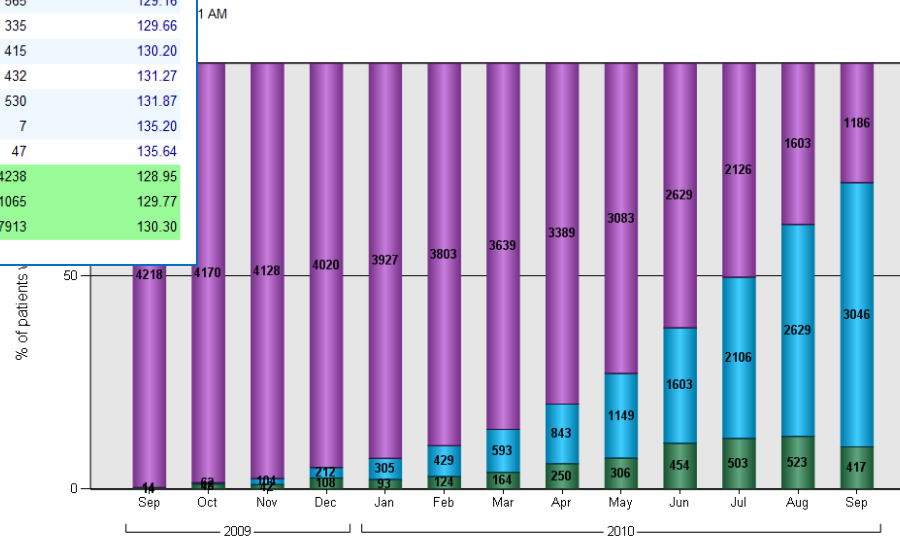
## Last Measure Result Averages by Provider

Report Run Date: 10/8/2010 11:14:08 AM  
 Report Current As Of: 10/4/2010 12:56:10 AM  
 Condition: HTN  
 Measure: Blood Pressure-SBP  
 Denominator: Patients with at least one Blood Pressure-SBP measure  
 Site:  
 Patient Status: Active

Provider Name	% Patients At Goal	# of Patients	Average
Axxxxx, Exxxxx	25.00%	8	121.00
Axxxxx, Exxxxx	47.59%	601	125.90
Lxxxxx, Nxxxxx	42.86%	413	127.14
Axxxxx, Nxxxxx	46.77%	372	127.32
Exxxxx, Lxxxxx	48.93%	513	127.81
Exxxxx, Axxxxx	42.48%	565	129.16
Exxxxx, Exxxxx	39.10%	335	129.66
Oxxxxx, Yxxxxx	37.35%	415	130.20
Axxxxx, Axxxxx	33.80%	432	131.27
Ixxxxx, Dxxxxx	41.70%	530	131.87
Axxxxx, Exxxxx	14.29%	7	135.20
Ixxxxx, Lxxxxx	36.17%	47	135.64
FAHC - Aesculapius Medical Center	42.50%	4238	128.95
FAHC	40.58%	11065	129.77
Vermont	43.07%	27913	130.30

## Percent of Patients with a Measure Result by Month Over the Last 12 Months

Measure: Body Mass Index; patients aged 20 and older  
 Site



**Final Month Evaluation:**  
 # of Patients without a result in the last 12 months: 1186  
 # of Patients with a result in the last 12 months (includes patients with a result in the last month): 3046  
 # of Patients with a result in the last month: 417

# Quality Data Leads to Quality Improvement

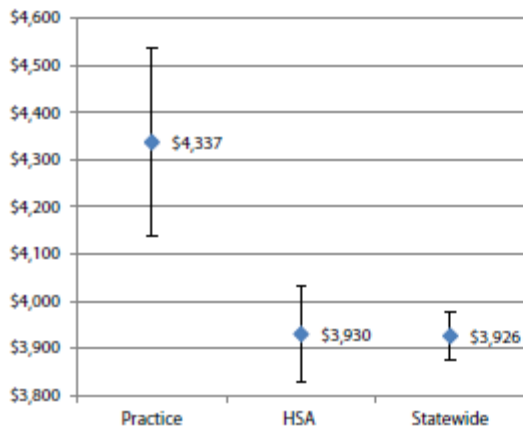
## All-payer Claims Database



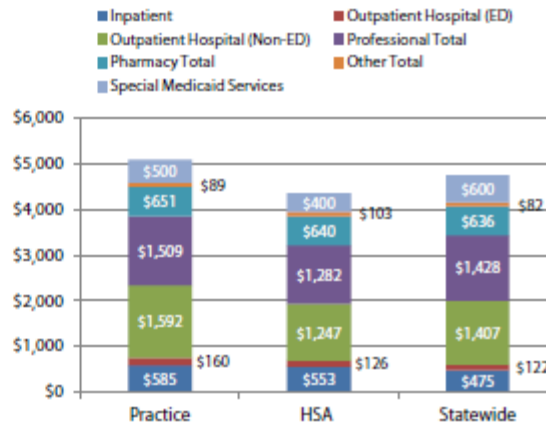
### Practice Profile: Main Street Primary Care

Period: 01/2011 – 12/2011 Practice HSA: Barre Profile Type: Adults (18–64 Years)

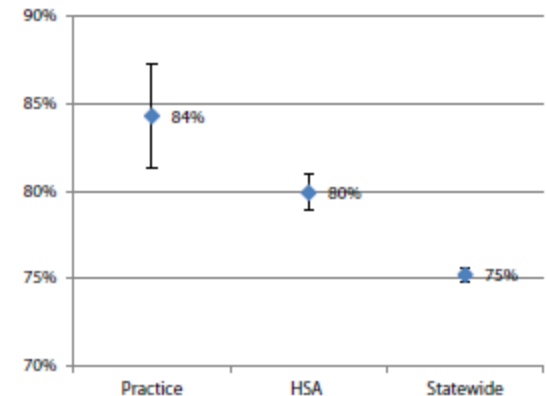
**Total Expenditures per Capita**



**Total Expenditures by Major Category**



**Breast Cancer Screening**



*Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 52–64 years, who had a mammogram to screen for breast cancer during the measurement year or year prior to the measurement year.*



Link financial incentives to the tracking, exchange, aggregation, and ‘meaningful’ use of a common set of core measures and the data elements that populate them