

Measures and Data to Support Health and Health Care Decision Making

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Value of measurement to consumers extends beyond decision making

- **Informed clinician decisions**  **better care**
- **Quality improvement- information
illuminates areas needing attention**
- **Payment- aligned incentives yield desired
results**
- **Judgment/reassurance**
- **Surveillance**

Why Measure?

- **Most consumers do not use quality measures to make decisions**
- **Current measures have limited value for consumer decision making**
- **Information on quality is not easy to find**
- **Information-seeking is a burden—more so for some population groups than others**

- **Public reporting is of value, even if consumers do not refer to the measures**
 - **Just a modest proportion of the public using quality measures will drive improvement**
- **Consumers benefit from measurement when their clinicians use results to improve patient care**

Assure performance measurement is meaningful to consumers

- Provide **consistent, valid** and **reliable** information
 - Measures should be a *standardized* set of quality metrics (for all types of plans) that are *aligned nationally* (i.e., federal, state, and private initiatives) to permit comparisons, benchmarking, and focused quality improvement
- Measure results should be **audited** to ensure fair comparisons (ensure data integrity)
- Reporting should be **timely**
 - information should reflect current performance

Measure focus

Consumers need information on a set of outcomes they care about

- **Outcomes:** function, symptom relief, quality of life, complications
- **Episodes-** follow pts over time and setting
 - Current measures are setting and condition-specific—not responsive to chronic care and encourage fragmentation
- **Shared decision making-** pt preference especially important for people with complex conditions or who are very sick
- Patient-centered care plans/support for self-efficacy (decision quality): were pt preferences honored
- **Physician-level performance** (who is the best doctor to do “x”; how good is my doctor?)
- **Cost/resource use/efficiency**

Other measures that would be of value...

- ED use
 - Medication reconciliation
 - Hospitalization, length of stay
 - Avoidable readmissions
 - Generic prescribing, when appropriate
 - Overuse of ineffective treatments/services (e.g., imaging)
 - Cost of care to the individual
 - Resource use an important indicator of value
 - Quality and cost should be displayed together
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- Maintenance of certification
 - Performance for populations (e.g., a geographic area)
 - Non-medical community based care (availability of workers, referrals and use of community resources (meals))

Data collection to support measurement

- **Data collection should be parsimonious—consider data collection effort, whether the “juice is worth the squeeze”**
 - (ultimately, consumers bear the cost...)
- **Clinical information, ideally derived from clinical workflow**
- **Data on race, ethnicity of the population-**
 - Progress has been made in data collection, but need to overcome provider reluctance to collect and record these data. Can't address disparities without data

Current sources of data

- **Heavy reliance on administrative (claims) data—
a practical response due to burden of collecting
clinical data, (but not adequate)**
- **Clinical registries**
- **Medical records**
 - Paper, EHRs
- **Patient reports (CAHPS)**

What are key data deficits and gaps?

- **Physician-level data—continuing challenges with attribution, risk adjustment, small numbers**
- **Patient-generated data**
- **Cost to individual**

Data/implementation gaps

- **Patient reports**
 - Experience with care in range of settings
 - Outcomes
 - Pain, symptom relief, complications
 - Shared decision making
- **Clinical effectiveness, especially in gap areas where evidence is lacking (geriatrics)**
- **Information on race and ethnicity to use in stratifying performance results**
- **Evidence-based guidelines on appropriateness**

Aim to improve content over time

- **Start with vetted measures that are already available for reporting at the health plan level**
 - HEDIS, CAHPS
 - Cost (Consumer CHECKBOOK tool)
- **Refine measure focus/content over time**
 - Add physician-/practice-level data
 - Link to other units of analysis to provide comprehensive information for consumers to use in choosing health plans