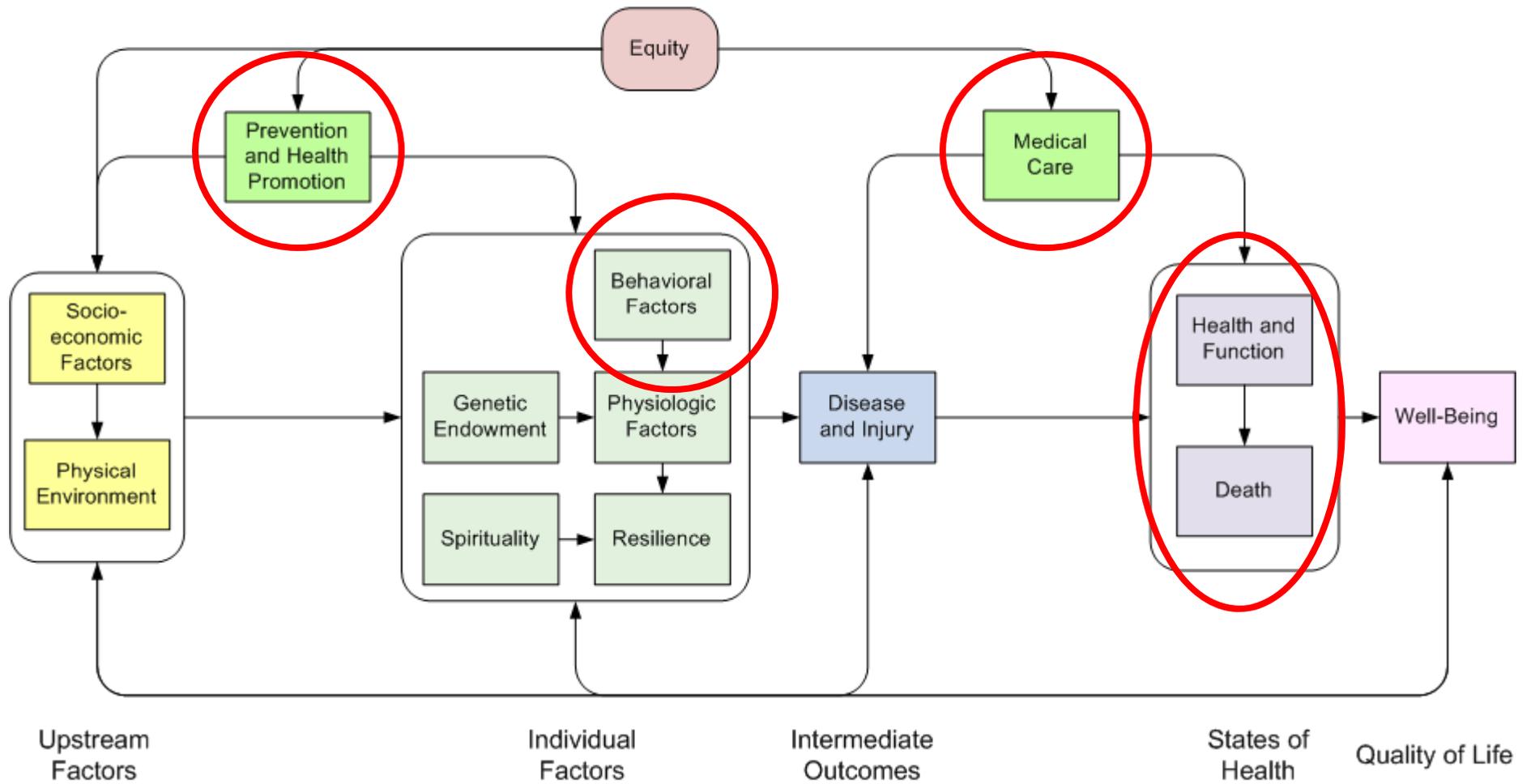


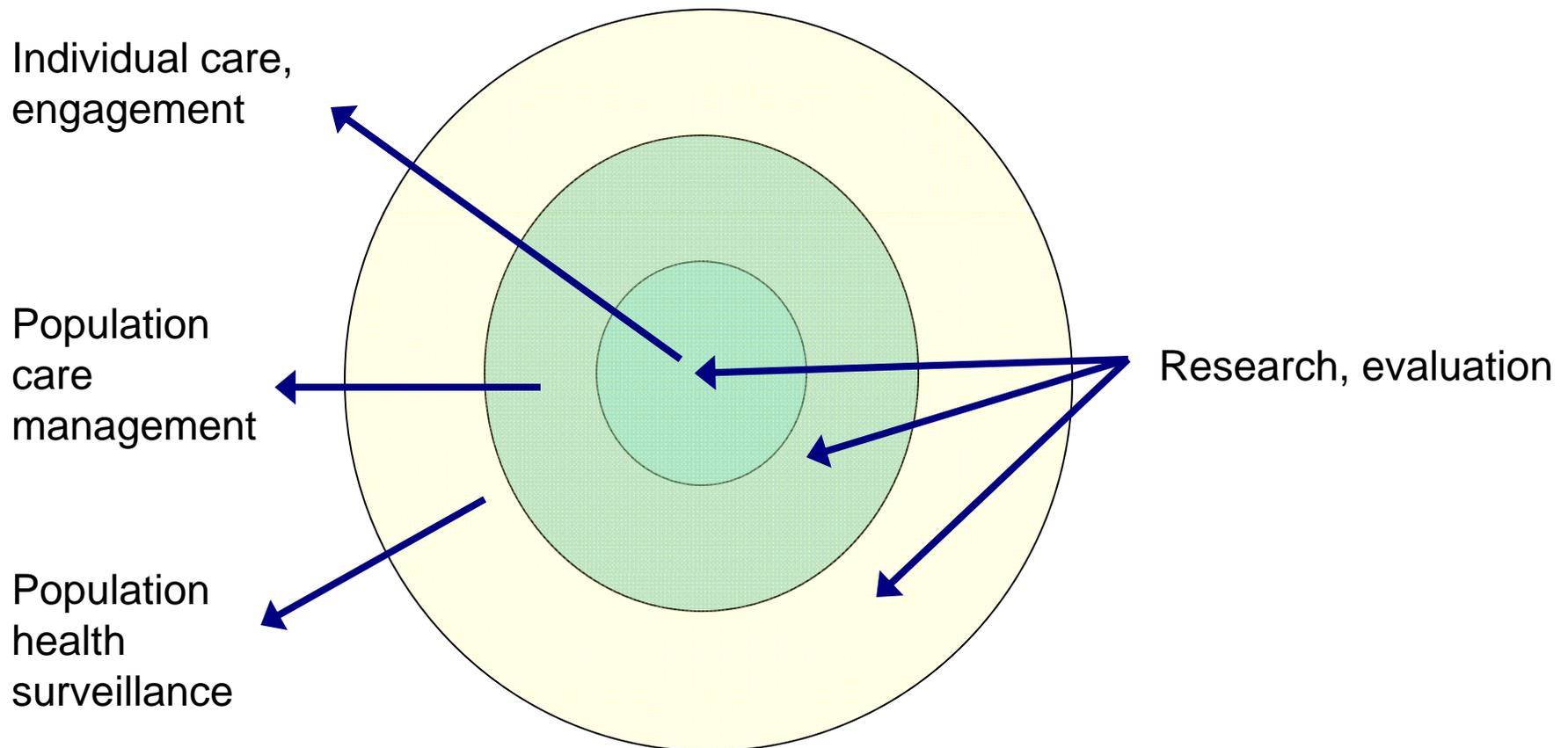


**NCVHS Quality Subcommittee Hearing  
Measures that Matter to Consumers  
Use of Functional Status and Self-Management Measures  
Matt Stiefel, Kaiser Permanente  
Feb. 28, 2012**

# Population Health



# The Case for Patient-Reported Outcome Measurement



# KP Portfolio of Member and Population Health Assessments

- Generic
  - Total Health Assessment: Commercial and Medicare
  - Employee Total Health Index
  - Mortality
    - Life Expectancy (Healthy Life Expectancy), Mortality Amenable to Healthcare
  - Single-Q Self-Perceived Health
- Condition-Specific (examples)
  - Depression: PHQ-9, -2
  - Hip and Knee Replacement
- Behaviors
  - Exercise as Vital Sign
  - “Optimal Lifestyle Metric” (HealthPartners)
- Shared Decision-Making
- Community
  - Community Health Needs Assessment, Population Health Indicators

# Barriers and Strategies to Drive Use

- **Consumer/Patient motivation**

- Measuring what is important to them
- Integrating into personal, tailored health action plans
- Multiple modalities (Internet, IVR, tablets, mail/scan)
- Integration with member portal
- Parsimony, dynamic assessment

- **Provider motivation**

- Integration with EMR and workflow, for both individual and population care
- Data collection outside the exam room
- Closing care gaps outside the exam room (“proactive encounter”)
- Evidence of utility, value, actionability, responsiveness
- Payment for outcomes (Medicare Stars)
- Standardization of measures
- Timeliness of reporting

- **Payer motivation**

- Demonstration of value related to productivity

# Annual Wellness Visit (AWV) Final Rule for Section 4103 of ACA

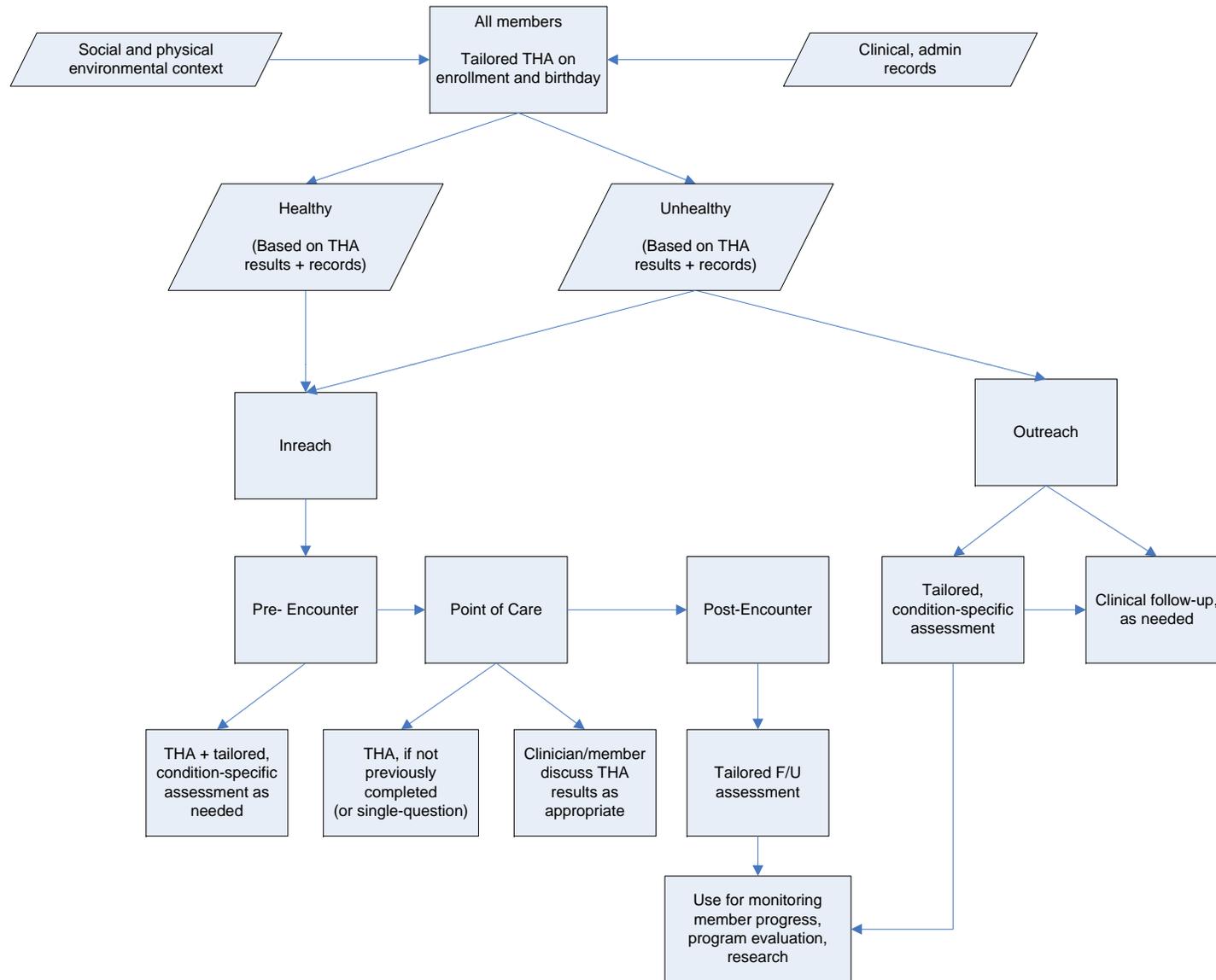
- **Benefit:** Annual Wellness Visit with Health Risk Assessment (HRA\*) and Personalized Prevention Plan (PPP)
  - Affordable Care Act, Section 4103 / CMS Final Rule Section / Medicare Physician Fee Schedule for 2012
- **Required Elements of HRA:** Demographics, Biometrics, Overall Health Status, Psychosocial risks, ADLs/IADLs, Behavioral risks
- **Effective date:** AWV: 1/1/2011; AWV *with required HRA*: 1/1/2012
- **Eligibility:** All Medicare Members
- **Time Limits:** Once every 12 months beginning 12 months after Part B effective date, or 12 months after the “Welcome to Medicare” Visit (IPPE)
- **HRA Duration:** Can take more more than 20 min. to complete
- **Who can perform the visit?** Any health or licensed medical professional, e.g. MD, NP, PA, CNS, health educator, or RD, under MD supervision

\*At KP national level, called “Medicare Total Health Assessment” or MTHA

# KP Medicare Total Health Assessment System (under development)

- **Content**
  - Demographics, Biometrics, Overall Health Status, Psychosocial risks, ADLs/IADLs, Behavioral risks
- **Modes of Administration**
  - Link to secure email through member portal, IVR, tablet, mail/scan, in-person
- **Workflow**
  - Results reviewed by care manager prior to AWW, appropriate outreach, referrals made
- **Linkage to EMR**
  - Data automatically uploaded into EMR and summarized for provider
  - Data automatically uploaded to registries for population care applications (screening, outreach, stratification, predictive modeling)
- **Personal Prevention Plan**
  - Data pre-populate plan for members
  - Plan reviewed and edited during AWW with provider
  - “HRA Plus”: ongoing monitoring, coaching, education, f/u as appropriate
- **Dynamic Health Assessment System (future)**
  - Front-end of dynamic health assessment system, with drill-down as appropriate by condition

# Vision for an Integrated Health Assessment System



# Population Health Reporting System

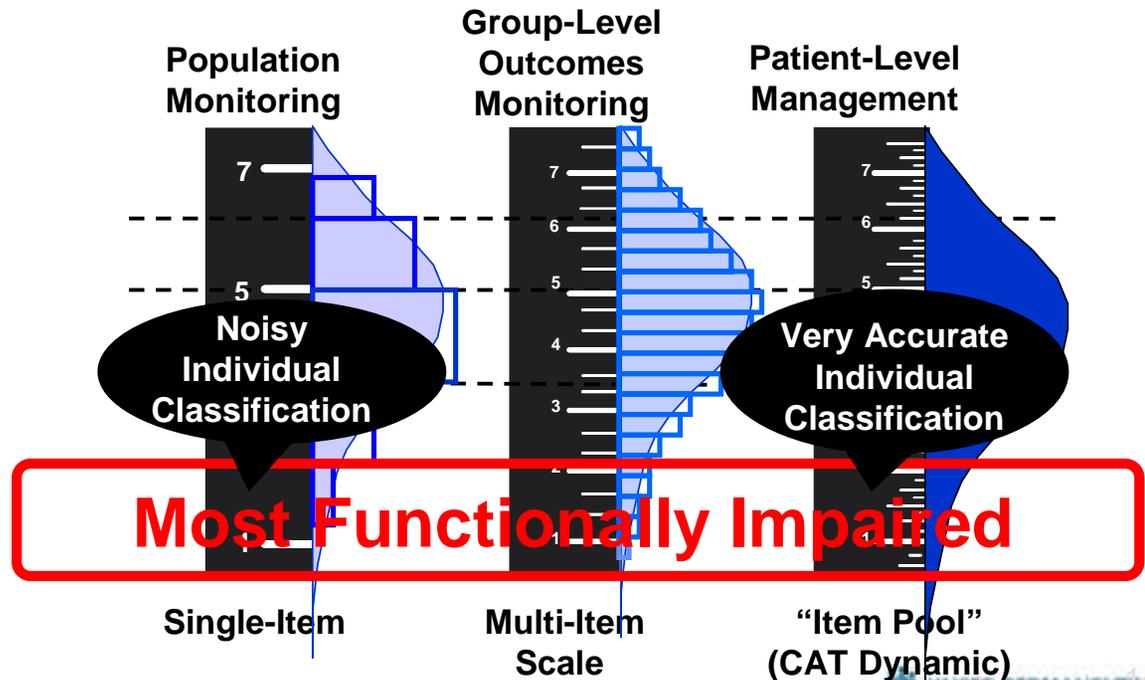
Report	Level								
	Program	Region	Customer Group	KP Workforce	Service Area	Medical Center / Office	Population Care Registry	Primary Care Panel	Member
<i>Life Expectancy and Healthy Life Expectancy</i>	X	X							
<i>Physical and Mental Health Summary Scores*</i>	X	X	X	X	X	X	X	X	
<i>Health Determinants/Risk Factors*</i>	X	X	X	X	X	X	X	X	
<i>Health "Balance Sheet"</i>									X
<i>Health "Prospectus"</i>									X
<i>Condition-specific Reports</i>									X

# Integrated System of Measurement

Individual: longitudinal changes over time, journey through life

Population: longitudinal and cross-sectional (distribution of health); Differences across geography, program, race/ethnicity, socio-demographic groups, chronic conditions

## John Ware Ruler Metaphor



14

Source: John Ware, PhD, presentation at 2009 AHRQ Annual Conference <http://www.ahrq.gov/about/annualconf09/ware.htm>

# Summary of Health Effects of Clinical Conditions and Interventions

		Effect Size		
		Small (0.2 - 0.4 SD)	Medium (0.5 - 0.7 SD)	Large (>=0.8 SD)
Physical Component Score	Condition	Back pain, sciatica	Limitations in use of arm/leg	Severe congestive heart failure
		Angina	Congestive heart failure	rheumatoid arthritis
		Diabetes	Osteoarthritis	
		Past MI	Duodenal ulcer	
		Chronic lung disease		
		Irritable bowel		
		Aging one year, age 65+		
	Behavioral Intervention	<b>Exercise - diabetics</b>	<b>1 year after smoking cessation</b>	Exercise to prevent early readmissions
		<b>Cardiac rehab post- MI</b>	Integral care for major psychiatric disorders	Therapy for low back pain
		Cognitive behavioral therapy for obesity		
	Medical Intervention	Hydrotherapy for osteoarthritis	Omeprazole for GERD	
		Omeprazole for GERD	Adalimumab for ankylosing spondylitis	
		<b>Sumatriptan for migraine headaches</b>	Laparoscopic surgery for inguinal hernia	
		Pharmacotherapy for depression	<b>Fluticasone for asthma</b>	
			<b>Cetirizine for allergy</b>	
	Surgical Intervention	Peripheral endovascular revascularization	<b>Ablation of atrial fibrillation</b>	<b>CABG</b>
		<b>Surgery for prostate cancer vs. radiation therapy</b>	Surgery vs. medication in multivessel coronary disease	<b>Total hip replacement</b>
		<b>Transcervical resection for heavy menstrual loss</b>	<b>Treatment for duodenal ulcer</b>	<b>Lumbar spine surgery</b>
				Sacral nerve stimulation for fecal incontinence
				<b>Gastric bypass surgery</b>
		Heart valve replacement surgery		

Blue: Kazis et al; Red: QualityMetric; Plum: Both sources; **Bold: both PCS and MCS impact**

Functional Status in Older Adults: Intervention Strategies for Impacting Patient Outcomes, Kazis et al, 8/2011  
[http://www.hosonline.org/surveys/hos/download/Functional\\_Status\\_in\\_Older\\_Adults\\_2011.pdf](http://www.hosonline.org/surveys/hos/download/Functional_Status_in_Older_Adults_2011.pdf)

The SF-36 Health Survey: A Summary of Responsiveness to Clinical Interventions, QualityMetric Inc, 3/2000  
[http://hosonline.org/surveys/hos/download/HOS\\_SF36\\_Responsiveness\\_to\\_Clinical\\_Interventions.pdf](http://hosonline.org/surveys/hos/download/HOS_SF36_Responsiveness_to_Clinical_Interventions.pdf)

# Summary of Health Effects of Clinical Conditions and Interventions

Mental Component Score	Condition	Chronic lung disease	Asthma	Depression
		Vision impairment		Recovery from depression
		Dermatitis		
	Behavioral Intervention	<b>Cardiac rehabilitation post- MI</b>	<b>Exercise - diabetics</b>	Health education for CAD
		Occupational therapy for independent seniors	<b>1 year after smoking cessation</b>	Strength vs. flexibility program for cardiac patients
			Mindfulness-based stress reduction for chronic pain	
			Study therapy for depression	
	Medical Intervention	New antipsychotics for schizophrenia	Escitalopram for depression and alcoholism	Escitalopram for hepatitis C
		Methotrexate vs. Leflunomide for rheumatoid arthritis	Rapid MRI for low back pain	<b>Cetirizine for allergy</b>
		Salmeterol for COPD	Clonazepam for panic disorder	Continuous Positive Airway Pressure for sleep apnea
		Omeprazole for GERD		
		<b>Sumatriptan for migraine headaches</b>		
		Fluoxetine for late life depression		
		<b>Fluticasone for asthma</b>		
	Surgical Intervention	<b>Surgery for prostate cancer vs. radiation therapy</b>	<b>Total hip replacement</b>	<b>Ablation of atrial fibrillation</b>
	Heart valve replacement surgery	<b>Lumbar spine surgery</b>	CABG	
	Total hip replacement	<b>Treatment for duodenal ulcer</b>	<b>Gastric bypass surgery</b>	
			<b>Transcervical resection for heavy menstrual loss</b>	

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# Ultimate Motivation for Measuring Health and Functional Status

Kaiser Permanente's mission is to provide high-quality, affordable health care services and to **improve the health** of our members and the communities we serve.

Our Vision is...  
To be a Leader in **Total Health** by **Making Lives Better**

**Total Health** is clinical, behavioral, environmental and community strategies for equitable and affordable health

*Imagine a world where everyone is healthy.*