



Toward Better Quality Measures

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Improving Risk Adjustment in MIPS and APMs & Creating Better Quality Measures in MIPS and APMs

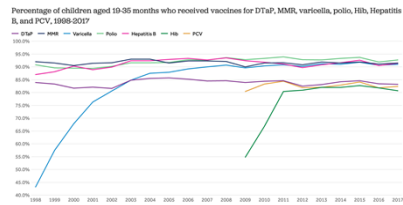
June 18, 2019

Washington, DC

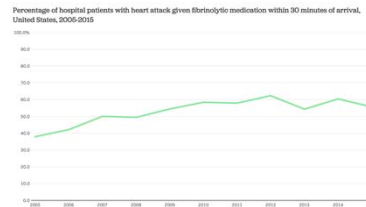
The Good News

Improvements in US health on a number quality-sensitive parameters

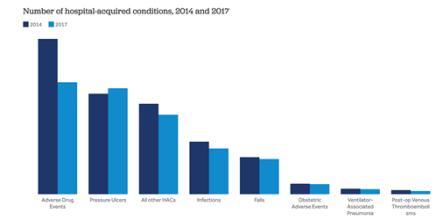
Childhood Vaccines



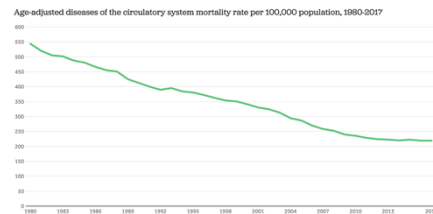
Evidence-based MI Care



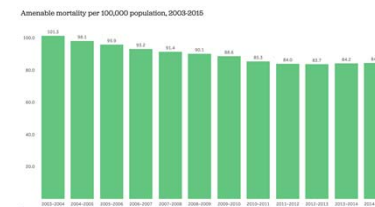
Hospital Acquired Conditions



Cardiovascular Mortality



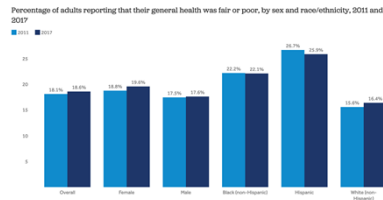
Deaths Amenable to Healthcare



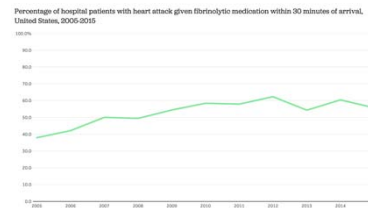
The Bad News

Overall health of population not much improved

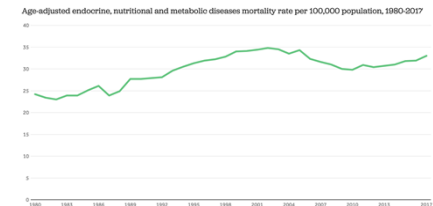
Self-reported Worse Health



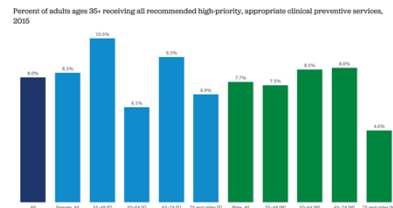
Rising Disease Burden



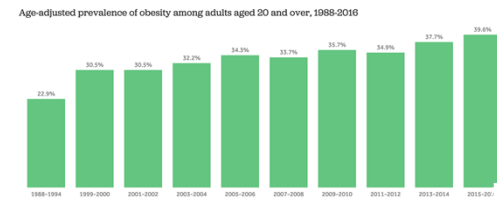
Endocrine/Metabolic/Nutritional Disease Mortality Increasing



8% of Adults Have Recommended Preventative Services



Obesity Increasing

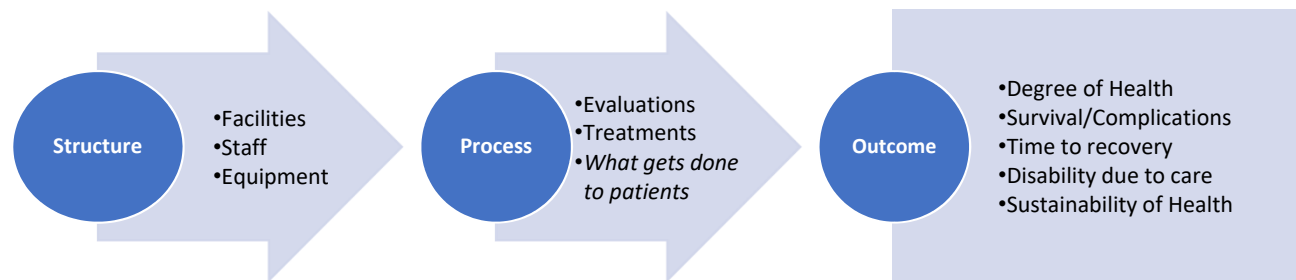


Quality First Principles: What and Why

What is quality?

“...the application of medical science and technology in such a way as to maximize health benefits without increasing health risks” ...

A Donabedian



Why do we measure it?

TO IMPROVE HEALTH

Improving Health through Quality Assessment

In order to drive health improvements, quality measures must do at least one of the following:

- ✓ Help providers improve clinical care
- ✓ Inform patients about which providers to select
... and which ones to avoid
- ✓ Identify structural barriers that can be addressed by policymakers.

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THIS REQUIRES MEASURES TO BE

Important

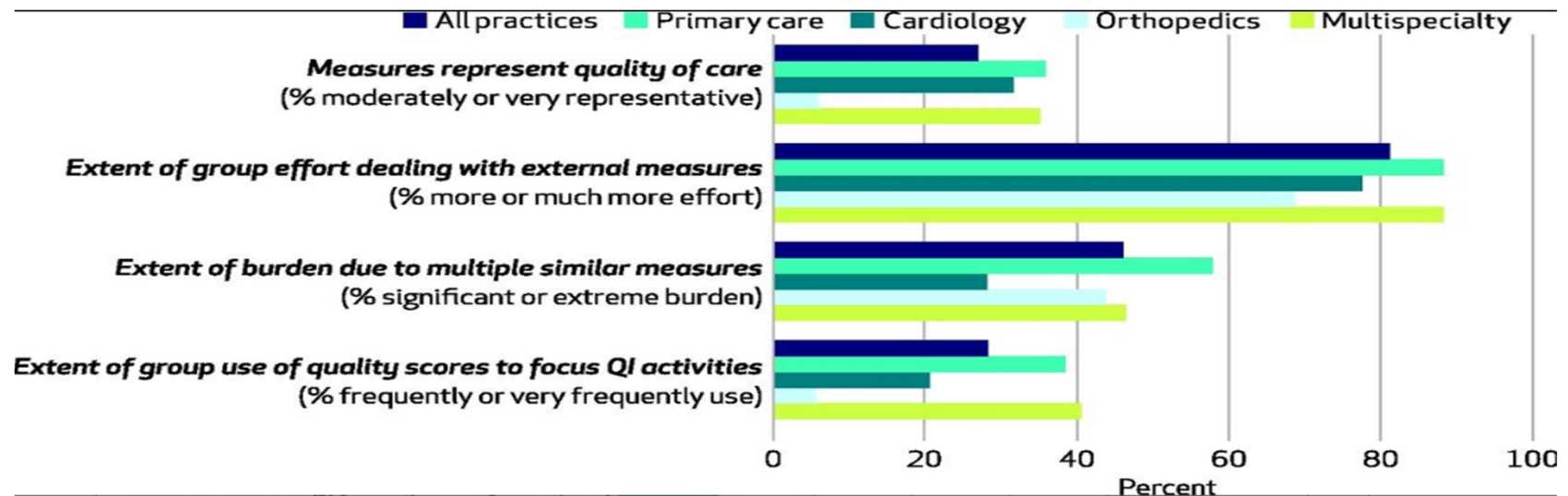
Valid

Actionable

Aligned with payment models

Challenges with Current Performance Measures

Not trusted or useful to most physicians



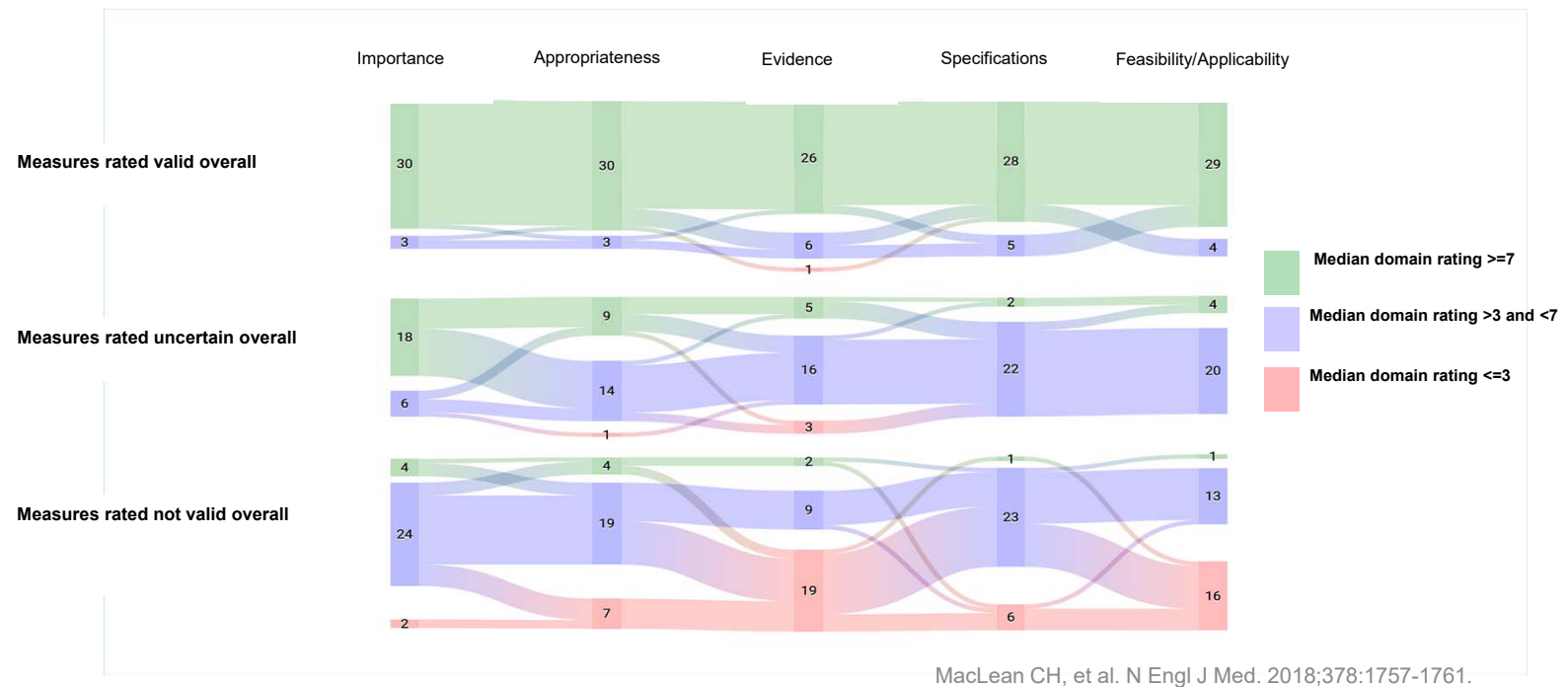
Expensive

\$40,069 per physician per year or a combined total of \$15.4 billion annually

Challenges with Current Performance Measures

Mixed Validity

Among 87 MIPS measures relevant to ambulatory internal medicine
 33 (38%) valid; 24 (28%) of uncertain validity; 30 (34%) not valid



Challenges with Current Performance Measures

Units of Analysis and Attribution

Who contributes? Who controls?

	Physician	Hospital	Network	System
Beta-Blocker Therapy for LVSD	<input type="checkbox"/>			<input type="checkbox"/>
Surgical Site Infections	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Medicare Spending per Beneficiary Procedure	<input type="checkbox"/>	<input type="checkbox"/>		
Medicare Spending per Beneficiary Global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Challenges with Current Performance Measures

Payment Promotes Measurement on Relative Scales

Hospital VBP Program: funded by reducing hospitals' base operating MS-DRG payments by 2.0 percent. Any leftover funds are redistributed to hospitals based on their Total Performance Score (TPS).

Merit-Based Incentive Payment System (MIPS): Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) mandates budget neutrality in MIPS.

Measurement and reporting on relative scales

- Obscures actual quality
- Promotes gaming
- Stifles collaboration

AT ODDS WITH GOAL TO IMPROVE HEALTH FOR ALL

BREAKING NEWS

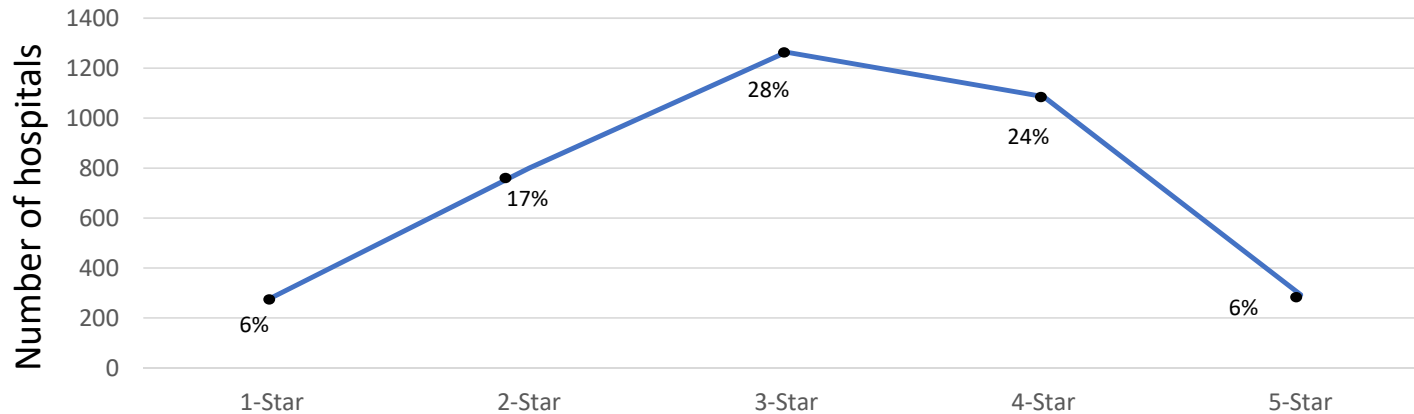
Not Enough 5-Star Hospitals to Treat All Americans

Researchers say that only 6% of hospitals are 5-star; 30% at least 4-Star.

Performance Distributions on CMS Hospital Measures

Medicare.gov | Hospital Compare

☆☆☆☆☆ Overall rating



Serious complications

(From PSI ⓘ)

Out of 3327 hospitals in the United States →

91 hospitals were better than national value

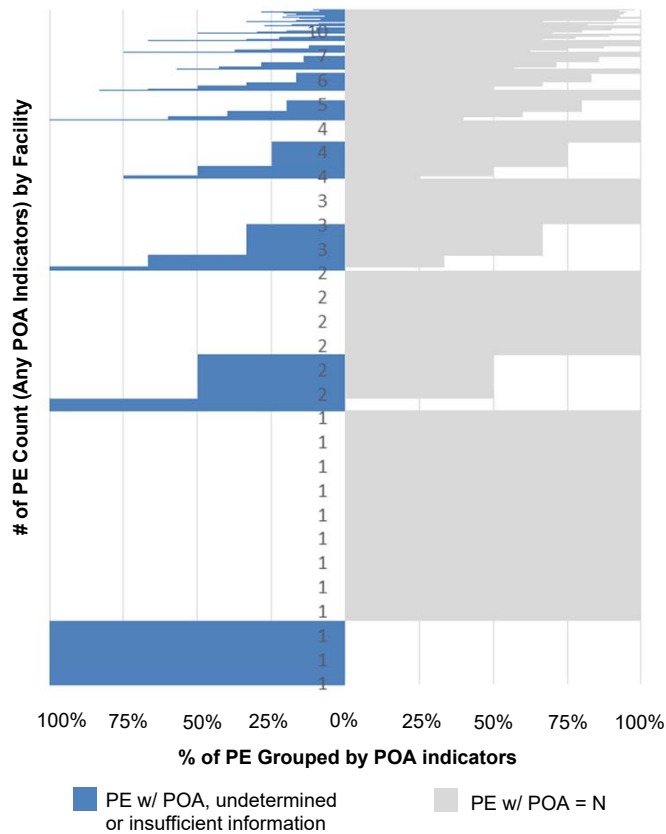
3049 hospitals were no different than national value

187 hospitals were worse than national value

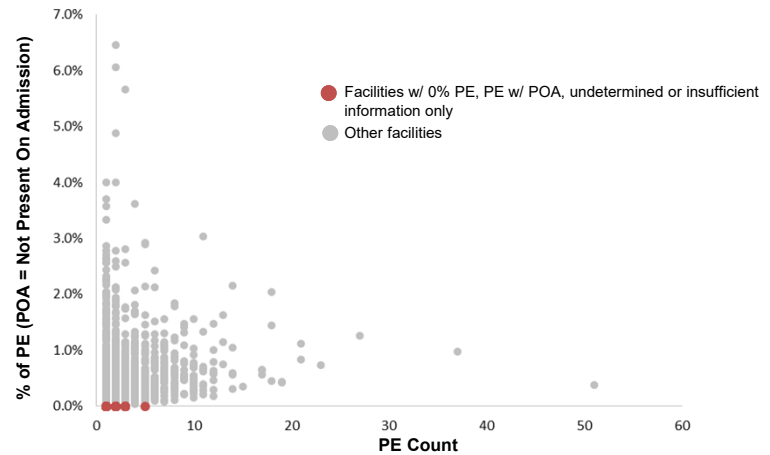
Background for next slide

- Pulmonary Embolism (PE) is a serious and sometimes deadly medical event.
- Certain medical conditions and procedures increase the risk of PEs.
- There are effective treatments to prevent PEs in at-risk patients.
- People with PEs are generally symptomatic.

Present On Admission Coding for Pulmonary Embolism: Malpractice, Fraud or Bad Measures?



- Data Source: Medicare LDS CY 2014-2016
- Procedure Type: TKA, THA, hip resurfacing
- 1,789 facilities were evaluated
- Facility PE rates range from 0% to 6.5%, median rate is 0.3%, 10th %tile is 0%, 90th %tile is 0.1%
- 12% hospitals assigned POA = yes, clinically undetermined or insufficient information to determine and therefore had 0% PE complication rate for all PEs (265 PE events in total, avg. 3 year volume 460)



Considerations for Better Quality Measurement

Measure stuff that describes or will improve the health of individuals or populations.

Cascading measures for all levels/providers in the health system.

Publicly report performance at level of control.

Describe performance in absolute terms and ways that are understandable and actionable.