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Malcolm Baldrige National Quality Award 2006 Award Recipient

ACO Congress
Conference Pre Session
Clinical Performance Measurement

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Agenda for Presentation

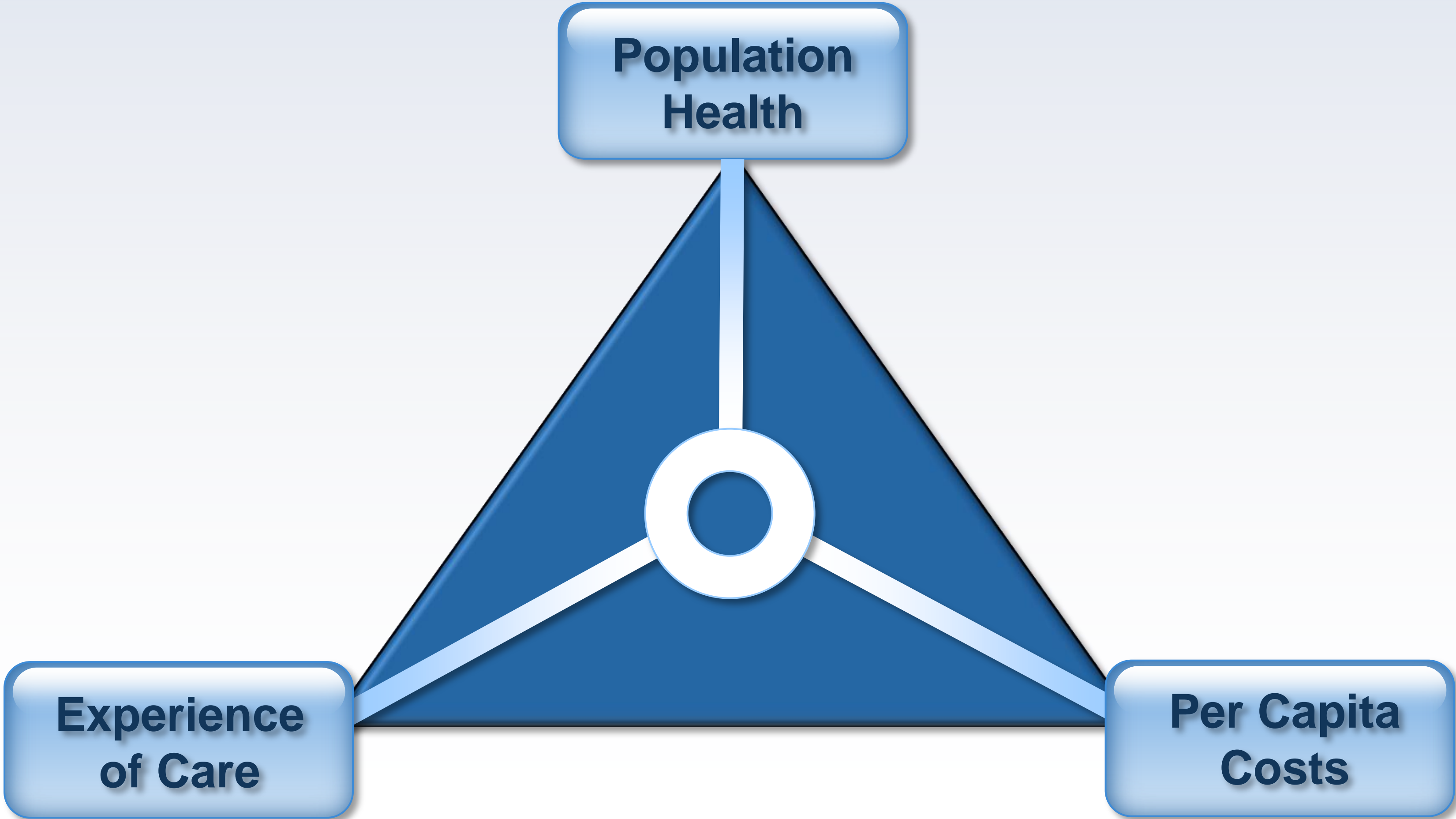
1. The Framework for Measurement
   - ❑ IHI Triple Aim™
   - ❑ Measuring the health of a population – some options

2. Clinical Performance Measurement
   - ❑ A proxy for measuring a population's health
   - ❑ Measurement considerations – nothing is easy

3. Premier Healthcare Alliance
   - ❑ Premier's ACO Collaborative
   - ❑ Premier's ACO Collaborative measurement strategy

The Measurement Framework

Definition of Success:
Improving Triple Aim™ Population Outcomes



The term Triple Aim is a trademark of the Institute for Healthcare Improvement

IHI Triple Aim Prototyping Sites

Working to improve the health of populations, as evaluated through a variety of measures. Some examples:

- Health Risk
- Functional Status
- Cancer Screening
- Chronic Disease Management
- Emergency Room Utilization

And isn't it about affecting the social determinants of health?

Source: http://www.ihi.org/IHI/Programs/StrategicInitiatives/TripleAim.htm?TabId=0 (accessed 10/12/2010)

A Sample Alternative:
Gallup-Healthways Well-Being Index

Six domains of the survey instrument

- Life Evaluation
- Emotional Health
- Physical Health
- Healthy Behavior
- Work Environment
- Basic Access

… a clear tie to the social determinants of health

Source: http://www.well-beingindex.com/ (accessed 4/25/2010)

The Reality of Measurement Today

We'll need to accept the fact that we will not be able to truly measure the impact that ACOs have on the health of a population at the get go – we are really focused on clinical performance to start

Clinical Performance Measurement

A Composite of Clinical Performance Measures (a potential model)

- Preventing Disease
  (e.g. BMI, smoking status)
- Screening for Disease
  (e.g. colorectal cancer screening)
- Managing Disease
  (e.g. comprehensive diabetes management)
- Appropriateness of Utilization
  (e.g. AHRQ's Ambulatory Sensitive Conditions)

Considerations for Clinical Performance Measurement

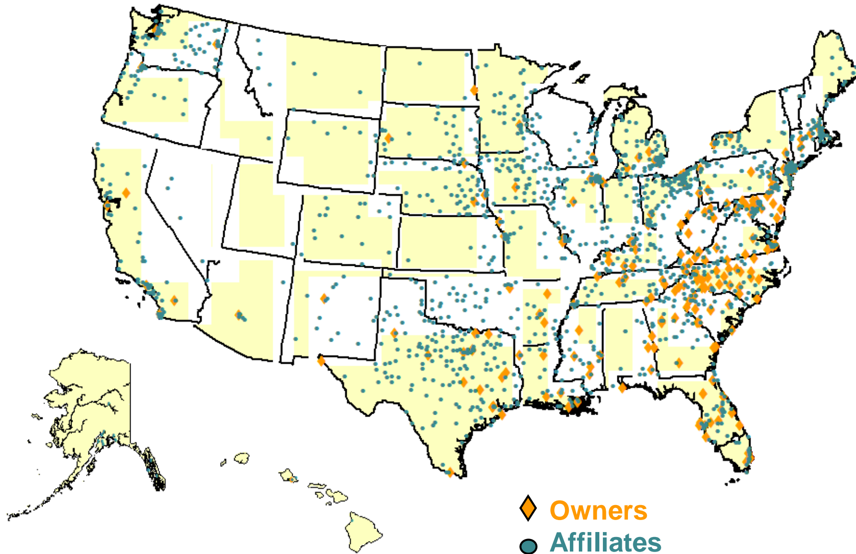
- It's really about provider performance measurement
- Contemplate composite methodology early on
- Use of nationally recognized standardized measures
- Strive for benchmarking opportunities across providers
- Measure across the continuum of care and services
- Include measures that address all population segments
- Avoid measures with small available populations
- Consider patient attribution rules including assignment of patients to PCPs and/or specialists for defined periods
- Consider availability of data – claims / Rx data? EHR data?
- Consider use of surveys (e.g. Medicare Health Outcomes)

Considerations for Clinical Performance Measurement (cont.)

- Use of episode groupers for efficiency measurement
- Risk adjustment for measures sensitive to selection bias
- Phases of measure development for realistic evolution
- Engagement of providers in measurement development
- Ability to evaluate at the health system to practice site level
- Actionable measures that are meaningful to providers
- Build on experience like CMS' Physician Group Practice demo
- Encourage the joint development of ACO Measures
  - *Avoid competing and confusing interests around measurement*
  - *Leverage existing ACO collaborative and demonstrations*
  - *Forge some common agreement among public and private payors*

Premier Healthcare Alliance

The Premier performance improvement alliance



- Over 2,400 hospitals, 70,000 non-acute sites
- Using the power of collaboration to improve the health of communities
- Nation's largest clinical/operational/supply chain comparative databases
- 2009 member validated savings of $1 billion
- Safety, Diversity and Environmentally Preferred Purchasing programs
- $36 billion in annual group purchasing volume
- Recipient of Malcolm Baldrige National Quality Award
- Three time recipient of Ethisphere's Most Ethical Companies award.

Cost Reduction
Group Purchasing & Supply Chain Improvement, Labor Management

Quality Improvement
Quality Measurement & Benchmarking, Safety Surveillance

Risk Mitigation
Liability, Benefits & Risk Management

Advocacy
Shaping policy and advocating for members

Execution Engine
Comprehensive, accelerated approach to improving financial, operational and clinical performance.

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ACO Collaborative is a Natural Extension

ACO: Population Total Value

Systematic Improvement (Inpatient Value)

Process Improvement (Inpatient Focus)

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Transforming Healthcare Together

Collaborative Mission and Goals

- **Collaborative mission**: Assist members in evaluating and building ACO capabilities to position them to become leaders in transforming healthcare to reward value, rather than volume.
- **Collaborative goals**:
  - ***Facilitate and support*** the assessment and development of ACO capabilities in member organizations consistent with their current strategies
  - ***Position*** collaborative members to complete the build-out of ACO capabilities when they make decision to enter into ACO contracts
  - ***Lower the investment*** for members building ACO capabilities
  - ***Educate*** members on key ACO issues and strategies
  - ***Create a community*** of member organizations that can learn together and access tools created in the Implementation Collaborative

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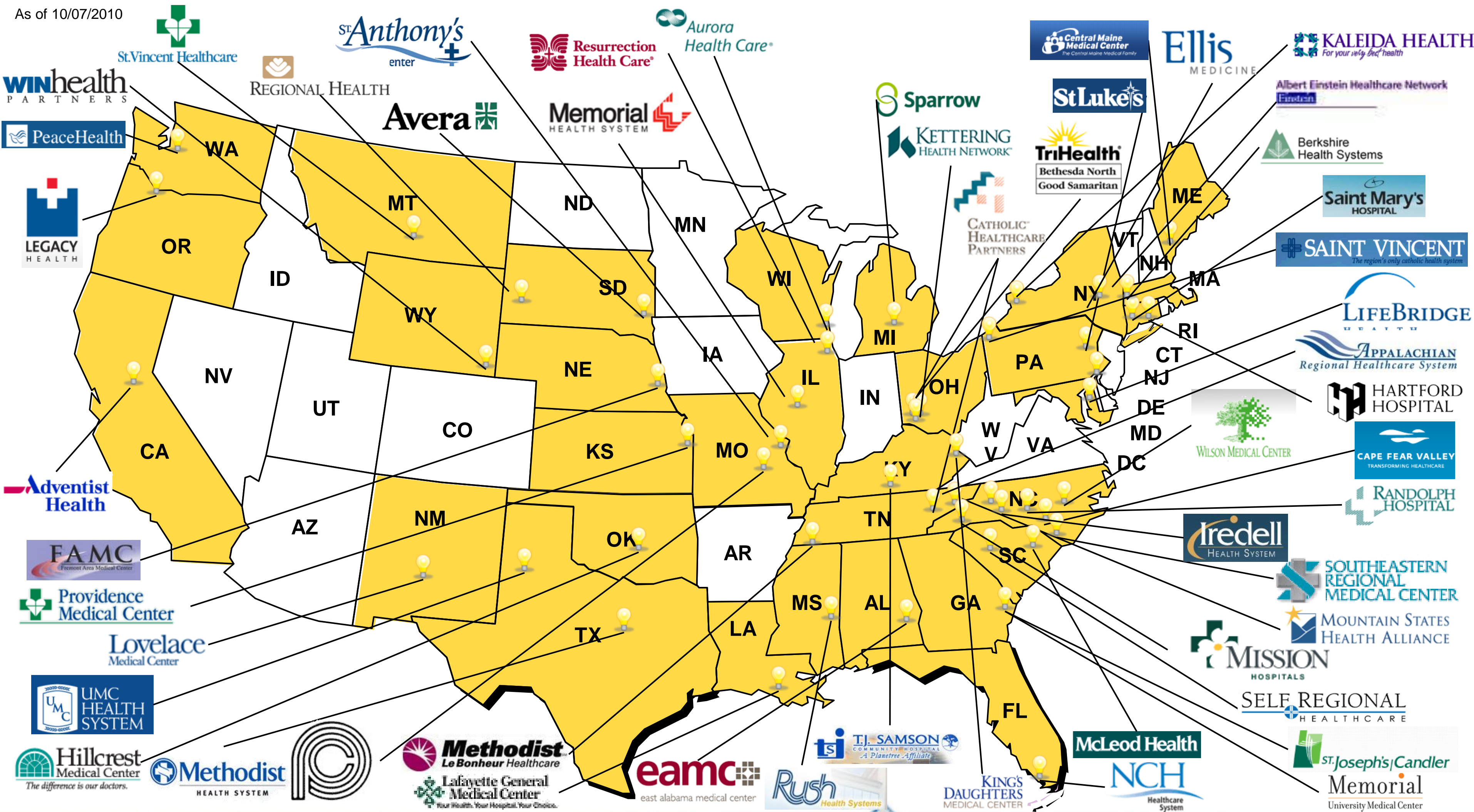
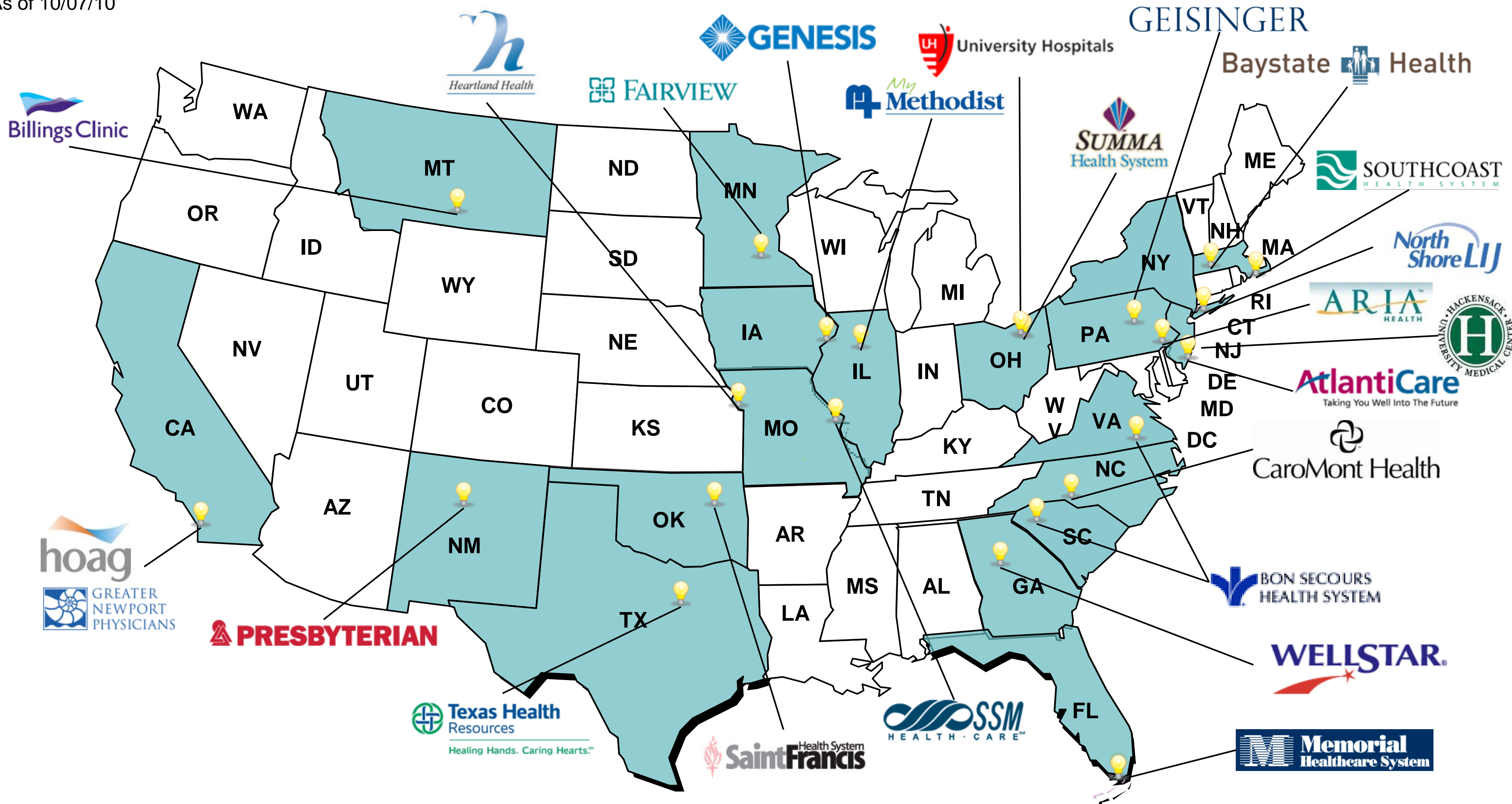
ACO Readiness Collaborative Members



ACO Implementation Collaborative Members

As of 10/07/10



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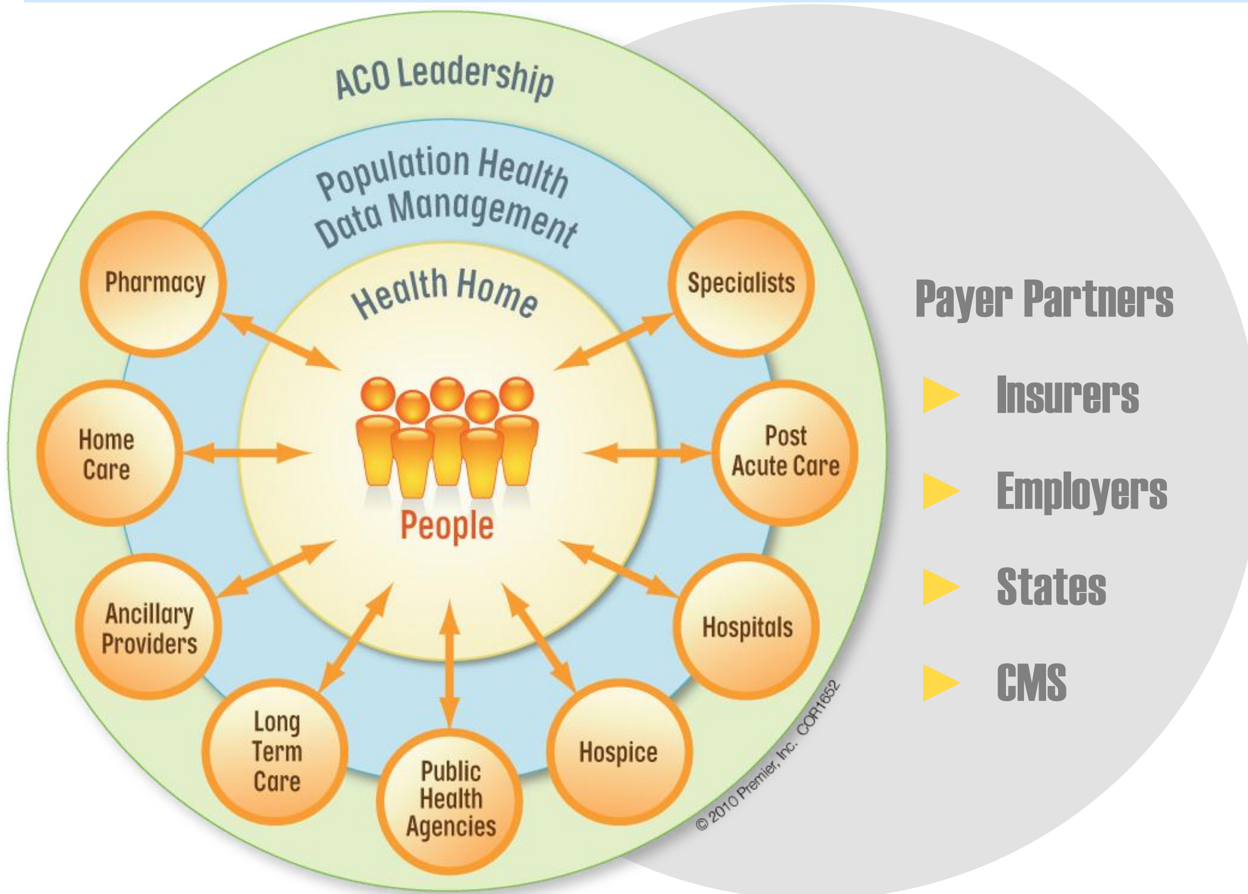
The ACO Model

A group of providers willing and capable of accepting accountability for the total cost and quality of care for a defined population.



Core Components:
- People Centered Foundation
- Health Home
- High-Value Network
- Population Health Data Mgmt.
- ACO Leadership
- Payor Partnerships

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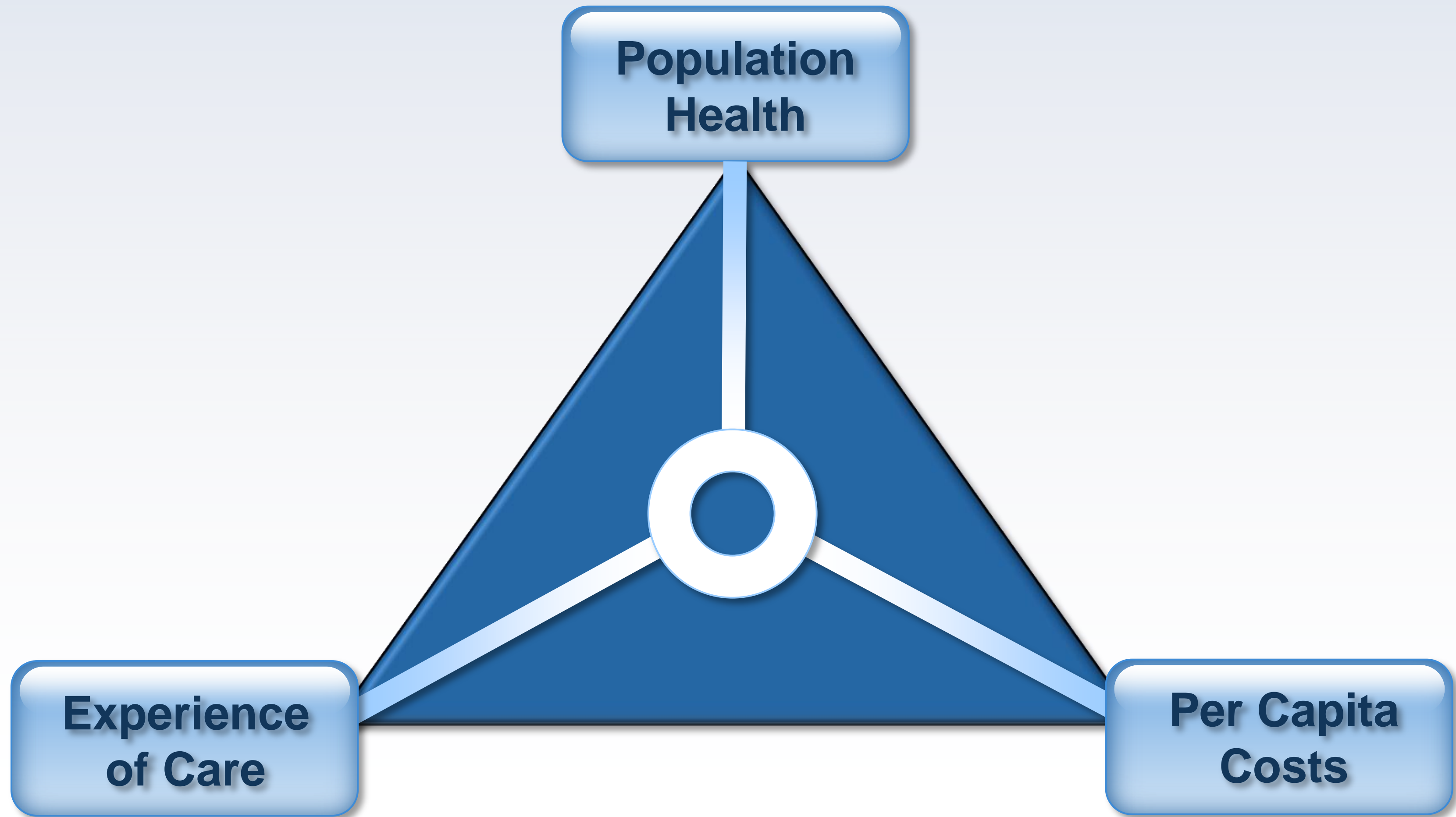

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Measurement: Guiding Principles

- Multi-phased approach
  - Phase 1: Initial list of measures are "starters" – they will/must evolve over time
  - Phase 2 and beyond:
    - Incorporate new and relevant measures as they are defined
    - Eye toward alignment/collaboration with work of other leading organizations (e.g., IHI, Brookings Institute, Dartmouth, NCQA, etc.)
- Iterative process; begin with data sources available and build
- Seek measures that illuminate early wins
- Align with the Triple Aim framework
- Leverage existing measures and standards where appropriate, including QUEST measures, HEDIS, NQF, etc.
- Pragmatic - Do not allow the perfect to be the enemy of the good

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Premier Recommends a Four-Phase Process for CMS:

I. Out of necessity, to begin the ACO program by 2012, CMS will have to first rely on existing measures that have **standard definitions** and are in common use. These measures will largely rely on claims data, but will include other sources such as surveys of patients' experience of care.

II. CMS should then add measures that rely on **"clinically enhanced"** data, such as the inclusion of laboratory and pharmaceutical information.

III. Next, CMS should directly accept data from electronic health record systems that enables measurement at the **patient level** across the continuum.

IV. Finally, true outcomes-based measures of **population health**, such as smoking and obesity rates in a community, should be integrated into the system.

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The Proposed Phase I Measures

Premier ACO Collaborative - Phase 1 Measure Set - FINAL DRAFT 9/27/2010

AIM	Sub Aim	Final Metric #	Metric Description	Definition Source	Data Source
Triple Aim One: Health of Population	Primary and Secondary Prevention - Preventing Disease and Disease Progression	f1	HEDIS: Colorectal Screening, adults 50 - 75	NCQA	Claims and Ambulatory (optional)
		f2	HEDIS: Breast Cancer Screening, females 40 - 69	NCQA	Claims
		f3	HEDIS: Flu Shot for Older Adults, adults 65+	NCQA	CAHPS Survey (Medicare)
		f4	HEDIS: Pneumonia Vaccination Status for Older Adults, adults 65+	NCQA	CAHPS Survey (Medicare)
		f5	HEDIS: Comprehensive Diabetes Care – HbA1c control (<8%), 18-75	NCQA	Claims and Ambulatory (optional)
	Tertiary Prevention - Preventing Disease Related Complica-tions	f6	QUEST: Prevention of Harm (composite)	Premier	Discharge Abstract
		f7	QUEST: Risk Adjusted mortality / 1000	Premier	Discharge Abstract
		f8	QUEST: Composite Score of Evidence Based Care for Hospitalized Cases	Premier	Premier
Triple Aim Two: Experience of Care	Satisfaction	f9	HEDIS: Global Rating of All Health Care	NCQA	CAHPS Survey
		f10	HEDIS: Global Rating of Personal Doctor	NCQA	CAHPS Survey
		f11	HEDIS: Global Rating of Specialist Seen Most Often	NCQA	CAHPS Survey
		f12	HEDIS: Composites Score of Getting Needed Care	NCQA	CAHPS Survey
		f13	HEDIS: Composite Score of Shared Decision Making	NCQA	CAHPS Survey
Triple Aim Three: Cost per Capita and Services Delivered	Cost PMPM	f14	Total Cost PMPM (e.g. medical and Rx)	TBD	Medical Claims Rx Claims (when appropriate) Eligibility
		f15	Total Cost PMPM Trend	TBD	Source of data is via f18 source
	Utilization	f16	Admits per 1000 members / year (possibly w/case-mix)	TBD	Claims and Discharge Abstract
		f17	30 day readmit (all cause) rate	TBD	Claims
		f18	ED Visits/1000	TBD	Claims
		f19	Hospital Admissions for Ambulatory Sensitive Conditions (likely w/ case-mix)	AHRQ	Claims and Discharge Abstract

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Phase 1: Triple Aim – Health of Population

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		f2	HEDIS: Breast Cancer Screening, females 40 - 69	NCQA	Claims
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		f4	HEDIS: Pneumonia Vaccination Status for Older Adults, adults 65+	NCQA	CAHPS Survey (Medicare)
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	Tertiary Prevention - Preventing Disease Related Complications	f6	QUEST: Prevention of Harm (composite)	Premier	Discharge Abstract
		f7	QUEST: Risk Adjusted mortality / 1000	Premier	Discharge Abstract
		f8	Evidence Based Care for Hospitalized Cases	Premier	Premier

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Measurement: Assumptions

- We will have adequate claims data from Payer Partners to capture the claims based metrics
- We, or payer partners, will perform a sufficient number of CAHPS Surveys for each ACO
- Potential for some self-reported measures which may help start ACO's on data collection activities – probably useful given that CMS may expect that by 2012
- Current focus is predominantly the Medicare and adult commercial populations; need to consider adding measures for pediatric commercial and Medicaid populations
- Phase 2 Measures Accelerated Solutions Design event to occur as soon as possible, including external stakeholders

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Major Insights To Date

- **Major Insights**
  - Measures that matter
  - Measures are part (need to be part) of the care process
  - Measures need to reflect care across the continuum (e.g., transitions, ambulatory)
  - Recognize the need and commit to change (ACO is a new world)
  - Alignment with the vision (create a movement) with other ACO groups
  - Significant resources needed (people, IT, dollars)

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QUESTIONS?

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