DISCERN HEALTH

Quality Measure Gaps in Today's Accountable Care Programs

Tom Valuck, MD, JD

March 3, 2015

Discern Health
1120 North Charles Street
Suite 200
Baltimore, MD 21201
(410) 542-4470
www.discernhealth.com

Accountable Care Measures for
High-Cost Specialty Care and Innovative Treatment

You Get What You Pay For:
Improving Measures for Accountable Care

Highlights

- Gaps in accountable care measure sets cannot be completely addressed with more of the same measure types and measurement strategies currently in use

- Strategies for efficiently filling measure gaps include increased use of outcome, cross-cutting, and patient-reported measures, and new measurement approaches including layered and modular models

Background

- Quality measurement, tied to financial incentives, is one of many approaches accountable care systems are using to promote improvement

- Accountable care incentives are geared toward controlling costs

- Focus of measure sets is typically limited to the clinical conditions of a few at-risk populations

- Measurement influences priorities and care delivery to the potential detriment of patients with conditions outside the scope of measure sets

- Measure sets need breadth, depth, and new approaches to promote appropriate care across the relevant population

Project Purpose

- Examine gaps in accountable care measure sets and available measures for certain conditions

- Priority focus was gaps for high-priority conditions; that is, conditions that are prevalent and costly

- Understand the implications of the measure gaps to inform recommendations for improving accountable care measurement

Project Limitations and Clarifications

- Quality measurement is one of many tools to promote improvement

- Lack of measurement does not imply providers will not deliver high quality care

- Focus is accountable care generally, not only ACOs

- "Inappropriate care" includes both overuse and underuse of services

- Project scope includes policy-level solutions and recommendations, but not specific measures for specific conditions or topics

- Project solutions and recommendations are not meant to suggest that all processes of care for every condition should be measured
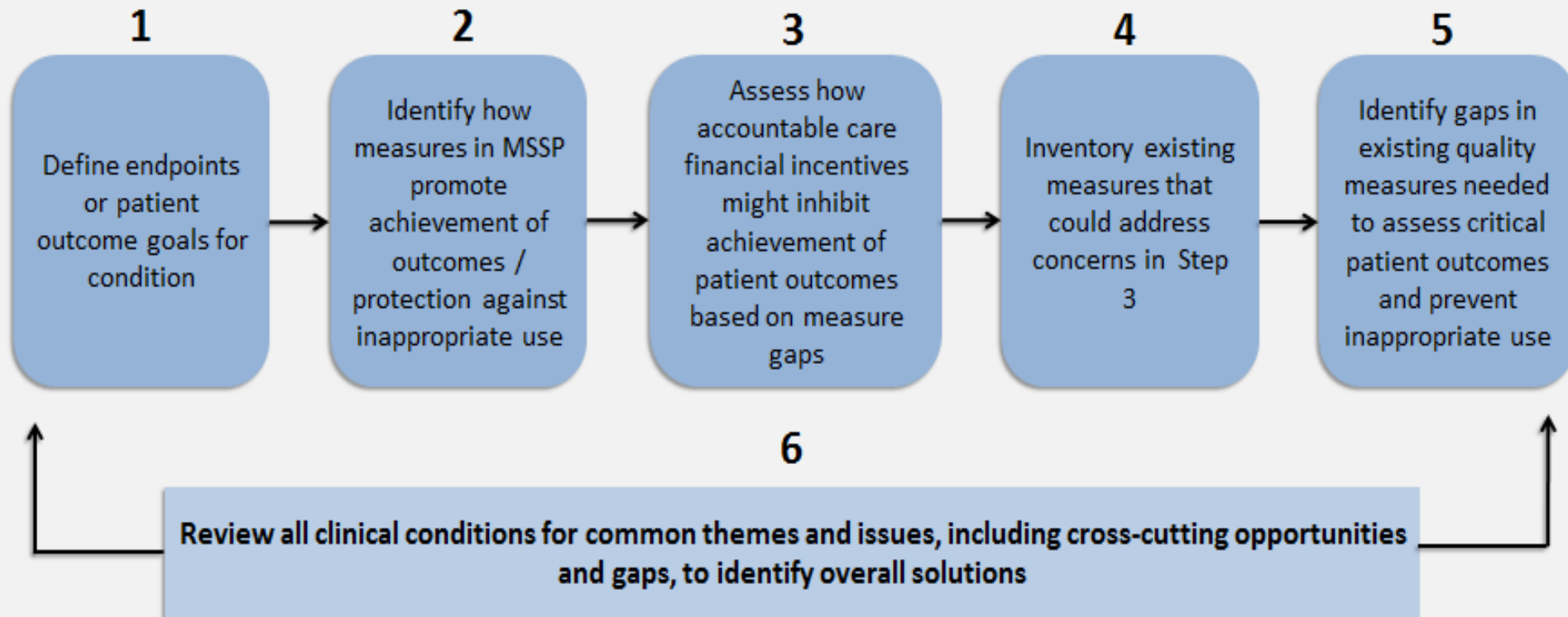
Condition Selection

- Primary criteria
  - Prevalence
  - Cost
    - Overall
    - Specialty pharmaceutical
    - Imaging
    - Surgical procedures
    - Hospitalization
- Secondary criteria
  - Mix of acute and chronic
  - Applicability to all populations
  - No duplication

Selected Conditions
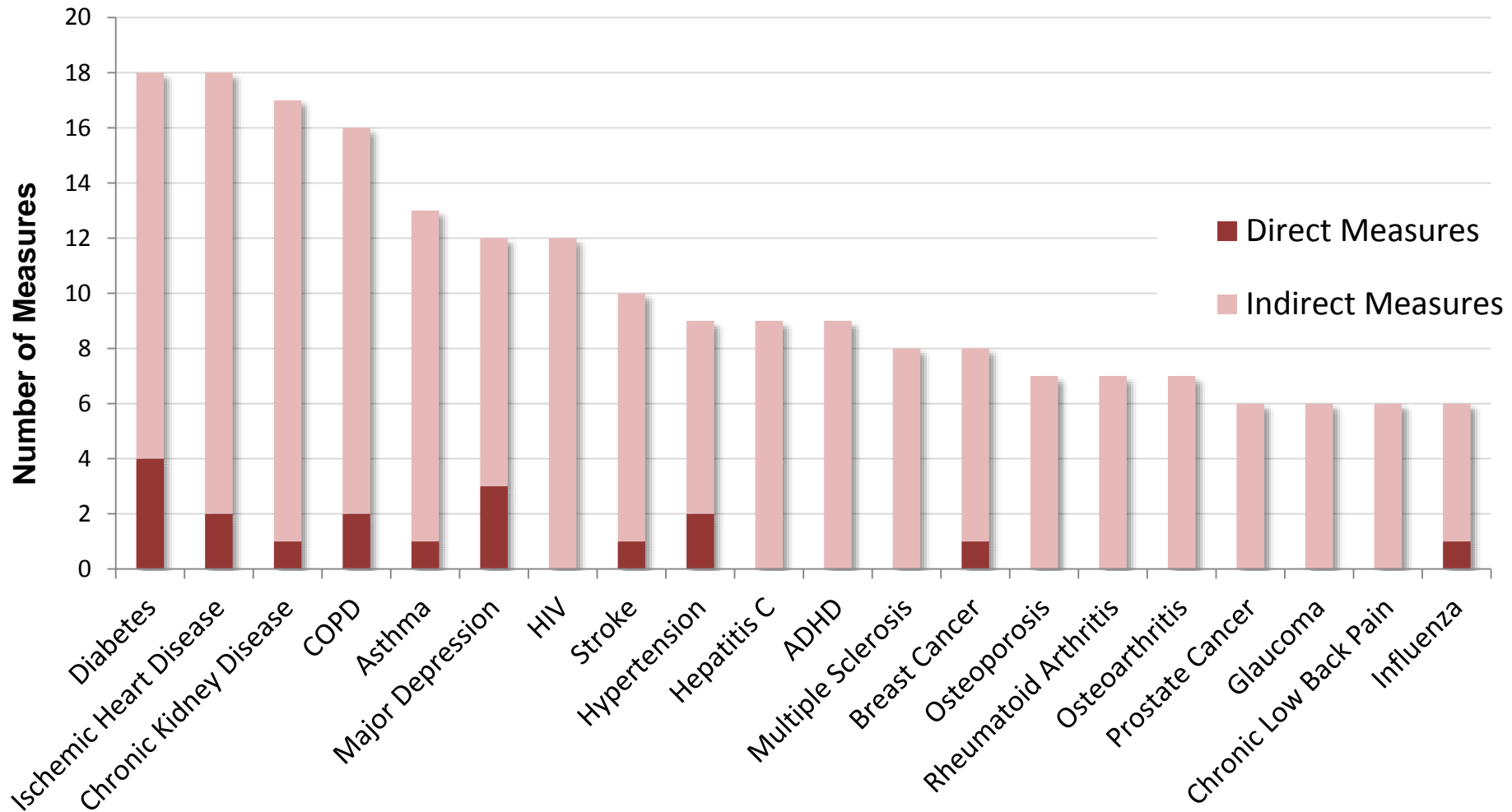
- Asthma
- ADHD
- Breast Cancer
- Chronic Back Pain
- Chronic Kidney Disease
- COPD
- Diabetes
- Glaucoma
- Hepatitis C
- HIV

- Hypertension
- Influenza
- Ischemic Heart Disease
- Major Depression
- Multiple Sclerosis
- Osteoarthritis
- Osteoporosis
- Prostate Cancer
- Rheumatoid Arthritis
- Stroke

Logic Model

Application of Logic Model

| 1	2	3	4	5
Define endpoints or patient outcome goals for condition	Identify how measures in MSSP promote achievement of outcomes / protection against inappropriate use	Assess how accountable care financial incentives might inhibit achievement of patient outcomes based on measure gaps	Inventory existing measures that could address concerns in Step 3	Identify gaps in existing quality measures needed to assess critical patient outcomes and prevent inappropriate use

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Review all clinical conditions for common themes and issues, including cross-cutting opportunities and gaps, to identify overall solutions
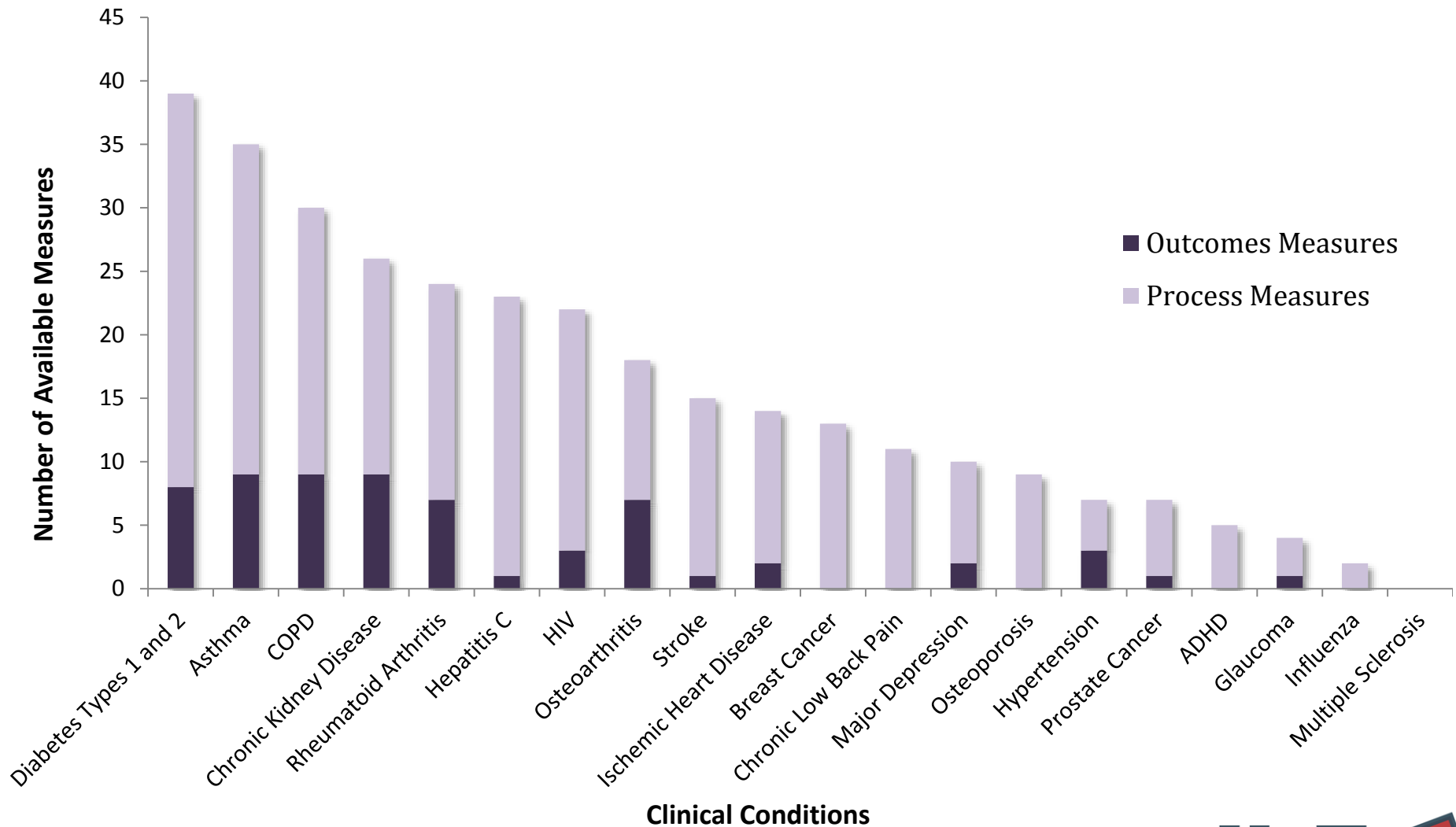
MSSP Direct and Indirect Measures for Selected Conditions

NCQA Direct and Indirect Measures for Selected Conditions
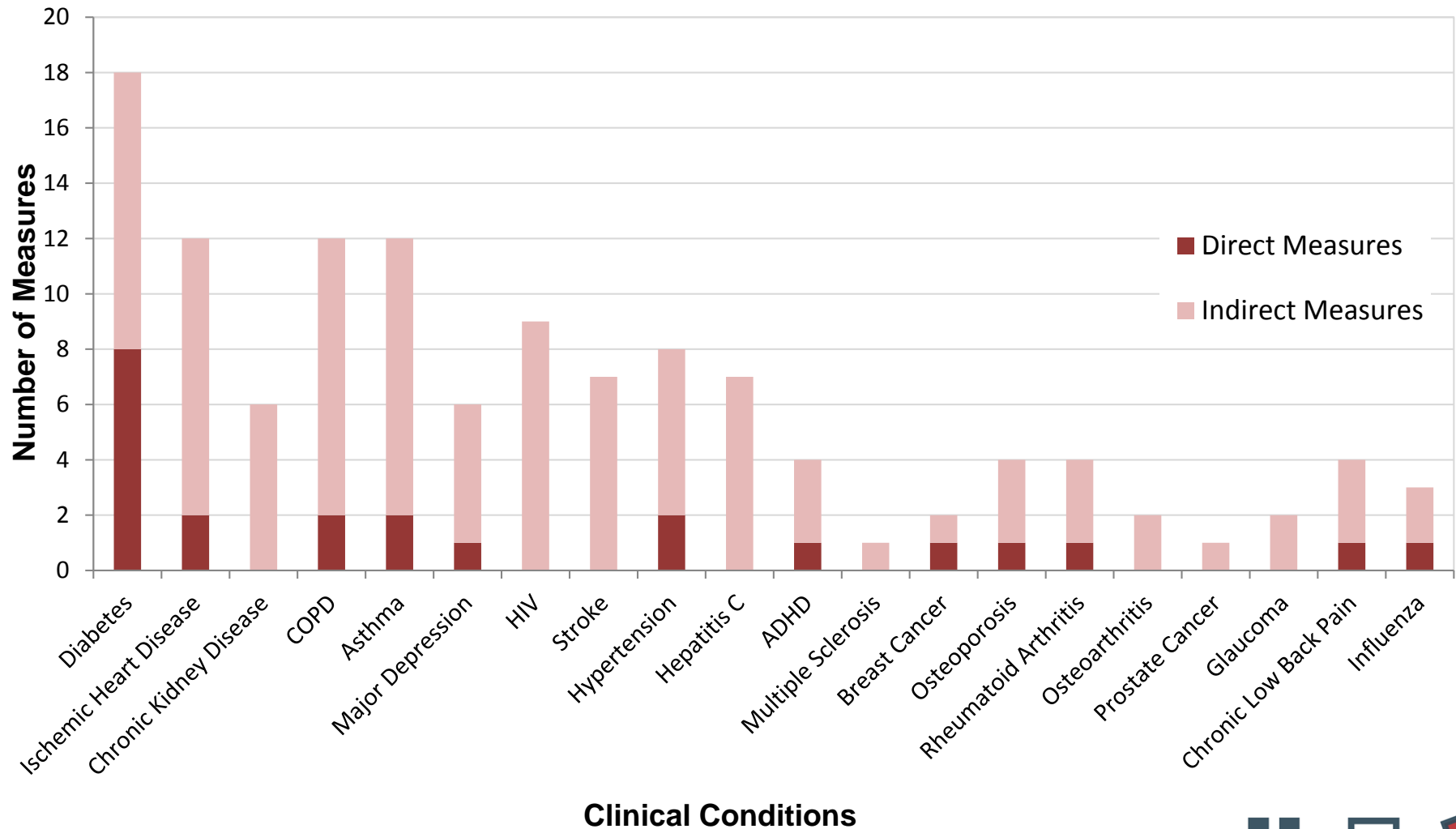
Direct Available Measures to Fill Gaps, Including Outcome Measures

Roundtable-Identified Priority Measure Gaps

Outcome Measures

- Mortality, complications, functional status, readmissions

Cross-Cutting Measures

- Medication adherence, avoidance of polypharmacy, patient safety, care coordination

Measures of Patient Centeredness

- Shared decision making, shared care plan documentation/adherence, experience of care, patient-reported outcomes

Appropriateness Measures

- Overuse measures (low back pain, antibiotic use)

Cost of Care Measures

- Total cost of care, episode of care, out-of-pocket costs

Composite Measures

- e.g., Optimal Diabetes Care

Recommendations

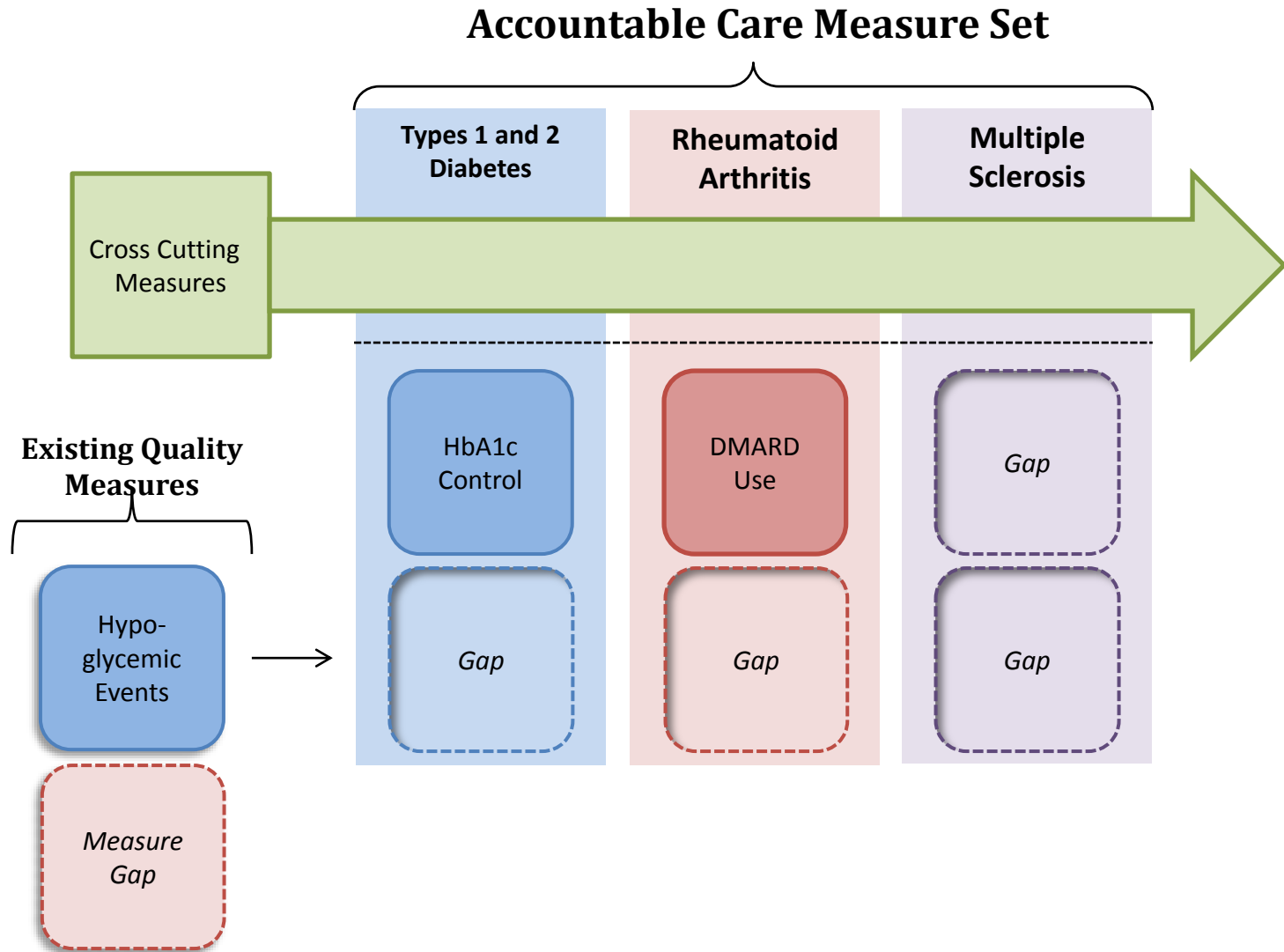|	
1. Identify and Prioritize Measure Gaps	Most prevalent and costly conditions, unmeasured aspects of care, use of early indicators.
2. Use Alternative Measurement Approaches	Use of alternative models: layering and modular approaches
3. Use the Most Meaningful Measure Types	Maximization of preferred measure types: outcomes, cross-cutting, patient-reported
4. Address Barriers to Measurement	New or optimized data sources, logistical, analytical, systemic challenges
5. Assess Opportunities to Continuously Improve	Feedback, input from patients, measure set review process

Select Available Measures to Fill Gaps

Accountable Care Measure Set

Types 1 and 2 Diabetes	Rheumatoid Arthritis	Multiple Sclerosis

Cross Cutting Measures

Existing Quality Measures

Hypo-glycemic Events

Measure Gap

HbA1c Control — *Gap*

DMARD Use — *Gap*

Gap — *Gap*

Develop Measures to Fill Gaps

Accountable Care Measure Set

Types 1 and 2 Diabetes

Rheumatoid Arthritis

Multiple Sclerosis

Cross Cutting Measures

Existing Quality Measures

Hypo-glycemic Events

Measure Gap

HbA1c Control

Gap

DMARD Use

Gap

Gap

Gap

Developed Quality Measures

Functional Status Change
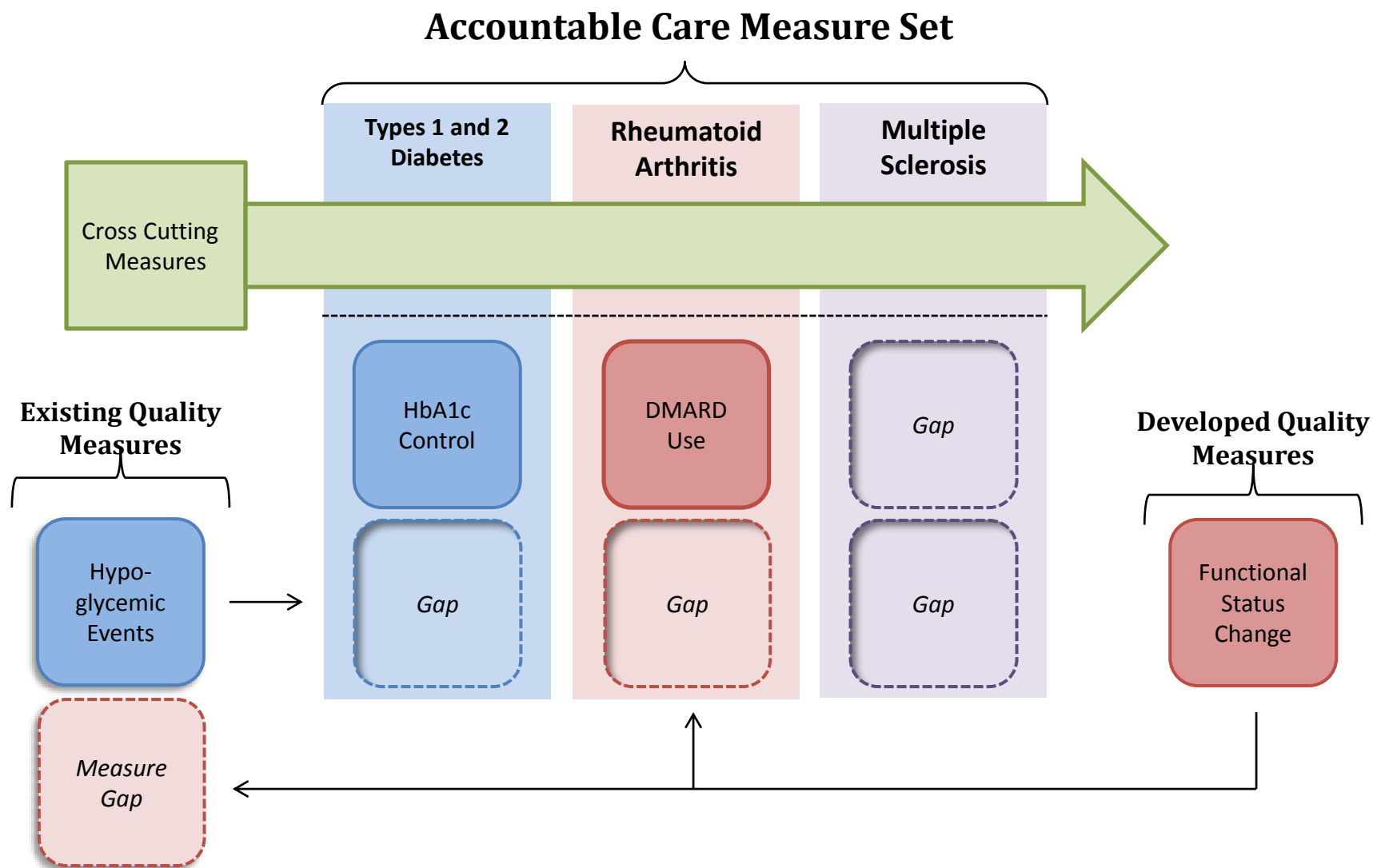
Use Cross-Cutting Measures

Accountable Care Measure Set

Types 1 and 2 Diabetes	Rheumatoid Arthritis	Multiple Sclerosis
HbA1c Control	DMARD Use	*Gap*

← **Condition-Specific Measures**

Cross Cutting Gap

Cross-Cutting Measure Gap

Timely Care

Access to Specialists
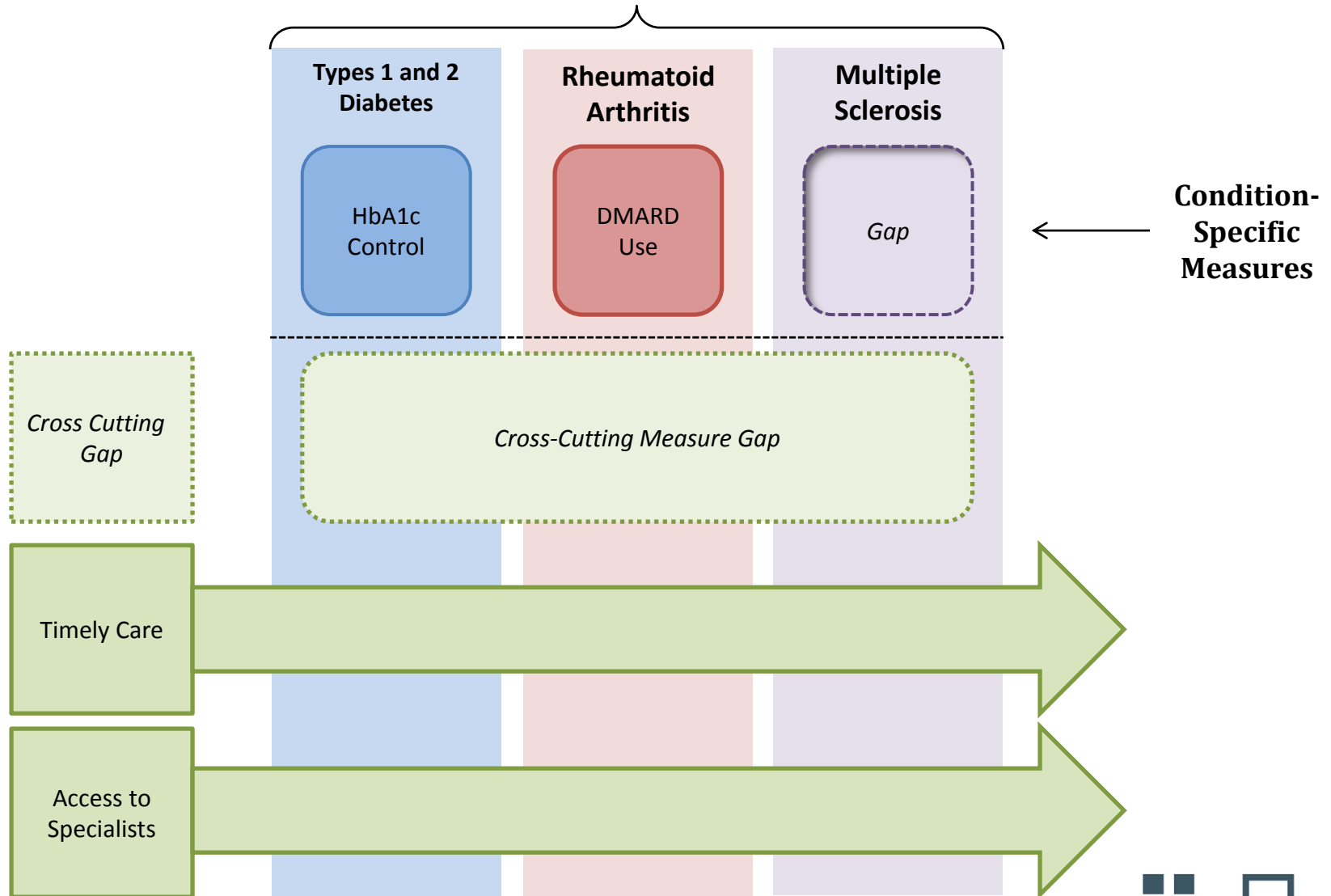
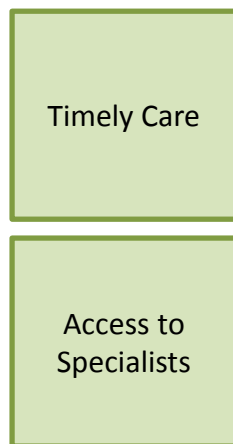**Existing or Developed Cross-Cutting Measure**

Accountable Care Measure Set

Medication Adherence

Types 1 and 2 Diabetes	Rheumatoid Arthritis	Multiple Sclerosis
HbA1c Control	DMARD Use	*Gap*

Condition-Specific Measures

Cross Cutting Gap

Cross-Cutting Measure Gap

Timely Care
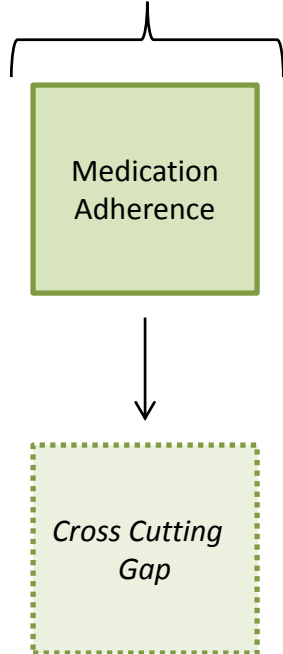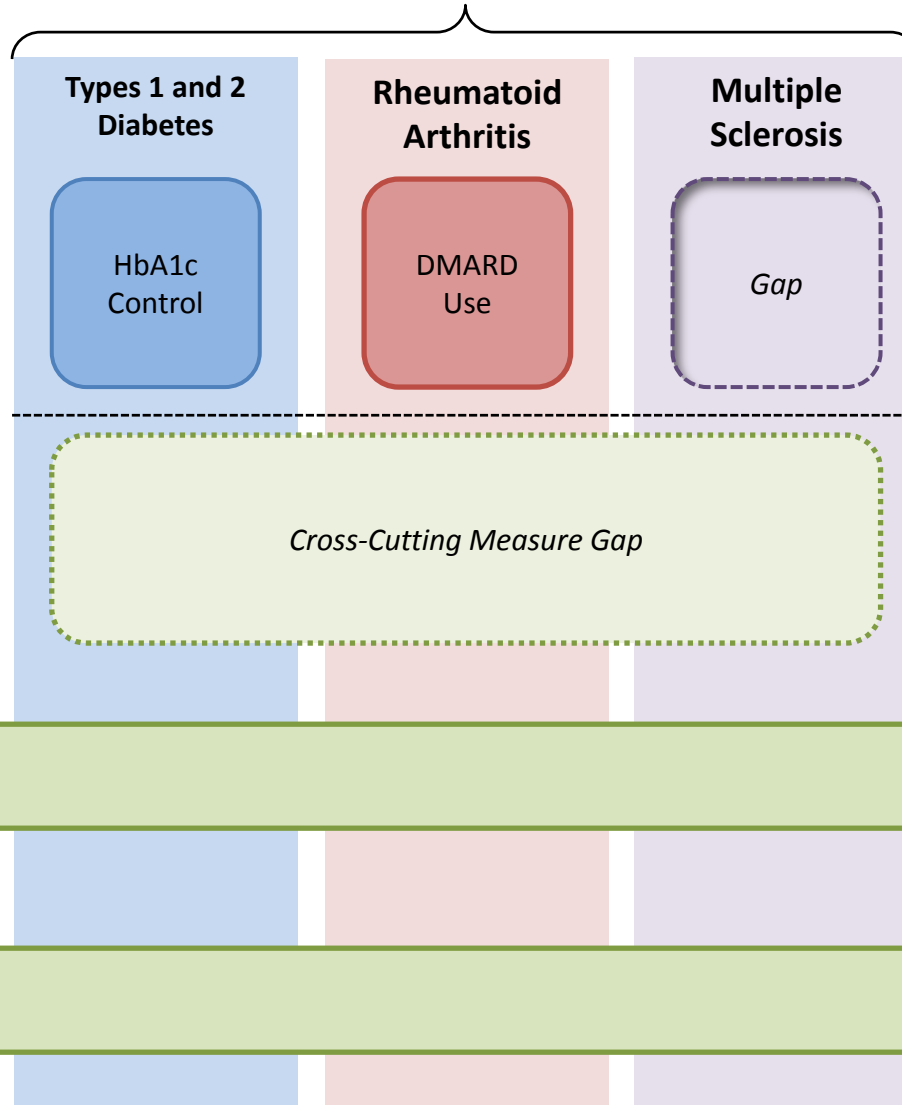
Access to Specialists
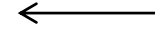
Alternative Measurement Models:
Layered Approach

Diabetes Care

External Accountability Measure Set
- Diabetes Complication Rates
- Depression Remission
- Care Coordination/ Communication

Population Level

Internal Management Measures

Composite Measure
- Comp-rehensive Diabetes Care
- Appropriate Use of Anti-Depressants
- Care Coordination/ Communication

System Level

Internal Improvement Measures
- HbA1c Test
- Lipid Panel
- Foot Exam
- Eye Exam
- Depression Screening
- Care Coordination/ Communication

Provider Level

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Rheumatoid Arthritis Care

Alternative Measurement Models:
Modular Approach

General ACO Population Measure Set (e.g., MSSP)

Condition-Specific Subpopulation Module

Cross-Cutting Measures

General ACO Population Measure Set (e.g., MSSP)

Condition-Specific Subpopulation Module

General Oncology

| Radiation Dose Limits | Plan of Care / Pain Intensity Quantified | End-of-Life Care Composite | Survival Rate Composite | Appropriate Chemo Planning | CAHPS: Shared Decision Making |

Condition-Specific (e.g. colon cancer)

| Adjuvant Chemo Considered / Administered | Regional Lymph Nodes Examined | Chemo for Stage III Colon Cancer | Anti-EGFR MoAb Therapy for KRAS | KRAS Testing after Anti-EGFR MoAb Therapy | Influenza Immuniza-tion |

Conclusions

- Gaps in current accountable care measure sets are missed opportunities for improvement

- These gaps should be addressed through better measures and new approaches to measurement

- Preferred types of measures to fill gaps include outcome, cross-cutting, and patient reported measures

- Strategic approaches to measurement, such as layered and modular models, do not necessarily require more measures

Tom Valuck, MD, JD

tvaluck@discernhealth.com

410-542-4470, ext. 102

Thank you!