



Patient Reported Outcome Measures

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Pay for Performance Summit

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MN Community Measurement

- Accelerating the improvement of health through public reporting
- Our vision:
 - To be the primary trusted source for health data sharing and measurement
 - To drive change that improves health, patient experience, cost and equity of care for everyone in our community
 - To be a resource used by providers and patients to improve care
 - To partner with others to use our information to catalyze significant improvements in health





2,700
LIFE YEARS SAVED
with a 1% increase
in colorectal cancer
screening rates in
Minnesota

MEASURING QUALITY
**MNCM by the
Numbers**

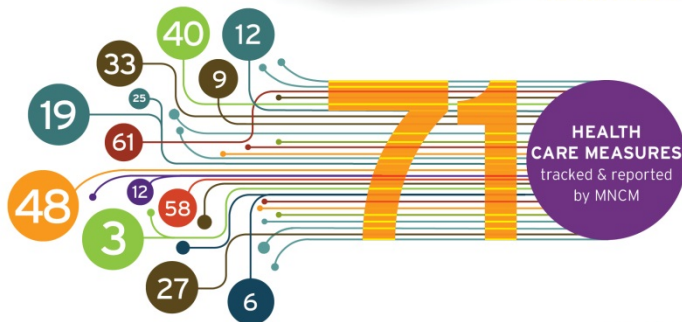
MNCM work
was referenced in

77
NATIONAL AND LOCAL
ARTICLES AND INDUSTRY
PUBLICATIONS



1.5
million

PATIENTS included in
Total Cost of Care measure



313

MEDICAL GROUPS REGISTERED
to submit data to MNM



1,600
CLINICS REGISTERED
to submit data
to MNM

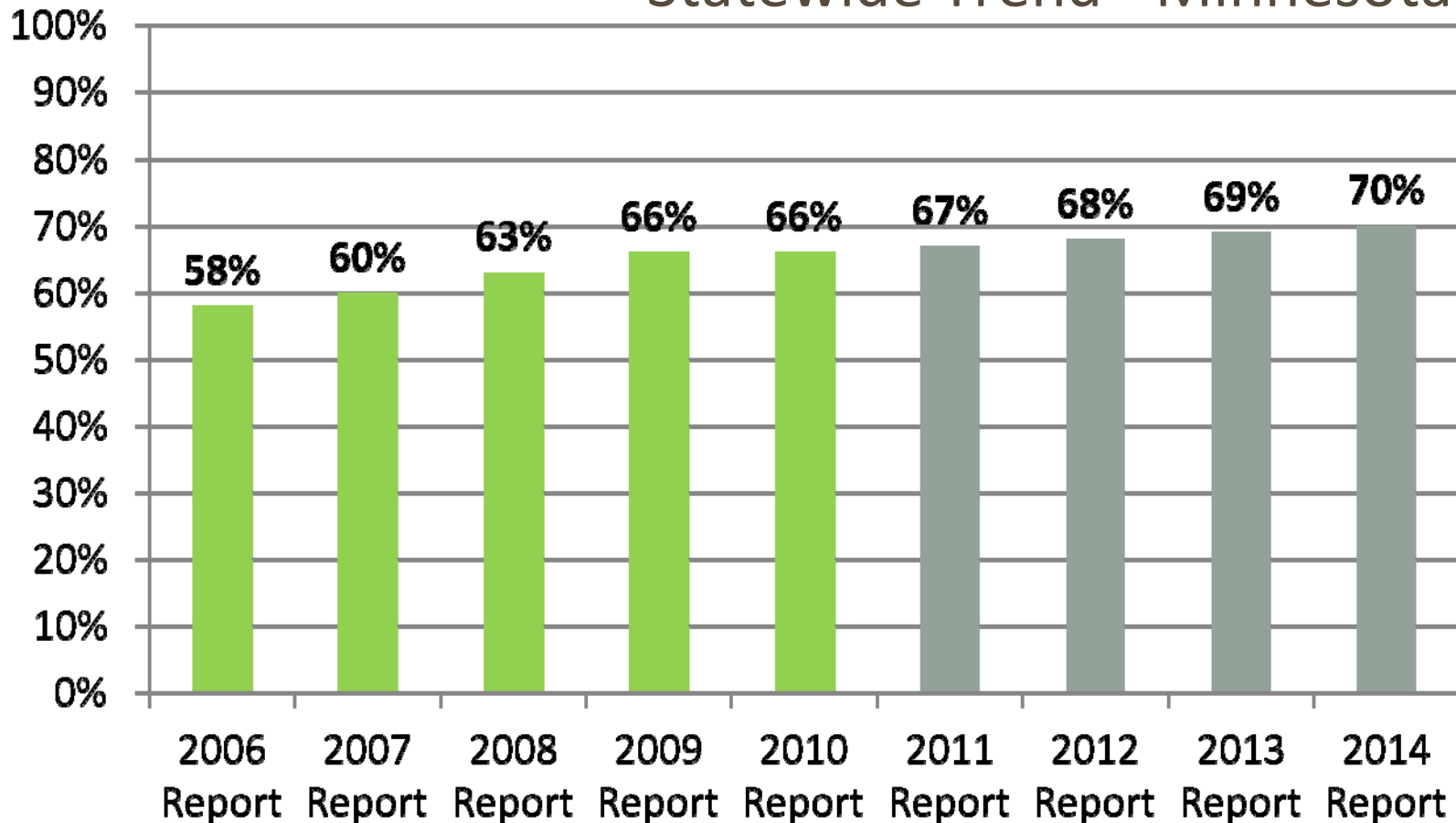


What Works in Minnesota

- Use of clinical data from medical records
- Robust set of measures
- Measures aligned across the community
- Measures are widely used by providers and payers
- Public reporting
- Significant improvement in many results

Colorectal Cancer Screening

Statewide Trend - Minnesota



Additional 11,100 screenings in 2014 means 2,700 life-years saved...



Why Patient Reported Outcomes?

- Increase patient centeredness of measurement
- Higher level measures – outcome(s), not components
- Specialty and procedural care measurement
- Potential for broad application, not just one condition at a time

Examples of MNCM's Patient Reported Outcome Measures

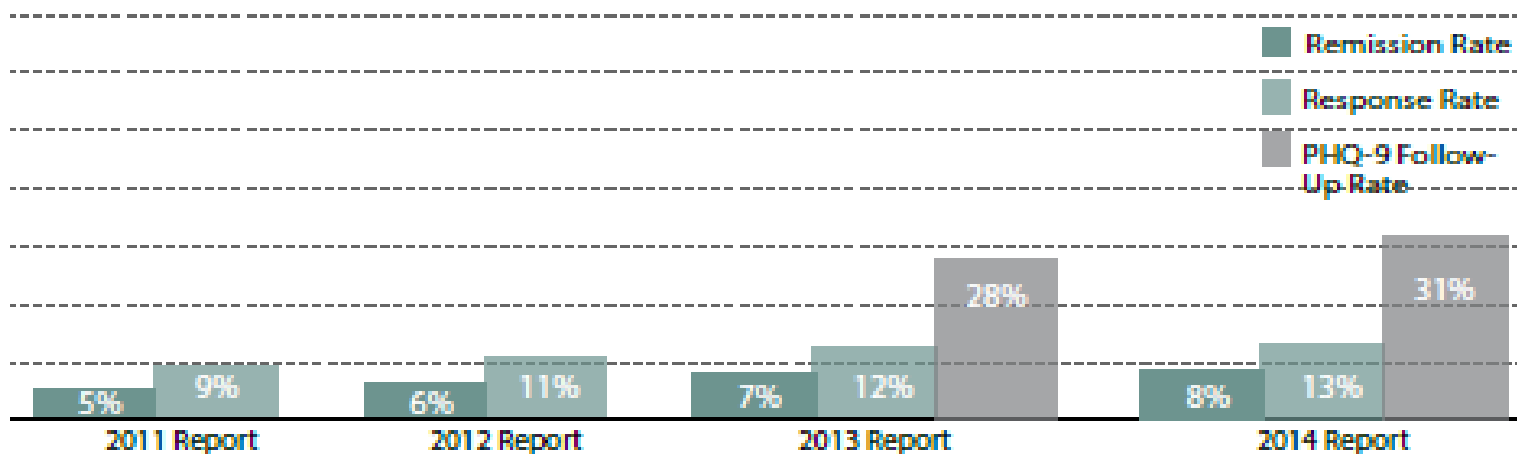
- Patient Experience of Care
- Depression Care
- Asthma Control
- Total Knee Replacement
- Low Back Surgery
- Race, Ethnicity, Language and Country of Origin

Depression Care Measures

- Initial measure was of anti-depressant medication refills (HEDIS measure)
- Moved to PHQ-9 Assessment Tool
 - Patients with depression diagnosis and PHQ-9 > 9
 - Remission, response and use of PHQ-9 measured
 - Six and 12 Months
- National Quality Forum endorsed

Depression Care at Six Months

	Statewide Average	95% CI	Numerator (Patients who met treatment goals)	Denominator
Depression Remission at Six Months	7.7%	7.6% - 7.9%	7,003	90,536
Depression Response at Six Months	12.8%	12.6% - 13.0%	11,588	90,536
PHQ-9 Follow-Up at Six Months	30.8%	30.5% - 31.1%	27,882	90,536

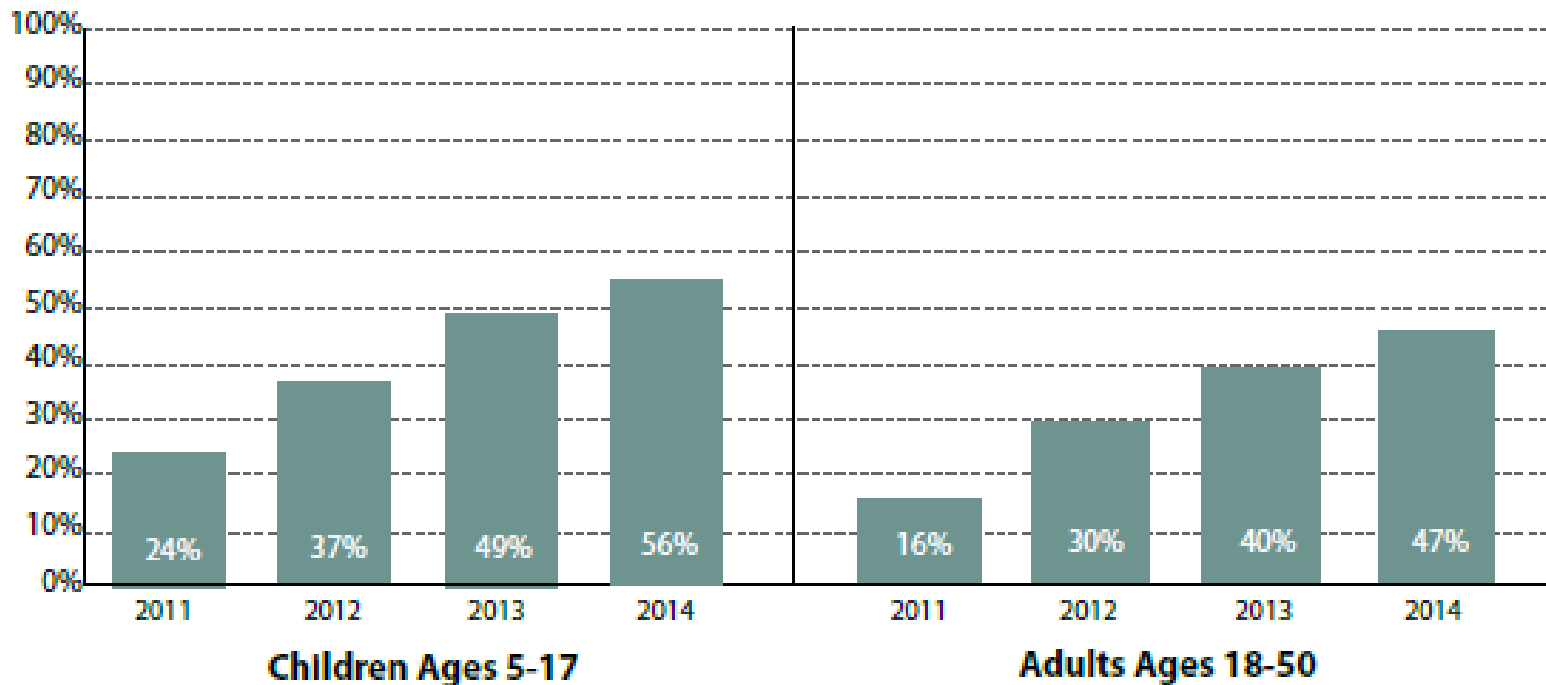


Asthma Care Measures

- Percentage of patients ages 5-17 and ages 18-50 with persistent asthma who have reached the following three control targets:
 - Evidence of well-controlled asthma determined by use of an asthma control tool (e.g., Asthma Control Test (ACT); Childhood Asthma Control Test (C-ACT); Asthma Control Questionnaire (ACQ); and Asthma Therapy Assessment Questionnaire (ATAQ))
 - Not at risk for elevated exacerbation as evidenced by patient-reported emergency department visits and hospitalizations
 - Patient has been educated about his/her asthma and self-management, and has received a written asthma management plan

Asthma Care

FIGURE 1: STATEWIDE RATES FOR OPTIMAL ASTHMA CARE - CHILDREN AND ADULTS OVER TIME



Total Knee Replacement Measures

- Several outcome measures were calculated for patients age 18 or older who underwent a primary or revision total knee replacement procedure during the measurement period, including:
 - Average post-operative functional status at one year as measured by the Oxford Knee Score tool
 - Average post-operative quality of life at one year as measured by the EQ5D tool

Total Knee Replacement

	Statewide Average	95% CI	Numerator (Patients who met treatment goals)	Denominator
Number of TKR Procedures w/Pre-Op OKS	35.7%	34.8% - 36.6%	4,011	11,246
Number of TKR Procedures w/1 Yr Post-Op OKS	30.7%	29.8% - 31.6%	3,452	11,246
Number of TKR Procedures w/Pre-Op & Post-Op OKS	18.2%	17.5% - 18.9%	2,044	11,246

	<u>Range</u>	<u>Number of Groups</u>
Pre-op OKS	0 – 97%	33
Pre and Post OKS	0 – 77%	33

Health Equity of Care Report

- Released in January 2015
 - Outcome on five statewide clinical quality measures
 - Stratified by self-reported patient race, ethnicity, language and country of origin
 - Over 75% of medical groups in state are using best practices for data collection
 - Results reported at statewide and regional levels; individual medical group results shared for internal improvement
 - Wide variation by population, actionable data on disparities

Challenges

- Measuring change over time
 - What are the index and follow up times?
 - Longer period for testing and results
 - Increased opportunity for missing data
- Completion rates, burden on patients
- Perception of reliability, culture change
- Use of comparable tools, proprietary tools
- Can we get beyond a disease-specific approach?

What We've Demonstrated

- Patient-reported outcomes are feasible for high impact measurement
 - Data collection
 - Reliability
- Higher cost for data collection must be offset by benefit
 - Build into care processes
 - Communicate value to patients
- Alignment of measures matters
- Information is actionable for improving results
- Patient-reported outcomes open the door to more meaningful and powerful measures

Contact

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