

What Should be Measured, How and by Whom?

***Quality, Patient Experience,
Efficiency***

**Barbra G. Rabson, Executive Director
Massachusetts Health Quality Partners
Sixth National Pay for Performance Summit
March 23, 2011**

Building Long-term Collaboration Since 1995

Key Massachusetts stakeholders at the table

- MHQP multi-stakeholder (public and private) Board
- MHQP Physician Council
- MHQP Health Plan Council
- MHQP Consumer Council (To be established in 2011)

Partnerships with nationally known organizations

- RAND
- Milliman
- Computer Sciences Corporation
- AHRQ (CVE)
- CMS (BQI Pilot)
- Harvard School of Public Health
- The Health Institute
- MA Quality and Cost Council
- Massachusetts eHealth Collaborative
- NCQA

Partnerships with the Commonwealth Fund and Robert Wood Johnson Foundation

- Longstanding Commonwealth Fund support for patient experience agenda
- RWJF Aligning Forces for Quality Coalition in Greater Boston focused on community wide health care improvements

MHQP's Brand Promise

Health care information you can trust

- MHQP provides reliable information to help physicians improve the quality of care they provide their patients and help consumers take an active role in making informed decisions about their health care.

MHQP's Collaborative Process

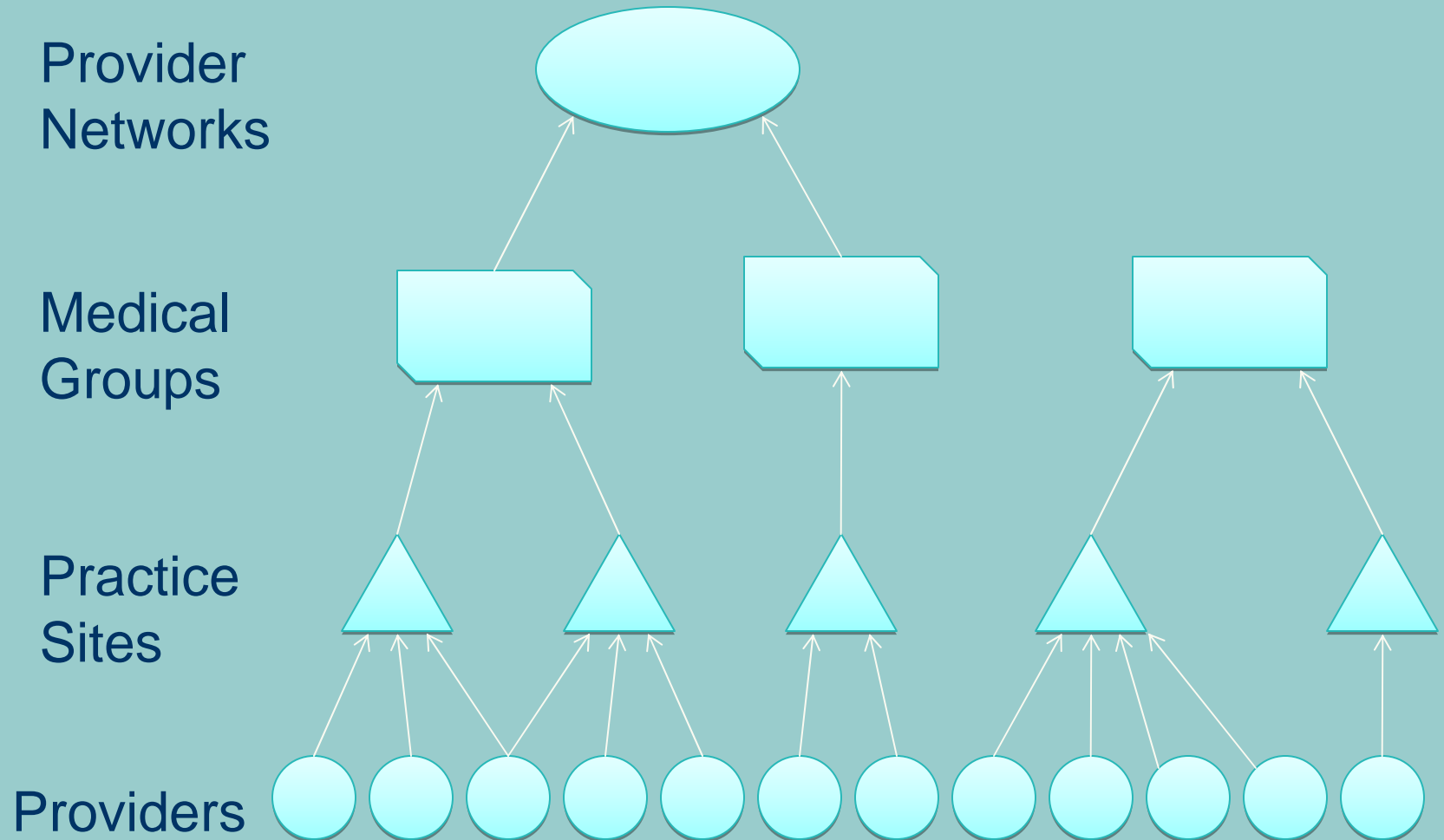
- Expert team
- MHQP Physician Council
- Health Plan Council
- MA Medical Society
- MHQP Board of Directors
- Plan/Physician Communication Workgroup
- Plan/Physician Measures Workgroup
- Consumer Focus Groups

MHQP Massachusetts Provider Database

- Unique data source that maps organizational profile of providers in Massachusetts—best validated, statewide mapping tool in the nation
- Web-based interface to actively engage providers and organizations in editing and updating profile information and for viewing performance reports
- Includes mapping of Commercial, Medicare and Medicaid delivery networks - recent upgrades include nurse practitioners
- Significant interest from state agencies, state medical society, malpractice insurers, regional collaboratives

MHQP Provider Database

Hierarchy of Health Care Organizations



Measuring Clinical Quality

quality reports : clinical quality



QUALITY INSIGHTS: CLINICAL QUALITY IN PRIMARY CARE

Medical Groups Summary: Diabetes Care For Adults

click on the measure name to learn more information about the measure



Medical Group

HbA1c Test

Cholesterol (LDL-C)
Screening Test

Carney IPA

[Go to Group's Website](#)



Harvard Vanguard
Medical Associates,
Copley

[Go to Group's Website](#)



Massachusetts General
Hospital PHO, Partners
Community HealthCare

[Go to Group's Website](#)



Click on a medical group to view results on all measures



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MHQP's Performance Reporting: Impact on Physician Behavior

Impact of seven years of public release of physician performance of 150 MA medical groups using clinical HEDIS measures

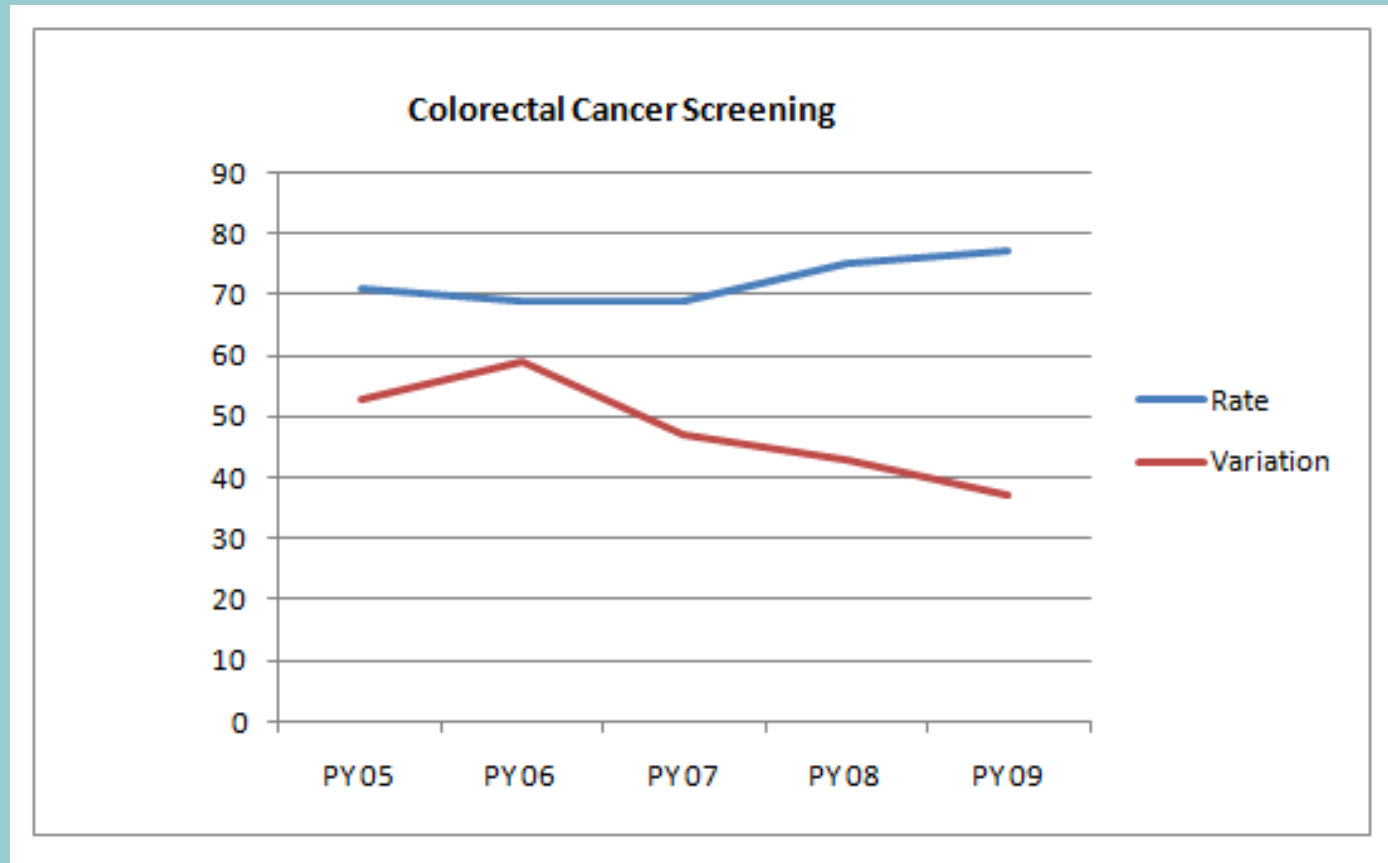
- Public release has influenced physician organization investments in information systems to support quality
- Physician organizations use MHQP's internal performance reports to reward individual physicians within the group
- **Statewide improvement on all 8 measures that can be trended over last seven years**

There has been state-wide improvement on all process measures trended over 7 years

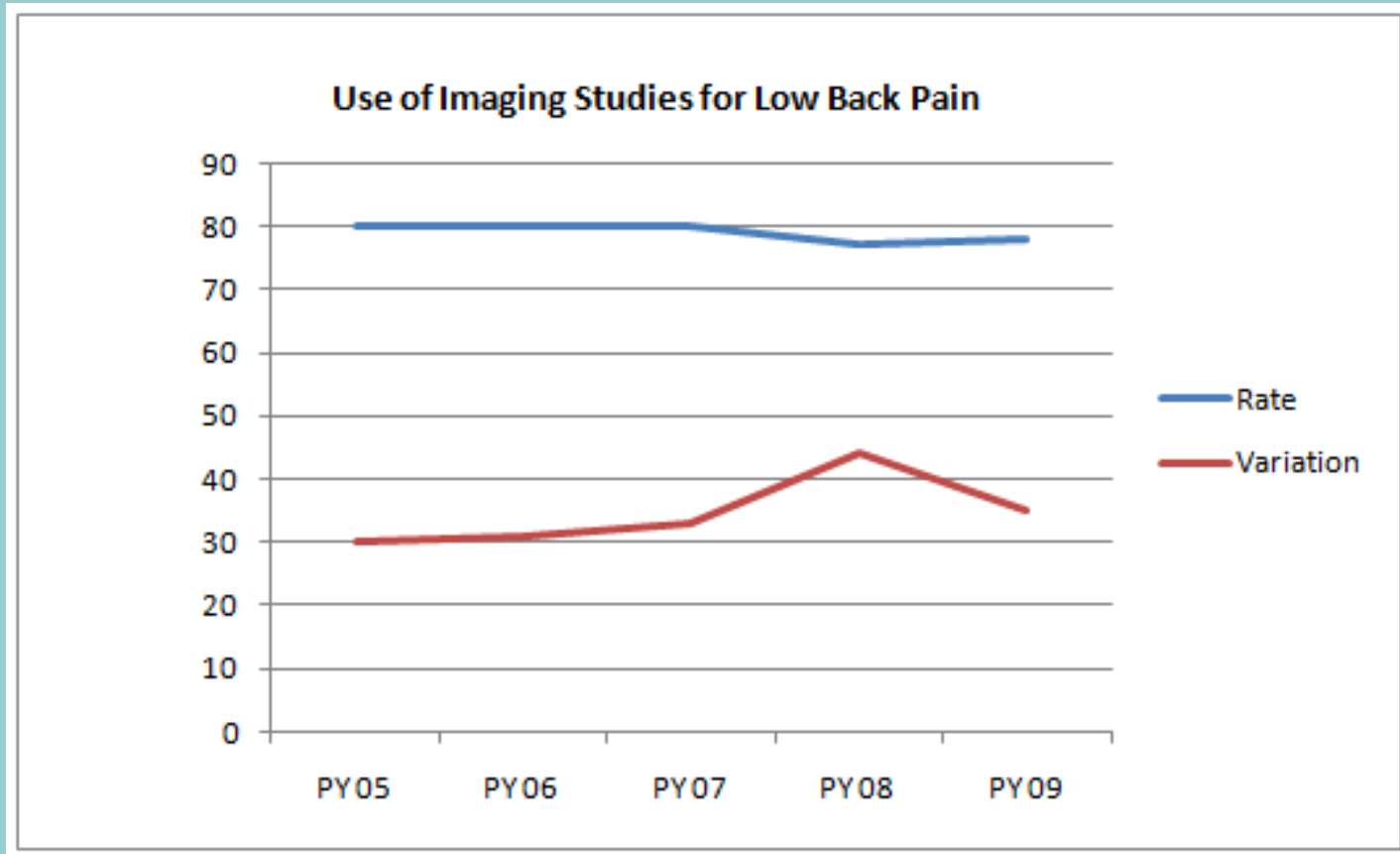
The largest improvements can be seen in Chlamydia screening and adolescent well care visits

| Measure Name | MA Rate, HEDIS 04, PY 03 | MA Rate, HEDIS 10, PY 09 | Change |
|--|--------------------------|--------------------------|--------|
| Antidepressant Medication Management - Effective Acute Phase Treatment | 66% | 68% | 2% |
| Antidepressant Medication Management - Effective Continuation Phase Treatment | 49% | 52% | 3% |
| Chlamydia Screening in Women Ages 15 to 20 (Change in lower age limit in 2009) | 42% | 57% | 15% |
| Chlamydia Screening in Women Ages 21 to 24 | 41% | 62% | 21% |
| Comprehensive Diabetes Care - HbA1c Testing | 91% | 94% | 3% |
| Well Care Visits for Adolescents Ages 12 to 21 | 67% | 74% | 6% |
| Well-Child Visits Ages 3 to 6 | 90% | 92% | 2% |
| Well-Child Visits first 15 Months of Life | 90% | 93% | 2% |

For some measures, variation between Medical Groups has decreased over 5 yrs



For other measures, variation between Medical Groups has risen



Challenges to Measuring Clinical Quality

- Access to data sources (both claims and clinical)
- Access to Medicare data
- Measurement silos
- Measures not good enough (e.g. antibiotic overuse for adults); measures don't keep up with changing delivery system
- Funding for measure testing

Measuring Patient Experience

Why is it Important to Measure Patient Experience?

The Institute of Medicine identifies patient-centered care as one of the six pillars of a quality health care system.

- There is an established relationship between patient-centered care and positive clinical outcomes such as patient adherence and improved health
- Patient experience surveys are a tool to help clinicians and organizations evaluate this important dimension of care
- The patient's voice is the best gauge of whether our delivery system is patient centered

MHQP's Patient Experience Survey

- Conducted three statewide patient experience surveys since 2005
- Supported by member health plans (BCBSMA, HPHC, THP, HNE, FCHP) Massachusetts Medical Society, and provider organizations
- Sent surveys to 230,000 commercially insured enrollees (Medicaid survey also conducted as pilot)
- Reported results for 345 adult and 171 pediatric doctor's offices based on over 80,000 patient surveys

Patient Experience Survey

Measurement and Reporting: Key Milestones

- **2002**: Statewide demonstration project funded by Commonwealth Fund and RWJF to develop survey tool and test feasibility
- **2005**: Implementation of statewide survey of patient experiences with primary care providers funded by MHQP health plans
- **2006**: First in the nation public release of statewide practice level primary care survey results
- **2007**: Development and implementation of specialty care survey with second round of the statewide primary care survey
- **2008**: Public reporting of second round of statewide survey, Pilot of Medicaid survey; Quality improvement support to practices
- **2009**: Third round of statewide primary care survey is implemented
- **2010**: In June, public reporting of third statewide primary survey, 500 practices included in reporting

What MHQP Has Learned through Measurement and Reporting

- There is **significant variability in performance** and great opportunity for improvement in the delivery of effective, efficient, patient-centered care
- **Public reporting is a powerful lever** to motivate engagement and change
- **Clinicians want to do the right thing** and need the tools to improve
- **Collaboration and trust are essential** to success

Survey Design

The result of over 15 years of collaboration with survey researchers and survey methods experts:

- Standard measures that are accepted as **valid and reliable** based on psychometric testing
- Measures are designed to be **understandable and meaningful to patients**
- Focus is on asking about elements of care that are **best reported by patients**
- Sampling plans can be implemented to provide individual clinician and group practice level results

MHQP's Patient Experience Survey

Eight domains characterizing patient experiences:

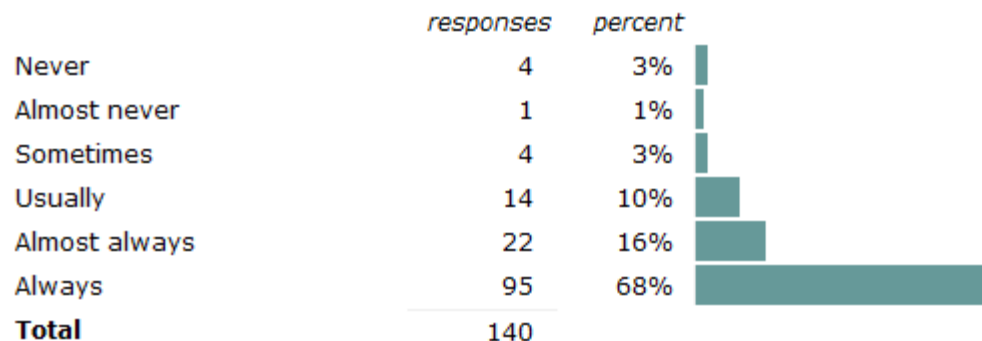
- Quality of Doctor-Patient Interactions
 - Communication
 - Integration of Care (Coordination)
 - Knowledge of the Patient
 - Health Promotion
- Organizational Features of Care
 - Organizational Access (Access to Care)
 - Visit based Continuity (not reported publicly)
 - Clinical Team (not reported for Adults)
 - Office Staff

Pediatric Practice

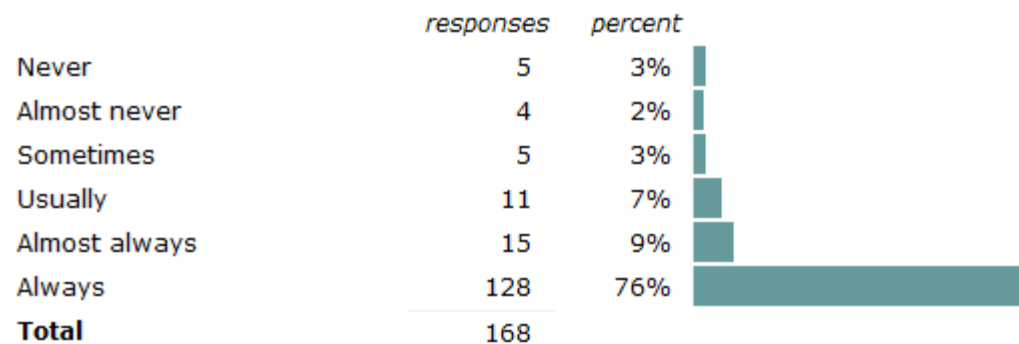


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In the last 12 months, how often did this doctor seem **informed and up-to-date** about the care your child received from specialist doctors that he or she sent you to?



In the last 12 months, when this doctor ordered a blood test, x-ray or other test for your child, how often did someone from this doctor's office follow up to give you those test results?



**Doctors' Office Summary:
Care From Personal Doctors**

*click on the measure name to learn more information about the measure
click on the stars to learn about how patients answered each survey question*

|  Doctors' Office | How Well Doctors Communicate with Patients | How Well Doctors Coordinate Care | How Well Doctors Know Their Patients | How Well Doctors Give Preventive Care and Advice |
|---|---|---|--|--|
| 423 Associates (Adult Survey), Partners Community Health Care (PCHI), Newton-Wellesley PHO, Inc. | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| Belmont Medical Associates, Inc. (Adult Survey), Mount Auburn Cambridge IPA (MACIPA) View Website | ★★★★★ | ★★★☆☆ | ★★★★☆ | ★★★☆☆ |
| Beth Israel Deaconess Healthcare - Boston (Adult Survey), Beth Israel Deaconess Healthcare | ★★★★★ | ★★★☆☆ | ★★★★☆ | ★★★☆☆ |
| Beth Israel Deaconess Healthcare - Upper Falls (Adult Survey), Beth Israel | ★★★★☆ | ★★★☆☆ | ★★★★☆ | ★★★★☆ |

Coordination of Care

The PES Coordination of Care Composite is comprised of 2 questions:

1. How often did your (or your child's) doctor seem informed and up-to-date about the care you (or your child) received from specialists that he or she sent you to?
2. When your (or your child's) doctor ordered a blood test, x-ray or other test for you (or your child), how often did someone from his or her office follow-up to give you those test results?

What do Patients Report about their Experiences?

- More than 1/3 of adult patients reported that their personal doctor did **not always** seem to **know all the important information about their medical history** (Knowledge of patient)
- 40% of patients reported that their PCP was **not always informed and up to date about care they received from specialists** (Coordination of care)
- Almost 1/3 of patients (or parents of child patients) reported they **did not always receive test results** from someone in the doctors office (Coordination of care)

Challenges to Measuring Patient Experience

- Developing a less expensive model for conducting the survey that can be used both for accountability and QI
- Evolving survey to reflect changing delivery system – e.g. team care, PCMH, ACOs
- Not all health plans use in P4P programs; payers not demanding patient experience measures
- Patients don't know what they should expect their experience to be



Checklist: Expect the Best - What You and Your Doctor Can Do

There are important elements of care that patients and their families should expect to get as part of good primary care. Use this checklist to work with your doctor to get the best quality health care for you and your family.

- ✓ **Expect your doctor to take the time to give clear instructions on what to do to take care of your medical problem.**

What Your Doctor Can Do:

- Clearly explain your medical problem(s), what to do to take care of the problem(s), and make sure you understand the instructions he or she gives you.

What You Can Do:

- Ask questions and make sure you understand the answers. Let your doctor know if you are confused or do not understand.

- ✓ **Expect your doctor to be informed and up-to-date about the care you received from specialists or other health care providers.**

What Your Doctor Can Do:

- Follow-up with specialists. When your primary care doctor refers you to a specialist, he or she should know about the care and advice you were given.

What You Can Do:

- Let your doctor know about other doctors or health care providers you see.

- ✓ **Expect your doctor to know the important information about your medical history.**

What Your Doctor Can Do:

- Learn about your medical history and current health problems. As a new patient, your doctor should ask about your medical history.

What You Can Do:

- Give your doctor complete and accurate information, including current health problems, as well as your medical history.

- ✓ **When your doctor orders a test, such as a blood test or x-ray, expect your doctor's office to follow-up to give you the test results.**

What Your Doctor Can Do:

- Give test results in a timely and sensitive manner.

What You Can Do:

- Find out when you will hear about test results. Call the doctor's office if you do not get test results when expected. Do not assume that "no news is good news."

Visit www.mhqp.org for more tips to getting quality health care.



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Quality Improvement Resources

Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting

Translation of 12 month learning collaborative model developed by MHQP, the Massachusetts Medical Society and Masspro (supported by a grant from the Physicians' Foundation for Health Systems Excellence).

- Office practice surveys, assessment tools, presentations, and resources for performance improvement activities. CME credits also available.
- To access the online CME/distance learning platform, go to: <http://www.massmed.org/cme/cpec>

Measuring Efficiency

Massachusetts Activity to Date

- Group Insurance Commission sponsors health plan product tiering based on physician level efficiency measures...led to Mass Medical Society lawsuit
- MA Quality and Cost Council website posts comparative hospital cost and quality data for certain procedures and conditions
- MHQP partnered with RAND to identify the key methodological issues that arise when constructing efficiency profiles at the physician level
- MQHP conducted focus groups of consumers and physicians (jointly with MA Medical Society) about reactions to efficiency measures

Focus Groups on Efficiency

Patients:

- Found it challenging to understand efficiency measures
- Did not connect inefficient care with costing them money
- Concerned that payers would control care vs. doctor
- Concerned that efficient practices may shortcut care
- Would not seek efficiency information out on their own

Physicians:

- Agreed efficiency performance measurement is appropriate if data is accurate and actionable
- Wanted plans and employers to hold patients/members/employees equally accountable

Challenges to Measuring and Reporting Cost and Efficiency

- Significant time and resources required to establish and clean database
- Lots of unknowns with respect to best methodology for creating cost and efficiency metrics – reliability becomes an issue
- Translating the data into actionable reports
- Aligning incentives to support behavior change
- Consumer skepticism

Who Should Measure: Mass Landscape

DPH

DHCFP

MHQP MHQP MHQP

MHA MassHealth MassHealth

QCC Health Plans Health Plans Health Plans

Provider Orgs Provider Orgs GIC GIC

Reporting on Public Website

Private Reports to Providers

Pay-for-Performance

Tiering

Measurement Challenges in Massachusetts

- Coordination of multiple public and private measurement efforts and data sources
- Measurement burden on providers/measurement overload for consumers
- Funding for reliable measurement initiatives
- Separate platform for claims based and clinical EHR measures
- Need for new measures
 - Measures of “patient centeredness” for Patient Centered Medical Home (PCMH)
 - Measures to support payment reform e.g. system measures of care across settings and measures of health care value
 - Measures that resonate more with consumers and providers

MHQP's 2011 Measurement and Reporting Agenda

Clinical Quality

- *Report MHQP's 7th statewide comparative CQ results*
- *Partner with MassHealth to develop practice-site HEDIS reports for Medicaid population*
- *Partner with MassHealth and others on a CMS Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) grant to measure and improve health care for children*

Patient Experience

- *Field MHQP's fourth statewide patient experience survey*
- *Field tested NCQA's new patient centered medical home instrument*

Efficiency

- *Pilot Brookings cost/efficiency measures with MA Quality and Cost Council as part of Greater Boston AF4Q*

For more information about MHQP...

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