Accountable Care Organization: Quality and Efficiency Metrics

March 20, 2012 Gail M. Amundson, M.D., F.A.C.P.

The Healthcare Conundrum

No one and no Body is in charge of healthcare; stakeholder incentives are in direct conflict; and there is little to no accountability for results.

Getting better outcomes requires new thinking, leadership, collaboration, and courage

Catalyzing Transformation

An external force with deep expertise that brings healthcare stakeholders together to create change that is not otherwise possible.

- Working together creates alignment
- Public reporting drives improvement

Transparency provides recognition for those performing well and motivation for those who are not

Common Priorities

Report Results
Publicly - Together

Agree on Best Care

Redesign for Results

Measure What Matters

Create Positive Incentives

Patient-Centered Quality Measures

- Individual Patient is the Unit of Analysis
 - All recommended preventive care
 - All CV risk reduction targets met
 - All procedural parameters met
 - YES or NO

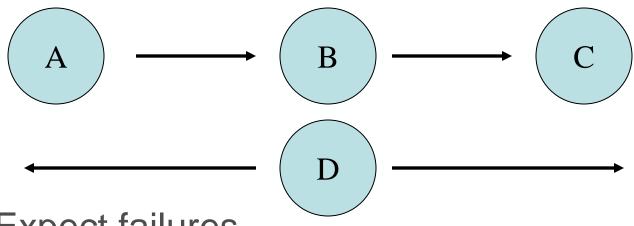


Is the system designed to provide best care?

Reliable Systems

Avoid failures

All components work



Expect failures

Build a parallel process

PATIENT	ВР	SMOKER	A1C	A1C LDL	
1	140/60	Never	6.5	91	10/17/08
2	138/80	Never		91	7/30/08
3	128/54	Never	6.5	65	9/23/08
4	140/66	Never	10	64	10/14/08
5	128/80	Never	5.4	99	10/20/08
6	158/90	Never	4.7	52	
7	130/68	Yes	6.6	58	
8	126/70	Never	5.5	78	6/20/08
9	122/72	Yes	7.7	150	
10	134/58	Never	7.8	103	11/3/08
11	124/62	Yes	7	92	11/7/08
12	126/66	Never	7.6	85	9/2/08
13	134/72	Never	5.4	115	
14	122/74	Never	9.2	59	
15	116/68	Never	7.7	61	4/22/08
16	128/88	Yes	11.3	113	
17	126/84	Never	6.8	52	11/5/08
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20	120/84		7.7	107	

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20% (4 of 20) met all

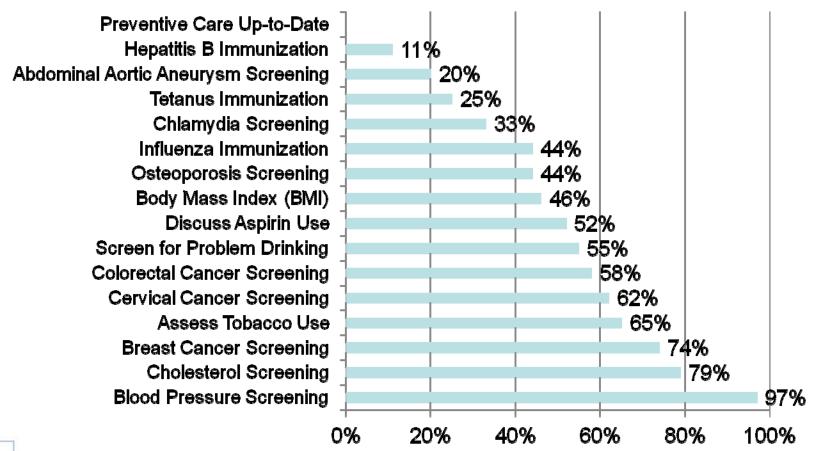
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10% (2 0f 20) met none

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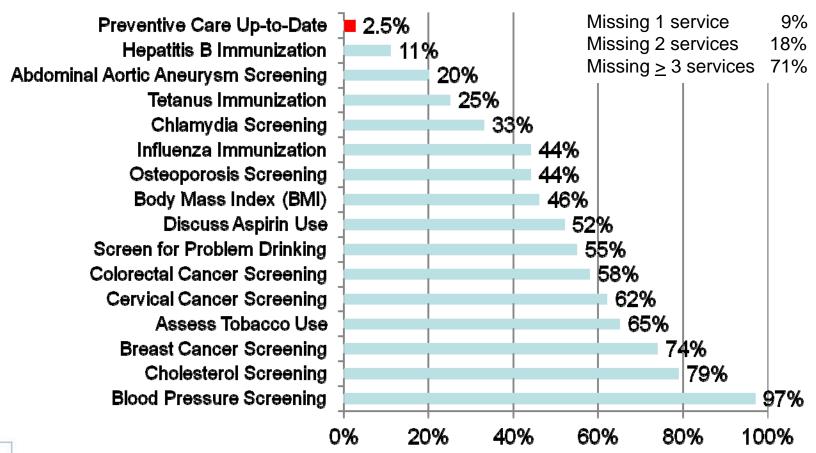
Preventive Care in Our Practices

n = 164 multiple offices, EMR and non-EMR



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Success Story: Online Preventive Care Calculator

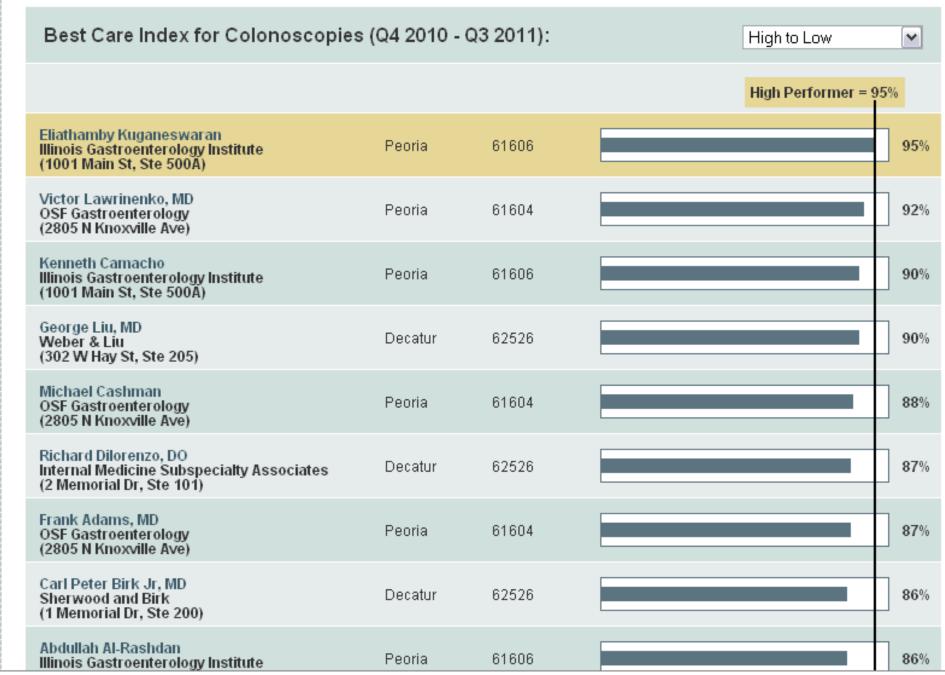
About You	Download PDF Checklist Filters out unneeded services						
Tobacco							
Unsafe Drinking	USPSTF & ICSI guidelines						
☐ Depression	Your Screenings						
☐ Taking Aspirin	Cholesterol Check - +						
Obesity/BMI							
Your Screenings	Colorectal Cancer Screen - +						
Cholesterol Check							
Colorectal Cancer Screen	Interval: Get checked for colorectal cancer beginning at age 50. The frequency of screening depends on the type of test used.						
Abdominal Aortic Aneurysm (AAA) Screen	Reason: Screening helps prevent colorectal cancer by finding precancerous polyps that can be removed and it helps find cancer early when it is most treatable.						
Your Immunizations	Exceptions: If you have a family history of colorectal cancer, you may need to begin screening						
☐ Tetanus/Diphtheria Immunization (TD/Tdap)	before the age of 50. If you are African American, you should begin this screening at age 45. If you are older than 75, you do not need screening unless you have had polyps in previous tests or have						
☐ Influenza Immunization (Flu)	a history of colorectal cancer.						
Pneumococcal Immunization (Pneumonia)	Links: Learn more						

Success Story: High quality colonoscopy

Rigorous scoring system tests characteristics that make up a high-quality colonoscopy

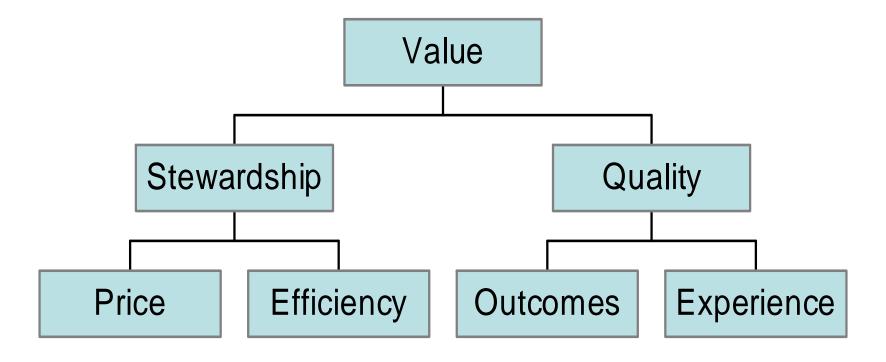
Quality Elements
Appropriate Indication
Complete Exam
Photo-documentation of cecum
No Serious Complication
Bowel Preparation Assessment
Cardiac Risk Assessment
Polyp Info Complete or No Polyp
Withdrawal Time Recorded
Follow-up Recommendation Appropriate

	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2009	2009	2010	2010	2010	2010	2011	2011	2011
12-Month Average	54.6%	53.0%	52.0%	54.1%	57.1%	62.1%	68.5%	76.6%	80.6%
Quarterly Rate	47.7%	47.1%	54.6%	56.9%	63.8%	72.0%	83.2%	82.9%	84.2%



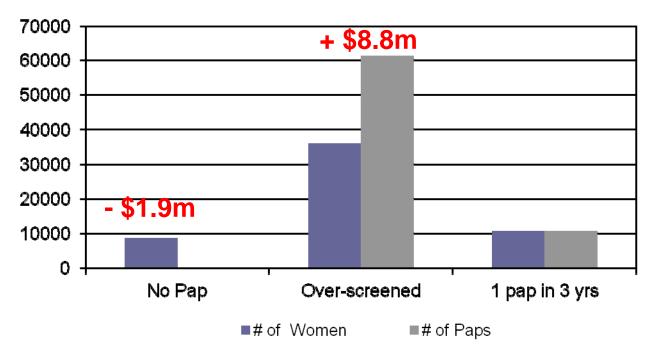
Single vs. Composite Measures

High Value Healthcare



Value = Quality ÷ Cost per Episode of Care

Evidence-Based PAP Screening: \$6 million overuse (\$2 million annually)

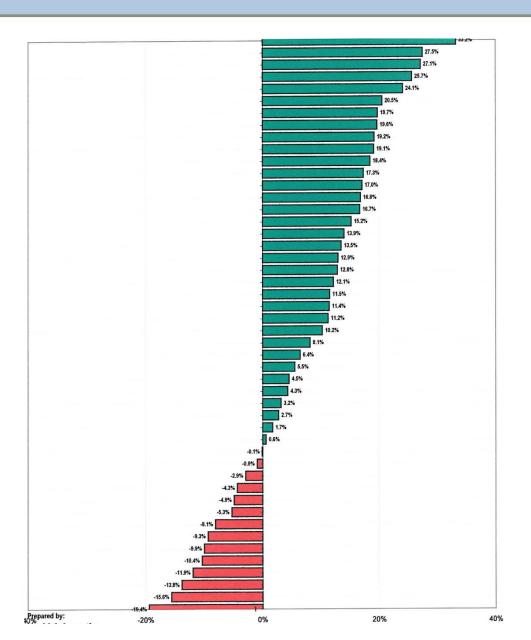


Legacy overuse in one large practice of 250,000 patients

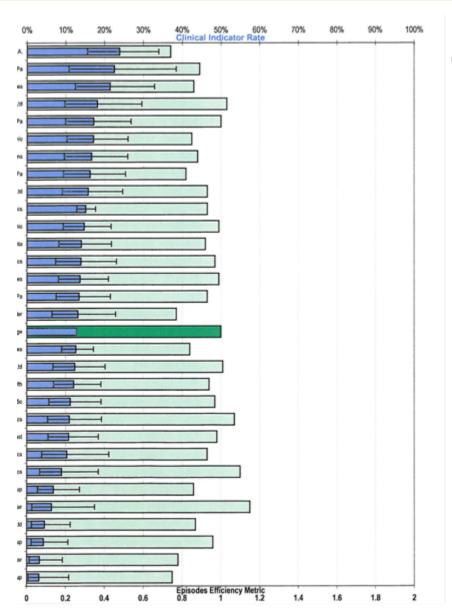


An Episode of Care

- A summary record representing the inpatient, outpatient, and prescription drug treatment related to a given spell of disease or treatment, with links to all of the underlying detail.
- Triggered by the first encounter with healthcare.

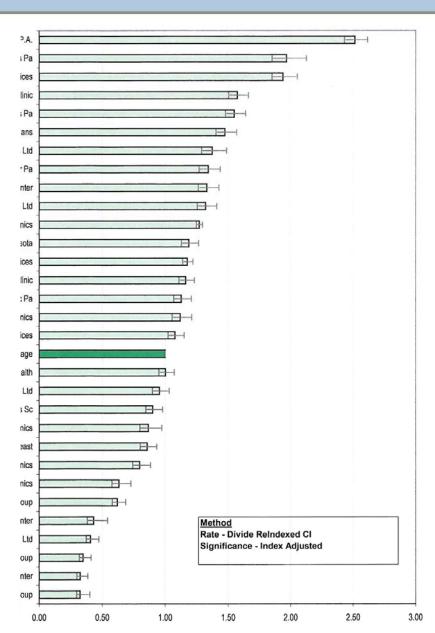


Relative Efficiency of Diabetes Care



Quality & Efficiency

- Optimal Diabetes Care
- Diabetes Care Efficiency



Diabetes Care Value

Quality + Relative Efficiency



Implementation Lessons

- Analysis with standardized fees is important
 - Focus on practice efficiency isolated from contractual influences
- Aggregated data is best
 - More reflective of overall practice performance
 - Enables reporting on more practices
 - More actionable information for practices



To fulfill the promise of ACOs, accountability measures will necessarily be significantly more robust than current measures.