

Evolving Clinical Measures: Moving Away from HEDIS®

Michael Bakerman, MD, FACPE, FACC

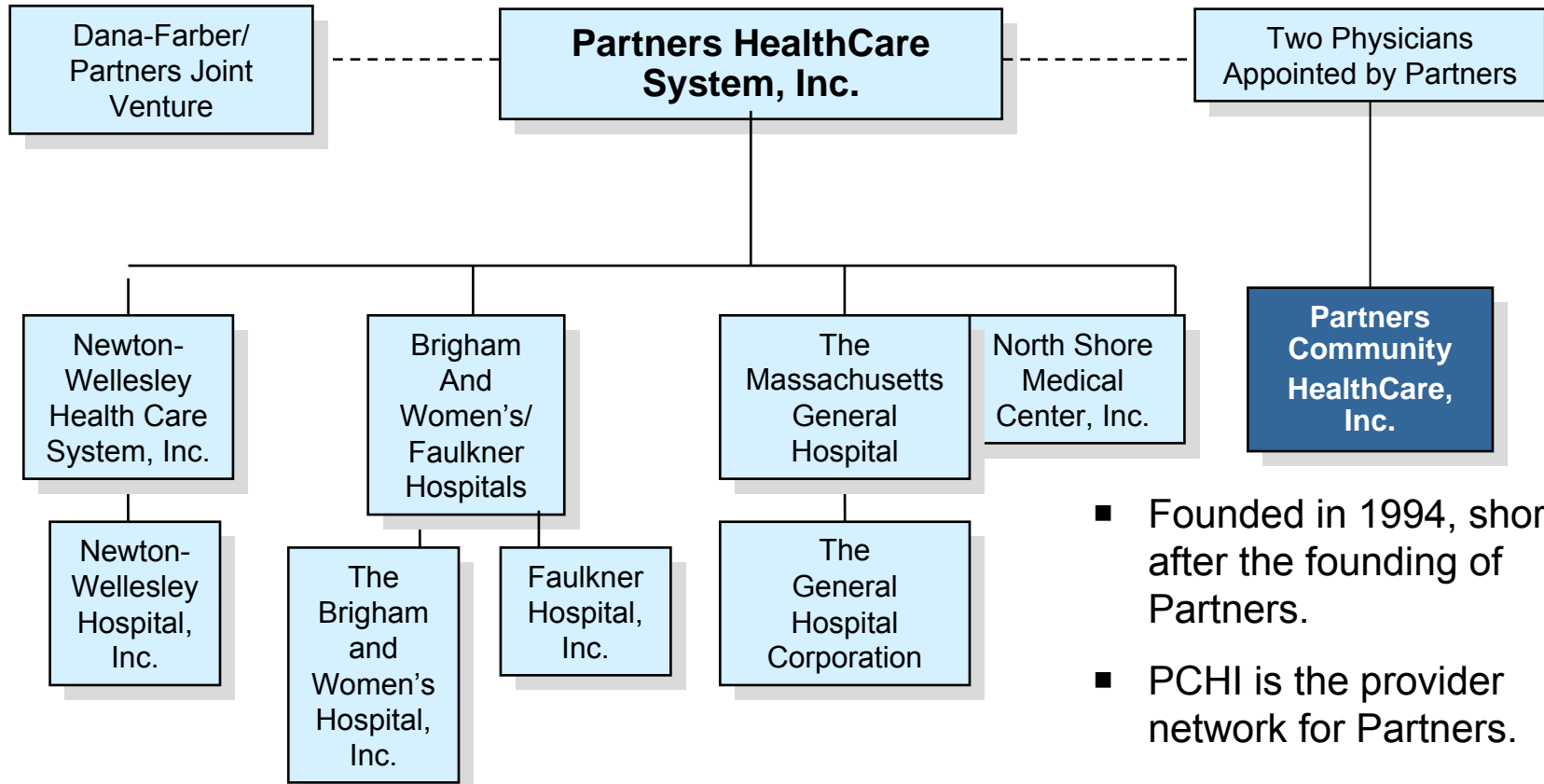
Associate Medical Director

Partners Healthcare

Our Focus for Today

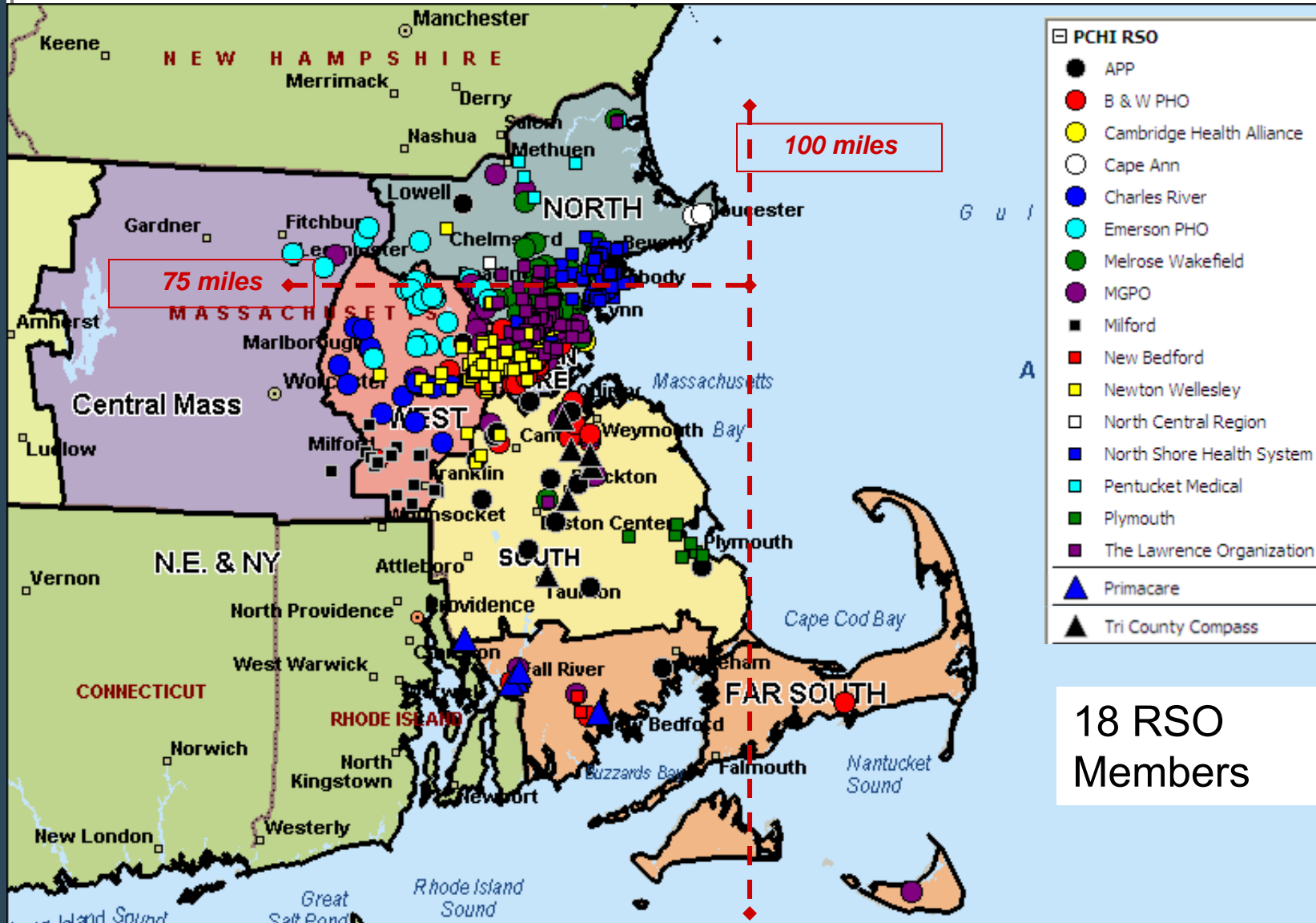
- A Word About Partners Healthcare
- Our P4P Program
- What We Set Out to Address
- Evolution of Our P4P Program
- Questions

Partners HealthCare: An Integrated Delivery System

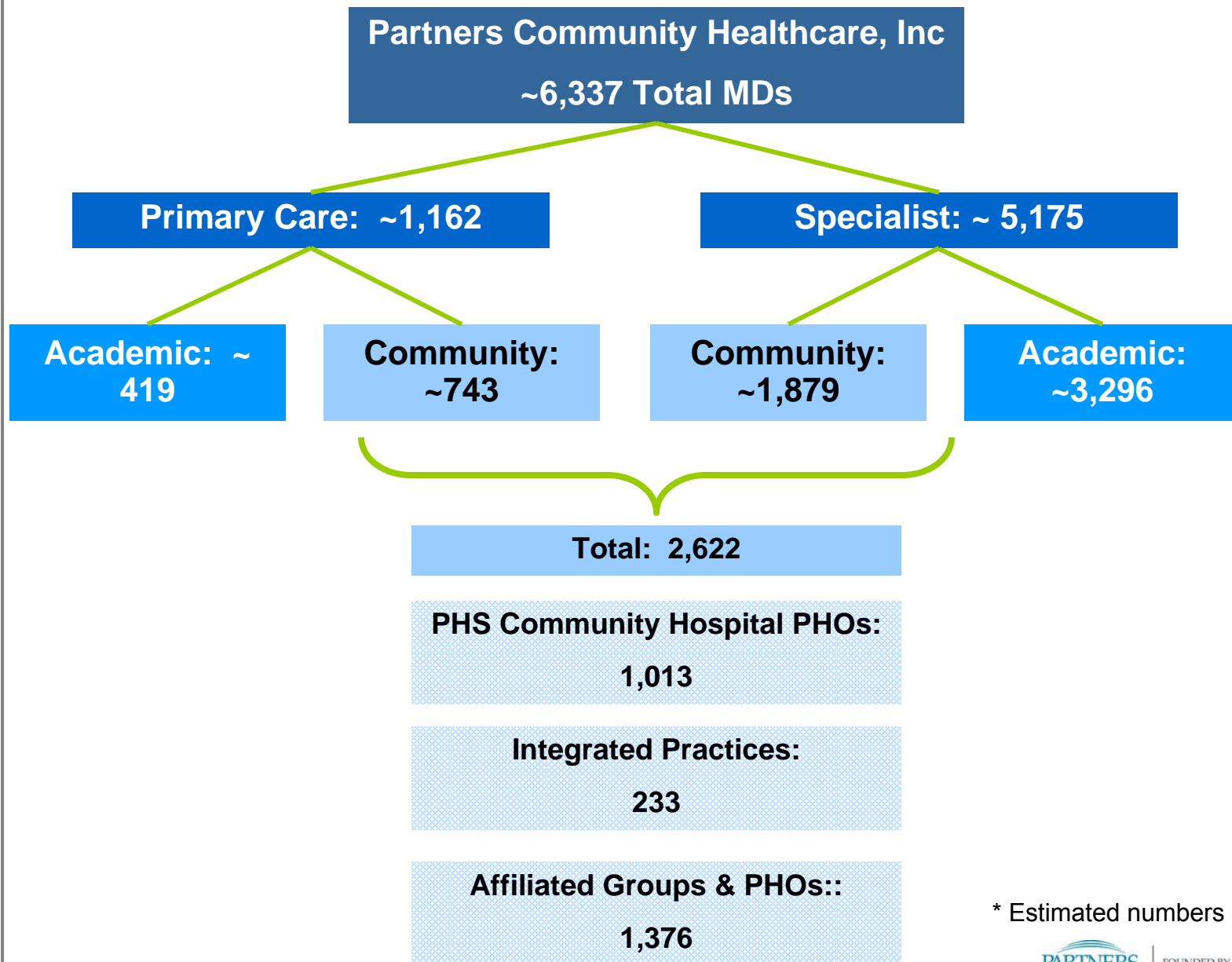


- Founded in 1994, shortly after the founding of Partners.
- PCHI is the provider network for Partners.
- Diversity is a key network characteristic

Eastern Massachusetts PCHI Overview



Network Composition*



* Estimated numbers

Summary of 2009 P4P Measures by Health Plan

	Plan A	Plan B	Plan C
Inpatient	Weighted Days/1000	Weighted Admits/1000	Weighted Admits/1000
Radiology	Tests/1000	Weighted Tests/1000	Tests/1000
Pharmacy	Adult = PMPM, % Generic	PMPM, % Generic	PMPM, % Generic
	Pediatric = PMPM		
Diabetes	Screening: LDL and HbA1c Outcomes LDL <100; HbA1c ≤9 (Composite)	Screening: all 4 (HbA1c, LDL, Eye, Nephropathy) Outcomes: LDL, HbA1c, BP (Composite)	Outcomes: LDL <100; HbA1c ≤9
Hypertension	Outcomes: BP (Composite)	None	None
Cardiac screening	None	Screening: LDL post CVE Outcomes: LDL, BP	None
Pedi Quality	ADHD; BMI screen/charting; Obesity pop. mgmnt	ADHD; BMI screen/charting; Obesity pop. mgmnt	ADHD; BMI screen/charting.; Obesity pop. mgmnt; Chlamydia
End of Life (outpatient)	None	Document of advanced care planning preference; pts with specific diagnoses	None
Shared Decision Making	None	Distribute videos & plan for academic study	None
Patient Experience	None	Improvement on the targeted domain/2007 baseline data	None
EMR	AMC & Community – Computer Generated Prescribing and Structured Problem List	Community – Adoption, Computer Generated Prescribing and Structured Problem List AMC – Computer Generated Prescribing, Structured Problem List and Clinical Decision Support	Community - Computer Generated Prescribing and Structured Problem List AMC – Computer Generated Prescribing and Structured Problem List

What We Set Out to Address

- Standardize quality measures focusing on patients, not health plans
- Integrating Specialists
- Incentivizing the right clinical behaviors
- Moving away from claims data
 - Network focus is in developing EMR and meaningful use
 - Recognize this will be a slow process
 - Electronic systems highlight workflow issues

Why do HEDIS® ?

Health Plans participated in HEDIS to remain

- ✓ competitive in the market and
- ✓ to illustrate their commitment to quality initiatives.
- ✓ to identify and maximize opportunities to improve care.

CMS

- ✓ in their oversight of these plans.

Consumers and Employers use the results

- ✓ to make choices about health plans
- ✓ Identify “Quality” providers

Advantages and Disadvantages with HEDIS[®] Reporting

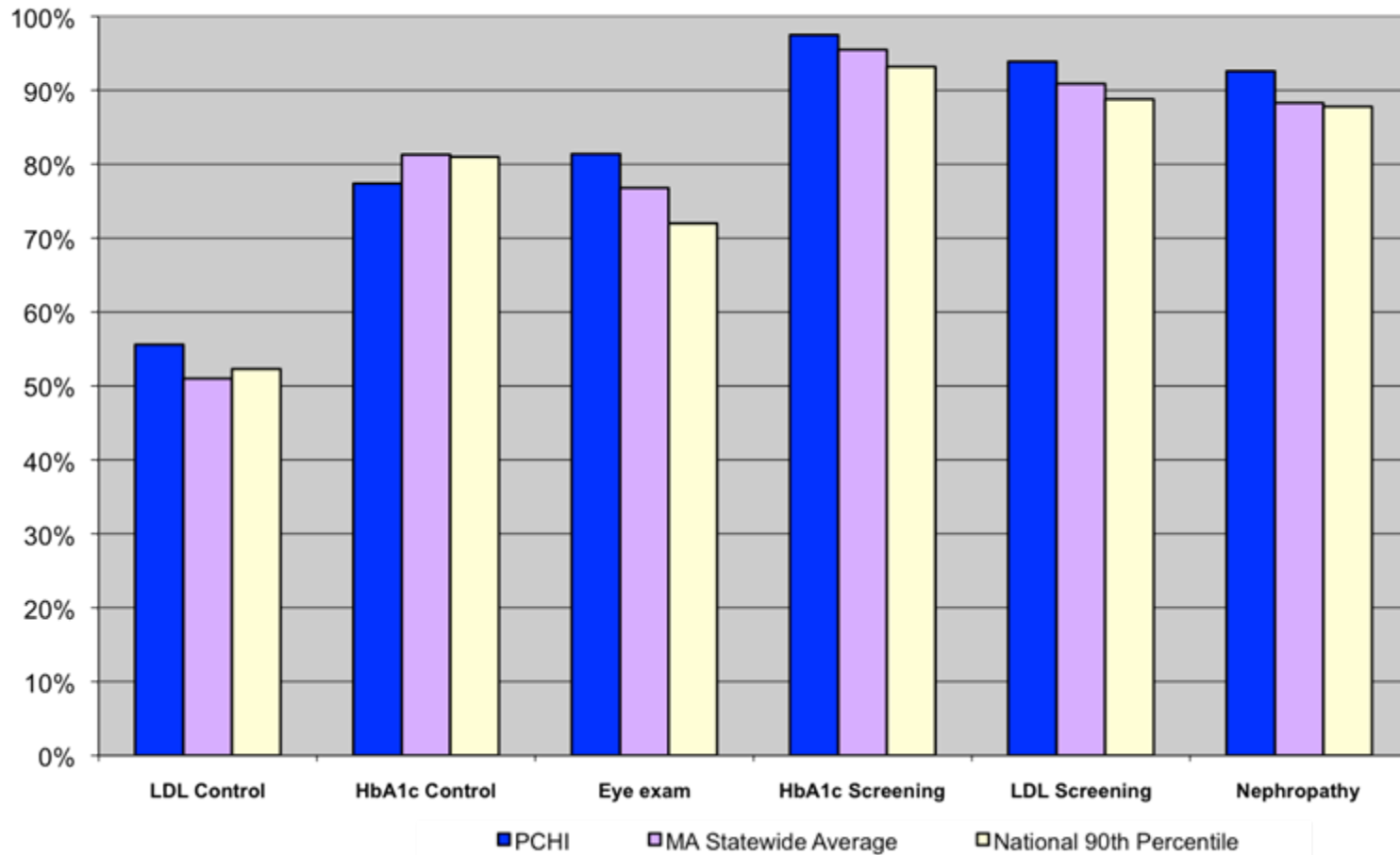
Advantages	Disadvantages	Example
Well recognized and well vetted	Relies on claims submission (? accuracy)	Ability to discriminate adult asthma from COPD
Standardized definitions and national norms	Rigid format with several compromises for reporting	Imaging for Low Back Pain
Many measures of quality and effectiveness	Inability to “customize” measures for geographic or organizational priorities	Use of A1c of ≤ 7.0 with age group up to 65
National Agenda	Inability to move quickly with changes in science	Changes in A1c management

Challenges Encountered

- HEDIS® is a nationally recognized comparator of “quality”
 - To not focus on these measures risk media scrutiny
 - MHQP publicly reports group results annually
 - Public relations issues
- Massachusetts does very well using HEDIS® as a measurement of quality
 - At the 90th %tile improvement is hard to come by
 - However, major categories of chronic diseases can not be discounted

PCHI Performance on Selected Quality Measure

Diabetes Care: 2007 Report Data on 2006 Performance



Example of RSO Dashboard for Quality Measures

Quality		RSO			PCHI		
Payer	Measure	On Target?	Actual	Target	On Target?	Actual	Target
	Diabetes Comp	Y	86.60%	78.53%	Y	81.24%	78.53%
	ADHD	Y	80.00%	48.73%	Y	70.00%	48.73%
	BMI Charting	Y	99.08%	90.00%	Y	96.39%	90.00%
	Obesity Pop Mgmt	Y	86.49%	80.00%	N	78.88%	80.00%
	LDL Outcomes	Y	68.09%	51.58%	Y	56.88%	51.58%
	HbA1c Outcomes	Y	82.88%	80.78%	N	80.52%	80.78%
	BMI Charting	Y	99.00%	80.00%	Y	96.70%	80.00%
	Obesity Pop Mgmt	Y	87.00%	75.00%	Y	81.67%	75.00%
	Chlamydia	Y	52.50%	39.13%	Y	60.46%	39.13%
	ADHD	Y	77.78%	41.67%	Y	50.31%	41.67%
	Diabetes Comp	Y	77.47%	64.50%	Y	66.28%	64.50%
	CVE Comp	Y	88.35%	78.00%	Y	83.90%	78.00%
	HTN Comp	Y	86.13%	72.70%	Y	75.64%	72.70%
	ADHD	N	45.00%	58.22%	N	51.73%	58.22%
	BMI Charting	Y	99.13%	90.00%	Y	95.19%	90.00%
	BMI Pop Mgmt	N	30.73%	60.00%	N	35.53%	60.00%
	Obesity SPL	Y	95.24%	90.00%	Y	92.25%	90.00%

- RSO is currently earning 92% of quality withhold

Selected MHQP Results for PCHI

HEDIS Quality Measure	PCHI Rate	MHQP MA Average	MHQP MA 90th*	HEDIS Average	HEDIS 90th
Colorectal Cancer Screening	75.60%	75.00%	84.90%	58.70%	69.60%
Cholesterol Management for Patients with Cardiovascular Conditions- LDL Control (LDL <100)	69.60%	67.90%	-----	59.70%	70.60%
Pharmacotherapy of COPD Exacerbation- Dispensed a systemic corticosteroid	81.90%	81.60%	-----	67.00%	76.30%
Comprehensive Diabetes Care- HbA1c Testing	94.30%	93.00%	96.00%	89.00%	93.70%
Comprehensive Diabetes Care- Blood Pressure Control (BP <140/90)	72.10%	71.70%	-----	65.60%	73.70%
Comprehensive Diabetes Care- LDL Screening	94.10%	91.10%	97.40%	84.80%	89.80%
Comprehensive Diabetes Care- LDL Control (LDL <100)	60.20%	53.90%	-----	45.50%	53.90%
Breast Cancer Screening	84.10%	81.70%	86.90%	70.20%	78.70%
Cervical Cancer Screening	88.50%	87.50%	91.90%	80.80%	86.70%
Chlamydia Screening in Women ages 21-24	58.20%	57.40%	65.70%	43.50%	56.80%
* For measures with a low patient denominator and fewer than 20 medical groups with reportable results, the Massachusetts 90th percentile benchmark is not calculated and is represented by "-----" in that column					

Challenges Encountered

- HEDIS® is a binary measure
 - Is there a clinical difference between A1c of 7.1 or 6.9?
 - Can we incentivize behaviors to encourage appropriate treatment?
 - For those measures at the 90th %tile, can we incentivize management?
 - Do we lose sight of the reason why we treat patients?
- Using outcomes and “electronic” data
 - The EMR is a single community document
 - Who owns the last BP for HTN?
 - Do we average BP or do we use the most recent?
 - Health Plans have patient data over many years, but the EMR is limited to when the application was implemented
 - Use of Structured Problem Lists

Opportunities to Use Different Reporting Other Than HEDIS

HEDIS	EMR	Comments
Relies on claims and chart audits	Uses clinical documents to evaluate care	Incentive to move towards electronic formats and data
Claims data has been notoriously inaccurate	Structured documents and standard language offers improvement in standardization	Requires standardization and understanding of quality requirements at implementation
Focus is on individual provider because of claims	EMR focus on community of care	Defining quality in EMR includes multiple providers
Identify binary choices (y/n)	Clinical process includes variation parameters	For diabetes, A1c of ≤ 7.0 , between 7.1 to 8.0 and ≤ 8.5 all have incentives

2010 Physician P4P Measures*

PCP Adult	Pediatric	Specialist
<p>Quality</p> <ol style="list-style-type: none"> 1. Diabetes Composite 2. Hypertension Composite 3. Cardiovascular Composite 4. Screening Composite 	<p>Quality</p> <ol style="list-style-type: none"> 1. ADHD 2. Asthma 3. BMI Population Management 4. Chlamydia 	<p>Quality</p> <ol style="list-style-type: none"> 1. Cardiologist CVE Composite 2. Endocrinologist Diabetes Composite 3. Chemo Treatment Plan & Summary Staging Module 4. World Health Organization Surgical Safety Checklist 5. Antibiotic Administration for Cesarean Section Procedures
<p>Efficiency</p> <ol style="list-style-type: none"> 1. Inpatient Utilization 2. Radiology Utilization 3. Pharmacy PMPM Utilization 4. Pharmacy % Generic Utilization 	<p>Efficiency</p> <ol style="list-style-type: none"> 1. Pharmacy PMPM 	<p>Efficiency</p> <ol style="list-style-type: none"> 1. Inpatient Utilization 2. Radiology Utilization 3. Pharmacy PMPM Utilization 4. Pharmacy % Generic Utilization (all physicians except cardiologists) 5. Cardiology % Generic (cardiologists only)
<p>Infrastructure</p> <ol style="list-style-type: none"> 1. Physician Effective Use 2. Physician Documentation 3. Patient Communication RSO Choice (Lab Communication or Patient Portal Adoption) 		

* Hospitals Measures are Omitted

A word about composites

Baseline Information

Hypothetical Performance Year					
Total Patients (not actuals)			Total Possible Points		
779			4,674		
Components:	Compliant Patients	% Compliant Patients	Pts	Compliant Points	% Compliant Points
HbA1c Scr	773	99.23%			
HbA1c <=7	312	40.05%	2	624	40.05%
HbA1c <=8	203	26.06%	1	203	13.03%
HbA1c <=8.5	60	7.70%	0.5	30	1.93%
HbA1c >8.5	151	19.38%	0	0	0.00%
HbA1c No Values	47	6.03%	0	0	0.00%
HbA1c Total	575	73.81%		857	55.01%
LDL Scr	747	95.89%			
LDL <=100	497	63.80%	2	994	63.80%
LDL <=105	38	4.88%	1	38	2.44%
LDL <=110	30	3.85%	0.5	15	0.96%
LDL >110	132	16.94%	0	0	0.00%
LDL No Value	50	6.42%	0	0	0.00%
LDL Total	565	72.53%		1,047	67.20%
BP Values Present	752	96.53%			
BP <=130/80	473	60.72%	2	946	60.72%
BP <=140/90	151	19.38%	1	151	9.69%
BP >140/90	128	16.43%	0	0	0.00%
BP No Value	27	3.47%	0	0	0.00%
BP Total	624	80.10%		1,097	70.41%
Total Points = Composite				3,001	64.21%

- Total of 6 points/pt
- Points = quality opportunities
- Can have different strategies for compliance relative to performance

The numbers are representational and do not reflect actual performance

2010 Quality Outcome Measures (PCP)

Diabetes	<p>Composite Measure</p> <ul style="list-style-type: none"> HbA1c Outcomes ≤ 7.0 (with declining credit for ≤ 8.5) BP $\leq 140/80$ (with declining credit for $\leq 145/95$) LDL ≤ 100 (with declining credit for ≤ 110) <table border="1"> <tr> <td>HbA1c ≤ 7.0</td> <td>2 points</td> <td>LDL ≤ 100</td> <td>2 points</td> <td>BP $\leq 130/80$</td> <td>2 points</td> </tr> <tr> <td>HbA1c $>7, \leq 8$</td> <td>1 point</td> <td>LDL $>100, \leq 105$</td> <td>1 point</td> <td>BP $>130/80, \leq 140/90$</td> <td>1 point</td> </tr> <tr> <td>HbA1c $>8, \leq 8.5$</td> <td>.5 point</td> <td>LDL $>105, \leq 110$</td> <td>.5 point</td> <td>BP $>140/90$</td> <td>0 point</td> </tr> <tr> <td>HbA1c >8.5</td> <td>0 point</td> <td>LDL >110</td> <td>0 point</td> <td>No value</td> <td>0 point</td> </tr> <tr> <td>No value</td> <td>0 point</td> <td>No value</td> <td>0 point</td> <td></td> <td></td> </tr> <tr> <td colspan="6">Total Points Available = 6 Per Patient</td> </tr> </table>	HbA1c ≤ 7.0	2 points	LDL ≤ 100	2 points	BP $\leq 130/80$	2 points	HbA1c $>7, \leq 8$	1 point	LDL $>100, \leq 105$	1 point	BP $>130/80, \leq 140/90$	1 point	HbA1c $>8, \leq 8.5$.5 point	LDL $>105, \leq 110$.5 point	BP $>140/90$	0 point	HbA1c >8.5	0 point	LDL >110	0 point	No value	0 point	No value	0 point	No value	0 point			Total Points Available = 6 Per Patient					
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2010 Quality Measures (Specialists)

Obstetrics	<ul style="list-style-type: none"> ▪ Antibiotic Timing: C-Section patients receiving prophylactic intravenous antibiotics within 1 hour to surgical incision up to 15 minutes after the time of delivery ▪ Antibiotic Selection: C-Section patients who receive appropriate prophylactic antibiotics consistent with currently accepted guidelines
Oncology	<ul style="list-style-type: none"> ▪ Measurement and improvement of completion of Chemotherapy Treatment Plan and Summary/Staging Module in electronic health record
Surgery & Anesthesiology	<ul style="list-style-type: none"> ▪ World Health Organization Surgical Safety Checklist adherence
Cardiology	<ul style="list-style-type: none"> ▪ BP $\leq 140/90$ (with declining credit for $\leq 145/95$) ▪ LDL ≤ 100 (with declining credit for ≤ 110)
Endocrinology	<ul style="list-style-type: none"> ▪ HbA1c Outcomes ≤ 7.0 (with declining credit for ≤ 8.5) ▪ BP $\leq 140/90$ (with declining credit for $\leq 145/95$) ▪ LDL ≤ 100 (with declining credit for ≤ 110)

Evolution not Revolution

- Implementation of new measure development must be incremental. The future belongs to meaningful use
 - PCPs
 - will focus first on “tweaking” current measure set
 - Specialists:
 - Process and technology measures to lay the groundwork for quality/efficiency measures in 2010.
 - Narrowly focused quality measures based on reliable validated measure sets.
 - “Portable” efficiency measures (e.g., generic Rx).
- Must be able to articulate a long-term vision and develop a plan for “getting there” but we won’t get there all at once; achieving the vision will be a journey.

Lessons Learned

- Engage those being measured early and often
- Define clear expectations up front
- Align measurement across measured entities
- One view does not fit all when reporting
- Measurement alone does not drive change
- Be flexible and have a sense of humor

Thank You

Questions?

mbakerman@partners.org