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Getting to Safe, Affordable, Effective, Patient-Centered Care: Good Data & Measures Are Just the Beginning

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Transformation Vision: 2016

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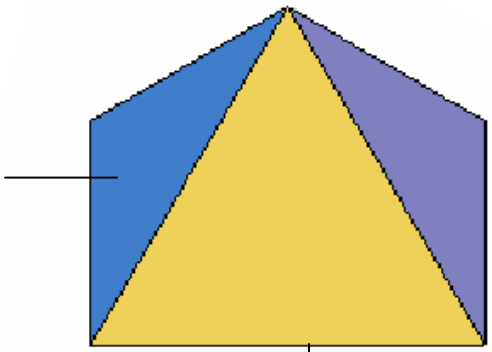
A health care system that provides safe, timely, effective, affordable, patient-centered care for everyone in Massachusetts.

A Balanced Portfolio of Measures



Patient Experience

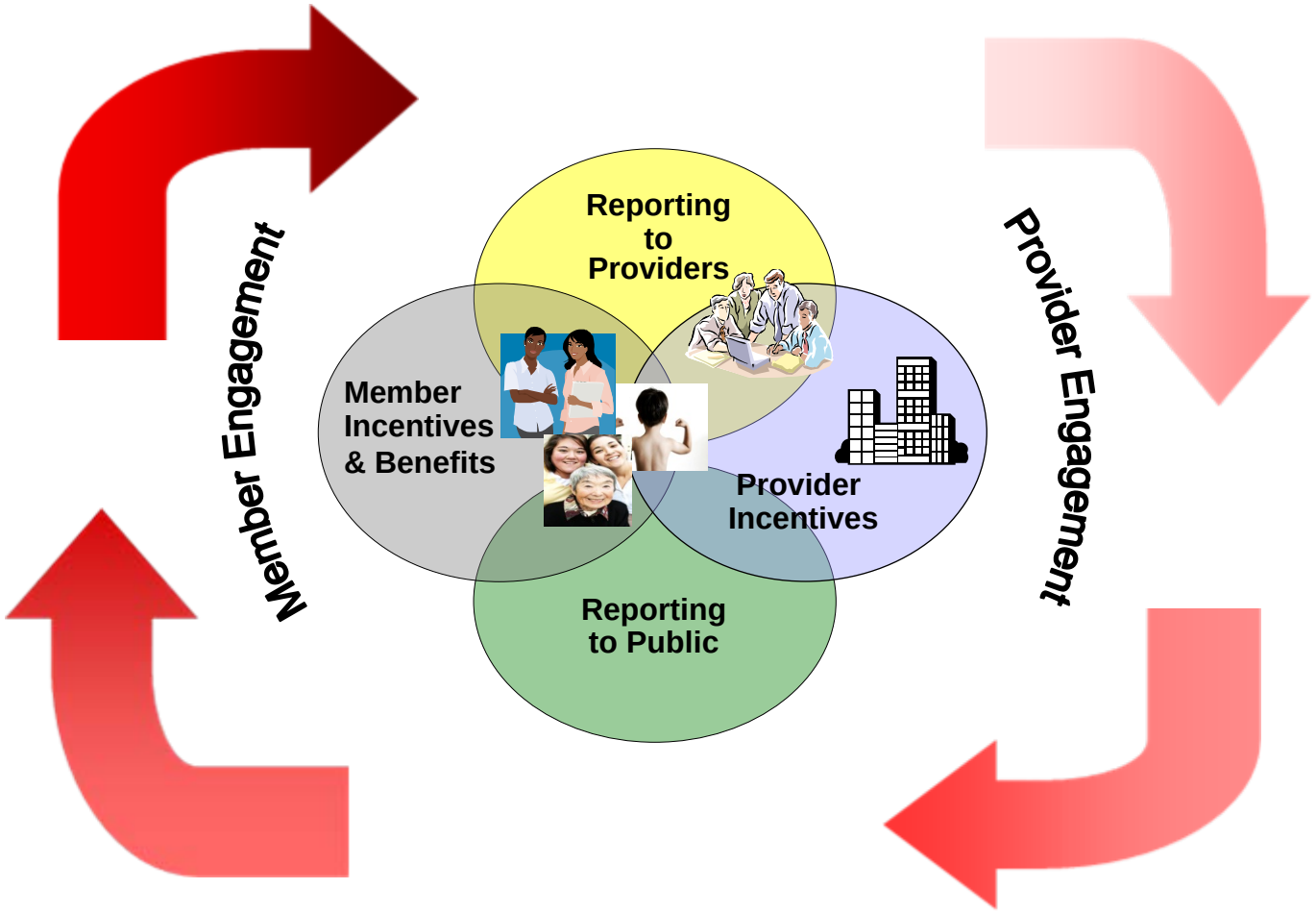
Cost / Efficiency

Clinical Performance:

- Process
- Outcomes

A health care system that provides safe, timely, effective, affordable, patient-centered care for everyone in Massachusetts.

Advancing Quality and Safety Through Our Performance Measurement and Reporting Programs



Guiding Principles in Selecting Performance Measures for "High Stakes" Use

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- Wherever possible, our measures should be drawn from nationally accepted standard measure sets.
- The measure must reflect something that is broadly accepted as clinically important.
- There must be empirical evidence that the measure provides stable and reliable information at the level at which it will be reported (i.e. individual, site, group, or institution) with available sample sizes and data sources.
- There must be sufficient variability on the measure across providers (or at the level at which data will be reported) to merit attention.
- The must be empirical evidence that the level of the system that will be held accountable (clinician, site, group, institution) accounts for substantial system-level variance in the measure.
- Providers should be exposed to information about the development and validation of the measures and given the opportunity to view their own performance, ideally for one measurement cycle, before the data are used for "high stakes" purposes.

Key Components of the Alternative Contract Model

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Unique contract model:

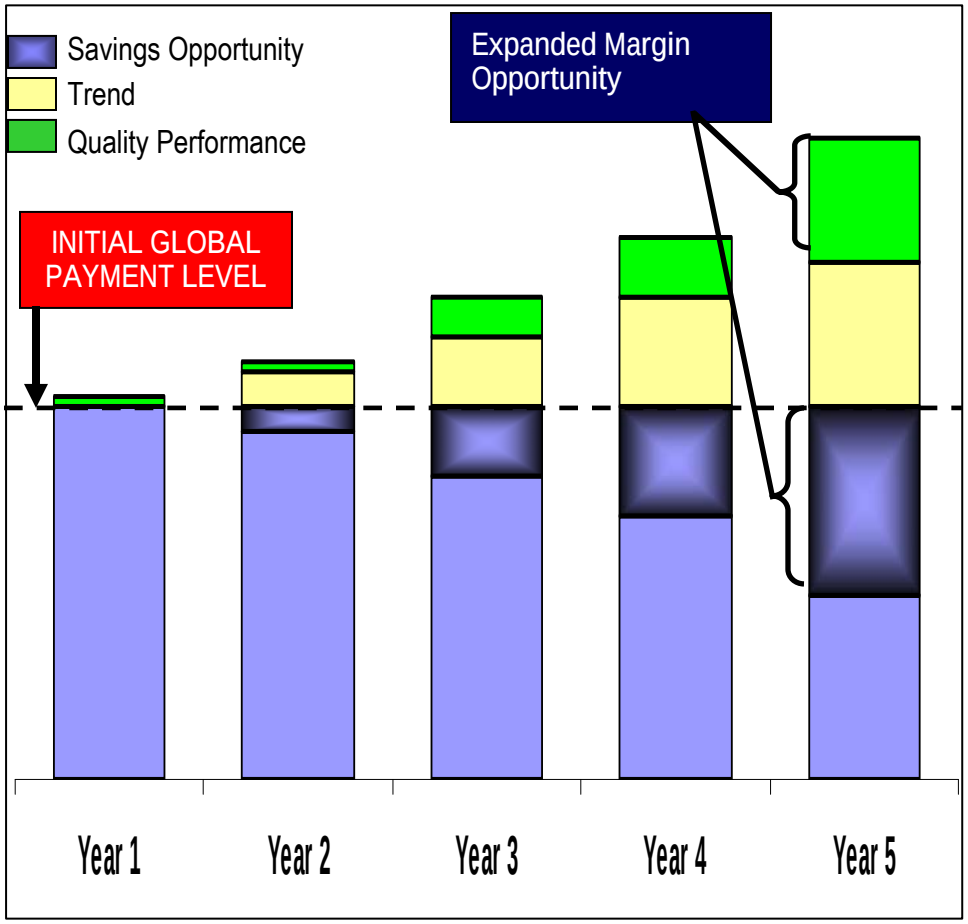
- Physicians & hospital contracted together as a "system" – accountable for cost & quality across full care continuum
- Long-term (5-years)

Controls cost growth:

- Global payment for care across the continuum
- Annual inflation tied to CPI
- Incentive to eliminate clinically wasteful care ("overuse")

Improved quality, safety and outcomes:

- Robust performance measure set creates accountability for quality, safety and outcomes across continuum
- Substantial financial incentives for high performance (up to 10% upside)



Ambulatory Measures

	Measure	Score	Weight
Process	**Depression**		
	1 Acute Phase Rx	2.5	1.0
	2 Continuation Phase Rx	1.5	1.0
	Diabetes		
	3 HbA1c Testing (2X)	3.0	1.0
	4 Eye Exams	1.0	1.0
	5 Nephropathy Screening	1.2	1.0
	Cholesterol Management		
	6 Diabetes LDL-C Screening	2.8	1.0
	7 Cardiovascular LDL-C Screening	2.1	1.0
	8 Breast Cancer Screening	1.2	1.0
	9 Cervical Cancer Screening	1.3	1.0
	10 Colorectal Cancer Screening	2.4	1.0
	Preventive Screening/Treatment		
	Chlamydia Screening		
	11 Ages 16-20	3.1	0.5
	12 Ages 21-25	1.8	0.5
	Pedi: Testing/Treatment		
	13 Upper Respiratory Infection (URI)	1.6	1.0
	14 Pharyngitis	1.4	1.0
	Pedi: Well-visits		
	15 < 15 months	2.6	1.0
	16 3-6 Years	2.0	1.0
	17 Adolescent Well Care Visits	1.5	1.0
Outcomes	**Diabetes**		
	18 HbA1c in Poor Control	3.2	3.0
	19 LDL-C Control (<100mg)	2.4	3.0
	Hypertension		
	20 Controlling High Blood Pressure	1.3	3.0
	Cardiovascular Disease		
	21 LDL-C Control (<100mg)	2.4	3.0
Patient Exper.	**Patient Experiences (C/G CAHPS/ACES) - Adult 3**		
	22 Communication Quality	1.9	1.0
	23 Knowledge of Patients	1.9	1.0
	24 Integration of Care	2.1	1.0
	25 Access to Care	2.4	1.0
	Patient Experiences (C/G CAHPS/ACES) - Pediatric 3		
	26 Communication Quality	1.0	1.0
	27 Knowledge of Patients	1.5	1.0
	28 Integration of Care	2.5	1.0
	29 Access to Care	2.8	1.0
Experimental	30 Experimental Measure A	5.0	1.0
	31 Experimental Measure B	5.0	1.0

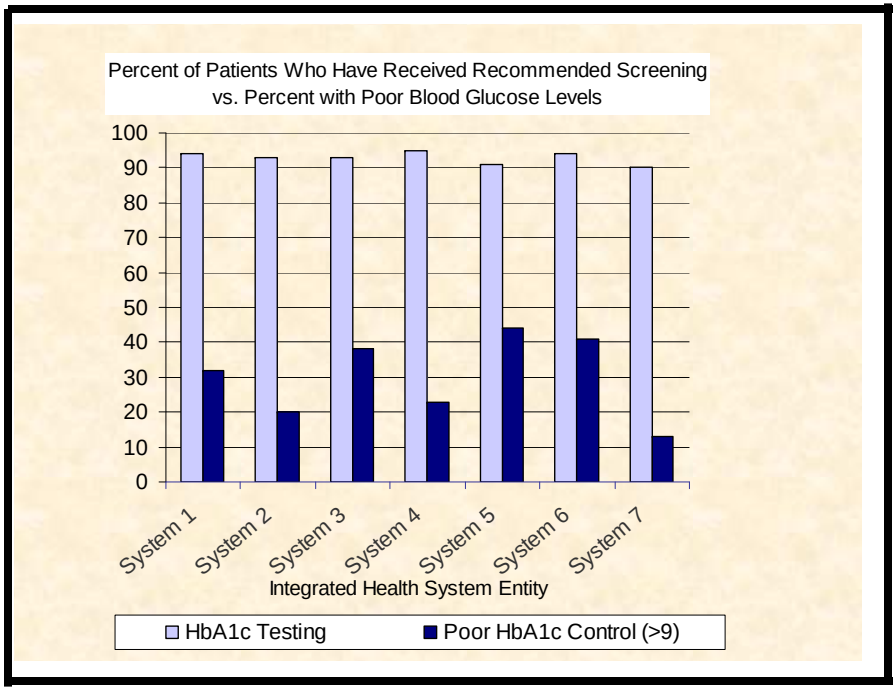
Hospital Measures

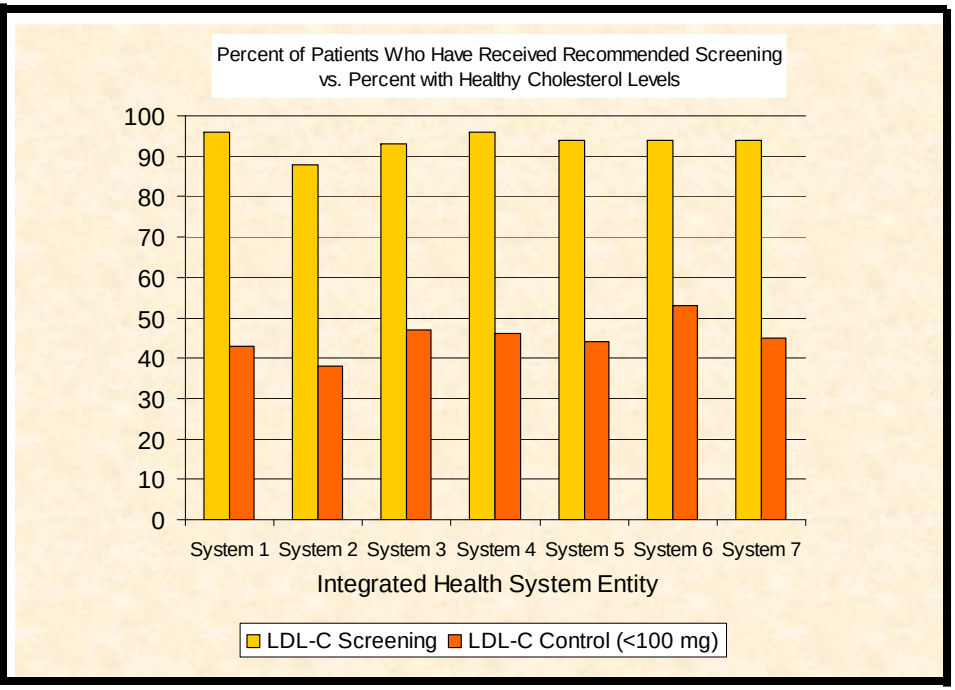
Measure		Score	Weight
AMI			
1	ACE/ARB for LVSD	2.0	1.0
2	Aspirin at arrival	2.5	1.0
3	Aspirin at discharge	1.5	1.0
4	Beta Blocker at arrival	1.5	1.0
5	Beta Blocker at discharge	1.3	1.0
6	Smoking Cessation	1.0	1.0
Heart Failure			
7	ACE LVSD	1.3	1.0
8	LVS function Evaluation	1.0	1.0
9	Discharge instructions	1.8	1.0
10	Smoking Cessation	3.0	1.0
Pneumonia			
11	Flu Vaccine	2.5	1.0
12	Pneumococcal Vaccination	2.9	1.0
13	Antibiotics w/in 4 hrs	1.4	1.0
14	Oxygen assessment	1.0	1.0
15	Smoking Cessation	3.1	1.0
16	Antibiotic selection	3.0	1.0
17	Blood culture	3.5	1.0
Surgical Infection			
18	Antibiotic received	1.3	1.0
19	Received Appropriate Preventive Antibiotic	1.4	1.0
20	Antibiotic discontinued	3.0	1.0
21	In-Hospital Mortality - Overall	3.0	1.0
22	Wound Infection	2.1	1.0
23	Select Infections due to Medical Care	2.8	1.0
24	AMI after Major Surgery	2.4	1.0
25	Pneumonia after Major Surgery	3.4	1.0
26	Post-Operative PE/DVT	2.0	1.0
27	Birth Trauma - injury to neonate	1.0	1.0
28	Obstetrics Trauma-vaginal w/o instrument	1.5	1.0
Hospital Patient Experience (H-CAHPS) Measures			
29	Communication with Nurses	4.0	1.0
30	Communication with Doctors	3.0	1.0
31	Responsiveness of staff	2.5	1.0
32	Discharge Information	2.8	1.0
33	Experimental Measure C	5.0	1.0

Weighted Ambulatory Score	2.2	Weighted Hospital Score	2.3

Aggregate Score 2.3

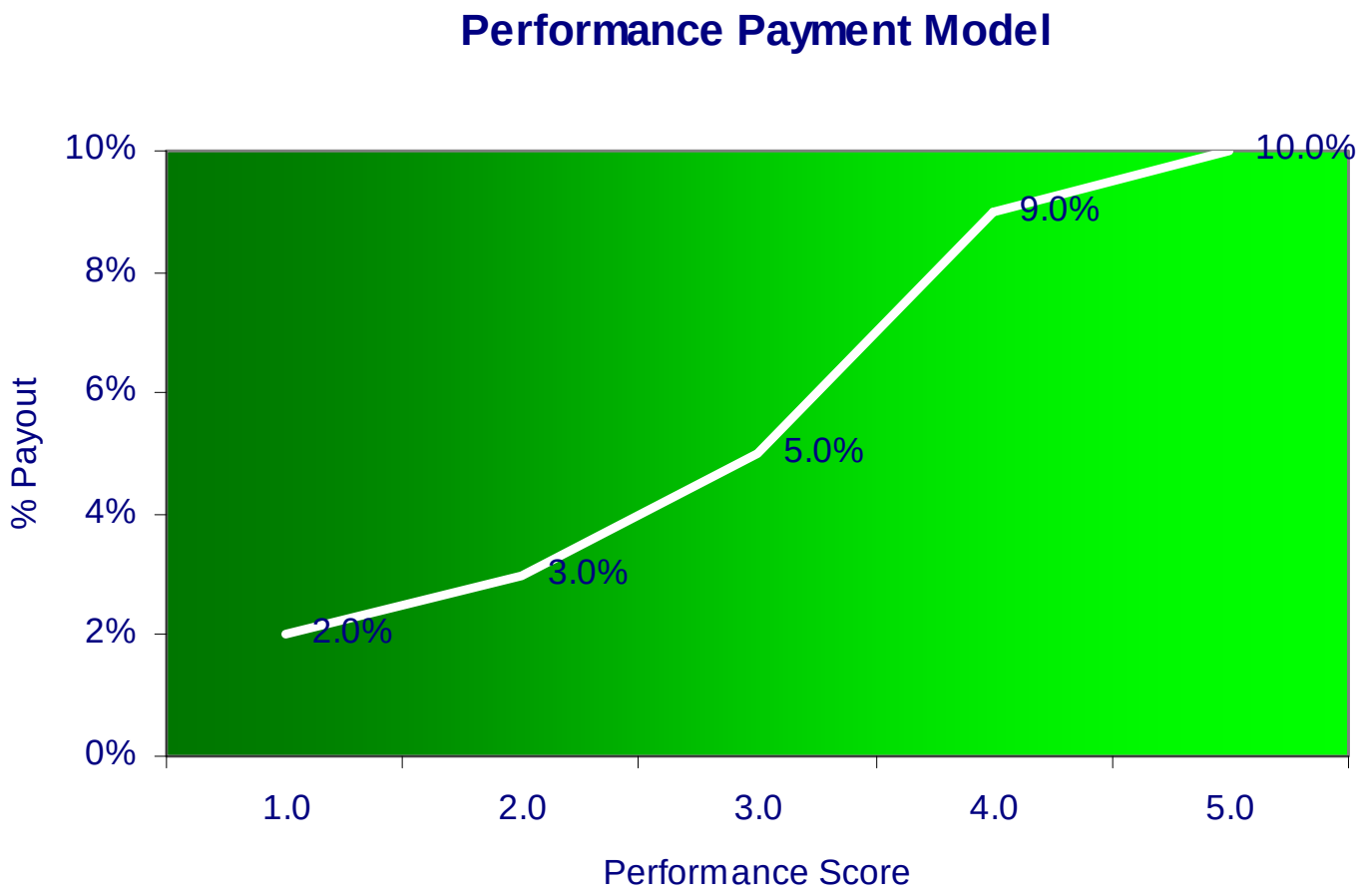
Diabetes Care:
Process is nearing perfection, outcomes are far from it





Source: MHQP, 2005 HEDIS process and outcomes measures

Performance Achievement Model



Key Components of the Alternative Contract Model

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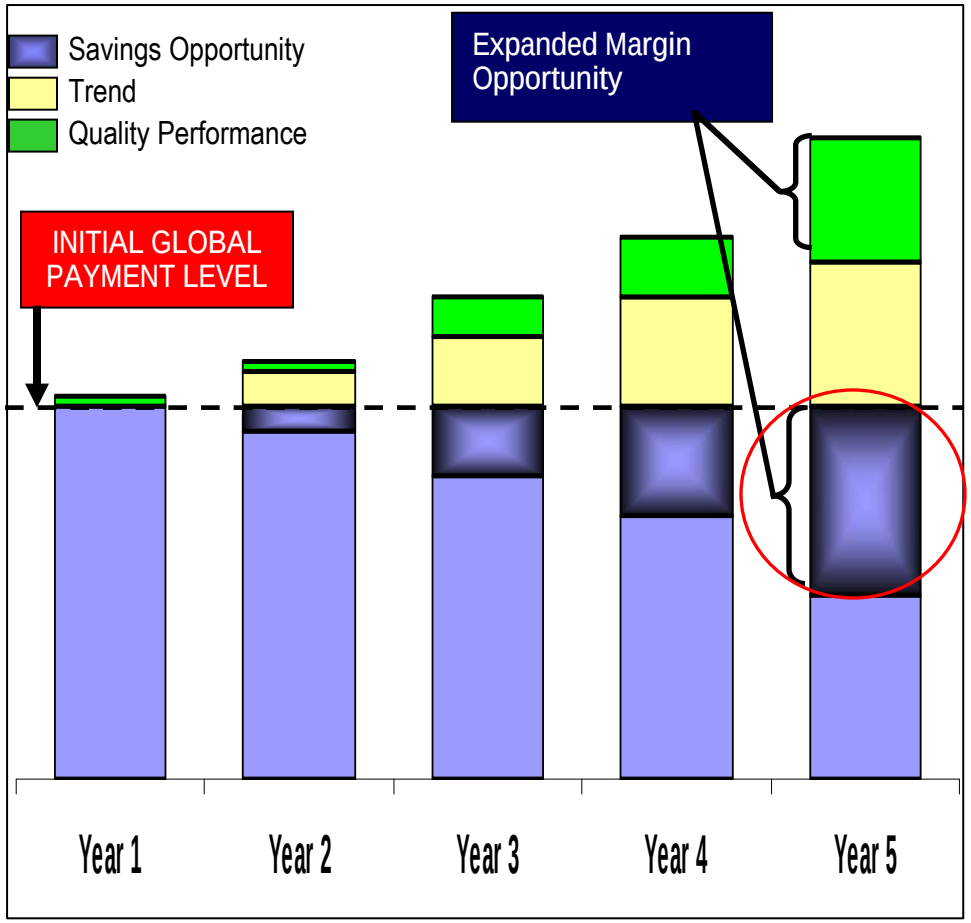
Performance Improvement: Cost and Efficiency



Geography is Destiny: Practice Pattern Variation

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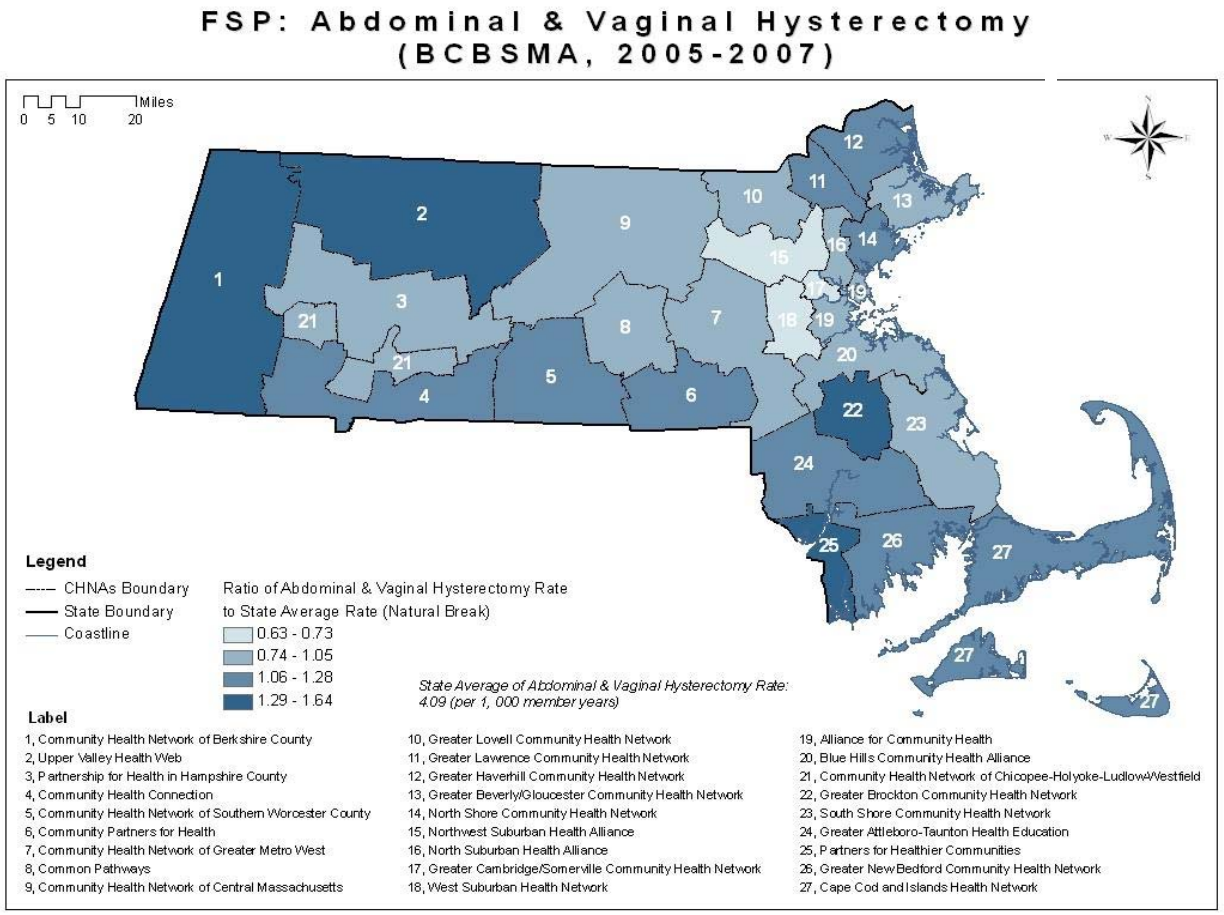

Practice Pattern Variation Analysis (PPVA)

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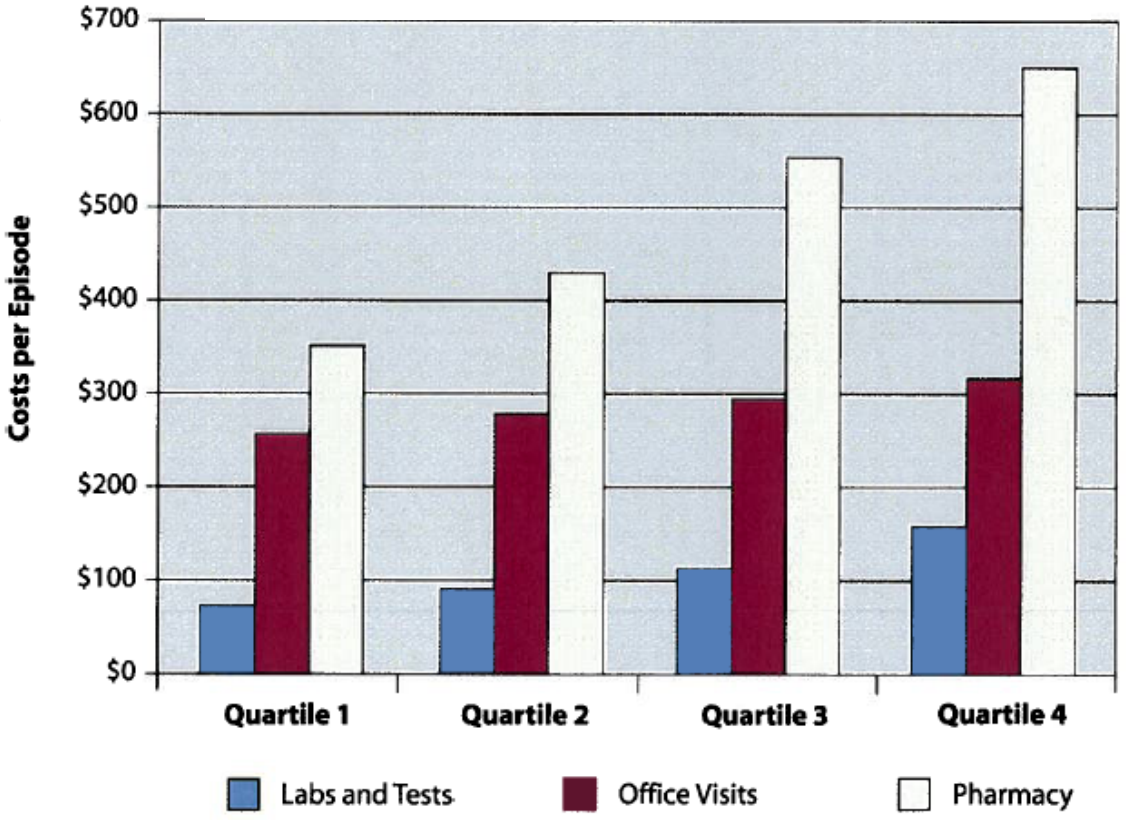
Unpacking differences in the treatment components of specific episodes across clinicians in a single, defined medical specialty

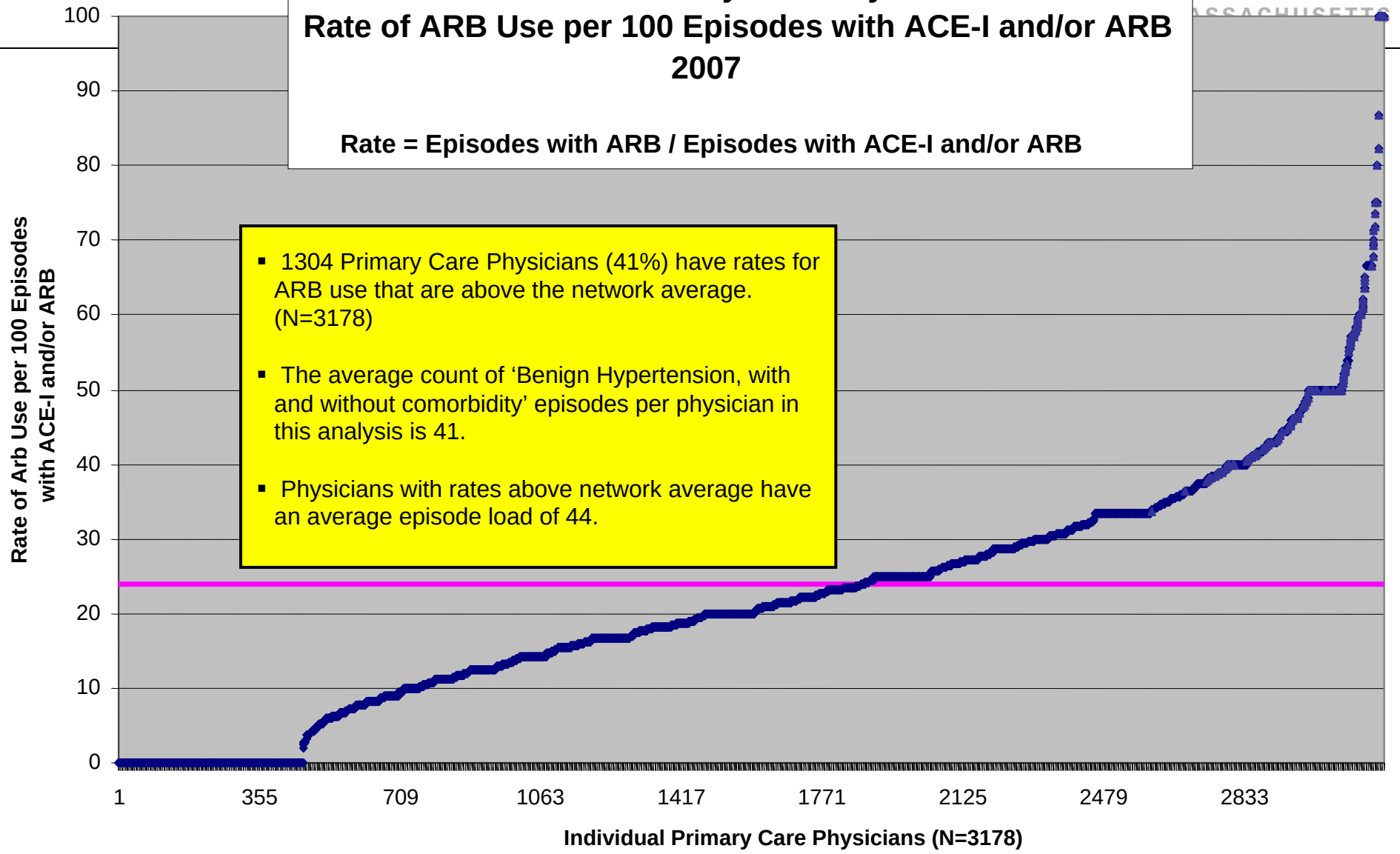
The results are highly actionable because they get to the root of variations in treatment costs for a defined and highly-specific clinical circumstance among physicians of the same specialty



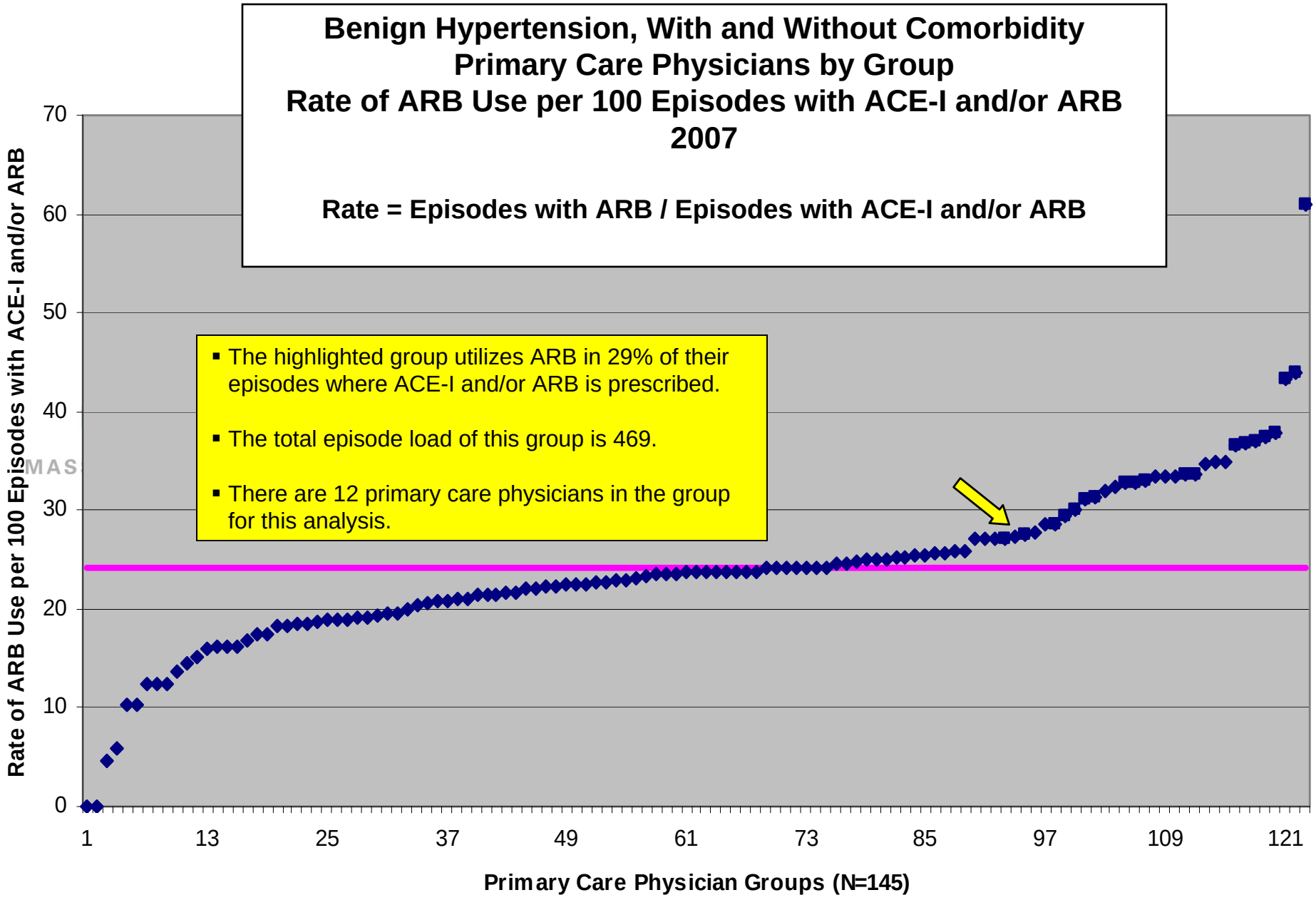
Source: Greene RA, et al. *Health Affairs* 2008; w250-259

Benign Hypertension, With and Without Comorbidity
Individual Primary Care Physicians
Rate of ARB Use per 100 Episodes with ACE-I and/or ARB
2007

Rate = Episodes with ARB / Episodes with ACE-I and/or ARB

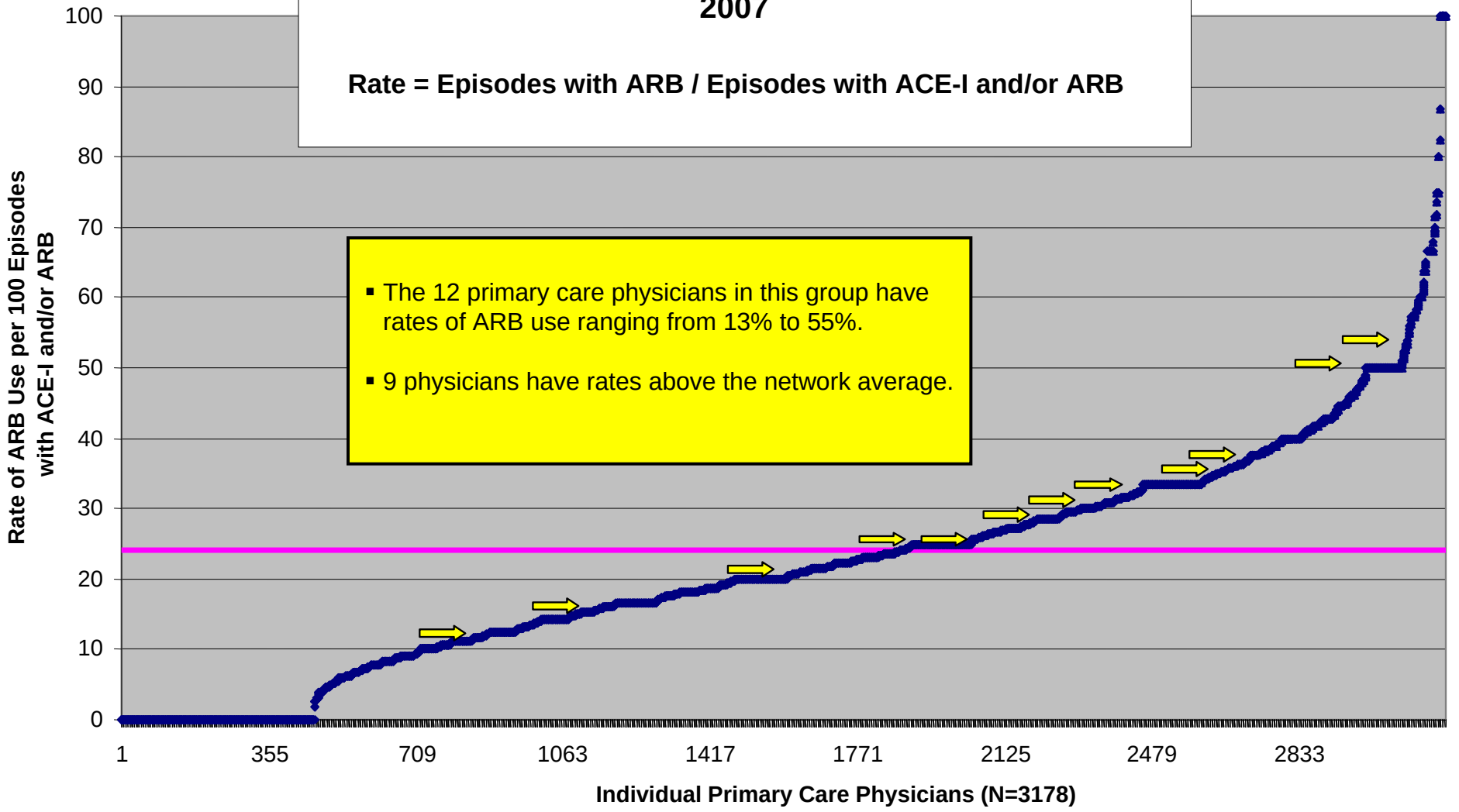


- 1304 Primary Care Physicians (41%) have rates for ARB use that are above the network average. (N=3178)
- The average count of 'Benign Hypertension, with and without comorbidity' episodes per physician in this analysis is 41.
- Physicians with rates above network average have an average episode load of 44.


Benign Hypertension, With and Without Comorbidity
Primary Care Physicians by Group
Rate of ARB Use per 100 Episodes with ACE-I and/or ARB
2007
Rate = Episodes with ARB / Episodes with ACE-I and/or ARB
The highlighted group utilizes ARB in 29% of their episodes where ACE-I and/or ARB is prescribed.
The total episode load of this group is 469.
There are 12 primary care physicians in the group for this analysis.
Rate of ARB Use per 100 Episodes with ACE-I and/or ARB
0
10
20
30
40
50
60
70
1
13
25
37
49
61
73
85
97
109
121
Primary Care Physician Groups (N=145)

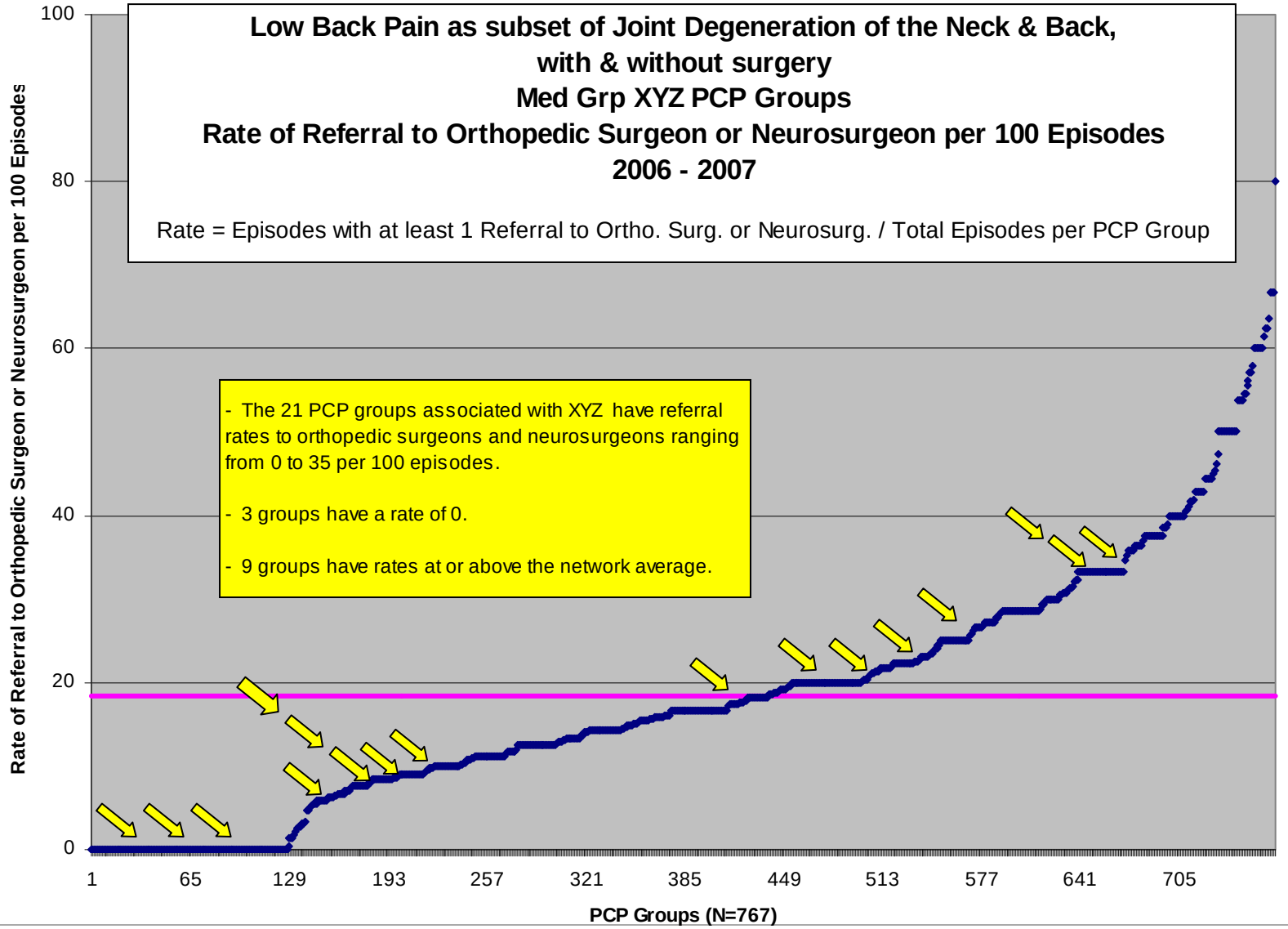
Benign Hypertension, With and Without Comorbidity
Individual Primary Care Physicians
Rate of ARB Use per 100 Episodes with ACE-I and/or ARB 2007

Rate = Episodes with ARB / Episodes with ACE-I and/or ARB

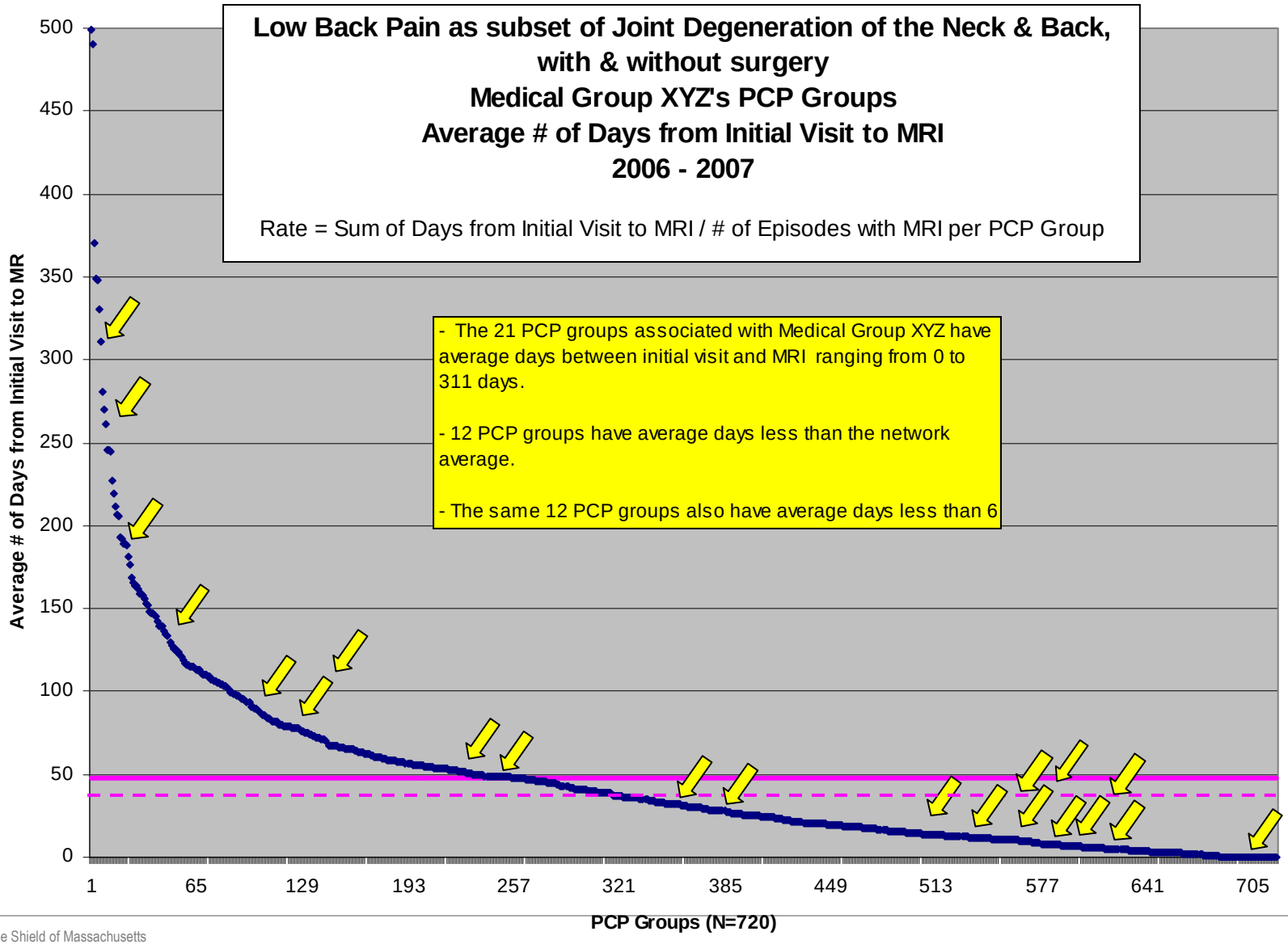


- The 12 primary care physicians in this group have rates of ARB use ranging from 13% to 55%.
- 9 physicians have rates above the network average.

Variations in PCP Referral for Low Back Pain



Variations in Days-to-MRI for Low Back Pain



Select PPVA Topics Provided to AQC Groups

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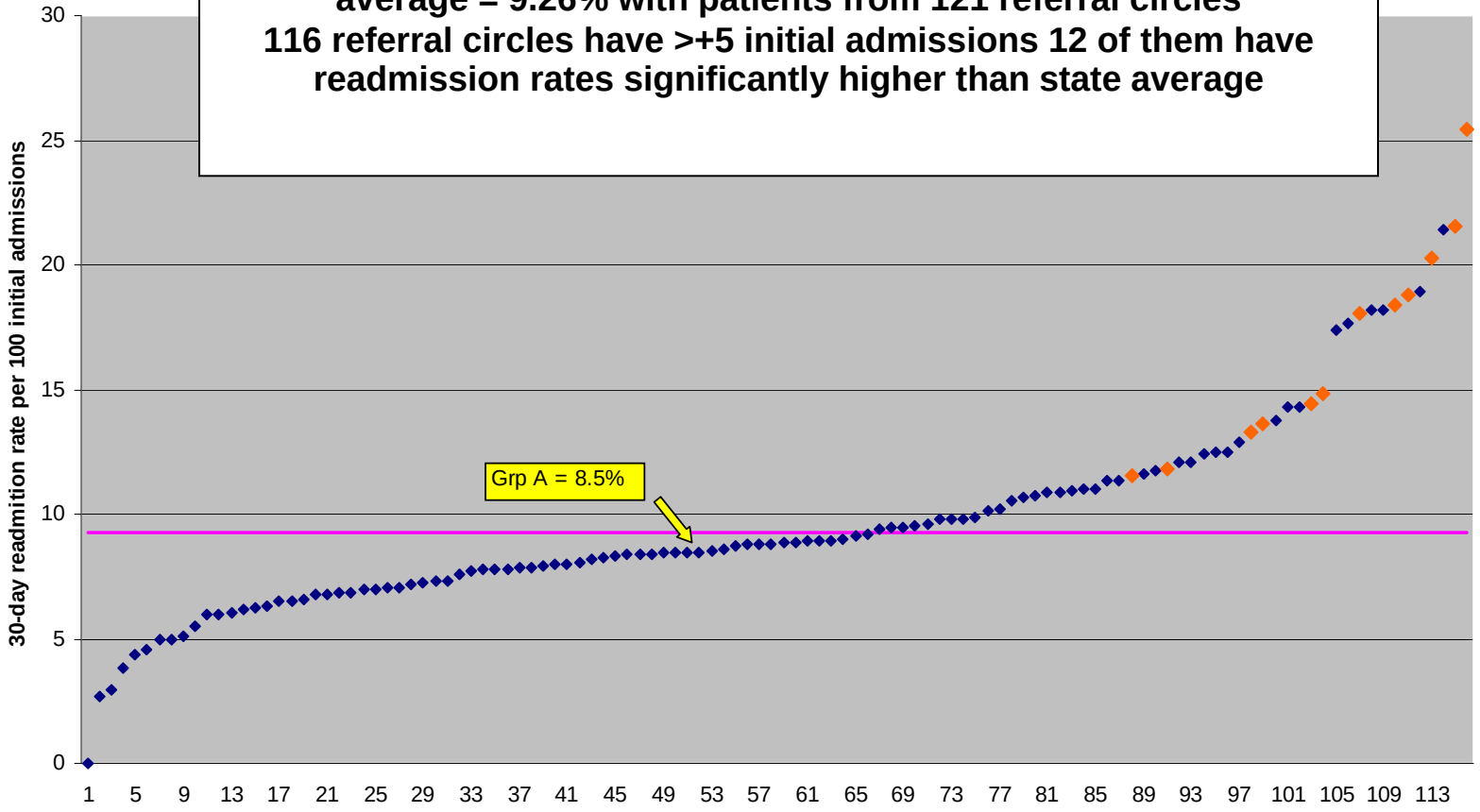
Condition	Primary Drivers of Variation			
	Rx	Imaging	Specialty Referral	Procedure
Hyperlipidemia	X		X	
Benign Hypertension	X	X	X	
Inflammation of Esophagus			X	X
Joint Degeneration of Knee			X	X
Depression	X			
Migraine	X	X	X	
Inflammation of Skin	X		X	X
CAD, Ischemic Heart Disease (except CHF, w/o AMI)	X	X	X	X
Sinusitis (Acute & Chronic), Allergic Rhinitis	X		X	X
Arthritis	X		X	
Low Back Pain	X	X	X	X

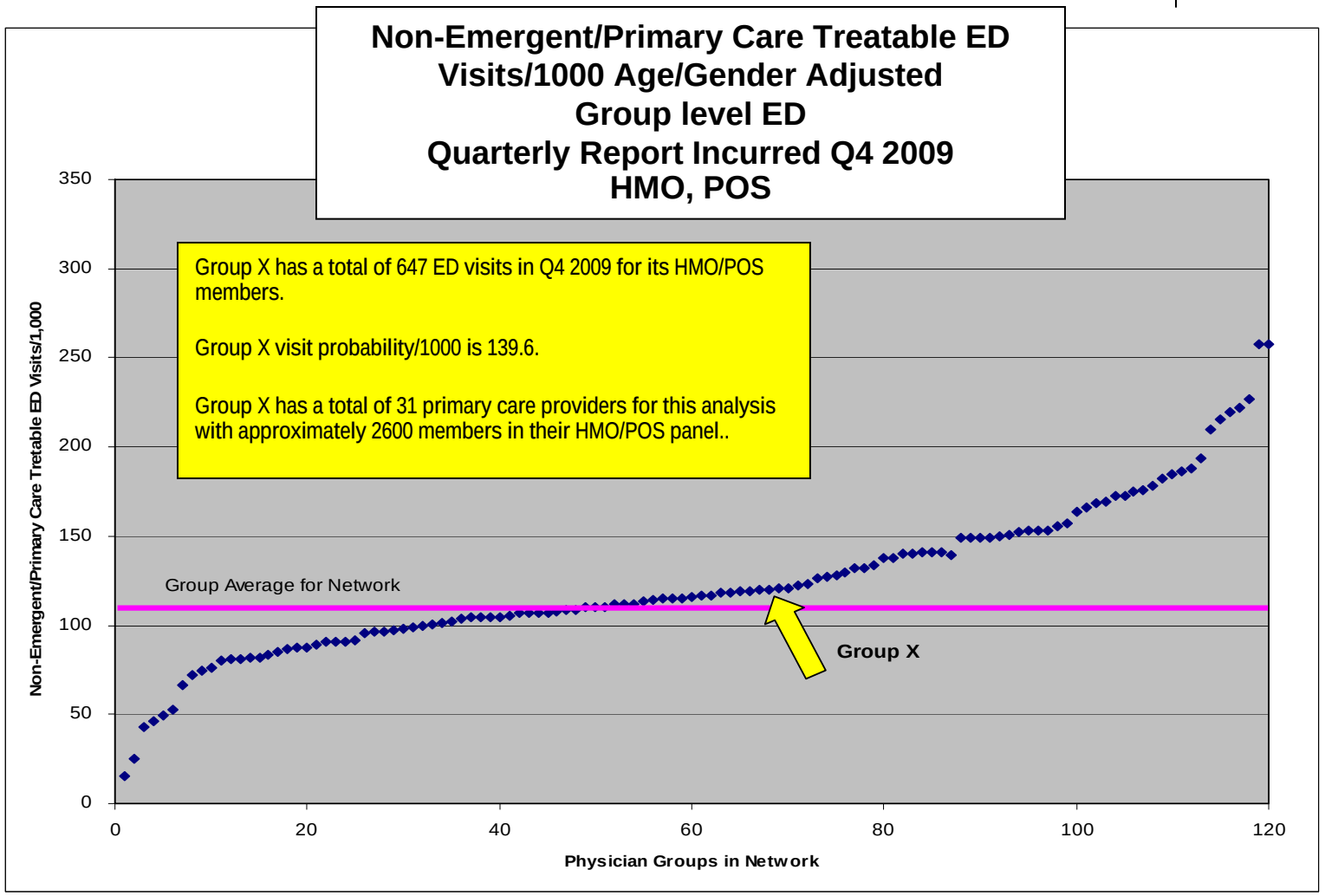
Avoidable Use of Hospital Resources
Ambulatory Care Sensitive Admissions
Non-Urgent Emergency Department Utilization
30 Day All-cause Readmissions

Variation in 30-Day Readmission Rates by PCP Group

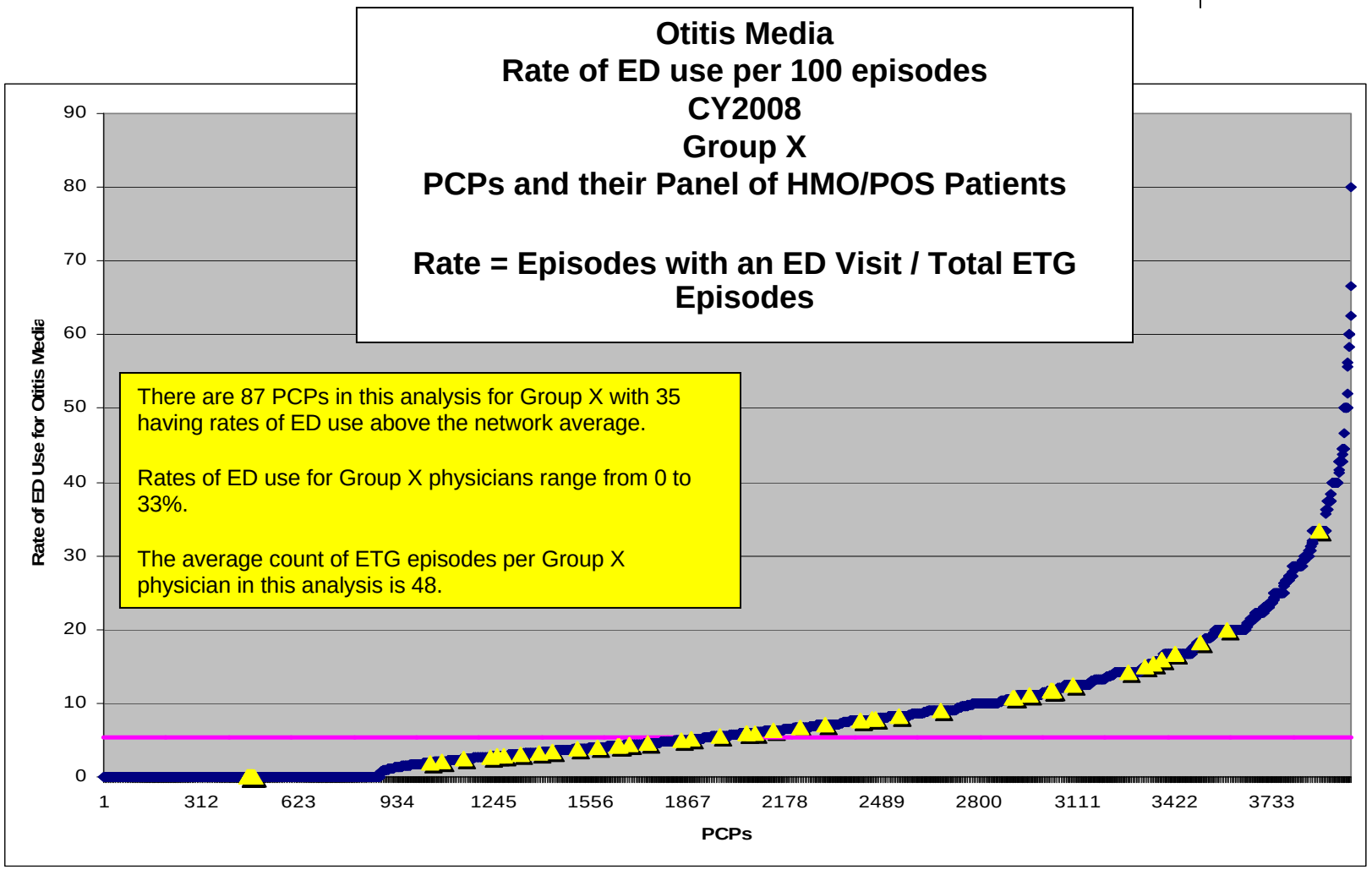
30-day all-cause readmissions rate
CY2008 admissions excluding maternity and newborn HMO/POS and Medicare HMO members with in-state referral circle PCPs state average = 9.26% with patients from 121 referral circles
116 referral circles have >+5 initial admissions 12 of them have readmission rates significantly higher than state average



Variation in Non-Emergent ED Visit Rate by PCP Group



Within-Group Variation in ED Visits for Otitis Media



Summary

- Without measurement, we don't know where we are on the journey
- But imprecise measurement used in "high stakes" ways undermines our collective efforts
- Getting to "high stakes" implementation with reliable, valid measures does not have to take long
- Much is available and appropriate for high stakes uses already – but substantial and important gaps in our national measurement portfolio remain
- Early evidence of "improvability" is encouraging – even on measures that go beyond "process of care"
  - …but requires broad organizational engagement, leadership and sustained effort
- Getting to safe, effective, affordable, patient-centered care will require ongoing use of valid, reliable performance measures, employed in ways that engage and align the interests of clinicians, patients, and health care institutions.

For More Information

Doctor and the Doll by Norman Rockwell

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