

The Measures Maelstrom: How to Determine the Success of a Program

Kate Goodrich, MD, MHS





Engaging Patients in Performance Measurement



*Creating a Culture of
Quality Conference
ESRD Forum*

*Kate Goodrich, MD MHS
CMS
March 23rd, 2015*

Agenda

- Delivery System reform goals
- Overview of CMS Quality Strategy and CMS Quality Programs
- Principles around Quality Measure Development
- ESRD measure development and patient engagement

CMS support of Health Care Delivery System Reform (DSR) will result in better care, smarter spending, and healthier people

Historical state

Key characteristics

- Producer-centered
- Incentives for volume
- Unsustainable
- Fragmented Care

Systems and Policies

- Fee-For-Service Payment Systems

**Public
and
private
sectors**

Evolving future state

Key characteristics

- Patient-centered
- Incentives for outcomes
- Sustainable
- Coordinated care

Systems and Policies

- Value-based purchasing
- Accountable Care Organizations
- Episode-based payments
- Medical Homes
- Quality/cost transparency

Delivery System Reform requires focusing on the way we pay providers, deliver care, and distribute information

Focus Areas

Description

Pay Providers

- Promote value-based payment systems
 - Test new alternative payment models
 - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

Deliver Care

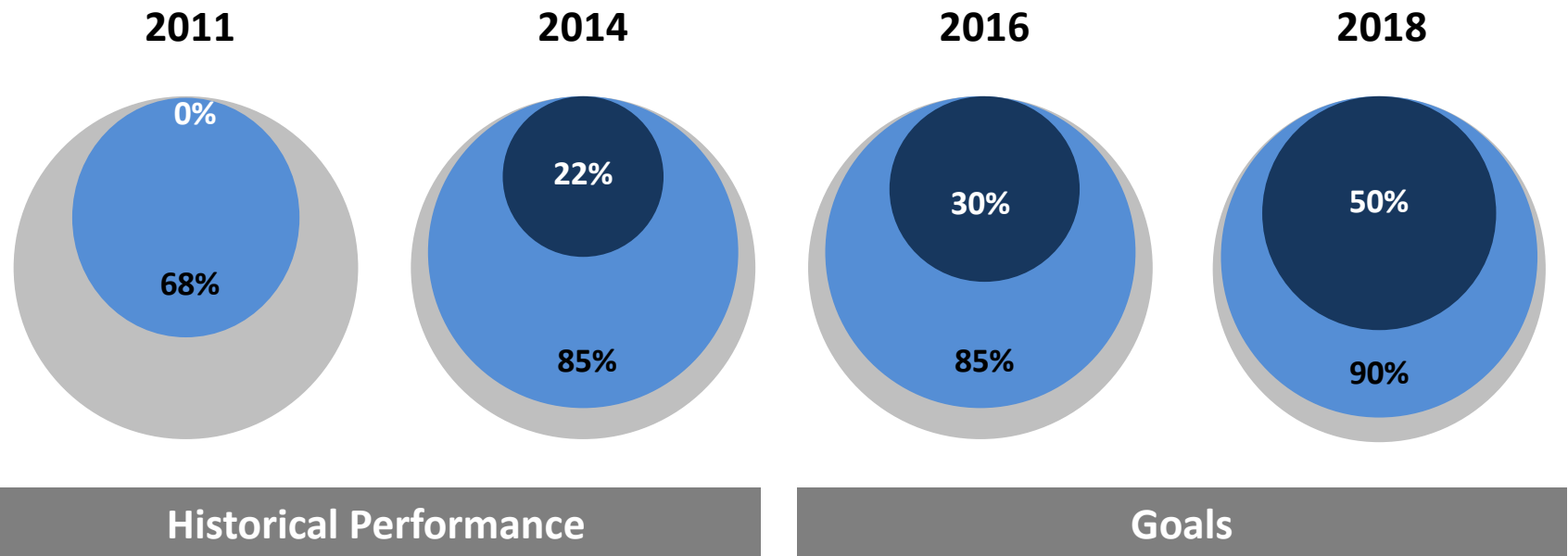
- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

Distribute Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018

- Alternative payment models (Categories 3-4)
- FFS linked to quality (Categories 2-4)
- All Medicare FFS (Categories 1-4)



Our quality improvement strategy is to concurrently pursue three aims

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible and safe.

Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

Affordable Care

Reduce the cost of quality health care for individuals, families, employers and government.

The Six Goals of the CMS Quality Strategy

- 1 Make care safer by reducing harm caused in the delivery of care
- 2 Strengthen person and family engagement as partners in their care
- 3 Promote effective communication and coordination of care
- 4 Promote effective prevention and treatment of chronic disease
- 5 Work with communities to promote healthy living
- 6 Make care affordable

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Foundational Principles of the CMS Quality Strategy



Eliminate Racial and Ethnic disparities



Strengthen infrastructure and data systems



Enable local innovations



Foster learning organizations

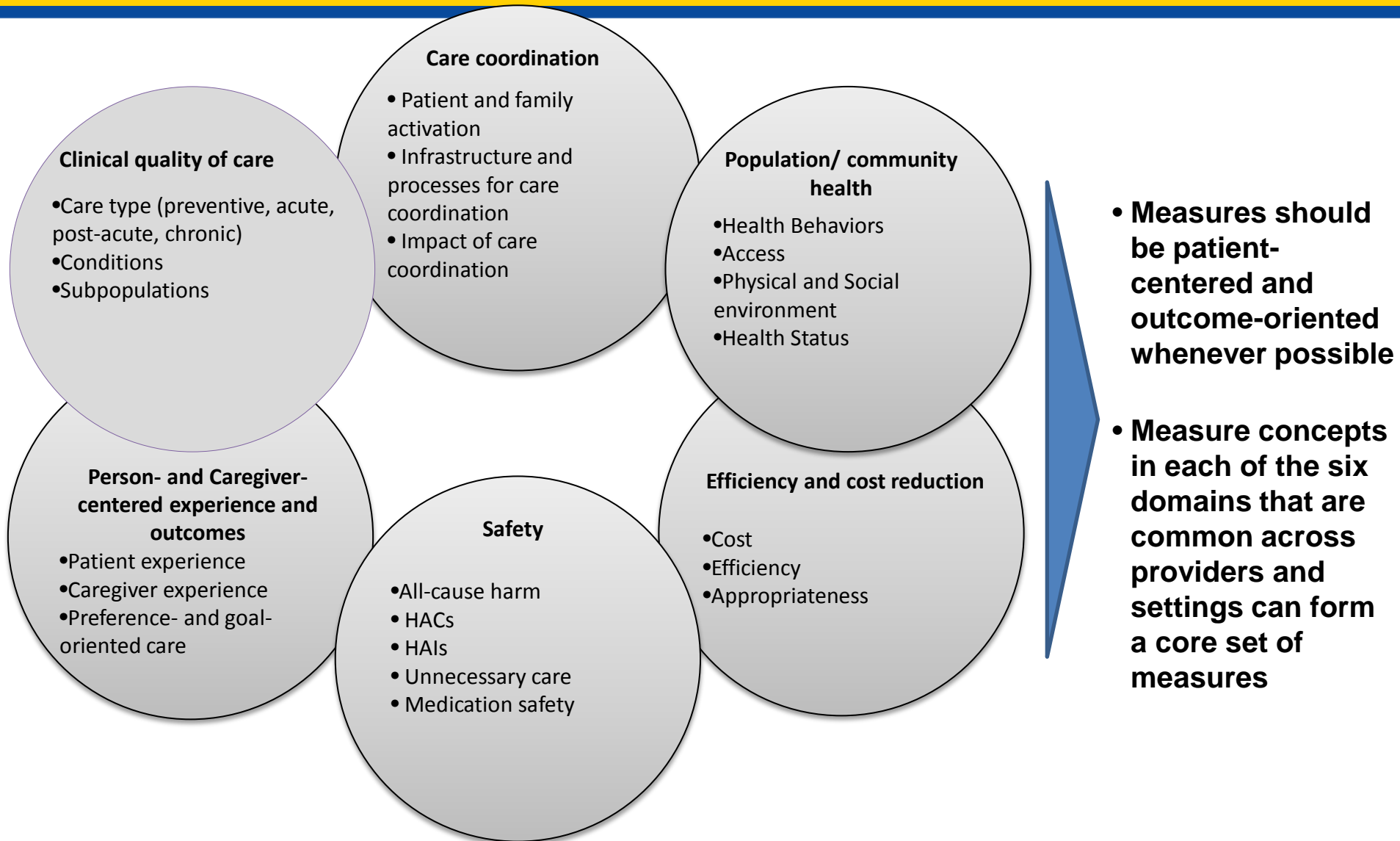
CMS has a variety of quality reporting and performance programs, many led by CCSQ

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
<ul style="list-style-type: none">• EHR Incentive Program• PPS-Exempt Cancer Hospitals• Inpatient Psychiatric Facilities• Inpatient Quality Reporting• HAC payment reduction program• Readmission reduction program• Outpatient Quality Reporting• Ambulatory Surgical Centers	<ul style="list-style-type: none">• Medicare and Medicaid EHR Incentive Program• PQRS• eRx quality reporting	<ul style="list-style-type: none">• Inpatient Rehabilitation Facility• Nursing Home Compare Measures• LTCH Quality Reporting• ESRD QIP• Hospice Quality Reporting• Home Health Quality Reporting	<ul style="list-style-type: none">• Medicare Shared Savings Program• Hospital Value-based Purchasing• Physician Feedback/Value-based Modifier• CMMI Payment Models	<ul style="list-style-type: none">• Medicaid Adult Quality Reporting• CHIPRA Quality Reporting• Health Insurance Exchange Quality Reporting• Medicare Part C• Medicare Part D

Landscape of Quality Measurement

- **Historically a siloed approach to quality measurement**
 - **Different measures and reporting criteria within each quality program**
- **No clear measure development strategy**
- **Heavy on Process Measures**
- **Diffusion of Focus – too much “noise”**
- **Confusing and Burdensome to stakeholders**
- **Burdensome to CMS with stovepipe solutions to quality measurement**
- **Lack of Patient Voice**

CMS framework for measurement maps to the six National Quality Strategy priorities



CMS Vision for Quality Measurement to Drive High Value Healthcare

- **Align measures with the National Quality Strategy and Six Measure Domains – fill critical gaps in these domains**
- **Develop measures meaningful to patients and providers, focused on outcomes (especially patient-reported outcomes), safety, patient experience, care coordination, appropriate use, and cost**
- **Prioritize “cross-cutting” measures that are applicable to populations, may be disease-agnostic (function, symptom management, QoL)**
- **Align measures across CMS programs whenever possible – also with states, private payers, boards, etc.**
- **Parsimonious sets of measures; core sets of measures**
- **Removal of measures that are no longer appropriate (e.g., topped out, lack of performance variation)**

Focusing on Outcomes

Focusing on the end results of care and not the technical approaches that providers use to achieve the results

Measure 30 day mortality rates, hospital-acquired infections, etc...

Allows for local innovations to achieve high performance on outcomes



Challenges in Measuring Performance



Determining indicators of outcomes that reflect national priorities

Recognizing that outcomes are usually influenced by multiple factors

Determining thresholds for 'good' performance

Recognizing that Process Measures don't always predict outcomes

Principles for Measure Development in the Future Payment Environment

- Measures should explicitly align with the CMS Quality Strategy and its goals and objectives.
- **Measures should address a performance gap where there is known variation in performance, not just a measure gap.**
- **Patient/caregiver input is equally important to provider input in the development of measures.**
- Measure developers should collaborate with other developers freely, and share best practices/new learnings.

Principles for Measure Development (cont'd)

- Reorient and align measures around patient-centered outcomes that span across settings – move away from narrow setting-specific snapshots.
- **Develop measures meaningful to patients/caregivers and providers, focused on outcomes (including patient-reported outcomes), safety, patient experience, care coordination, appropriate use, and cost.**
- **Monitor disparities and unintended consequences.**

Critical Challenges in Measure Development

- Defining the right outcome/performance gap
- Engaging patients in the measure development process
- Advancing the science for critical measure types: PROMs, resource use, appropriate use, etc.
- Robust feasibility, reliability and validity testing
- Developing measures that reflect and assess shared accountability across settings and providers
- Reduction of provider burden and cost to reporting measures
- Length of time it takes to develop measures

How does CMS determine which measures to use/develop?

- MedPAC recommendations (e.g from 2014 report)
 - Reduce process measures
 - Add population-based outcome measures, CAHPS family
 - Add Appropriate Use measures
 - Administrative claims and EHR-based data sources
- Measure Applications Partnership - multistakeholder
 - Same as MedPAC recommendations
 - Specific measure gaps; families of measures
- Expert panels
 - Patients/caregivers, National clinical and methods experts
 - Data analytics
- CMS Quality Strategy Objectives

Engaging Patients in Our Work

MEASURE DEVELOPMENT

Patient Engagement in Measure Development

- CMS now requires inclusion of patients and consumers in all measure development and reporting activity
- For example, CMS funding a Network that will bring patient perspectives and expertise to meaningfully impact CMS projects for hospitals:
 - New measure development
 - *Compare* site displays
 - Star Ratings
- Goal: Network members feel valued, impactful, informed, and empowered, ensuring long-term viability of the Network

CMS ESRD Quality Measures

- Address CMS Quality Strategy Goals and National Quality Strategy Priorities
- CMS implements through provider feedback, public reporting, and links to payment incentives
- CMS has long played a leadership role in quality measurement and public reporting
 - Began with measuring quality in hospitals and dialysis facilities
- Monitoring of measure performance and unintended consequences
- Informing the public on provider performance

Ongoing Development

Measure development is never static:

- 2015 NQF Renal Project
 - New measure endorsement
 - Measure maintenance
- Upcoming TEPs
 - Vascular Access TEP (April 2015)
 - Access to Transplantation TEP (April 2015)
 - ESRD Star Ratings TEP (April 2015)
 - SMR/SHR TEP (Fall 2015)
- Measure Testing Initiative (2015-2018)
 - Parathyroid Hormone (PTH) Reporting Measure
 - Function Measures
 - And more...

Patient Involvement

- Measure Development TEPs
 - Increased patient participation
 - Welcome patient nominations from all organizations
- DFC Star Ratings TEP
 - Patient panel focuses on patient priorities and communication for the Star Ratings
- Consumer Testing for DFC
 - Review public reporting materials to ensure clarity and transparency for patient consumers

Dialysis Facility Compare

- Dialysis Facility Compare launched in 2001
- Features data from 6,000+ dialysis facilities nationwide
- Allows consumers to compare facilities based on location, services, and quality of care
- Provides guidance on:
 - Understanding quality data, including why quality measures are important
 - How to use the information on the website
 - Where to find local resources

What information is currently on Dialysis Facility Compare?

- Quality information on best treatment practices, including how facilities:
 - Manage anemia
 - Deliver adequate dialysis treatment
 - Use different vascular access types
- Data on hospitalizations and deaths:
 - Rate at which patients are admitted to the hospital
 - Rate of patient deaths

Evolution of Dialysis Facility Compare

2001 - 2012	2013	2014	2015
SMR	SMR	SMR	SMR
URR	SHR	SHR	SHR
Hgb >12.0 g/dL	URR	STrR	STrR
Hgb <10.0 g/dL	Hgb >12.0 g/dL	URR	SRR**
	Hgb <10.0 g/dL*	Hgb >12.0 g/dL	Hgb >12.0 g/dL*
	Fistula	Hgb <10.0 g/dL*	Hgb <10.0 g/dL*
	Catheter > 90 days	Fistula	Fistula
	Adult HD Kt/V	Catheter > 90 days	Catheter > 90 days
	Adult PD Kt/V	Adult HD Kt/V	Adult HD Kt/V
	Pediatric HD Kt/V	Adult PD Kt/V	Adult PD Kt/V
		Pediatric HD Kt/V	Pediatric HD Kt/V
		Hypercalcemia	Hypercalcemia
		Serum Phosphorus*	Serum Phosphorus*

*These measures were included in the DFC reports released to facilities and the downloadable database files but were not displayed on the DFC site

**This measure was included in preview reports and will appear on the website in the 2015 April website refresh

Why Star Ratings for Compare Websites?

- Consumers are the primary audience for Compare websites, along with other important stakeholders
- The National and CMS Quality Strategy envisions effective public reporting as a key driver for improving the health care system as a whole:
 - Consumers consult ratings
 - Consumers choose the care that is best for them and their families
 - Providers are incentivized to improve quality to retain existing patients and to attract new ones.

Why Star Ratings for Compare Websites?

- Make quality information more consumer-friendly for dialysis patients:
 - Decrease technical detail and amount of information a website user needs to read through to understand facility performance
 - Familiar icon helps consumers to more easily use and compare quality information

ESRD Quality Measure Testing Initiative

Objectives

- Create a System for testing of new and previously developed measures for the ESRD Measure Development and Support Project
- Assess the feasibility of data collection, and help establish scientific acceptability
- Provide a process for ongoing testing and refinement for measure maintenance

What can we do together?

- Listen (to each other)
- Challenge (to make our work better)
- Engage (so your voice is heard)
- Give feedback (so we can continuously improve)

Contact Information

Kate Goodrich, MD MHS

**Director, Quality Measurement and Health Assessment
Group**

Center for Clinical Standards and Quality

410-786-7519

kate.goodrich@cms.hhs.gov