Keynote Address: Measuring Quality in Patient-Centered Care—Challenges and Opportunities

Monday, October 19, 2015
7:45 a.m. to 9:00 a.m.
Continental Ballroom 4 & 5

Note: This session is being recorded for future playback. A complimentary copy of these recordings will be available to all 2015 ACCP Global Conference on Clinical Pharmacy registrants approximately two weeks after the conclusion of the conference.

Speaker: Michael S. Barr, M.D., MBA, FACP
Executive Vice President, Quality Measurement & Research Group, National Committee for Quality Assurance, Washington, D.C.

Agenda

7:45 a.m. Keynote Address: Measuring Quality in Patient-Centered Care—Challenges and Opportunities
Michael S. Barr, M.D., MBA, FACP

8:30 a.m. Discussion/Question & Answer

Conflict of Interest Disclosures
Michael S. Barr: no conflicts to disclose.

Learning Objectives

1. Review the “big-picture framework” for quality measurement in the evolving U.S. health care delivery system and its alignment with international efforts and measures in other advanced countries.
2. Discuss the commonalities and differences in “what quality means” to patients, providers, payers, and policy makers.
3. Discuss the lessons learned to date from the various quality measurement approaches that have been developed and deployed in various payer markets.
4. Identify areas of quality measurement in the area of medication use that clinical pharmacists can directly impact, and that align with and support broader health quality goals and efforts.

Self-Assessment Questions

Self-assessment questions are available online at www.accp.com/gc15.
Conflict of Interests

- Employed full-time by NCQA
- Serve on the Boards of two non-profit organizations (The Horizon Foundation; Premier Healthcare, NYC)
- Part-time internist at Columbia Medical Practice (Maryland)
- American Well Online Care Group telehealth physician
Learning Objectives

- Review the “big-picture framework” for quality measurement in the evolving U.S. health care delivery system and its alignment with international efforts and measures in other advanced countries.
- Discuss the commonalities and differences in “what quality means” to patients, providers, payers, and policy makers.
- Discuss the lessons learned to date from the various quality measurement approaches that have been developed and deployed in various payer markets.
- Identify areas of quality measurement in the area of medication use that clinical pharmacists can directly impact and that align with and support broader health quality goals and efforts.
PCMH/Health Home
ICD-10
Meaningful Use
Alternative Payment Models (APMs)
Comprehensive Primary Care Initiative
Accountable Care Organizations
Affordable Care Act
Maintenance of Certification; Licensure
Physician Quality Reporting System- PQRS
HIPAA
Merit-based Incentive Payment System (MIPS)
Marketplace / Exchanges
Personal Health Records
Shared Decision Making
Medicare/Medicaid/MA
Accountable Care Organizations
Affordable Care Act
Concierge/Boutique Practices
Acute Care/Ambulatory Care/Long-term Care
View/Download/Transmit
Privacy/Security
WHAT IS QUALITY AND WHY DO WE MEASURE IT?
The art of medicine consists of amusing the patient while nature cures the disease.

-Voltaire
Quality means doing it right when no one is looking.

-Henry Ford
Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.

-Philip Crosby
Desired Attributes of Clinical Quality Measures

- Relevant
- Evidence-based
- Transparent
- Feasible
- Valid and reliable
- Actionable
- Rigorously audited to ensure accuracy
Proliferation of Quality Measures for Clinicians

- Physician Quality Reporting System 2015
  - 254 measures
  - 6 different reporting mechanisms
  - Six National Quality Strategy Domains

- Reporting Electronically Using an EHR
  - eCQM specifications used for multiple programs
  - Criteria for PQRS reporting aligned with Medicare EHR Incentive Program and satisfy Meaningful Use CQM component
ACO Measures: 33

- Four domains:
  - Patient/Caregiver Experience
  - Care Coordination/Patient Safety
  - Preventive Health
  - At-Risk Population
- 7 measures from CAHPS
- 3 from claims
- 1 from EHR data
- 22 through GPRO Web Interface

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACO #1</td>
<td>Getting Timely Care, Appointments, and Information</td>
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<tr>
<td>ACO #2</td>
<td>How Well Your Doctors Communicate</td>
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<tr>
<td>ACO #3</td>
<td>Patients’ Rating of Doctor</td>
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<td>ACO #4</td>
<td>Access to Specialists</td>
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<td>ACO #5</td>
<td>Health Promotion and Education</td>
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<td>ACO #6</td>
<td>Shared Decision Making</td>
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<tr>
<td>ACO #7</td>
<td>Health Status/Functional Status</td>
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<tr>
<td>ACO #8</td>
<td>Risk Standardized, All Condition Readmissions</td>
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<tr>
<td>ACO #9</td>
<td>ASC Admissions: COPD or Asthma in Older Adults</td>
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<tr>
<td>ACO #10</td>
<td>ASC Admission: Heart Failure</td>
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<tr>
<td>ACO #11</td>
<td>Percent of PCPs who Qualified for EHR Incentive Payment</td>
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<tr>
<td>ACO #12</td>
<td>Medication Reconciliation</td>
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<tr>
<td>ACO #13</td>
<td>Falls Screening for Fall Risk</td>
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<tr>
<td>ACO #14</td>
<td>Influenza Immunization</td>
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<td>ACO #15</td>
<td>Pneumococcal Vaccination</td>
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<td>ACO #16</td>
<td>Adult Weight Screening and Follow-up</td>
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<td>ACO #17</td>
<td>Tobacco Use Assessment and Cessation Intervention</td>
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<td>ACO #18</td>
<td>Depression Screening</td>
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<td>ACO #19</td>
<td>Colorectal Cancer Screening</td>
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<td>ACO #20</td>
<td>Mammography Screening</td>
</tr>
<tr>
<td>ACO #21</td>
<td>Proportion of Adults who had blood pressure screened in past 2 years</td>
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<tr>
<td>Diabetes Composite</td>
<td>ACO #22. Hemoglobin A1c Control (HbA1c) (&lt;8 percent)</td>
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<tr>
<td>ACO #22 – 26</td>
<td>ACO #23. Low Density Lipoprotein (LDL) (&lt;100 mg/dL)</td>
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<td>ACO #24. Blood Pressure (BP) &lt; 140/90</td>
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<td></td>
<td>ACO #25. Tobacco Non Use</td>
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<td></td>
<td>ACO #26. Aspirin Use</td>
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<tr>
<td>ACO #27</td>
<td>Percent of beneficiaries with diabetes whose HbA1c in poor control (&gt;9 percent)</td>
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<tr>
<td>ACO #28</td>
<td>Percent of beneficiaries with hypertension whose BP &lt; 140/90</td>
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<tr>
<td>ACO #29</td>
<td>Percent of beneficiaries with VD with complete lipid profile and LDL control &lt; 100mg/dL</td>
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<tr>
<td>ACO #30</td>
<td>Percent of beneficiaries with VD who use Aspirin or other antithrombotic</td>
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<td>ACO #31</td>
<td>Beta-Blocker Therapy for LVSD</td>
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<td>CAD Composite</td>
<td>ACO #32. Drug Therapy for Lowering LDL Cholesterol</td>
</tr>
<tr>
<td>ACO #32 – 33</td>
<td>ACO #33. ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD</td>
</tr>
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Hospital Results

25 hospitals within 25 miles from the center of 21042.

Choose up to 3 hospitals to compare. So far you've selected:

- HOWARD COUNTY GENERAL HOSPITAL
- SAINT AGNES HOSPITAL

Compare Now
### Medicare Star Ratings

#### Aetna Medicare Standard Plan (HMO)
- **Plan Type:** HMO
- **Organization:** Aetna Medicare
- **Members:** 1-800-282-5366
  - (TTY/TDD)
- **Non Members:** 1-855-338-7027
  - (TTY/TDD)
- **Coverage:** Provides health and drug coverage

#### Kaiser Permanente Medicare Plus Std w/Part D (AB) (Cost)
- **Plan Type:** Cost Plan
- **Organization:** Kaiser Permanente
- **Members:** 1-888-777-5536
  - (TTY/TDD)
- **Non Members:** 1-877-408-8607
  - (TTY/TDD)
- **Coverage:** Provides health and drug coverage

#### MedStar Medicare Choice (HMO)
- **Plan Type:** HMO
- **Organization:** MedStar Family Choice, Inc
- **Members:** 1-855-222-1041
- **Non Members:** 1-855-242-4870
- **Coverage:** Provides health and drug coverage
## Patient safety

### Results of care -- Complications

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Number of times a surgical tool was accidentally left in a patient’s body during surgery</th>
<th>How often the hospital accidentally makes a hole in a patient’s lung</th>
<th>How often patients accidentally get cut or have a hole poked in an organ that was not part of the surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard County General Hospital</td>
<td>Not enough data to report</td>
<td>Average</td>
<td>Average</td>
</tr>
</tbody>
</table>
Get details on the real steps and costs of health care.

Guroo puts actual cost information in consumers' hands - your hands. This is just the start. Coming soon are quality metrics, an expanded list of A to Z care services and more! We'll keep getting better, so you keep feeling more confident and get the most out of your health care dollars.
Cost Overview

Estimated costs are based on data collected nationally in the Health Care Cost Institute (HCCI) database.

Accuracy of your estimated costs for your area depends on a number of factors, including the amount of data we have for your area.

In addition, your actual costs may vary based on your health status, any insurance plan you have, and other factors. Cost data may not be available for all areas.

National Average

$638

IN YOUR AREA:

District of Columbia State Average

$788

Washington, District of Columbia Average

$621

Click here to change location.
Surgeon Scorecard

by Sisi Wei, Olga Pierce and Marshall Allen, ProPublica, Updated July 15, 2015

Guided by experts, ProPublica calculated death and complication rates for surgeons performing one of eight elective procedures in Medicare, carefully adjusting for differences in patient health, age and hospital quality. Use this database to know more about a surgeon before your operation.

READ OUR STORY
Making the Cut: Why Choosing the Right Surgeon Matters Even More Than You Know

METHODOLOGY
Read how we calculated complications and the key questions we considered.

EDITOR'S NOTE
Why ProPublica is naming surgeons and what experts are saying about it
Sorted by the surgeon with the lowest adjusted rate of complications at each hospital, along with a measure representing the combined performance of surgeons and hospitals for these procedures.

1. BALTIMORE WASHINGTON MEDICAL CENTER, GLEN BURNIE
2. HOWARD COUNTY GENERAL HOSPITAL, COLUMBIA
3. MEDSTAR HARBOR HOSPITAL, BALTIMORE
4. SAINT AGNES HOSPITAL, BALTIMORE
5. SHADY GROVE ADVENTIST HOSPITAL, ROCKVILLE
6. GREATER BALTIMORE MEDICAL CENTER, BALTIMORE
7. MEDSTAR FRANKLIN SQUARE MEDICAL CENTER, BALTIMORE
8. NORTHWEST HOSPITAL CENTER, RANDALLSTOWN
9. SINAI HOSPITAL OF BALTIMORE, BALTIMORE
10. DOCTORS’ COMMUNITY HOSPITAL, LANHAM
11. LAUREL REGIONAL MEDICAL CENTER, LAUREL
How Surgeons at This Hospital Perform, by Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Low</th>
<th>Medium</th>
<th>High Adjusted Rate of Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Replacement</td>
<td></td>
<td></td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
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<tr>
<td>Hip Replacement</td>
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<td><img src="https://example.com/symbol" alt="Symbol" /></td>
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<tr>
<td>Gallbladder Removal, Laparoscopic</td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
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<tr>
<td>Lumbar Spinal Fusion, Posterior Column</td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
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<tr>
<td>Lumbar Spinal Fusion, Anterior Column</td>
<td><img src="https://example.com/symbol" alt="Symbol" /></td>
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</table>

Prostate Resection: No surgeons met the volume requirement of 20 for this procedure.
Prostate Removal: No surgeons met the volume requirement of 20 for this procedure.
Cervical (Neck) Spinal Fusion: No surgeons met the volume requirement of 20 for this procedure.
NICHOLAS GROSSO

80 times

1-10

Raw Complication Rate: Redacted

SAM SYDNEY

442 times

20

4.5%

Charles Mess

32 times

1-10

Raw Complication Rate: Redacted

Adjusted Complication Rate:

Low

Medium

High Adjusted Rate of Complications

2.0%

3.0%

3.3%
15/3/2015

I’ve been waiting to have blood taken for 2 hours and 45 min. Other people have been waiting up to 5 hours to be seen.

Update after 4 hours I seen and once admitted the service has been great review is only for the ER.

Was this review...?

29/7/2015

I sincerely hate coming to this place. If you have no life and want to die waiting for a doctor come to this hospital. Coming here is like killing yourself. The long wait alone will kill you. I hope you never get sick but if you do avoid coming here. As i write this post i’m sitting in a room waiting for a doctor for 2 hours.
Too often we still don’t realize our participation is not really a choice. It is not just a nice thing to do if we feel like it today. It is necessary: We have to participate actively and knowledgeably in our care if we are to realize its benefits.

Jessie Gruman, 2011
Founder & President
Center for Advancing Health
1992-2014

http://www.cfah.org/jessie-gruman/
Engagement Behavior Framework (CFAH)

1. Find Safe, Decent Care
2. Communicate with Health Care Professionals
3. Organize Health Care
4. Pay for Health Care
5. Make Good Treatment Decisions
6. Participate in Treatment
7. Promote Health
8. Get Preventive Health Care
9. Plan for the End of Life
10. Seek Health Knowledge

Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.

The Art of War: Sun Tzu (Ancient Chinese General, 500 BCE)
Reduce Per Capita Costs
Improve Health of Populations
Improve the Experience of Care

Strategy

Triple Aim

Berwick, Nolan & Whittington; Health Affairs 2008
From CMS…

Better Care.
Smarter Spending.
Healthier People.
Six Goals of the National Quality Strategy

1. Make care safer.
2. Strengthen person & family engagement.
3. Promote effective communication and coordination of care.
4. Promote effective treatment & prevention of chronic disease.
5. Work with communities to promote healthy living.

http://www.ahrq.gov/workingforquality/
Tactics

Team-Based Care

Accountable Care Models

PCMH
PCSP
PCCC*

Health IT

Payment

NCQA Patient-Centered Medical Home; Patient-Centered Specialty Practice; Patient-Centered Connected Care
“Effective care coordination…requires not only full access to all the necessary clinical information…but also a willingness by all the physicians [and their teams] involved…to participate in collaborative decision making.”

-Elliott Fisher, NEJM 2008
Gaps in Care Coordination

- Primary care and specialists:
  - No information sent to Peds specialist 49% of time; no feedback to primary care 55% of time

- Emergency Department
  - 30% of adults indicated regular physician not informed about visit

- Hospital
  - 33% of adults with chronic condition did not have follow-up plans post hospital discharge
  - 3% of primary care physicians discussed discharge plans with hospital physicians
  - 66% of time primary care follow-up post discharge was done without a hospital discharge summary

Bodenheimer, T: Coordinating Care – A Perilous Journey through the Health Care System. NEJM 2008;358:10
Fragmentation

- Typical primary care physician relates to 229 other physicians in 117 practices for Medicare FFS beneficiaries

Patients with Multiple Chronic Conditions More Likely to Undergo Adverse Drug Event or Medical Error

Percent reporting wrong medicine or wrong dose

0–1 chronic conditions: 5.2%
2 or more chronic conditions: 9.6%

Percent reporting a medical mistake

0–1 chronic conditions: 9.3%
2 or more chronic conditions: 12.6%

Note: U.S. patients only.
Source: 2011 Commonwealth Fund International Health Policy Survey.
Even if individual practices are high quality, effective systems require coordination.
Teams

- **Wikipedia definition:** A team comprises a group of people linked in a common purpose. Teams are especially appropriate for conducting tasks that are high in complexity and have many interdependent subtasks.

- **Interdependent team:**
  - no significant task can be accomplished without the help of any of the members;
  - within that team members typically specialize in different tasks, and
  - the success of every individual is inextricably bound to the success of the whole team. No football player, no matter how talented, has ever won a game by playing alone.

Adapted from: [http://en.wikipedia.org/wiki/Team](http://en.wikipedia.org/wiki/Team)
FITTING TEAMS INTO QUALITY MEASUREMENT
Factors Affecting Clinical Outcomes

**STRUCTURE PROCESS**

**HEALTH SYSTEM CHARACTERISTICS**
- Provision of treatment
- Availability of care
- Knowledge and beliefs of providers
- Provider communication
- Team-based care
- Collaboration
- Information sharing

**ENVIRONMENT CHARACTERISTICS**

**OUTCOME**
- Biology
- Symptoms
- Function
- General health perception
- Overall quality of life

**PATIENT FACTORS**
- Behaviors
  - Use of care
  - Knowledge and beliefs
  - Expectations
  - Adherence to treatment
- Demographics
  - Age, Gender, SES
- Health characteristics
  - Severity of condition
  - Co-morbid factors
Getting to outcome measures (diabetes)

**Structure**
- Pre-visit planning including labs
- Collection of relevant patient reported data
- Team with defined roles, training

**Process**
- Use data (e.g., risk models like Archimedes and patient reported tools) to present information to patient and clinical teams
- Elicit patient priorities
- Develop shared understanding
- Agree on care plan and self management goals

**Outcome**
- Decrease risk of harmful events
- Decrease symptoms
- Maintain or improve functioning

Diabetes today: Target threshold for A1c, BP, statin use, BMI

Diabetes in the future: select patient-centered targets for clinical, functional measures
The Premise

Well-trained clinician + team

Organized practice

Excellent care
The Joint Principles of the PCMH

• Personal physician
• Physician-directed medical practice
• Whole person orientation
• Care is coordinated and/or integrated
• Quality and safety
• Enhanced access to care
• Payment to support the PCMH

http://www.acponline.org/running_practice/pcmh/demonstrations/jointprinc_05_17.pdf
Comprehensive Medication Management Services

- 3.5 billion prescriptions written each year
- 80% of patients who visit a physician get Rx
- Medications add substantial cost to healthcare
  - Cost of medication (10% of total health care)
  - Drug-related morbidity & mortality (~$200B/year)
- Appropriate medication therapy can positively affect health care in the U.S.
Clinical Pharmacist & Medication Management

- Medication history/experience
- Issues/challenges
- Personalized goals

Diabetes today: Target threshold for A1c, BP, statin use, BMI

Diabetes in the future: select patient-centered targets for clinical, functional measures

- Measureable outcomes
- Personalized interventions
- Monitoring/follow-up

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1. The Triple Aim & National Quality Strategy will continue to guide new programs and expectations.
2. Access to care will continue to be challenging.
3. Emphasis on generating value will grow.
4. Efforts to reduce variation in care and expense, and improve patient experiences will continue.
5. New models of care and payment will be implemented.
6. Small practices will struggle but find support through “network” arrangements and development of teams (virtual or actual).
7. Large groups will need to re-think their delivery systems and act as “good neighbors” rather than silos.
8. Health IT will continue to be frustrating – but shifting federal priorities and regulation may start to help.

9. Patients/Families/Caregivers will continue to expect greater transparency, access to records, more options for accessing care/information, generate/contribute info to the EHR, and to be members of the team.

10. Measurement strategies (quality, cost, experience) will evolve but struggle with accountability and attribution.
Do You Have a Choice?

“We are at a crossroads…
…one road leads to hopelessness and despair;
…the other leads to total extinction.
Let us pray that we choose wisely.”

- Woody Allen
"I put a dollar in a change machine. Nothing changed."
-George Carlin
Or Be Part of the Change

“You must be the change you want to see in the world.”

-Mahatma Gandhi