Cross-Cutting Measures: A Novel Vision for Measurement

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Disclosures

• Develop hospital outcome and efficiency measures for Centers for Medicare and Medicaid Services
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The quality movement is headed in the right direction

Era 3 for Medicine and Health Care

1. Reduce mandatory measurement
2. Stop complex *individual* incentives
3. Shift the business strategy from revenue to quality
4. Give up professional prerogative
5. Use improvement science
6. Ensure complete transparency
7. Protect civility
8. Hear the voices of patients
9. Reject greed
MACRA in Era 3: Implications for Measurement

• $$ will pull clinicians into reporting

• Tremendous demand for new measure development

• Put the *clinical* back in quality measurement

• Patient demand for transparency and accountability

*Will Berwick’s Era 3 be achieved?*

*Can measurement support patient care?*
A Tale of Two Cities

- What we have: Too many measures
  - Primary care focus
  - Domains
    - Effectiveness
    - Safety
  - Individual focus
  - Feasible measures

- What we need: Fix quality gaps
  - Specialty measures
  - Domains
    - Equity
    - Cost
    - Care Coordination
  - Team focus
  - Measures that Matter
Demand for Clinician Developed Quality Measures

- The ACA and MACRA support transition towards QCDRs

- QCDR’s allow:
  - Clinical flexibility
  - Ownership
  - Direct clinician engagement
  - Real-time quality reporting
  - Use of EHR data

- QCDR’s risk
  - Variable standards
  - Unknown linkage to quality
  - “Outside” unintended consequences
  - Fear: waste the opportunity to advance measurement
An Era of Transparency and Accountability
An Era of Transparency and Accountability

- Vitals
- Angie's List
- Consumer Reports
- Medicare.gov
- Physician Compare
- Healthgrades
- RateMDs
- Yelp
- Zocdoc
Cross-Cutting measures of the future: 4 opportunities

- Team-based quality measurement
- Population ownership
- Patient Reported Outcomes
- Cost and resource use
Moving from Individual to Shared Accountability

Team-Based Care
Measuring team based care

• Example: Nephrectomy outcome composite
  – Outcome: infection, readmissions, blood clots
  – Scope of the team
    • Urologist,
    • Emergency Physician,
    • Primary Care Physician
    • Radiologist
    • Wound Care nurse
    • Home health agency
    • Physician Assistants and Nurse Practitioners

  – Is everyone ready for the same team score?
Measuring team based care across settings

Measuring Population Outcomes

- Example: Community-level catheter associate UTI rate
- Opportunity:
  - Align institutional (hospital, ACO, SNF) measurement with providers
  - Community-level profiling easier
  - Support the development of “healthy communities”
    - Partnerships with non-healthcare resources and organizations
    - Support clinical communication and care transitions
- *Do providers carry responsibility for community outcomes?*
Key Questions in Team-Based Measurement

• Are clinicians ready to agree on “good” outcomes?

• Are clinicians ready to share accountability?

• Will clinicians engage colleagues in quality goals?

• Is this possible within the current payment model?
Moving from Mortality to Patient Reported Outcomes

Outcomes Measures

But the GOOD news is that we managed to keep him alive long enough so he won’t affect this month’s mortality targets At All!
Patient Reported Outcome Measure Examples

• Return to work following ambulatory surgical procedure

• Symptom burden and recovery
  – Acute:
    • resolution of pain from kidney stones
    • post-operative urinary symptoms
  – Chronic: days per month of symptom burden

• Functional status after complex urologic surgery
Patient Reported Outcome Measurement

• **Opportunity**
  – Capture broader patient populations
  – Pair with shared decision making measures
  – Shifts the focus to patient-defined **improvement**

• **Science necessary for standardization is very difficult**
  – Language, socioeconomic status, education
  – Clinical risk adjustment may be less important

• **Require substantial reduction in clinical paternalism**
Learning from the FDA and Drug Industry

Guidance for Industry
Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims

Qualification of CLINICAL OUTCOME ASSESSMENTS (COAs)

- Modify Instrument
- Identify Context of Use (COU) and Concept of Interest (COI)
- Draft Instrument and Evaluate Content Validity
- Longitudinal Evaluation of Measurement Properties/Interpretation Methods
- Cross-sectional Evaluation of Other Measurement Properties

FDA, 2009!!!
Starting the cost measurement revolution

MIPS demands resource use (not efficiency) measures for everyone
Provider cost measurement today

- Few examples
  - Optum: Hip-Knee Replacement episode of care
  - Health Partners: Total cost PMPM index
  - CMS: Overall Total Per Capita Cost, Hospital Payment Metrics

- What about:
  - Specialists?
  - Hospital-based providers?
  - Attribution?
  - Population? Payment standardization?
  - Risk adjustment?
  - Level of measurement?
Are individual cost profiles reliable?

Median Reliability of Physician Cost Profiles vary by Specialty

Source: RAND Health
Cost measurement challenges

- Common conflating of cost and resource use
- Retrospective patient assignment
- Poor decision-cost linkage in existing data
- Unclear how to use alongside APMs
Cost Measurement: Episodes of Care

Source: NQF
Cost Measurement: Episodes of Care

Source: NQF
Proportional Attribution: The next rabbit hole

- Fool’s errand: risk false or oversimplified representation of care
- Promote silos
- Infinite combinations of risk $\rightarrow$ infinite frustration
- Individual attribution is not necessary for accountability goals
- Attribution is not necessary for alternative payment model success
  - Balancing quality measures are necessary
- Rarely meaningful to patients
A Provocative Alternative

- Cross-Setting
  - Episode-of-care

- Cross-Provider
  - Group measurement

- Resource-use and not cost

- Everyone in the group gets the same score for the same episode
Single Score Example

- Measure: Per-Patient, Per-Episode resource use for Nephrolithiasis
  - Risk-adjusted
  - All-payer
  - Include:
    - Primary care physician
    - Emergency physician
    - Radiologist
    - Urologist

- Success necessitates practice change and teamwork

- May promote new provider networks

- Could bundle several similar metrics into “synthetic” alternative to APMs
The future is bright

“What will be the next thing that challenges us? That makes us go farther and work harder? You know that when smallpox was eradicated, it was considered the single greatest humanitarian achievement of this century? Surely we can do it again..”
Questions

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