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

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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

<table>
<thead>
<tr>
<th>Historical state</th>
<th>Evolving future state</th>
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<tbody>
<tr>
<td>Key characteristics</td>
<td>Key characteristics</td>
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<tr>
<td>- Producer-centered</td>
<td>- Patient-centered</td>
</tr>
<tr>
<td>- Incentives for volume</td>
<td>- Incentives for outcomes</td>
</tr>
<tr>
<td>- Unsustainable</td>
<td>- Sustainable</td>
</tr>
<tr>
<td>- Fragmented Care</td>
<td>- Coordinated care</td>
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Systems and Policies
- Fee-For-Service Payment Systems

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

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

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Description</th>
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</table>
| 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 |

Source: Burwell SM. Setting Value-Based Payment Goals – HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.
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)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Historical Performance</th>
<th>Goals</th>
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<tr>
<td>2011</td>
<td>0% 68%</td>
<td>0% 68%</td>
</tr>
<tr>
<td>2014</td>
<td>22% 85%</td>
<td>30% 85%</td>
</tr>
<tr>
<td>2016</td>
<td>30% 85%</td>
<td>50% 90%</td>
</tr>
<tr>
<td>2018</td>
<td>50% 90%</td>
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</table>
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

<table>
<thead>
<tr>
<th>Hospital Quality</th>
<th>Physician Quality Reporting</th>
<th>PAC and Other Setting Quality Reporting</th>
<th>Payment Model Reporting</th>
<th>“Population” Quality Reporting</th>
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<tbody>
<tr>
<td>EHR Incentive Program</td>
<td>Medicare and Medicaid EHR Incentive Program</td>
<td>Inpatient Rehabilitation Facility</td>
<td>Medicare Shared Savings Program</td>
<td>Medicaid Adult Quality Reporting</td>
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<td>PPS-Exempt Cancer Hospitals</td>
<td>PQRs</td>
<td>Nursing Home Compare Measures</td>
<td>Hospital Value-based Purchasing</td>
<td>CHIPRA Quality Reporting</td>
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<td>Inpatient Psychiatric Facilities</td>
<td>eRx quality reporting</td>
<td>LTCH Quality Reporting</td>
<td>Physician Feedback/Value-based Modifier</td>
<td>Health Insurance Exchange Quality Reporting</td>
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<td>ESRD QIP</td>
<td>CMMI Payment Models</td>
<td>Medicare Part C</td>
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<td>HAC payment reduction program</td>
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<td>Hospice Quality Reporting</td>
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<td>Medicare Part D</td>
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<td>Readmission reduction program</td>
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<td>Home Health Quality Reporting</td>
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<tr>
<td>Outpatient Quality Reporting</td>
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<tr>
<td>Ambulatory Surgical Centers</td>
<td></td>
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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

- Measures should be patient-centered and outcome-oriented whenever possible
- Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures
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.
• 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

<table>
<thead>
<tr>
<th>2001 - 2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tr>
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<td>SMR</td>
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<tr>
<td>URR</td>
<td>SHR</td>
<td>SHR</td>
<td>SHR</td>
</tr>
<tr>
<td>Hgb &gt;12.0 g/dL</td>
<td>URR</td>
<td>URR</td>
<td>URR</td>
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<tr>
<td>Hgb &lt;10.0 g/dL</td>
<td>Hgb &lt;10.0 g/dL*</td>
<td>Hgb &lt;10.0 g/dL*</td>
<td>Hgb &lt;10.0 g/dL*</td>
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<tr>
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<td>Fistula</td>
<td>Fistula</td>
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<tr>
<td>Serum Phosphorus*</td>
<td>Serum Phosphorus*</td>
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*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)
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