Care that Matters: Quality Metrics that Impact Health

Kristen Goodell MD
Stephen Martin MD
Harvard Medical School Center for Primary Care

I want to save the world! Why are you bothering me about quality metrics?

- MACRA means shift in payments:
  - 30% of Medicare payments tied to value (not volume) by end 2016, 50% by end 2018.
  - 85% of Medicare FFS payments to value/quality by end 2016, 90% by 2018

What's the Problem with Measuring Quality?

- Proliferation:
  - **546 distinct performance measures** 23 health plans serving 121 million commercial enrollees (= 66% of national commercial enrollment)despite common areas of focus: CVD, DM, preventive services
- Not evidence based
- Inappropriately measured at the individual provider level
- Prioritize expediency and ease-of-measurement
- Divert resources from more impactful activities

Higgins A, Veselovskiy G, McKown L. Provider performance measures in private and public programs: Achieving meaningful alignment with flexibility to innovate. *Health Affairs*. 2013;32(8):1453-61.

Quality Measures Not Based on Evidence

Measure	Notes
Adults 18-64 with bronchitis are not prescribed antibiotics within three days	Fails to exclude patients with chronic lung disease, for whom Abx may be beneficial.
Adults with depression who started an antidepressant missed less than 30 days of treatment in the first 15 weeks	What about patients who develop side effects? Mild/moderately depressed patients who begin exercise?
Adults with diabetes have an HbA1c of less than 9% in the last year	9% is arbitrary. There is no evidence suggesting that a cutoff of 9% effectively reduces harm from diabetes
Adults aged 18-75 have most recent blood pressure measured at <140/90	Goals may be higher for patients over age 60. Patients without additional cardiovascular risks may not benefit from treating mildly high blood pressure

Analysis by Dynamed for Care that Matters

Harms Associated with Inappropriate Performance Measures

- Direct harms to patients
  - Falls associated with hypotension, hypoglycemia
  - False positives associated with excessive screening
  - Overdiagnosis/overtreatment of indolent conditions identified by screening
- Wasteful testing
  - excess A1cs, Mammography, etc.
- Opportunity costs
- Physician burnout

Quality Measures Should

1. Address clinically meaningful, patient-centered outcomes
2. Be developed transparently and be supported by robust scientific evidence
3. Be applied in a manner that respects the fact that individual patient factors (including patient preference) sometimes supercede population-level recommendations
4. Not put the physician in conflict with the patient
5. Be assessed and reported at appropriate levels; they should not be applied at the provider level when numbers are too small or when interventions to improve them require the action(s) of a system

New Ways to Think About Quality

Current Approaches	Recommended Approaches
Binary (cut-point) thresholds of risk	Continuous measures of risk
Surrogate outcomes	Patient-centered outcomes
No accounting of staff effort required to impact performance measure	Accounting of staff effort
Lack of emphasis on shared decision-making and eliciting patient preferences	Individualization and shared decision-making as a default expectation
No articulation of NNT, NNH, NNS	Transparency and referencing of NNT, NNH, NNS
Measures focused on individual risk factors	Aggregate risk measures
Isolated morbidities	Recognition that multimorbidity may modify or invalidate some measures in individuals
No accounting for social determinants of health	Inclusion of social determinants of health
Multiple metric sources with varying biases and transparency	Single, independent, transparent, unbiased source

* NNT: number needed to treat; NNH: number needed to harm; NNS: number needed to screen

doi:10.1371/journal.pmed.1001902.t002

Suggested Patient-Centered Performance Measures

- Medication reconciliation in home after discharge
- Home visits for indicated patients and coordinated care to meet their needs
- Screening for and addressing fall risk
- Patient self-assessment of health status (change over time)
- Reduction of food insecurity
- Ability to chew comfortably and effectively with dentition
- Vision assessment and correction in place (e.g., patient has satisfactory glasses)
- Hearing assessment and correction in place (e.g., satisfactory hearing aids)
- Reduction in tobacco use
- Reliable access to home heating and cooling
- Reliable transportation to appointments
- Provision of effective contraception
- Effective addiction care
- Effective chronic pain care

Saver BG, Martin SA, Adler RN, Candib LM, Deligiannidis KE, et al. (2015) Care that Matters: Quality Measurement and Health Care. PLoS Med 12(11): e1001902. doi:10.1371/journal.pmed.1001902