



So Much Care, So Little Health: The Promise, Opportunity and Challenges of Measurement As an Engine for Transformation

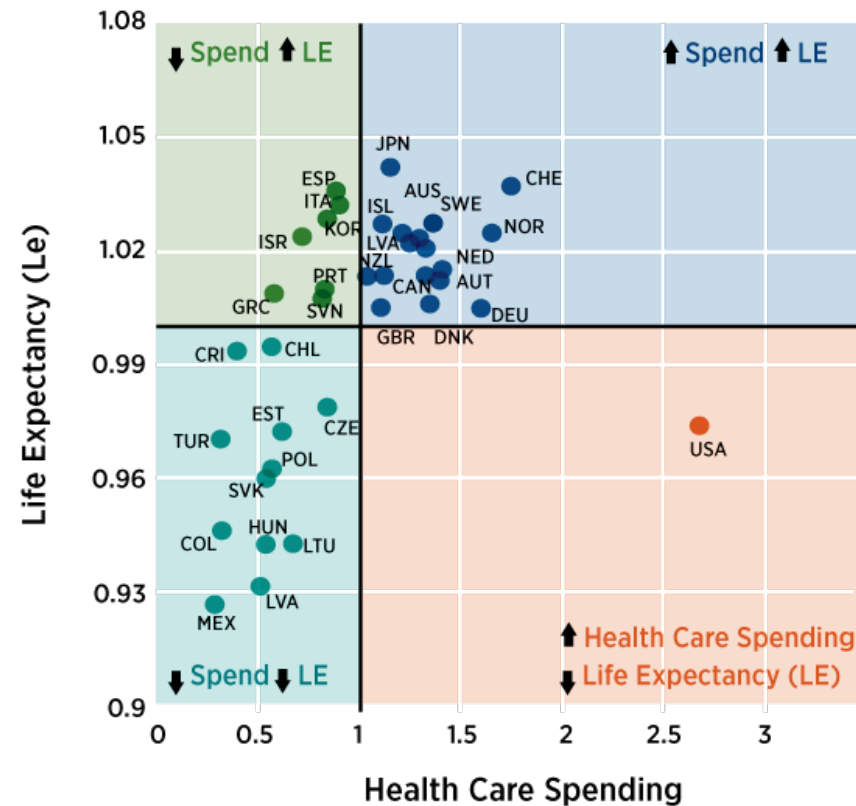
Dana Gelb Safran, ScD
President and CEO, National Quality Forum

Presented at:
Cracking the Code on Healthcare
9 June 2023

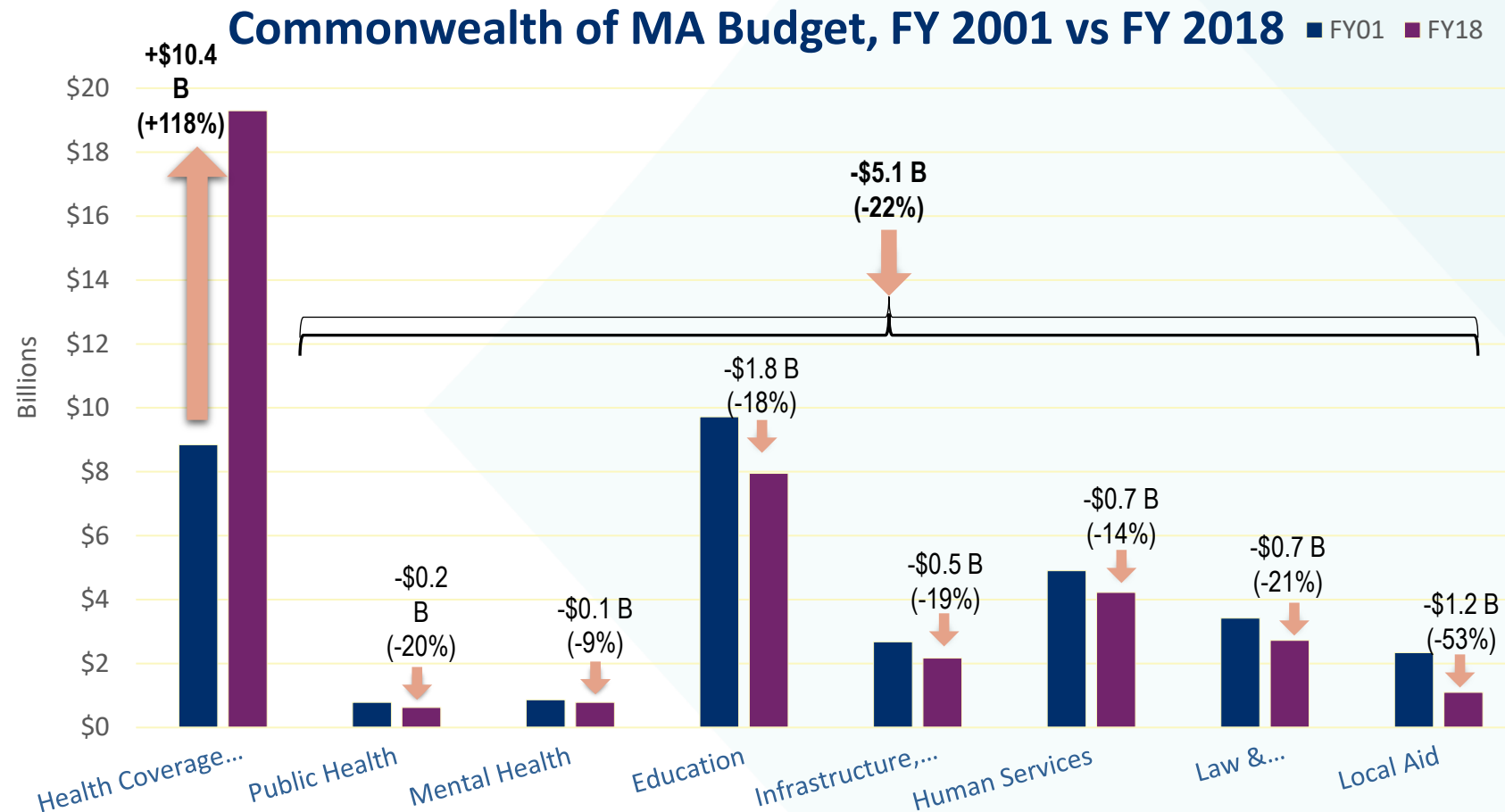
Starting with a story...



Spending More, Getting Less: US Compared with OECD Nations



Health care growth crowds out other priorities

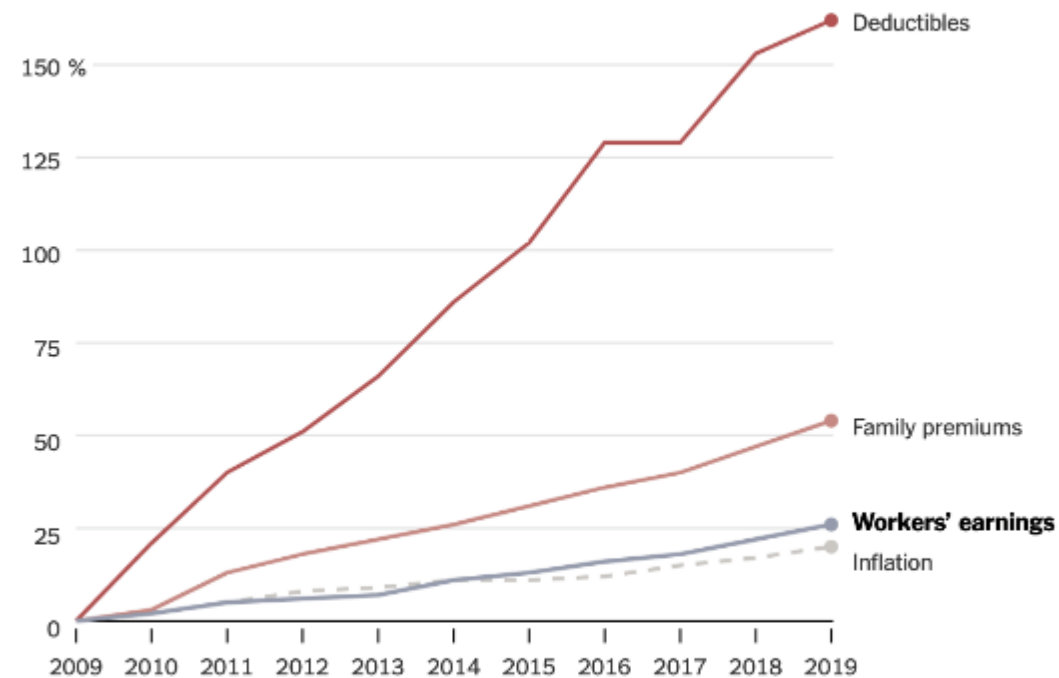


Source: Massachusetts Budget and Policy Center, MA State Budget Funding History (adjusted for economic growth), FY2001 - FY2018 (Jan 2018)

Employee cost share growth vastly outpaces wage growth

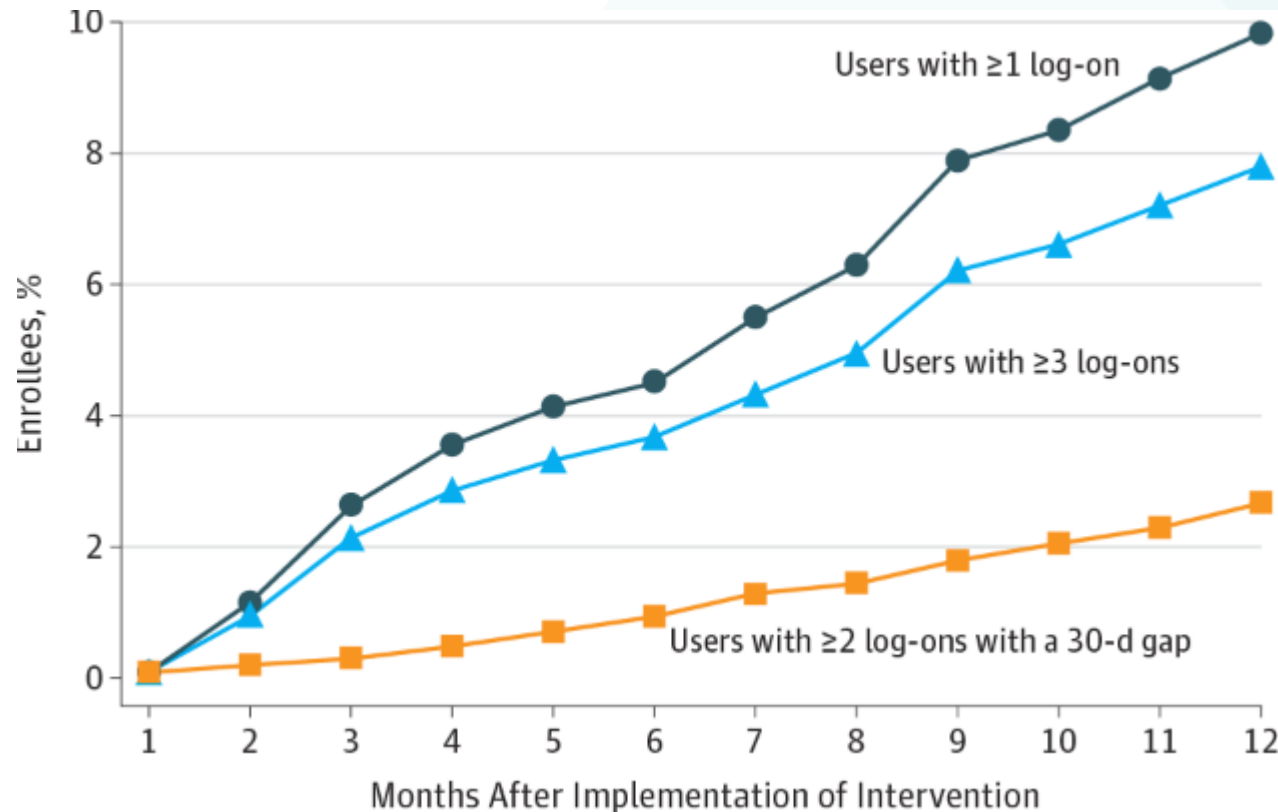
Medical Costs

Recent increases in employer-based health insurance premiums and deductibles have outpaced the rise in workers' earnings.



And the idea of engaging consumers as “shoppers” has not taken hold

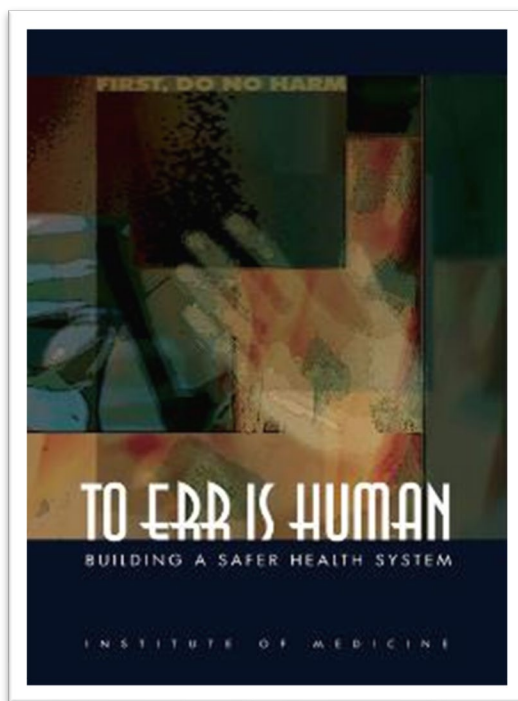
Cumulative Price Transparency Tool Use Rates in the 12 Months After Implementation (n=148 655)



**ADVANCING QUALITY, OUTCOMES AND AFFORDABILITY:
ALIGNING PATIENT AND PROVIDER ENGAGEMENT STRATEGIES**



Genesis of the Modern Quality Movement



Our National Portfolio of Quality Measures (K=431)



Transforming Payment : Alternative Quality Contract (AQC)

Unique contract model:

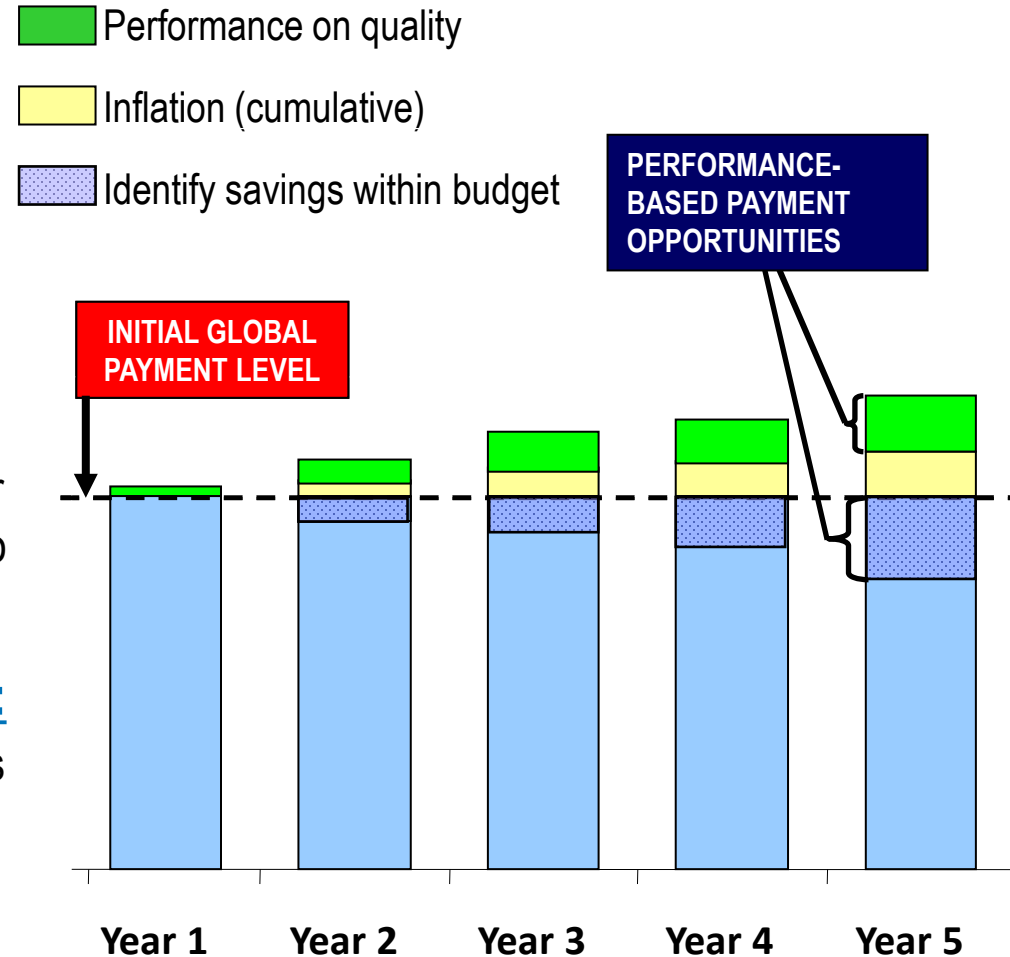
- Accountability for quality and resource use across full care continuum
- Long-term (5-years)

Controls cost growth:

- Global population-based budget
- Shared risk: 2-sided symmetrical
- Health status adjusted
- Annual inflation targets set at baseline for each year of the contract and designed to significantly moderate cost growth

Improved quality, safety & outcomes:

- Robust performance measure set creates accountability for quality, safety & outcomes across continuum
- Substantial financial incentives for high performance and for improvement



BCBSMA AQC Catalyzes US Payment Reform



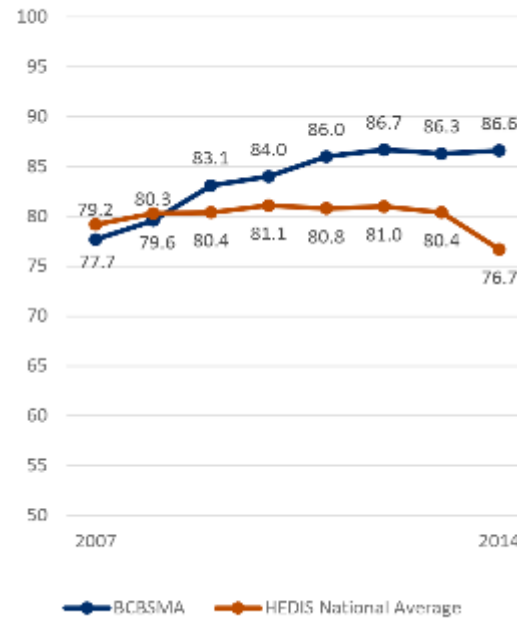
THE NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

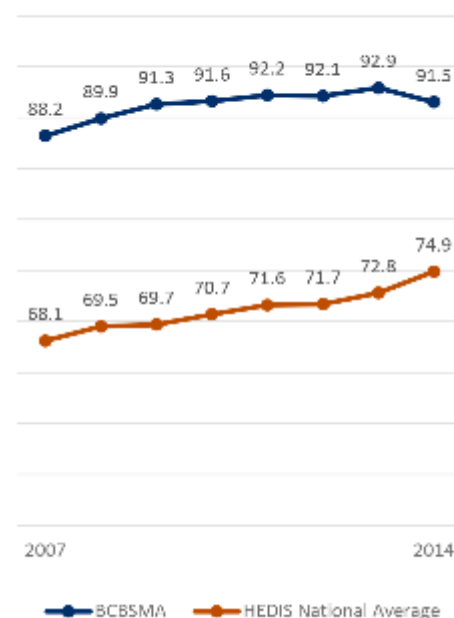
Health Care Spending, Utilization, and Quality 8 Years into Global Payment

Zirui Song, M.D., Ph.D., Yunan Ji, B.A., Dana G. Safran, Sc.D.,
and Michael E. Chernew, Ph.D.

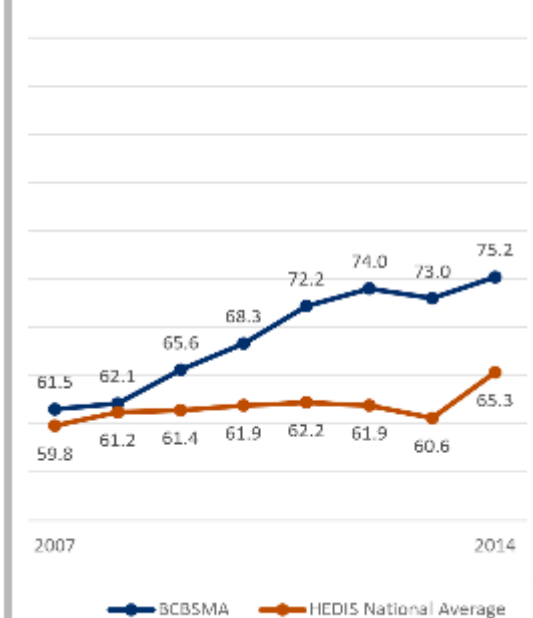
Adult Chronic Care



Pediatric Care



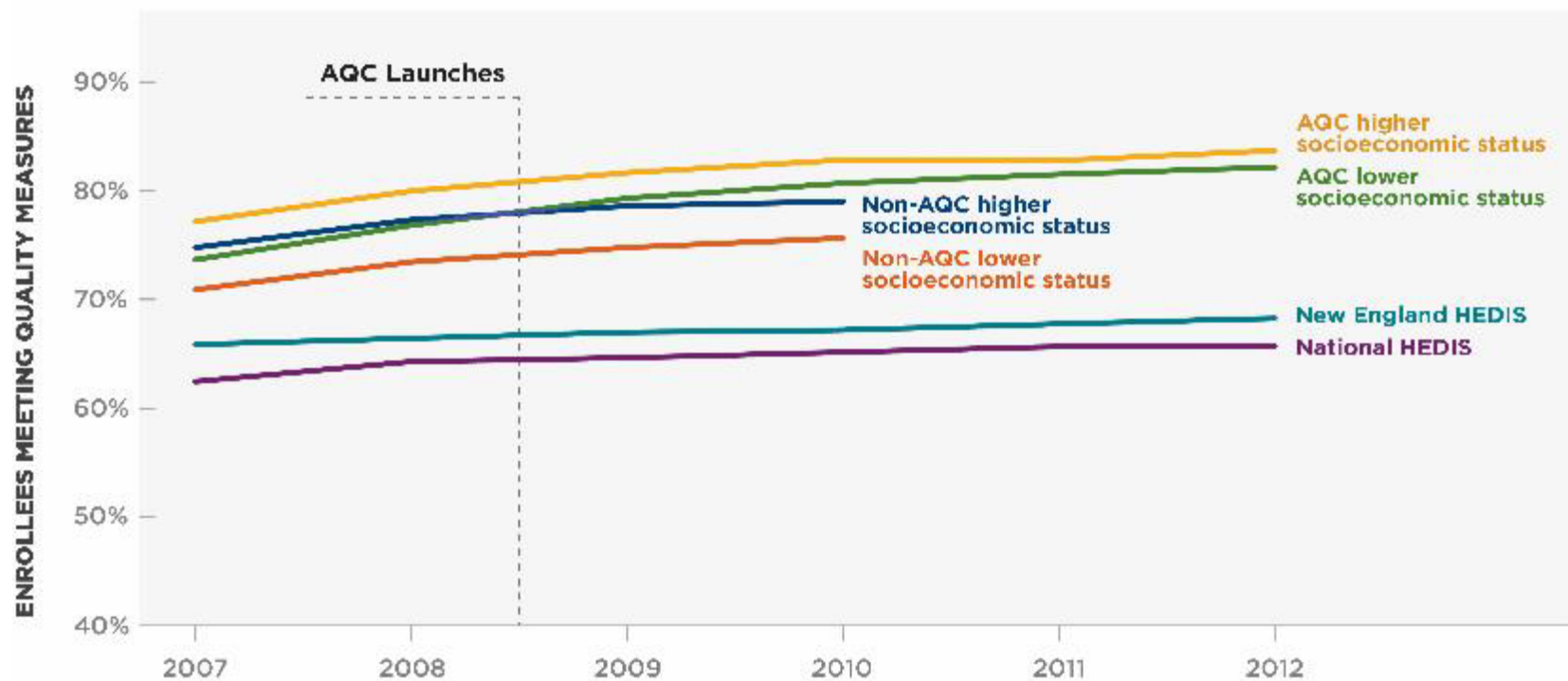
Adult Health Outcomes



Closing Long-Standing Health Care Disparities

EXHIBIT 1

Performance on process quality measures among Alternative Quality Contract (AQC) enrollees and comparison groups, by socioeconomic status according to enrollee area of residence, 2007-12



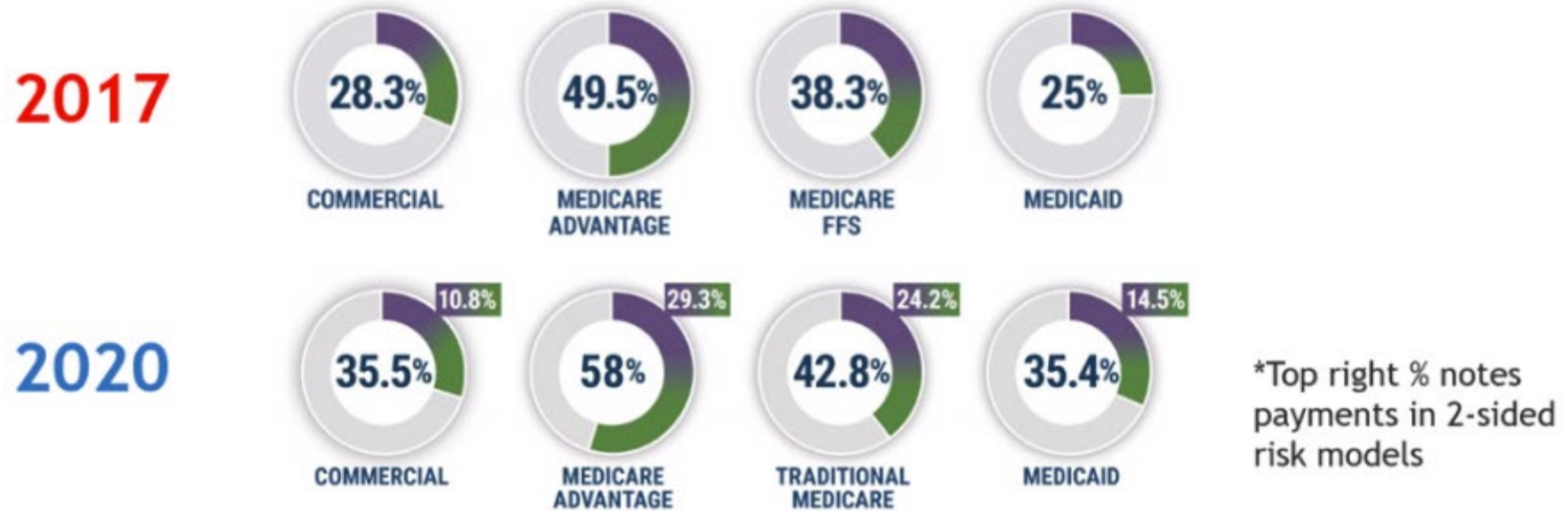
Source: Song Z, Rose S, Chernaw ME, Safran DG, et al. Lower- Versus Higher-Income Populations In The Alternative Quality Contract: Improved Quality And Similar Spending. *Health Affairs*. 2017;36(1):74-82

Payment Reform: Evidence to Date (Medicare)

MODEL TYPE	NUMBER OF MODELS	MODELS WITH GROSS SAVINGS (%)	MODELS WITH NET SAVINGS (%)	QUALITY IMPACTS
Population-based models (ACOs)	4 Physician Group Practice Demonstration Independence at Home Demonstration Pioneer ACO Model Next Generation ACO Model	100%	75%	Select positive impacts in some models, other models saw no meaningful change
Episode-based payment models	5 Acute Care Episode Demonstration Bundled Payments for Care Improvement Model 2 Bundled Payments for Care Improvement Model 3 Comprehensive Care for Joint Replacement Model Bundled Payments for Care Improvement Advanced Model	100%	20%	Most models saw no meaningful change, 1 model saw select modest improvements, another model saw some decrements
Primary care transformation models	3 Multipayer Advanced Primary Care Practice Demonstration Comprehensive Primary Care Initiative Comprehensive Primary Care Plus Model	33%	0%	Select improvements in 2 models

Medicare Payment Advisory Commission (MedPAC). *Report to the Congress: Medicare and the Health Care Delivery System*. June 15, 2021. Washington, DC: MedPAC; 2021.
http://medpac.gov/docs/default-source/default-document-library/jun21_medpac_report_to_congress_sec.pdf?sfvrsn=0. Last accessed [October 2021].

Significant Expansion of Population-Based Payment, 2017-2020



Supported by Arnold Ventures

Source: <https://hcp-lan.org/apm-measurement-effort/>



Value Based Payment Demands a Shift to “Big Dot” Measures

“Performance measurement currently faces multiple challenges, including a cacophony of measures with confusing results, the lack of available data to calculate important metrics, and burdens associated with capturing and reporting data.”

Future-state measures must be based as much as possible on results that matter to patients.

- A governance process is needed to oversee and accelerate the development, testing, and use of new, high priority measures.
- The infrastructure nationally must be sufficient to systematically collect, use, and report clinically rich and patient-reported data.
- Measurement systems must create meaningful incentives to deliver high-quality care, achieve favorable health outcomes, improve patient care experiences, and manage the total cost of care.

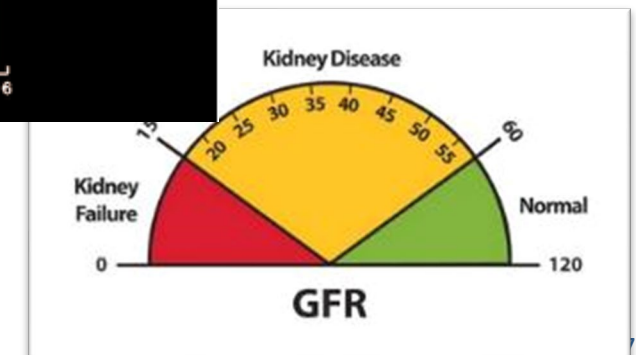
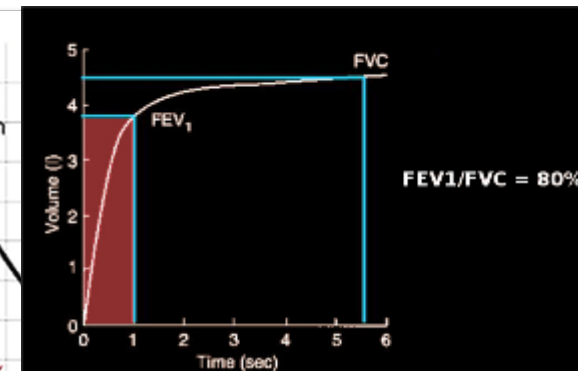
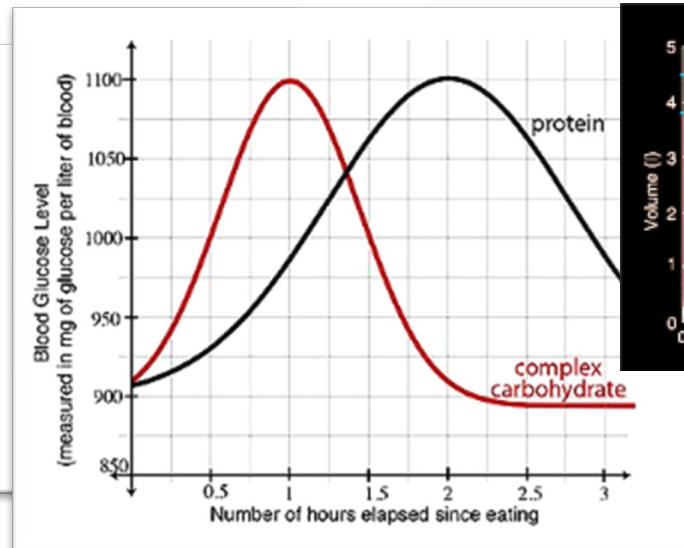


Essential Enablers of Ultimate Success of Value-Based Payment



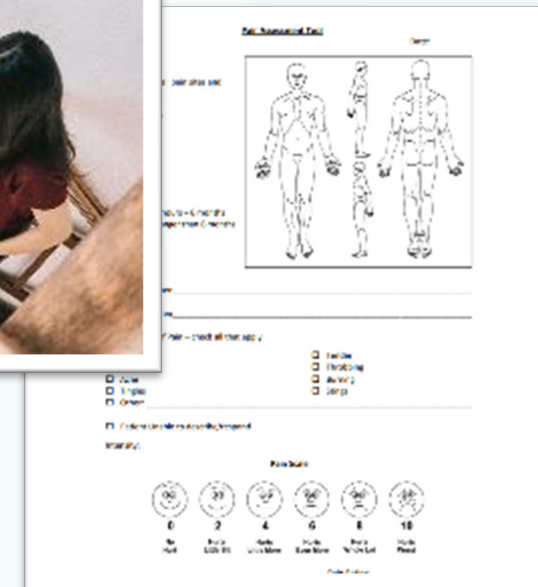
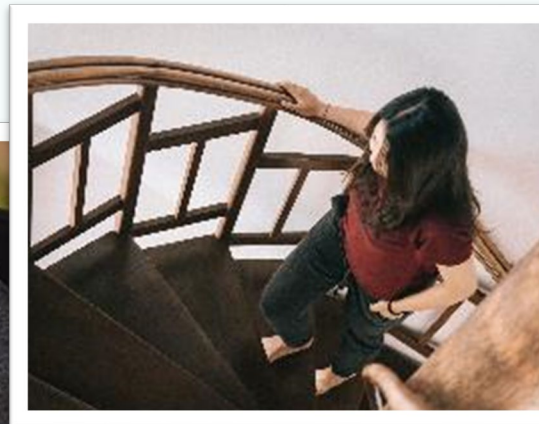
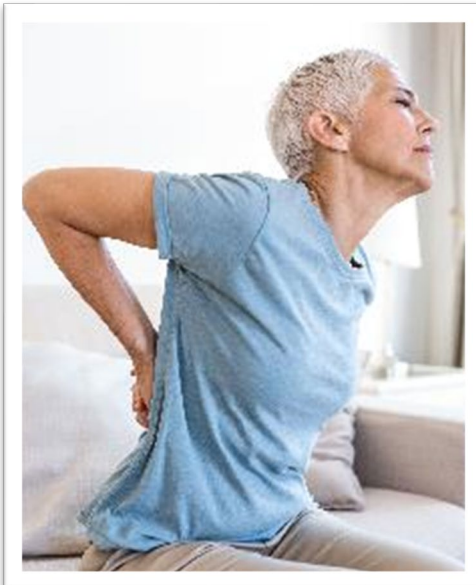
Clinically-Sourced Measures

- Data derive from the clinical record, registries, biometric monitoring devices
- FHIR and Bulk FHIR are game changers in the potential to use clinically-sourced data without imposing reporting burden
- Potential for public/private partnership to enable a measures-driven prioritization of data standards



Patient-Reported Outcome Measures (PROMs)

- Measures of a patient's health status or health-related quality of life, such as physical functioning and mobility, pain, and emotional well-being.
- Standardized patient reported data collected over time in a consistent manner affords outcomes data that can inform individual treatment decisions and be used to assess provider performance.

A sample of a Patient-Reported Outcome Measure (PROM) form. It includes a title "Self-Reported Pain", a diagram of a human body with arrows indicating pain locations, and a section for "Pain Scale" with a visual analog scale from 0 to 10. The form also includes checkboxes for "Yes", "No", "Sometimes", and "Often" and a section for "Pain Scale" with a visual analog scale from 0 to 10.

Barriers to Adoption and Use of PROMs at Scale



INFRASTRUCTURE

- Ability to seamlessly collect PROMs
- Longitudinal follow-up not reliant on staff actions



USABILITY

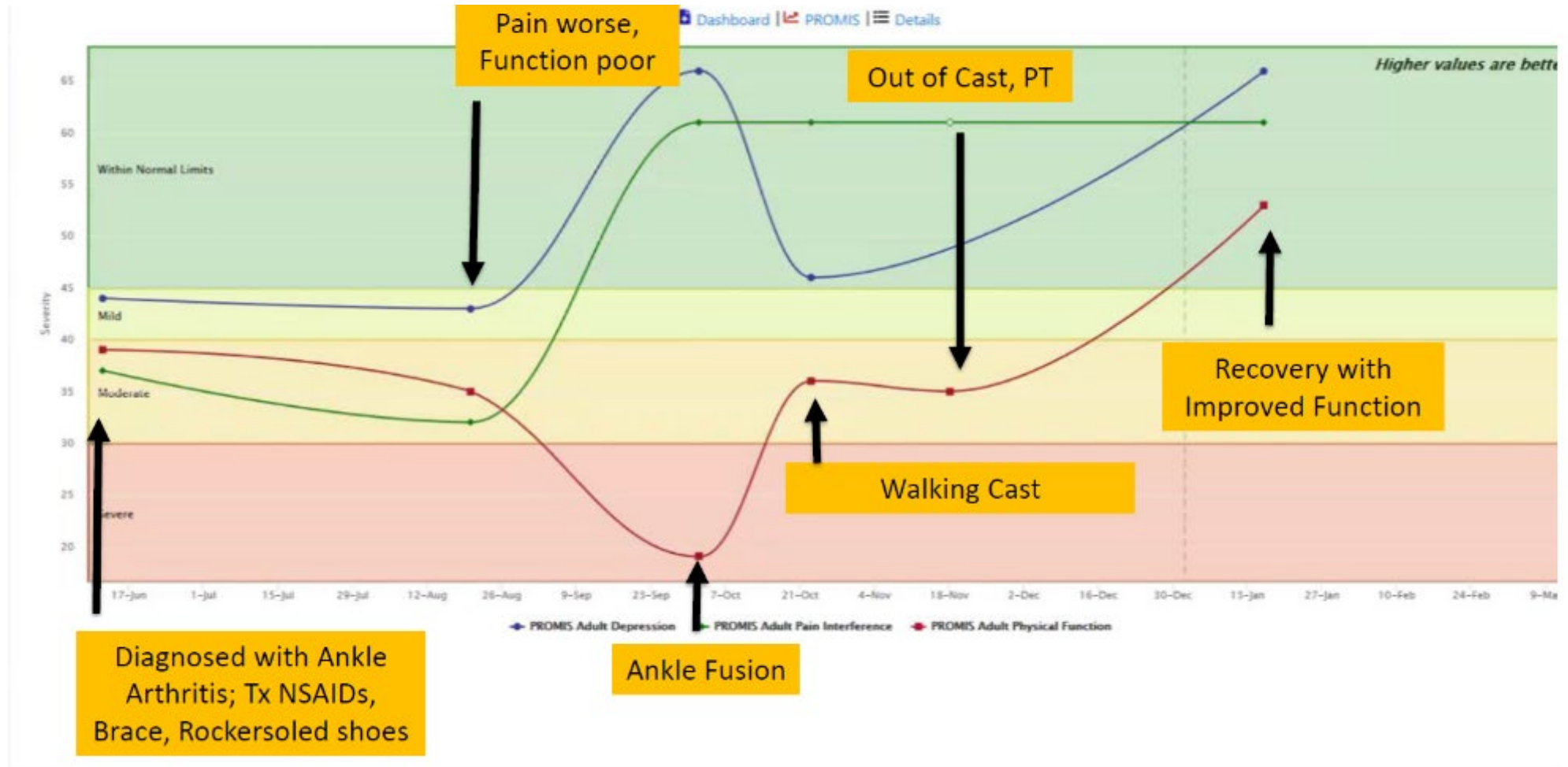
- Decision tools that link scores to appropriate clinical actions
- Built-in visualization and trending of patient-specific results

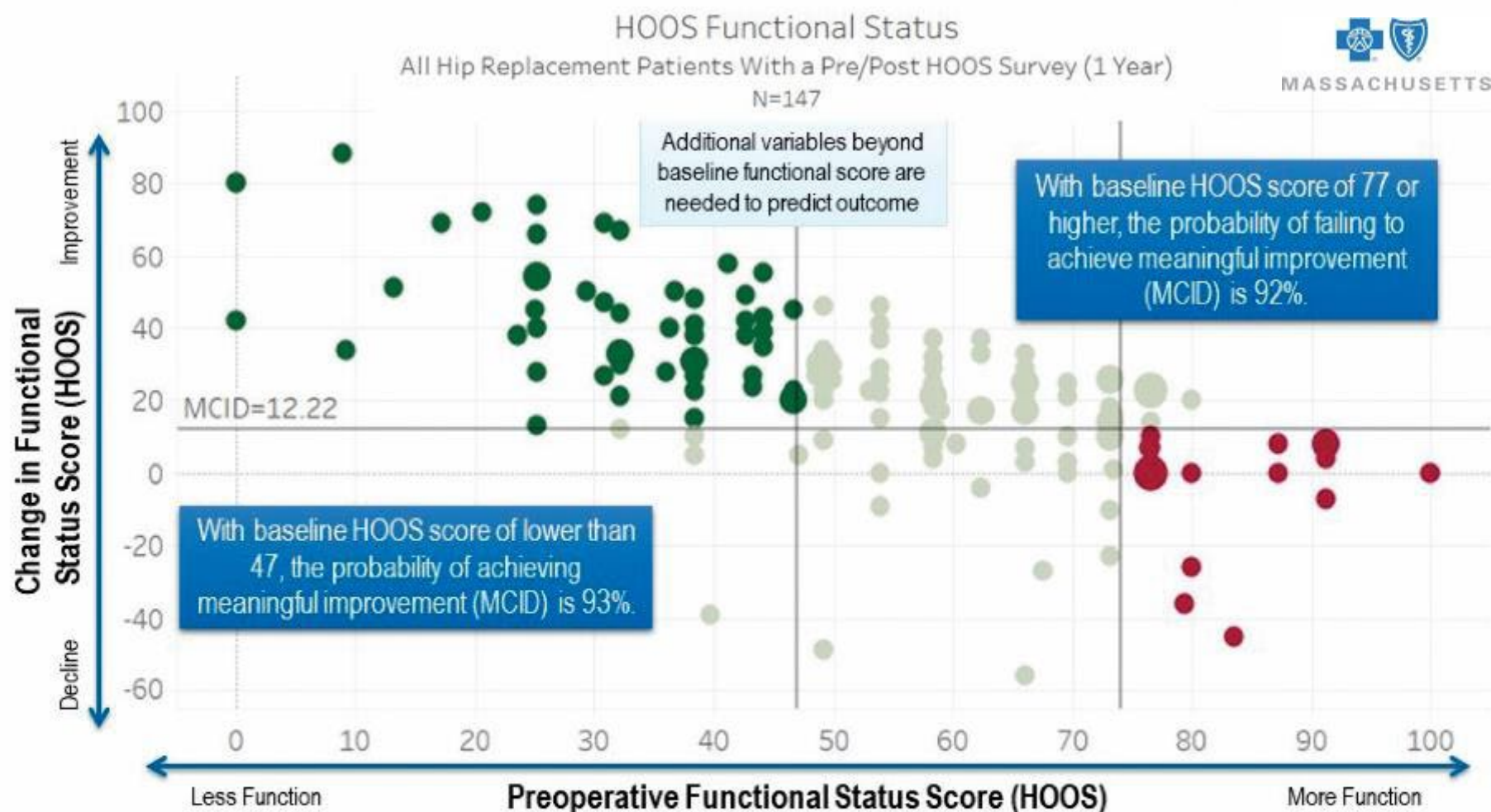


BUSINESS CASE

- Market demand and expectation for these data and their use in patient care

Tracking Individual Patient Outcomes to Inform Care





MCID=Minimum Clinically Important Difference. Computed based off of the average MCID from 1000 bootstrapped samples of 100 patients, with MCID calculated as $0.5 \times \text{SD}$. Source: Norman GR, Sloan JA, Wyrwich KW. Interpretation of changes in health-related quality of life. The remarkable universality of half a standard deviation. *Med Care* 2003;41:582-92. Copay AG, Subach BR, Glassman SD, Polly DWJ, Schuler TC. Understanding clinically important difference: A review of concepts and methods. *The Spine Journal*. 2007; 17:541-546. [PubMed: 17448732]



Data Sources: BCBSMA 2014-2017, use of HOOS/KOOS with patients before and after hip replacement surgery

Health Equity Measurement

- Requires data that are largely lacking today
 - ▣ Standards for data content, collection and exchange
 - ▣ Align on the role of patient-specific data vs. proxy indicators
 - ▣ Data for population-level tracking vs. data for individual patient outreach
- Stratification vs. Composite Index
 - ▣ Evaluate performance on disparities-sensitive measures stratified by relevant variables
 - ▣ “Roll up” disparity performance across a broad set of measures to define a composite or health equity index



Investing in Health Equity

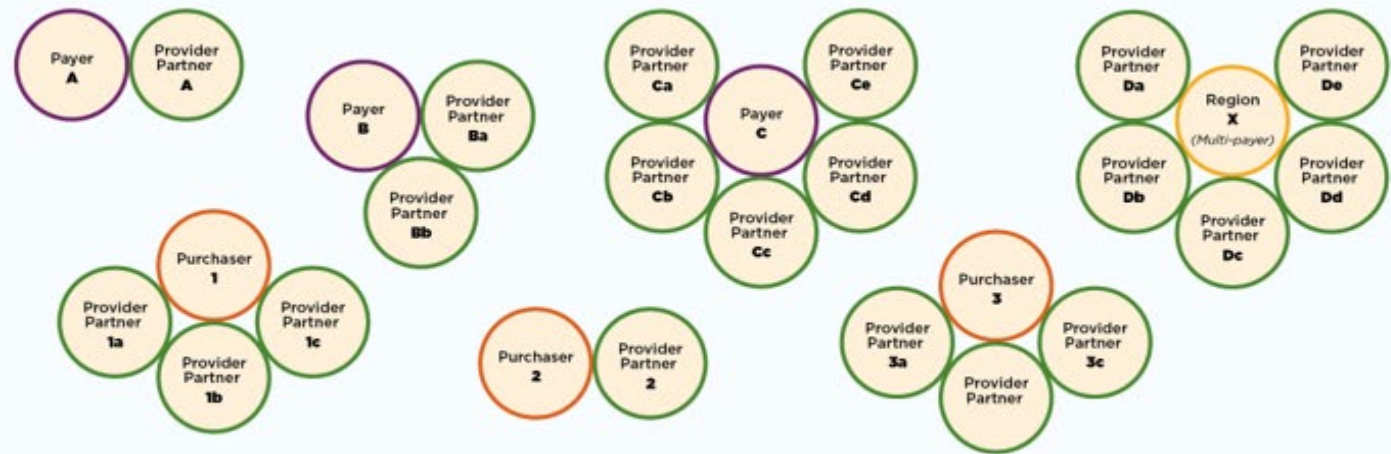
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- As value-based payment models increasingly hold providers financially accountable for outcomes, there is growing concern that organizations caring for populations with greater social risk factors are unfairly penalized
 - Some argue that we should adjust performance scores for social risk to fairly assess and reward providers with great social vulnerability in their patient mix
 - Others argue that adjusting performance scores for social risk accepts a lower standard of care for socially at-risk populations, masking low performance with statistical adjustments
 - Satisfying these seemingly divergent views: Adjusting payment based on social risk
 - Up-front payments
 - Multipliers on performance payments

Jaffery, JB, Safran DG. Addressing Social Risk Factors In Value-Based Payment: Adjusting Payment Not Performance To Optimize Outcomes and Fairness. *Health Affairs Blog*. April 19, 2021. [Accessed 8 October 2021]. <https://www.healthaffairs.org/doi/10.1377/hblog20210414.379479/full/>].

Aligned Innovation Overview

- Aligned Innovation is designed to accelerate progress toward the next generation of outcome measures and methods needed to support value-based payment, population health, and advancing health equity
- It leverages human-centered design to fill high priority gaps in our nation's portfolio of quality measures based on outcomes that matter most to patients and clinicians
- It's unique multistakeholder approach completes the end-to-end process of measure development, testing, and validation in 2 years
- For every new measure introduced, stakeholders seek to retire 2+ measures from their performance accountability measure sets
- Coalition driving this work includes public and private sector Payers, Purchasers and Providers committed to the success of value based payment, population health and health equity

INNOVATOR COALITION: ACTIVIST INNOVATORS AND THEIR PROVIDER PARTNERS



TOTAL DURATION: 24 MONTHS

PHASE 1

CONVENE

Innovator Coalition to align on priority gaps; engage Specialty Societies for their perspectives

PHASE 2

ELICIT

from Patients and Clinicians the outcomes most relevant to them

PHASE 3

DEFINE

measure specifications with input from broad/ diverse provider partners

PHASE 4

IMPLEMENT

and test at large scale

PHASE 5

REPORT

results and refine measure

PHASE 6

FINALIZE

and engage

MULTISTAKEHOLDER ADVISORY COUNCIL (MAC) INPUT:



Let's Talk!

NATIONAL QUALITY FORUM

www.qualityforum.org