Quality Measure Gaps in Today’s Accountable Care Programs

Tom Valuck, MD, JD

October 30, 2014
Accountable Care Measures for High-Cost Specialty Care and Innovative Treatment

You Get What You Pay For: Improving Measures for Accountable Care
Highlights

- Gaps in accountable care measure sets cannot be completely addressed with more of the same measure types and measurement strategies currently in use.
- We recommend enhancements that include increased use of outcome, cross-cutting, and patient-reported measures, and new measurement approaches including layered and modular models.
Background

- Quality measurement, tied to financial incentives, is one of many approaches accountable care programs are using to promote system-wide improvement.
- Accountable care incentives are geared toward controlling cost.
- Focus of measure sets is typically limited to the clinical conditions of a few at-risk populations.
- Measurement influences priorities and care delivery to the potential detriment of patients with conditions outside the scope of measure sets.
- Measure sets need breadth, depth, and new approaches to promote appropriate care across the relevant population.
Diabetes

Clinical Pathway & Measurement Opportunities

INTERMEDIATE OUTCOME MEASURES
- HbA1c control (<8.0%)
- LDL-C control (<100 mg/dL)
- BP control (<140/90 mm Hg)
- Smoking status
- Body Mass Index (BMI)

COMPLICATIONS
- Chronic Kidney Disease
- Retinopathy
- Macular degeneration
- Glaucoma
- Peripheral neuropathy
- Peripheral vascular disease
- Arterial stenosis
- Inflammation
- Resistant HTN

LOSS OF FUNCTIONAL STATUS
- End-Stage Renal Disease (ESRD)
- Vision loss
- Foot ulcer
- Vascular insufficiency
- Stroke
- Acute Myocardial Infarction (AMI)
- Stroke-related deficit
- Reduced cardiac function

OUTCOME MEASURES
- Functional Status
- Quality of Life
- Mortality

CARE PROCESS MEASURES
- Appropriate medication prescribing
- Access to medications
- Diabetes education
- Risk Management
- Screening for complications
  - Retinal Exam
  - Nephropathy
  - Foot Exam
- Specialist referrals
  - Endocrinology
  - Cardiology
  - Nephrology

PATIENT EXPERIENCE & COST OF CARE MEASURES
- Timely care
- Provider communication
- Provider rating
- Access to specialists
- Health Education
- Shared Decision-Making
- Health / Functional Status
- Care coordination
- Medication adherence ed.
- Stewardship of patient resources
- Diabetes relative resource use

Adapted from Louisiana State University System
HealthPartners’ 32,747 members with diabetes in 2012 suffered 417 fewer heart attacks, 72 fewer leg amputations and 745 people did not experience eye complications compared to what would have happened to the same 32,747 plus members in 2000.
Project Purpose

- Examine gaps in accountable care measure sets and available measures for certain conditions
- Priority focus was gaps for high-priority conditions; that is, conditions that are prevalent and costly
- Understand the implications of the measure gaps to inform recommendations for improving accountable care measurement
Project Limitations and Clarifications

- Quality measurement is one of many tools to promote improvement
- Lack of measurement does not imply providers will not deliver high quality care
- Focus is accountable care generally, not only ACOs
- “Inappropriate care” includes both overuse and underuse of services
- Project scope includes policy-level solutions and recommendations, but not specific measures for specific conditions or topics
- Project solutions and recommendations are not meant to suggest that all processes of care for every condition should be measured
Condition Selection

- **Primary criteria**
  - Prevalence
  - Cost
    - Overall
    - Specialty pharmaceutical
    - Imaging
    - Surgical procedures
    - Hospitalization

- **Secondary criteria**
  - Mix of acute and chronic
  - Applicability to all populations
  - No duplication
Selected Conditions

- Asthma
- ADHD
- Breast Cancer
- Chronic Back Pain
- Chronic Kidney Disease
- COPD
- Diabetes
- Glaucoma
- Hepatitis C
- HIV

- Hypertension
- Influenza
- Ischemic Heart Disease
- Major Depression
- Multiple Sclerosis
- Osteoarthritis
- Osteoporosis
- Prostate Cancer
- Rheumatoid Arthritis
- Stroke
Logic Model

Application of Logic Model

1. Define endpoints or patient outcome goals for condition
2. Identify how measures in MSSP promote achievement of outcomes / protection against inappropriate use
3. Assess how accountable care financial incentives might inhibit achievement of patient outcomes based on measure gaps
4. Inventory existing measures that could address concerns in Step 3
5. Identify gaps in existing quality measures needed to assess critical patient outcomes and prevent inappropriate use
6. Review all clinical conditions for common themes and issues, including cross-cutting opportunities and gaps, to identify overall solutions
MSSP Direct and Indirect Measures for Selected Conditions

- Diabetes
- IHD
- CKD
- COPD
- Asthma
- HIV
- HCV
- Depression
- ADHD
- Osteoarthritis
- RA
- Stroke
- HTN
- Osteoporosis
- Flu
- Breast Cancer
- Glaucoma
- MS
- Back Pain
- Prostate Cancer
NCQA Direct and Indirect Measures for Selected Conditions
Direct Available Measures to Fill Gaps, Including Outcome Measures
Measure Gaps Ranked by Cost

**Tier 1 (Low Cost)**
- Patient education
- Screening/immunizations
- Simple labwork
- Appt scheduling/follow-up
- OTC medications
- Simple imaging

**Tier 2 (Medium Cost)**
- Traditional medications
- Complex imaging
- Advanced lab testing
- Invasive diagnostics
- Specialist/other referrals

**Tier 3 (High Cost)**
- Surgical procedures
- Specialty medications
- Long-term chronic medications
- Hospitalization
# Cross-Cutting Measures and Gaps

<table>
<thead>
<tr>
<th>Use of Available Measures</th>
<th>Measure Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience</strong></td>
<td>CAHPS measure set</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prevention / Healthy Behaviors</strong></td>
<td>BMI assessment</td>
</tr>
<tr>
<td></td>
<td>Tobacco cessation</td>
</tr>
<tr>
<td></td>
<td>Flu and Pneumovax</td>
</tr>
<tr>
<td><strong>Care Coordination</strong></td>
<td>Inpatient admission rates</td>
</tr>
<tr>
<td></td>
<td>Hospital readmissions</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td>Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td>Hospital readmissions</td>
</tr>
<tr>
<td><strong>Clinical Effectiveness</strong></td>
<td>Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Roundtable-Identified Priority Measure Gaps

- **Outcome Measures**
  - Mortality, complications, functional status, readmissions

- **Cross-Cutting Measures**
  - Medication adherence, avoidance of polypharmacy, patient safety, care coordination

- **Measures of Patient Centeredness**
  - Shared decision making, shared care plan documentation/adherence, experience of care, patient-reported outcomes

- ** Appropriateness Measures**
  - Overuse measures (low back pain, antibiotic use)

- **Cost of Care Measures**
  - Total cost of care, episode of care, out-of-pocket costs

- **Composite Measures**
  - e.g., Optimal Diabetes Care
# Recommendations

1. **Identify and Prioritize Measure Gaps**
   - Most prevalent and costly conditions, unmeasured aspects of care, use of early indicators.

2. **Use Alternative Measurement Approaches**
   - Use of alternative models: layering and modular approaches

3. **Use the Most Meaningful Measure Types**
   - Maximization of preferred measure types: outcomes, cross-cutting, patient-reported

4. **Address Barriers to Measurement**
   - New or optimized data sources, logistical, analytical, systemic challenges

5. **Assess Opportunities to Continuously Improve**
   - Feedback, input from patients, measure set review process
Select Available Measures to Fill Gaps

Accountable Care Measure Set

Cross Cutting Measures

Types 1 and 2 Diabetes

Rheumatoid Arthritis

Multiple Sclerosis

Existing Quality Measures

HbA1c Control

DMARD Use

Hypoglycemic Events

Measure Gap
Develop Measures to Fill Gaps

Accountable Care Measure Set

- Types 1 and 2 Diabetes
- Rheumatoid Arthritis
- Multiple Sclerosis

Cross Cutting Measures

Existing Quality Measures
- Hypoglycemic Events
- Measure Gap

Developed Quality Measures
- Functional Status Change

HbA1c Control
- Gap
- DMARD Use
- Gap
- Gap
- Gap
Use Cross-Cutting Measures

Accountable Care Measure Set

- Types 1 and 2 Diabetes
  - HbA1c Control
- Rheumatoid Arthritis
  - DMARD Use
- Multiple Sclerosis
  - Gap

Condition-Specific Measures

Cross Cutting Gap

Timely Care

Access to Specialists

Cross-Cutting Measure Gap
22

**Accountable Care Measure Set**

- **Conditions**:
  - Types 1 and 2 Diabetes
  - Rheumatoid Arthritis
  - Multiple Sclerosis

- **Measures**:
  - HbA1c Control
  - DMARD Use
  - Gap

- **Cross-Cutting Measures**:
  - Medication Adherence
  - Timely Care
  - Access to Specialists

- **Cross-Cutting Measure Gap**
Alternative Measurement Models: Layered Approach
External Accountability Measure Set

Internal Management Measures

Internal Improvement Measures

Diabetes Care

Hypo-Glycemic Events

Depression Remission

Composite Measure

Comprehensive Diabetes Care

Appropriate Use of Anti-Depressants

HbA1c Test

Lipid Panel

Blood Pressure Test

Tobacco Assessment

Depression Screening
<table>
<thead>
<tr>
<th>External Accountability Measure Set</th>
<th>Rheumatoid Arthritis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Functional Status Change</td>
</tr>
<tr>
<td></td>
<td>Pain Control</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Management Measures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate DMARD Use</td>
</tr>
<tr>
<td></td>
<td>Pain Assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Improvement Measures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sed Rate &amp; C-Reactive Protein Tests</td>
</tr>
<tr>
<td></td>
<td>Serum Creatinine Test</td>
</tr>
<tr>
<td></td>
<td>Liver Function Test</td>
</tr>
<tr>
<td></td>
<td>Pain Screening</td>
</tr>
</tbody>
</table>
Alternative Measurement Models: Modular Approach
Modular Measurement Approach

General Population ACO Measure Set

Condition-Specific Subpopulation Modules

Cross Cutting Measure

Module 1

Measure Measure Measure Measure Measure
**General Population ACO Measure Set**
- HbA1c <8.0%
- LDL <100 mg/dL
- BP <140/90

**Condition-Specific Subpopulation Modules**
- **Module 1** (Ex. Diabetes Care)
  - Hypoglycemic Events
- **Module 2** (Ex. Rheumatoid Arthritis Care)
  - Functional Status Change
  - Pain Control
  - Appropriate DMARD Use
  - Avoidance of RA Progression
- **Module 3** (Ex. Multiple Sclerosis Care)
  - Rate of Flare-Ups
  - Appropriate Pharma Use
  - Functional Status Change
  - Therapy Referrals

**Module Outcomes**
- Hospital Readmissions
- Access to Specialists
- Cancer Screening
- AMI Rate
- Avoidance of RA Progression
- Appropriate DMARD Use
- Therapy Referrals

**Measure Sets**
- General Population ACO Measure Set
- Condition-Specific Subpopulation Modules
  - Module 1 (Diabetes Care)
  - Module 2 (Rheumatoid Arthritis Care)
  - Module 3 (Multiple Sclerosis Care)
Conclusions

- Gaps exist in current accountable care measure sets
- These gaps should be addressed through better measures and new approaches to measurement
- Preferred types of measures to fill gaps include outcome, cross-cutting, and patient reported measures
- Strategic approaches to measurement do not necessarily require more measures
Thank you!

Tom Valuck, MD, JD
tvaluck@discernhealth.com
410-542-4470, ext. 102