NCVHS Quality Subcommittee
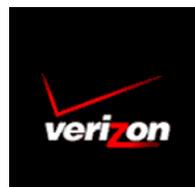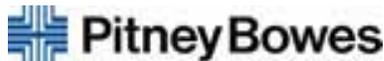## Measures that matter to consumers

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GROUP ON HEALTH

PBGH Members

Pacific Business Group on Health

- Represents large purchasers and their employees

- 22-year history as developer, publisher, advocate for quality measures – Healthscope, California Office of the Patient Advocate, Health plan Chooser

- Strong purchaser interest in enabling consumers to make choices that reward safe, high quality, affordable care

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Foundation for Accountability

- Consortium of patients, consumers, public and private purchasers – 1995-2004

- Focus on developing quality measures and frameworks for use by consumers and purchasers

- ~100 focus groups, 55,000 patient surveys

- 5 years of research into consumer use of quality info – Leapfrog, HCFA, OPM, NCQA

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Synthesis of Patient Views

- Patients believe that quality is largely shaped by their personal doctor, and have the greatest interest in physician-level information.

- Patients with chronic illness associate with their specific illness and the expectations, care processes and outcomes associated with it, and do not show much interest in generic performance domains.

- Patients understand that quality has several dimensions, and they report significant interest in all of them.

- Patients want to use quality information as part of making decisions about their care. Information must be relevant to those decisions.

- Patients wish to use performance results to guide their own interaction with their doctors, rather than to choose a new doctor, and express strong preference for a balanced report of both good and poor performance.

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Patients' <u>General</u> Idea of Quality

Describe good quality care

- Right doctor
- Doctor's expertise/knowledge
- Caring/sensitivity
- Choices
- Follow-up
- Doctors who spend quality time
- Takes time with you
- Up-to-date technology
- Dedicated to patients

Describe bad quality care

- Not enough doctors
- High turnover of doctors
- Long waits
- Misdiagnosis
- Lack of quality time
- Inefficiency/incompetence
- Arrogant
- Poor bedside manner

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Quality is <u>Specific</u> to Each Patient's Needs

- Consumers want a doctor experienced in their particular disorder

- Consumers' experience of care matters as much as technical aspects of care

- Consumers recognize the importance of a partnership with the physician to achieve good results

**Adult Diabetes Patients
Technical Quality of a Provider**

- Expert knowledge
- "… Identified problems/illness are treated accurately and expediently, problems without identity are tested logically and thoroughly so that correct treatment may be administered upon identification"
- "When my endocrinologist knows enough about my routine to suggest new and improved products and practices"
- Doctor stays informed of current technology
- "My doctor monitors all phases of my diabetes"

Patient and Expert ratings of HIV quality indicators

	Expert Rank	Patient Rank
HIV Treatment: antiretroviral therapy	1	5 (tie)
Immune assessment: viral load	2	4
HIV Treatment: opportunistic infections	3	1
HIV Prevention: Immunizations	4	11
Experience of care: involvement in decision-making	5	2
Experience of care: access to services	6	5 (tie)
Experience of care: access to mental health services	7	8
Self-management	8	7
Symptom control	9	9
Functional status	10	3
HIV Prevention: Education	11	10

Measures must exist within *Domains*

- Important to create a common public language that recognizes variability of information needs:
  - The Basics
  - Staying Healthy
  - Living with Illness
  - Getting Better
  - Changing needs
- Major performance domains are consistent across segments:
  - Best clinical practices
  - Patient experience
  - Results

FACCT Breast Cancer Measure Set

Measure	*Performance Value*	*Instrument/Data Source*
Steps to Good Care		
Mammography	<u>Proportion</u> of women age 52-69 who have had a mammogram within a two-year period	Doctor's billing or claims records (NCQA's HEDIS 3.0 Breast Cancer Screening measure used)
Early stage detection	<u>Proportion</u> of patients whose breast cancer was detected at Stage 0 or Stage I	Patient records from cancer registry
Informed about radiation treatment options	<u>Proportion</u> of Stage I and Stage II patients who indicate that they had adequate information about their radiation treatment options before deciding about surgical treatment	One question in patient satisfaction survey completed three to six months after diagnosis
Breast conserving surgery	<u>Proportion</u> of Stage I and Stage II patients who undergo breast conserving surgery	Patient records from cancer registry or claims records
Radiation therapy following breast conserving surgery	<u>Proportion</u> of breast conserving surgery patients who receive radiation treatment after breast conserving surgery	Patient records from cancer registry or claims records
Experience and Satisfaction		
Patient satisfaction with care	<u>Mean</u> score for patients' level of satisfaction with breast cancer care, including technical quality, interpersonal and communication skills of their cancer doctor, involvement in treatment decisions, and timeliness of information and services	Thirty-two item questionnaire patient survey completed three to six months after diagnosis
Results		
Experience of disease	<u>Mean</u> score for patients on CARES-SF survey, which assesses patients' quality of life and experience in living with breast cancer	Fifty-nine-item CARES-SF patient survey completed 12 to 15 months after diagnosis
Five-year disease-free survival (cancer treatment center measure)	<u>Probability</u> of disease-free survival for a group of patients, Stages I-IV, who were diagnosed during prior five years	Patient records from cancer registry

FACCT Asthma Measures Set

Measure	Performance Value(s)
Steps to Good Care (5 performance values)	
1) Patient education	A1: <u>Mean score</u> on delivery of patient education scale.
2) Peak flow meter possession and use	A2: <u>Proportion</u> of moderate/severe patients who have their own peak flow meters.
	A3: <u>Proportion</u> of moderate/severe patients having their own peak flow meter who report using it regularly.
3) Using inhalers correctly	A4: <u>Proportion</u> of patients who received instruction in correct inhaler use.
	A5: <u>Proportion</u> of patients whose inhaler-use technique was observed by a doctor, nurse or other health care professional.
Experience and Satisfaction with Care (3 performance values)	
4) Patient experience and satisfaction with asthma care	B1: <u>Mean score</u> on access to care scale.
	B2: <u>Mean score</u> on provider communication/ skill scale.
	B3: <u>Mean score</u> on overall rating of asthma care.
Results (6 performance values)	
5) Patient functional status	C1: <u>Mean score</u> by moderate/severe patients on the SF-36—Physical Component Summary (PCS).
6) Patient-reported symptom level	C2: <u>Proportion</u> of patients experiencing mild to moderate asthma symptoms during the past 4 weeks.
7) Patient self-management knowledge and behavior	C3: <u>Proportion</u> of moderate/severe patients scoring in the mid to high range on asthma self-management knowledge and behaviors scale.
	C4: <u>Mean score</u> by moderate/severe patients on peak flow meter knowledge scale.
8) Ability to maintain daily activities	C5: <u>Proportion</u> of patients reporting 0 or 1 days lost from regular activities during the past three months due to asthma.
	C6: <u>Proportion</u> of patients reporting little or no interference in daily activities during the past 3 months due to asthma

Don't Assume a Measure for One Patient is Applicable to Another (similar) Patient

- Little evidence that ***competencies*** transfer across disciplines, or that aggregated reporting units reflect consistent internal performance:

	Health Plan Scores on: *"Delivery of patient education"*		
For patients with:	Indiana Health Plan 1	Indiana Health Plan 2	Indiana Health Plan 3
Asthma	68.2	59.7	72.4
Coronary disease	75.0	71.3	74.1
Diabetes	78.2	81.5	81.2

FACCT MEASURES DEVELOPMENT PROCESS

STAGE 1:

• Develop conceptual framework for measurement within topical area

• Obtain consumer input

• Review available literature, measurement methods and tools

• Establish and obtain input from an expert advisory group

Criteria Focus: Consumer and Professional Relevance, Usefulness and Face Validity

STAGE 2:

• Develop starting point measurement proposal

• Conduct Phase I feasibility and stakeholder review

Criteria Focus: General Feasibility and Content Validity

STAGE 3:

• Specify viable measurement methods and tools

• Convene advisory group to select options for further development

• Design field test

Criteria Focus: Applied Feasibility and Soundness of Measures

STAGE 4:

• Conduct field testing (minimum 3 sites)

• Conduct data analysis

• Engage advisory group in review and interpretation of findings

Criteria Focus: Feasibility and Soundness of Measures

STAGE 5:

• Revise and refine quality measurement for each application (e.g. health plan comparison)

• Obtain additional consumer input

• Specify scoring and reporting guidelines

Criteria Focus: Relevance, Feasibility, Soundness and Interpretability

STAGE 6:

• Develop scientific and technical documentation

• Begin large scale implementation and dissemination

Criteria Focus: Application, Generalizability and Usefulness

Closing Thoughts

- The patient voice must be primary and respected.
- "Measures that matter" are relevant to <u>specific</u> people in <u>specific</u> circumstances.
- Measures must be grouped into <u>sets</u> that answer a patient's questions.
- Existing data sources – claims, EHRs – were not designed to capture information that patients often request.
- Need to think about a ***measurement system***, not measures.