Aligning for Action

LAN SUMMIT

Health Care Payment Learning & Action Network

Accelerating Meaningful Outcomes through Patient Reported Outcome Measures (PROMs)

Welcome

Dana Safran (BCBS-MA)

Co-chair, LAN Population-Based Payment (PBP) Work Group

Chief Performance Measurement & Improvement Officer

Senior Vice President of Enterprise Analytics, Blue Cross Blue Shield of Massachusetts

Today's Panel

Suzanne Schrandt

Director of Patient Engagement at the Arthritis Foundation

Neil Wagle

Associate Chief Quality Officer at Partners HealthCare

Lisa Suter

Associate Professor, Internal Medicine, (Rheumatology), and in the Social and Policy Studies

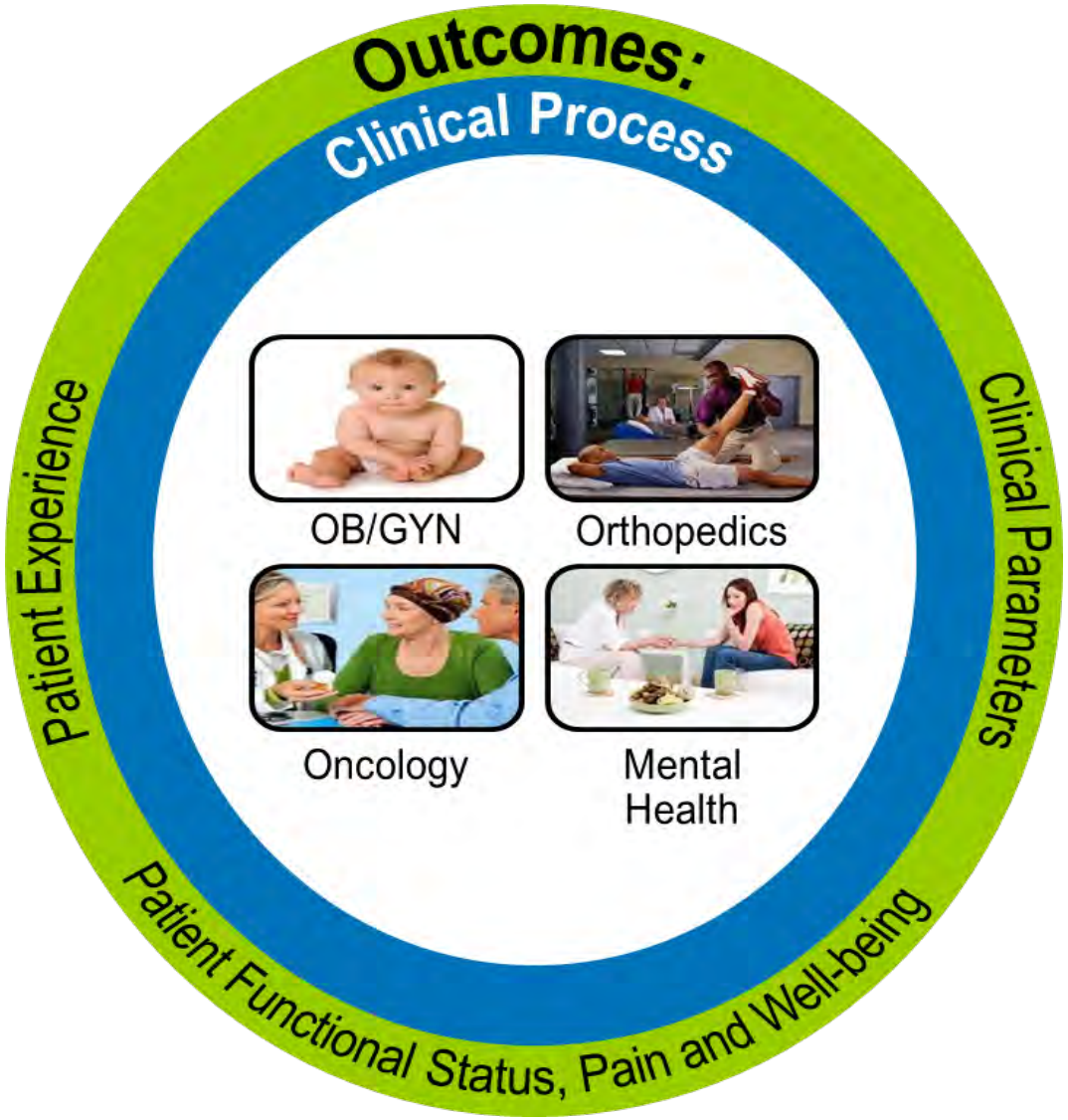
Associate Director, Quality Measurement Program, Center for Outcomes Research & Evaluation (CORE)

Accelerating Meaningful Outcomes through Patient Reported Outcomes Measures (PROMs)

Dana Gelb Safran, Sc.D.
Chief Performance Measurement & Improvement Officer
Senior VP, Enterprise Analytics

Presented at:
2017 LAN Fall Summit: Aligning for Action
30 October 2017

Priority Measurement Gaps

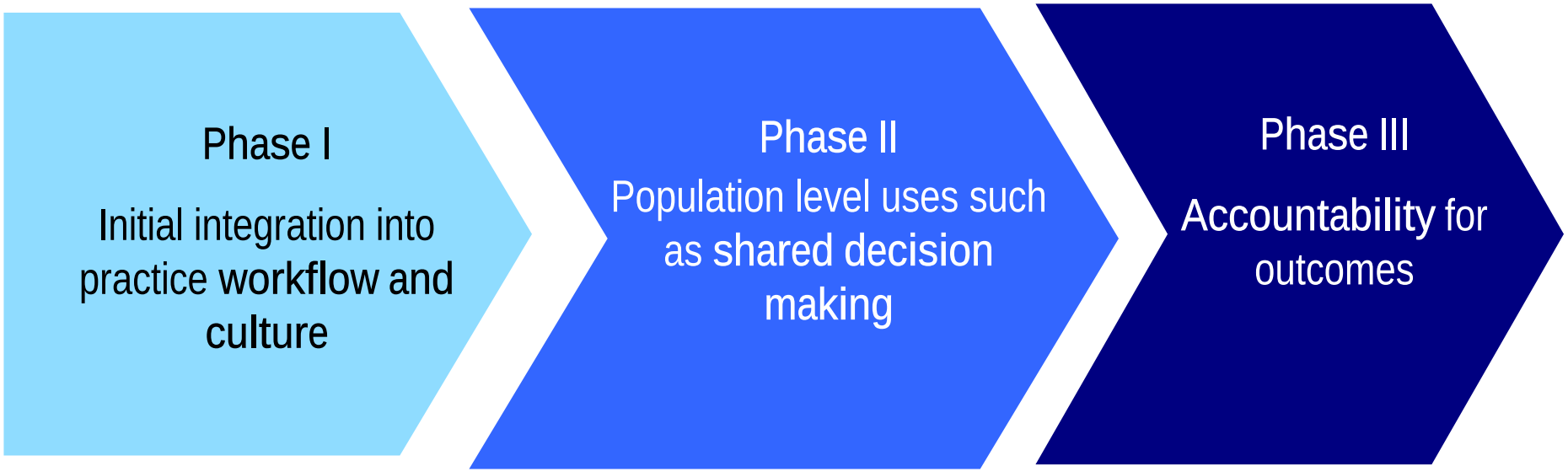


Guiding Principles in Selecting Performance Measures for "High Stakes" Use (Adopted Jan. 2007)

MASSACHUSETTS

- Wherever possible, our measures should be drawn from nationally accepted standard measure sets.
- The measure must reflect something that is broadly accepted as clinically important.
- There must be empirical evidence that the measure provides stable and reliable information at the level at which it will be reported (i.e. individual, site, group, or institution) with available sample sizes and data sources.
- There must be sufficient variability on the measure across providers (or at the level at which data will be reported) to merit attention.
- There must be empirical evidence that the level of the system that will be held accountable (clinician, site, group, institution) accounts for substantial system-level variance in the measure.
- Providers should be exposed to information about the development and validation of the measures and given the opportunity to view their own performance, ideally for one measurement cycle, before the data are used for "high stakes" purposes.

Pathway to Accountability for PROMs



PROM Development (3 – 5 years): Continued extensive psychometric and evaluative science needed to understand how and when PROMs can be used for "accountability."

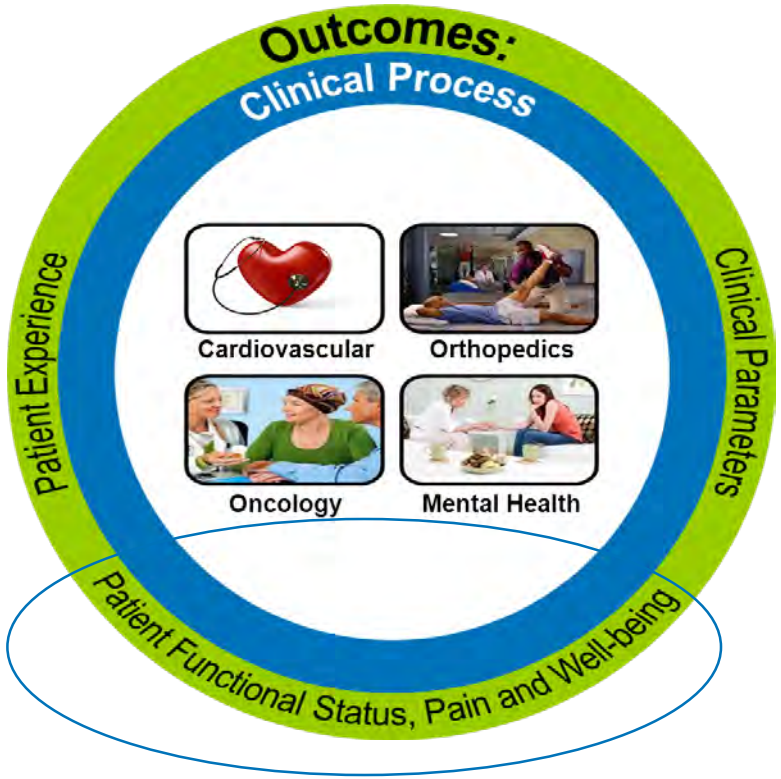
Expanded Quality Measure Set

Ambulatory Measures

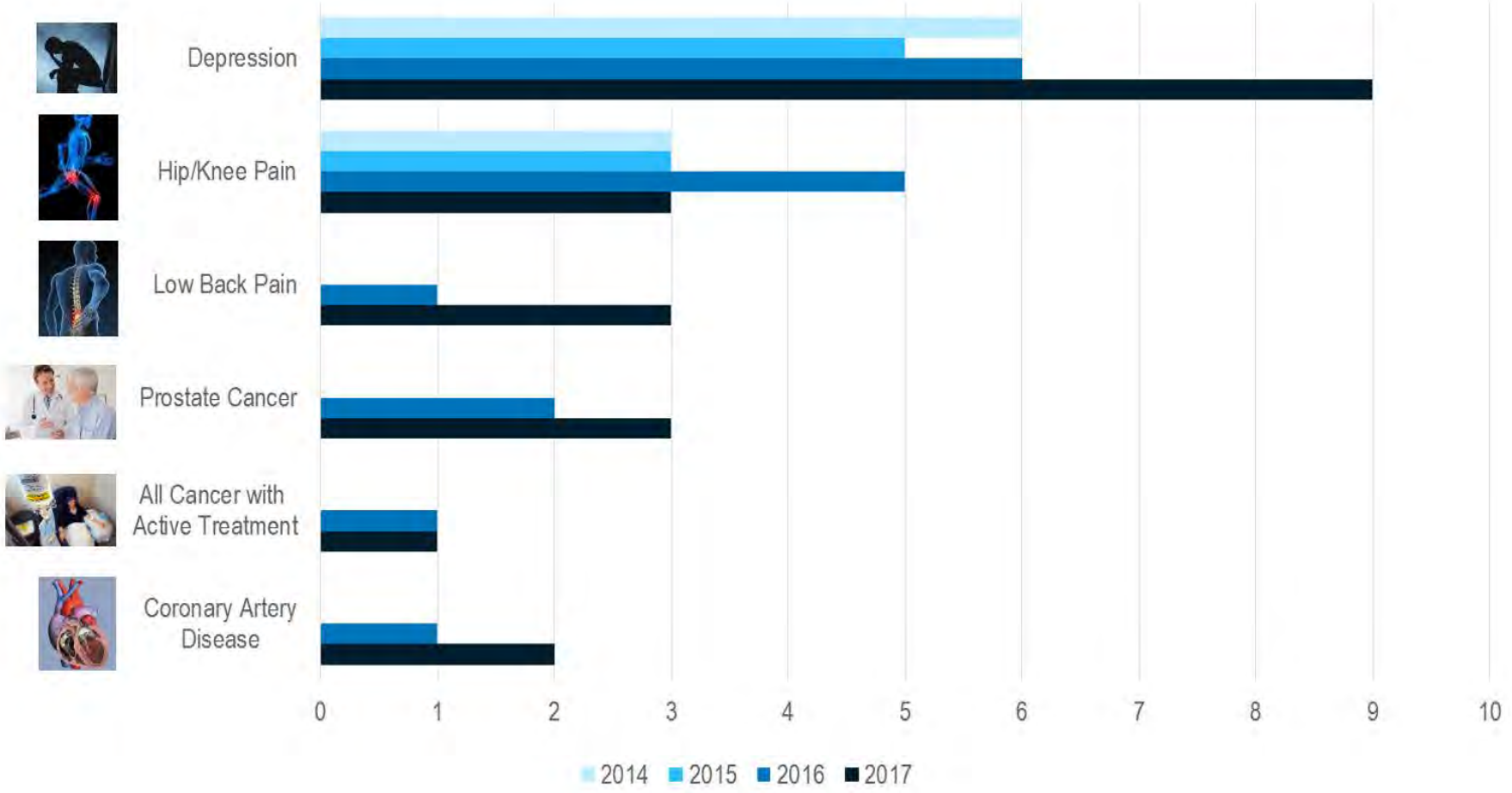
Ambulatory Measure Set
Clinical Process Measures
Depression
Acute Phase Rx
Continuation Phase Rx
Diabetes
HbA1c Testing (2x)
Eye Exams
Nephropathy Screenin
Cancer Screening
Breast Cancer Screenir
Cervical Cancer Screer
Colorectal Cancer Scre
Preventive Screening/Tre
Chlamydia Screening
Ages 16 - 20
Ages 21 - 24
Adult Respiratory Testing
Acute Bronchitis
Pediatric Respiratory Tes
Upper Respiratory Infe
Pharyngitis
Pediatric Well Visits
< 15 months
3 - 6 years
Adolescent Well Care
Clinical Outcomes Measu
Diabetes
HbA1c in Poor Control
Blood Pressure Contro
Hypertension
Controlling High Blood
Patient Experience – Adu
Communication Qualit
Knowledge of Patients
Integration of Care
Access to Care
Patient Experience – Ped
Communication Qualit
Knowledge of Patients
Integration of Care
Access to Care

Hospital Measures

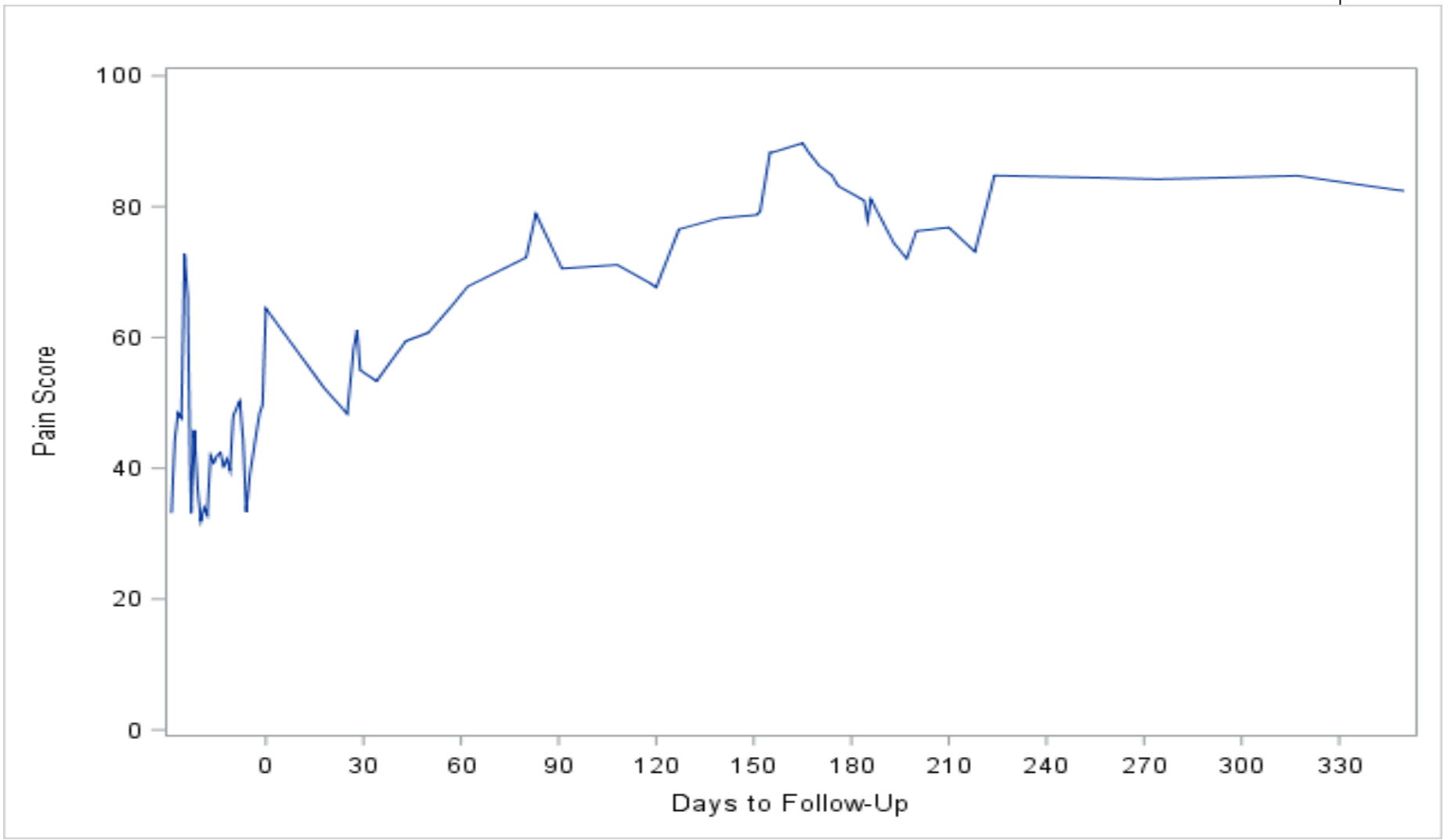
Hospital Measure Set
Hospital Clinical Process Measures
Immunization
Influenza Immunization
Stroke
Venous Thromboembolism (VTE) Prophylaxis
VTE
Venous Thromboembolism Prophylaxis
Intensive Care Unit Venous Thromboembolism Prophylaxis
Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
Hospital Outpatient Surgery and Cardiac Care
Median Time to Transfer to Another Facility for Acute Coronary Intervention (mins)
Aspirin at Arrival
Median Time to ECG (mins)
Hospital Outcome Measures
Iatrogenic Pneumothorax - Adult
Post-operative Respiratory Failure
Peri-operative PE/DVT
Accidental Puncture or Laceration
Birth Trauma Injury to Neonate
OB Trauma - Vag with Instrument
OB Trauma - Vag without Instrument
Heart Failure Mortality Rate
Acute Stroke Mortality Rate
Hospital Wide Readmission (HWE) 30 Day All Cause Unplanned Readmission
Hospital Patient Experience (H-CAHPS) Measures
Communication with Nurses
Communication with Doctors
Responsiveness of Staff
Pain Management
Communication about Medicines
Discharge Information



Patient Reported Outcome Measures

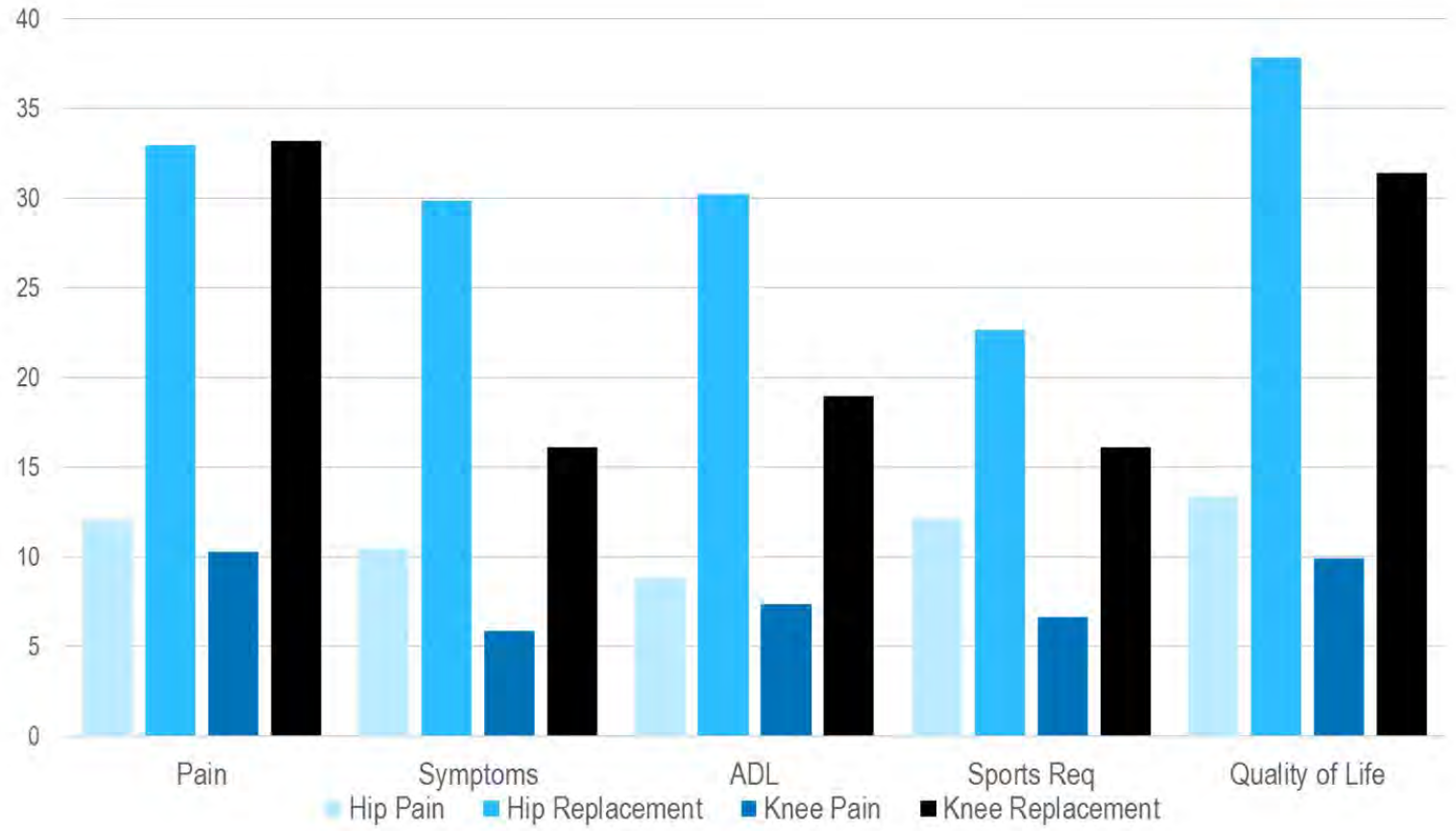


Pain Score: Total Knee Replacement



Note: Higher pain score indicates less pain, where 100 means no pain at all and 0 means the worst pain

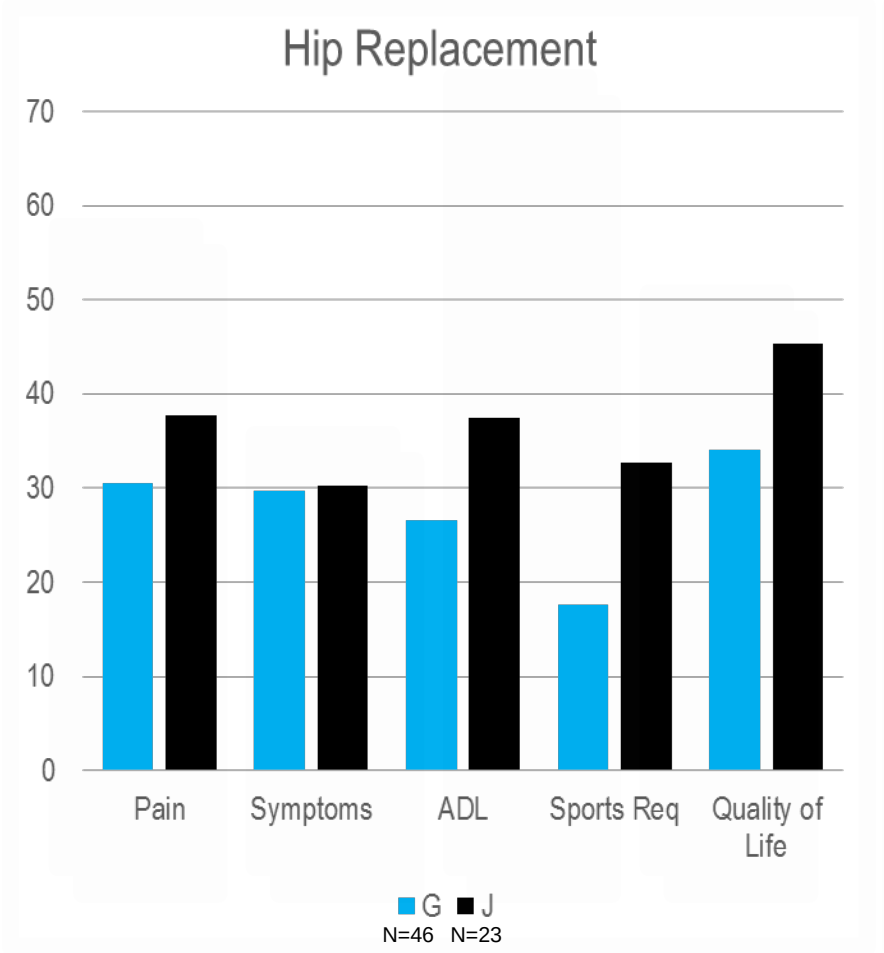
Average HOOS KOOS Change Scores

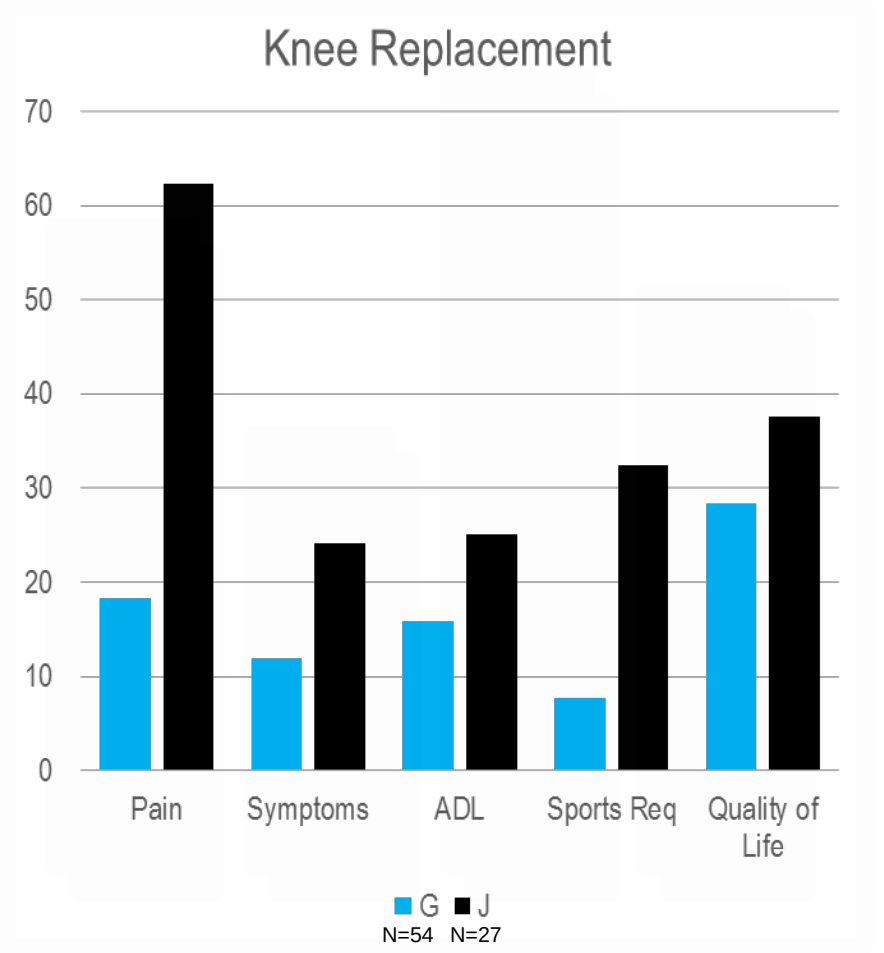


N=65 N=69 N=228 N=80

Note: Change scores are calculated as follow-up survey score minus baseline survey score. Therefore, a positive change reflects improvement.

Average HOOS KOOS Change Scores for Hip & Knee Replacements by Provider Group





Note: Change scores are calculated as follow-up survey score minus baseline survey score. Therefore, a positive change reflects improvement.

Summary and Priority Issues Ahead

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Summary

- Patient Reported Outcome Measures (PROMs) fill critical gaps in our measure set for global budget contracts
- Choosing an appropriate starting point is critical:
  - Provider network collaboration in choice of priority conditions for PROM implementation
  - Begin with participation voluntary
  - Pay for participation (vs. performance)
  - Convene periodically to share learnings both empirical and experiential
- Broadening scope over time supports provider organizations in their internal efforts to expand the work
  - Leverage clinical champions and specialties that have experienced the value afforded by the information

Priority Issues Ahead

- Development and validation of “change” scores is needed to enable accountability uses of PROMs
  - This is deep empirical and psychometric work – best accomplished by measurement centers of excellence
  - Requires large datasets likely drawn from significant numbers of provider organizations nationally
  - Best accomplished with active participation from providers, payers, patients/consumers and purchasers
- Need to transition to unified measurement approach that enables a single tool for both high level assessment and more detailed assessments where functional status and/or well-being are impaired
  - An approach that has a different survey for every body part is not a sustainable or useful long-term approach
  - Working with Specialties that have already embraced a particular PROM tool to calibrate to the new tool is key
- Infrastructure for routine collection, storages and use of PROMs is a rate limiter to success

Lisa Suter

Associate Professor, Internal Medicine, (Rheumatology), and in the Social and Policy Studies

Associate Director, Quality Measurement Program, Center for Outcomes Research & Evaluation (CORE)

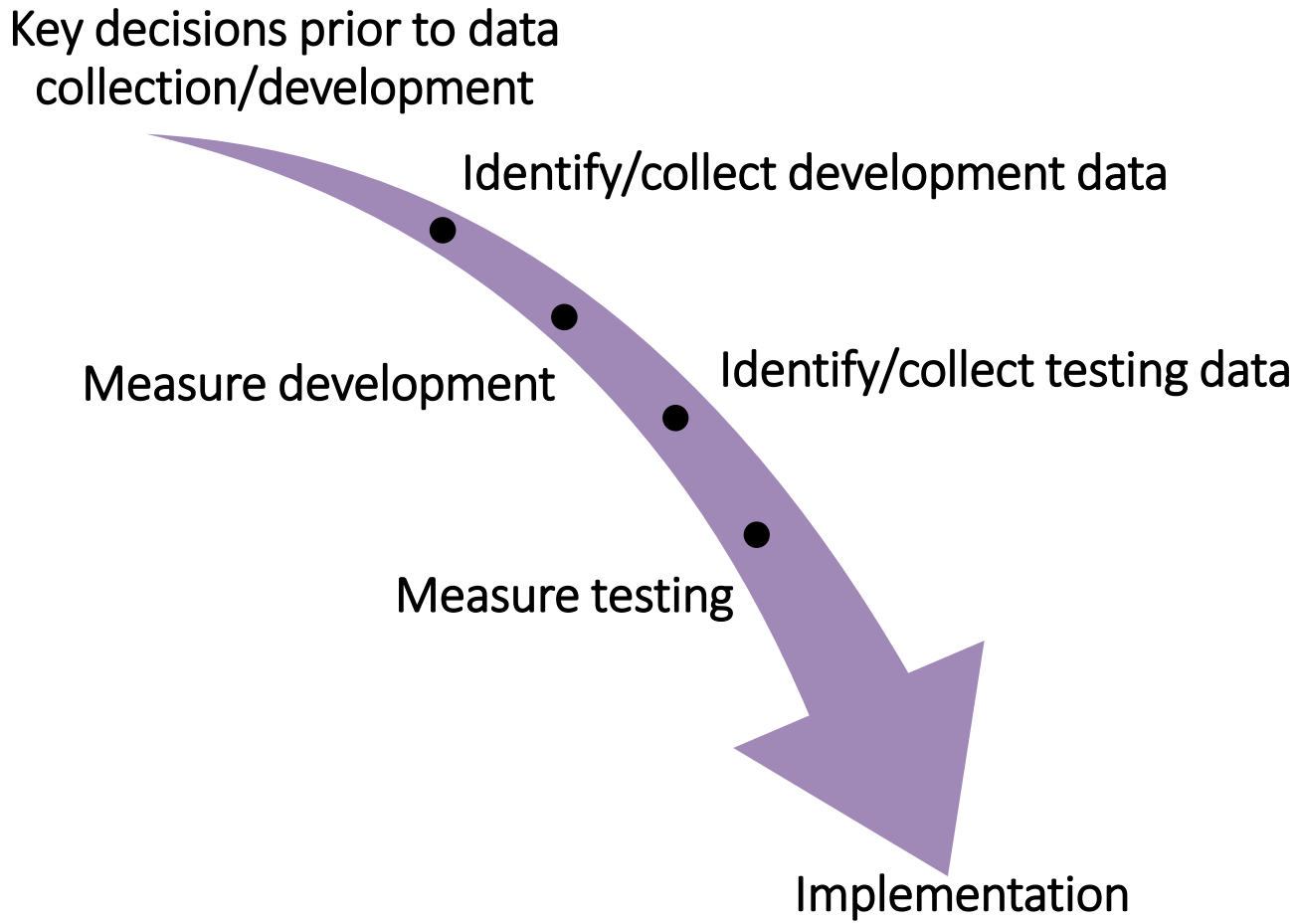
Developing & Implementing PRO-PMs

- Data collection presents unique challenge
- Key strategies for success
  - Pursue alignment across settings and programs
  - Incorporate the patient voice
  - Consider and monitor clinical uptake
  - Employ phased implementation approach

Building Hospital-Level PRO-PMs

- CMS contracted with CORE to build PRO-PMs for hospital performance evaluation in federal programs
- Focused on patients undergoing:
  - Total hip/knee replacement (THA/TKA) procedures
  - Cardiac catheterization (PCI) procedures
- Did not restrict data type/source
- Sought to align across settings and programs
  - Harmonized with eCQM development projects

Development Phases



Comprehensive Care for Joint Replacement (CJR)

- Incentivized voluntary PRO and Risk Variable data submission
  - Successful hospitals earn 2 of possible 20 quality points
  - Composite quality score influences reconciliation payment
- PRO data for 50 cases or 50% of eligible case in Year 1
  - 19 (hip) or 20 (knee) data elements
  - Within 90 days of surgery and between 270-365 days after surgery
  - Increasing data submission requirements over 5 year model

Comprehensive Care for Joint Replacement (CJR)

- Hospitals NOT measured on PRO results, just data submission
- Data explicitly intended for measure development
- Allowed hospitals flexibility on all but specific data elements
- Encouraged peer to peer learning

Pursue alignment across settings and programs

- PRO-PMs harmonized with concurrent eCQM projects for Eligible Clinician-level measures
- Regular communication between developers
- Full measure decision transparency for developers and program staff
- As feasible, leverage combined resources
  - Both THA/TKA PRO-PM projects shared TEP for initial development
  - Consider all relevant programs when planning prospective data collection

Incorporate the patient voice

- Approaches
  - Advisory groups, TEP membership, online surveys, facilitated listening sessions
- Input on PRO survey instruments used to build PRO-PM
  - Patient Technical Expert Panel members favored generic HRQoL questions over hip/knee-specific surveys favored by clinician TEP Members
- Input on measure outcome definition
  - PCI patient advisory group helped determine clinically meaningful change for angina and dyspnea symptom scores
- Input on measure results presentation
  - For other measures (not yet PRO-PMs), patients helped shaped what information is presented and how

Consider and monitor clinical uptake

- PRO-PM development is mostly preceding broad clinical practice uptake, therefore…
- Prioritize meaningful outcomes
- Recognize and address burden
- Seek out clinical leaders as champions
- Collaborate with professional societies
- Note few sites have PRO collection within EHRs
  - Limited integration at the point of care

Employ phased implementation approach

- Acknowledges limited existing development / testing data
- Enables iterative improvement over time
- Allows for greater stakeholder input during iterations
- Provides opportunity for champions to guide optimization

Lessons Learned

- Many steps from fully implemented national PRO-PMs
  - Development and testing data are limited
  - Measure development occurring simultaneous to clinical adoption
  - Technology exists but EHR integration lagging
- No success without stakeholder engagement at all stages
  - Balance desired data with burden
  - Collect most meaningful data
  - Achieve adequate response rates
  - Produce optimal clinical workflow

Lessons Learned continued

- Consider phased incentives
  - Consider credit for data collection first
  - Enhanced credit for integration into clinical decision making
  - Move towards performance reporting and transparency
  - Pay for performance can be ultimate goal

Partners HealthCare System Members

Partners HealthCare is an integrated system consisting of the following:

- Two large academic medical centers (Massachusetts General Hospital and Brigham and Women's Hospital).
- Six community hospitals.
- Five community health centers.
- Five major multispecialty ambulatory sites.
- Inpatient and outpatient psychiatric and rehabilitation specialty services.
- Homecare.
- More than 6,000 physicians.

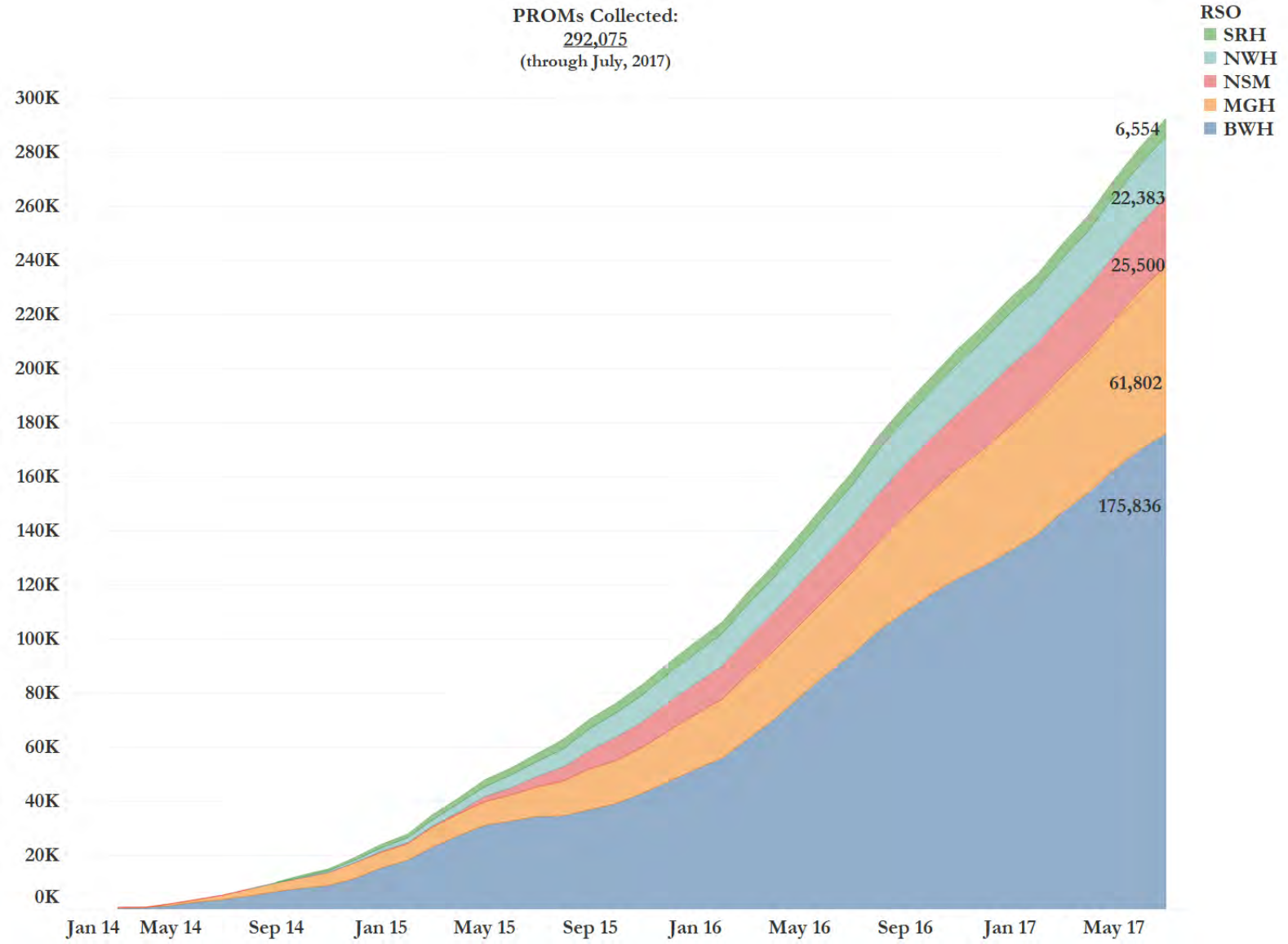
Partners PROMs Collection

Scaling rapidly:

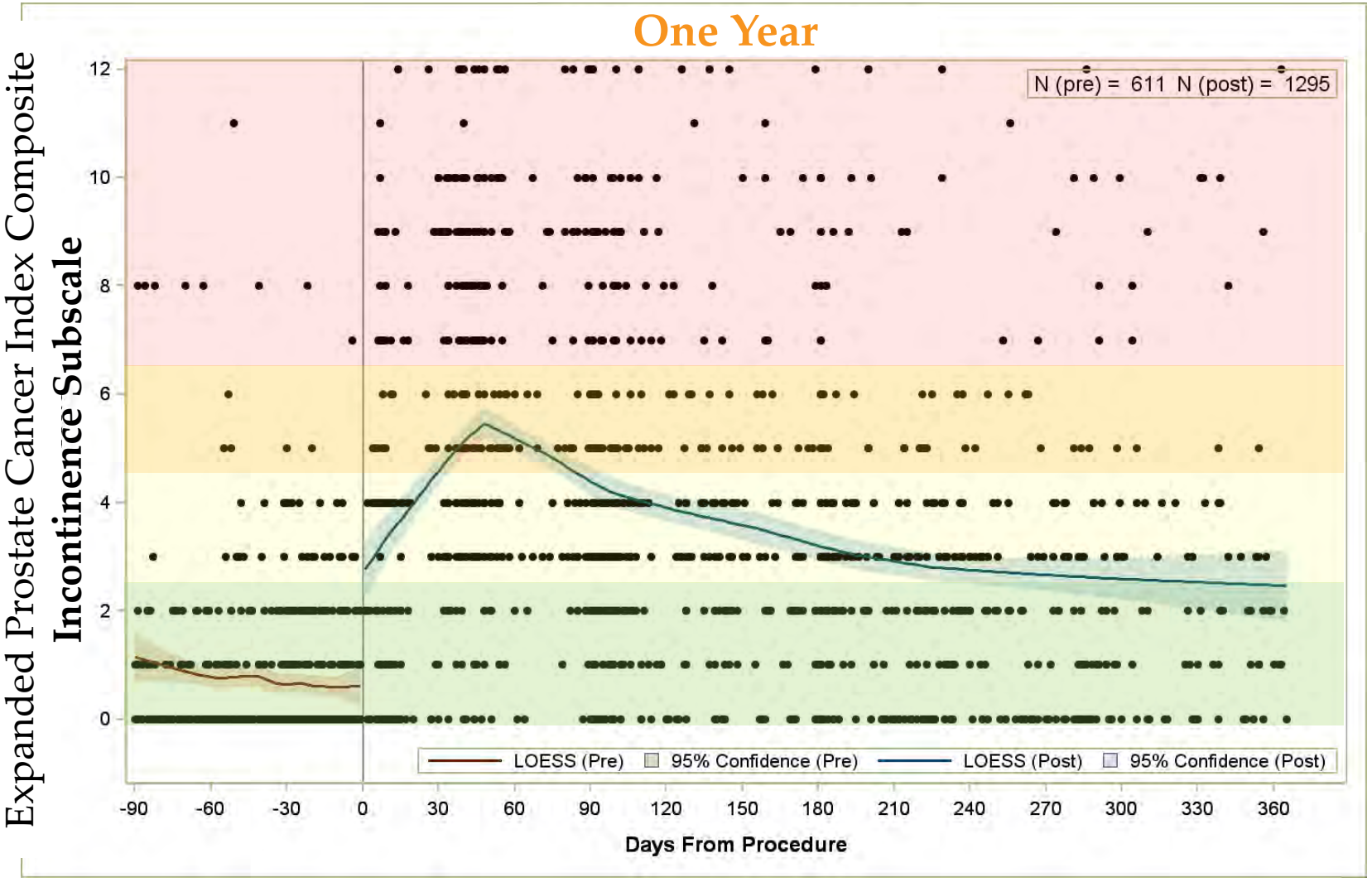
- ~350,000 collections
- ~700 iPads
- ~85 clinics

Leading specialties:

- Orthopedics
- Oncology
- Psychiatry
- Neurology
- Urology
- Primary Care

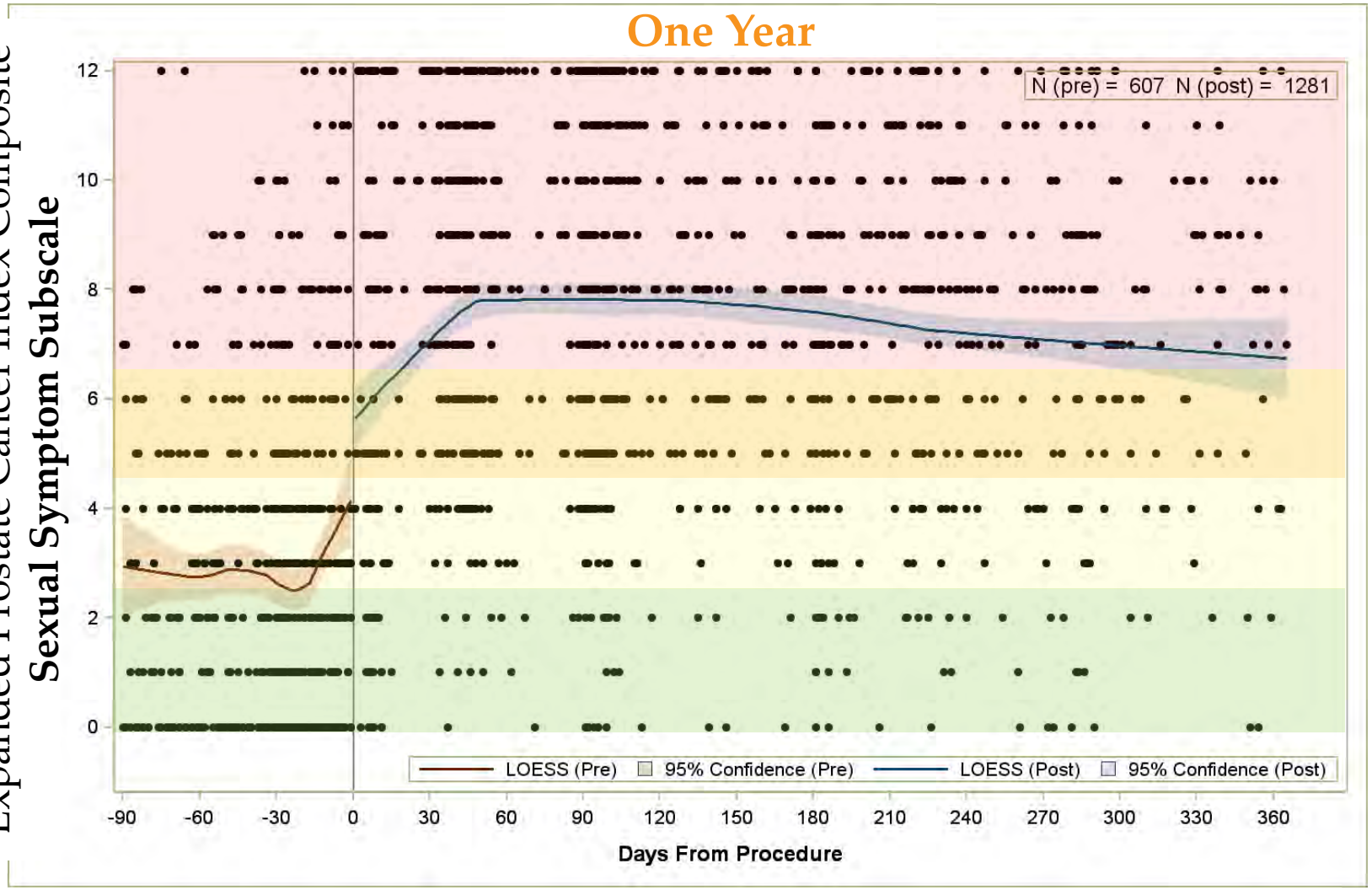


Incontinence After Radical Prostatectomy



- Time period: January 1, 2014 to July 1, 2017.
- Interval represents 95% confidence interval.
- **Lower scores are better.**
- 0-2: None.
- 3-4: Mild.
- 5-6: Moderate.
- 7-12: Severe.

Sexual Dysfunction After Radical Prostatectomy



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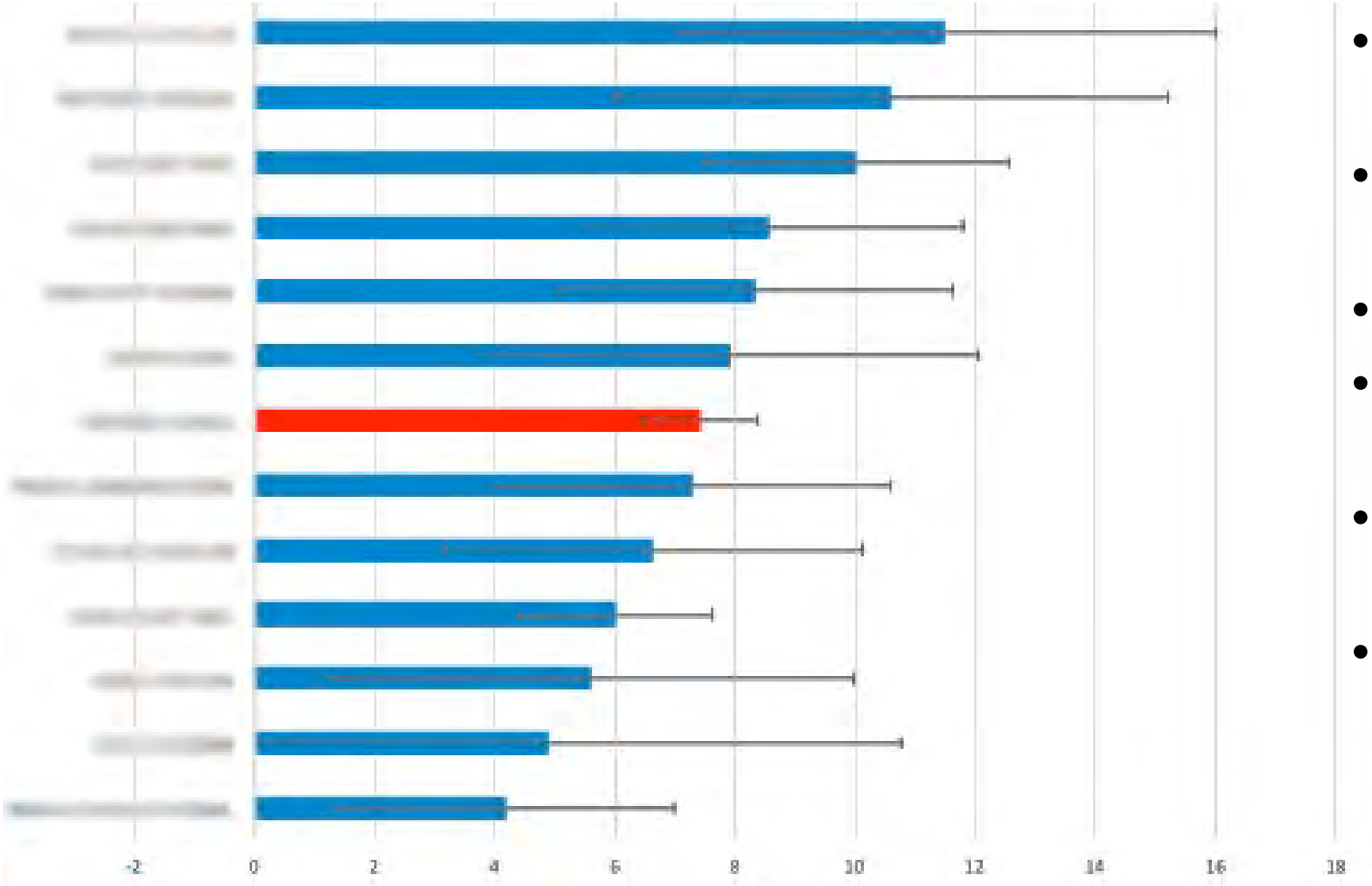
Provider Variation in Incontinence After Prostatectomy



- Time period: January 1, 2014 to July 1, 2017.
- Interval represents 95% confidence interval.
- **Lower scores are better.**
- Pre Period: 90 days to 0 days before procedure.
- Post Period: 90 to 365 days after procedure.
- Must have 5 or more matched pairs to be included.

Variation in Surgical Techniques

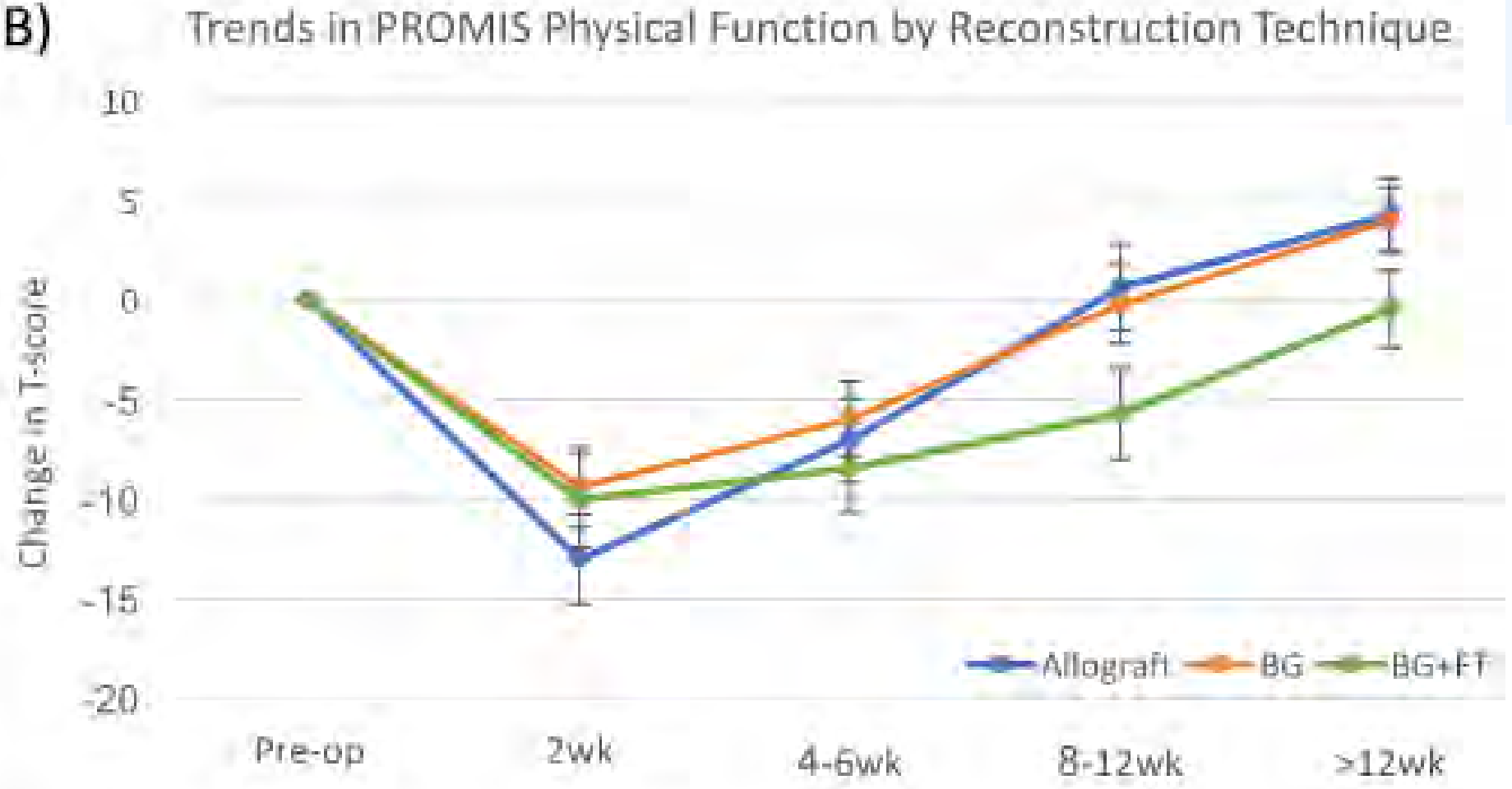
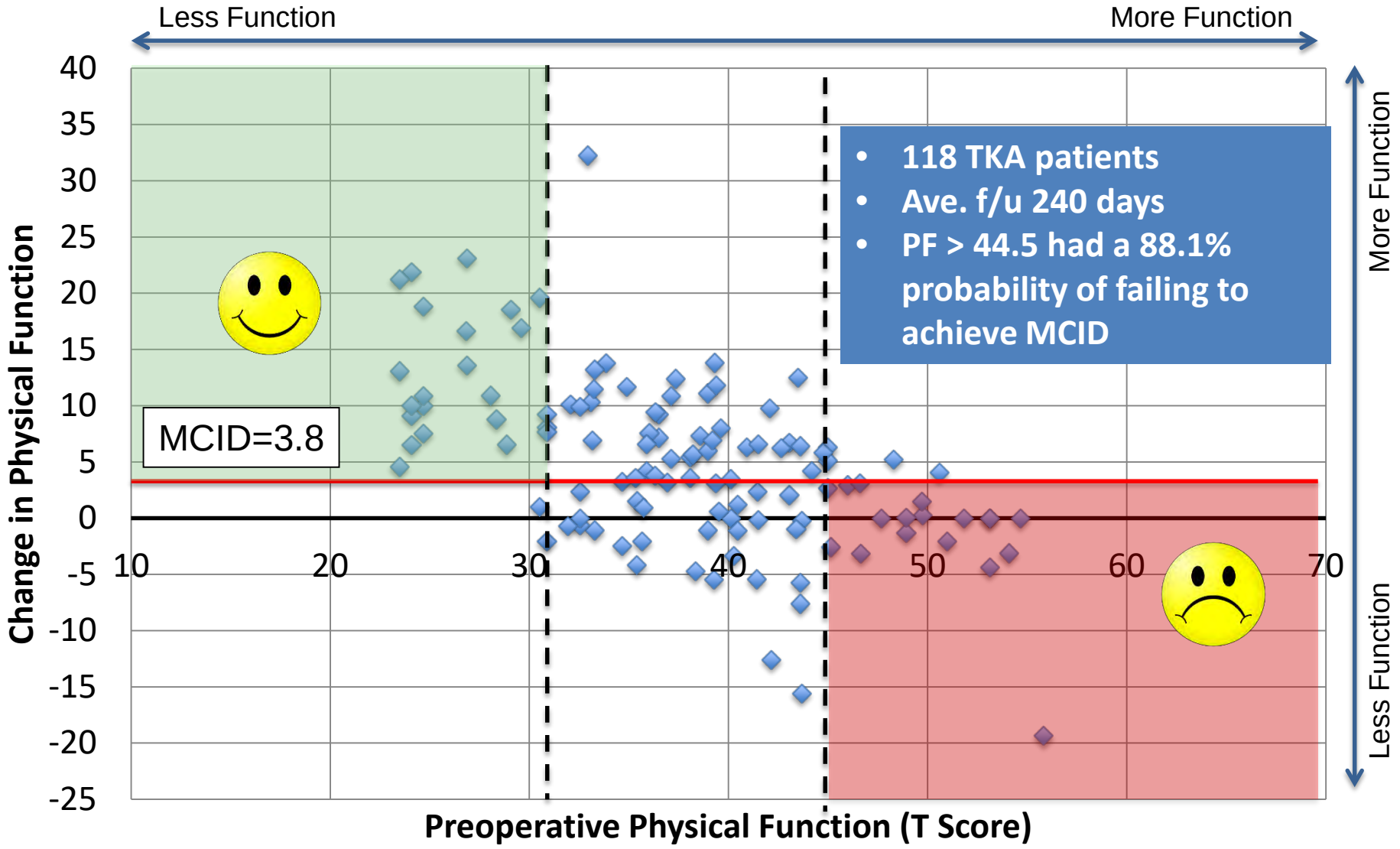


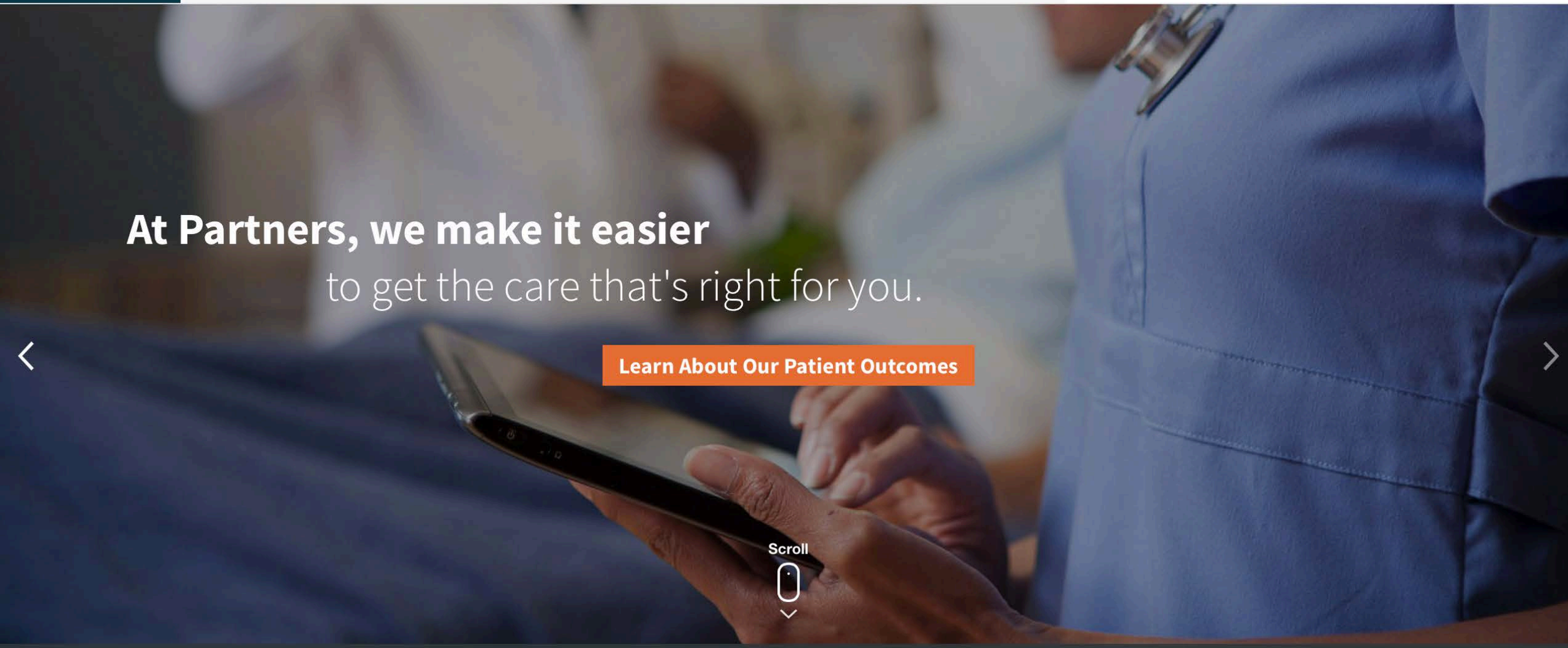
Figure 1: A) Overall trends in PF demonstrate a return to baseline at 8-12wk follc based on reconstruction type demonstrate nearly significant slower improvemer at 2, 4-6, 8-12, and > 12 wk follow-up.
*p < 0.05

Courtesy of Judy Baumhauer MD MPH
Professor and Associate Chair of Orthopaedics

Physical Function – TKA and THR and Spinal Fusion and Disc Excision and Spinal Injections etc.



Courtesy of Judy Baumhauer MD MPH
Professor and Associate
Chair of Orthopaedics



At Partners, we make it easier

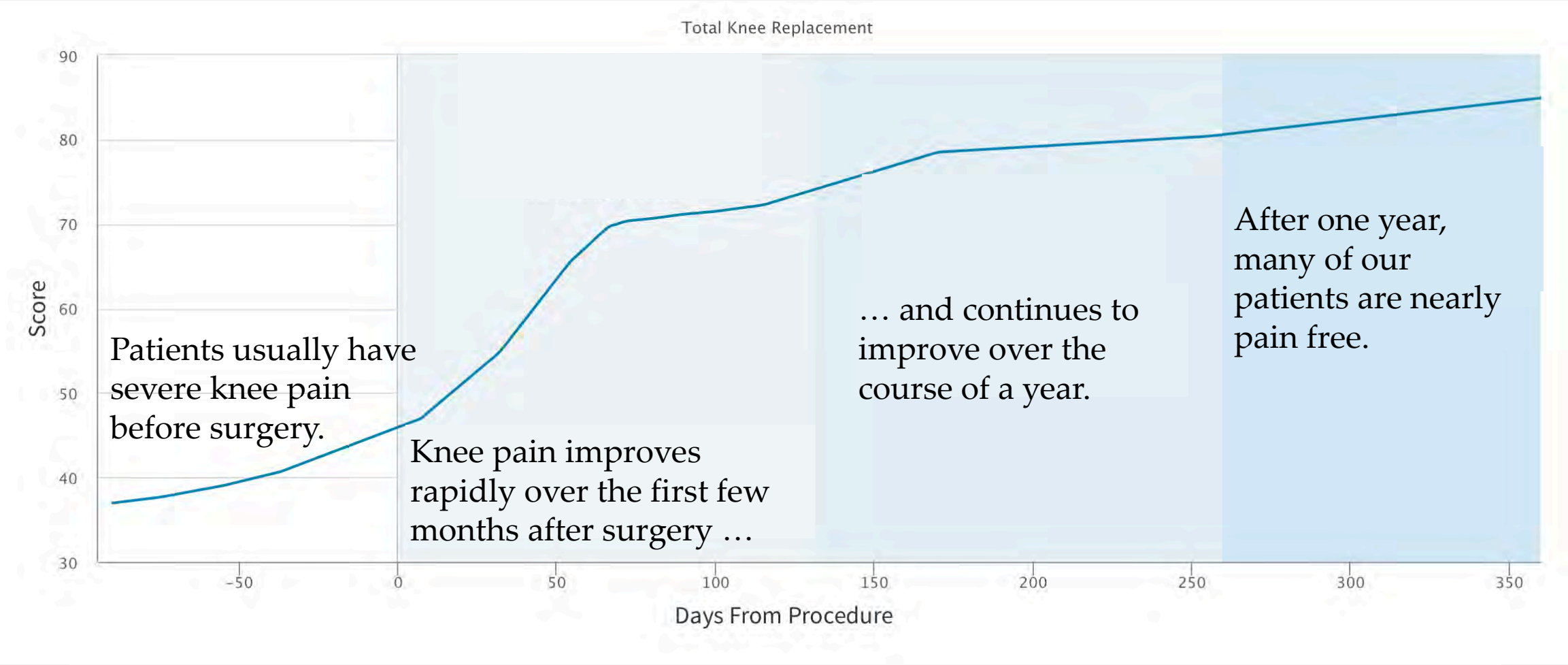
to get the care that's right for you.

Learn About Our Patient Outcomes

Scroll

Total Knee Replacement: Relief from Knee Pain

Our patients report, on average, little to no knee pain one year a knee replacement.



This graph measures the severity of your knee pain before a total knee replacement and after a total knee replacement. **A higher score means you feel better and have less pain.** Most patients see a dramatic increase in their scores from less than 40 out of 100 before surgery up to almost 90 out of 100 one year after surgery, representing very little pain. The vertical line represents the

Effect on Providers

The Current Landscape

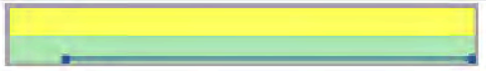
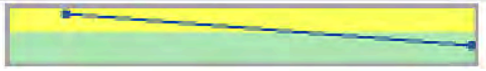
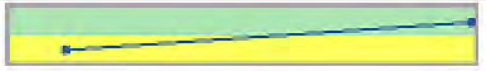
"I can't do one more thing."

"There's more and more data; I'm awash in data."

"I'm losing the human connection that brought me to medicine."

Perhaps paradoxically, when embraced, this additional data **saves you time** and enables **deeper, more personalized care.**

PROMs Highlights Clinically Meaningful Change

	Range	Last 2 scores Previous	Latest	7/13/2016-9/14/2016	
PROMs PROMIS Pain Intensity Short Form 3a Score	30-72	**67.4**	57.5		Normal < 60
PROMs PROMIS Physical Function SF10a	0-62	**32.7**	55.3		Normal > 40
PROMs Anxiety Score (PROMIS Short Form 4a)	40-82	40.3	40.3		Normal < 61
PROMs Depression Score (PROMIS Short Form 4a)	41-80	41	41		Normal < 61
PROMs Pain Interference Score (PROMIS Short Form 4a Score)	41-76	**75.6**	52		Normal < 61
PROMs PROMIS Global Health Short Form Score (Physical)	16-68	**26.7**	57.7		Normal > 40
PROMs PROMIS Global Health Short Form Score (Mental)	21-68	43.5	67.6		Normal > 41

Things Keeping Me Up at Night

Data for non-surgical treatment

Patient-facing Reports

Case-mix adjustment

~~Sharing the Data with Clinicians~~

Uses of PROMs

1. A critical outcome metric for variation analysis and quality improvement.
2. A vehicle for transparency and value measurement.
3. A tool for shared decision making and appropriateness.
4. A way for providers to take faster, more personalized care of patients in a way that also make providers lives easier/better.

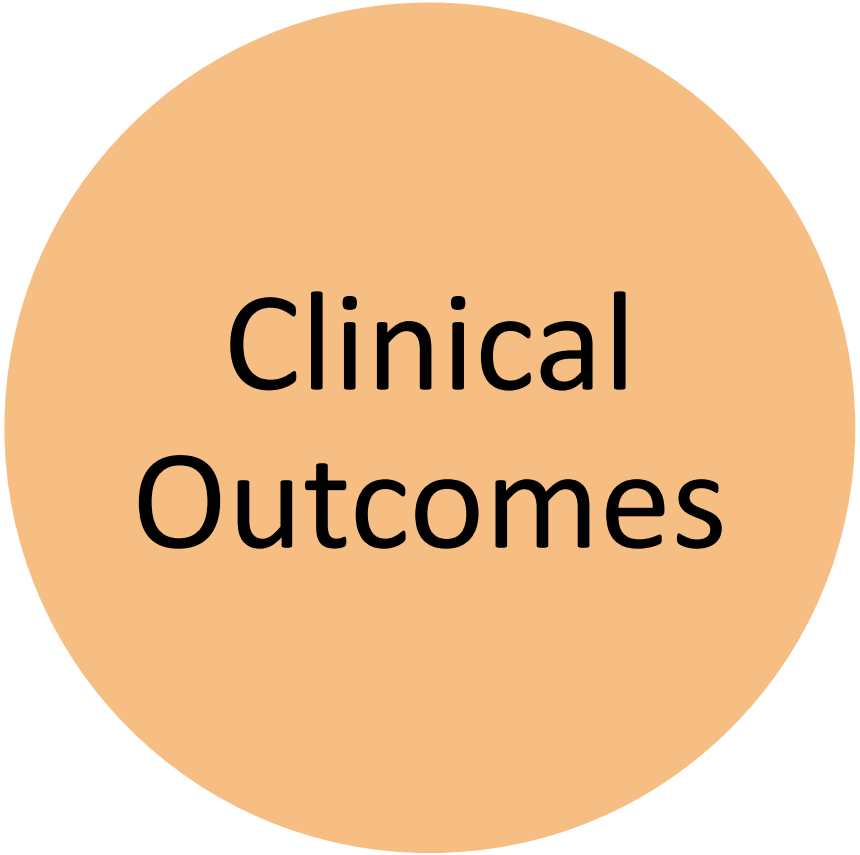
Suzanne Schrandt, JD

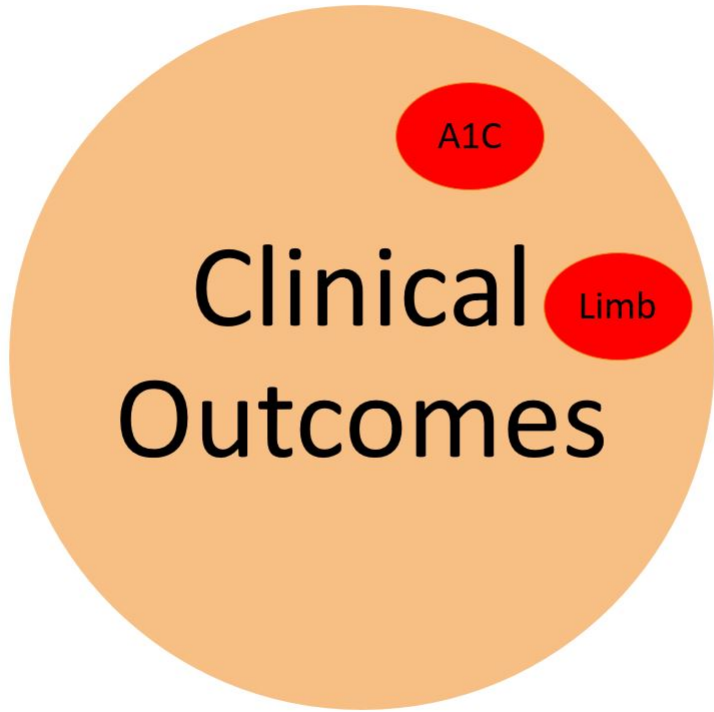
Director of Patient Engagement
Arthritis Foundation

The value of PROs and PROMS from the patient perspective…

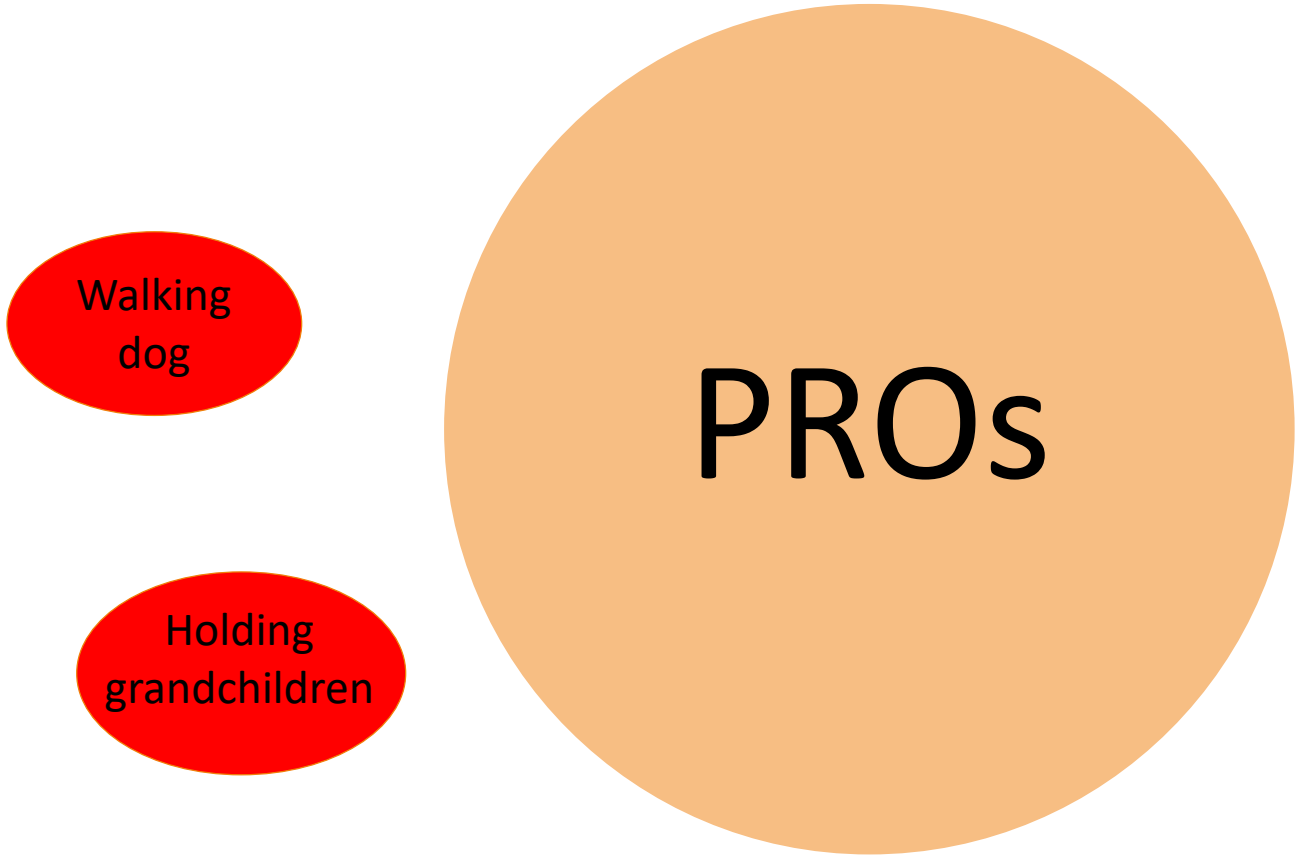
- Clinical outcome measures can fall short
- Long-standing chronic disease = lack of baseline
- A facilitator of co-production/shared decision making

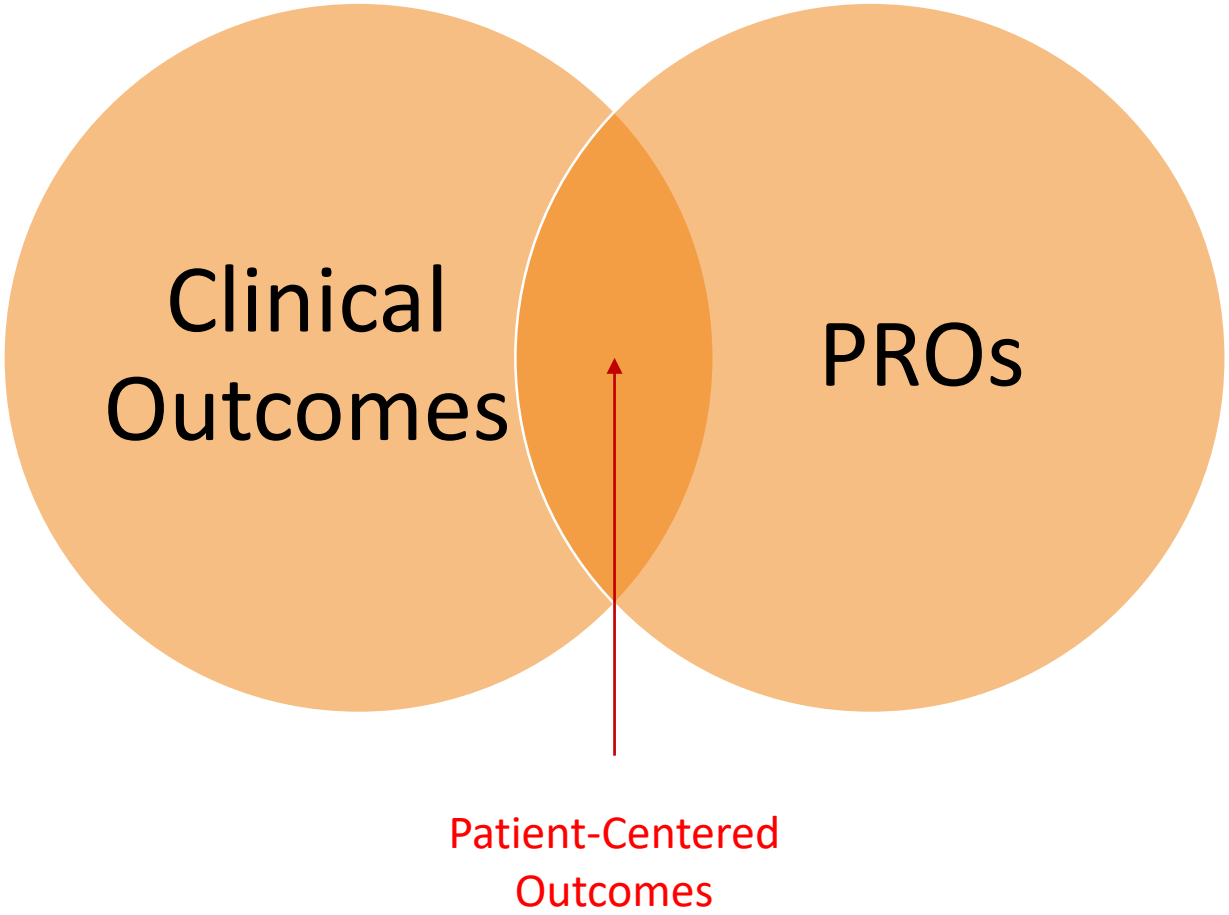
What makes a good PRO or PROM?



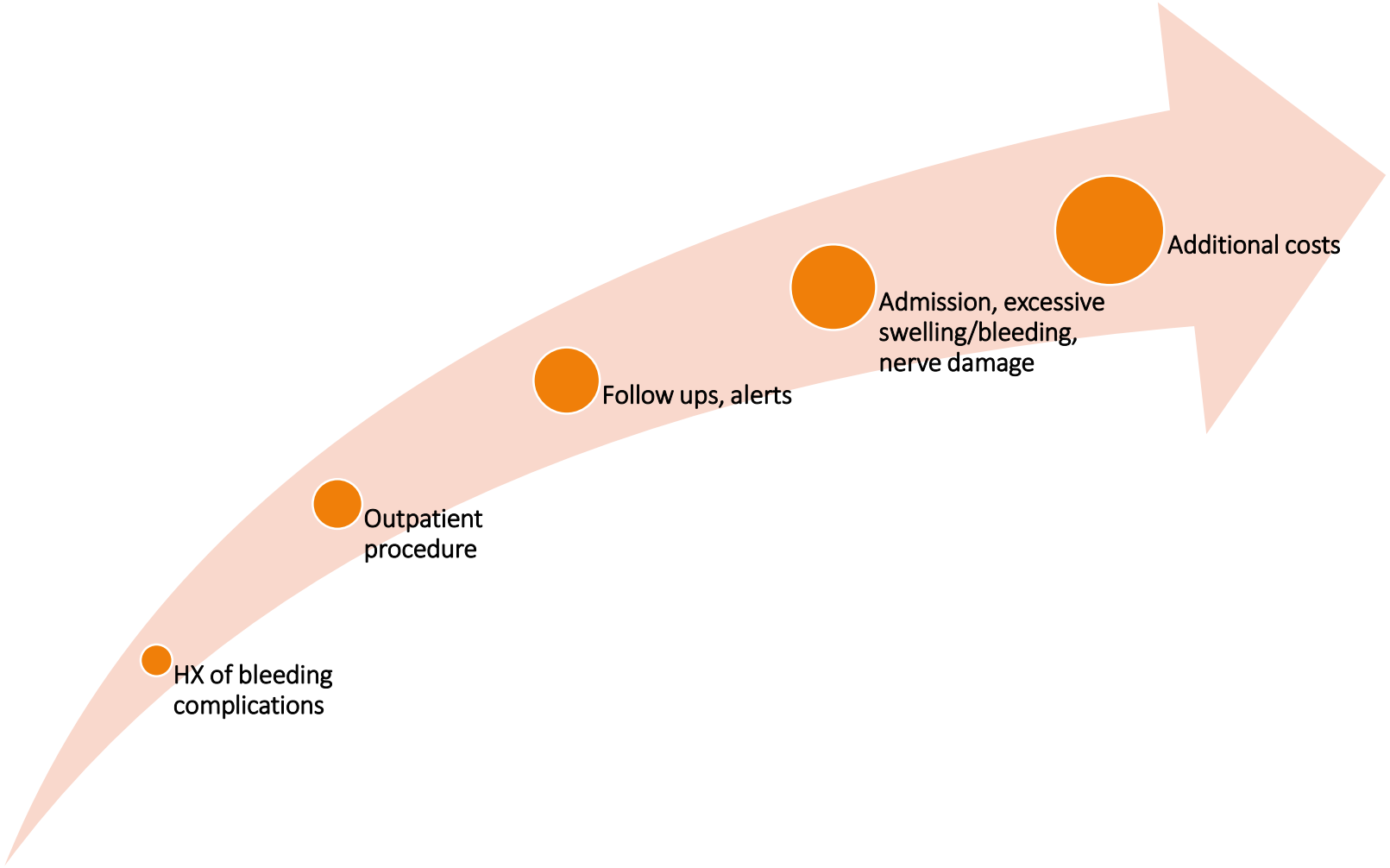

A1C
Clinical
Limb
Outcomes

PROs


Walking dog
Holding grandchildren
PROs


Clinical Outcomes
PROs
Patient-Centered Outcomes

Tying outcomes to payments…a case study



Tying outcomes to payments…a case study (cont'd)

- Comfortable room
- Good food (ordered out)
- Kind and responsive medical team
- Actual health outcomes = not captured

LAN Resources

https://hcp-lan.org/resources/

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We want to hear from you!

www.hcp-lan.org

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PaymentNetwork@mitre.org

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