



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

<https://www.qualityforum.org>

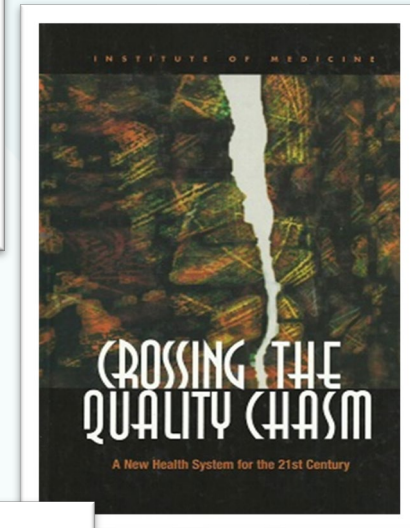
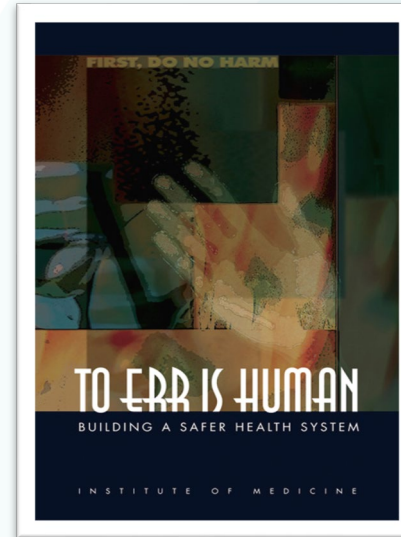
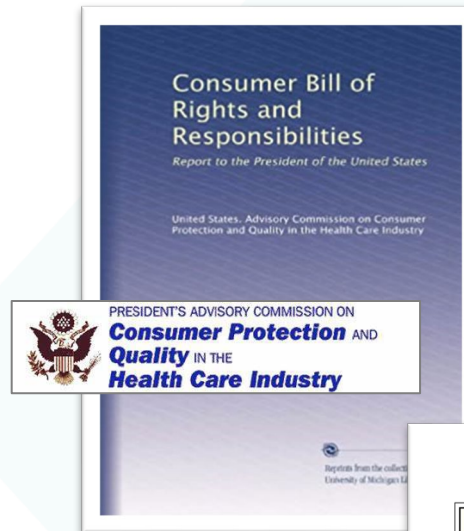
Next Generation Quality & Safety Measures: Unlocking the Promise of Payment Reform

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President and CEO, National Quality Forum

*National Association of Accountable Care Organizations (NAACOs)
28 April 2022*

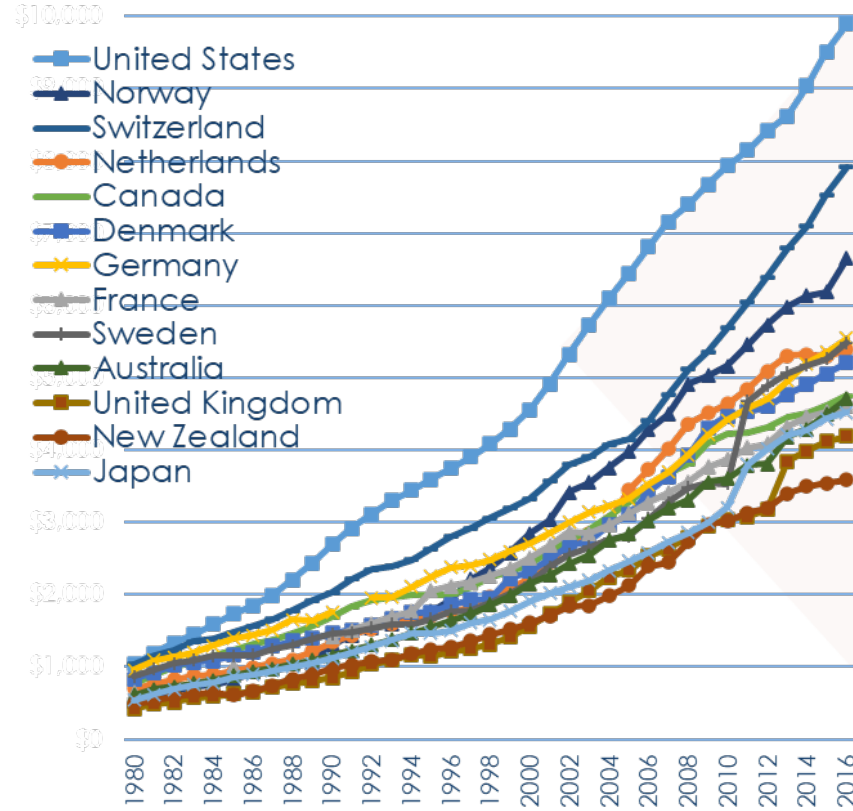


Genesis of the Modern Quality Movement

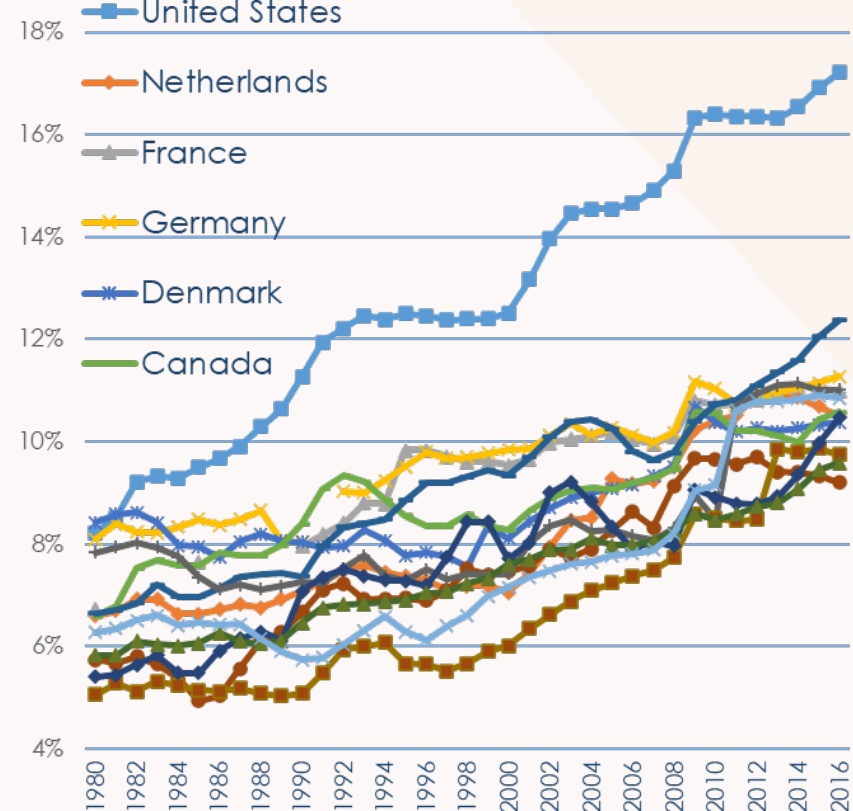


Economic Imperative in a Global Economy

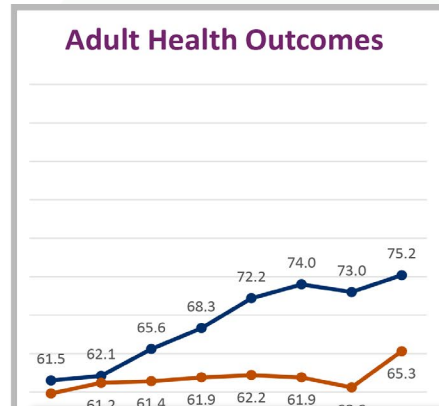
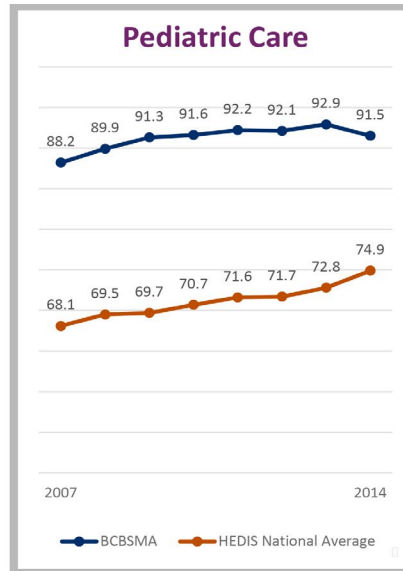
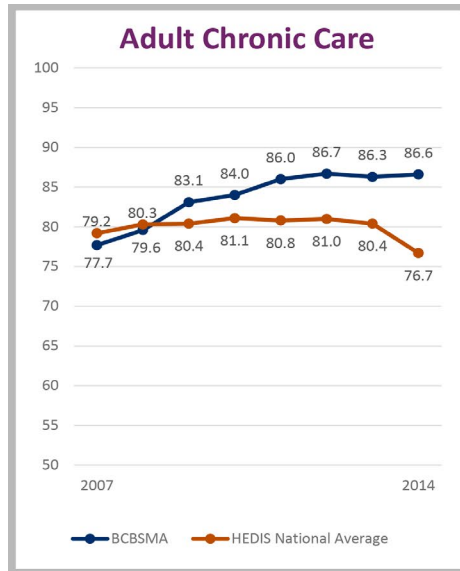
Average Spending on Health per capita (\$US current PPP)



Total Expenditures on Health as percent of GDP



Improved Quality, Outcomes & Affordability: 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

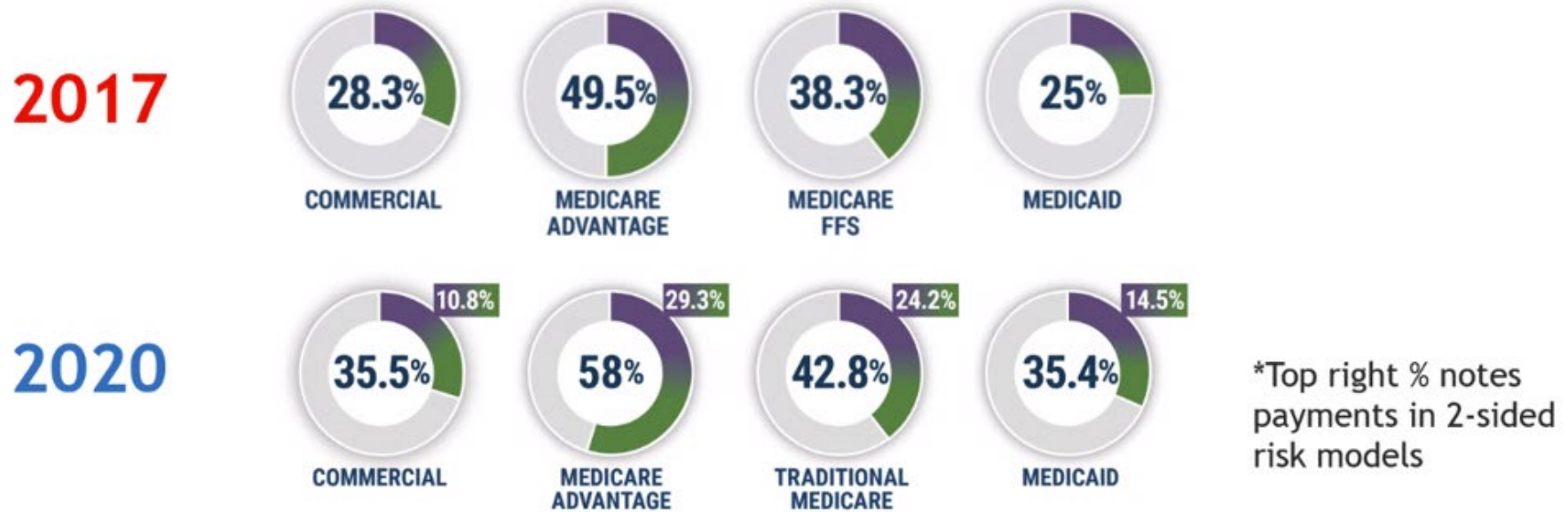
Zirui Song, M.D., Ph.D., Yunan Ji, B.A., Dana G. Safran, Sc.D.,
and Michael E. Chernew, Ph.D.

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)	<p>4</p> <p>Physician Group Practice Demonstration Independence at Home Demonstration Pioneer ACO Model Next Generation ACO Model</p>	100%	75%	Select positive impacts in some models, other models saw no meaningful change
Episode-based payment models	<p>5</p> <p>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</p>	100%	20%	Most models saw no meaningful change, 1 model saw select modest improvements, another model saw some decrements
Primary care transformation models	<p>3</p> <p>Multipayer Advanced Primary Care Practice Demonstration Comprehensive Primary Care Initiative Comprehensive Primary Care Plus Model</p>	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].

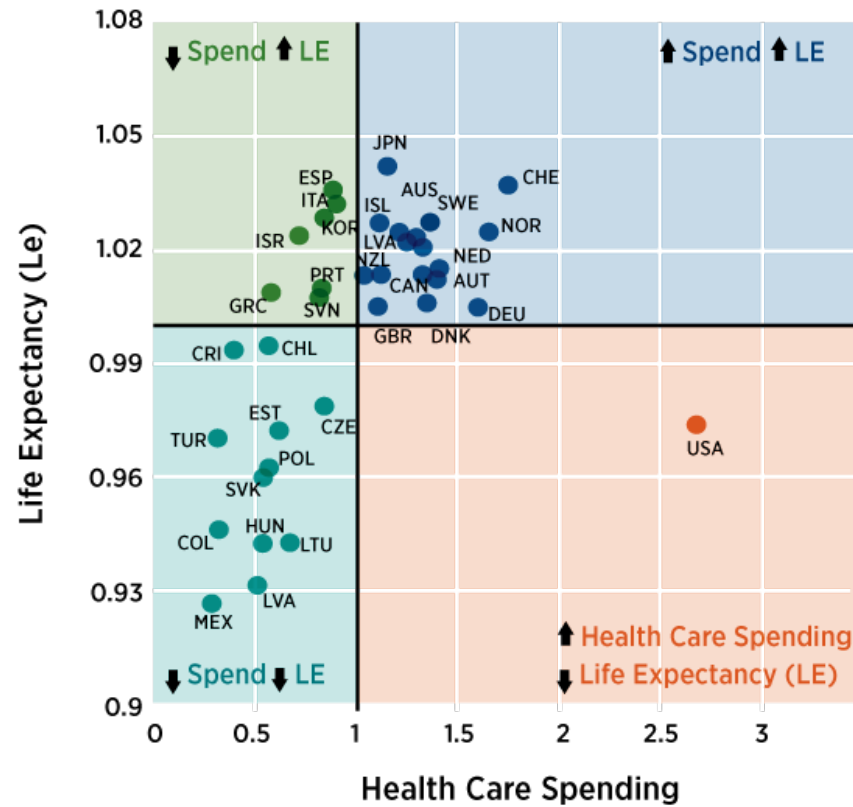
Significant Expansion of Population-Based Payment, 2017-2020



Supported by Arnold Ventures

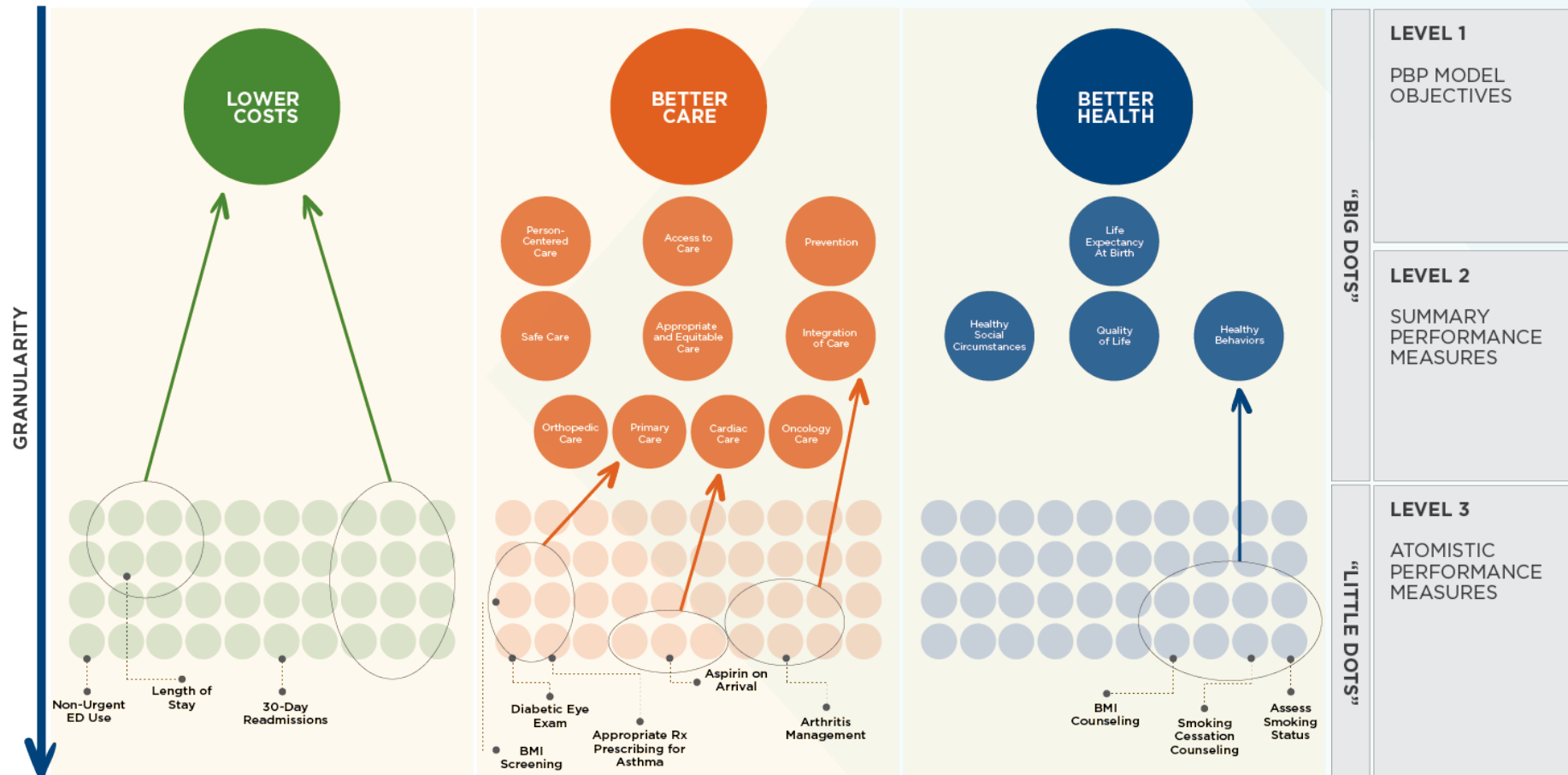
Source: <https://hcp-lan.org/apm-measurement-effort/>

Life Expectancy and Health Care Spending: OECD Nations



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

HCPLAN
Health Care Payment Learning & Action Network

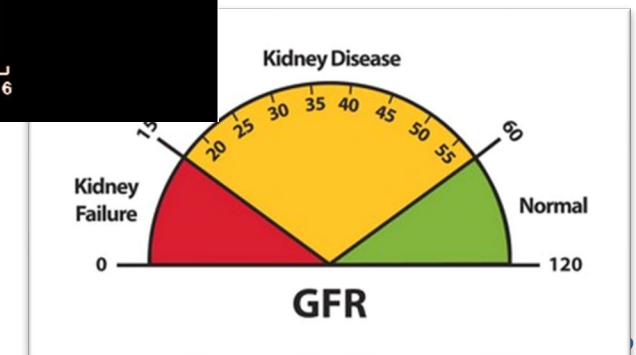
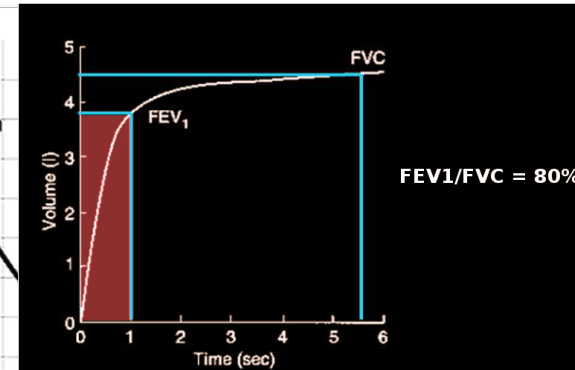
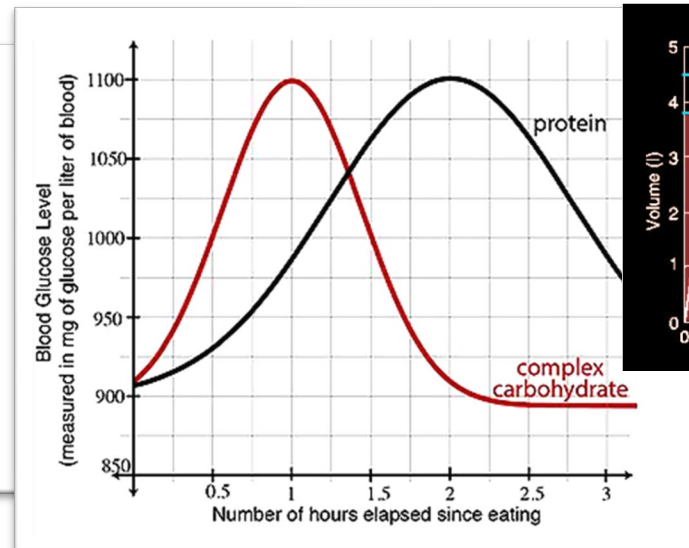


Essential Enablers of Ultimate Success of Value-Based Payment



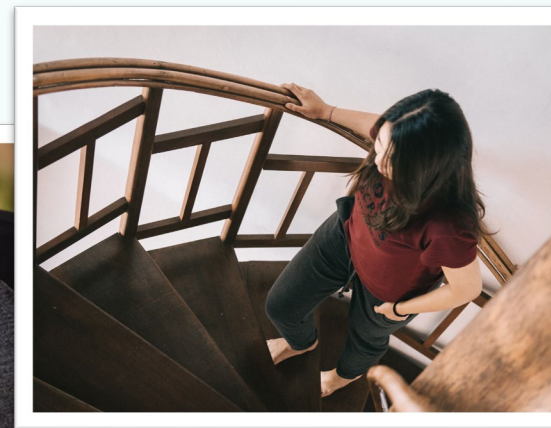
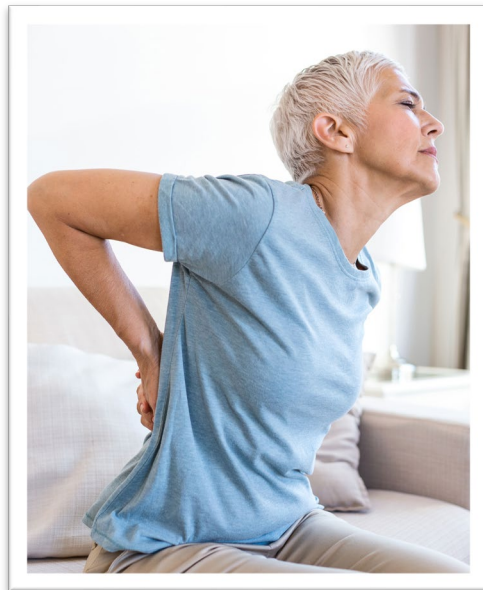
Clinically-Sourced Measures

- 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



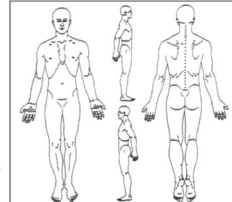
Patient-Reported Outcome Measures (PROMs)

- 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.



Pain Assessment Tool Date: _____

all pain sites and



hours – 6 months
longer than 6 months


If Pain – check all that apply

Tender
 Throbbing
 Burning
 Stings

Patient Unable to describe/respond

Intensity:

Pain Scale



0 No Hurt
2 Hurts Little Bit
4 Hurts Little More
6 Hurts Even More
8 Hurts Whole Lot
10 Hurts Worst

© 2011 Stratix

Barriers to Adoption and Use of PROMs at Scale



INFRASTRUCTURE

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



USABILITY

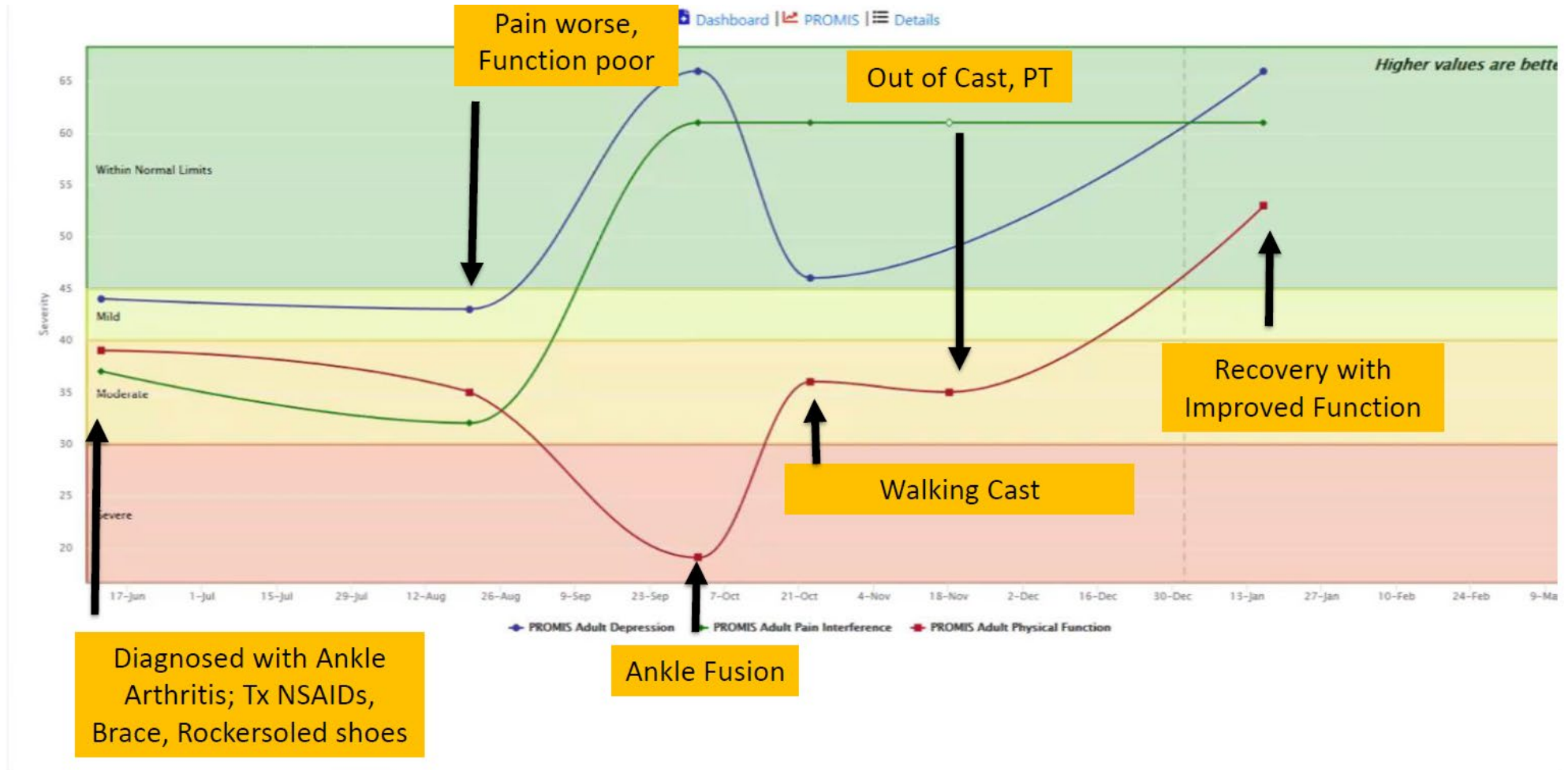
- Decision tools that link scores to appropriate clinical actions
- Built-in visualization and trending of patient-specific results

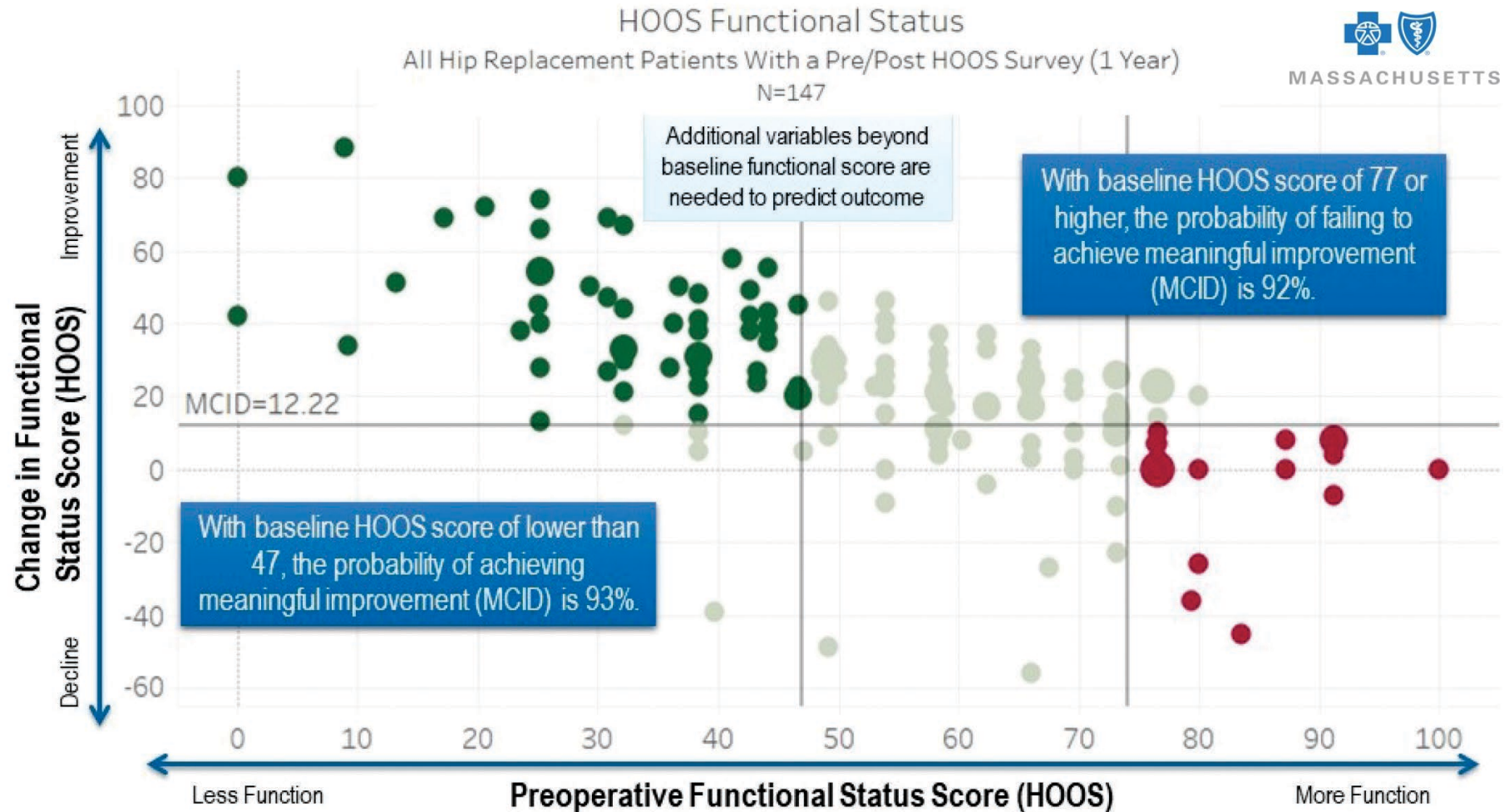


BUSINESS CASE

- 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 $0.5 \times SD$. Source: Norman GR, Sloan JA, Wywich 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; 7:541-546. [PubMed: 17448732]

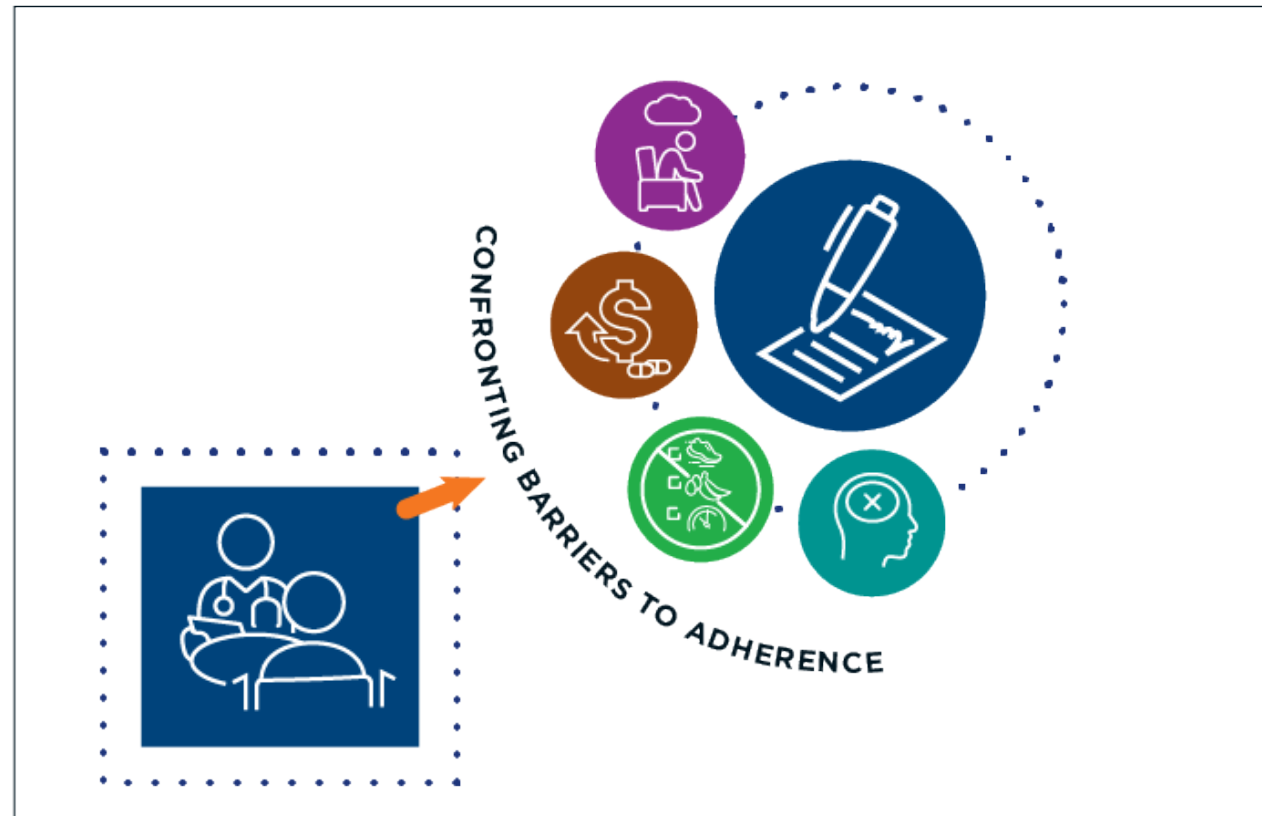
Data Sources: BCBSMA2014-2017, use of HOOS/KOOS with patients before and after hip replacement surgery

Driving Improved Outcomes: Care Models Then and Now

CARE THEN



CARE NOW

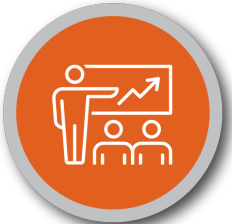



Health Equity Measurement

- 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

- 
- 
- 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/>].

Essential Enablers of Ultimate Success of Value-Based Payment





Let's Talk

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