

## NCQA Person-Driven Outcomes Innovation Pilot Opportunity

NCQA is soliciting applications from health care organizations interested in participating in an innovative project focused on a promising approach for measuring individualized outcomes.

There is broad agreement that individuals' priorities and health goals should guide their care. However, existing quality measures do not effectively evaluate what is most important to individuals, particularly older adults with complex care needs.<sup>1</sup> Current health care quality measures are based on evidence for the general population. But this "one-size-fits-all" medical approach does not work when individuals face complex trade-offs in determining the right course of treatment, or when they need services and supports beyond traditional medical care.

Our goal is to improve the lives of adults with complex care needs by developing quality measures that can assess how well adults are making progress toward self-defined goals and outcomes—we call these "person-driven" outcomes. This project aims to create quality measures that could be used in value-based purchasing, that reward clinicians and health systems for helping individuals achieve self-defined goals.

With funding from The John A. Hartford Foundation and The SCAN Foundation, NCQA developed and tested an approach that uses a combination of individualized and standardized person-reported outcome measures to track goals of care over time. Individuals and providers who participated in this research found that the person-driven outcome approach was feasible and added value to care-planning discussions. Individuals reported being more motivated to achieve their goals; providers reported learning about new goals that could help engage individuals in their care.

NCQA now seeks partner organizations to pilot our person-driven outcomes approach, using a mobile application, web portal and associated reporting functions we developed to facilitate these workflows. Additional information about the mobile application, timeline, demonstration requirements, list of expectations and resources that will be provided by NCQA is attached to this document.

We hope your organization will consider participating in the Person-Driven Outcome Measures demonstration with NCQA. If you are interested, please fill out the attached application and return to Eshane Wang (wang@ncqa.org) by April 23, 2018. Please do not hesitate to reach out if you have any questions or concerns.

### Feedback on Person-Driven Outcomes

*"I wasn't really motivated...but with her and this program here... I have found out that in doing some of the things that we put down, there's strength in me."—Pilot participant*

*"Because I wanted to do something I wanted to do, not somebody telling me what to do... We both had some input in it. That's what was nice about it."—Pilot participant*

*"They're not necessarily the same goals we have for them. But if you can help them achieve that, they feel so much more empowered to manage more health conditions that they have."  
—Registered Nurse*

*"I feel like it was the first time someone said, 'well, what do you want?' And the patient was able to say, 'Well, I want to be able to play with my grandkids at the park. That means everything to me.'  
—Registered Nurse*

<sup>1</sup> Individuals with two or more mental and/or physical chronic conditions and functional limitations including those with serious illness or approaching end of life

## About the Person-Driven Outcome Approach

### *Step 1: Identify a goal*

We developed a “goal inventory” to help guide discussion between the individual (or family/friend caregiver) and the care manager. The inventory lists common goals that adults with complex needs may have and allows individuals to generate their own goal. Providers review the goal inventory with individuals (or with family/friend caregiver) and select a goal from the list or identify their own goal.

### *Step 2: Identify how the goal will be measured*

- **Person-Reported Outcome Measure (PROM).** Some goals can be measured easily using a standardized questionnaire (e.g., a goal of decreasing depression or anxiety). We provide over 30 different standardized questionnaires—PROMs—from which care managers can choose. They can be used to measure goals that relate to symptoms such as sleep and pain, to mental health conditions such as depression and anxiety and to functional status such as mobility. We also include a questionnaire targeted to caregiver strain.
- **Goal attainment scaling (GAS).** Some goals are specific and do not fit well with a standardized questionnaire (e.g., take classes at the senior center, walk around the block five times a week, attend grand-daughter’s graduation). We provide a template for individuals and care managers to create an individualized scale for these types of goals, using the validated method of goal attainment scaling. Individuals use this method to identify, along a 5-point scale, what it would look like to meet, exceed or not meet a goal.

### *Step 3: Follow up and revise goal as necessary*

After the first goal is set, we recommend following up at least once in a three-month window to determine if the individual is on track to meeting the goal, or if the goal needs to be revised.

### *Step 4: Tracking progress*

This approach allows care managers to work with individuals on self-defined goals and track, for a population, the degree to which individuals are achieving their goals (measured by PROMs or GAS).

## Demonstration Timeline—Key Dates

- *Application Due:* April 23, 2018
- *Final Decision on Participants:* April 30, 2018
- *Training:* May/June 2018
- *Demonstration Data Collection:* June–December 2018
- *Site Evaluation:* October–November 2018

## Expectations of Collaborating Organizations (Demonstration Requirements)

- Identify at least one program in your organization where the person-driven outcome approach will be demonstrated.  
*Examples of programs that have successfully piloted this approach include complex case management, primary care at home, transitional care management, social work and community-based health programs.*
- Within the program, identify a minimum of three providers who will demonstrate the person-driven outcome approach across the entire panel of patients/members.  
*Examples of providers who have successfully piloted the approach include social workers, nurse practitioners, registered nurses, patient navigators and community health workers.*
- Identify one provider engaged in the demonstration who will be team lead and communicate with NCQA and other demonstration sites in a monthly one-hour conference call.

- Each provider in the demonstration will be asked to:
  - **Commit to participate in training on person-driven outcome approach.** NCQA staff will provide materials.
  - **Implement the person-driven outcome approach for the entire patient panel as part of their regular workflow over a 6-month period.** The pilot project suggests that collecting baseline person-driven outcomes take an average of 20 minutes.
  - **Follow up with individuals (and/or caregivers) engaged in the demonstration per their regular contact schedule and, at a minimum, at 3 and 6 months.** At each follow-up contact, the clinicians will review goals with the individual, collect outcome measures and determine if new goals and outcome measures should be set. The pilot project suggests that collecting follow-up outcome takes between 5–25 minutes, depending on whether the outcome is revised.
  - **Record information from the person-driven outcome approach using a digital application provided by NCQA.**<sup>2</sup> The digital app (on an iPad) will allow clinicians to collect data during contacts in the clinical office, by phone or in the home, and will provide a text summary that can be exported to existing electronic care management records or EHRs. Refer to *Resources Provided by NCQA* for information on the digital app.
  - **Participate in a brief interview or survey administered by NCQA staff on the provider’s experiences during the demonstration.**
- Email surveys to patients in the participating care manager’s panels. NCQA will use this information to learn more about their experience.
- Obtain appropriate approval and permission to implement the person-driven outcome demonstration.<sup>3</sup>

### Resources Provided by NCQA

- Virtual training on using the person-driven outcome approach at your organization.
- Digital platform for collecting and managing person-driven outcome data. The platform includes the following features:
  - Enter information online/offline using a mobile iPad application.
  - Generate reports for patients on individualized person-driven outcomes, plan to achieve outcomes and progress toward outcomes.
  - Generate reports for providers and organizations on panel- or population-level person-driven outcomes.
  - Generate a text summary of person-driven outcomes for inclusion in the patient case management or medical record.
  - Spanish language version.
  - A web-based portal for viewing and managing patient-level data.
  - Adaptive patient-reported outcome measures using the PROMIS computer adaptive testing technology.
- Free use of the application throughout the duration of the pilot.
- Ongoing technical support over the course of the demonstration.

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<sup>2</sup>Organizations may choose to modify their own systems to collect the person-driven outcome data and provide NCQA with the data in a structured file.

<sup>3</sup>The demonstration is a quality assessment and improvement activity under HIPAA, and because NCQA is acting as a business associate, requires organizations to accept the business associate agreement for sharing data with NCQA, and other terms of use for the digital platform and other materials.