Policy and Quality Track: Digital Quality Summit Report Outs

[The best track IMO]

Day 1: Overview of Quality

- Standards: Now and future
- Measure development and MAT
- Measure Terminology and VSAC
- Common data elements/models and CIIC
- Governance and Strategy
- Dataflow and Workflow
- Measure Implementation Challenges
- Customization and Interoperability
- Aiming for the sky– aligning quality with improvement and long-term strategy

Day 2: Identifying Challenges and Solutions

- Broad discussion of measure policy, implementation, clinical content domain areas and value and incentives
- Allowed the team to drive the use cases
- Encouraged the team to suggest possible solutions
- Extremely enlightening discussion

Thanks to all who participated in this track!

Value-based Care and Incentives

- Discussed home health and prevention efforts like CHF monitoring
- **Challenge: unless you are in a shared savings model or have some financial risk/payer incentive– there is no motivation to participate in many of these prevention/morbidity reduction programs outside of the care setting**
- **Solutions:**
  - **Engage patients in these programs through the payer– suggest they may qualify and they may have better outcomes**
  - **Payers should aggressively offer these kinds of programs to providers**

Benchmarks

Challenges:

- **Benchmarks are not transparent to quality users**
- **Benchmarks are often based on nonrandom/representative samples**

Solutions:

- **Benchmarks should be made available with clear methodology and transparently to reporters**
- **Should not be nonrepresentative**
- **Could have an initial and then an adjusted if needed**

Misalignment in Quality Measures

- Quality is becoming part of operational care—measures are increasingly becoming part of care processes
- CPCI program is a good model for the meaningful measurement of quality – quality of care (measurement) should NOT be defined by who pays but rather by the right thing to do
- SIM states are trying to get payers to align around measures (regional level)—challenges are every plan has value-based payment activity and are hesitant to change—payment differential is not very incentivizing for a small proportion of patients

Misalignment in Quality Measures

Challenges:

- **Value set misalignment**
- **Terminology use: administrative vs clinical**
- **Across measures**
- **Across owners**
- **Across settings**
- **Across specialties**
- **Standards**

Misalignment in Quality Measures

- **NCQA—CMS—AHIP should engage in a shared set of measures or value sets**
  - **If pressed would ask them to collaborate on value sets/data elements**
  - **Allows flexibility in the measure specifics while ensuring the data is extractable**
  - **Need for auditing—value set alignment improves accuracy**
  - **Could facilitate future audit and validity using end to end accountable metadata—use FHIR/other standards that includes the 5 Ws--**

Measure Feedback not Actionable

Challenge:

- **Not timely**
- **Not able to respond in workflow**

Solutions:

- **Provide regular feedback (daily) and before visit or during**
- **Describe quality measures as care gaps**
- **Offer a way to address it at point of care or in process improvement**
- **Compare providers to others**

Challenge: “my patients are different” AKA “I have no control over…”

Solutions:

- **Involve providers in measuring and developing measure**
- **Use the complete data from the entire network to provide feedback—put that information into the clinician’s workflow**
- **Make it easy to look at using mobile app – works better for younger MDs – can integrate other functions—show calendar with results on mobile app**
- **Admit that there are gaps in information and allow the provider to submit a “dispute” to the gap and remove from the measure or allow attestation to satisfy the measure**
- **Discuss shared goals with clinicians—engagement/education**

Meaningfulness of Measures

Challenges:

- **Community needs will not match quality needs—for example, CA air quality with fires, lead in Flint**
- **Need to meet specific patient and provider needs**
- **Process and long-term outcomes hard to be meaningful at point of care**

Solutions:

- **Hold the entire care team responsible for the engagement of patients who are attributed—provide incentives for those other care team members to engage**
- **Major events of patient or region that may drastically change the provider/patient connection or link to care**

Outcome Measurement: Solutions

- **Use intermediate outcomes to start**
- **Avoid process for the sake of process**
- **Reduce measures that just attribute that you did something unless there is evidence it improves care or can link it to outcomes**
  - **Link med rec to medication related readmission**
- **Patient-directed outcomes! (some clinicians will fight these)**
- **Link quality and cost of care—analysis of multiple ACOs reveals what quality of metrics reduces overall utilization**
- **Consider measures that identify critical points in the natural history or trajectory of a condition**

Social Determinants of Health: Challenges

- Coordinated care organizations in OR – require Community Health Improvement Plan—chosen by the community, payers and clinical organizations
- PATIENTS ALWAYS WANT SDOH/community needs addressed – like access to food, housing, employment, education, jail diversion
- Limited coded elements exist to describe some of these elements
- EDIE—Emergency Dept Information Exchange—flags EMR to SDOH experts and resources
- Medical Home/Home Health bring in community organizations to the PCMH and can share funds with those orgs that meet patient needs—providers evaluate patient needs and refer (Brooklyn)

Social Determinants of Health

- **Challenge: cannot get vendors to implement SDOH—could address through adding to programs/measures**
  - Goal should be to have patient-centered SDOH—how to engage that at the patient level—“Health Record Banking”/comprehensive patient centered record -- primary goal now is to focus on HIE/regional exchange
  - NY—gets a lot of requests for this info—**need good measures that have evidence they benefit the patients in question**
  - Macro level: social determinants is a high factor in health—more investment is needed in programs to address these—payers are not likely to do so?

Social Determinants of Health: Solutions

- **Consider engagement with payers to address needs and share costs**
  - **Payers could help clinical organizations to identify the gaps and refer by offering referral service**
  - **More research is needed to show payers what actually leads to savings**
  - **Payers could work with social service organization as a service to members and the community**
- **Congress could link additional social services funds to reducing healthcare costs***

Social Determinants of Health: Solutions

- **CMMI has a test program Accountable Health Communities—30 groups screening for 5 areas of need: DV, public utility, food, housing, transportation -- referral program to link them to areas of need– Expand this program or similar efforts**
  - **Could be integrated into regulatory programs– in 2019 CPCI will start to ask about SDOH**
- **Better coding for SDOH:**
  - **Use ISA, 2015 Edition Certification**
  - **Continue efforts by ONC, UCSF**
  - **Work with terminologies**

Attribution

- **Never is perfectly attributing patients to individual providers**
- **Providers push back on being responsible for patients they haven't seen**

Solutions:

- **Hold the entire care team responsible for the engagement of patients who are attributed—provide incentives for those other care team members to engage**
- **Educate providers about attribution, offer support for quality accountability through care managers who can contact "missing patients"**

Measure Quality

Dimensions of measure quality:

- **Actionable**
- **Evidence-based, valid, reliable**
- **Feasibility – allow measures that don't meet a reasonable threshold to be optional/allow bonus points**
- **Meaningful and relevant – to the clinician and the patients**
- **Tested/vetted with the community**

Challenge: Measure quality is not consistent or always adequate to implement and measure

Measure Quality

Solutions:

- **Could improve upon shared methodology to score electronic measures on these dimensions to help determine when measure is not meeting these features**
- **Need to have process to reevaluate the measure even after it is updated – and contingency plan for modification of its use**

Thank you!