Person-Centered Outcome Measures: Measuring What Matters Most

NCQA

The webinar will begin shortly.

During this webinar we will:

Examine the Person-Centered Outcome (PCO) measures and the value that they can offer.

Discuss the implementation of the PCO measures in clinical practice and the importance of incorporating the patient voice into quality measurement.

Highlight new resources available to train health care professionals on how to discuss what matters most to an individual

Panel Members

Andy Reynolds (Moderator)
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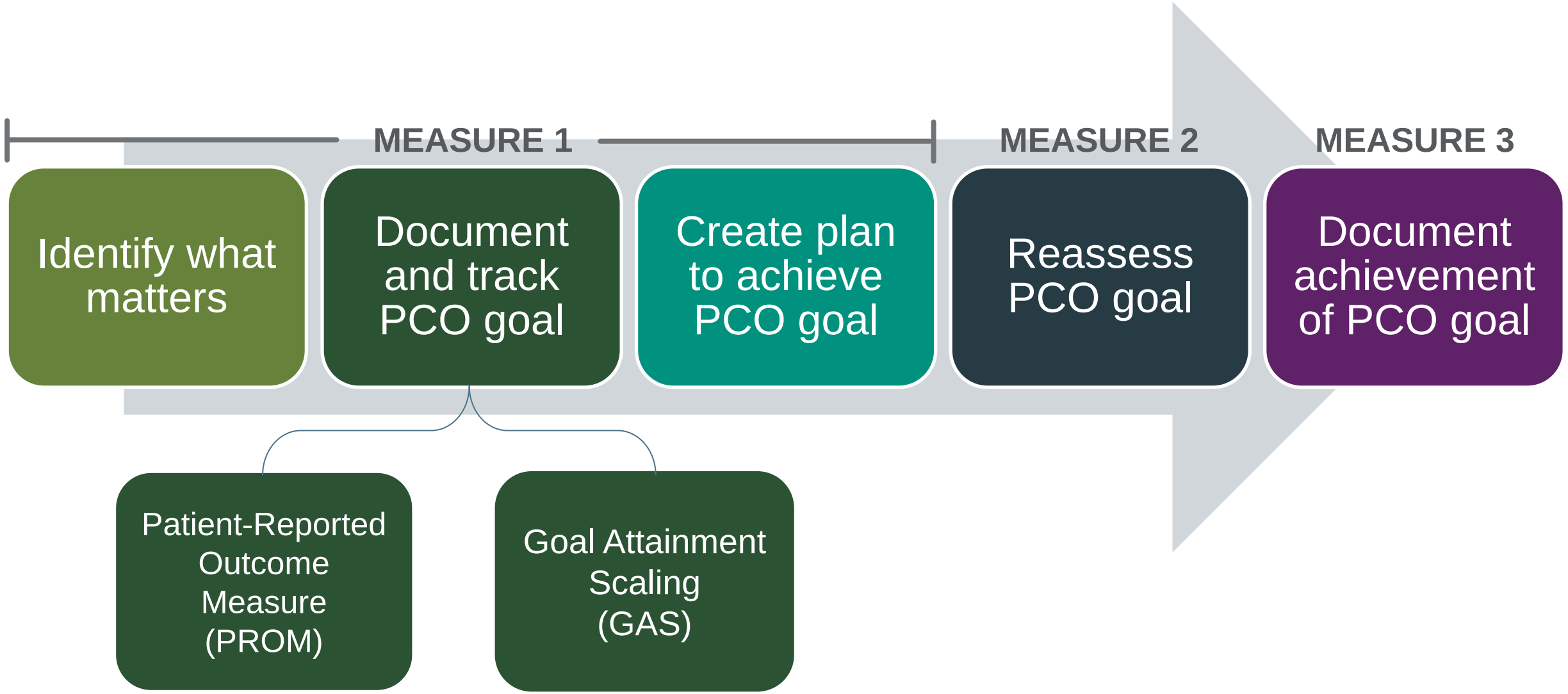
NCQA has developed person-centered outcome (PCO) measures designed to assess care that matters

- For **individuals with complex care needs,** care should align with what matters to them, their person-centered outcome goals
- **Measurement can be used to drive care that matters** and encourage clinicians to deliver care aligned with person-centered outcome goals
- For quality measures, person-centered outcome **goals must be measured and tracked in a standardized way**

Person-Centered Outcomes Approach

Measuring what individuals say matters most to them



Person-Centered Outcomes (PCO) Measures

Initial Population
Individuals 18+ years of age with a complex care need

Exclusions
Long Term Care (institutional)
Died during measurement year

Reporting Method
Electronic Clinical Data Systems (ECDS)

Data Source
Administrative claims, EHR, case management, HIE

Measure Description

Measure 1 - Goal Identification: % of individuals 18 years of age and older with a complex care need who had a PCO goal identified resulting in completion of goal attainment scaling (GAS) or a Patient-Reported Outcome Measure (PROM) and development of an action plan.

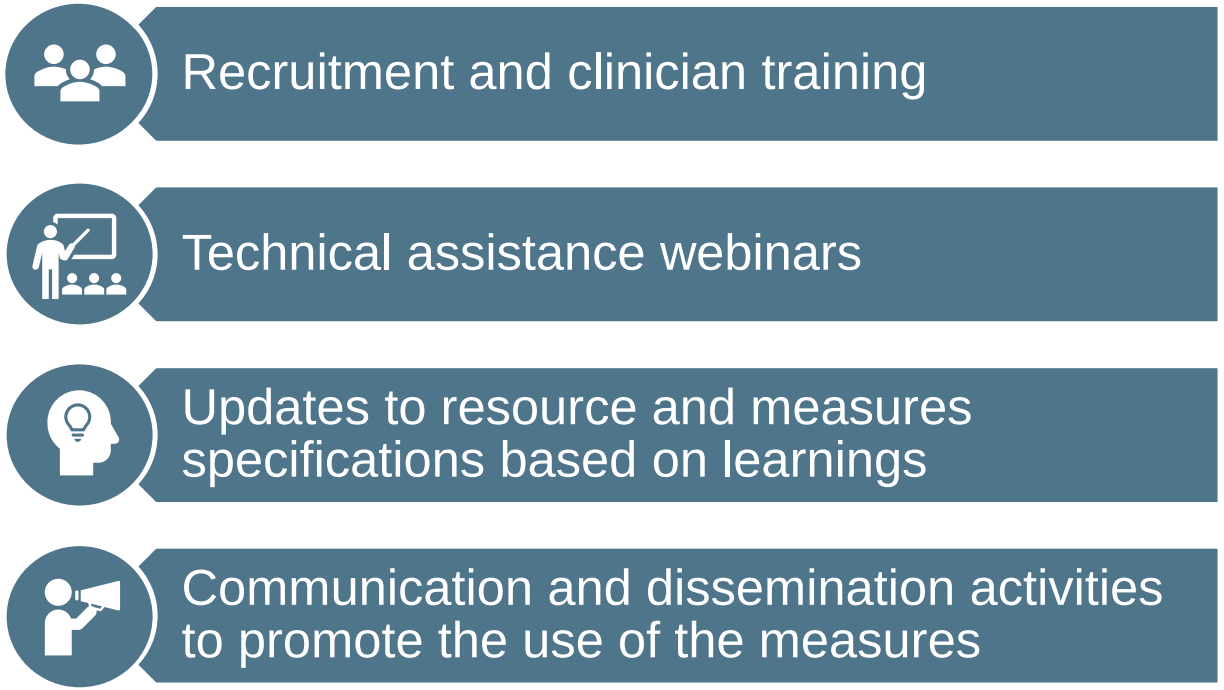
Measure 2 - Goal Follow-up: % of individuals 18 years of age or older with a complex care need who received follow-up on their PCO goal within two weeks to six months of when the PCO goal and GAS or PROM were identified.

Measure 3 - Goal Achievement: % of individuals 18 years of age or older with a complex care need who achieved their PCO goal within two weeks to six months of when the PCO goal and GAS or PROM were identified.

2021 – 2024 Testing Efforts

Funded by The John A. Hartford Foundation and The SCAN Foundation

Site Descriptions • Area Agencies on Aging • Care Coordination Organization • Certified Community Behavioral Health Clinics • Home Based Primary Care	5000+ Individuals 180+ Clinicians 17 Sites
Clinician Types: RN, NP, SW, MD, Community Health Worker, Peer Navigator, Care Manager, Qualified Mental Health Professional, Counselors, Licensed Therapists	
Location: Arizona, California, New Jersey, Ohio, Tennessee, Texas	



Learning Collaborative Demographic Data

Primary Care/Long-Term Services and Supports (LTSS)

N=2,651

- Average Age = 65 years old
- Majority female (68.3%)
- Majority of individuals either had Medicaid (50.7%) or were Dual Eligible (35.1%)
- 49.8% of individuals were Black or another minority with 45.5% being White
- 88% were not Hispanic, with 72.6% noting English as their preferred language
- Majority of individuals did not identify a social determinant of health need

Behavioral Health – Certified Community Behavioral Health Clinics

N=5,872

- Average Age = 41 years old
- Majority female (52.4%)
- Majority of individuals were either uninsured (39.9%) or had Medicaid (34.9%)
- 65.7% individuals who participated were White
- 39.9% were Hispanic, with 91% noting English as their preferred language
- Majority of individuals did not identify a social determinant of health need

PCO Measure Performance

Measure 1: Goal Identification

Measure 2: Goal Follow-up

Measure 3: Goal Achievement

	Primary Care/LTSS (N=5 sites)			Behavioral Health (N=8 sites)		
	Measure 1	Measure 2	Measure 3	Measure 1	Measure 2	Measure 3
Mean	51.8%	31.0%	13.9%	76.1%	13.2%	4.2%
Min	18.1%	11.8%	4.6%	6.9%	0.0%	0.0%
Median	40.1%	20.0%	9.7%	99.9%	9.7%	1.9%
Max	86.7%	60.6%	35.7%	100.0%	47.9%	12.1%

Measure Performance Stratification

Race, Ethnicity and Preferred Language

	Primary Care/LTSS			
	n	Measure 1	Measure 2	Measure 3
Race				
White	1205	64.8%	40.3%	23.9%
Black or African American	757	57.1%	29.7%	17.8%
Asian	331	29.6%	14.0%	8.4%
American Indian or Alaska Native	0	-	-	-
Native Hawaiian or Other Pacific Islander	0	-	-	-
Some Other Race	171	37.3%	17.3%	8%
Two or More Races	61	23.1%	11.5%	1.9%
Ethnicity				
Hispanic or Latino	216	27.4%	16.1%	5.6%
Not Hispanic or Latino	2338	55.6%	31.4%	18.1%
Preferred Language				
English	1925	65.6%	37.2%	19.8%
Spanish	107	31.3%	17.9%	10.4%
Other	530	34.5%	19.3%	14.0%

Implementation Challenges

Primary Care/LTSS	Staff turnover	Language and cultural barriers	Additional time added to visit
Behavioral Health (CCBHCs)	Staff turnover	EHR Documentation	Loss to follow-up

Feedback from Participating Clinicians

"These measures are great. It sets a **visual on the progress** that is being made. We will be using this method as an ongoing practice. We have been able to identify that 1) it meets standards for many of our audits and 2) that clients have a better understanding of their goal."

"The measures are **useful for helping the client monitor his/her progress** and as a way for the clinician to track progress."

"For our agency these have been useful as it **gives us the opportunity to explore with members services** or daily activities that would assist them on achieving their goals or discuss the barriers."

"The approach eased broaching the issues of diagnosis, symptoms, and treatment goals. It made it much easier to focus in and think about what they wanted. Think about what they want out of a goal and got to that part of the matter quicker because it's about what outcome they really wanted and their kind of ideal version of what they see themselves."

"It was a good way to engage and really hit sort of an on ramp to get to the issues that the members wanted to discuss and work on. It was overwhelmingly positive to the experience and discussion with the individual."

Person-Centered Outcome Measures Trainings

Available PCO-related trainings in NCQA Learning Management System

- **Identifying and Developing a Person-Centered Outcome Goal** *(Behavioral Health Version)*
- **Using Patient-Reported Outcome Measures to Document and Track SMART Person-Centered Outcome Goals** (*Behavioral Health Version*)
- **Using Goal Attainment Scaling to Document and Track SMART Person-Centered Outcome Goals** (*Behavioral Health Version*)

Includes training on how to implement the PCO approach in diverse populations

Provides continued education credits to certified content experts (CCE), doctors, nurses and social workers

PCO Approach Toolkit

- Companion resource to online trainings for individuals and groups implementing PCO approach; includes examples for primary care, LTSS and behavioral health
- 4 Modules: Intro to PCO approach and measures, having a values conversation and developing a SMART goal, goal attainment scaling, and PROMs
- Each module includes patient-facing and clinician resources developed based on learning collaborative feedback; materials available in 7 languages (Arabic, Chinese – Simplified and Traditional, English, Russian, Spanish, Vietnamese)

Future of the Person-Centered Outcome Measures

WORK CURRENTLY UNDERWAY

CT PCO
(Jan 2023 – Dec 2024)

Implement the PCO measures with CT Home and Community-Based Services programs who have joined the state-led Health Information Exchange.

Age-Friendly Care
(July 2023-June 2024)

Develop Age-Friendly Health Systems (AFHS) core measure set for health plans and delivery systems that align with the 4Ms

Measures Under Consideration
(May 2024)

NCQA will submit the PCO measures to CMS's 2024 Measures Under Consideration (MUC) in May 2024.

FUTURE TESTING

Health Plan Testing
(April 2024 – March 2026)

NCQA will be conducting health plan testing, specifically with Special Needs Plans, to move the PCO measures into the health plan space with the eventual goal of them being included in HEDIS.

Behavioral Health and IDD Testing

NCQA looking to complete additional testing with Certified Community Behavioral Health Clinics and IDD communities.

For more information on the person-centered outcome measures or to participate in our next testing effort with health plans, please email Caroline Blaum at pcomeasures@ncqa.org.