



REIMAGINING QUALITY MEASUREMENT

By Shahid N. Shah, Publisher, Netspective Media





**WACKY IDEAS
WELCOME FOR
NEXT HOUR**

WHY ARE WE MEASURING QUALITY?

COMPLIANCE

PROCESS

COSTS

OUTCOMES

WHO ARE WE MEASURING QUALITY FOR?

PAYERS &
INSURERS


HEALTH SYSTEMS

PATIENTS


REGULATORS

CARE
PROFESSIONALS


PATIENT'S
CAREGIVERS



**Meaningful Use (MU)
made us take us our eye
off the ball and we
ended up with crappy
measures**



What would quality
measurement look like if
MU silliness didn't make
us take our eye off the
innovation ball?

A dark, semi-transparent background featuring a medical theme. A stethoscope is visible in the center, and a medical lab report with various units like 'K/UL', 'M/UL', and 'gm/dL' is partially visible. The text is overlaid on this background.

We'd focus on quality
improvement (QI) and
continuous quality assurance
(CQA) **not** data collection and
quality *measurement*.



**Let's reimagine QI and
CQA for a patient-first,
digital-first quality
experience (PDQX)**



Let's reimagine QI and
CQA with a zero-based
PDQX approach:
start from scratch

“ Last week, CMS announced our new initiative “Patients Over Paperwork” to address regulatory burden. This is an effort to go through all of our regulations to reduce burden. Because when burdensome regulations no longer advance the goal of patients first, we must improve or eliminate them.

...

We’re revising current quality measures across all programs to ensure that measure sets are streamlined, outcomes-based, and meaningful to doctors and patients. This includes a review of the Hospital Star Rating program. And, we’re announcing today our new comprehensive initiative, “Meaningful Measures.”

...

“Meaningful Measures” takes a new approach to quality measures to reduce the burden of reporting on all providers...Meaningful Measures will involve only assessing those core issues that are the most vital to providing high-quality care and improving patient outcomes.

...

It’s better to focus on achieving results, as opposed to having CMS try to micromanage and measure processes. This will help two things:

- Help address high impact measurement areas that safeguard public health.
- Help promote more focused quality measure development towards outcomes that are meaningful to patients, families and their providers.

”



Seema Verma
Administrator

PDQX Measures

Reimagine drastically reducing what we measure



MUST be UNDERSTANDABLE by PATIENTS and CAREGIVERS

No measure that isn't understandable by patients or their caregivers would be prioritized for inclusion.



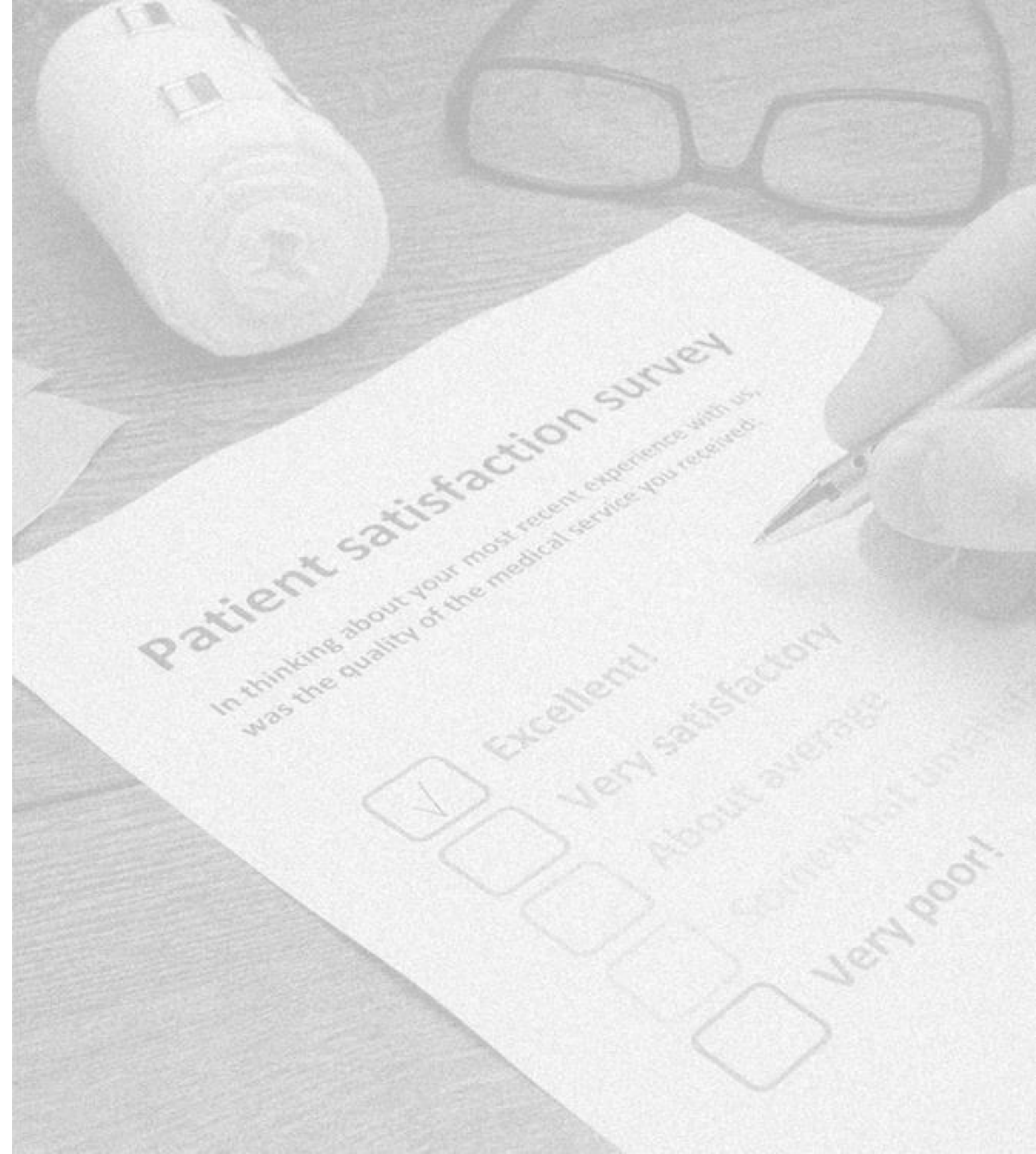
MUST be OUTCOMES FOCUSED, not PROCESS CENTRIC

If a measure isn't demonstrating outcomes easily understood by patients or loved ones, we'd ignore it.



EVERY NEW MEASURE MUST ELIMINATE an OLDER MEASURE

Create a maximum of 10 measures per condition or procedure and then every time we have a great idea for another one, eliminate an older one.



PDQX Challenges

Patient-centric and outcomes-focused easier said than done



HOW DO WE KNOW WHAT MATTERS TO PATIENTS and CAREGIVERS?
VALIDATED "PROMS" (PATIENT REPORTED OUTCOMES MEASURES)

Patients don't really have a voice today in quality measures, how will we setup that feedback loop?



WHO DETERMINES OUTCOMES FOCUSED vs. PROCESS CENTRIC?
USE SAME APPROACH AS PROMS DEVELOPERS

Healthcare outcomes are notoriously difficult to determine, do we not measure process at all?



HOW DO WE KNOW IF SOMEONE IS USING AN OLD MEASURE WHEN WE WANT TO DEPRECATE OR ELIMINATE IT?

What kind of telemetry and continuous learning can we put into place to know which are useful vs. not?





HealthMeasures

TRANSFORMING HOW HEALTH IS MEASURED

[SEARCH & VIEW MEASURES](#)
[EXPLORE MEASUREMENT SYSTEMS](#)
[APPLICATIONS OF HEALTHMEASURES](#)
[SCORE & INTERPRET](#)
[RESOURCE CENTER](#)

Overview

PROMIS

Neuro-QoL

ASCQ-Me

NIH Toolbox

- Intro to PROMIS
 - List of Adult Measures
 - List of Pediatric Measures
 - Available Translations
- Obtain & Administer Measures
- Measure Development & Research
 - Publications
 - Validation
 - PROMIS International

- Intro to Neuro-QoL
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- Intro to ASCQ-Me
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 - Publications
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- Intro to NIH Toolbox
 - Cognition Measures
 - Emotion Measures
 - Motor Measures
 - Sensation Measures
 - Available Translations
- Obtain & Administer Measures
 - Demonstration Videos
 - Test Administration Training
 - NIH Toolbox iPad App eLearning Module
- Measure Development & Research
 - Publications
 - Validation



An exploratory analysis of patients receiving Jakafi also showed improvement in fatigue-related symptoms (i.e., tiredness, exhaustion, mental tiredness, and lack of energy) and associated impacts on daily activities (i.e., activity limitations related to work, self-care, and exercise) as measured by the PROMIS Fatigue 7-item short form total score at Week 24. Patients who achieved a reduction of 4.5 points or more from baseline to Week 24 in the PROMIS Fatigue total score were considered to have achieved a fatigue response. Fatigue response was reported in 35% of patients in the Jakafi group versus 14% of the patients in the placebo group.

[Read the full label here>>](#)



PROMIS® Adult Self-Reported Health

Global Health

Physical Health

Fatigue
Pain Intensity
Pain Interference
Physical Function
Sleep Disturbance

Dyspnea
Gastrointestinal
Symptoms
Pain Behavior
Pain Quality
Sexual Function
Sleep-related
Impairment

Mental Health

Anxiety
Depression

Alcohol
Anger
Cognitive Function
Life Satisfaction
Positive Affect
Psychosocial Illness
Impact
Self-efficacy for
Managing Chronic
Conditions
Smoking
Substance Use

Social Health

Ability to
Participate in Social
Roles & Activities

Companionship
Satisfaction with
Social Roles &
Activities
Social Isolation
Social Support

PROMIS Profile
Domains

PROMIS Additional
Domains

[GENERAL](#)[AGENDA](#)[SPEAKERS](#)[SPONSORS & EXHIBITORS](#)[CONTINUING EDUCATION](#)

GLOBAL PROGRESS ON THE VALUE AGENDA



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Patient-Reported Outcome Measures at Partners HealthCare

HPHC Medical Directors Meeting

Neil W. Wagle, MD, MBA

Partners HealthCare
Medical Director | Quality, Safety, and Value - PROMs
Associate Medical Director | Population Health Management
Primary Care Physician | Brigham Primary Physicians

Last Updated: 1/13/2016

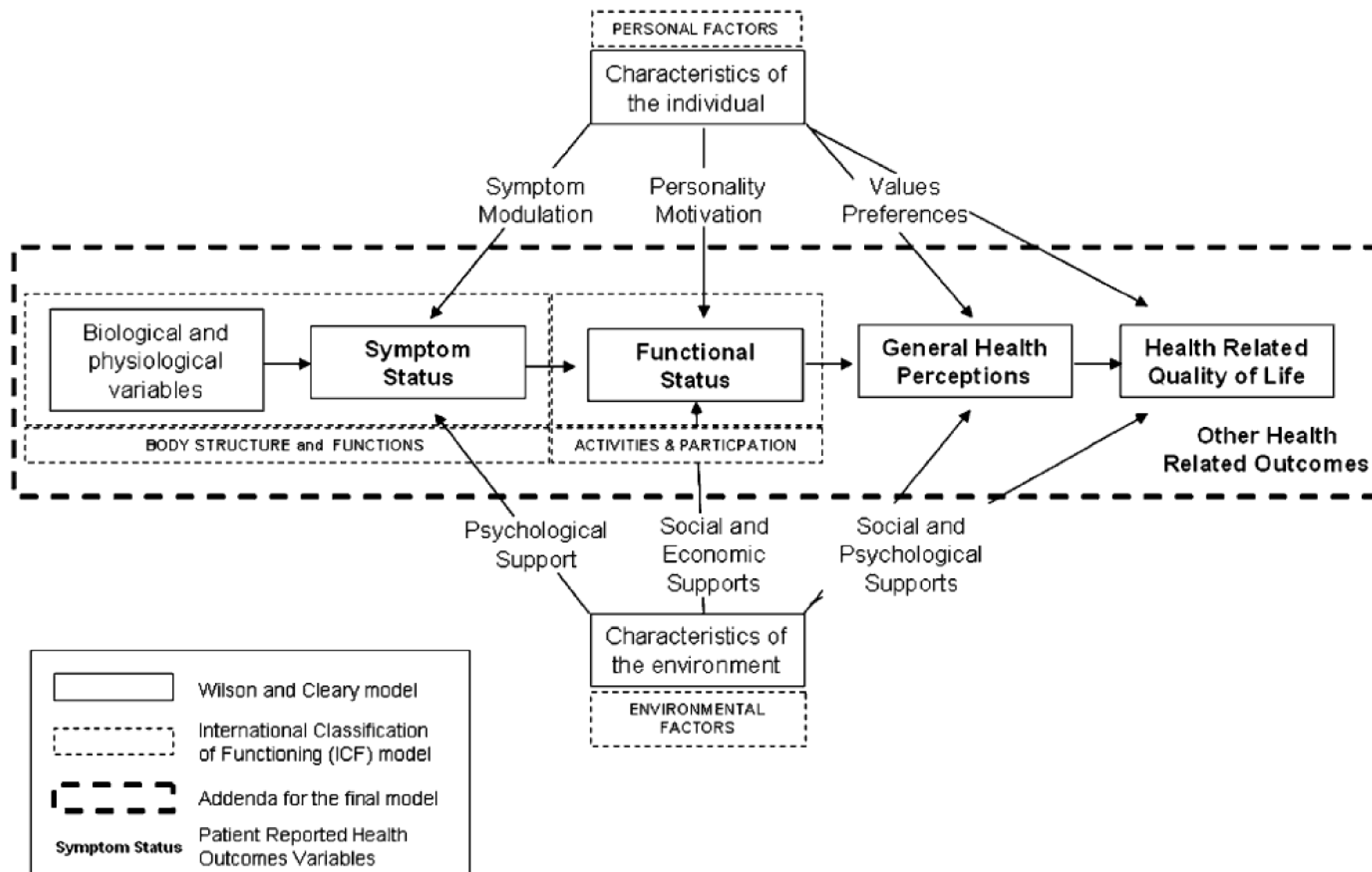


Using PROMs in clinical practice: rational, evidence and implementation framework

Jose M Valderas

Prof. Health Services & Policy, University of Exeter





Opaque → Transparent

Reportable → Actionable



**Instant Feedback for
Immediate Interventions**

Consensus-driven



Data-driven

Eminence-driven



Evidence-driven

Compliance → **Value**
PATIENT SAFETY

Analog → Digital

if you have to hand enter it, it's a crappy measure

Manual



Patient self-service, IoT, Medical Devices, EHRs, PGHD, etc.

System Generated

Discrete → Continuous

Retrospective reporting



Interactive telemetry

EVENT DRIVEN SDKs

Institution-framed



Patient-framed

Population-based



Personalized

MU, HEDIS, STARS, MIPS, MACRA, 21st Century Cures, etc.

Sector-specific → **Unified**

Measurement



Process Improvement



Care Assurance



**BACK TO
REALITY**



**DOES SIMPLE ACT
OF MEASUREMENT
IMPROVE QUALITY?**

The background features a large, faint circular arrow pointing clockwise. Inside the arrow, the words 'PLAN', 'DO', 'CHECK', and 'ACT' are written in a circular path, corresponding to the four quadrants of the cycle. The text is white and bold, centered within the arrow's path. The overall background is a solid light gray.

**DOES INCREASING
MEASUREMENT
TRANSPARENCY YIELD
HIGHER QUALITY?**

How can we help
implement CMS's new
**"Patients Over
Paperwork"** and
"Meaningful Measures"
initiatives?

PDQX Measures

Reimagine drastically reducing what we measure



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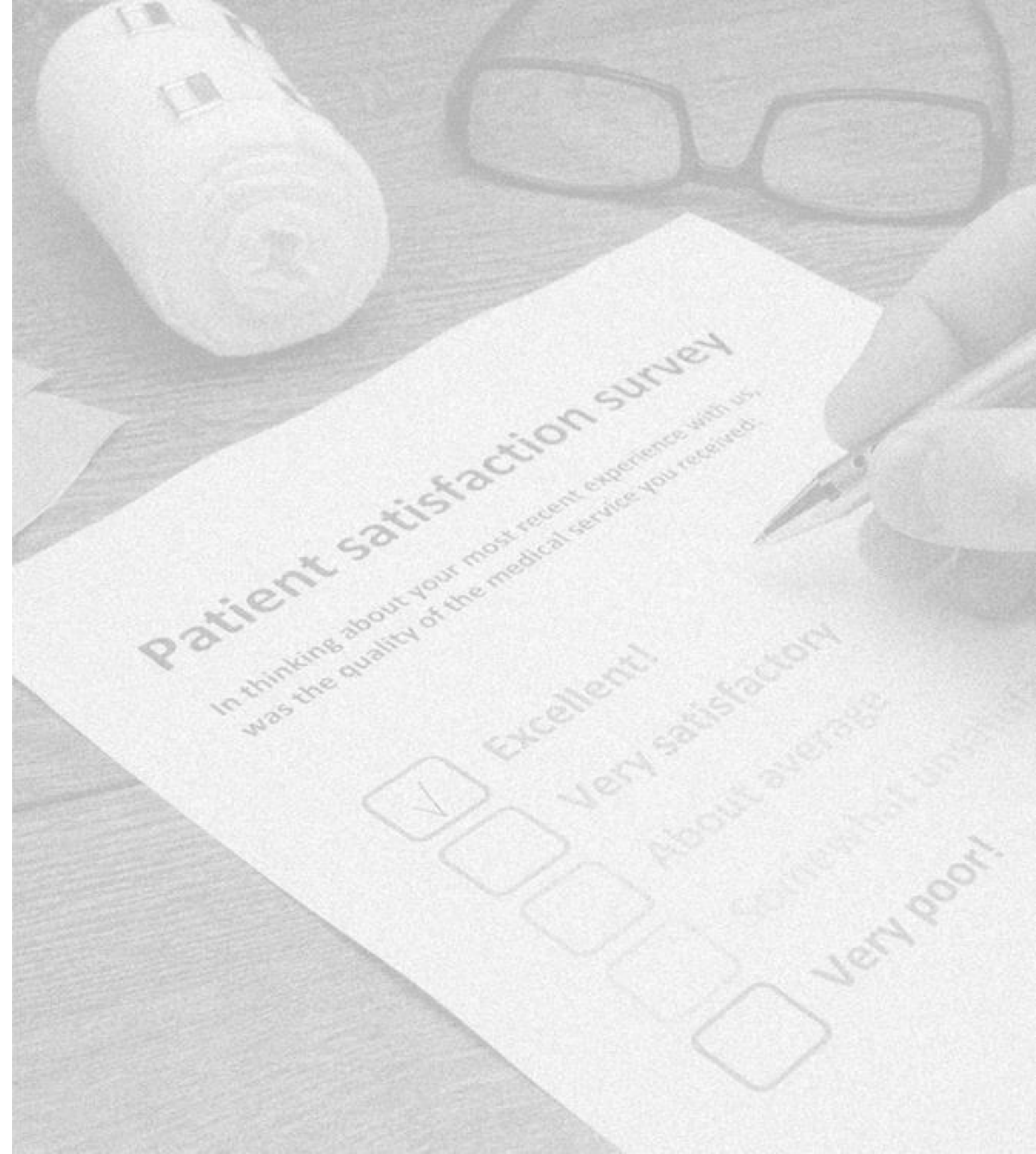
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THANK YOU

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