Patient-Centered Measurement: Innovation Challenge Series

Learning Collaborative 2018 Webinar

Thursday, March 1, 2018
Hala Durrah, MTA
Patient Family Engagement Consultant, Speaker & Advocate

2017-18 Learning Collaborative Patient-Centered Measurement Webinar Series
Overview

- Share Principles for Making Health Care Measurement Patient-Centered
- Identify novel solutions through 2017 Innovation Challenge

Graphic courtesy of American Institutes for Research.
2017 Innovation Challenge

Winning Submissions

- Sameer Saini, MD, MS, VA Ann Arbor Center for Clinical Management Research and University of Michigan Institute for Healthcare Policy and Innovation
  Discusses measures of colorectal cancer screening that incorporate individual screening benefit and patient preferences

- Matthew Pickering, PharmD, RPh, Pharmacy Quality Alliance, and Eleanor Perfetto, PhD, MS, National Health Council
  Share a proposed rubric to assess the patient-centeredness of measure development and implementation

Today’s Presenters

- Sameer Saini, MD, MS, VA Ann Arbor Center for Clinical Management Research and University of Michigan Institute for Healthcare Policy and Innovation

- Matthew Pickering, PharmD, RPh, Pharmacy Quality Alliance

- Eleanor Perfetto, PhD, MS, National Health Council
Developing a Patient-Centered Measure of CRC Screening

Sameer D. Saini, MD, MS

Research Scientist, VA Ann Arbor Center for Clinical Management Research
Associate Professor, University of Michigan Medical School

Overview

1. Existing approaches to CRC quality measurement
2. Data from prior and ongoing work
3. Proposed approach to patient-centered measure development
Background

- Colorectal cancer is the 2nd leading cause of cancer-related death in the United States.

- Prevention and early detection through screening has been shown to reduce CRC mortality.

- As a result, the USPSTF recommends that all average-risk adults undergo routine screening from age 50-75.

CRC Screening Use Over Time

Advocacy and Public Health

Medicare

HEDIS

Katie Couric

QMs

28%

65%

Background

- In parallel, policy makers have developed measures to assess underuse of CRC screening.

- The HEDIS measure for CRC screening was first introduced by NCQA in 2003.

- This widely used underuse measure assesses proportion of individuals aged 50-75 who are “up to date” for screening.

The Gap

- Age alone is not a sufficient criterion for making a screening decision:
  - USPSTF: “Clinicians should always understand the evidence but individualize decision-making to the specific patient and situation.”

- But HEDIS uses age without explicitly considering clinical differences between patients in the target age group.
Objective

- Develop a measure that:
  - Incorporates individual patient benefit
  - Considers patient preferences
  - Feasible to implement
Smarter Screening for Cancer
Possibilities and Challenges of Personalization

Personalizing Colonoscopy Screening for Elderly Individuals
Based on Screening History, Cancer Risk, and Comorbidity Status Could Increase Cost Effectiveness
Frank van Hees,1 Sameer D. Saini,2,3,* Iris Lansdorp-Vogelaar,1 Sandeep Vjian,2,3
Reinier G. S. Meester,1 Harry J. de Koning,1 Ann G. Zauber,1 and Marjolein van Ballegooijen1

Screening benefit can be quantified for an individual patient, and it varies considerably between people of the same age.

Role of quality measurement in inappropriate use of screening for colorectal cancer: retrospective cohort study
Sameer D Saini research scientist1,2, Sandeep Vjian research scientist1,2, Philip Schoenfeld research scientist1, Adam Powell research scientist2, Stephanie Moser data analyst1, Eve A Kerr director and research scientist1
Effect of HEDIS Measure

Adjusted for gender, health status, and number of primary care visits

Relationship Between Age, Health Status, and Screening Completion

- Excellent Health
- Moderate Health
- Poor Health
Effect of HEDIS Measure

Screening Completion: Age 75 versus Age 76

OR = 1.95 (95% CI: 1.53-2.47)
How comfortable would you be with stopping if you had serious life-limiting health problems?

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All</td>
<td>29%</td>
</tr>
<tr>
<td>Somewhat Uncomfortable</td>
<td>8%</td>
</tr>
<tr>
<td>Moderately Uncomfortable</td>
<td>9%</td>
</tr>
<tr>
<td>Moderately Comfortable</td>
<td>14%</td>
</tr>
<tr>
<td>Very Comfortable</td>
<td>12%</td>
</tr>
<tr>
<td>Extremely Comfortable</td>
<td>16%</td>
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</table>

How comfortable would you be with stopping if your doctor recommended (due to low benefit)?

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Empowering Patients

Overview of Proposed Work

- We will specify several individualized, patient-centered measures of CRC screening performance.

- Candidate measures will be presented to an advisory panel of patients and an advisory panel of experts.

- Panels will be asked to assess measures on pre-specified characteristics and provide additional feedback.
Proposed Work

- The existing HEDIS measure uses a single target rate for the entire screen-eligible population.

- The use of a single target rate fails to account for important heterogeneity in the screening population.

- To address this issue, we will modify the target rate:
  - Use quantitative estimates of benefit from simulation models
  - Use preferences of older adults (aged 70-75) who have been systematically informed in a clinical trial

Proposed Work

- We will use several approaches to calculate tailored target rates:
  1. Proportion of systematically informed patients in the trial who chose to undergo screening
  2. Stratify this rate by health status and prior screening history.
  3. Stratify this rate by the expected benefit of screening.

- Each approach will yield an increasingly refined target rate for the population.
Proposed Work

- After conducting measure specification and analyses, we will convene two advisory panels:
  - Patient panel: 8-10 patients, ages 50-85
  - Expert panel: 8-10 healthcare providers and policy makers and measure developers

Proposed Work

- Panelists will be presented with data from candidate measures and asked to discuss:
  - Whether the measures are meaningful
  - How the various approaches are likely to be perceived by patients
  - Feasibility of implementation
  - Unintended effects

- Time for open-ended feedback and additional measure specification.
Acknowledgments

- Funder: VA Health Services Research and Development

- Study Team:
  - VA Ann Arbor Center for Clinical Management Research
  - Erasmus University Medical Center
  - Memorial Sloan Kettering Cancer Center
  - University of Colorado School of Medicine

Thank you for your attention!
A Rubric to Evaluate Patient Centeredness in Quality-Measure Development

Matthew K. Pickering, PharmD
Director, Research & Quality Strategies
Pharmacy Quality Alliance

Eleanor M. Perfetto, PhD, MS
Senior Vice President, Strategic Initiatives
National Health Council

Measuring Healthcare Quality and Performance
Deep Thought

1. How do we decide what to measure?
2. How do we know that what we are measuring is patient-centered?
3. How do we know what truly matters to patients?

About the Pharmacy Quality Alliance (PQA)

- Created in 2006 as a public-private partnership
- Multi-Stakeholder, Member-Based, Non-Profit
- Transparent & Consensus-Based Process
- Nationwide Measure Developer

Optimizing health by advancing the quality of medication use
**PQA Measures in Medicare Part D Star Ratings**

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure</th>
<th>Weight</th>
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<tbody>
<tr>
<td>D12</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
</tr>
<tr>
<td>D13</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3</td>
</tr>
<tr>
<td>D14</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
</tr>
<tr>
<td>D15</td>
<td>MTM Program Completion Rate for CMR</td>
<td>1</td>
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PQA measures significantly contribute to a plan’s Star rating due to the heavy weighting of the intermediate outcome measures.

**About the National Health Council (NHC)**

- The voice of the 133 million people in the US with chronic disease and disability
- National, membership organization
- Almost 100 years old, founded in 1920
- Members are predominantly patient groups, which control its governance
- Other members include: non-profits dedicated to health, professional organizations, trade groups, business and industry
- Advocates for cross-cutting issues affecting patients
PQA's Measure Development Process

Patient & Caregiver Advisory Panel (PCAP)

I. Measure Concept
II. Development
III. Member Comment
IV. Measure Testing
V. Endorsement
VI. Evaluation

Methods for Engaging the Patient Community in Quality Measure Development

- Patient/Caregiver advisory panel(s)
- Focus groups
- Working groups
- One-on-one interviews
- Surveys
- Virtual community

The Patient-Centered Challenge
How to assess patient centeredness in quality measure development?

Identified Priorities from the Patient Community

Perceived challenges to meaningful patient-community engagement in quality measure-development¹:
- Closed out of some segments of the process
- Brought into the process after much of the work is completed
- Asked to represent the views of all patients

<table>
<thead>
<tr>
<th>Identified Priority from Patient Community</th>
<th>Proposed Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase patient-community skills and capacity to engage in quality</td>
<td>- Develop a rubric† to evaluate patient centeredness in quality-measure development</td>
</tr>
<tr>
<td>Develop tools to support the patient community in engagement on quality</td>
<td>- Implement and encourage the use of the rubric</td>
</tr>
<tr>
<td></td>
<td>- Identify emerging good practices for patient centeredness in measure development</td>
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¹Defined as a tool with criteria and levels of achievement in patient centeredness and patient engagement

Existing Patient-Engagement Rubrics & Frameworks

Describe best practices for patient engagement in measure development
Guidance on how to incorporate patient engagement into the research process
Rubric to evaluate patient centeredness of healthcare value models

How do we evaluate patient engagement in measure development?


Executing this Idea
How will we develop & implement a patient-engagement rubric for quality measure development?
Development & Implementation

Phase I: Development

- Convene a multi-stakeholder Advisory Roundtable to develop the rubric
- Identify and describe the characteristics of meaningful patient engagement in measure development

Phase II: Implementation

- Convene a larger stakeholder group to socialize and inform effective implementation of the rubric
- Implement the rubric within PQA’s measure development cycle
- Disseminate and encourage the use of the rubric, where possible

What this Could Look Like

Figure 1. PQA’s Measure Development Process

Domain 1: Measure Concept Generation and Prioritization

<table>
<thead>
<tr>
<th>Characteristics of Meaningful Patient Engagement</th>
<th>Examples of Achievement Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure concept(s) important to patients are identified and included into prioritization considerations</td>
<td>High: A clear link was described between the prioritized measure concepts and importance to patients</td>
</tr>
</tbody>
</table>
A Rubric to Evaluate Patient Centeredness in Quality-Measure Development

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Audience Question & Answer
Wrap Up & Announcements

2017-18 Learning Collaborative Patient-Centered Measurement Webinar Series
Focus on Patient-Centered Healthcare Measurement

- Stay tuned for the final webinar in this series...
- Watch previous webinars in this series
  - February 8, 2018
  - January 23, 2018
  - September 25, 2017
  - August 30, 2017
2017-18 Learning Collaborative Patient-Centered Measurement Webinar Series

*Focus on Patient-Centered Healthcare Measurement*

- Register for **NQF’s Annual Conference**, March 12-13 in Washington, DC, for a special session, **NQF Measure Incubator™—Past, Present, and Future**
- To learn more, please contact NQF at incubator@qualityforum.org
- Share your ideas with us #ptvoice #ptcenteredmeasures

**THANK YOU**