



Overcoming Data Pushback: Aligning Providers and Trusted Measurement in Population Health

Louisiana's Health Initiative

John Couk, MD

- Chief Medical Officer
- Louisiana State University
Health Care Services Division (HCSD)



- No disclosures



Learning Objectives

1. Understand current quality measurement purpose and limitations
2. Understand the natural data pushback around measurement
3. Identify with a new trusted measurement philosophy
4. Learn how to measure the patients that are your patients
5. Move beyond data pushback to leverage data and measurement to improve



The Reaction

- Reaction to data, measurement and reporting can be analogous to the Kübler-Ross model of the five stages of grief:
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance



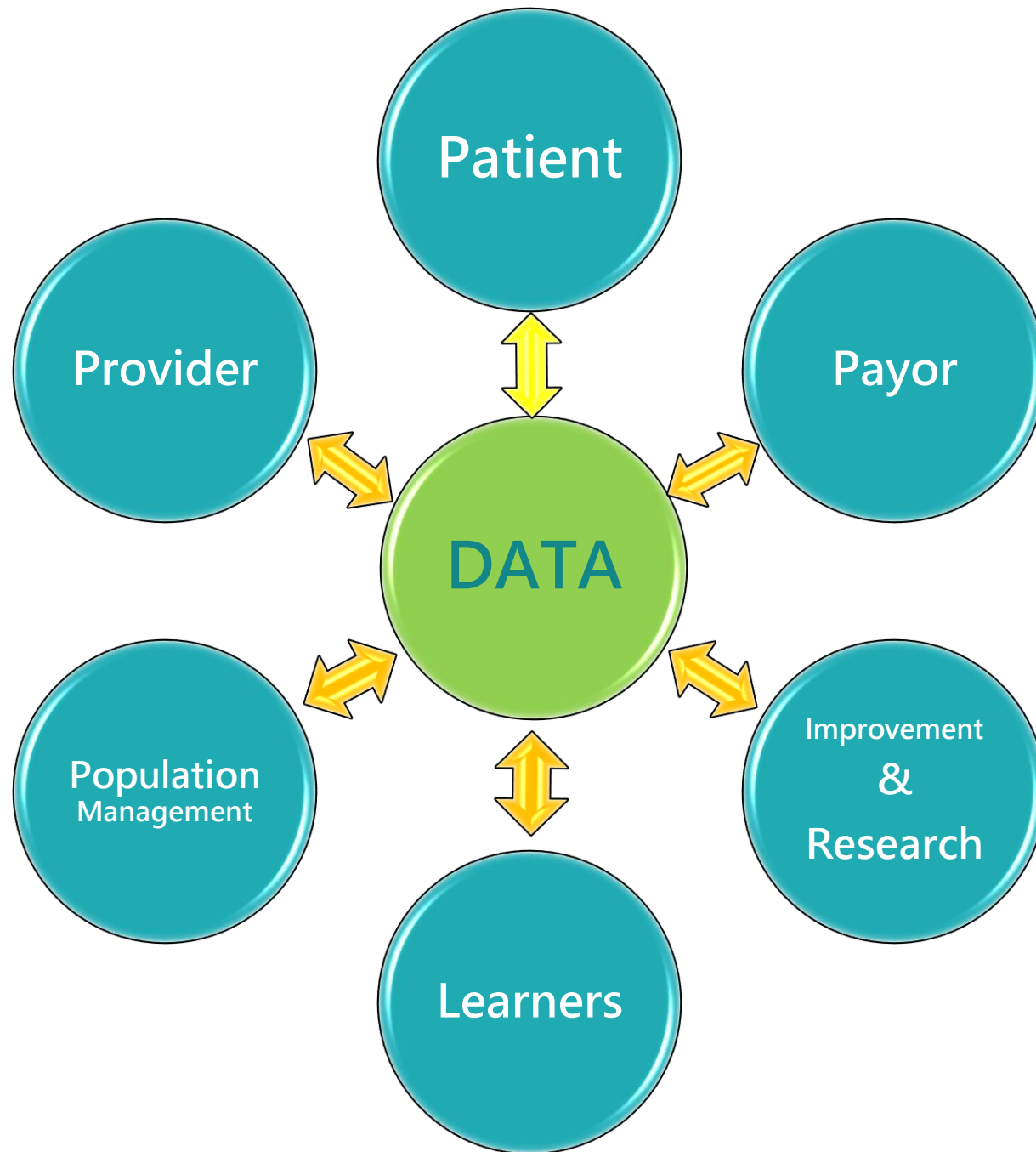
The Reaction

- “I don’t know what this report is telling me”
- “Those aren’t my patients” / “I haven’t even seen the patients that I am getting measured on”
- “What do I do with this report” / “This isn’t helpful”
- “My patients aren’t compliant, are sicker, have socio-economic determinants that are out of my control”
- “It is wrong, doesn't look right, not my fault, systems fault, measures aren't right, not adjusted right, using administrative/coding/billing data”



The Problem/Cause

- Attribution
- Timing
- Financial
- “Quality”
- Comparison
- Data quality
- Data purpose and use





The Problem/Cause

- HEDIS
- UDS
- Ryan White
- Payors
- MIPS
- Hospital Compare
- Physician Compare
- MACRA
- eCQM



The Problem/Cause

HEDIS (Healthcare Effectiveness Data and Information Set)

- To measure payors
- Measures on a calendar year-patients work on a lifetime
- Providers in turn measured on how they perform for payor

Eligible Population

- **Ages** -18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year.
- **Continuous enrollment** -The measurement year and the year prior to the measurement year.
- **Allowable gap** - No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.
- **Anchor date** - December 31 of the measurement year.

The Problem/Cause

Given the lack of a universal standard for attribution models and the influence attribution can have on provider results, multistakeholder input is essential to fair and accurate attribution.

https://www.qualityforum.org/Attribution_Project.aspx

Improving Attribution Models

FINAL REPORT
AUGUST 31, 2018



NATIONAL
QUALITY FORUM

This report is funded by the Department of Health and Human Services under contract HHSM-500-2012-00009I Task Order HHSM-500-T0029.

The Problem/Cause

Patient

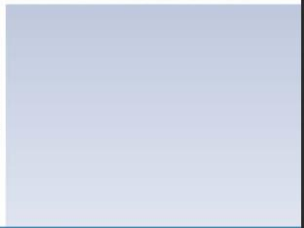

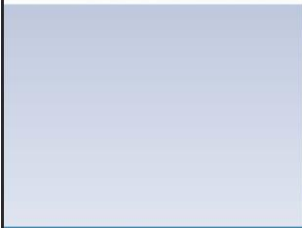









Patients are people who have at least one reportable visit during the reporting year. The term “patient” applies to everyone who receives visits, not just medical or dental services.

The Universal Report includes all patients who had at least one visit during the year that is within the scope of activities supported by the grant/designation.

http://www.bphcdata.net/docs/uds_rep_instr.pdf

UNIFORM DATA SYSTEM

Reporting Instructions for the **2019** Health Center Data

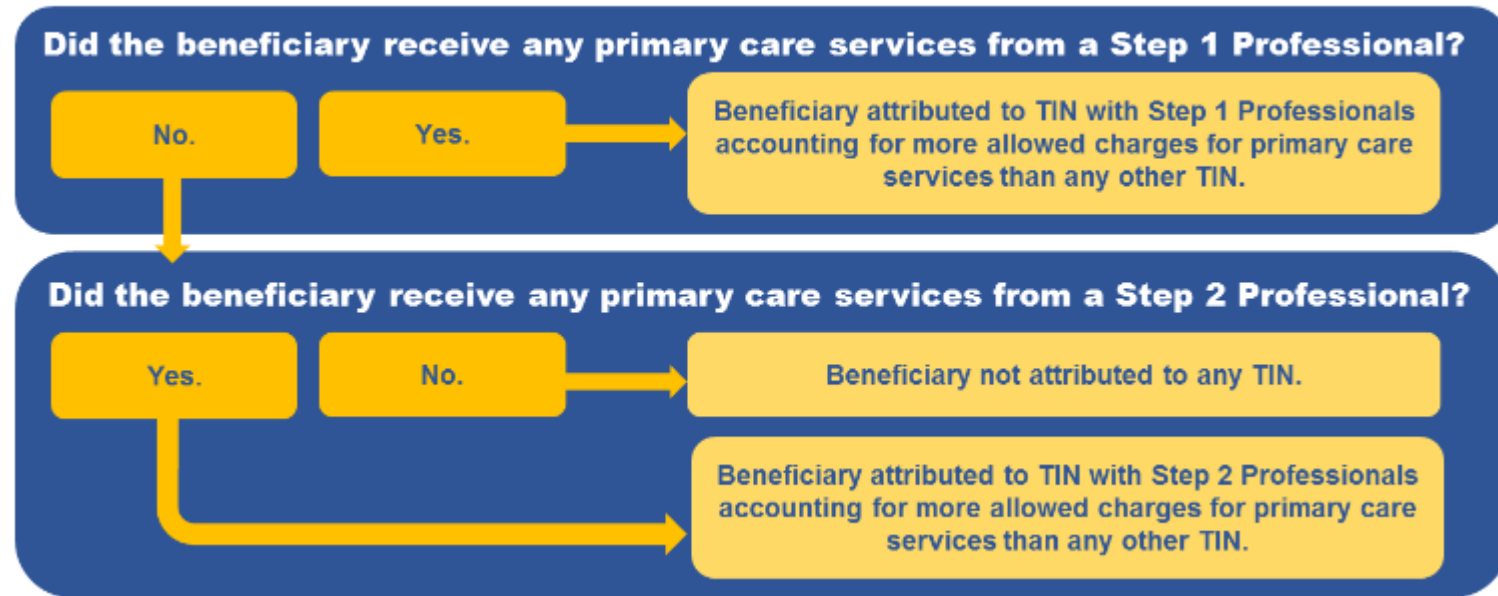


For Reports Due by February 15, 2020

The Problem/Cause

Medicare

Figure 1. Two-step attribution methodology





The Culture Needed

- Reporting is information that can be useful if understood.
- Reporting isn't used to “bash” but is seen as informative of performance of processes and outcomes.
- “We want to know how our patients are doing and how we are performing.”



The Culture Change

- Open transparent understanding of data and measurement
- Attribution that is understandable, believable, helpful and trusted
- Reporting provides insight into missed opportunities, process improvements and drives inquisitiveness
- Success measures – what do we measure to improve
- “I want more data to know how we are doing.”
- We are using data to understand, discover and drive improvement



Buy-In/Ownership

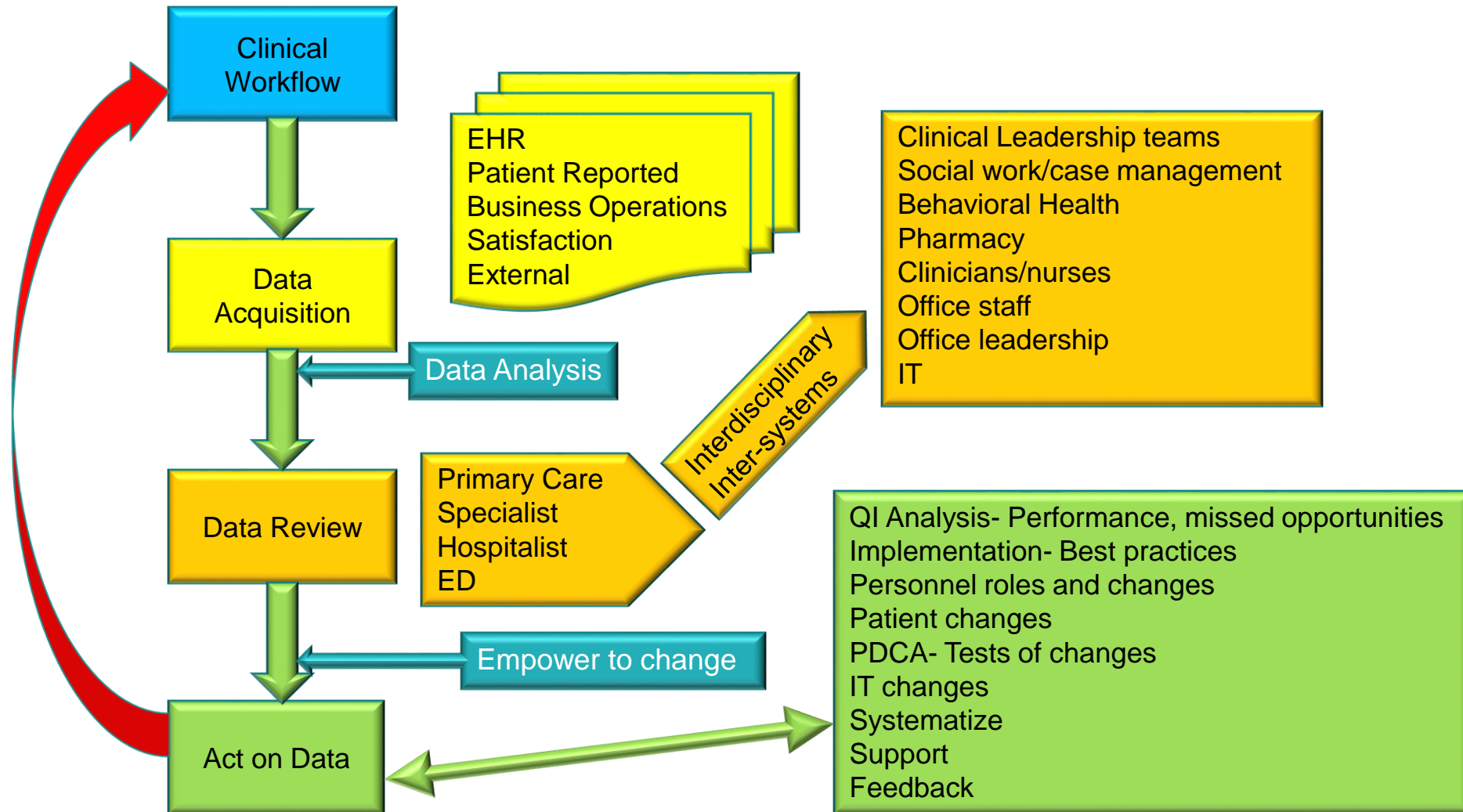
- Data quality improvement
- PDCA cycles using data
- All roles using the same reporting/definitions
- Using clinical and claims data
- Process measures, outcome measures
- Thinking population level, disease level, system level, clinic level, provider level
- Provide a roadmap

THE QUADRUPLE AIM



Problem Solving PDCA







Helpful/Useful

- Identify best practice clinics and providers...and emulate
- Standardize = level setting for basic processes
 - not cookbook, every patient needs the minimum
- Clinical staff want transparent & actionable data
- Get back to the reason we went into healthcare - enjoyment



Using the Data as Information

- Overcome pushback by engagement, responsiveness, access to data
- Engage in transparent data to move through the stages



Solutions

- Attribution
- Cleaning
- Input from all roles
- Curiosity
- Betterment
- WOW



Two major categories of measures

- **Health care delivery measures**
used to assess the performance of individual clinicians, clinical delivery teams, delivery organizations, or health insurance plans in the provision of care to their patients or enrollees.
- **Population health measures**
are applied to groups of persons identified by geographic location, organizational affiliation, or non-clinical characteristics.

Assess performance of public health programs or community influences on health or population-level health characteristics.

- Within the two major categories there are three sub-groups:
 - quality measures
 - clinical performance measure
 - related health measures
 - used to describe aspects of health care delivery without specifying what is better or worse quality
 - efficiency measures
 - balancing quality against health care-related cost



Clinical Quality Measures: Measures used to assess the performance of individual clinicians, clinical delivery teams, delivery organizations, or health insurance plans in the provision of care to their patients or enrollees, which are supported by evidence demonstrating that they indicate better or worse care.

- Process
- Access
- Outcome
- Structure
- Patient Experience

Population Health Measure Domains

- Population Health Quality Measures
- Population Process
- Population Access
- Population Outcome
- Population Structure
- Population Experience
- Population Health Knowledge
- Social Determinants of Health
- Environment

Uses of Quality Measures



-
- Quality Improvement
 - Accountability
 - Consumer Decision Making
 - Performance-based Payment
 - Certification of Professionals or Organizations
 - Research

Validity of Clinical Quality Measures



- How strong is the scientific evidence supporting the validity of this measure as a quality measure?
- Are all individuals in the denominator equally eligible for inclusion in the numerator?
- Is the measure result under control of those whom the measure evaluates?
- How well do the measure specifications capture the event that is the subject of the measure?
- Does the measure provide for fair comparisons of the performance of providers, facilities, health plans, or geographic areas?
- Does the measure allow for adjustment of the measure to exclude patients with rare performance-related characteristics when appropriate?

Outcome Measures in Perspective



- Adjusting for risk factors, using statistical adjustment, or stratification of the data
- Based ideally on the state of the patient before the patient received a particular set of health care services
- Timing of measurement of an outcome relative to the care received
- Are the sample sizes adequate to allow sufficient adjustment for risk factors
- Many "outcome measures" actually use processes of care or use of services as "proxies"

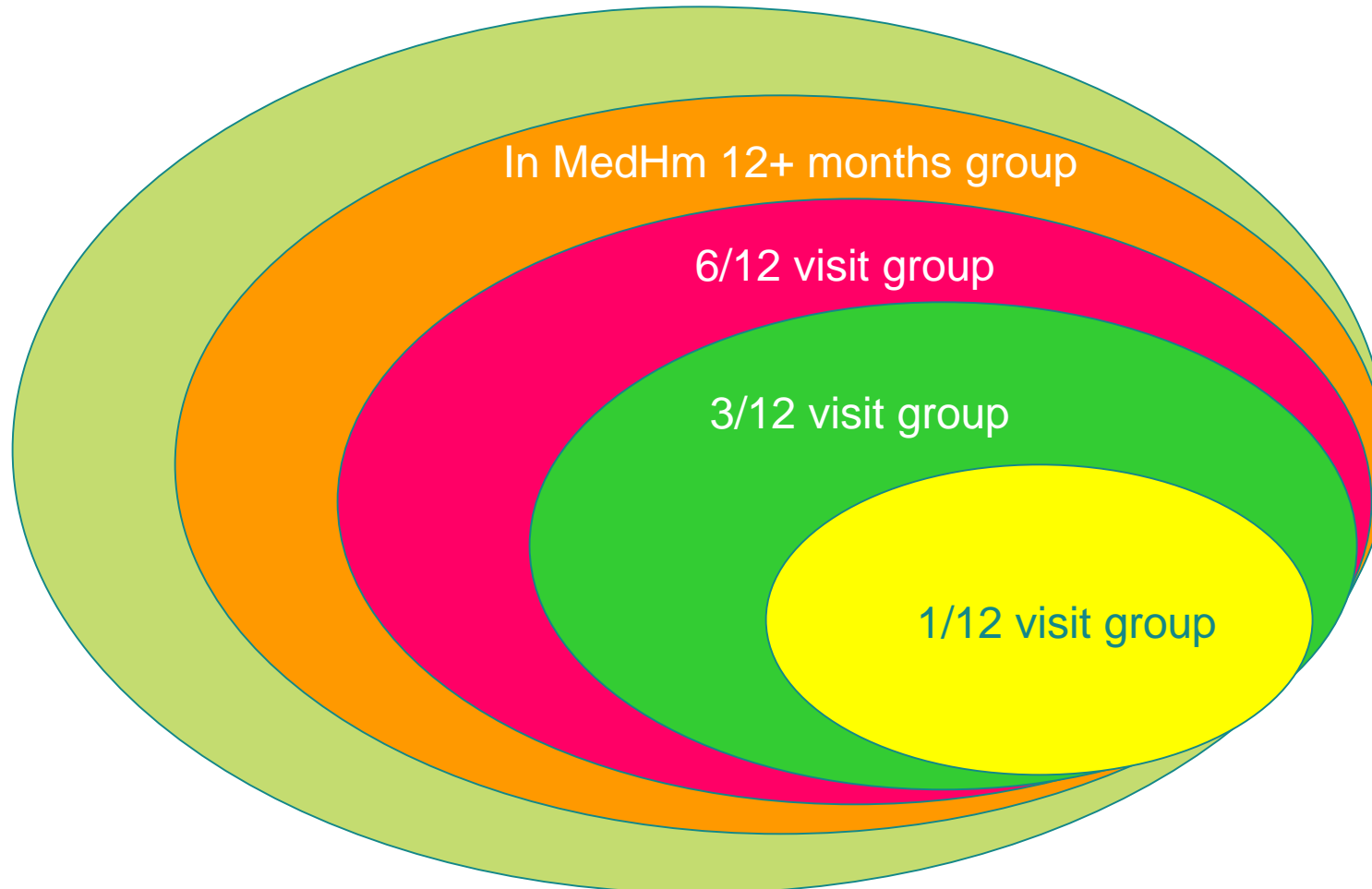


Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

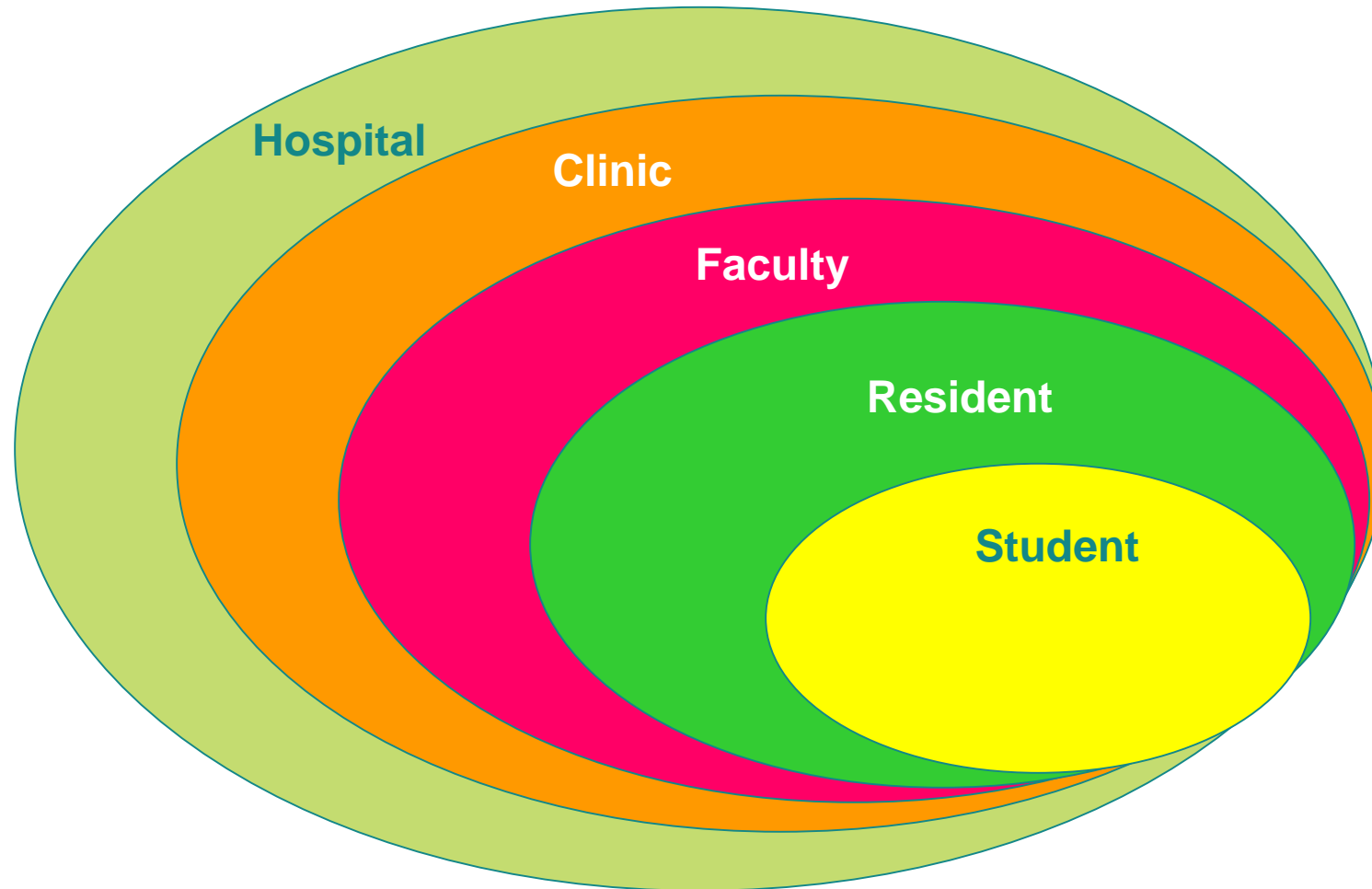
Desirable Attributes of a Quality Measure

- (1) importance of a measure
- (2) scientific soundness of a measure
- (3) feasibility of a measure

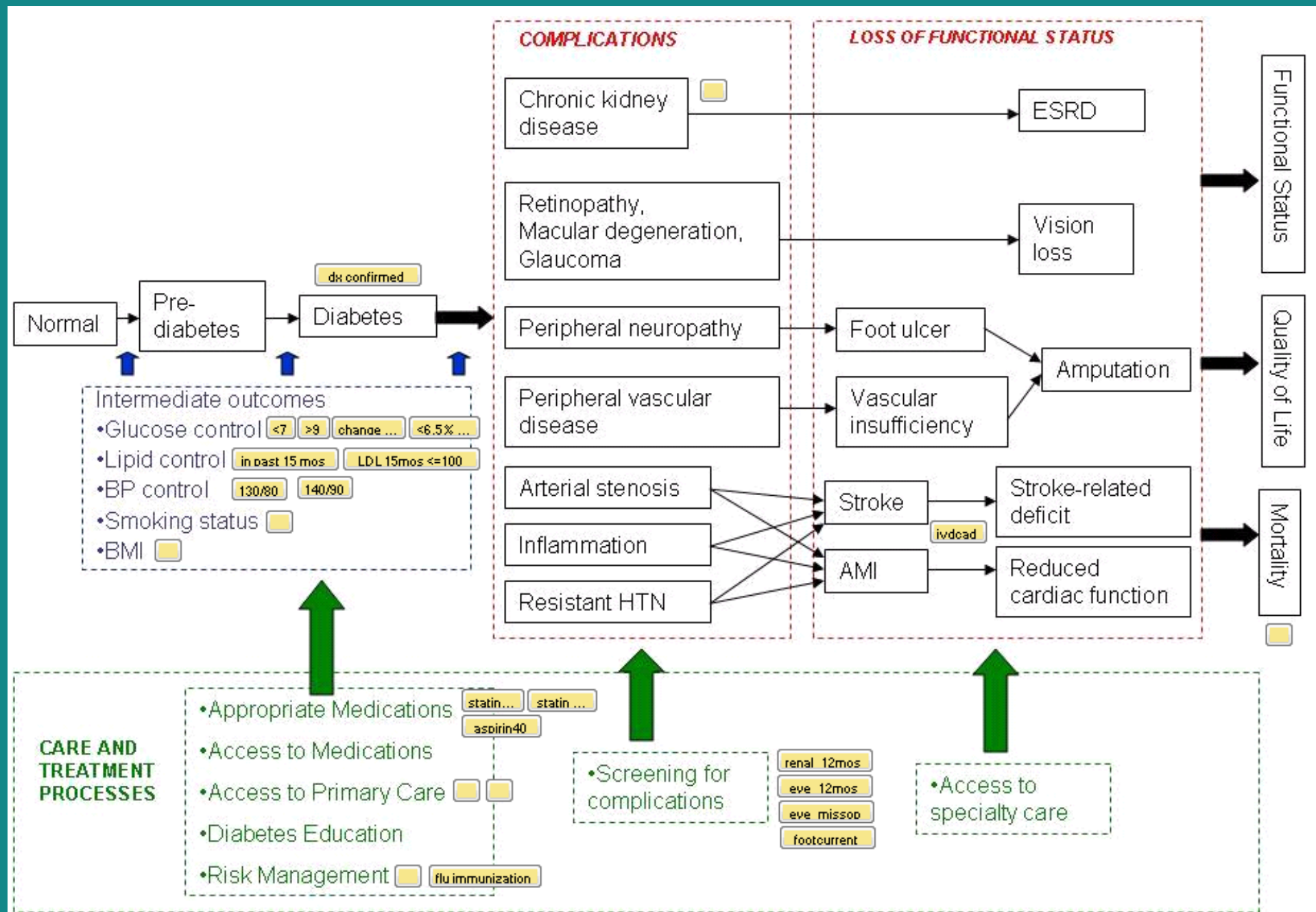
Measure Construction Approach



Provider Assignments



- ? Specialties
- ? Consultants
- ? Handoffs
- ? Admitting
- ? Attending
- ? On-call
- ? Care Teams
- ? Rotations
- ? Co-signs



SPIRAL OF LEARNING... AND IMPROVEMENT





Summary

- Clinical questions should drive the desire for measurement
- Replace the feeling of measurement burden with a clinical desire for measures
- Data needs to be readily available with minimal resource usage
- Clinical data analytics is imperative to transform data into actionable information
- Staff need to coordinate for capturing relevant information within the normal workflows
- A focused and organized cycle is needed to translate the clinical, analytics and information into practice and improvement
- The aim should be lower cost and improved quality and satisfaction

Questions?

**For additional questions or information,
please contact:**

Marcy Hubbs, RDN, CDE
Provider Education Network Manager
marcy.hubbs@la.gov





Overcoming Data Pushback: Aligning Providers and Trusted Measurement in Population Health

Louisiana's Health Initiative