Quality Measurement at the Interface of Health Care and Population Health

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Meeting of the Institute of Medicine’s Committee on Quality Measures for the Healthy People Leading Health Indicators

Sanne Magnan, MD, PhD
President & CEO
Institute for Clinical Systems Improvement
Objectives

• Share some perspectives on the interface from Minnesota
  – Explore the framework of the Triple Aim / “3 part aim” as the interface
    • Functional and global health measures
    • The patient and family preferences for experience of care and quality
    • Total cost of care (or at least waste in health care) as a measure of population health
  – Consider prioritization to:
    • Increase alignment
    • Decrease the burden of measurement
    • Decrease unintended consequences
Consider a framework of the Triple Aim / “3 part aim”
The Vision: A Better State of Health through the Triple Aim*

- Improve population health
- Improve patient experience of care, including quality
- Improve affordability by decreasing per capita costs

RESULT

- A better state of health

Social Determinants of Health

Population Health

20% Health Care
- Access to care
- Quality of care

30% Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol use
- Unsafe sex

40% Socio-Economic Factors
- Education
- Employment
- Income
- Family/social support
- Community safety

10% Physical Environment
- Environmental quality
- Built environment

Source: Authors’ analysis and adaption from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
Triple Aim: Better Health
Measures at the Interface

• Depression
  – PHQ-9 (Patient Health Questionnaire – 9 questions)
    • DIAMOND initiative in Minnesota
    • COMPASS (Care Of Mental Physical And Substance Use Syndromes) – a Health Care Innovation Award (HCIA) from CMMI

• Global Health Measures
  – CDC Healthy Days Measure
    • Part of Triple Aim measures for the HCIA to Courage Center for health care home for people with disabilities
  – PROMIS Measures – www.nihpromis.org
Triple Aim:
Better Experience of Care, including Quality
An important implication of this research is that the notion of “preferred” CRC screening test should include both the physician’s and the patient’s perspective.

From a gastroenterologists perspective, it may seem that colonoscopy is the preferred CRC screening strategy.

As shown in the study by Inadomi et al, a recommendation for colonoscopy only would result in substantially fewer overall patients being screened and fewer cancers and advanced adenomas being detected.

Slide from John Allen, MD; Minnesota Gastroenterology; used with permission
Measures at this Interface – Experience of Care & Quality

- Principle: Incorporate the patient, family and citizen/community stakeholder preferences
  - “Misalignment” Hypothesis - -Eric Coleman’s example
- Principle: Incorporate preferences secondary to changes in demographics of the US
  - US is growing in population numbers, age, and racial & ethnic diversity
    - Personal example
    - TB case example
Triple Aim: Lower Costs
If State Health Care Costs Continue Their Current Trend, State Spending On Other Services Can’t Grow

General Fund Spending Outlook, presentation to the Budget Trends Commission, August 2008, Dybdal, Reitan and Broat
The Cost of Health Care
How does it compare?

Over the past decade, healthcare costs have risen faster than salaries...

131%

% increase (1999–2009)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Average U.S. Salary  Healthcare Premiums

THE HEALTHCARE IMPERATIVE  Lowering Costs and Improving Outcomes

INSTITUTE OF MEDICINE  OF THE NATIONAL ACADEMIES
The Cost of Health Care
How does it compare?

If other prices had grown as quickly as healthcare costs since 1945...

- a dozen eggs would cost $55
- a gallon of milk would cost $48
- a dozen oranges would cost $134
The Cost of Health Care
How much are we spending?

$2.5 Trillion
spent in the U.S. on health care in 2009

\( \square = \$1 \text{ Billion} \)
The Cost of Health Care
How much is waste?

WASTE: $765 Billion
30% of 2009 total health care spending

Source: Data from workshop presentations and discussions summarized in The Healthcare Imperative
The Cost of Health Care
How much is waste?

$765 Billion
in waste...

Source: Data from workshop presentations and discussions summarized in The Healthcare Imperative
The Cost of Health Care
How much is waste?

- **Unnecessary Services**: $210 Billion
- **Fraud**: $75 Billion
- **Excessive Administrative Costs**: $190 Billion
- **Inefficiently Delivered Services**: $130 Billion
- **Prices That Are Too High**: $105 Billion
- **Missed Prevention Opportunities**: $55 Billion

Source: Data from workshop presentations and discussions summarized in *The Healthcare Imperative*
Summary – so far

• Consider a framework of the Triple Aim/3 part aim for the interface
  – Move toward functional and global health measures for population health and clinical care
  – View quality from the experience and preferences of the patient and family, not just quality from the clinician perspective
  – Incorporate total cost of care (or at least waste in health care) as a measure of population health
Consider Prioritization
Prioritization

• Prioritize to:
  – Increase alignment
    • Can patient-reported functional and global health measures be unifying measures for leading population health indicators, quality measures and clinical measures?
  – Decrease the burden of measurement
    • If we focused on functional and global health measures and TCOC, could we decrease some of the micro/disease-focused measurement burden – at least for public reporting?
  – Decrease unintended consequences
    • How do we incorporate patient/family preferences to avoid unintended consequences and to improve care?
Summary

- Use a framework of the Triple Aim/3 part aim
  - Move toward functional and global health measures for population health and clinical care
  - View quality from the experience of the patient and family, not just quality from the clinician perspective
  - Incorporate total cost of care (or at least waste in health care) as a measure for population health

- Prioritize to:
  - Increase alignment
  - Decrease the burden of measurement
  - Decrease unintended consequences
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Institute for Clinical Systems Improvement