Broad Objectives

- Examine a vision for core health metrics
- Draw on lessons from existing efforts
- Identify metrics that reliably measure care, health, and cost outcomes
- Describe implementation strategies for these measures
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Themes

Ideally Common Measures Will ...

• emphasize issues most important to improving care, lowering costs, and improving health (Triple Aims).

• support improvement in health services as well as payment strategies that target important issues

• reduce the burden of measurement imposed by an increasing proliferation of reporting requirements

• be derived with input from a range of varied perspectives so that they are meaningful across a wide range of stakeholders
Ideally Common Measures Will ...

- support evaluation of variation across the spectrum of providers and organizations
- support coordinated and effective services across settings and organizations (e.g. shared interests across settings)
- guide creation of a robust digital infrastructure including exchange of key elements across settings and organizations
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Themes

Most Importantly … A lot of optimism and interest .... And a collective feeling that core measures could advance progress towards a Learning Health System
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More Measures Please
## TABLE 8-2 Example Organizing Framework for Describing the Core Measurement Needs

<table>
<thead>
<tr>
<th>Metric Domain</th>
<th>Potential Metric Categories</th>
<th>Cross-Cutting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Health</td>
<td>- Current health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Contributors and risks to future health</td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td>- Patient-centered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Value and efficiency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Coordination and communication</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>- Resource use and expenditures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Utilization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Affordability</td>
<td></td>
</tr>
</tbody>
</table>
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Key Characteristics

• Minimize overall measurement burden (cost, time, effort)

• Utilize data captured during routine work

• Specifications that assure consistency across settings

• Use existing measures where possible

• Measures should be meaningful with impact on health, healthcare, cost

• May need to be composite measures in order to be meaningful

• Measures need to be actionable (need benchmark comparable data)
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Key Characteristics

• Actionable
  o Quality improvement across settings, organizations, disciplines
  o Services across settings, organizations, disciplines
  o Payment and purchasing
  o Reporting and transparency
  o Policy and regulation
  o Scientific and clinical research
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Challenges

• Defining populations (overly restrictive definitions limit utility and separate interests such as healthcare & public health)

• Leadership to drive a culture of transparency and accountability

• Value case for common measures

• Knowledge management - using results in a Learning Health System

• Measures that are useful at all levels (individuals, populations, practices, organizations, communities, regions, nationally)

• Overcoming the ‘Tyranny of the Now’ …… willingness to embrace alignment across initiatives
Use of core measures to guide development of the digital infrastructure and a Learning Health System
**Vermont Health Information & Data Systems Network**

*Development guided by core measures*

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**Core measures** ➔ **Core Data Dictionary** ➔ **Evaluate Data Quality** ➔ **Work Plan**

**Support Multiple Purposes**
- Health Services
- Comparison
- Quality
- Payment
- Purchasing
- Policy

**Development of Digital Infrastructure**
- ID Key data elements
  - Source systems
  - Interfaces
  - Intermediaries
  - Reporting systems

**Testing Availability & Utility of Data Elements**
- Frequency of elements
  - Utility of key elements
  - End to End
    - Sources
    - Intermediaries
    - Reporting systems

**Optimize Data Quality & Measure Generation**
- Data capture & exchange
- Reporting & Dashboards
- Policies to maintain quality
  - Provider information
  - Patient information
  - Panel assignments
  - Active vs. inactive
  - Deceased
Blueprint Data Quality Sprints - *Key Issues*

- Accurate & Updated Provider Information
- Accurate Provider-Patient (panel) assignments
- Accurate Classification of ‘Active’ & ‘Inactive Patients’
- Accurate Identification of Deceased Patients
- Reliable Identify Management & Ability to Merge Records
- Updates to EHR templates to improve data capture
- Translations to normalize data that is tracked inconsistently
Quality Data Leads to Quality Improvement

Clinical Registry

Last Measure Result Averages by Provider

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>% Patients at Goal</th>
<th># of Patients</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axxxxx, Exxxxx</td>
<td>25.00%</td>
<td>8</td>
<td>121.00</td>
</tr>
<tr>
<td>Axxxxx, Exxxxx</td>
<td>47.57%</td>
<td>601</td>
<td>125.30</td>
</tr>
<tr>
<td>Lxxxxx, Nxxxxx</td>
<td>42.96%</td>
<td>413</td>
<td>127.14</td>
</tr>
<tr>
<td>Axxxxx, Rxxxxx</td>
<td>46.77%</td>
<td>372</td>
<td>127.32</td>
</tr>
<tr>
<td>Exxxxx, Lxxxxx</td>
<td>48.53%</td>
<td>513</td>
<td>127.91</td>
</tr>
<tr>
<td>Exxxxx, Axxxxx</td>
<td>42.44%</td>
<td>565</td>
<td>129.16</td>
</tr>
<tr>
<td>Exxxxx, Exxxxx</td>
<td>39.10%</td>
<td>335</td>
<td>129.86</td>
</tr>
<tr>
<td>Cxxxxx, Yxxxxx</td>
<td>37.35%</td>
<td>415</td>
<td>130.20</td>
</tr>
<tr>
<td>Axxxxx, Dxxxxx</td>
<td>33.88%</td>
<td>432</td>
<td>131.27</td>
</tr>
<tr>
<td>Lxxxxx, Dxxxxx</td>
<td>41.70%</td>
<td>530</td>
<td>131.97</td>
</tr>
<tr>
<td>Axxxxx, Exxxxx</td>
<td>44.29%</td>
<td>7</td>
<td>135.00</td>
</tr>
<tr>
<td>Lxxxxx, Lxxxxx</td>
<td>36.11%</td>
<td>47</td>
<td>135.94</td>
</tr>
<tr>
<td>FAHC - Ascutney Medical Center</td>
<td>42.50%</td>
<td>4238</td>
<td>128.96</td>
</tr>
<tr>
<td>FAHC</td>
<td>46.58%</td>
<td>11065</td>
<td>129.77</td>
</tr>
<tr>
<td>Vermont</td>
<td>43.07%</td>
<td>27913</td>
<td>130.30</td>
</tr>
</tbody>
</table>

Percent of Patients with a Measure Result by Month Over the Last 12 Months

Measure: Body Mass Index; patients aged 20 and older

Final Month Evaluation:
- # of Patients without a result in the last 12 months: 1186
- # of Patients with a result in the last 12 months (includes patients with a result in the last month): 3046
- # of Patients with a result in the last month: 417
Quality Data Leads to Quality Improvement
All-payer Claims Database

Practice Profile: Main Street Primary Care
Profile Type: Adults (18–64 Years)
Link financial incentives to the tracking, exchange, aggregation, and ‘meaningful’ use of a common set of core measures and the data elements that populate them.