

# Key Challenges and Opportunities for Current Measurement Capabilities

Helen Burstin, MD, MPH  
Senior Vice President  
Performance Measures

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NATIONAL  
QUALITY FORUM

# The Measurement Imperative

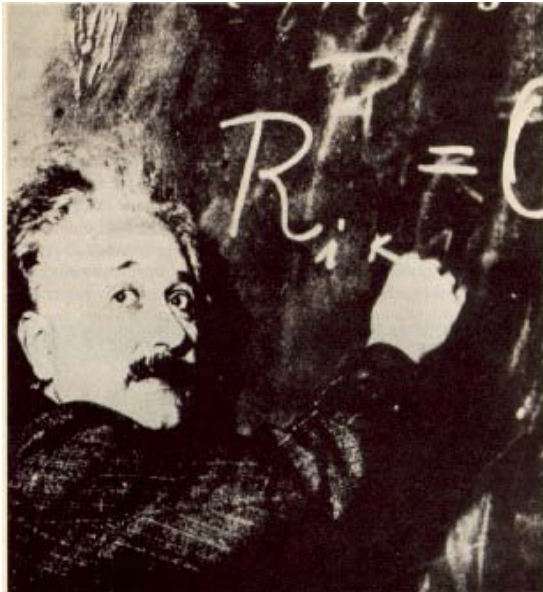
**Not everything that counts can be counted,  
and not everything that can be counted counts**

*~Albert Einstein*

**But.....**

**You can't improve what you don't  
measure**

*~ W. Edwards Deming*



# Quality Measurement in Evolution

- Drive toward measures that reflect high performance
- Harmonize measures across sites and providers
- Shift toward outcomes and composite measures
- Measure disparities in all we do
- Promote measurement across patient-focused episodes of care:
  - Outcome measures (including patient-reported outcomes)
  - Appropriateness measures
  - Cost/resource use measures coupled with quality measures

# HHS's National Quality Strategy

Better Care



Healthy People/  
Healthy Communities

Affordable Care

# NQF Endorsement Evaluation Criteria

- **Importance to measure and report**
  - Level of evidence for the measure
  - Opportunity for improvement
  - Relation to high priority area
- **Scientific acceptability of the measurement properties**
  - Reliability and validity of the measure
- **Usability and Use**
  - Performance results used for accountability and improvement
  - Facilitates improvement without unintended negative consequences
- **Feasibility**
  - Measure be implemented without undue burden
- **Assess competing and related measures**

# Differing Perspectives and Concerns

- **Clinicians and providers**
  - Concerns regarding potential use of measures
  - Measure clinical processes that may be distal from outcomes
  - Risk adjustment and ability to influence outcomes
  - Measurement burden
- **Consumers and purchasers**
  - Concerns regarding the impact and value of measures
  - Prefer outcome and composite measures
  - Common mantra: “Don’t let the perfect be the enemy of the good”

# Preference for Outcomes

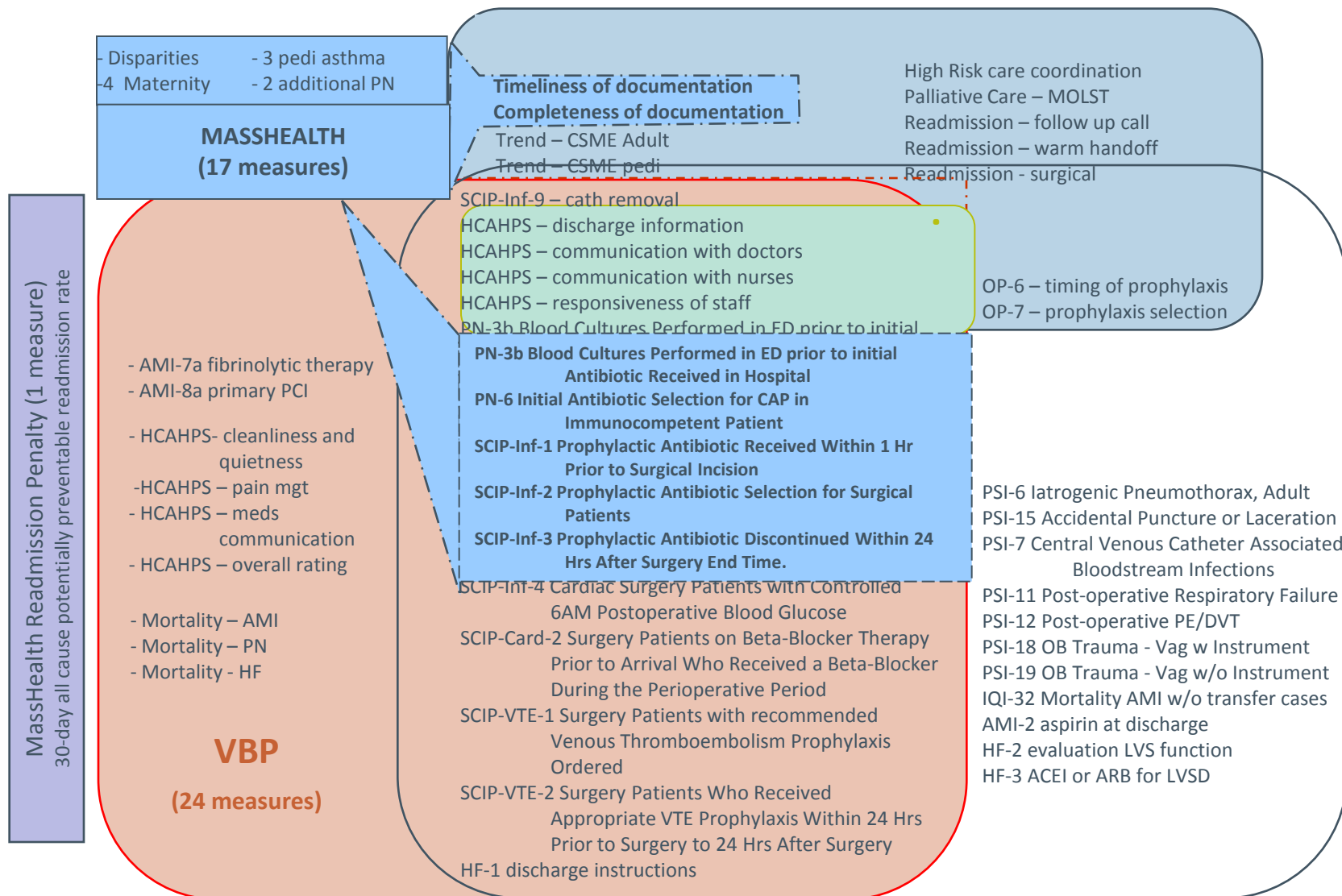
- Hierarchical preference for
  - Outcomes linked to evidence-based processes/structures
  - Outcomes of substantial importance with plausible process/structure relationships
  - Intermediate outcomes
  - Processes/structures (most closely linked to outcomes)

# Evidence Supply Chain

- Measure development is highly dependent on the evidence supply chain
- 2011 IOM Report “Clinical Practice Guidelines We Can Trust”
  - CPGs should include:
    - Clear description of potential benefits and harms;
    - Summary of relevant available evidence (and evidentiary gaps), including the quality, quantity and consistency of the aggregate available evidence
  - » Persistent concerns with conflict of interest



# “Tsunami” of Measurement: A System View



# Measures Across Multiple Levels in the Healthcare System

**National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.**

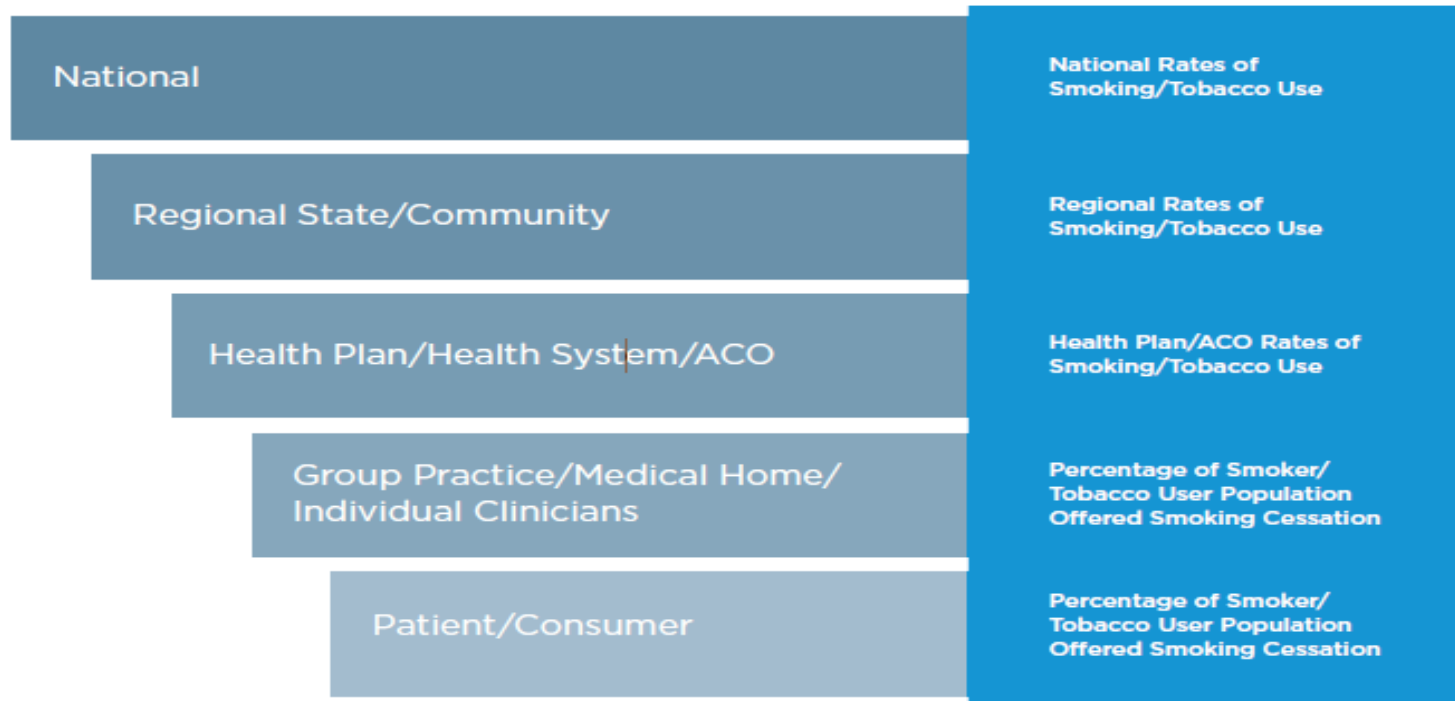
Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.

- Access to healthy foods
- Access to recreational facilities
- **Use of tobacco products by adults and adolescents**

Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.

- Consumption of calories from fats and sugars
- Control of high blood pressure
- Control of high cholesterol

Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.



# Harmonization and Competing Measures

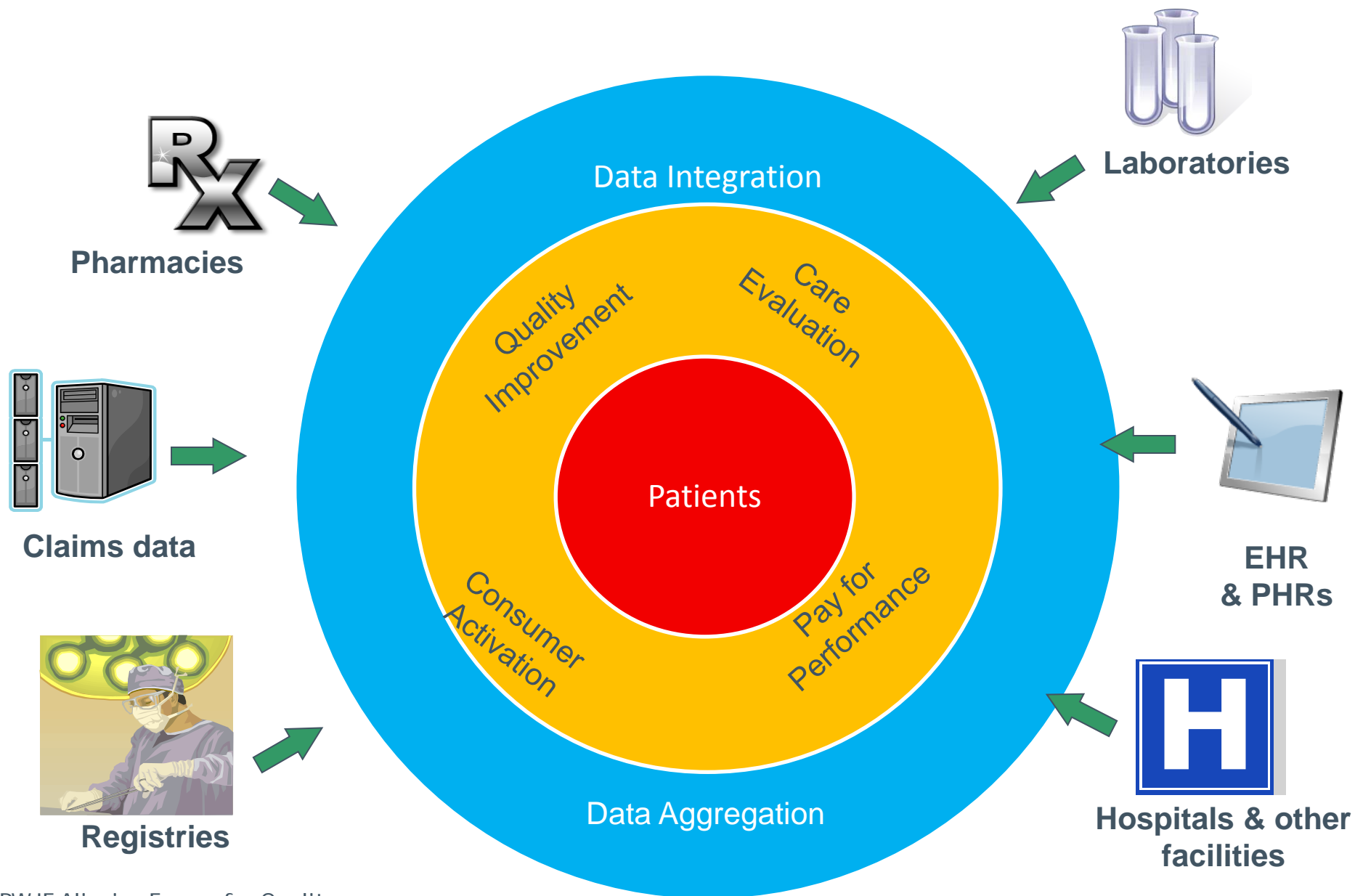
- Avoid duplicative measures that increase burden and don't add value
- Measure only where and when measurement is most appropriate

	Same measure focus (numerator)	Different measure focus— (numerator)
Same target population (denominator)	Competing measures	Related measures
Different target population (denominator)	Related measures	

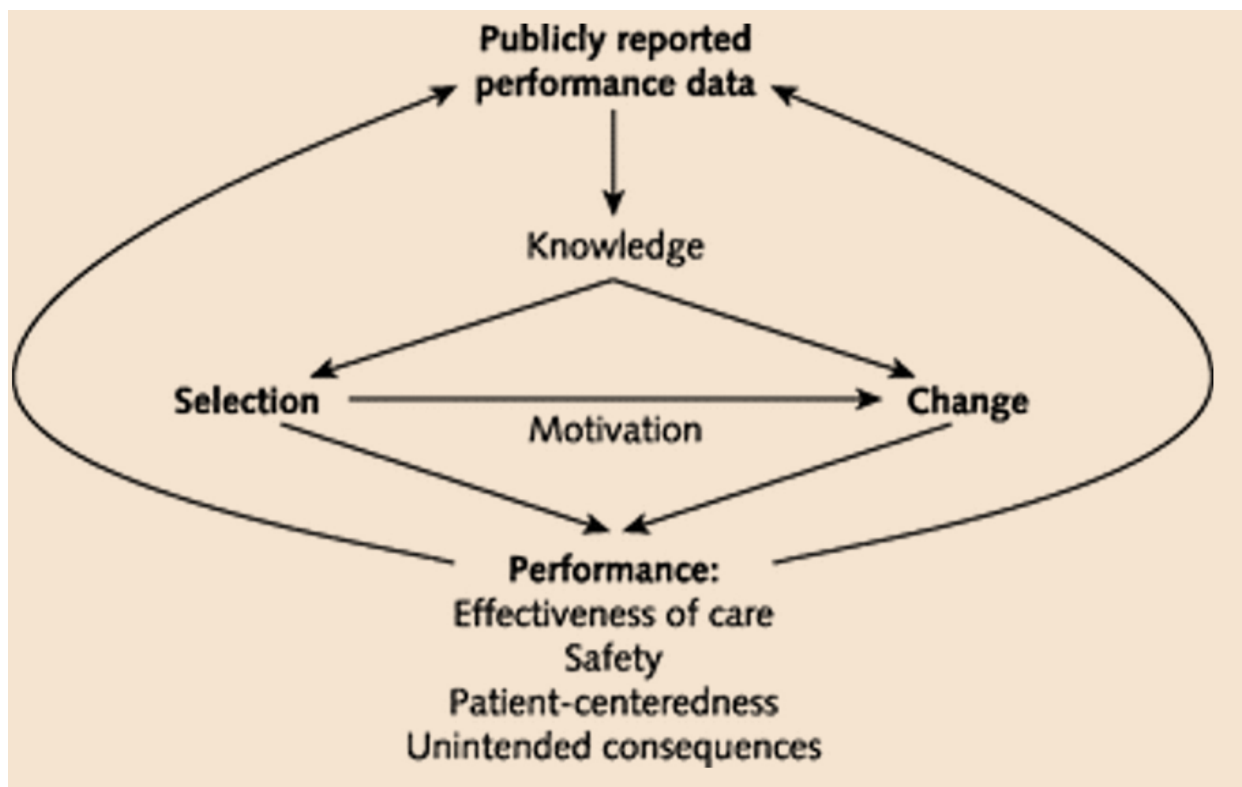
# Transition to eMeasures

- Need de novo measure development that takes advantage of clinical data in EHRs, registries, and patient portals (PROs)
- Need better interfaces to other data, including patient demographics to assess disparities and costs to assess value
- Need interoperable systems to track quality and efficiency across time, providers and data platforms
- Current EHRs present additional challenges
  - » Widespread EHR data are not yet available for measure development and testing
  - » Lack of comparability across vendor products
  - » Data elements needed for advanced measures currently may not be feasible to capture in EHRs

# Comprehensive Data Needed to Generate eMeasures

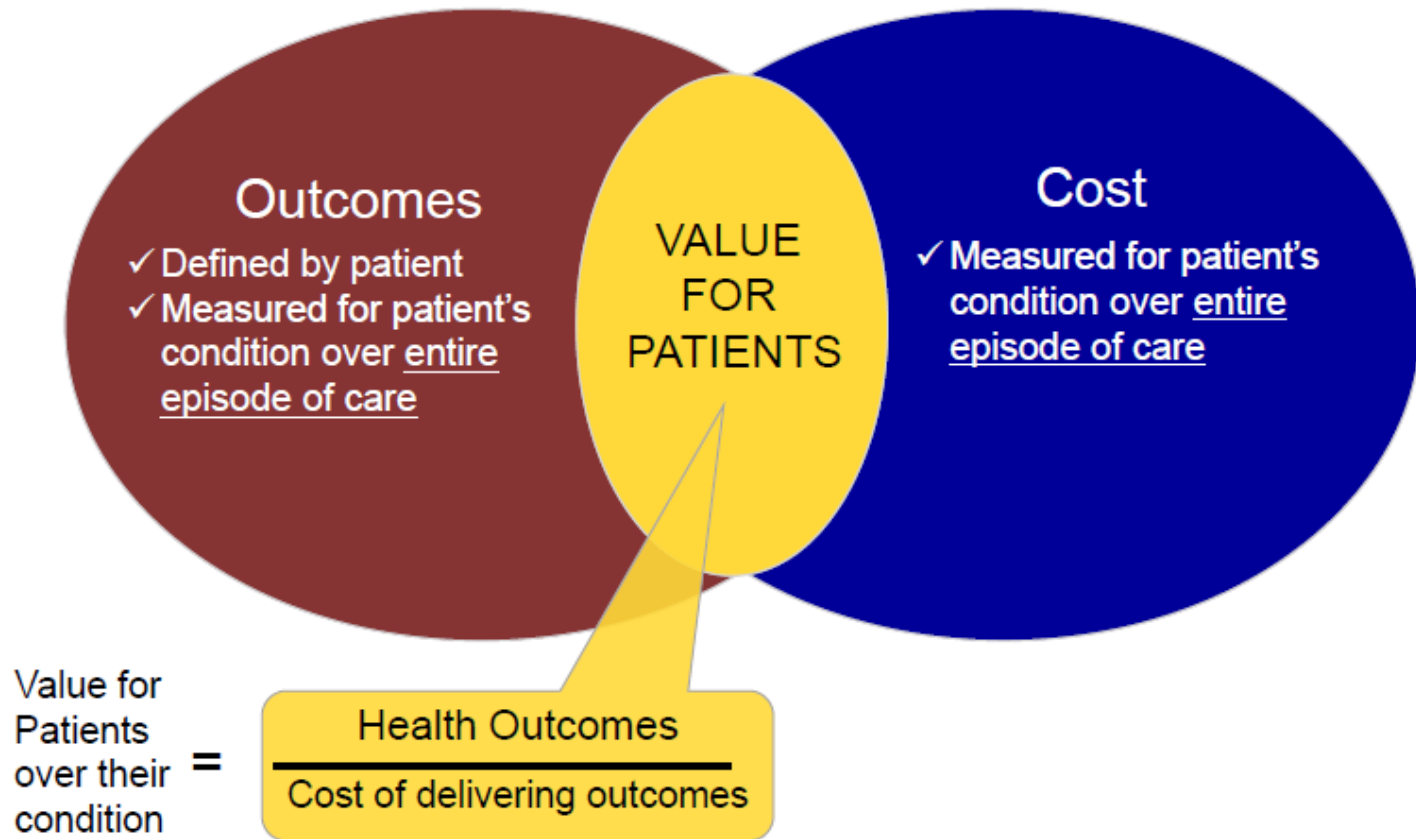


# Measurement is not an end in itself – the purpose is to improve healthcare quality



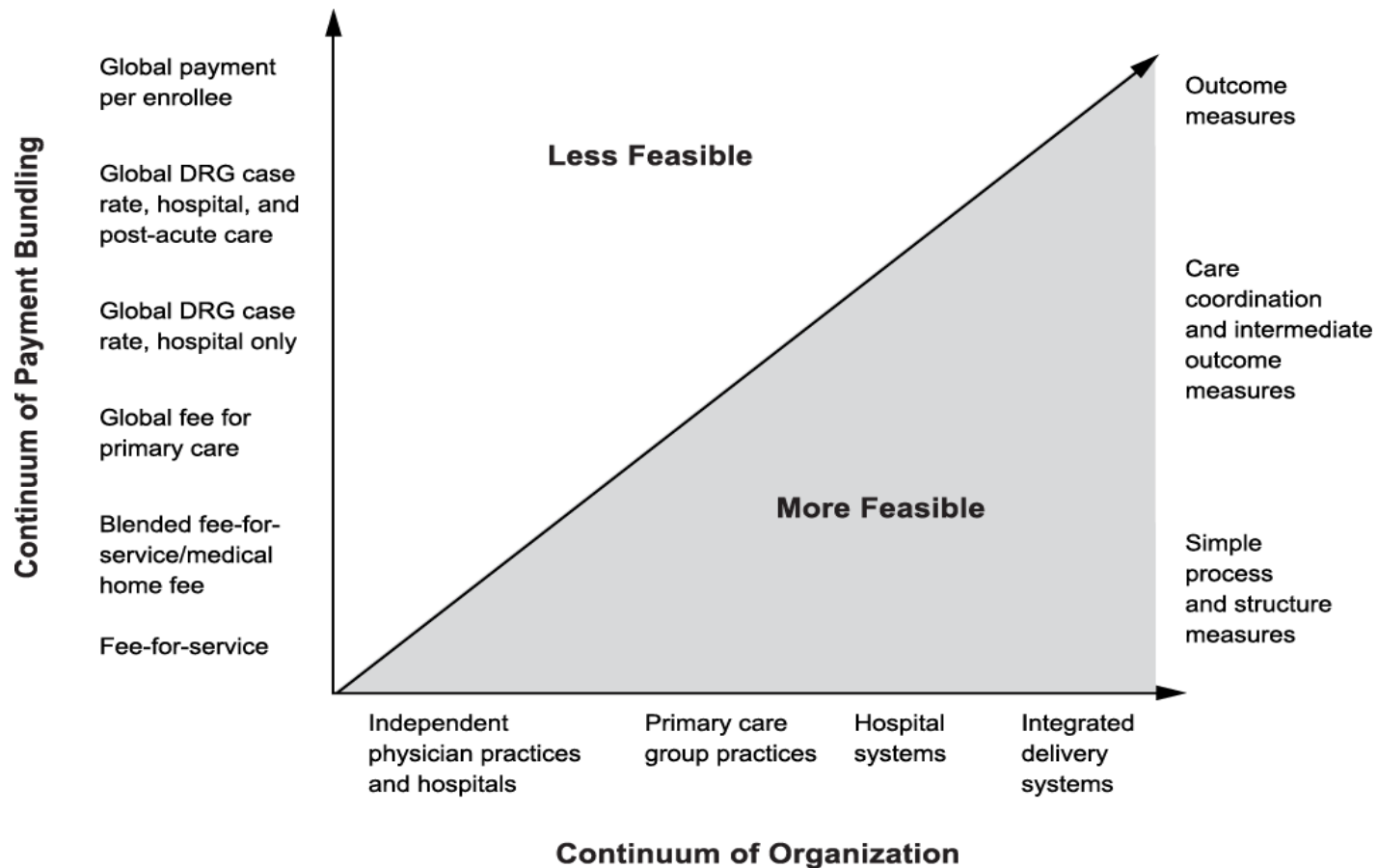


# Scope of Future Measurement





# Organization of Delivery and Payment: Selection of Performance Measures



Source: Reprinted with permission from the Commonwealth Fund, 2009

# Discussion

Helen Burstin, MD, MPH  
Senior Vice President, Performance Measures  
[hburstin@qualityforum.org](mailto:hburstin@qualityforum.org)