“Evolving Healthcare Landscape, Performance Measurement and Minority Health” Kristi Mitchell, MPH

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.
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The Growing Marketplace Focus on Quality/Value
The U.S. Healthcare System Has Been Rapidly Evolving to a Value-Based Model

WITH THE SHIFT FROM VOLUME TO VALUE, STAKEHOLDERS SEEK TO BETTER UNDERSTAND AND LEVERAGE QUALITY

Current Fragmented System

- Misaligned payments
- Rising Costs
- Lack of Information
- Variable Treatment

System Driven by Value

- Affordable Care
- Transparent Information
- Efficient Incentives
- Optimal Treatment
Stakeholders Interact with and Influence Each Other with the Ultimate Goal of Increasing Value

Payers influence patients via benefit design, narrow networks, information on providers; patients choose payers based on information on quality (e.g. Star ratings).

Interact as partners; make decision on prevention, diagnosis, and treatment options.

Collaborate toward increasing value via pay-for-performance, pay-for-reporting, and recognition programs.

Goal: Increase Value (↑ quality / ↓ cost)

- Quality and Value
- Real World Data/Evidence
- New Payment and Delivery Models

Providers

Patients & Caregivers

Payers

Purchasers
Patients Will Be the Center of the Healthcare System
As Patients’ Needs Become Complex

- The American population is **aging rapidly** and a considerable portion of the population suffers from **multiple chronic conditions**
  - About 10,000 baby boomers are now enrolling in Medicare every day\(^1\)
  - One in four Americans has multiple chronic conditions\(^2\); that number rises to three in four Americans aged 65 and older\(^3\)
  - The average Part D beneficiary takes nine drugs prescribed by three prescribers annually\(^4\)
- As more patients take on increasing responsibility for selecting and paying for healthcare, **patients will become the center of the healthcare system**. According to a healthcare consumer survey conducted in 2015,\(^5\)
  - 34% of respondents strongly believe that doctors should encourage patients to research and ask questions about their treatment
  - 25% of respondents say that they have looked at a scorecard or report card to compare the performance of doctors, hospitals, or health plans (19% in 2013)
  - 28% use technology to measure fitness and health improvement (17% in 2013)

“It’s no longer a marketing trope to be “patient-centric”—it’s a matter of survival.”

Dave Chase, Venture Capitalist, Cascadia Capital

See notes section for references.
Development of Quality Measures Is Becoming More Sophisticated Over Time

- **Increased Use of Outcome Measures**: More outcome-based measures are being incorporated into quality improvement and pay-for-performance programs.

- **Increased Use of Composite Measures**: Composite measures are increasingly being finalized in CMS quality programs, indicating demand for comprehensive care demonstration.

- **Development of Patient-Reported Measures**: Validated survey instruments to assess patient satisfaction, symptom management, functional status, and quality of life are increasingly seen as valuable sources of data.

CMS: Centers for Medicare & Medicaid Services
Use of Quality Measures In Payment and Delivery Reform Continues to Increase

- **Increased Attention on Resource Use and Care Transitions**: As stakeholders continue to prioritize cost control, measures for cost effectiveness, resource use, and care transitions gain traction.

- **Increased Assessment of Multiple Chronic Conditions**: Recent activities by key quality organizations indicate efforts to incorporate measures that target complex patients with multiple chronic conditions.

- **Increased Alignment Across Programs**: In recent rulemaking cycles, CMS has noted alignment and “harmonization efforts” amongst quality programs in its rationale for proposed measure changes.

**CMS**: Centers for Medicare & Medicaid Services
Snapshot: Heart Failure
Stakeholders Will Continue to Focus on Better Management for Heart Failure Patients

Disease Impact*: Incidence, Prevalence, Mortality, and Cost

>650,000
Estimated new HF cases in the U.S. in 2013¹

5.8M
Prevalence of HF in U.S. in 2012²
Fastest growing among cardiovascular diseases

~50%
~ 1 in 2 patients with HF dies within 5 years of diagnosis³,⁴

43%
14% of Medicare beneficiaries with HF account for 43% of Medicare spending⁴

Prioritization of Heart Failure at a National Level:

- **CMS / NQF**
  - CMS identified heart failure among 20 high-impact conditions, and NQF ranked heart failure as #2⁵

- **Healthy People**
  - Healthy People 2020 included an objective to “reduce hospitalizations of older adults with heart failure” by 10%⁶

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A Total of 91 Measures Were Identified, Measures Vary by Type and NQF Endorsement Status

- A review of the literature identified 91 unique HF measures, including draft measures under consideration by CMS
- Measures consist primarily of process measures, but outcomes, composite, and cost/resource use measures were identified

### Measure Type

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Example of Measure</th>
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<tbody>
<tr>
<td>Process</td>
<td>Left Ventricular Ejection Fraction (LVEF) Assessment (Outpatient Setting)</td>
</tr>
<tr>
<td>Outcome</td>
<td>Heart Failure Mortality Rate (IQI #16)</td>
</tr>
<tr>
<td>Cost / Resource Use</td>
<td>Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure</td>
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<tr>
<td>Composite</td>
<td>Prevention Quality Chronic Composite (PQI #92)</td>
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### NQF Endorsement Status

- **Endorsed** (16)
  - Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction
  - Symptom and Activity Assessment
- **Not Endorsed** (58)
  - Symptom Management
- **Endorsement Removed** (17)
  - Symptom Management
13 HF Measures Used in CMS Programs, Primarily PQRS/MIPS, MSSP, and Hospital IQR

- 17 measure developers were identified, with ACC/AHA and CMS/Joint Commission accounting for the majority of measures.
- Less than half of all measures identified are in use in a CMS program or under consideration for use. However, these measures generally cite outdated guidelines (ACC/AHA 2009, ACC/AHA 2010)

HF Measures in CMS Programs

Measures primarily address:
- Appropriate medication use
- Ventricular functional assessment
- Readmissions
- Mortality
- Symptom management
- Patient discharge instructions
- Follow-up care

ACC: American College of Cardiology; AHA: American Heart Association; CMS: Centers for Medicare & Medicaid Services; EHR: Electronic Health Record; HRRP: Hospital Readmissions Reduction Program; IQR: Inpatient Quality Reporting; MSSP: Medicare Shared Savings Program; PQRS: Physician Quality Reporting System; VBP: Value-Based Purchasing
Recent Developments in the HF Measures Landscape

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<tr>
<th>Retirement of HF Process Measures</th>
<th>• LV assessment measures removed from IQR and PQRS in 2015 due to “topped out” status or based on CMS determination of measure topic not being high impact for patients</th>
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| New Cost of Care Measures         | • 30-day HF episode-of-care measure was added to Hospital IQR in 2015  
|                                   | • Both chronic and acute HF are included as resource use measures in the 2016 MIPS Proposed Rule (not finalized)                                                                             |
| New HF Admission Measures         | • HF unplanned admissions measures added to MSSP in 2015  
|                                   | • HF admission rate measure added to the Adult Medicare Core Set  
|                                   | • Excess days in acute care after HF hospitalization measure added to IQR in 2016                                                                                                              |
| Additional Outcome Measures       | • HF mortality measure added to HVBP in 2015  
|                                   | • Functional status measure was added to the EHR Incentive Program in 2014                                                                                                                         |

HF process measures that have been used for several years are being retired as the demand for measures of outcomes and costs increases

CMS: Centers for Medicare & Medicaid Services; IQR: Inpatient Quality Reporting; LV: Left Ventricular; MSSP: Medicare Shared Savings Program; PQRS: Physician Quality Reporting System; EHR: Electronic Health Record; MIPS: Merit-Based Incentive Payment System
What’s Missing?

Measure to Optimize HF Treatment Among African Americans

“Published studies estimate that there are over 150,000 African Americans living with Heart Failure (HF) for whom there is an FDA-approved drug that has been proven to reduce mortality in blacks by 43% and first-time hospitalizations for HF by 38%. Astonishingly, only 7% (or 11,000) of African Americans who are clinically eligible for the therapy are receiving it today. As a consequence, it is estimated that 6,655 blacks die prematurely every year because they are not receiving or adhering to standard of care.” NMQF Call to Action Letter

“Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy,” NQF 2764
Potential Next Steps in Driving Health Equity through Quality Measurement
How to Drive Health Equity?

**Leverage Existing Quality Measures for Reporting**

- At the state and local level, stratify existing quality measures by race, ethnicity, preferred language, and country of origin
  - Key Questions: Which measures should be prioritized? Which measures are disparities-sensitive?
  - Key Question: Should national and federal organizations require the inclusion of race, ethnicity, preferred language, and country of origin in their calculations?

**Develop New Quality Measures for Targeted Populations**

- Generate scientifically rigorous data to support targeted treatment for disparate patient populations, as appropriate, for translation into clinical practice guideline recommendations
  - Key Questions: What are the challenges in developing targeted population level quality measures for accountability? How can they be mitigated in the future?