

Clinical Guidelines: The Supply Chain to Performance Measurement

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QUALITY FORUM

Disclosure of Interest: Helen Burstin, MD, MPH

I certify that, to the best of my knowledge, no aspect of my current personal or professional situation might reasonably be expected to affect significantly my views on the subject on which I am presenting.

NQF Mission

The National Quality Forum (NQF) operates under a three-part mission to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them.
- **Endorsing national consensus standards for measuring and publicly reporting on performance.**
- Promoting the attainment of national goals through education and outreach programs.

U.S. National Quality Strategy

Better Care



Healthy People/
Healthy Communities

Affordable Care

Performance Measurement in Evolution

- Measures that reflect higher/optimal performance
- Shift toward composite measures
- Harmonize and align measures
- Measure disparities in all we do
- Measurement across patient-focused episodes of care:
 - Outcome measures (including patient reported outcomes)
 - Appropriateness measures
 - Cost/resource use measures coupled with quality measures

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)

Benefits of Standardized Measurement

- Standardized performance measures are tools to assess quality that can be used to benchmark and compare.
- NQF endorsement reflects rigorous scientific and evidence-based review, input from wide range of stakeholders, including consumers, purchasers, plans, clinicians, and the perspectives of the healthcare enterprise.
- With use of measures in public reporting and payment, the necessity for a strong evidence base has become more urgent and compelling.
- Endorsement reduces the burden associated with use of near identical measures and facilitates alignment.

NQF Endorsement Evaluation Criteria

- **Importance to measure and report**
 - Extent to which the **measure focus is evidence-based**, important to making significant gains in healthcare quality, and improving health outcomes for a high-priority aspect of healthcare where there is variation in or overall less-than-optimal performance.
- **Scientific acceptability of the measurement properties**
 - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- **Feasibility**
 - Extent to which the specifications, including measure logic, required data that are readily available or could be captured without undue burden and can be implemented for performance measurement
- **Usability and Use**
 - Extent to which potential audiences are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations
- **Assess competing and related measures**

Evidence to Support the Measure Focus

The measure focus is evidence-based, demonstrated as follows:

- **Health outcome**
 - Rationale supports the relationship of the health outcome to processes or structures of care.
- **Intermediate Clinical outcome/Process Measure/ Structural Measure**
 - Systematic assessment and grading of the quantity, quality, and consistency of the body of evidence that the measured clinical outcome/process/structure leads to a desired health outcome.
- **Experience with care:**
 - Evidence that the measured aspects of care are those valued by patients and for which the patient is the best and/or only source of information OR that patient experience with care is correlated with desired outcomes.

NQF: Determining Strength of Evidence

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

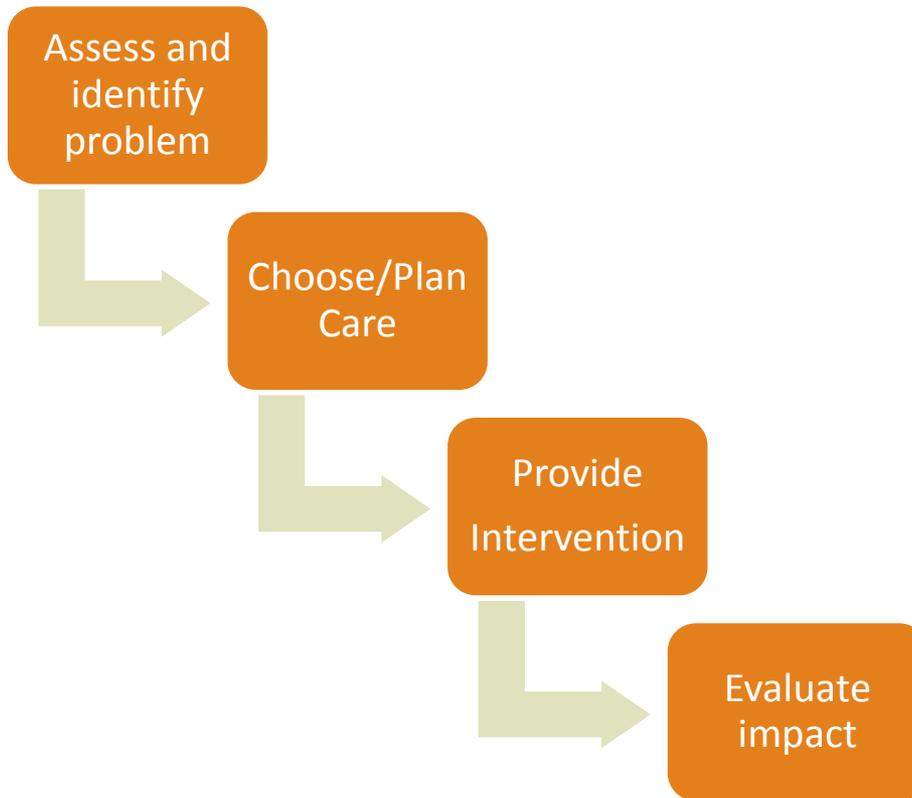


Implications for Performance Measurement

- Guidelines may not include a systematic review of the evidence and measure developers do not have the capacity/resources to conduct the review
- Implications of the quality of the guideline and evidence review:
 - Guideline complexity limit translation into feasible performance measures.
 - Guideline specificity limits the precision of the measure specifications.
 - Guidelines with extensive use of exceptions are difficult to operationalize into measures.
 - Tendency to focus on the “measurable” branch points from guidelines (even if not most important to measure)

Use of Evidence to Select Measure Focus

Clinical care process step with the strongest evidence for the link to the desired outcome should be selected as the focus of measurement.



Processes Distal to Desired Outcomes

- Need to avoid “distal” measures that represent early step in a series of linked steps that must occur to influence outcomes:

Example: Diabetes:

- Assess Hemoglobin A1C →
- Interpret results →
- Identify/select/order appropriate treatment or interventions →
- Administer treatment or implement interventions → (*evidence*)
- Hba1c control → (*evidence*)
- Reduced complications of diabetes → (*evidence*)
- HRQoL and survival (*evidence*)

Possible Exceptions for Evidence Requirements

- **Exception to Empirical Body of Evidence for Health Outcome**
 - For a health outcome measure: A rationale supports the relationship of the health outcome to at least one healthcare structure, process, intervention, or service
- **Possible Exception to Empirical Body of Evidence for Other Types of Measures**
 - If there is no empirical evidence, expert opinion is systematically assessed with agreement that the benefits to patients greatly outweigh potential harms
 - » Example: Provision of spiritual counseling for hospice patients



Path Forward: Collaboration and Communication

- Greater communication and collaboration is needed between the performance measurement and guideline development communities
- Collaboration would ensure that measure development focuses where there is the highest likelihood for meaningful improvement in patient outcomes.
 - Measure developers should be included in the guideline development process to ensure that evidence reviews and guidelines can serve the needs of measurement and improvement
 - Guideline development should identify the key branch points for performance measurement with the greater potential for improved outcomes.
- Given common focus on evidence, consider greater collaboration with measure developers and clinical decision support developers.

Shared Evidence and Data Infrastructure

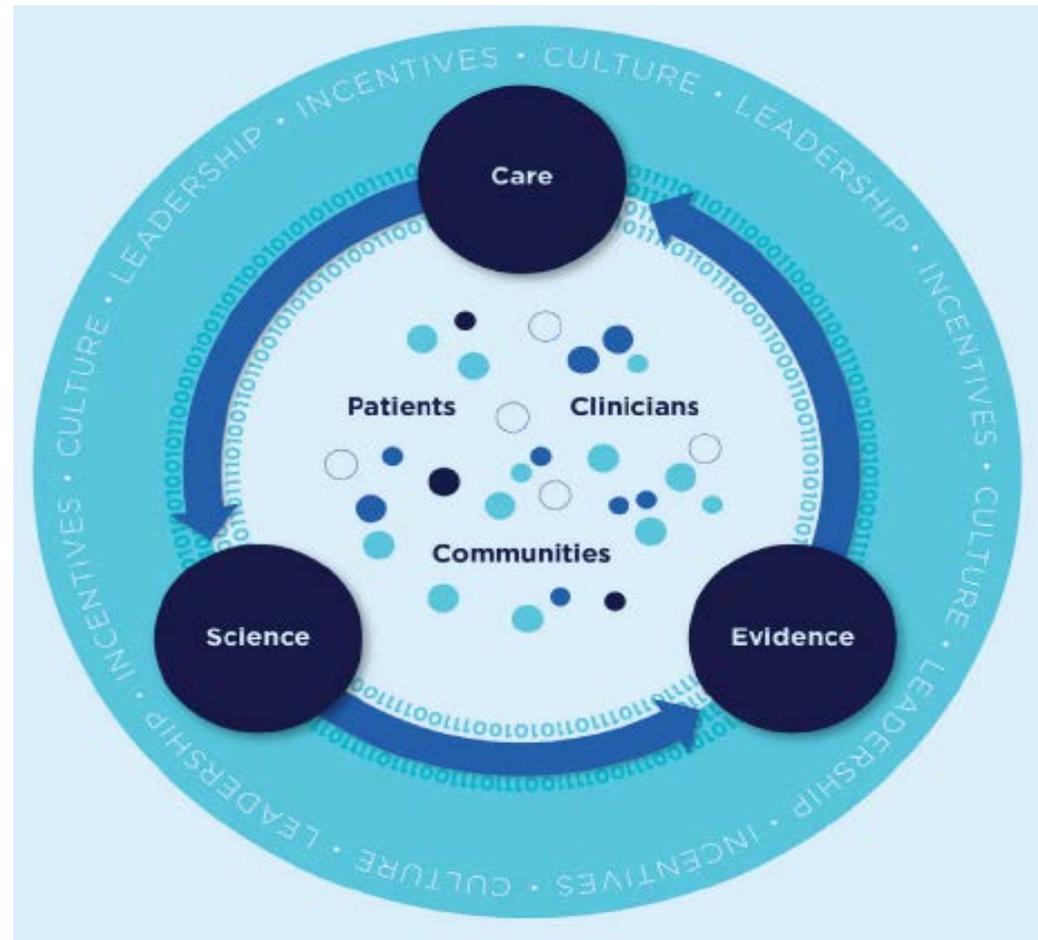


Shared Evidence and Data Infrastructure

- Performance measurement focuses on outcomes and those process measures with strong link to outcomes
- Clinical decision support focuses on the critical branch points where intervention in real-time would have greatest impact
- Coordinate development efforts with the guideline community in order to:
 - Ensure that computable clinical guidelines can support both measurement and decision support communities coordinate development efforts
 - Identify the essential electronic data set that can support measurement and improvement.

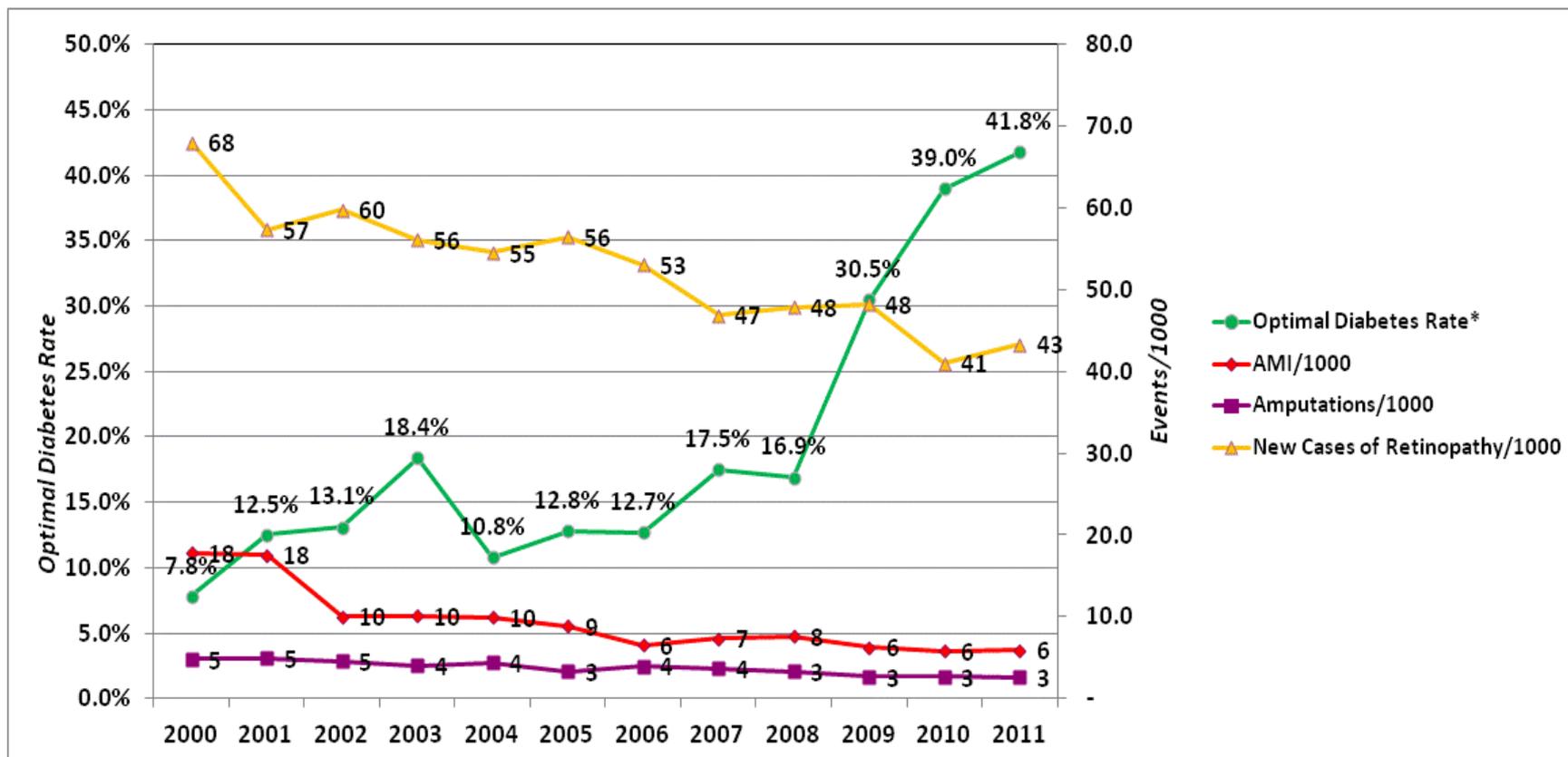
Feedback Loops in Continuous Learning Systems

- IOM report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, cites feedback loops as essential for continuous learning and system improvement
- Continuously learning system uses information to change and improve its actions and outputs over time



Feedback Loops: Demonstrating Impact

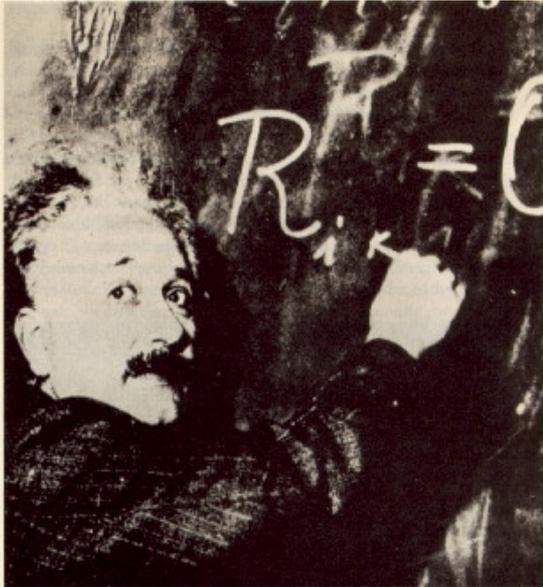
Optimal Diabetes Care Saves Hearts, Legs, and Eyes



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

Discussion

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