Performance Measurement in Behavioral Health in an Era of Health Reform

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Rosalynn Carter Symposium on Mental Health Policy
November 8, 2013
National Quality Strategy

Better Care

PRIORITIES
Health and Well-Being
Prevention and Treatment of Leading Causes of Mortality
Person- and Family-Centered Care
Patient Safety
Effective Communication and Care Coordination
Affordable Care

Healthy People/
Healthy Communities

Affordable Care
Payment Reform Models

1. Global Payment
2. ACO Shared Savings
3. Medical Home
4. Bundled (Episode) Payment
5. Hospital-Physician Gainsharing
6. Payment for Coordination
7. Hospital P4P
8. Readmissions
9. Hospital-acquired conditions
10. Physician P4P
11. Shared Decision Making

RAND, Schneider
Organization of Delivery and Payment: Selection of Performance Measures

Continuum of Organization

Source: Reprinted with permission from the Commonwealth Fund, 2009
Performance Measurement in Evolution

• Reflect higher performance and composite measures
• Harmonize and align across providers and settings
• Measure disparities in all we do
• Reflect shared accountability (e.g., readmissions, costs)
• Assess across patient-focused episodes of care:
  – Outcome measures (including patient reported outcomes)
  – Appropriateness measures
  – Cost/resource use measures coupled with quality measures
• **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)
Patient Reported Outcomes (PROs)

- Any report of the status of a patient’s health condition that comes directly from the patient without interpretation of the patient’s response by a clinician or anyone else.
- Growing number of well-validated patient-level instruments (e.g., PHQ-9, PROMIS, Oxford)
- Growing number of PRO-based performance measures in use or under development (e.g., depression remission at 6-months)
- Need more guidance on how to aggregate patient reported information for performance assessment
Framing PROs Within Existing Conceptual Models

Determinants of Health Model
- Genetics & Biometrics
- Physical Environment
- Social Environment
- Lifestyle & Health Behaviors

Patient-Focused Episode of Care Model
- Population at Risk
- Evaluation & Initial Management
- Follow-up Care

PRO Categories Across the Episode
- HRQOL/Functional Status
- Health-related Behaviors
- Symptom/Symptom Burden
- Experience with care
Scope of Future Measurement

Outcomes
- Defined by patient
- Measured for patient's condition over entire episode of care

Cost
- Measured for patient's condition over entire episode of care

VALUE FOR PATIENTS

Value for Patients over their condition = Health Outcomes
Cost of delivering outcomes
Transition to eMeasures

• Need measure development that takes advantage of clinical data in EHRs, registries, and patient portals.
• Need interoperable systems to track quality and efficiency across settings and populations (e.g., primary care and mental health)
• Need better interfaces to other data, including patient demographics and costs
• Current EHRs present additional challenges: lack of comparability across vendor products; data elements needed for advanced measures currently may not be feasible to capture in EHRs.
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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