



CENTER FOR OUTCOMES
RESEARCH AND EVALUATION

Reflections on Value-Based Purchasing

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National Health Policy Forum

November 22, 2013

Perspectives

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- Researcher – Quality and Disparities
- Director, Outcome measure development
- Former Deputy Director of Performance Management for 3 hospital health system
- Patient and family member of a patient

Value

- *Shared* goal among patients, providers, insurers and policy makers:
 - Patient-centered healthcare ensuring best outcomes at lowest cost

How best to use quality
measurement and accountability to
transform system?

The evolution of quality measurement

Invisibility



Chaos



Cycles of informed improvement

Roadmap forward

- **Meaningful accountability measures**
 - Ensure physician engagement
 - Prioritize outcome measures
- **Importance of shared decision making**
- **Investment in supporting measurement and evaluation**
 - Guide policy and resource direction
 - Monitor unintended consequences

Meaningful Accountability Measures

Potential uses for quality measures

- Transparency and decision-making by patients
- Assessment of health system functioning
- ***Accountability*** – incentivizing improvements through public-reporting and pay-for-performance

Lessons from P4P

- Mixed results
- Overabundance of process measures
- Importance of physician buy-in and leadership

Physician experience of quality measurement now...

- Distracting
- Time consuming
- Framed as “documentation issues” disconnected from patient care



Physician believe in measurement

EXHIBIT 1

General Internists' Views On Pay-For-Performance And Public Reporting, 2005

Statement	Strongly agree (%)	Somewhat agree (%)	Somewhat disagree (%)	Strongly disagree (%)
If the measures are accurate, physicians should be given financial incentives for quality	32 (28, 36)	41 (37, 45)	15 (12, 18)	12 (9, 15)
Financial incentives for quality are unprofessional	13 (10, 16)	21 (17, 24)	41 (37, 45)	25 (21, 29)
If accurate, measures of the quality of individual physicians' performance should be made public	5 (3, 7)	27 (23, 31)	33 (28, 36)	35 (31, 39)
If accurate, measures of the quality of individual medical groups' performance should be made public	8 (6, 10)	37 (33, 41)	26 (22, 30)	29 (25, 33)

SOURCE: Authors' national survey of general internists, 2005.

NOTES: Weighted means; unweighted means were within 0.5–2.0 percent of weighted means. 95 percent confidence intervals are in parentheses.



Physician engagement is critical

“Staff at high-performing hospitals reported the presence of physician leaders ... in low-performing hospitals, physicians' engagement in championing AMI quality improvement was weak or nonexistent...”



Measurement: What do providers/physicians want?

- Fewer measures
- Fair measures
 - “my patients are sicker”
- Alignment with patient care priorities
- Account for patient preferences
- ***Meaningful measures***

Outcome measures

- Broad target for improvement
- Focus on results
- Promote innovation
- Require rigorous development and risk-adjustment

Meaningful measures

- Promote “big dot” measures
 - Outcomes
 - Scientifically valid
 - Meaningful to patients and physician
- Measure at the system level and across care settings

Shared decision making

Shared decision making

- Incorporating patient values into decision making
- Cannot achieve a patient-centered health care system without ensuring patient engagement
- Critical counter-balance to quality measures

What if.....

Patients were guaranteed that no matter where they got care the physician/team would:

- a) provide information at the patient's desired level of detail
- b) seek to understand the patient's values, and
- c) engage the patient in making care decisions that maximized the outcomes that mattered to the patient at lowest cost

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Supporting Measurement and Evaluation

Supporting Quality Improvement

- Continual evolution of quality and of measurement
- Imperative to track success and unintended consequences
- Not all measures suitable for accountability

Supporting Measurement and Evaluation

- Evaluation of demonstration projects
- Assessing variation to guide direction of resources/policies
- Monitoring of unintended consequences

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