James L. Holly, M. D.

LD.03/04.01 Communications and Public Reporting

Public Reporting of Quality Metrics to Patients and on SETMA's Website LD.03.04.01

Accountability and transparency are catch phrases in many industries. To give substance to these concepts SETMA has launched the publicly reporting of provider performance by provider name. Our reporting of quality metrics will be to:

1. Providers internally at the point of service
2. Patients in their plan of care which will tell them the quality metrics they should have and then will tell them the ones they have not received including preventive health and screening health measures.
3. Public on our website where over 300 quality metrics are reporting by provider name. That reporting is posted at www.jameslhollymd.com under Public Reporting for 2009, 2010, 2011, 2012, and 2013.

We also report provider results internally to SETMA and in our monthly provider training sessions, we review that performance, also.

Pubic reporting benefits our patients, our community, and our practice. SETMA providers are challenged to improve his or her performance and every patient is challenged to improve their adherence to healthcare initiatives recommended to them.

A review of SETMA's 19 year history shows that at the beginning of our group, we could not be transparent because we did not know our own performance. In 1998, we bought an electronic health record. In the May, 1999, we measured and reported daily: productivity, tests ordered, x-rays ordered, etc. We recognized that to be dysfunctional. We were promoting failure. We focused on what we're doing "to patients" and not paying as much attention to what we were doing "for patients." We were taking care of the business of medicine but we were not as focused on the improvement of our patients' health.

This "walk down memory lane" is both refreshing and embarrassing. It is refreshing because we were thinking about measuring things which we valued, but ten years later the things which we are measuring are much, much different than what we discussed in 1999. We believe that we are now measuring the heart and soul of excellence in medicine and in healthcare delivery.

A test will be given

"A test will be given next week," announces the teacher, instantly creating anxiety and apprehension in the class. "What will we be tested over?" "What do we need to know?" Relief sweeps over the class when the teacher announces, "It will be an open book test and here are the questions, you will be asked." Excellent testing should be as educational of what the student should know, as it is evaluation-al of what he/she does know. Tests should indicate to the student what is important and test should not just be tools which shows the student what he doesn't know. Often we associate test with a classroom setting in a formal educational program, but the reality is that all of life and all of our life experiences are a test of one sort or another. SETMA's "Open-Book Tests" are: HEDIS, NQF, NCQA, PQRS, PCPI.

- Healthcare Effectiveness Data and Information Set HEDIS - 90% of health plans in the United States measures quality by the various HEDIS quality measures. Some HEDIS data evaluates health-plan functions and some healthcare-provider functions. It is the latter in which we are presently interested. HEDIS measures are developed by the National Committee on Quality Assurance (NCQA), which was formed in 1990. Annually, NCQA publishes an approximately 300-page HEDIS Technical Specification for Physician Measurement.

  As SETMA has been developing its Medical Home, it occurred to us in that HEDIS and other measures of quality performance by healthcare providers are open-book tests and in that the "professor" has given us the test questions, we should measure ourselves to see how we are doing. In addition, in that we have that data, we should share it with our patients and with our community. So, we shall.

  As a result, SETMA has embedded HEDIS measures of quality in acute care, chronic care and preventive care into our EMR. Every day, on every patient, a patient's care is measured by this and other quality measures.

- Physician Consortium for Performance Improvement (PCPI) - this measurement set for various conditions such as hypertension, diabetes, congestive heart failure and others have been developed by the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS), the Institute of Medicine (IOM) and the medical and surgical specialty societies. These data sets are intended as "open-book tests of provider performance, where the questions have been given to the provider." The hope is that as providers measure their own performance that quality of care will improve. SETMA has embedded Consortium's data sets into our EMR and we will report on the results of these as well as HEDIS.

- National Quality Forum (NQF) - In 1998, A report of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, proposed the formation of the Forum as a part of a national agenda for improvement in healthcare delivery. Formed in 1999, NQF's mission statement declared, "The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the

attainment of national goals through education and outreach programs." NQF's vision is that "the NQF will be the convener of key public and private sector leaders to establish national priorities and goals to achieve the Institute of Medicine Aimsâ€"health care that is safe, effective, patient-centered, timely, efficient and equitable. NQF-endorsed standards will be the primary standards used to measure and report on the quality and efficiency of healthcare in the United States. The NQF will be recognized as a major driving force for and facilitator of continuous quality improvement of American healthcare quality."

As of October, 2008, NQF has endorsed 514 "national voluntary consensus standards." For NCQA recognition as a medical home a physician group must report to its providers and to an external agency their performance on at least 10 of these measures. SETMA has chosen 30 NQF measures on which to report for 2009. In 2010, we will begin reporting on more than 60. SETMA's performance on these measures will be posted to our website as well as reported to our providers.

- National Committee for Quality Assurance (NCQA) - As previously noted, NCQA publishes HEDIS measures each year. NCQA also has published the requirements for recognition as a Patient-Centered Medical Home. It is NCQA which requires a practice to report internally to healthcare providers and externally to health plans on at least 10 NQF-endorsed measures. NCQA has nine standards for measuring the qualification of a practice as a Medical Home. Each standard has multiple elements and each element has as many as 18 specific measures. NCQA recognizes three levels of Medical home depending upon how many standards, elements and measures the practice meets. SETMA will submit an application for Medical Home recognition early in 2010. We began the steps to prepare for this application's submission in February 2009.

  All applicants are required to report their performance on three major conditions for Medical Home recognition. SETMA has chosen diabetes care, hypertension care and cholesterol care as our three conditions. In addition, because the core of Medical Home is the "care coordination" function, SETMA will provide a document to our patients at the time-of-service which summarizes the steps taken by SETMA to coordinate that patient's care. Also, that document will summarize for the patient their HEDIS and NQF measures status, with a list of the measures which have not yet been met. This report care to the patient on the provider performance will also function as a report to the patient of what is missing in their care. This data will also be reported to this section of our website.

- Physician Quality Reporting System (PQRS) -- The 2006 Tax Relief and Health Care Act required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals (EPs) who satisfactorily report data on quality measures for covered services furnished to Medicare beneficiaries during the second half of 2007 (the 2007 reporting period). CMS named this program the Physician Quality Reporting System (PQRS). The 2009 PQRS Measures Specifications Manual for Claims and Registry Release Notes is a 442-page document which explains this program.

  PQRS requires that a practice report on at least three individual measures or one "Measures Group" (a comprehensive group of measures which apply to a single condition

such as diabetes, preventive care, etc.) in order to be recognized by CMS. For 2009, SETMA has reported on two measurement groups - Preventive Medicine and Diabetes - and in 2010 will add multiple other measurement groups. Our performance on these will also be reported on our website.

Every day, on every patient, SETMA providers measure their own performance. Every day an audit will be done on HEDIS, NCQA, NQF, PCPI and PQRS data sets and the results will be reported to each SETMA provider. Quarterly, staring at the end of this year, SETMA will post these results on our website. We want our patients to know that we take their healthcare seriously.

Why will we be reporting publicly on our performance?

We have already stated that accountability and transparency are the principal reasons for public reporting of our performance, but there is more to accountability and transparency in healthcare than that. We believe that public reporting of quality performance will change provider and patient behavior. Typically healthcare providers only receive delayed, retrospective reviews of their performance, which does not change behavior significantly, in our judgment. In the Old Testament, a verse declares that "because punishment against an evil deed is delayed, the hearts of men are set upon doing evil." The principle is that without immediacy between the consequences and/or evaluation of an action and the action itself, the potential for the consequence to effect positive change is diminished or eliminated. While auditing provider performance is never for punitive reasons, the principle is the same. If the reporting of the results is significantly removed in time from the events being audited, it will have little impact upon provider behavior.

In his book, *The Fifth Discipline*, Peter Senge of MIT used the classic metaphor of the Frog in Boiling Water to address the same issue from a different perspective. He explains, "If you put a frog into cool water; he will swim around. If you begin to heat that water, the change is so gradual that the frog will not recognize the danger until it is too late for the frog to escape." The same is true of patients and healthcare providers. Because the changes in patient health are generally very slow and without immediate consequences (symptoms), both provider and patient can become complacent.

The medical literature addresses this complacency with the concept of "treatment inertia," the tendency on the part of healthcare providers to do nothing, even when something should have been done. Most of the research on "treatment inertia" has been done in the medical education arena where it is expected that "best practices" will always be present. There is no intent in this project of punishment, or of boiling anyone in hot water, but the intent is to find a way to change provider behavior and to overcome "treatment inertia." SETMA believes, as is also addressed by Senge, that the only effect way to change patient and provider conduct in the face of chronic conditions which cause no short-term discomfort but which have long-term devastating consequences, is to create discomfort in both in order to overcome "treatment inertia" and/or current apathy toward inevitable bad outcomes.

We also believe that patient behavior will change when they are given a summary of the quality

of care they are receiving. We believe that provider behavior will change when they are given "real time" evaluation of their performance in regard to quality measures.

As the volume of evidenced-based, quality measures increases, it will be more and more obvious as to where we want to go in healthcare delivery and it will be more and more obvious as to whether or not we have gotten there. The missing piece, and the one many organizations and agencies are working on, is the auditing of provider performance so that providers can know where they are.

It is impossible to improve unless you have a standard against which to measure yourself and unless you are willing to honestly determine how well you are presently performing. When SETMA began discussing the public reporting of our performance, one provider said, "but what if it shows that we are not doing well?" That is just the point. It is better to know that you are not doing as well as you should, with the determination to improve, than to know what quality care looks like but to have no accurate measure as to whether or not you are performing well or excellently. SETMA providers are committed to practicing excellent medicine; the first and greatest evidence of this is that they are willing to have their performance measured and to have the results of that measurement public.

In summary, our goals in public reporting are:

First, we want to know what we are doing. Without auditing our performance, we will never know how we are performing. The COGNOS Project will allow us to objectify our performance. (For more information on this project, see "Patient-Centered Medical Home SETMA's COGNOS Project" and "Public Reporting of Provider Performance on Quality Measures") We will no longer "think" we are doing well; we will know if we are doing well.

Second, we want to improve what we are doing. Evidenced-based medicine with the treatment targets established by science can tells us where we want to be. If we know where we are and if we know where we want to go, we can design and way to get there.

Third, when we know that a patient is not treated to target or to goal, we want to know why. COGNOS will allow us to know if evidenced-based standards of care are being employed. If they are, and if the patient is still not to goal, it will allow us to address hindrances and/or obstacles to the patient getting to goal.

Fourth, we want to change provider behavior. The medical literature is replete with evidence of "treatment inertia," the nature inclination of people, even well-intentioned people, not to change things. Change requires that there be more pain or discomfort in staying the same as is required to make a change. SETMA believes that comparing provider performance and publishing that performance internally by patient name and externally as an aggregate practice performance will motivate providers to change.

Fifth, we want to change patient behavior. Like the frog dropped into a kettle of cool water which is then placed on the fire, changes in a patient's health are often so subtle and so slow that devastation overtakes them before they realize they are sick. SETMA has used and intends to

expand the use of patient data, through the COGNOS Project, to create discomfort in patients to make them "jump out of the heating kettle" of deteriorating health before it is too late.

Sixth, we want to examine through statistical methodology and epidemiologic-principles patterns of care and outcomes. We want to be able to ask questions and analyze our data to get answers both retrospectively and then prospectively to those questions.

Sharing of healthcare knowledge is good but the sharing of healthcare provider performance is the ultimate goal of practice transformation.