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HEDIS[@]: Measuring Quality for Medicare Advantage and Accountable Care Organizations Part II by James L. Holly, MD Your Life Your Health

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HEDIS[@] is the most commonly used quality metric set. The only successful way to use quality metrics consistently is to have data aggregated automatically and to allow providers to see their performance at the time they are seeing each patients. This has been the key to SETMA's success in improving care with the help of metrics.

SETMA's Quality Metrics Philosophy

SETMA's approach to quality metrics and public reporting is driven by these assumptions:

- 1. Quality metrics are not an end in themselves. Optimal health at optimal cost is the goal of quality care. Quality metrics are simply "sign posts along the way." They give directions to health. And the metrics are like a healthcare "Global Positioning Service": it tells you where you want to be; where you are, and how to get from here to there. In a different context, this was described in 1856 by Abraham Lincoln when he said, "If we could first know where we are and whether we are tending, we could better judged what to do and how to do it."
- 2. The auditing of quality metrics gives providers a coordinate of where they are in the care of a patient or a population of patients.
- 3. Statistical analytics are like coordinates along the way to the destination of optimal health at optimal cost. Ultimately, the goal will be measured by the well-being of patients, but the guide posts to that destination are given by the analysis of patient and patient-population data.
- 4. There are different classes of quality metrics. No metric alone provides a granular portrait of the quality of care a patient receives, but all together, multiple sets of metrics can give an indication of whether the patient's care is going in the right direction or not. Some of the categories of quality metrics are: access, outcome, patient experience, process, structure and costs of care.
- 5. The collection of quality metrics should be incidental to the care patients are receiving and should not be the object of care. Consequently, the design of the data aggregation in the care process must be as non-intrusive as possible. Notwithstanding, the very act of collecting, aggregating and reporting data will tend to create a Hawthorne effect.

- 6. The power of quality metrics, like the benefit of the GPS, is enhanced if the healthcare provider and the patient are able to know the coordinates while care is being received.
- 7. Public reporting of quality metrics by provider name must not be a novelty in healthcare but must be the standard. Even with the acknowledgment of the Hawthorne effect, the improvement in healthcare outcomes achieved with public reporting is real.
- 8. Quality metrics are not static. New research and improved models of care will require updating and modifying metrics.

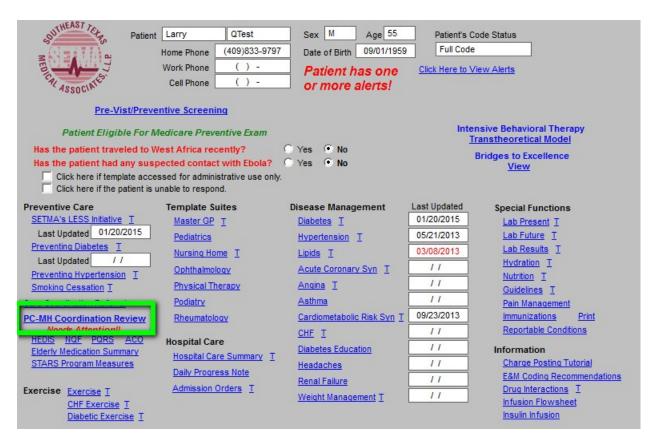
The Limitations of Quality Metrics

The New York Times Magazine of May 2, 2010, published an article entitled, "The Data-Driven Life," which asked the question, "Technology has made it feasible not only to measure our most basic habits but also to evaluate them. Does measuring what we eat or how much we sleep or how often we do the dishes change how we think about ourselves?" Further, the article asked, "What happens when technology can calculate and analyze every quotidian thing that happened to you today?" Does this remind you of Einstein's admonition, "Not everything that can be counted counts, and not everything that counts can be counted?"

Technology must never blind us to the human. Bioethicist, Onora O'Neill, commented about our technological obsession with measuring things. In doing so, she echoes the Einstein dictum that not everything that is counted counts. She said, "In theory again the new culture of accountability and audit makes professionals and institutions more accountable for good performance. This is manifest in the rhetoric of improvement and rising standards, of efficiency gains and best practices, of respect for patients and pupils and employees. But beneath this admirable rhetoric the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately what the quality of performance is." It is in this context that SETMA whole-heartedly embraces technology and science, while retaining the sense of person in our daily responsibilities of caring for persons. Quality metrics have made us better healthcare providers. The public reporting of our performance of those metrics has made us better clinicians/scientists. But what makes us better healthcare providers is our caring for people.

The following is a description of SETMA's deployment of the **HEDIS**@measures.

The first screen of SETMA's Electronic Medical Record is seen below. In the first column is a hyperlink entitled **PC-MH Coordination Review** (seen outlined in Green below).



When this link is activated, the **Medical Home Coordination Review** appears. As indicated above and as seen in the hyperlink outlined in Green below, the full **HEDIS**[@] measure sets is listed here. A picture of that screen was seen in the January 29th *Examiner*.

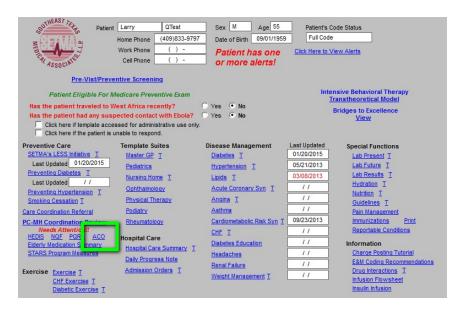
If a provider wishes to evaluate his/her own **HEDIS**[@] performance on all measures, it can be done by clicking this button. If the provider wishes to review all **HEDIS**[®] measures which are dependent upon the healthcare provider, he/she can do so by accessing this link.

	Medic	al Home Coordina	ation Revie	W
Patient		Ancillary Agencies		Medical Power of Attorney
Larry	QTest	Home Health		()-
Date of Birth 09/01/19		9 Hospice		Primary Caregiver
Sex M Age	55 Years			()-
	(409)833-9797			Emergency Contact
_	. ,			()-
Work Phone () -				Relation
Language Spoken	Declined to spe	Ci		
Coordination Review	Completed Too	11	Compliance	
	Yes ON			Last H&P 11/10/2011
Patient needs discussed today at Care Last Reviewed / / Coordination Team Conference?				Telephone Contact / /
				Correspondence //
C Yes C No				Birthday Card / /
hronic Conditions Care Coordination Team Phone			Phone	Evacuation Options
Problem Description		Primary MD	() -	Self Evacuation Contact Information
Discharge from ear		FNP	() -	Family Name
Both parents smoke		Coordinator	() -	Community Phone () -
Pancreatic cancer		lurse	() -	
Yellow mutant oculocutaneo		Init Clerk	() -	Advanced Care Planning
Purple toe syndrome			15.7	Code Status Full Code
Red cell aplasia		Seconday/Speciality Physicians		
Chronic ischemic heart disea		Evidence-Based Measures Compliance		Advanced Directives Discussed?
CHF (congestive heart failur				● Yes ○ No //
Green monkey disease		HEDIS Measures Compliance		Advanced Directives Completed?
One chronic disease presen Two chambered right ventric		NOE Marriage Completes		● Yes ◯ No Date //
The shandered high remain		PQRS Measures Compliance		Detail
HIV (human immunodeficient Controlled type 2 diabetes w		Lipids Treatment Audit		Detail
Controlled type 2 diabetes w		Dishetee Physician Consortium		Barriers to Care NONE

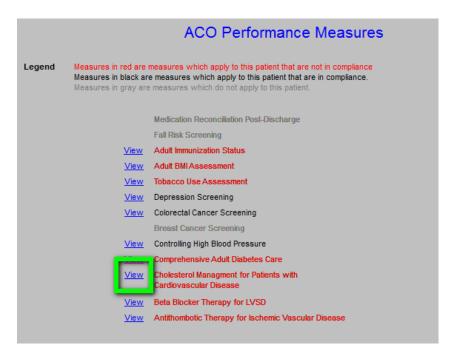
The following is an example of the technical specifications of a **HEDIS**[®] measure. All can be reviewed by accessing each of the measures. To determine whether the provider has fulfilled **HEDIS**[®] measures he/she can simple use the color coding: **red** means the measure applies to this patient and has not been fulfilled; **black** means the measure applies to the patient and has been fulfilled; grey means the measure does not apply to this patient. On this screen it is possible for the provider to review the details of each of the individual quality measures as illustrated in the February 5th *Examiner*.

ACO HEDIS[®] Metrics

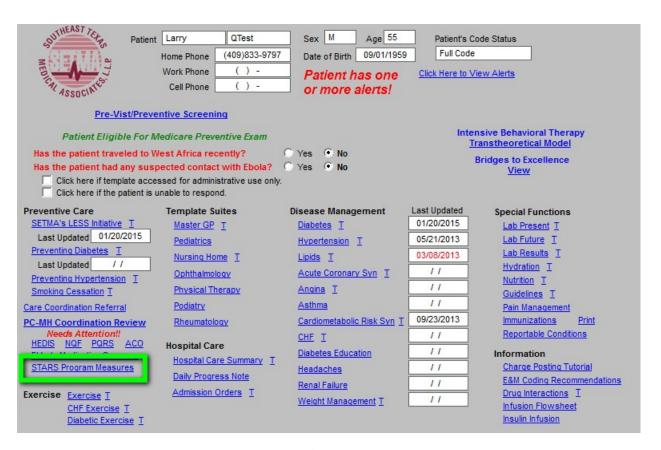
For the provider to review his/her performance on the **HEDIS**[@] quality metrics required in order to benefit from the Accountable Care Organization (ACO) shared-savings plan, the provider can see the link on the AAA Home Template below, outlined in green.



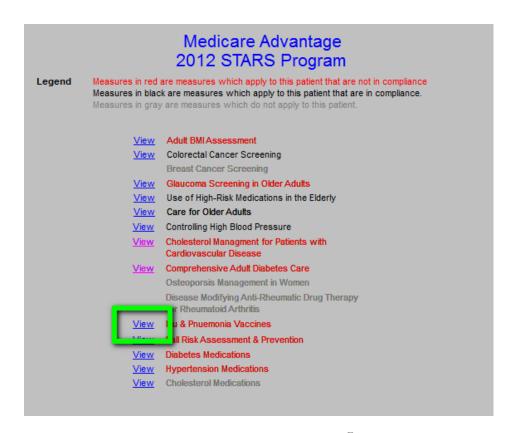
The provider's performance is shown on the template which pops us. The coding is the same: **red** applies and not done; **black** applies and done; grey does not apply.



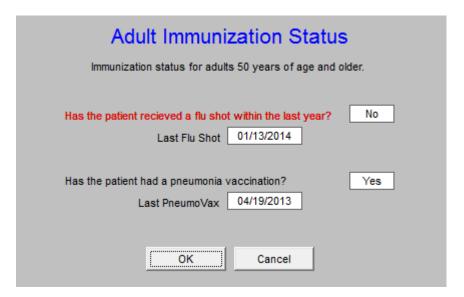
The Medicare Advantage STARS Program quality metrics are launched below by clicking on the hyperlink outlined in green



The following gives the details of the $\mathbf{HEDIS}^@$ measures which apply to the MA STARS program.



The following are the details of one of the **HEDIS**[@] STARS metrics.



Once a provider knows what metrics are and once he/she has a method for aggregating the data automatically, the provider can use metrics to improve his/her own performance. And, once patients know what metrics are, they can objectively judge the quality of care they are receiving.