High-Value Primary Care Measures

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How do we Measure Value?

We are moving from a system that rewards *volume* to one that rewards *value*

The UK Quality Outcome Framework (QOF) did the same a decade ago producing considerable burnout

- Measures not aligned with Primary Care value
- 4 C’s (Continuity/relationship, Comprehensiveness, Care Management, Community orientation)
- Measures crowded out attention to other, drove resources and staff
- No intrinsic alignment
How do we Measure Value?

Measurement is important but what’s measured and measures use are important

– Quality Payment Program is designed to designate winners and losers
– CMS can’t see the tail
– No regular feedback, low ROI, high performers can still be penalized
The Tail

Blood Pressure <140/90

CMS can’t see this

Reported to CMS
Whose Value?

Align Intrinsic and Extrinsic values where possible

Align value for Clinicians, Patients, and payers

Make sure Value supports resources = Who and what it takes to achieve valued outcomes
Measuring What Matters in Family Medicine & Primary Care

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Measuring What Matters

Good measures focus attention on what is important

Ideally, measures inform:
– Understanding
– Improvement
– Support
– (NOT punishment)

New Measures of Primary Care

• Problem with current measures
  – Too many measures, too burdensome
  – Focused on disease care and don’t recognize the higher level integrating, personalizing prioritizing functions
  – Not aligned with the foundations of primary care or the needs of patients, communities, systems

• Starting over
  – Begin by “crowd sourcing” - asking what is important about good care--Patients, Clinicians, Employers/Payers
  – “Measurizing” the 4 C’s
  – Translate Total Cost of Care into Low Value measures
Crowd sourcing – Lessons Learned

• Clinicians and patients think that a lot of the same things are important
• Patients want more personalized attention
• Clinicians don’t feel that what they do that is important is recognized or supported
• Employers/payers focus on cost & employee experience
• A large portion of what clinicians & patients think is important is missing from current measures
• All groups consider systemic support & integration important
Starfield III Summit

• 70 national & international primary care leaders
  – Met for 2.5 days
  – Individual, large and small group work
  – October 4-6, 2017 in Washington DC

• Objectives:
  – Look at data to find what is important
  – Try to develop a simple measure

http://www.starfieldsummit.com/starfield3/
(Measures & report available under “Resources” tab.)
**Factor Analysis of Patient-Report Items**

Principal components factor analysis reveals a single factor with an Eigen value of 6.85 accounting for 59% of the variance. Alpha=.94.

<table>
<thead>
<tr>
<th>HOW PRIMARY CARE WORKS - Item</th>
<th>Factor Loading</th>
<th>Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>My practice makes it easy for me to get care</td>
<td>.70</td>
<td>.67</td>
</tr>
<tr>
<td>My practice is able to provide most of my care</td>
<td>.70</td>
<td>.66</td>
</tr>
<tr>
<td>In caring for me, my doctor considers all of the factors that affect my health</td>
<td>.80</td>
<td>.76</td>
</tr>
<tr>
<td>My practice coordinates the care I get from multiple places</td>
<td>.64</td>
<td>.62</td>
</tr>
<tr>
<td>My doctor or practice know me as a person</td>
<td>.83</td>
<td>.81</td>
</tr>
<tr>
<td>My doctor and I have been through a lot together</td>
<td>.66</td>
<td>.64</td>
</tr>
<tr>
<td>My doctor or practice stand up for me</td>
<td>.85</td>
<td>.83</td>
</tr>
<tr>
<td>The care I get takes into account knowledge of my family</td>
<td>.80</td>
<td>.78</td>
</tr>
<tr>
<td>The care I get in this practice is informed by knowledge of my community</td>
<td>.71</td>
<td>.70</td>
</tr>
<tr>
<td>Over time, this practice helps me to meet my goals</td>
<td>.85</td>
<td>.82</td>
</tr>
<tr>
<td>Over time, my practice helps me stay healthy</td>
<td>.85</td>
<td>.81</td>
</tr>
</tbody>
</table>
15% ↓ cost
35% ↓ risk hospitalization

15% ↓ costs
25% ↓ odds hospitalization

See also: BMJ 2017;356:j84
http://dx.doi.org/10.1136/bmj.j84
Low-Value Care

In the US, we are already measuring total cost of care for physicians.

Now we need to parse that and identify which behaviors have low value to support “Choosing Wisely.”

We can Align Values

- We can align what clinicians, patients, and payers want.
- Prioritize high-value Primary Care functions.
- Continue to support Research & Development and support Primary Care payments that support high-value functions.
- This is important to influencing behavior, improving outcomes, reducing burnout.