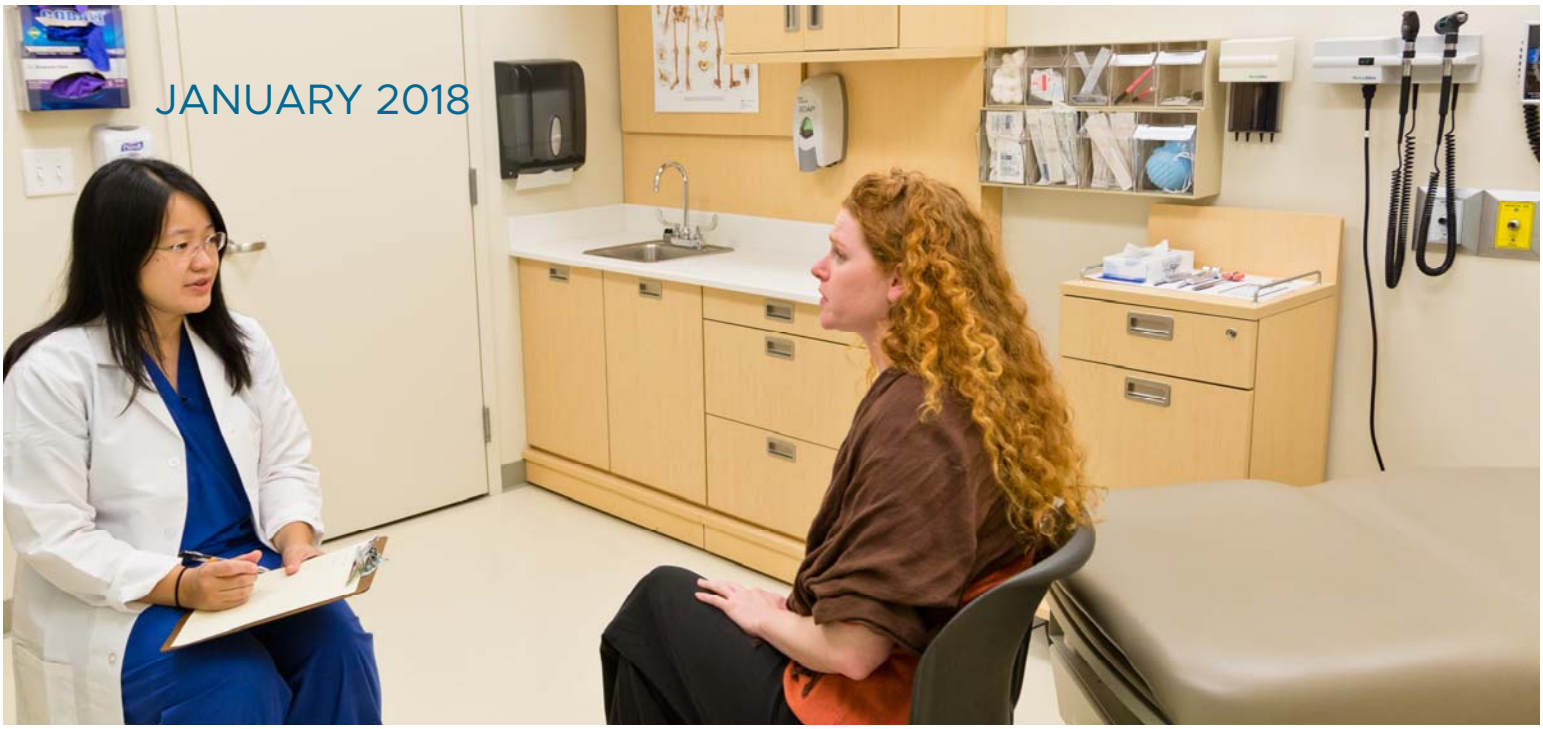
BACKGROUND BRIEF

QUALITY METRICS

FOR CONSUMER ADVOCATES



JANUARY 2018

This document was created by a coalition of health care consumer advocates that support the inclusion of consumer priorities in state and local health systems transformation efforts in order to change how we deliver and pay for health care.

INTRODUCTION

Although many Americans assume that the quality of health care in the US is high, this is not always the case.[1] Too often, the quality of care consumers receive is substandard. **Patients receive the proper diagnosis and care only about 55 percent of the time**, and there are wide variations in quality, access, and outcomes.[2] Research tells us that there is chronic overuse (when a service is provided under circumstances in which its potential for harm exceeds possible benefit), underuse (the failure to provide a health care service when it would have produced a favorable outcome for the patient), and misuse (preventable complications of treatment) of services.[1] These problems can lead to serious harm or even death.

BACKGROUND ON QUALITY METRICS

In order to fully understand the health care system's shortcomings and work toward improvement, we need quality metrics. Quality metrics, or measures, are the tools that help us quantify and assess the performance of the health care system. Quality metrics can take many forms across the full range of health care settings, from doctors' offices to imaging facilities to hospital systems. However, hospitals, health plans, states, and the federal government currently each use different measures, which means our health care system has thousands of quality metrics, collectively.[3] The Institute of Medicine reported 61 different measures for smoking cessation alone.[3] This fragmentation creates a significant time burden on caregivers, confusion for patients, and uncertainty in the effectiveness of health system transformation strategies in improving patient and population health.

Health systems transformation and quality metrics go hand-in-hand. In order to increase value and prioritize patients, it is essential to have strong and appropriate quality metrics. Value in health care refers to the combination of quality and cost, and it is essential to increasing equity and expanding access.[4] As Colorado considers new value-based delivery systems, **quality metrics help us maintain accountability and improve performance within new payment systems**. In order to provide higher value health care, or higher quality care for lower costs and with better outcomes, we need to understand how to define and measure quality in a way that is meaningful to consumers. Consumers should be able to use quality metrics to make informed decisions about their care. If quality isn't defined in a way that is meaningful or relevant to consumers, then we cannot succeed at improving health care value.

FOR EXAMPLE: KNEE SURGERY

Fee-for-Service Payment Model (current system):	**Incentive:**	**Quality =**
Patient or their insurer pays individual prices for surgeon's time, use of operating room, surgical supplies, hospital fees, rehab visits, services that result from complications, etc.	More Services	Quantity
Bundled Payment Model (one alternative model):	**Incentive:**	**Quality =**
Patient or their insurer pays one flat rate for the entire surgery and all post-care, even if there are complications	Fewer Complications & Unnecessary Services	Results

This is only one example of how quality metrics can be used to maintain accountability. As Colorado experiments with alternative payment models, quality metrics can responsively evaluate and maintain accountability. Because of the implications for driving payment reform and better health outcomes, they can create a more patient-centered health care system.

In order to develop quality metrics that best represent the patient experience at the point of care, consumers need to be engaged in choosing the care approaches, health outcomes, and measures that are the most meaningful to them. However, consumers are not often involved in the development of quality metrics,[5] and when consumer engagement has been attempted, it has not reached its fullest potential.[6] The evidence may be limited on the impact long-term; however, to create a health care system that is most responsive to consumer needs and values, consumers need to be involved in the design.[7] Consumer advocates (meaning professionals who represent the voice of consumers) play a critical role in helping ensure consumers are invited to and heard in discussions about quality metrics.

BARRIERS TO CONSUMER ENGAGEMENT

Even though they should be involved from the beginning, consumers face many barriers in engaging in the development of quality metrics. These barriers have led to little involvement historically; therefore, the quality metrics used today are limited in what they can achieve.

According to research conducted by Consumers Union, consumers are generally hesitant to engage in conversations about health systems transformation because they are uncomfortable discussing efficiency, value, and the role money plays in health care delivery. Additionally, much of what consumers value in health care is informed by their interpersonal experiences with their primary care physicians and practice site. **Consumers often define quality as communication styles of the medical staff, listening skills of practitioners, attention to medical details, and wait times. While competency is important to consumers, many consumers assume expertise is high and fairly uniform, and they are unaware of large differences in provider quality.**[8]

We must help consumers overcome any hesitancy they feel about engaging in the development of quality metrics. Consumers face systemic barriers to engaging, as summarized by Community Catalyst and the RAND Corporation:[5]

- **Lack of sufficient resources:** Consumers lack time, institutional support, and transportation that others who are involved in the process possess. Most people currently involved are employed in the health care sector.
- **Included late in the process:** Consumers are often invited to participate after much of the work has already been completed. This limits meaningful input.
- **Limited representation:** One, or a handful of consumers, are often expected to represent a broad range of perspectives when experience varies significantly by individual.
- **Lack of technical expertise:** When input is solicited, consumers might not be prepared to respond. Health care policy and quality metric development is technical, has a steep learning curve, and it can be difficult to track technical details and the big picture simultaneously.
- **Inconsistent communication:** Communication about quality metrics may occur behind closed doors or communication may happen through informal channels.

In addition to acknowledging the barriers consumers face to creating quality metrics, consumer advocates identified limitations to the tools currently used to measure quality in Colorado:

- **Patient experience is conflated with patient satisfaction**, and there is little record of patient experience outside interactions with their providers.
- **Current quality measurement tools are not accessible to all consumers**. For example, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2.0 Child and Adult Core Survey is written at a seventh grade reading level,[12] which might be too high fo potential participants. According to the 2003 National Assessment of Adult Literacy, fourteen percent of adults have a below basic health literacy level, meaning they have only the most simple and concrete literacy skills.[13] Thirty percent of Medicaid recipients had below basic health literacy.[14]
- **Quantitative surveys limit the type of data that is collected, and many patients are left out of the survey.** The Colorado Department of Health Care Policy and Financing maintains a Medicaid contact list, but the contact information is only correct for approximately sixty to seventy percent of people on this list. Furthermore, the response rate to the CAHPS is low. The patients who do participate are self-selecting, and therefore are not likely a representative sample of all patients.
- **Current quality measurement tools do not capture the experiences of children or caregivers**, which could provide a different perspective from the respondent.

PROMOTING CONSUMER ENGAGEMENT

Health care value is fundamental to improving equity and expanding access at a reasonable cost.[15] To get there, we need to mitigate the barriers to consumers participating in developing quality metrics that define value. Consumer advocates have the ability to bridge the divide between quality metric conversations and consumers. To help this work, they can:

- **Build and share their technical experience with consumers** to help decrease the steep learning curve involved with health care policy and financing, and advocating for quality metric leaders to use more accessible language
- **Organize focus groups or town halls** with consumers to ask them what types of metrics they would like to ideally measure, and incorporate feedback into advocacy efforts
- **Advocate for diverse consumer representation on committees and boards** that decide health care delivery and financing, such as Colorado State Innovation Model workgroups
- **Follow national conversations about consumer-centered quality metrics** and stay informed about new research and initiatives, such as Community Catalyst's Center for Consumer Engagement in Health Innovation, then bring relevant research to consumers to add to their education on the subject

Ultimately, Colorado cannot move toward a more patient-centered system of health care financing and delivery without engaging consumers in the development of quality metrics. Consumer engagement would take serious commitment of resources and time on the part of health care systems; however, this investment would result in meaningful change.

RESOURCES

- Aligning Forces for Quality Toolkit
- Center for Consumer Engagement in Health Care
- Engaging Consumers in the Quality Measurement Enterprise
- Measuring Health Care Value: An Overview of Quality Measures

REFERENCES

1 Teleki, S.S., Damberg, C. L., & Reville, R. T. (May 2003). Quality of health care: What is it, why is it important, and how can it be improved in California's workers' compensation programs? Quality and workers' compensation colloquium. Santa Monica, CA: RAND Corporation.
2 McGlynn, E., Asch, S., Adams, j., et al. (June 2003). The quality of care delivered to adults in the United States. *The New England Journal of Medicine 348, no. 26.*
3 Blumenthal, D., Malphrus, E., & McGinnis, J. M. (2015). Vital signs: Core metrics for health and health care progress. Institute of Medicine of the National Academies. The National Academies Press: Washington, D.C.
4 Center for Improving Value in Health Care. (August 24, 2016). Measuring value: What matters to consumers. Presentation.
5 Concannon, T. W., Friedberg, M. W., Hwang, A., & Wiitala, K. (2017). Engaging consumers in the quality measurement enterprise. Santa Monica, CA: Rand Corporation.
6 Han, E., Hudson Scholle, S., Morton, S., Bechtel, C., & Kessler, R. (2013) Survey shows that fewer than a third of patient-centered medical home practices engage patients in quality improvement. Health Affairs. 32, no. 2. 368-375.
7 Bovin, A., Lehoux, P., Lacombe, R., Burgers, J., & Grol, R. (2014). Involving patients in setting priorities for healthcare improvement: A cluster randomized trial. Implementation Science. 9:24.
8 Consumers Union. (2014). Consumer attitudes toward health care costs, value and system reforms: A review of the literature. Consumers Union Policy & Action From Consumer Reports.
9 Morales, L., Weidmer-Ocampo, B., & Hays, R. (2001). Readability of CAHPS 2.0 child and adult core surveys. Santa Monica, CA: RAND Corporation.
10 Kutner, M., Greenburg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 national assessment of adult literacy. NCES 2006-483. National Center for Education Statistics.
11 Porter, M,. (2010). What is value in health care? New England Journal of Medicine. 363:2477-2481.

CENTER FOR HEALTH PROGRESS

Colorado Consumer Health Initiative