Performance Measurement and Pay-for-Performance

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24 March 2007

Momentum

- IOM Report - Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series (2006)
  - "Recommendation 4-2. Clinicians and organizations providing M/SU services should… use measures of the process and outcomes of care to continuously improve the quality of care provided." [p. 14]

Momentum

- Tax Relief and Health Care Act (December 2006) established a voluntary clinician-level “pay-for-reporting” program at CMS
  - PQRI: Physician Quality Reporting Initiative

Momentum

- August 2006 Executive Order – "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs"
  - "Each agency shall implement programs measuring the quality of services supplied by health care providers to the beneficiaries or enrollees of a Federal health care program."
  - "Each agency shall develop and identify, for beneficiaries, enrollees, and providers, approaches that encourage and facilitate the provision and receipt of high-quality and efficient health care. Such approaches may include pay-for-performance models of reimbursement consistent with current law." [http://www.whitehouse.gov/news/releases/2006/08/20060822-2.html]

Physician-Level Applications

- Physician-initiated quality improvement
- Board Certification
- Physician Recognition
- Financial Incentives (Pay-for-Performance)

Performance Measures are NOT Practice Guidelines

- Performance Measures are *derived from* the most highly evidence based practices within Practice Guidelines
- Performance Measures usually reflect a minimum standard (i.e. “no-brainer”) where there is a perceived gap in care
- Performance Measures should not introduce new practices that are not already widely supported by evidence

Numerator and Denominator

- Denominator – the population for which a measure applies
  - e.g. all patients with a new diagnosis of MDD
- Numerator – the subset of the denominator population for which the performance measure was fulfilled
  - e.g. % of patients with a new diagnosis of MDD for which the severity was classified at the initial visit

Levels of Analysis

- Health Plans
- Hospitals, Healthcare settings
- Physician Groups *
- Individual Physicians *

Types of Measures

- Process
  - e.g. Screening for Substance Use Disorders
- Outcome
  - e.g. use of patient self-report instruments
- Patient Experience of Care
  - i.e. patient survey
- Structural
  - e.g. nurse/bed ratio

Data Source

- Retrospective review of clinical record
- Prospective collection of performance measure data
- Administrative codes
- Patient surveys
- Electronic Health Records

Issues

- Validity
- Reliability
- Potential for “gaming the system” – Measures are often based on self-report
- Unintended consequences
- Feasibility and Administrative Burden
- Redundant but not identical measures from different measuring bodies
- Electronic Health Records

Development Process

- 1. Development & Testing
  - Local development at healthcare settings
  - Development by health plans
  - AMA Physician Consortium
  - Physician Organizations
  - Other Groups
- 2. Endorsement
- 3. Implementation

Measure Development: AMA Physician Consortium for Performance Improvement (PCPI)

- “Committed to enhancing quality of care and patient safety by taking the lead in the development, testing, and maintenance of evidence-based clinical performance measures and measurement resources for physicians”
- Comprised of over 100 national medical specialty and state medical societies; CMSS; ABMS; experts in methodology and data collection; AHRQ; and CMS.
- www.physicianconsortium.org

Measure Development: PCPI: APA's Role

- APA is a member of PCPI
- As one of the 6 largest physician organizations, APA has a permanent seat on the Executive Board of PCPI
- APA has led workgroups on measure development for Adult and Child/Adolescent MDD
- APA co-led workgroup on Substance Use Disorder measures to commence April 2007
- APA members serve on measure development workgroups for other conditions

Measure Development: PCPI: MDD Measure Set

- Diagnostic Evaluation for MDD
- Suicide Risk Assessment
- Classification of Severity of MDD
- Treatment Appropriate to Severity Classification
- Continuation of Antidepressant Medication

Measure Development: PCPI: Specifications

- PCPI measures are implementation-neutral and include specifications for:
  - Retrospective chart review
  - Prospective data collection
  - Electronic Health Record Specifications
  - Administrative codes (CPT Category II codes)

Physician Consortium for Performance Improvement
Major Depressive Disorder Core Physician Performance Measurement Set

Prospective Data Collection Flowsheet

Sample

Provider No. ______________ **Patient Name or Code** ______________________________ **Birth Date** _____ / _____ / _____ (mm / dd / yyyy) **Gender** M ❑ F ❑

Evaluation*					
	DATE OF INITIAL VISIT (mm / dd / yyyy): ____/____/____	**Diagnostic Criteria** **At least 5 of the following symptoms during the same two week period (must include symptom 1 *or* 2):** 1. Depressed mood Y or N 2. Marked diminished interest/pleasure Y or N 3. Significant weight loss or gain Y or N 4. Insomnia or hypersomnia Y or N 5. Psychomotor agitation/retardation Y or N 6. Fatigue or loss of energy Y or N 7. Feelings of worthlessness Y or N 8. Diminished ability to concentrate Y or N 9. Recurrent suicidal ideation Y or N **Major Depressive Disorder — diagnosis confirmed? Y or N****			
	DATE OF VISIT (mm / dd / yyyy):	____/____/____	____/____/____	____/____/____	____/____/____
	Overall assessment of symptoms: worse (W), same (S), improved (I), or in remission (R)	W or S or I or R or N/A (initial visit)	W or S or I or R	W or S or I or R	W or S or I or R
	Suicide Risk Assessment Completed	Y or N	Y or N	Y or N	Y or N
	Classification of Major Depressive Disorder Severity (Circle One)	Mild Moderate Severe w/o psychotic features Severe w/ psychotic features	Mild Moderate Severe w/o psychotic features Severe w/ psychotic features	Mild Moderate Severe w/o psychotic features Severe w/ psychotic features	Mild Moderate Severe w/o psychotic features Severe w/ psychotic features
	Psychotherapy (specify type or referral and update when changed)	Type: ______________ Referred to: __________ ______________________	Continued? Y or N	Continued? Y or N	Continued? Y or N
	Patient Refused Psychotherapy	Y or N	Y or N	Y or N	Y or N
	Medication Management (list antidepressant and antipsychotic medications)***	Specify dose or if discontinued	Specify dose or if discontinued	Specify dose or if discontinued	Specify dose or if discontinued

Measure Development: APA BOT motion on PCPI

- At its March 9th meeting, the APA Board of Trustees moved to affirm APA's continued involvement in the PCPI
- "APA will continue to participate in the important work of the AMA Physician Consortium for Performance Improvement in order to ensure that performance measures impacting psychiatric patients are developed by those with clinical expertise, thus helping to ensure that measures are relevant to the field and have the potential to actually improve overall quality of care, while balancing the burden of the reporting instrument."

Measure Endorsement: National Quality Forum

- The National Quality Forum (NQF) is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting.
- “Together, the organizational members of the NQF will work to promote a common approach to measuring health care quality and fostering system-wide capacity for quality improvement.”
- www.qualityforum.org

Measure Endorsement: National Quality Forum

- Developed measures are submitted to NQF for review and endorsement in response to calls for measures and other projects
- Voluntary consensus standards-setting organization. As such, the NQF has a formal process by which it achieves consensus on standards that it endorses.

Measure Endorsement: NQF: APA's role

- APA is a voting member of NQF through APIRE (American Psychiatric Institute for Research and Education)
- Materials considered for endorsement are reviewed by APA's Committee on Quality Indicators and referred to other APA components depending on the nature of the content
- Several APA members serve on NQF Technical Advisory Panels and Steering Committees

Measure Endorsement: NQF: Mental Health

- As part of its Ambulatory Care Performance Measure Project, NQF endorsed 12 mental health measures in December 2006
- Conditions covered include MDD (3), ADHD (3), Bipolar Disorder (5), Substance Use Disorders (1)

Measure Endorsement: NQF Endorsed MH Measures

- MDD: Diagnostic Evaluation
- MDD: Suicide Risk Assessment
- MDD:
  - Optimal Practitioner Contact for Medication Management
  - Effective Acute Phase Treatment
  - Effective Continuation Phase Treatment

Measure Endorsement: NQF Endorsed MH Measures

- ADHD: Diagnostic Evaluation
- ADHD: Management
- ADHD: Follow-up Care for Children prescribed medication
- Bipolar: Assessment for Manic Behaviors in Patients treated for MDD
- Bipolar/MDD: Appraisal for alcohol or chemical substance use

Measure Endorsement: NQF Endorsed MH Measures

- Bipolar: Appraisal for risk of suicide
- Bipolar: Level-of-function evaluation
- Bipolar: Assessment for diabetes
- SUD: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Measure Implementation: AQA

- Ambulatory care Quality Alliance
- The AQA is an alliance of physician organizations, consumers, insurance plans, payers and government agencies whose mission is to come to a consensus on a common national strategy for physician-level performance measurement, data aggregation and performance reporting.
- APA has been a member of AQA since Fall 2005.
- www.ambulatoryqualityalliance.org

Measure Implementation: AQA

- AQA endorses non-redundant measures that have undergone national consensus review
- Currently 2 MDD measures approved (acute and continuation phase treatment)
- Six CMS-supported Pilot Tests of performance measure data collection, aggregation, and reporting

Pay-for-Performance

- Financial incentive associated with performance measurement
- Originates in attempt to realign reimbursement to quality of care provided rather than quantity of care

Pay-for-Performance: Momentum

- Over 50% of HMOs in private sector have developed P4P programs, covering more than 80% of the country's HMO enrollees

  [Rosenthal MB et al. Pay for performance in commercial HMOs. New Eng J Med 2006; 355:1895-902]

Pay-for-Performance: Issues

- Research on effect of P4P on quality is limited
- Measure and reward individual or group?
  [Rosenthal MB and Dudley RA. Pay-for-performance: will the latest payment trend improve care? JAMA 2007; 297:740-4]
- Representativeness of Measures (there are many clinical areas for which there are no measures)
  [Landon BE et al. Physician clinical performance assessment: prospects and barriers. JAMA 2003; 290:1183-9]

Pay-for-Performance: Issues

- Reward “Top Performers” or all who demonstrate high quality? [Rosenthal MB and Dudley RA. Pay-for-performance: will the latest payment trend improve care? JAMA 2007; 297:740-4]
- Too few measures – physician may focus efforts on those and neglect other aspects of care [Smoldt RK and Cortese DA. Pay-for-performance or pay for value? Mayo Clinic Proc 2007; 82:210-3]
- Too many measures – overly burdensome to manage [Smoldt RK and Cortese DA. Pay-for-performance or pay for value? Mayo Clinic Proc 2007; 82:210-3]
- Confounding – differences in patient populations beyond physician control may affect measurement [Landon BE et al. Physician clinical performance assessment: prospects and barriers. JAMA 2003; 290:1183-9]
- Feasibility and Costs – Will administrative costs outweigh the P4P incentive?

AMA Principles and Guidelines on P4P

- AMA has adopted as policy 5 principles and several guidelines on P4P
- At its March 9th meeting, the APA Board of Trustees referred these materials to the APA Assembly for consideration as APA policy

AMA Principles and Guidelines: 1. Ensure quality of care

- Primary goal of P4P should be improved patient care rather than monetary savings
- Evidence-based quality measures, created by physicians across specialties, are used
- Variations in an individual patient care regimen are permitted based on clinical judgment

AMA Principles and Guidelines: 2. Foster the patient/physician relationship

- Programs must neither directly nor indirectly encourage patient de-selection
- Programs must recognize outcome limitations caused by patient non-compliance

AMA Principles and Guidelines: 3. Offer voluntary physician participation

- Physician participation must be completely voluntary
- Physician nonparticipation should not threaten economic viability of physician practices
- Programs must not favor physician practices by size or by capabilities in information technology (IT)

AMA Principles and Guidelines: 4. Use accurate data and fair reporting

- Patient privacy must be protected in all data collection, analysis, and reporting
- Physicians must be allowed to review, comment, and appeal results prior to the use of the results
- Quality of data collection and analysis must be scientifically valid

AMA Principles and Guidelines: 5. Provide fair and equitable program incentives

- Programs must be based on rewards and not penalties
- Programs must finance bonus payments with supplemental funds
- Programs must not financially penalize physicians based on factors outside of the physician’s control

Pay for Performance: CMS PQRI

- Physician Quality Reporting Initiative (PQRI)
- Voluntary clinician-level “pay-for-reporting” program
- Created in response to Tax Relief and Health Care Act (December 2006)
- Additional Medicare payment of up to 1.5% to physicians who *report* on relevant measures
- www.cms.hhs.gov/pqri/

Pay for Performance: PQRI Measure

- “Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression”
  - Percentage of patients aged 18 years and older diagnosed with new episode of major depressive disorder (MDD) and documented as treated with antidepressant medication during the entire 84-day (12 week) acute treatment phase

PQRI MDD Measure: 2006 Specifications

Measure: Antidepressant medication during acute phase for patient diagnosed with new episode of major depression

Numerator:

●**G8126**: Patient documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

●**G8127**: Patient not documented as being treated with antidepressant medication during the entire 12 weeks acute treatment phase

●**G8128**: Patient was not treated with antidepressant medication or was not an eligible candidate for completion of the entire 12 week acute treatment phase

Denominator:

Patients 18 years and older diagnosed with a New Episode of MDD (major depression) and treated with antidepressant medication:

E&M Visit: 99201-99205, 99212-99215; psychiatry: 90801, 90802, 90804-90809, 90862,

AND

ICD-9 296.20-296.24, 296.30-296.34, 298.0, 300.4, 309.1, 311 (major depression)

APA Approach

- Monitor and participate in performance measure development activities
  - ensure that performance measures impacting psychiatric patients are developed by those with clinical expertise
  - ensure that measures are relevant to the field and have the potential to improve overall quality of care
  - ensure burden of reporting instruments is addressed

APA Approach

- Educate APA membership about these issues through articles in *Psych News,* upcoming page on the APA website
- Ongoing reports to APA Assembly and Board of Trustees
- Involvement in the related issue of Electronic Health Records

APA Approach

- Performance Measurement and P4P are followed by numerous divisions and components of APA
  - Department of Quality Improvement and Psychiatric Services
  - Department of Government Relations
  - Department of Healthcare Systems and Financing
  - Committee on Quality Indicators
  - Council on Quality Care