



Health Outcome Measures

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Health Care Reform

- Here to stay
- Accountable Care Organizations
- EMR
- Meaningful Use/ Outcome Measures
- Physician Compare Initiative
 - Physician Quality Reporting System
- Complex- no easy answers, won't happen quickly, painful

Accountable Care Organizations

- Outcome of Health Care Reform
 - A group of coordinated HCP's form a ACO which provides care to a group of patients
 - May use different payment models
 - An ACO is accountable to payers and **patients** for the
 - quality
 - appropriateness
 - efficiency of the health care provided

ACO's

- Three core principles
 - Provider-led organizations with a strong base of primary care that are collectively accountable for quality and cost, across the **full continuum of care**
 - Payments are linked to **quality improvements** that also reduce overall costs
 - **Systems** to support improvement and demonstrate savings that are linked to improvements in patient care
- Quality Measures: 4 Domains:
 - Patient experience
 - Care coordination and patient safety
 - Preventive Health
 - Caring for at-risk populations

EHR and Meaningful Use

- Meaningful use is the set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria.
- The goal of meaningful use is to promote the spread of electronic health records to improve health care in the United States.

EHR and Meaningful Use

- The benefits of the meaningful use of EHRs include:
- ***Complete and accurate information.*** With electronic health records, providers have the information they need to provide the best possible care. Providers will know more about their patients and their health history before they walk into the examination room.
- ***Better access to information.*** Electronic health records facilitate greater access to the information providers need to diagnose health problems earlier and improve the health outcomes of their patients. Electronic health records also allow information to be shared more easily among doctors' offices, hospitals, and across health systems, leading to better coordination of care.
- ***Patient empowerment.*** Electronic health records will help empower patients to take a more active role in their health and in the health of their families. Patients can receive electronic copies of their medical records and share their health information securely over the Internet with their families.

EHR and Meaningful Use

- Common MU Data Set means the following data expressed, where indicated, according to the specified standard(s):
 - Patient name.
 - Sex.
 - Date of birth.
 - Race – the standard specified in § 170.207(f).
 - Ethnicity – the standard specified in § 170.207(f).
 - Preferred language – the standard specified in § 170.207(g).
 - Smoking status – the standard specified in § 170.207(h).
 - Problems – at a minimum, the version of the standard specified in § 170.207(a)(3)
 - Medications– at a minimum, the version of the standard specified in § 170.207(d)(2).
 - Medication allergies – at a minimum, the version of the standard specified in § 170.207(d)(2).
 - Laboratory test(s) – at a minimum, the version of the standard specified in § 170.207(c)(2).
 - Laboratory value(s)/result(s).
 - Vital signs – height, weight, blood pressure, BMI.
 - Care plan field(s), including goals and instructions.
 - Procedures –
- (i) At a minimum, the version of the standard specified in § 170.207(a)(3) or § 170.207(b)(2).
 - Optional. The standard specified at § 170.207(b)(3).
 - Optional. The standard specified at § 170.207(b)(4).
- Care team member(s).

Physician Compare Initiative

- Also includes information about Healthcare providers who participate in the:
- Physician Quality Reporting System PQRI
- Electronic Prescribing Incentive Program

PQRI

- Allows Healthcare providers to report information to CMS about their Medicare patients who get care for specific medical conditions.

PQRI Data collected on:

- Diabetes
- Hypertension
- Coronary Heart disease
- Heart Failure
- Ischemic Vascular disease
- *Care Coordination/Patient Safety*
- *Preventive Care*

Chronic care models

- Currently Clinical quality measures are based on morbidity, mortality, and conditions that effect national public health priorities.
- Chronic care models for diabetes, cardiovascular, heart disease
- Based on high volume, high cost

Multiple Sclerosis

MS does not qualify as high mortality or morbidity

Current estimate of MS in the US: 400,000

Heart disease 26.5 million

Diabetes 25.8 million

Stroke 3.3 million

CDC:fastfacts 2010

Barbara Bumstead ANP-c, MSCN
Presented at CMSC 2013

The problem

- MS is a low volume illness when compared to other chronic disease.
- The population is generally younger, the needs and disability issues are different.

Clinical outcome measures

- Clinical outcome measures are typically used for clinical trials.
- Evaluate disease management
- Medications effectiveness
- Based on science, research
- Based on Disability ratings
- Focus on worsening disability

MS care centers, can we do more?

- DMT adherence
- Provide relapse management within the facility to prevent ER visit, and hospitalization
- Bladder/UTI management
- Fall risk assessment
- Wound prevention
- Infusion management
- Spasticity management
- Post hospitalization care
- Social worker, counseling services

Future Measures

Outcomes need to be:

- patient centered
- objective
- measurable
- easy to administer
- cost effective
- Outcomes based on quality of life
- Patient reported
- Promote health prevention and wellness
- Promote self-care and patient empowerment

Thank you for your attention and participation.

“You may say I'm a dreamer, but I'm not the only one. I hope someday you'll join us. And the world will live as one.”

— John Lennon

Once you choose hope, anything's possible. ~Christopher Reeve



discussion

Clinical Outcome Measures in MS: Do we have them? Do we need them?

Current environment

- How familiar are you with ACO's?
- How are Meaningful Use Outcomes affecting you and your practice?
- **Is it important to gather "Patient/Caregiver Experience" information?**
- How do you use this information?

Within an MS Center

- Does MS care and do MS Centers reflect the “Medical Home ”concept?
- Currently who coordinates care in your setting?
- Is it effective and efficient?
- Do you think about PATIENT driven goals?
- **Do you currently use any quality of life assessment tools?**

Can we shape the future?

- Should we develop a model for Chronic MS Care even if it is not a government directive?
- Can practices support the use of “scales” to measure outcomes?
- What resources are needed?
- **Think about your practice setting:**
 - **Can you provide care throughout the spectrum of the disease? What improvements would you make?**
 - **Can you provide care through the health care system? I.e. hospital, home care, long-term care? What improvements would you make?**
- Who can and should lead the charge for unified MS Quality Outcomes?