Measures that Matter for Primary Care

• Strategic Focus of FMAHealth Practice Tactic Team
• ABFM has “R” role
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
Value?

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

– Quality Payment Program is designed to designate winners and losers
– Measure Top-out process is unreliable
– No regular feedback, low ROI, high performers can still be penalized
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 Primary Care

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Factor Analysis of Patient-Report Items from Starfield III

<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>

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

Social Determinants
Population Health Assessment Engine

PHATE
Improving Medicare Post-Acute Care Transformation (IMPACT) Act, 2014

• Required the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to
  
  – review the evidence linking social risk factors with performance under existing federal payment systems

  – and to suggest strategies to remedy any deficits they found
18 months, 5 reports
Adjusting for Social Risk Factors

• CMS is likely to take the leap
• Our national data infrastructure is not ready
• We have decent options to start
• ABFM PHATE is imbedded in the PRIME Registry offers a test-bed and an “app” to spread
• PCORNets like OCHIN the New York City Clinical Data Research Network are also using area deprivation indices as community vital signs
NASEM Primary Care Consensus Study

- $1.2 M, 15 months
- FMAHealth $250k, ABFM $25k
- Working on VA, HRSA, PCORI and several philanthropies

- GoFundMe site to come and we’d like to have all 8 FM organizations promote the campaign
Astana Declaration

We envision

Governments and societies that prioritize, promote and protect people’s health and well-being, at both population and individual levels, through strong health systems;

Primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

Enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being;

Partners and stakeholders aligned in providing effective support to national health policies, strategies and plans.

Note: **Primary care is not Primary Health Care**
There was a lot of confusion about the two in Astana Including our own Assistant Secretary for Health Makes the NAM report even more important