

Improving Patient Outcomes with Quality Measurement

MISSION

The key factor for supporting our clients in the journey from fee-for-service to value-based care is improving patient outcomes, which relies on consistent and precise measurement.

EXECUTION

There are several key drivers that impact quality measurement in a value-based care (VBC) environment, setting it apart from the rest of the industry:

- 1** Any intervention for improvement must have significant impact on patient outcomes within the same contract year to demonstrate favorable results. These successful outcomes translate to quality scores that allow continued business operation into the next calendar year.
- 2** There is a difference between markers for quality and measures of quality in value-based care. For example, many entities measure mammography rates (the marker) with the goal to reduce breast cancer, assuming that more testing will lead to less disease. While VBC, looks at how many cases of breast cancer (the measure), keeping the caregiver one step closer to impacting timely outcomes.



3 Quality measures must be relevant to VBC with a priority to select measures that guard against “short-cuts” when offering more cost-effective care. VBC quality measures serve the critical function to ensure only unnecessary costs are eliminated, and not those that would adversely impact patient outcomes.

4 Measures must adequately and comprehensively capture quality outcomes across all patient care settings. There are several well-accepted quality measures that exist for certain components of the full medical delivery system. For example, surgeons are often assessed for post-operative infections, but how do we evaluate office-based practices? With no “off the shelf” set of quality metrics available for the journey to value-based care, Cedar Gate has created a comprehensive quality measurement program that:

- > Spans ALL Practice Settings
- > Applicable to ALL Patient Care Situations
- > Compares Providers, Regardless of Setting
- > Defines Quality, Not Peer Measure

RESULT

Cedar Gate Technologies has created a robust, quality measurement program for value-based care that:

1. Delivers the Key Drivers Mentioned Here
2. Ensures Patient Outcomes are Monitored and Measured
3. Provides Guide Rails For Cost Reduction with Appropriate Care
4. Sets NEW Standards for VBC Measurement

QUALITY MEASUREMENTS IN CEDAR GATE VALUE-BASED CARE ANALYTICS

The Cedar Gate Value-Based Care Analytics platform currently runs Provider Quality Score (PQS) 3.0, which is the latest, most granular version of PQS to date.

The composite score is based on the following data:

- > Avoidable Readmissions
- > Avoidable Complications
- > Preventable ER Visits
- > Preventable Services (Quantity)
- > Preventable Services (Cost)
 - Labs
 - Imaging
 - Pharmacy
 - Therapies

These data elements span all care settings to create a robust composite quality score that provides:

- > Incidence Curves to Translate Across All Measures
- > Thresholds for Minimum Data Requirements
- > Detailed Components of Composite Score for Providers
- > Scale of 0 (Lowest Quality) to 100 (Highest Quality)
- > Absolute Score Across ALL Contracts and Clinical Pathways
- > Historical Experience and Successful Results

QUALITY MEASUREMENT IN PROSPECTIVE BUNDLES/CENTERS OF EXCELLENCE

Two decades ago, when Dr. Denton Cooley began offering bundled cardiac services to the marketplace, he and his colleagues already knew that achieving the best patient outcomes was imperative to this new approach to offer affordable complex procedures to patients that would typically not have access to this level of care. That program has now grown to 200+ service bundles in virtually all medical specialties spanning across the entire United States. Today, any company that offers bundled service programs is focused on patient outcomes and at Cedar Gate, a cutting-edge robust quality outcome measurement program is a priority for bundled offerings.

QUALITY VALUE SCORE

For bundled programs, Cedar Gate has a unique quality measurement approach with a Quality Value Score (QVS) that includes:

- > Latest PQS 3.0
- > Procedure-Specific Reporting Registry
- > Physician and Patient Reported Outcomes and Satisfaction Measures
- > Evaluation of Quality Outcomes Relative to the Total Cost of Delivery
- > Measurement Sets for Patient Appropriateness



Quality Value Score

Included Measures, Spine Surgery Example

Quality for
Value =

Patient Outcomes
Cost of Delivering Outcomes

NUMERATOR MEASURES

- > ODI Score
- > EQ-5D VAS Score
- > Patient Satisfaction
- > Return to Work
- > Return to Activities
- > Readmission Rate
- > Complication Rate
- > Avoidable ER Visit Rate

ISAAC PRESENTATION OF DATA

Numerator (0-100 Scale) = Weighted combination of eight individual metrics, with three that are risk-adjusted

The numerator metrics are visible through a hover pop-up box displaying individual rates. All rates are absolute, not relative.

Denominator = Bundle price multiplied by provider utilization (actual cost)

The denominator consists of actual cost of delivering the care related to the numerator metrics.

Quality Value Score (QVS) is bundle-specific only, using this methodology and a similar approach can be used for any bundled service.

PQS 3.0 MEASURES CONTRIBUTED BY ISAAC

These measures are all risk-adjusted and an output of Cedar Gate Value-Based Care Analytics, which utilizes 3M PFE, PFP, and Risk Adjustment capabilities under a licensing agreement. These are determined for all patients, including those that use the bundled service option long-term.

Potentially Preventable Readmissions (PPR) =
Rate of potentially preventable readmissions to total admissions subtracted from 1

Potentially Preventable Complications (PPC) =
Rate of potentially preventable complications to total admissions subtracted from 1

Potentially Preventable ER Visits (PPER) =
Rate of potentially preventable ER visits to total ER visits subtracted

DENOMINATOR CALCULATION

The denominator ultimately reflects the actual cost of care delivered, resulting in the numerator factor outcomes.

Denominator = (contract bundle cost) x (provider utilization factor)

For example, if bundle procedure XX is priced at \$10,000: If provider AA performs the bundled service for \$7500, utilization factor is 0.75

$$[\$10,000 \times 0.75 = \$7500]$$

If provider BB performs the bundled service for \$15,000, utilization factor is 1.5

$$[\$10,000 \times 1.5 = \$15,000]$$

QUALITY OUTCOMES DATABASE MEASURES CONTRIBUTED

These measures are self-administered by the patient or reported/elicited at baseline (ODI and EQ-5D-VAS only) and at post-op checkpoints at 3, 12, and 24 months. Post-op scores are compared to baseline for ODI and VAS, then scored appropriately.

Oswestry (Low Back Pain) Disability Index (ODI) Score = 10 sections scored 1-5 with score/50 expressed as a percentage

Raw Score = 100 minus ODI Score

Any change from baseline determines section score. Any reduction from baseline equals 0.

Baseline to 15 = 33

16-30 = 67

31+ or more = 100

EQ-5D VAS Score = Patient self-assessment of health status rated on a 0-100 scale

EQ-5D is a standardized measure of health status developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal. Any reduction from baseline equals 0.

Baseline to 15 = 33

16-30=67

31+ or more = 100

Patient Satisfaction = Patient self-assessment of satisfaction rated on a scale of 1-4

Section Score would be 100, 67, 33, 0

Return to Work (RTW) = Patient self-report of return to work status with answer YES, NO, or N/A

Section score would be 100, 0, QNS

If QNS, see Return to Activity (RTA)

If RTA, YES = 100 If RTA, NO = 0

RTW = QNS

In the last case, there are 7 numerator scores, rather than 8.

Return to Activities (RTA) = Patient self-report of ability to return to pre-surgical level of activity with answer YES or NO

If YES = 100 If NO = 0

QUALITY VALUE SCORE

Numerator / Denominator = QVS

QVS will have 3 significant digits

QVS decimal placement may be moved by bundle for ease of use

QVS over time then informs the organization on how to best select patients to receive the bundled service.