



PBGH Initiative to Enable Widespread Adoption of Patient-Reported Outcome Measures

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- 40 Members
- Private employers & public agencies
- \$100B spend
- 15 Million Americans



Advanced Primary Care

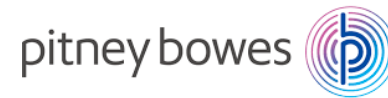


Purchasing Value



Functional Markets

PBGH Members



PROMs Deliver Value For All Healthcare Stakeholders



PATIENTS



PROVIDERS

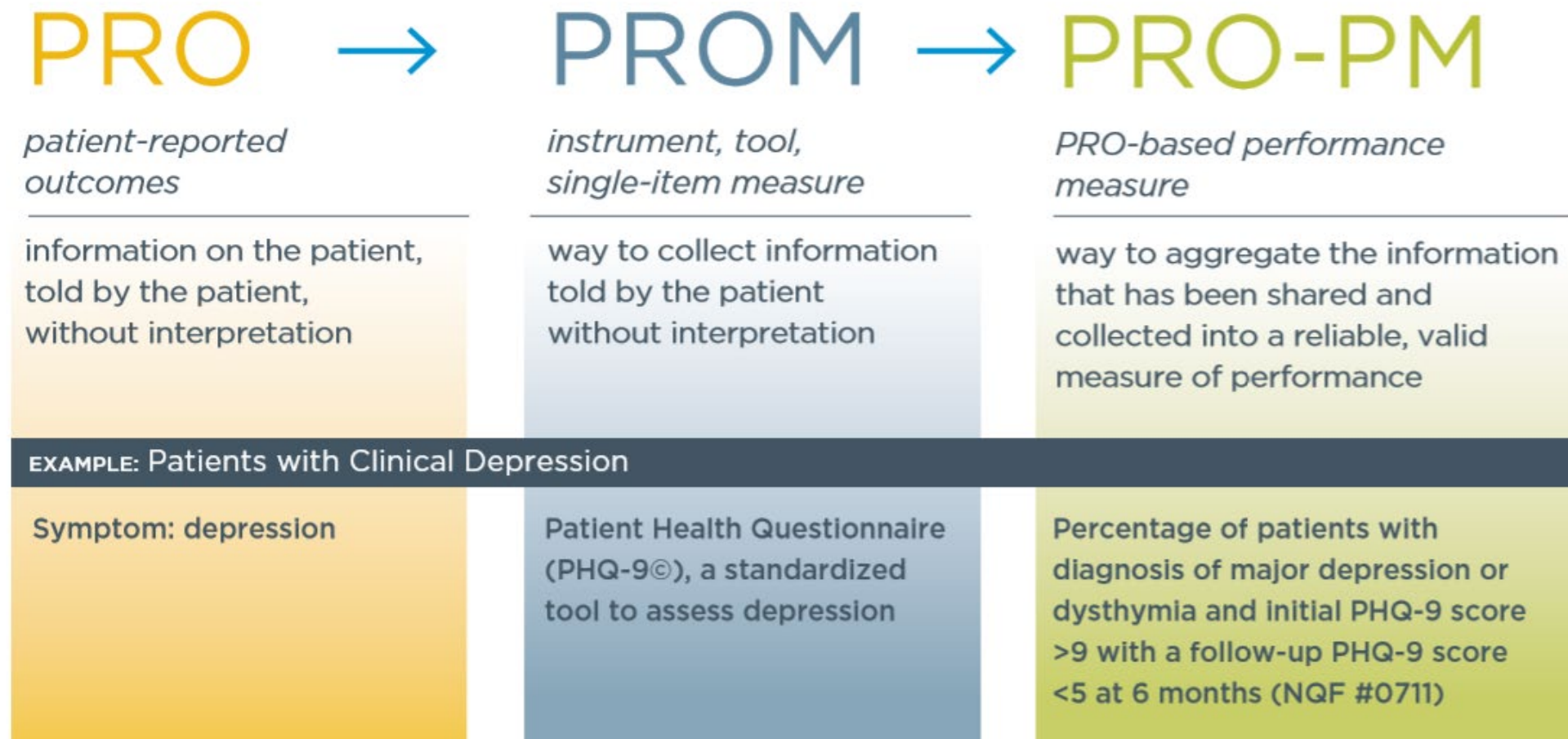


**PURCHASERS
/ PAYERS**



**POLICY &
INDUSTRY
INNOVATORS**

FIGURE 1. NQF FRAMEWORK: PRO TO NQF-ENDORSED PRO-PM





1 DEMONSTRATE FEASIBILITY

Collect PROMs at large scale across a significant geographic region, sufficient to permit quality performance comparisons among providers.



2 CREATE MOMENTUM

Recruit key stakeholders to support PROMs implementations.



3 ENCOURAGE ADOPTION

Identify aligned payment and recognition methods that support universal use of PROMs in routine care.



- 90% of medical oncology practices in Michigan
- VBP program; Strong history of quality measurement and collaboration
- Governance includes influential patient voice

Implementation of oncology PROMs at scale in community practices statewide

Integration of PROMs into routine clinical care and use for quality improvement

Quality of life, pain and fatigue measures with patients with breast, non-small cell lung and colon cancers



Expands measures for use in Quality Payment Program, addressing gaps in measure types (PROs) and conditions (oncology)

- Test and develop PROMs as performance measures for quality of life and pain for breast, lung and colon cancer
- Leverage existing work in progress with Michigan
- Expand to include additional testing sites from the Alliance of Dedicated Cancer Centers (ADCC)

Measure Concept/ Select PRO Tool/ Specification			Alpha Test	Beta Testing					Final Analysis	Measure Implementation	
Dec 18	Mar 19	Jun 19	Sept 19	Dec 19	Mar 20	Jun 20	Sept 20	Dec 20	Mar 21	Jun 21	Sept 21



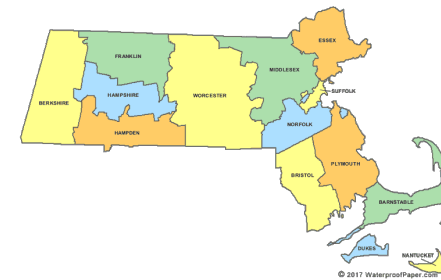
- Common ACO measures endorsed by 20 provider organizations, purchasers & 5 health plans
- VBP program; Strong history of quality measurement, benchmarking and collaboration

Implementation of depression PROMs at scale into primary care practices

Integration expands use of PHQ-9 to screen all patients in primary care and measure clinical improvement over time

Expands use of PROMs for quality improvement, treatment choice and provider accountability

Parallel project in Mass.



Asthma

- 1. Asthma Medication Ratio

Cancer Screening

- 2. Breast Cancer Screening
- 3. Cervical Cancer Screening
- 4. Cervical Cancer Overscreening
- 5. Colorectal Cancer Screening

Cardiovascular

- 6. Controlling High Blood Pressure
- 7. Statin Therapy for Patients with Cardiovascular Disease
- 8. Persistent Beta Blocker Treatment After Heart Attack**
- 9. Ischemic Vascular Disease: Aspirin Use**

Depression

- 10. Screening for Clinical Depression & Follow Up Plan**
- 11. Depression Remission at 6 Months**

Diabetes

- 12. Optimal Diabetes Care Combination**
- 13. Comprehensive Diabetes Care (HbA1C testing, BP Control, Nephropathy, Eye Exam)
- 14. Statin Therapy for Patients with Diabetes

Low Back Pain

- 15. Use of Imaging Studies for Low Back Pain

Maternity

- 16. NTSV C-Section**
- 17. Prenatal and Postpartum Care**

Respiratory

- 18. Appropriate Testing for Children with Pharyngitis
- 19. Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis

Patient Safety

- 20. Use of Opioids at High Dosage or Concurrent Use of Opioids and Benzodiazepines**

Person Centeredness

- 21. CAHPS, Clinician & Group (ACO)**
- 22. Patient Reported Outcomes**

Population Health

- 23. Adult BMI Screening & Follow Up**
- 24. Childhood Immunization Status: Combo 10
- 25. Chlamydia Screening in Women
- 26. Immunizations for Adolescents

- 27. Initiation & Engagement of Alcohol and Drug Dependence Treatment**

- 28. Tobacco Use: Screening and Cessation Intervention**

- 29. Weight Assessment and Counseling for Children/Adolescents**

- 30. Flu Vaccinations for Adults 18-64**

Utilization

- 31. All Cause Readmissions
- 32. AHRQ Prevention Quality Indicator #90: Ambulatory Sensitive Admissions**
- 33. ED Visits
- 34. Potentially Avoidable ER visits**
- 35. Total Cost of Care

BOLD=development/feasibility measure for 2019-2020

Workflow

Burden – Provider and Patient
Real-time use for patient care



- Actionable information based on structured data/scoring algorithm
- Integration in workflow
- Trigger mechanism for follow-up surveys
- Alerts for urgent issues
- Integration with EMR
- Trending and data visualization
 - Patient self-monitoring
 - Clinical progress
- Benchmarking/Quality improvement
- Performance measurement/Accountability uses

- Meaningful information
- Push messaging
- Integration in care delivery and use of information by provider
- Treatment decision support
- Self-monitoring
- Reminders



- Integration of third-party solutions/mobile apps with EMRs
- Real-time data exchange
- Integration of data collection in provider workflows/patient intake processes to minimize data collection burden
 - Telehealth
 - In-person
- Greater standardization of data sets
- Use of PROMs for value-based payment and accountability



QUESTIONS?