

Patient Reported Outcomes: Charting the Course for Widespread Adoption

Invitational Learning Session

July 11, 2013

Housekeeping: Please Note the Following

- All lines will be placed on mute during the presentation
- Questions can be asked throughout the webinar
 - After each presentation, questions for clarification
 - At the end of all presentations, general questions for any of the presenters
 - Please email CPDP with any unanswered questions or comments: dhopkins@pbgh.org
- A copy of the presentations and a recording of the webinar will be available on the web at:
<http://healthcaredisclosure.org/index.php/library-menu/by-activity/forums-menu>

Agenda

- Overview
 - **Jennifer Eames Huff**, Director, Consumer-Purchaser Disclosure Project and Director, Advancing Policy, Pacific Business Group on Health
- Presenters
 - **Dr. Eugene Nelson**, Director of Population Health and Measurement, Dartmouth-Hitchcock Medical Center
 - **Dr. Carolyn Kerrigan**, MD, MS, Professor of Surgery, Geisel School of Medicine at Dartmouth
 - **Phyllis Torda**, Vice President for Strategic and Quality Solutions, NCQA
 - **Rachel Brodie**, Senior Manager PBGH, California Joint Replacement Registry
- Discussion and Wrap-Up
 - **David Hopkins**, Senior Policy Advisor, Pacific Business Group on Health and Consumer-Purchaser Disclosure Project

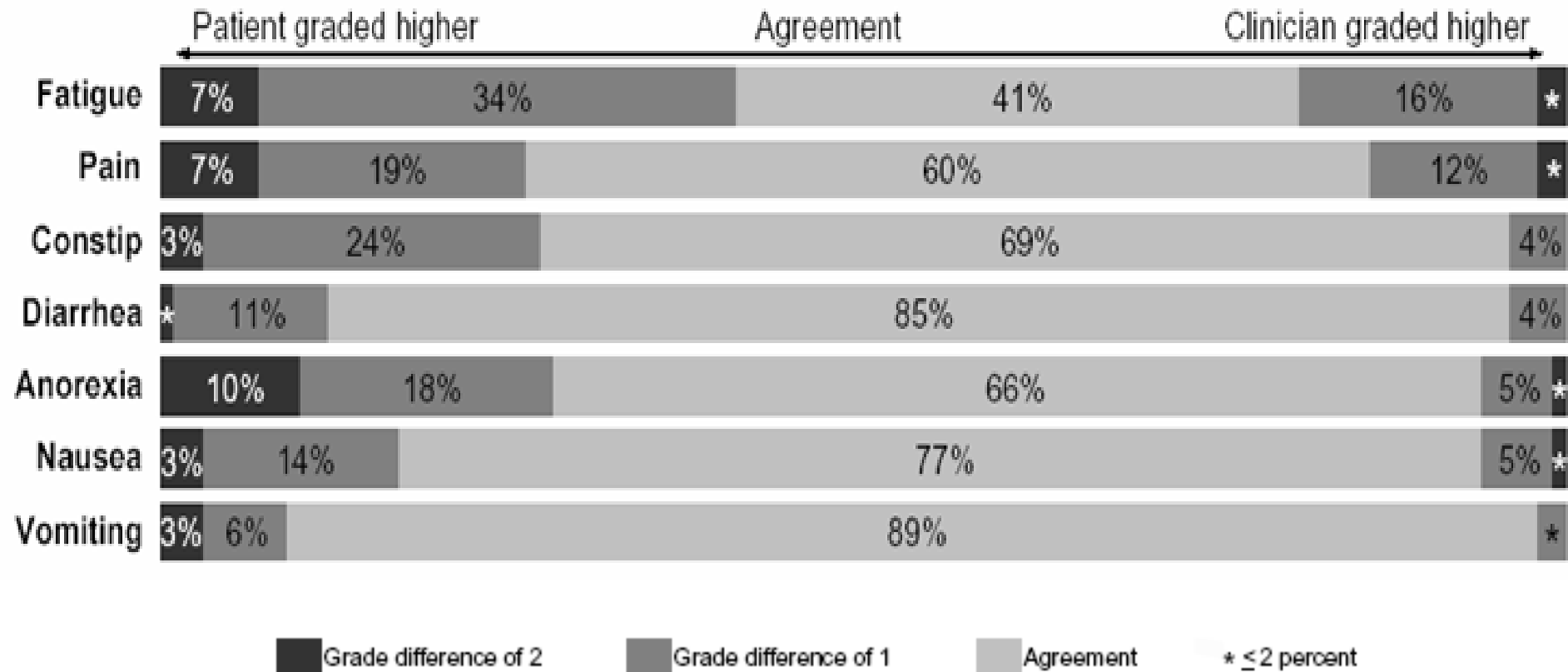
What are Patient Reported Outcomes?

- Patient Reported Surveys
 - Instrument, tool, single item measure that is designed to obtain information from person related to their health
 - PHQ-9, SF-36, 1-10 Pain scale
- Patient Reported Outcomes (PROs)
 - Results of any patient reported survey
 - PHQ-9: Absence or presence of depression, and severity of depression
- Patient Reported Outcomes Performance Measures
 - Performance measure that is based on PROs aggregated for an accountable health care entity (e.g., clinician, hospital, ACO)
 - Depression Remission at 6 months: Percentage of adult patients in ACO with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than

Why Measure Patient Reported Outcomes?

- Facilitates patient-centered care, by asking patients for information and engaging with them on the results and interventions (care management, shared decision-making)
- Provides a valuable perspective that cannot be obtained from other data sources and can compliment, not replace, other performance information (patient as expert)
- Evidence of link to improved clinical outcomes (e.g., patients that have more positive patient experience get better outcomes)

Why Measure Patient Reported Outcomes? (cont.)



Myth #1: Patient reported outcomes are a relatively new field.

- Use in health services research
 - Medical Outcomes Study published in JAMA in 1989
- Use in clinical trials
 - FDA Guidance for Industry, Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims, 2009
- Use in clinical practice
 - Collection in England on 4 elective interventions - hip replacement, knee replacement, varicose vein surgery and groin hernia surgery – since 2009

There is not widespread use in clinical practice.

Myth #2: Patient reported outcomes are not ready to be implemented in clinical practice.

Condition	UK	Sweden	Interviewed advanced U.S. health systems	CMS
Asthma	✓		✓	
Arthritis		✓	✓	
Back pain			✓	
Cancer	✓		✓	
ADHD			✓	
Cataracts		✓		
Cardiovascular care (includes CABG and heart failure):	✓		✓	
COPD	✓		✓	
Depression			✓	✓
Diabetes:	✓		✓	
Epilepsy:	✓			
Hernia surgery	✓			
Neurosurgery			✓	
Hip and/or knee replacements	✓	✓	✓	
Spine surgery			✓	
Stroke	✓	✓	✓	
Varicose vein surgery	✓			

There are measures and methodologies currently available for integration into clinical practice.

Solutions to Common Implementation Issues that Could Threaten Results

Example: PROMIS scales



No meaningful differences found
between modes of administration

< 1.5 points on 100-point scale

Myth #3: It is not fair to providers to hold them accountable for patient reported outcomes.

- Resistance to accountability for outcomes (i.e., not within a provider's control)
- Patient reports versus clinical data
- Appropriate change (or delta) over time (i.e., minimally important difference)

What gets measured is what gets improved...and accountability programs speed up change.

Challenges to Using Patient Reported Outcomes

- Lack of incentives for providers to work PROs into routine processes of patient care
- High cost of proprietary survey instruments
- Lack of consensus on which survey instruments to use
- Need for additional measure development
- Electronic infrastructure to support the efficient collection of PROs

About the Consumer-Purchaser Disclosure Project

The Consumer-Purchaser Disclosure Project is a coalition dedicated to improving the quality and affordability of health care in America for consumers and health care purchasers. The project's mission is to put the patient in the driver's seat — to share useful information about provider performance so that patients can make informed choices and the health care system can better reward the best performing providers. The coalition is comprised of leading national and local consumer organizations, employers and labor organizations. The Consumer-Purchaser Disclosure Project is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

For more information go to <http://healthcaaredisclosure.org/>.

Or Contact:

Teresa Cagnolatti
Associate Director
Consumer-Purchaser Disclosure Project
tcagnolatti@pbgh.org