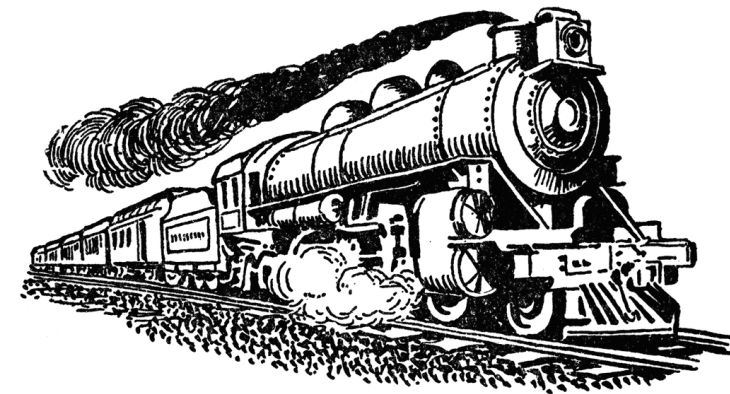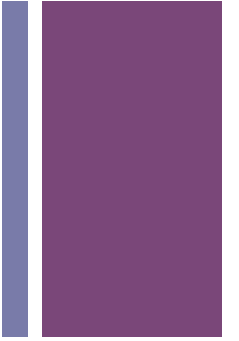# Transforming PRO Measurement in Medicaid

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Medical Director
Minnesota Department of Human Services

Quality measurement from the perspective of a Medicaid Medical Director

# Measurement at the "macro" level

Why to we measure?

- Measurement for accountability
  - State, geographic region
  - Health plan
  - Provider based model of care
  - Community integrated model of care

- Measurement for quality improvement

- Measurement to address and understand disparities

- Measurement to affect policy

Measures on a "validity" continuum

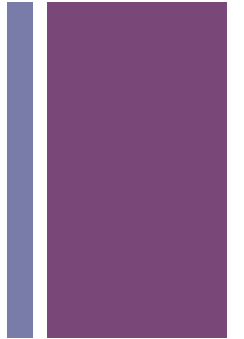- Infrastructure

- Process

- Health outcome

+
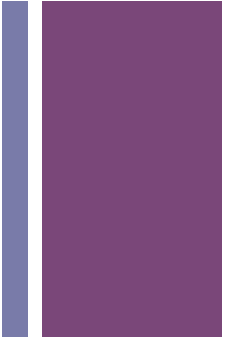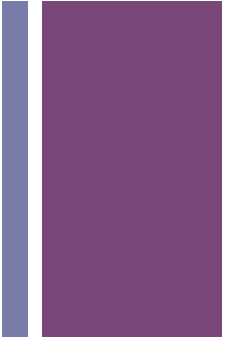
"Process measures don't truly differentiate among providers, so incentives for improvement are limited. …..Yet efforts required to measure processes and ensure compliance consumes organizations; resources and attention."
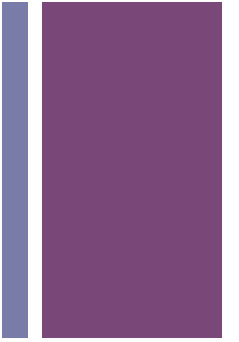
` Porter, Larsson, and Lee
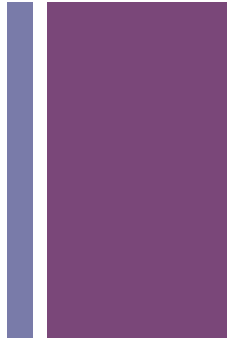
National Academy of Medicine

Measures on a "validity" continuum

- Deep infrastructure

- Infrastructure

- Process

- Health outcome

- Well being

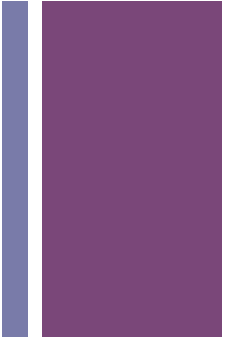# Measures by type of data collection

- Claims based measures

- "Hybrid" measures

- Patient reported measures
  - Patient reported experience of care
  - Patient reported outcome measures
    - Report of well being
    - Report of functional status

  Tools to assess individual patient reported status must be used with caution when aggregated to create an accountability measure

Important points

All of these are interrelated, but the same measure is not necessarily the correct measure for accountability at every level

The collection and use of a measure for quality improvement may be sufficient or part of a measure of infrastructure at a different level of accountability

Patient Reported Outcomes: Overview

- Patient perspective on own health is central component of treatment and evaluation of value

- Patient Reported Outcomes (PRO): Any report of the status of a patient's health condition, health behavior, or experience with health care that comes directly from the patient *without amendment or interpretation* by a clinician or anyone else.

- Using individual-level PRO data in clinical practice has potential to improve patient care and close patient-provider feedback loop
  - Aggregate-level PRO data may be used for accountability and performance improvement

PROs differ from patient experience of care measures
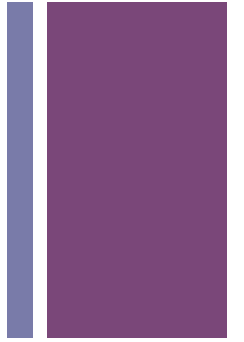
- Report of a patient's perception of their health care experience
  - Communications with providers, access to care and information, involvement in decisions, support for self-care, customer service, and care coordination

- CAHPS Surveys

- Goals of PRO and patient experience of care surveys differ. Patient experience of care surveys aim to:
  - Produce comparable data on patient perspective that allows objective comparison
  - Create incentives for health systems through public reporting of information
 - Enhance public accountability in health care

Patient reported outcomes
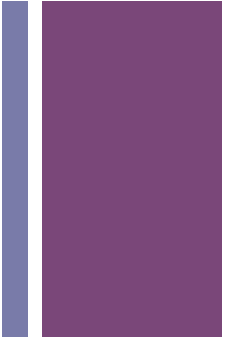
- Useful for patient management if
    - Collection can be accomplished efficiently
    - Feedback to provider teams can be prompt
    - The tool is useful and appropriate for the patient population

- Useful for quality improvement if
    - Aggregated results are incorporated into clinic processes
    - And clinic level quality improvement

- Useful for state/MCO/ACO accountability if
    - Identified as a key infrastructure component
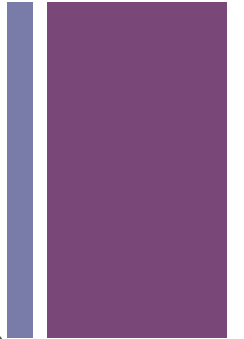   - Linked to a relevant sentinel measure

CareMessage Minnesota DHS project
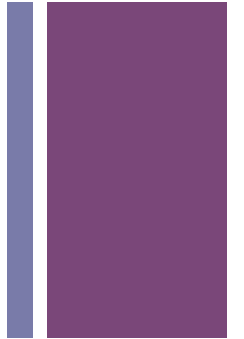
- Goals – to test the ability of provider systems to use of a text message based platform to collect a PRO for patient management and

- Provide aggregated results (without an accountability lever) to the state program (proof of concept)

Transformation? The role of mHealth

- Current collection of PRO data has high administrative and financial costs; mHealth solution may unlock potential of PRO data

- Innovative partnership between MN Department of Human Services and CareMessage
  - Non-profit, health technology organization
  - Two year grant awarded by the Rx Foundation

- Can use of text-based PROs improve the management of Medicaid enrollees?
  - Are we able to collect PROs via text in this population?
  - Does providing PRO data in real time create meaningful, actionable data for providers?

PRO Tool Selection and Outcomes
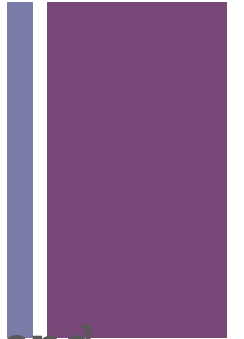
- DHS and CareMessage will work with interested organizations to select a PRO tool and frequency of use

- Potential tools: CDC Healthy Days, PHQ-9, PROMIS, SF-12

- What we hope to learn –
    - Whether text-based PRO tools improve timeliness, sample distribution, ease of administration and cost of collection
    - Whether this mode of collection improves the feedback loop between providers and patients
    - Whether this is a viable quality improvement tool for Medicaid agency and providers
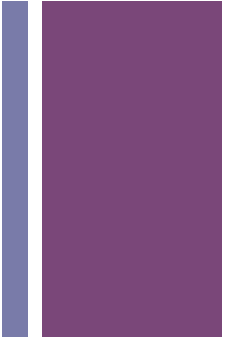
Partners

- Care Message platform

- Clinical provider

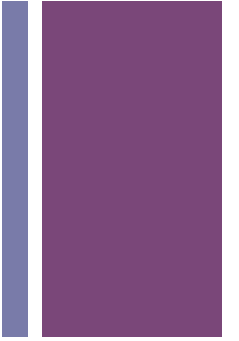- Purchaser/payer

- PRO tool measure steward
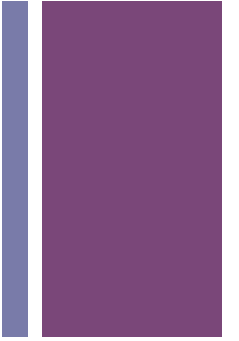
Challenges

- Consent

- Delivery pulse

- Rewards for recipients

- Integration into clinical workflows

Overview of CareMessage Grant Activities

- Recruiting providers in Integrated Health Partnerships (ACOs) to participate

- Assist organizations to incorporate the web-based CareMessage platform into clinical workflow
  - Enrollment and messaging is controlled from web site
  - Survey responses are received in real-time

- Providers will access patient-specific and site level data via the web site
  - DHS will receive aggregate site level data

- Phase 1: PRO Collection; Phase 2: Incorporate PRO tool into health education program
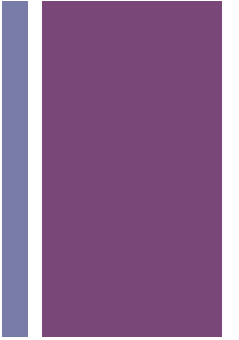
Questions?

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