



## PBGH ACTION BRIEF ON PATIENT-REPORTED OUTCOMES, APRIL 2015 BY DAVID HOPKINS, PHD AND JENNIFER EAMES HUFF, MPH

# ACTION BRIEF

### WHAT'S THE ISSUE?

Large employers and other purchasers provide health benefits for their employees to improve their health. But no one knows the extent to which health care providers are achieving this goal since they rarely, if ever, ask their patients to rate the outcomes of their care. Instead, providers tend to equate quality with process measures, e.g., “did the doctor write a prescription for the patient with asthma”, rather than “did the patient experience relief from their symptoms”. As purchasers, we need outcome-based information so that we can maintain a healthy workforce, encourage patients to use the best providers, understand the effects of new models of care, reward value instead of volume, and reduce inappropriate care.

Patients who are functionally impaired especially value information that guides them in their choices of treatments and providers. For example, patients are interested to know which doctor or health system is most successful at restoring function to someone with knee pain, back pain, or difficulty with breathing. Purchasers and health plans also need that information to evaluate their provider networks and ensure that their employees are getting the best care.

**Therefore, we must encourage providers to solicit and report information on patient-reported outcomes (PROs).**

PROs refer to the changes in an individual’s physical and/or mental health status, including their ability to perform normal job duties unhampered by disability. They are typically measured using a standardized patient survey instrument.

For example, low back pain is a leading cause of sick leave in the work force. How it is diagnosed and treated, and how well, can have a marked effect on employee absenteeism and “presenteeism.” Information on patient recovery can be collected systematically via health surveys. Such information, in turn, can be combined with costs to identify the high-value treatments and providers.

**Our nation needs leadership on this issue. Purchasers – public and private – should use their leverage with health plans and providers to encourage action.**

While PBGH appreciates that CMS --the largest health care purchaser in the U.S. -- is incorporating PROs in its provider incentive programs, we encourage the private purchasers to move in the same direction. This Action Brief presents the case for purchaser action and describes specific steps that purchasers can take.

## WHY SHOULD PURCHASERS CARE ABOUT PROs?

The simple answer is that

PROs capture information that is vital to ensuring that the health care system is providing the best value for the money spent.

Specifically, PROs measure what is important to patients –the effect on their overall quality of life and daily activities: how soon after surgery can I walk upstairs? when can I cook my own dinner without assistance? At the same time, functional status – as measured by PROs – is an important predictor of productivity and an employee’s ability to return to work.

*Second*, PROs address many issues that providers should be discussing with their patients that ultimately will affect their clinical outcomes: how bad are the patient’s symptoms and how do they impact quality of life, what are the treatment options, and, if treatment requires a referral, which provider(s) do the best job of returning similar patients to function?

*Third*, PROs are essential for true value comparisons, e.g., which surgeons and hospitals are getting best results for their knee and hip replacement patients? Such information is needed to ensure that provider networks are delivering best value.

In the United Kingdom, every hip or knee replacement patient is asked to fill out a standard survey on their functional health status following surgery. Results are scored and aggregated and used to compare providers on a public web site<sup>1</sup>.

The California Joint Replacement Registry (CJRR), which was initiated by PBGH, collects and reports this information. PROs are also required of participants in PBGH’s Employers Centers of Excellence Network (ECEN).

*Fourth*, PROs represent a key element of patient-centered care and may reduce inappropriate treatments and services. They can be used to support shared decision-making and goal-setting, track patient progress towards meeting goals, flag unexpected complications, etc. Informed patient decision-making has been shown to reduce the frequency of costly procedures and, hence, can help patients avoid treatments that may not help and may even cause harm, as well as save money for purchasers and payers.

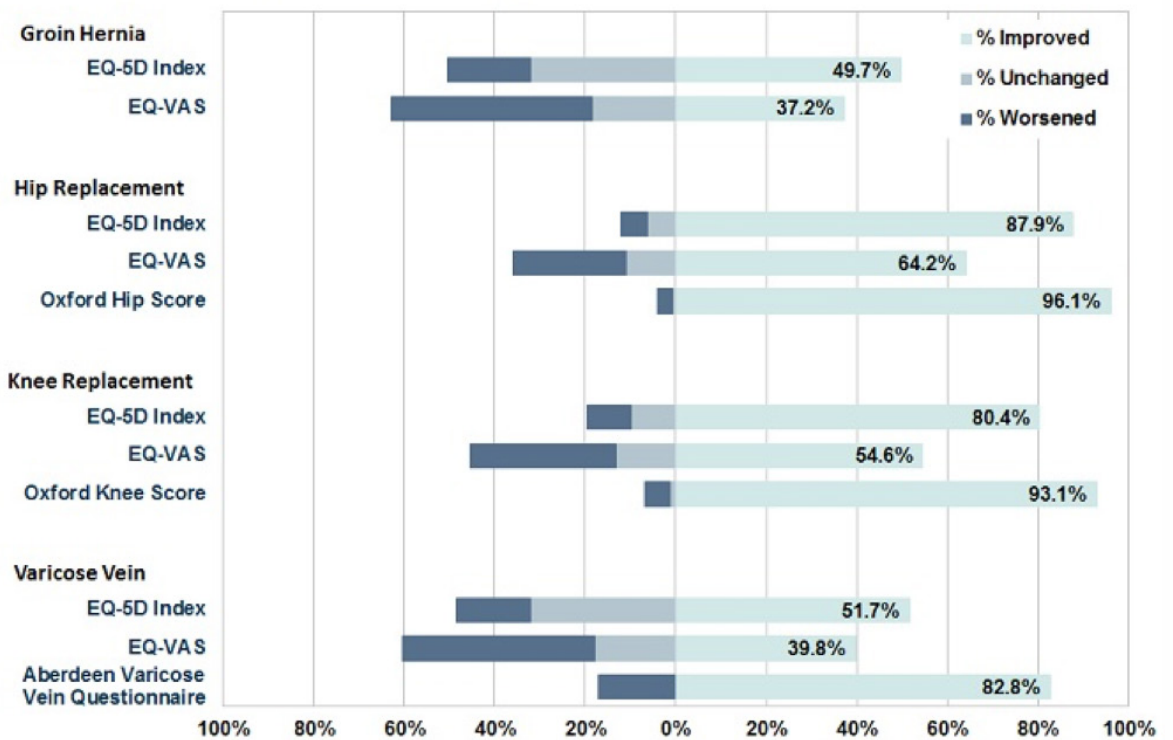
At the Dartmouth Spine Center<sup>2</sup>, patients with back pain are asked to complete a health status survey to determine the extent to which their condition limits their ability to function as they would like. Results are used to help the patient and their clinicians choose between conservative treatment and surgery.

<sup>1</sup><http://www.hscic.gov.uk/catalogue/PUB14574/fin-proms-eng-apr12-mar13-scor-2-comp.xlsx> <http://dhspine.org/>

## WHERE AND HOW ARE PROS BEING USED?

TPROs are commonly used in clinical trials to demonstrate the effectiveness of new drugs. The use of PROs to assess patient care, however, is a more recent development. In the United Kingdom, the National Health Service has been collecting PROs for several common procedures since 2009. See Chart 1 below.

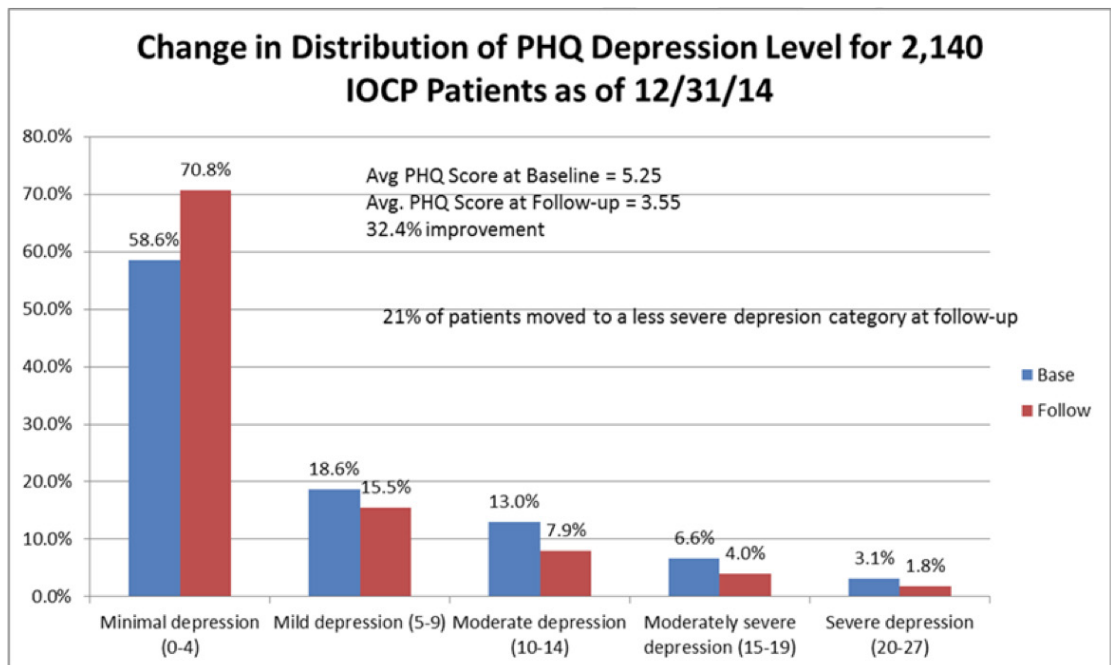
Chart 1 - Improvement rate (unadjusted scores) by procedure and measure



<sup>3</sup>The U.K reporting program includes PROs for hip and knee replacement, hernia repair, and varicose vein surgery. Results are risk-adjusted and reported as the average change in patient-reported functional health status achieved for every hospital performing these procedures nationwide. See <http://www.england.nhs.uk/statistics/statistical-work-areas/proms/>

## WHERE AND HOW ARE PROS BEING USED?

Here in the U.S., we have just begun to introduce PROs to evaluate patient care. For example, CJRR has publicly reported results for hip and knee replacement surgeries at the hospital level (<http://caljrr.org/pro/index.aspx>). Certain leading health systems have already integrated PROs into patient care and follow-up. For example, Geisinger Health System in northeastern Pennsylvania routinely uses PROs to assess patients' status before and after treatment for a variety of conditions. The Intensive Outpatient Care Program (IOCP), which is funded by the Center for Medicare and Medicaid Innovation and operated by PBGH, collects functional health status and uses other standard survey instruments to screen for depression and to measure the patient's ability to engage in improving their health. Patients are screened again following treatment to ensure that their condition has improved. The graph below shows the longitudinal change in Patient Health Questionnaire (PHQ) results<sup>5</sup>.



The project described was supported by Grant Number 1C1CMS331047 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the independent evaluation contractor.

Other examples of leading health systems that have adopted PROs include Intermountain Health Care in Salt Lake City and Virginia Mason in Seattle. Virginia Mason also regularly conducts health risk appraisals of its members and incorporates the data in the EHR for discussion with their primary care physician.

Some health plans are also promoting the use of PROs. For example, Blue Cross Blue Shield of Massachusetts (BCBSMA) is developing PROs in two clinical areas – depression and hip/knee surgery – by offering bonuses to physician organizations that agree to collect the data and submit it to them. They will use the data to build performance measures for accountability.

<sup>5</sup>T [http://www.calquality.org/storage/documents/iocp\\_2012.pdf](http://www.calquality.org/storage/documents/iocp_2012.pdf)

The survey follow-up interval varies according to the clinical indication of the initial assessment.

## WHAT IS PBGH DOING TO ADVANCE THE USE OF PROs?

PBGH has been working to promote the use of PROs to improve care and to measure and report on performance.

Current activities include the following:

- Ensuring that PBGH-sponsored programs – e.g., CJRR, IOCP, ECEN – incorporate a PROs reporting requirement
- Advocating for Medicare and other large payers to foster adoption of PROs through value-based purchasing programs
- Advocating with the Office of the National Coordinator for HIT to require that PROs be imbedded into electronic health records for the EHR certification program
- Serving on expert panels to promote development and assessment of PRO performance measures
- Engaging with sponsors of clinical registries to encourage them to incorporate PROs in their data sets
- Encouraging the National Committee on Quality Assurance (NCQA) to adopt requirements for PROs in its accreditation programs, and
- Encouraging federal and state health benefit exchanges to consider requiring their participating health plans to report on PROs.

## CALL FOR PURCHASER ACTION

Most physicians and hospitals are not accustomed to collecting and using PROs, nor is the health care system generally equipped to integrate this information with the patient's electronic health record. Progress on the adoption and use of PROs will continue at a slow pace unless consumers and purchasers encourage speedy adoption.

Purchasers should do the following, either directly or by working through their health plans:

- Build PROs into value-based payment programs– not just collecting PROs, but actually using them to improve care and making the results publicly available at the provider level. See the Appendix for a list of PRO measures that are ready to include in provider contracting.
- Require ACOs to collect and report PRO performance measures at the physician and hospital levels.
- Require collection and reporting of PROs through their Centers of Excellence contracts as is already being done through PBGH's Employers Centers of Excellence Network (ECEN).
- Require hospitals to participate in CJRR, which publicly reports PROs for hip and knee surgery.
- Incorporate PROs into quality reporting sections of consumer choice tools.

APPENDIX: EXAMPLE PRO PERFORMANCE MEASURES

Condition	Significance	Measure	Measure user(s)
Asthma	5th most commonly treated medical condition in the U.S. for adults 40-64; \$1,849 annual expenditure per adult with asthma (2009) <sup>6</sup>	Asthma under control	Minnesota Community Measurement (MNCM), CMS
Depression	Affects approximately 10% of adult U.S. population; \$1,300 annual expenditure per affected individual (2009) <sup>7</sup>	Depression remission at 6 and 12 months	MNCM, CMS
Low back pain	1 in 4 Americans experienced low back pain during past 3 months <sup>8</sup> ; 8th most expensive medical condition for private health insurance spending <sup>9</sup>	Functional status change within x weeks/months	Dartmouth-Hitchcock Medical Center routinely collects; MNCM is piloting
Hip and knee replacement	2nd most commonly performed surgical procedure among U.S. adults aged 40-64 <sup>10</sup> ; \$30K average cost/surgery paid by private insurers <sup>11</sup>	Functional health outcomes for hip and knee surgery within 6-12 months	California Joint Replacement Registry, MNCM, CMS
ADHD	Affects 5% of children under 18; \$3,263 spent annually per affected child (2008) <sup>12</sup>	ADHD symptom reduction	CMS

<sup>6</sup> AHRQ Medical Expenditures Panel Survey, Statistical Brief #382, August 2012.

<sup>7</sup> AHRQ Medical Expenditures Panel Survey, Statistical Brief #377, July 2012.

<sup>8</sup> Institute of Medicine, Relieving Pain in America, Box 1-4, p. 28, 2011.

<sup>9</sup> Thorpe, et al., "The Rising Prevalence Of Treated Disease: Effects On Private Health Insurance Spending," Health Affairs Trends, W5 324, June 2005.

<sup>10</sup> "Health, United States, 2013," Centers for Disease Control and Prevention, 2014.

<sup>11</sup> Blue Cross Blue Shield Association, "A Study of Cost Variations for Knee and Hip Replacement Surgeries in the U.S.," January 21, 2015.

<sup>12</sup> AHRQ Medical Expenditures Panel Survey, Statistical Brief #324, May 2011.