



HEALTHCARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING—WITH REAL-WORLD PERSPECTIVE.

## 2013 SQMS Proposed Measure Evaluation

### *Draft Report*

*Prepared for:* Center for Health Information and Analysis

*Submitted by:* The Lewin Group, Inc.

*September 26, 2013*

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*Prepared for:*

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*September 25, 2013*

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## Proposed Measure 1: Use and quality of shared decision-making

**Description:** Shared decision making allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences. Decision aids are evidence-based sources of health information that can help patients make informed treatment decisions. There is a burgeoning literature on the use of shared decision making as a component of overall health care, health outcomes, and satisfaction with care. Shared decision making (SDM) is part of the effort to improve health care quality by making care more patient-centered.

**Proposed Level of Analysis:** Individual physician; Physician group; Health care system

**SQAC Priority Areas:** Patient-Centered Care (efficiency and system performance)

### Measure Specifications

- *Denominator Population:* N/A
- *Numerator Population:* N/A

### Background Information

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- *Measure Steward:* Informed Medical Decisions Foundation (IMD Foundation)
- *Measure Nominator's Name and Organization:* Deborah Wachenheim, Health Care for All
- *Setting Where Measure is Currently Utilized:* Through the Informed Medical Decisions Foundation at locations (e.g. Mass General) that are using shared decision making tools. They have developed and tested survey instruments for the following elective surgical procedures: herniated disc; spinal stenosis; total knee replacement; total hip replacement; coronary bypass/stents. They have developed and tested survey instruments for the following screening and treatment decisions: breast cancer surgery; breast reconstruction; prostate cancer treatment; prostate cancer testing (PSA); colon cancer testing. They also have a set of items that more generally assess the extent to which clinicians engaged patients in shared decision making. In addition to engaging patients in making decisions about treatments for which there are multiple options, these tools often lead to a decrease in overuse of inappropriate care.
- *References*
  - Karen Sepulcha at Massachusetts General Hospital
  - Arterburn, D., R. Wellman, et al. "Introducing Decision Aids At Group Health Was Linked To Sharply Lower Hip And Knee Surgery Rates And Costs." Health Affairs **31**(9): 2094-2104.
  - Legare, F. and H. O. Witteman "Shared Decision Making: Examining Key Elements And Barriers To Adoption Into Routine Clinical Practice." Health Affairs **32**(2): 276-284.
  - Ferrer, R. L. and J. M. Gill "Shared Decision Making, Contextualized." The Annals of Family Medicine **11**(4): 303-305.

- Spatz, E. S. and J. A. Spertus "Shared Decision Making: A Path Toward Improved Patient-Centered Outcomes." Circulation: Cardiovascular Quality and Outcomes 5(6): e75-e77.
- In a 2011 Cochrane systematic review of 86 studies involving over 20,000 participants, use of decision aids resulted in improved knowledge of options, more accurate expectations of possible benefits and harms, choices that were more consistent with patients' informed values, and increased participation in decision making, among other benefits. (Stacey, D., Bennett, C. L., Barry, M. J., Col, N. F., Eden, K. B., Holmes-Rovner, M., et al. (2011). Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews* (Online), 10, CD001431. doi:10.1002/14651858.CD001431.pub3)
- A systematic review of the emerging evidence for decision aids applied to maternity care includes trials showing improved knowledge, reduced decisional conflict, increased perception of having made an informed choice, reduced anxiety, and improved satisfaction. (Dugas, M., Shorten, A., Dubé, E., Wassef, M., Bujold, E., & Chaillet, N. (2012) Decision aid tools to support women's decision making in pregnancy and birth: A systematic review and meta-analysis. *Social Science & Medicine*, 74(2012) 1968-1978.)
- Salzburg Global Seminar. Salzburg statement on shared decisionmaking. *BMJ*. 2011; 342:d1745.
- Han PKJ, Kobrin S, Breen N, et al. National evidence on the use of shared decision making in prostate-specific antigen screening. *Ann Fam Med*. 2013;11(4):306-314.

## Measure Evaluation

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- **Reliability and Validity: 1**

There is some evidence that shared decision making measures can be developed that have the characteristics of reliability and validity.<sup>1</sup> However, in the absence of a consensus on how the variable is measured, there can be little consistency or reliability in the measure.

- **Ease of Measurement: 2**

There is some evidence that shared decision making can be measured readily by researchers, although difficulties associated with specification of the measure hinder progress here.

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<sup>1</sup> Amy Leader, Constantine Daskalakis, et al. Measuring Informed Decision Making about Prostate Cancer Screening in Primary Care *Med Decis Making* March–April 2012 32: 327-336, first published on June 17, 2011 doi:10.1177/0272989X11410064

- **Field Implementation: 1**

Implementation of the measure is another significant challenge. There is growing evidence that the measure has a presence in the research literature, but the lack of evidence for a common shared decision making tool and the heterogeneity in the variety of domains and types of tools used hinders a common approach.

- **Amenable to Targeted Improvement: 1**

The measure is clearly amenable to further research and incorporation into performance improvement projects; this, in fact, is the measure's great strength. Until issues of measure specification, reliability and validity are addressed, however, incorporating shared decision making into the improvement enterprise will be a large endeavor.

## **Overall Recommendation**

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### **Shared decision making: NOT RECOMMENDED**

- Average Score: 1.25
- Meets SQAC Priority: YES
- Endorsed by NQF or included in nationally recognized measure set: NO  
*No alternative measure; instead, a range of potential measures*
- Met minimum scores on each evaluation dimension: NO

## **Additional Comments**

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This feels like a measure in waiting: there is a growing body of literature on the importance of shared decision making for patients at the physician practice level, but this movement has not coalesced around a common tool or set of tools, and as such it is difficult to derive a shared decision making measure amenable to comparison. The overall approach is clearly well suited to process improvement and other targeted strategies that connect to improved health outcomes.

## Proposed Measure 2: Patient confidence

**Description:** Howsyourhealth (Website link: <http://www.howsyourhealth.com/>) is a way of measuring patient confidence in their own health care and in the care their physicians provide. It is also a way for providers to measure the difference they are making in terms of their patients' health status from the perspective of the patients.

**Proposed Level of Analysis:** Physician group

**SQAC Priority Areas:** Patient-Centered Care (community and population health)

### Measure Specifications:

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- *Denominator Population:* N/A
- *Numerator Population:* N/A

### Background Information

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- *Measure Steward:* Dartmouth College (John Wasson, MD)
- *Measure Nominator's Name and Organization:* Deborah Wachenheim, Health Care For All
- *Setting Where Measure is Currently Utilized:* Dartmouth Medical School; A number of medical providers/health care systems and communities are utilizing this tool.
- *References*
  - John Wasson - [www.howsyourhealth.org](http://www.howsyourhealth.org)
  - See Published References: <http://www.healthconfidence.org/html/whereWhy.html>
  - Wasson, J. H., Benjamin, R., Johnson, D., Moore, L. G., & Mackenzie, T. (2011). Patients use the internet to enter the medical home. *Journal of Ambulatory Care Management*, 34, 38-46
  - Wasson, J. H., Mackenzie, T. A., & Hall, M. (2007). Patients use an internet technology to report when things go wrong. *Quality and Safety in Health Care*, 16, 213-217.

### Measure Evaluation

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- **Reliability and Validity: 1**

There is some evidence that patient confidence measures can be developed that have the characteristics of reliability and validity.<sup>2</sup> However, in the absence of a consensus on how the variable is measured, there can be little consistency or reliability in the measure.

- **Ease of Measurement: 1**

There is some evidence that patient confidence can be measured readily, although difficulties associated with specification of the measure hinder progress here.

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<sup>2</sup> [www.howsyourhealth.org](http://www.howsyourhealth.org)

- **Field Implementation: 1**

Implementation of the measure is another significant challenge. There is little evidence that the measure has a presence in the research literature.

- **Amenable to Targeted Improvement: 1**

The measure is clearly amenable to further research and incorporation into performance improvement projects; this, in fact, is the measure's great strength. Until issues of measure specification, reliability and validity are addressed, however, incorporating shared decision making into the improvement enterprise will be a large endeavor.

### **Overall Recommendation**

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#### **Patient Confidence: NOT RECOMMENDED**

- Average Score: 1
- Meets SQAC Priority: YES
- Endorsed by NQF or included in nationally recognized measure set: NO
- Met minimum scores on each evaluation dimension: NO

### **Additional Comments**

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As with shared decision making, this feels like a measure in waiting. There is little doubt that patient confidence is a movement, particularly within the patient-centered medical home. At this time, however, the field has yet to coalesce around a sound measure and a widely accepted methodology for calculating and capturing that measure. The seeds are clearly there: the website provides a useful tool for physicians and other providers, and it also provides a starting point for the creation of a measure. But this process is still nascent, and needs further development and testing.



### Proposed Measure 3: OB trauma - vaginal birth with instrumentation (AHRQ PSI 18)

**Description:** This AHRQ Patient Safety Indicator measures the rate of third and fourth degree obstetric traumas per 1,000 instrument-assisted vaginal deliveries.

**Proposed Level of Analysis:** Hospital

**SQAC Priority Areas:** N/A: Proposed as technical correction to existing SQMS

#### Measure Specifications

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- Rate of discharges with an ICD-9-CM code of 3rd and 4th degree obstetric laceration in any diagnosis field among vaginal delivery discharges, defined by DRG, with an ICD-9-CM code of instrument-assisted delivery in any procedure field.
- *Denominator Population:* Hospital delivery population
- *Numerator Population:* Any delivery with an ICD-9-CM code of instrument-assisted delivery

#### Background Information

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- *Measure Steward:* Agency for Healthcare Research and Quality (AHRQ)
- *Measure Nominator's Name and Organization:* Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts (BCBSMA)
- *Setting Where Measure is Currently Utilized:* BCBSMA uses this measure as part of its core set to evaluate hospital performance. OB is an area of particular relevance to a commercial and Medicaid population. The number of valid and reliable OB measures is limited so we include both PSI 18 and 19 (with and without instrumentation).
- *Other:* This measure is part of AHRQ's Quality Indicator project. It is part of the patient safety indicator (PSI) subset, to be used both for comparative performance measurement as well as individual hospital performance improvement measurement and root cause analysis.
- *References:*
  - AHRQ has documented substantial information on the methodology, validity and applicability of the measure.
  - Russo, C. A. (Thomson Reuters) and Andrews, R.M. (AHRQ). *Potentially Avoidable Injuries to Mothers and Newborns During Childbirth, 2006*. HCUP Statistical Brief #74. June 2009. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb74.pdf>
  - Grobman, William A., Joe Feinglass, and Sumithra Murthy. "Are the Agency for Healthcare Research and Quality obstetric trauma indicators valid measures of hospital safety?." *American journal of obstetrics and gynecology* 195.3 (2006): 868-874.
  - Kyser KL, Lu X, Santillan DA, et al. The association between hospital obstetrical volume and maternal postpartum complications. *Am J Obstet Gynecol* 2012;207:42.e1-17.

## Measure Evaluation

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- **Reliability and Validity: 3**

This measure is endorsed by AHRQ at the hospital level. The measure has strong face validity and criterion validity, which serve as the basis for measure reliability and validity.

- **Ease of Measurement: 3**

This measure is calculated using readily available hospital administrative data. AHRQ has placed an emphasis on electronic data capture, further enhancing ease of measurement.

- **Field Implementation: 3**

The measure is implemented and used to evaluate hospital performance on births since its inception in 2009

- **Amenable to Targeted Improvement: 3**

The indicator is strongly amenable to performance improvement projects; however, our search efforts to this point have not yielded evidence for interventions focused on clinical improvement or other outcomes-based improvement.

## Overall Recommendation

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### **OB trauma - vaginal birth with instrumentation: STRONG**

- Average Score: 3
- Meets SQAC Priority: YES
- Endorsed by NQF or included in nationally recognized measure set: YES: AHRQ PSIMet minimum scores on each evaluation dimension: YES

## Additional Comments

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A solid measure, easily recommended, particularly when paired with PSI 19.