

PROFESSION

AMA group sets new framework for patient outcome measures

The Physician Consortium for Performance Improvement says the metrics "must be clinically relevant, meaningful, measurable and actionable."

By KEVIN B. O'REILLY, amednews staff. Posted Sept. 19, 2011.

The American Medical Association-convened Physician Consortium for Performance Improvement in August adopted principles on developing outcome-based measures of doctors' quality.

The recommendations will guide the consortium's measure-development work groups as they generate metrics on patient outcomes such as mortality, morbidity, symptoms, functional health status and satisfaction with care.

"We are seriously moving into assessing outcomes with a goal of providing information back to physicians to improve clinical practice," said Carl A. Sirio, MD, chair of the consortium's Measures Development Methodology and Oversight Advisory Committee, which devised the framework. Dr. Sirio also is a member of the AMA Board of Trustees.

Outcome metrics "must be clinically relevant, meaningful, measurable and actionable by the clinician," according to the committee's recommendations. The measures should be tested for validity and reliability and structured around episodes of care -- heart failure, for example.

The consortium already has endorsed 16 measures that gauge outcomes in areas such as HIV/AIDS, chronic kidney disease, oncology and coronary artery disease. Overall, the consortium has approved more than 260 individual quality measures in 43 clinical areas. More than 170 organizations, nearly all of which are national medical specialty and state medical societies, are members of the consortium.

The push to develop more outcome measures comes partly in response to requests from the Centers for Medicare & Medicaid Services and the National Quality Forum, Dr. Sirio said. The consortium developed about 65% of the measures included in Medicare's Physician Quality Reporting System. Doctor participation in the program is voluntary through 2014, but starting in 2015 physicians will be penalized 1.5% for not reporting and see a 2% pay cut thereafter.

Improving outcomes measurement

The consortium aims to avoid the pitfalls of previous outcome-based metrics that are predicated on administrative data or measure factors beyond physicians' control, Dr. Sirio said.

"Anything we can do to move away from claims data to clinical data will enhance the quality of outcomes measurement," he said. "And we've tried to begin to create outcome measures that are more proximate to care and where there's the ability for the doctor to impact the outcome."

For example, the consortium has approved a metric that looks at the percentage of adults who had complications in the month following surgery for an uncomplicated cataract.

"If we look at the outcomes from cataract surgery within 30 days of the operation, most of those issues should be within the control of the ophthalmologist providing the service and doing the procedure," said Dr. Sirio, a Pittsburgh critical-care physician. "The complications will relate to infections, acuity, wound healing -- and those are technical issues that physicians largely should be able to impact directly."

ADDITIONAL INFORMATION:

WEBLINK

"Measures Development, Methodology and Oversight Advisory Committee: Recommendations to PCPI Work Groups on Outcomes Measures," Physician Consortium for Performance Improvement, August (www.ama-assn.org/resources/doc/cqi/outcome-measures-framework.pdf)

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