Getting from Here to There with Longitudinal Quality Metrics

By John F. Derr, RPh and Terrence A. O'Malley, MD

Editor's note: This is the third and final installment of a series reviewing the current and desired state of longitudinal care, as well as the steps healthcare stakeholders need to take to embrace this emerging quality measurement process.

E-quality measures for person-centric longitudinal care are unique because of their duration, participation by multiple sites and providers, and range and intensity of services (acute care, chronic care, rehabilitation, medication management, maintenance, prevention, and wellness). Longitudinal care requires cross-site coordination and excellent transitions of care and alignment with clearly articulated quality of care and quality of life goals. The use of social media, mobile health and smartphones, health information exchanges, and new person-centric models of care will change how care is delivered and how quality is reported.

The first article in this series on quality measurements in longitudinal care discussed the current state of measures, while the second proposed a method of developing longitudinal care quality measurements for patients with complex co-morbidities. There have been advancements in quality measurements even since the first of these articles was published in September, especially in the industry's recognition that providers should move away from episodic care and siloed facility quality measurements. Most in the industry agree that quality measures must be used and considered in a very different way.

Getting from "here," the current underutilization of longitudinal e-Quality measures, to "there," wide implementation of the measures, is not an easy path to chart. Getting there will require many incremental advances and a coordination of quality development organizations.

At a high level, the interrelated steps listed below are required to harmonize person-centric electronic longitudinal care e-Quality measures across the full spectrum of care. The healthcare industry must:

- Develop transitions of care data sets
- Develop content standards for care plans
- Develop patient applications for quality reporting
- Develop standard and interoperable clinical measurement tools across all the sites in the spectrum of care
- Establish a data exchange standard that can express the required data elements unambiguously
- Seek stakeholder input
- Establish NQF-certified standards for transitions and care plans
- Prioritize this work through the Office of the National Coordinator for Health IT's (ONC) Health IT Policy and Standards Committees
- Engage the Centers for Medicare and Medicaid Services (CMS) to develop standards for adoption

Longitudinal Care Requires Provider Coordination

Individual providers each contribute essential parts to a pa- tient's care, but no one provider site can provide all that is necessary for patients. It requires the coordinated effort across all of a patient's care sites for the duration of the episode or chronic disease in order to assign an overall quality score. New approaches like quality measurement bundling, which was discussed in the 2012 November-December *Journal of AHIMA* article installment of this series, are needed to gather this information.

Developing e-Quality measures that achieve the ultimate objective of person-centric longitudinal care-producing quality outcomes-requires a focus on the end objective. Therefore, organizations must take longitudinal e-Quality measures into consideration when developing episodic measurements for their facility. Provider sites should develop one set of e-Quality measurements for episodic incidents, and one for longitudinal measurements.

The "person" in person-centric measures and healthcare is not always the patient. Longitudinal care is for all people, since its focus is wellness management as well as proactive and preventive care that impacts the entire population. This concept incorporates ONC's "Put the 'I' in 'HIT'" program. The objective of the ONC program is to encourage the individual healthcare consumer to take more responsibility for their wellness and quality of life. The individual cannot do this on a static basis and must follow proactive, not reactive, medicine. The individual also requires assistance from the healthcare community to take more responsibility for their health.

Longitudinal Care Plans Best for Managing Disease

The only way electronic person-centric longitudinal care records can succeed is by developing clinical decision support (e-Decision) software applications that have built-in algorithms producing wellness alerts. These alerts, received well in advance, can prevent episodic incidents and enhance patient quality of life.

"Real-time" alerts are also important-providing medical staff with enough information at the right time to intervene and prevent a situation from escalating. Alerts have to take into consideration all aspects of a patient's care or wellness.

Longitudinal care plans should contain the clinical information necessary to trend the success of clinical measures and quality of life indicators. This will enable clinicians to help individuals manage their care over a lifetime. Both the individual and the clinician would be able to determine whether specific quality measures are stable, improving, or declining. If the quality measurements are declining, the clinical team could offer real-time solutions well in advance to prevent episodic incidents. This can be accomplished through the use of health IT algorithms and alerts.

A good example of the difference of clinical real-time intervention and clinical prediction is the current 30-day re-hospitalization program, called the Hospital Readmissions Reduction Program, created by CMS. There are health IT programs that predict re-hospitalization based on electronic patient assessments. In long-term post-acute care (LTPAC) these assessment tools are the Skilled Nursing Facility MDS and the Home Health Care Agency OASIS CMS. While these are good predictive programs that can lead to care improvement, they tend to be static and many times too late to prevent an episodic incident. These assessments, required by CMS, were developed for reimbursement and do not have a trending capability that is required for real-time intervention.

The programs now being implemented by providers and IT vendors to improve the electronic transition of care between the hospital and LTPAC providers, but they are still mainly based on an episodic incident. One of the new assessment tools that CMS is evaluating is the Continuity Assessment Record and Evaluation (C.A.R.E.) tool. This tool takes into account multiple care settings in its evaluation.

For patients with a chronic disease, like diabetes, the traditional method to track care is to measure the static blood sugar levels. Some programs will provide a trending of blood sugar levels to see how the patient is managing their insulin levels. But a true chronic care e-Quality longitudinal program would also be monitoring all conditions of diabetes-not just blood sugar levels. The combination of all parameters of diabetic care, paired with alerts, would provide an earlier indication of a chronic condition decline and provide both the patient and physician the opportunity for a real-time intervention.

Future longitudinal care e-Quality measures will incorporate multiple indicators with proactive alerts based on algorithms and the inclusion of e-Decision. However, all e-Quality measurements would have to be in harmony in order to achieve this objective.

The Rise of Longitudinal Measures

As the world of tomorrow moves toward an integrated, dynamic, person-centric, longitudinal electronic health record (EHR), the next step in e-Quality measures must be an evolutionary change in the way healthcare is provided-moving from episodic to longitudinal.

ONC's "Put the 'I' in 'HIT'" program and various new payment models are the current driving forces for this change, placing a focus on the individual and their lifetime quality of care and quality of life over one-off, episodic treatment. CMS is also beginning to work on the harmonization of e-Quality measurement as part of the implementation of the ARRA-HITECH Act's "meaningful use" EHR Incentive Program criteria.

The National Quality Forum (NQF) and others are beginning to understand this new paradigm shift in quality measurement environments. NQF has initiated the Measure Applications Partnership (MAP), which analyzes the spectrum of care provided to patients. It not only analyzes hospital and physician quality measurements but expands the longitudinal care stakeholders to post-acute care by including a section on LTPAC quality measures.

Quality measurement developers are beginning to include LTPAC because the primary goal of LTPAC care is to coordinate treatment over an extended period of time and across multiple sites. This care must conform to the changing needs of the individual during an episode of functional impairment and recovery and requires multidisciplinary teams able to handle complex care transitions with a longitudinal view.

The second component of health IT-enabled e-Quality measurement makes the patient the final arbiter of whether they received the essential elements of care. This could be accomplished through social media tools that allow for easy polling of individuals during and after an episode of care.

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