

Engaging Consumers in the Quality Measurement Enterprise

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Important Background



Who are we?

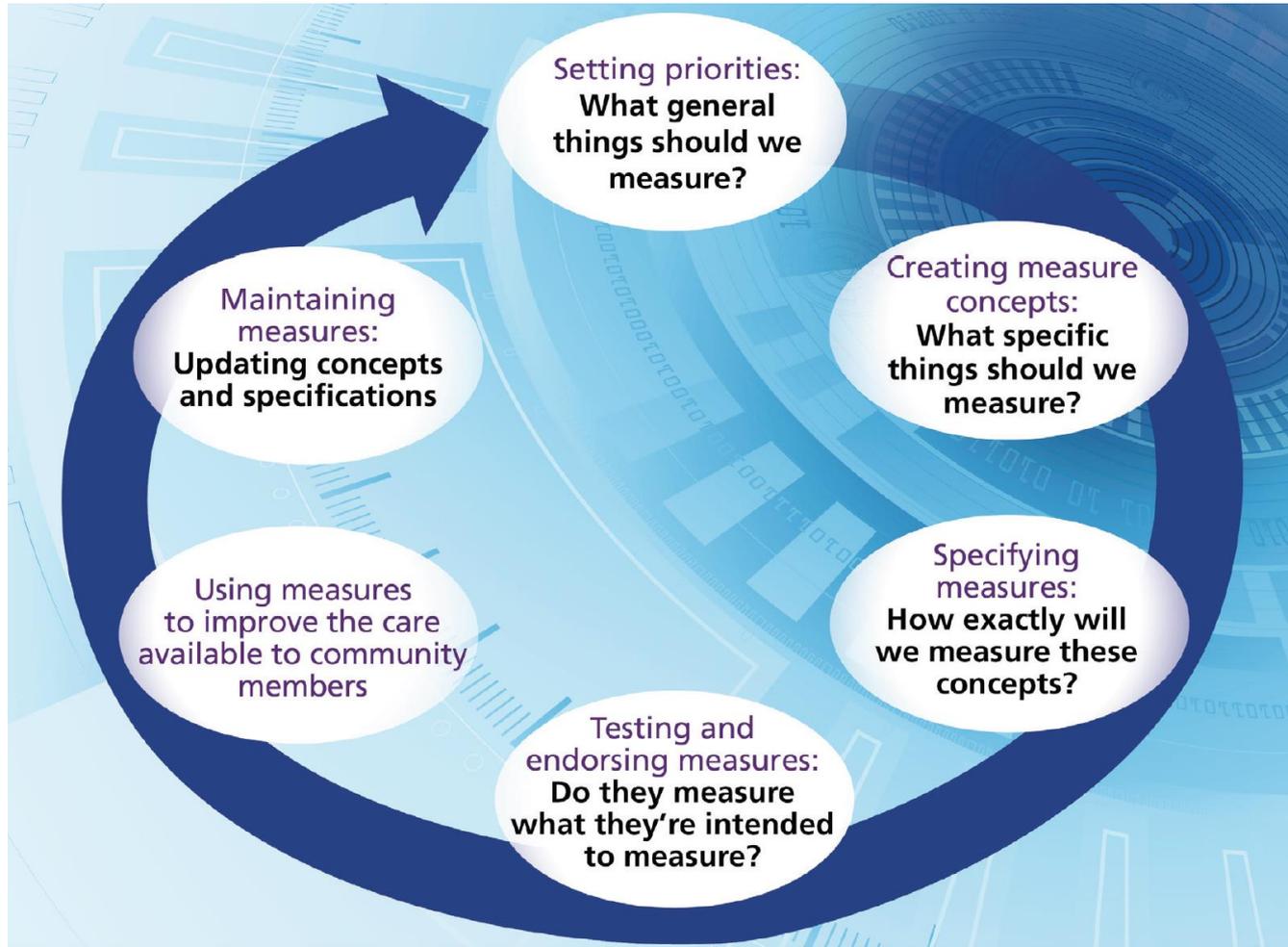
- RAND develops solutions to public policy challenges
- Community Catalyst builds consumer and community leadership to transform the American health system
- Community Catalyst sponsored RAND to explore concerns of consumer advocates about quality measurement work



What is quality measurement?

- Quality measurement helps providers, purchasers, payers, and consumers identify high-quality care and improve the quality of care.

The quality measure lifecycle



Uses of quality measures

Quality measures can help providers **improve**

Quality measures can help **inform** consumers

Quality measures can affect **payment**

Quality measures can **identify racial/ethnic and other disparities**

Quality measures can help!

Is a program helping its participants?

Is a program getting better/worse over time?

Is program A better than program B?

Examples

Your Medicaid program proposes to change how it manages and pays for substance use disorders services. **How will the state ensure this results in better care for consumers?**

You run a peer counseling program that has invested in building strong counseling skills and referral networks to community organizations and jobs programs. **How do you demonstrate that your program is better (and should get paid more) than a competing program, which doesn't make the same investments?**

Why do this?

Help quality measurement leaders and consumer advocates work together to improve the development, implementation, and use of quality measures



Our Approach



We spoke with representatives of consumer advocacy organizations

13 representatives

- 10 organizations
- 9 states (AL, CA, GA, IL, MA, MI, MN, NY, PA)

We held 4 community discussions with 1-5 participants each

We asked consumers to describe experience with quality measurement

- What aspects of these engagements met expectations
- What aspects did not
- Recommendations to improve engagement of consumers in the quality measurement process

We asked participants and other experts to review and comment on the report

- The QM lifecycle
- Barriers to effective engagement
- Recommendations to QM leaders
- Recommendations to consumer advocates

Our Findings



6 Barriers to effective engagement

1. Unequal Power
2. Limited Menus
3. One Seat at the Table
4. “Flat Footed”
5. Closed Doors
6. Dual Focus

Recommendations for quality measurement leaders

1. Clarify the goals of quality measurement
2. Affirm the importance of consumer-centeredness to this work
3. Emphasize openness to new views
4. Offer financial support
5. Ensure adequate consumer representation
6. Involve consumers early
7. Train consumers and offer technical assistance
8. Develop tools to support ongoing consumer input
9. Assess and learn from experience

Recommendations for consumer advocacy organizations

1. Focus national attention on consumer-centered quality measurement
2. Assess the extent to which quality measurement processes are open or closed to consumers nationally
3. Convene independent and public reviews of quality measurement work
4. Build and share knowledge and technical expertise about the process.

Thank you!

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Supplemental Material



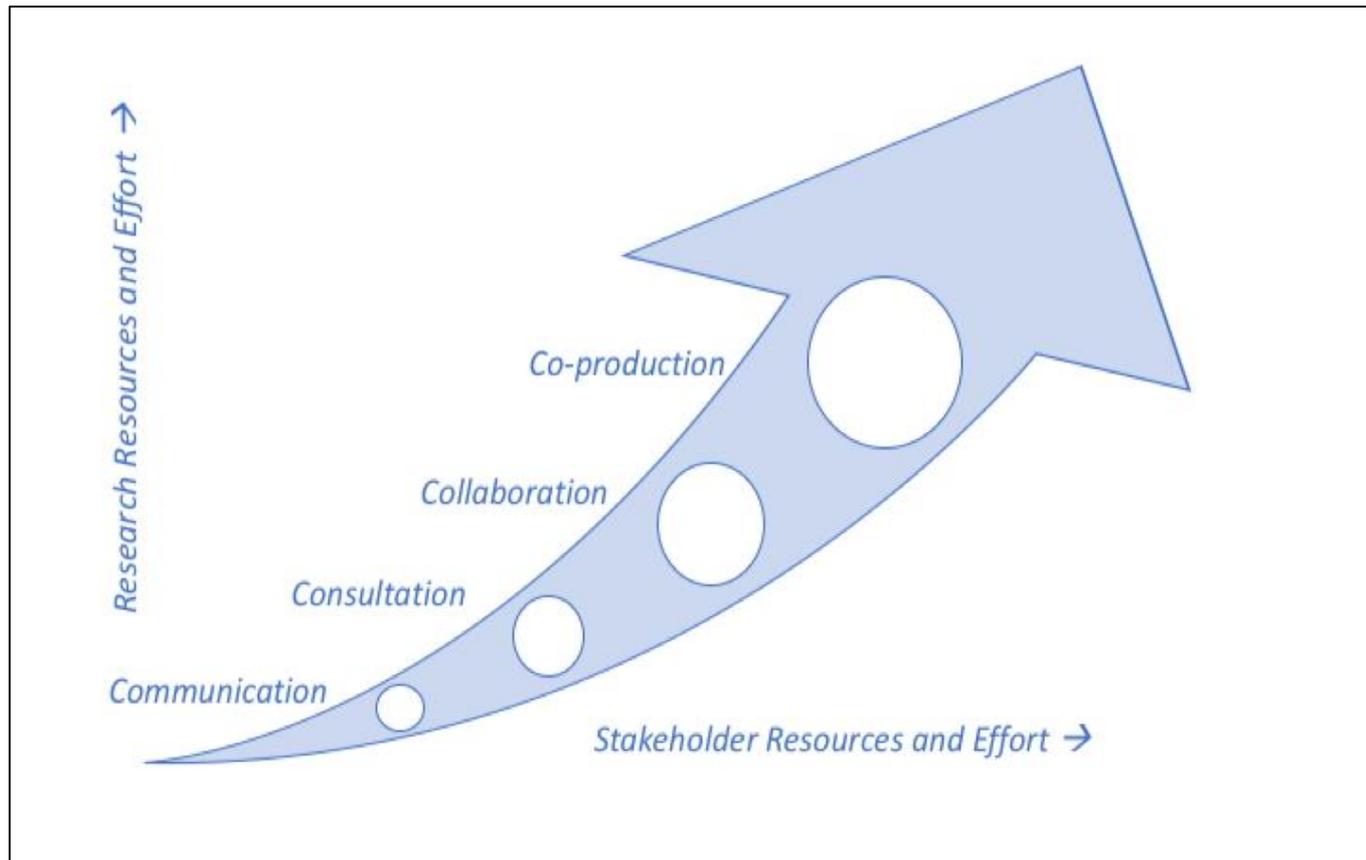
The 7Ps Framework

- Concannon, JGIM 2012

The 7Ps – Seven key groups to consider for involvement in health research

| Category | Description |
|-------------------------|---|
| Patients and the Public | Current and potential consumers of patient-centered health care and population-focused public health, their caregivers, families and patient and consumer advocacy organizations. |
| Providers | Individuals (e.g. nurses, physicians, mental health counselors, pharmacists, and other providers of care and support services) and organizations (e.g. hospitals, clinics, community health centers, community based organizations, pharmacies, EMS agencies, skilled nursing facilities, schools) that provide care to patients and populations. |
| Purchasers | Employers, the self-insured, government and other entities responsible for underwriting the costs of health care. |
| Payers | Insurers, Medicare and Medicaid, state insurance exchanges, individuals with deductibles, and others responsible for reimbursement for interventions and episodes of care. |
| Policy Makers | The White House, Department of Health and Human Services, Congress, states, professional associations, intermediaries, and other policy-making entities. |
| Product Makers | Drug and device manufacturers |
| Principal Investigators | Other researchers and their funders |

How intensively will you engage?



- Concannon, forthcoming in Elsevier 2019