EDERA℠

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Brightest Minds Webinar: The Future of Clinical Quality

SUMMARY OF BRIGHTEST MINDS WEBINAR PROCEEDINGS

BRIGHTEST MINDS LIVE

Webinar Date: NOVEMBER 9, 2022

1.0 What are Edera Brightest Minds live seminars?

Moderated by Edera's very own Chief Executive Officer (CEO), Kevin Carr, M.D., Edera's Brightest Minds live seminars support the company mission of connecting health care experts with public sector and commercial expertise, sharing their knowledge with everyone in the industry. Edera is a consulting services company and operates the National Coordination Center (NCC), which focuses on offering clinical Industry Best Practice Advisor (IBPA) support. Brightest Minds' seminar attendees can gain valuable insight from industry aficionados by listening to the conversation, as well as engaging in live, question and answer (Q&A) portions of the forums.

The brightest leaders are hand-selected to discuss the newest trends and critical challenges in health care. Edera invites experts that have their own individual perspectives so that session participants can learn about health care from different points of view. Some of the best industry innovators are those who engage in consensus-driven thought, while remaining firm in their own beliefs and teachings in their areas of expertise.

2.0 Meet the Panelists

The bright minds that joined Dr. Kevin Carr on November 9 to discuss clinical quality, included three influential physicians with decades of experience in health care and a keen understanding for the need to continuously improve clinical quality across the globe. Edera was honored to welcome Dr. Elizabeth Drye, the National Quality Forum's (NQF's) Chief Scientific Officer; Dr. Karen Dorsey Sheares, the Director for Yale New Haven Hospital's (YNHH'S) Center for Outcomes Research and Evaluation (CORE) and Associate Research Scientist in Pediatrics; and Dr. Frank deGruy, recently retired Chair of the University of Colorado's Department of Family Medicine.

Elizabeth Drye, M.D., M.S.

Chief Scientific Officer

National Quality Forum

Elizabeth Drye, M.D., M.S., is responsible for the strategic direction, leadership, and scientific oversight of NQF's quality measurement programs. Drawing on her expertise in clinical medicine, measurement science, and health policy, she works to advance the use of high-priority measures and the interoperable data they require. This includes advising the Centers for Medicare and Medicaid Services (CMS) on the use of quality measures in its programs and collaborating on a project with America's Health Insurance Plans (AHIPs) and CMS to support connecting payers and providers to improve the way quality measures work for frontline providers and specialists. She has a proven track record in the development of quality measures and their use to drive meaningful improvement.

Karen Dorsey Sheares, M.D., Ph.D.

Director

Yale New Haven Hospital Center for Outcomes Research and Evaluation

As a Director of the Quality Measurement Program at CORE, Dr. Dorsey Sheares oversees development and implementation of new measures. Her expertise is in digital measures that use data from electronic health records (EHRs). At CORE, she works with CMS to develop analytic tools that CMS can use in their pay-for-performance programs to assess provider care quality delivery. She also oversees CORE's Digital Transformation Strategy for federal projects and new business development.

Frank deGruy III, M.D., M.S.F.M.

Former Woodward-Chisholm Professor and Chair

University of Colorado Department of Family Medicine

Dr. deGruy chaired the University of Colorado's Department of Family Medicine from 1999-2021 and has dedicated most of his career to improving the quality of primary care. Most of his work has involved integrating behavioral health and primary care and overcoming the complex quality challenges associated with the effort. Before this post, he chaired the University of South Alabama's Department of Family Medicine. In addition, he has served as president of the Collaborative Family Healthcare Association and the North American Primary Care Research Group.

Webinar participants tuned in to meet and learn from these incredibly talented and knowledgeable panelists, who answered three main questions about clinical quality measures, including:

1. What do you see as the current challenges in the quality realm?
2. Now that we have access to new data, what are we missing for the future?
3. Do you have any recommendations for people who are setting health care policy?

3.0 Brightest Minds Building the Future of Clinical Quality

Dr. Carr kick-started the seminar by noting it is almost impossible to talk about health care transformation without some sort of discussion about including clinical quality in the definition of "value," which should be the ultimate goal of transformation. He explained the conversation then dives deeper into clinical quality measures and how to measure that quality across specific environments, which is exactly what the panelists came to discuss.

After allowing each panelist to introduce themself and highlight their areas of expertise, Dr. Carr asked each expert to provide their insight on what they see as the challenges in the quality realm today.

3.1 What do you see as the current challenges in the quality realm?

Dr. Drye answered first, noting several challenges. She began by explaining that the U.S. health care system is very expensive and when compared to other U.S. systems or organizations with similar economies, the health care system has relatively poor outcomes. Dr. Drye shared that, "The overall life expectancy in the U.S. is 76.1 years, which is low in comparison to other systems' numbers." She added the trends in potential life years lost due to issues like opioid abuse, early heart disease and diabetes, COVID-19 as well as risk factors such as poor metabolic health and rising behavioral health illnesses. "Over the past 20 years, the percentage of metabolically healthy U.S. adults has continuously decreased. Today, less than 7% of U.S. adults are metabolically healthy, and we can improve this statistic by doing better at providing preventative care," said Dr. Drye.

According to Dr. Drye, the nation's health care system is so complex and fragmented that many people struggle to find a consistent health care experience throughout their lives. Part of the challenge of improving consistent, preventative care is that providers receive suboptimal incentives to help patients stay healthy rather than provide care only when they are sick. Dr. Drye mentioned that one solution to this issue could be increasing movement to value-based payment models that strengthen prevention incentives for providers. She added that she believes there are key questions that require a concise answer. The questions include:

- What can providers be held accountable for in value-based payment programs?
- What resources can payers offer to providers as they try to give more holistic care to patients?
- How can providers who care for patients with the greatest need in this country be rewarded for their efforts?
- How can providers be consistently accessible to patients?

The overriding challenge in the quality realm from Dr. Drye's perspective is figuring out how to achieve a structure in care delivery that results in better outcomes for health (not just better care) in the journey toward enhancing quality.

Dr. Dorsey Sheares joined the conversation by stating that she completely agrees with Dr. Drye's insight, adding that the patterns of chronic disease and how they drive outcomes in the U.S. are very important. She believes that one of the issues of the current health care system is that it is incredibly difficult to create incentives for disease prevention and management over time because the system is based on a fragmented, short-term commitment to a person's health. The industry is struggling to create the financial incentives necessary to move past the issue of the provider avoiding expenditure on

preventative measures. “The country is facing a lack of commitment to overall health and wellness,” stated Dr. Dorsey Sheares. She highlighted that models of an all-payer structure have highlighted opportunities to create shared accountability for wellness over a person’s entire lifespan.

In connection to the last two key questions that Dr. Drye mentioned, Dr. Dorsey Sheares added that there is an unfortunate history in American health care of ignoring the opportunity to have more inclusive and equitable approach to care delivery. “The country has decided that it would rather forgo clinical improvements than be more equitable and inclusive in terms of who gets access to services,” she said. She concluded her thoughts by sharing her belief that to create a more prevention- and wellness-focused system both patients and providers want, a solution to the issue of being exclusive in care delivery must be discovered and implemented.

Dr. deGruy conveyed several observations regarding clinical-quality challenges within communities focused on the primary-care provider point of view. He shared his belief that the health care industry must be extremely conscientious with incentive plans because primary care practices (PCPs) only have the money to risk certain things. “These days, I think it is really hard to ask any PCP to risk anything,” voiced Dr. deGruy. He continued, “Providers give up weekends, holidays, and evenings to figure out how to provide higher quality care, but their practices are going broke, and they are losing staff.”

Continuing the discussion, Dr. deGruy explained the idea of not being able to “win health one disease at a time.” Once, Dr. deGruy counted all the quality measures that his department’s clinical practices were expected to meet to win quality bonuses; he counted 53 measures! The amount of time it took to meet the quality-care criteria was significant and began to exceed the amount of time available for providing clinical care. He concluded by describing how important it is to identify overall, inexpensive, global health measures because the burden of quality measurement is so heavy for many PCPs.

Recalling what Dr. Drye and Dr. Dorsey Sheares discussed, Dr. deGruy agreed that the current health care system is going against the incentive to help people be healthier and the best investment to make to the system is driving upstream toward prevention. Collaboration between behavioral health and primary care professionals is critical to driving successful change for the individual persons that make up the population. He added that everyone in health care has the will and desire to improve patients’ health, but there are formidable business disincentives standing in the way.

Finally, Dr. deGruy illustrated that he has encountered some strange problems while working with the various sectors that bring together and contribute to the health of a community. Different industry influencers such as first responders, police departments, retail employers, and district attorneys all bring different opinions and very different measures of success for improving the health of a community. The opposing measures between health care professionals and external industries must be reconciled to blend the funding sources for a healthier community.

3.2 Now that we have access to new data, what are we missing for the future?

Dr. Dorsey Sheares was first to answer the second question, beginning with her thoughts about key opportunities for the future. She began by stating, “Technology and data have vastly expanded what is digitally knowable about patients, care delivery, and care settings. Unfortunately, the explosion of access to this industry information happened suddenly and the data science work required to draw true insights and improve patient health and their experiences with health care delivery has lagged.”

Even with this explosion of information about patients, care delivery, and care settings, Dr. Dorsey Sheares thinks that it is important to remain focused on what is possible now. Health care professionals can apply data science work and use digital data that is already available to advance health care delivery, patient experience, and health care outcomes. She firmly believes that to derive digital insights from the explosion of information now available, the industry must "keep it simple."

On another note, Dr. Dorsey Sheares discussed that there has been a lack of focus on the patient-centered way of thinking about quality, and she thinks there is an opportunity for providers to receive real-time information about their patients, thanks to technology improvements that provide new data. She added, "Technology should streamline work for providers so that they can focus on patient care and their provider-patient interaction; it should not be a barrier."

Dr. Dorsey Sheares also believes that the health care industry must complete the public investment that it has made in technology. Balancing the investment in technology so that it reflects the actual system of care that patients move through is critical.

The final issue Dr. Dorsey Sheares highlighted is that of not knowing who holds health care data and who has power to use it. She has seen private companies take advantage of health care data to develop health care services because they know that information is power when trying to sell those services. However, there has not been an adequate commensurate public investment in data science that is transparent and applied to the public good. She added that, of course, it is always a top-priority to protect patient data, and improved privacy standards may encourage more information sharing. She stated, "Patients must be educated on what the digitization of their data means for their privacy as well as the benefits it can provide themselves and their fellow citizens when safely shared."

The Health Insurance Portability and Accountability Act (HIPAA) is due to be updated to better protect modern-day, sensitive patient health information. One solution Dr. Dorsey Sheares identified to improve the Act was instituting a HIPAA education system so patients can be part of the conversation about what is happening to their data, what it means for the data to benefit them, and what data security looks like. She posed a question to leave listeners thinking, asking, "Where is the connection between what patients are giving into society and what they are getting back?"

Dr. Drye added to the conversation, saying she believes there is now an opportunity to push forward and drive progress in some of the challenging areas Dr. Dorsey Sheares talked about, noting that this cannot happen without alignment between agencies and the public and private sectors. Dr. Drye thinks the industry needs to connect stakeholders and gather enough consensus to improve certain areas of health care, such as interoperability of data, governance on privacy and data sharing, and identifying a low-burden, quality measurement approach.

Dr. Drye explained that some progress has been made as new rules from CMS and the Office of the National Coordinator (ONC) require accessibility of data to patients, which follows the philosophy that patients own their data and should have access to it. Also, in the quality realm, she is working with CMS, ONC, and other specialty societies and stakeholders to begin identifying the core data elements necessary to be compatible with each other. She concluded there is a hunger for progress from clinicians and payers, but everyone needs to be aligned to move in the same direction.

Dr. deGruy reentered the discussion and shared his insight on the recent paradoxical experience the industry is facing. He explained, "The amount of data available from PCPs and the patients within the PCPs has grown exponentially; however, the amount of data that PCPs have access to as a research network has not grown because of the proprietary nature of so much of the data." PCPs can't obtain data from their own clinicians about their own patients. This paradox is counterproductive and

something De. deGruy thinks requires high-level, aggressive policy remedies. The absence of these policy remedies makes it extremely difficult for industry professionals to analyze data and identify quality-care standards people can be held accountable to.

3.3 Do you have any recommendations for people who are setting health care policy?

While working within the health care industry, Dr. deGruy realized it is impossible to make any progress overcoming certain industry issues without writing and establishing good, strong policy. He has also noticed, while working at the state policy level, that every policy has unintended consequences. "Policies impact everyone's space, so when we write them, we need to humbly and contentiously pay attention to the negative impacts it could have on other sectors of health care," he said. Dr. deGruy concluded with the point that policies are iterative and should be updated and enhanced as needed.

Dr. Dorsey Sheares added she completely agrees with the notion that policies are iterative and should be updated, and unfortunately, the health care industry struggles with addressing health policy. "There was a long time between the passage of Medicare and Medicaid and the Affordable Care Act (ACA), and those policy writers humbly admitted that the ACA wouldn't be a perfect solution. However, there is a duty to continue to iterate on the Act (and policy in general), but we have only seen it minutely in the years that have followed," she stated. She also hopes that the industry is learning from the COVID-19 pandemic and noticing that there can be a new way of interacting with others within health care because people understand their own collective vulnerability a little bit more, which is common after natural disasters like the pandemic.

Finally, Dr. Drye described how she is feeling optimistic for the future. She explained that in the quality measurement side of health care that she works in, she doesn't experience increasing partisanship and division like the country is experiencing in general. There are health care organizations (e.g., CMS) that are interested in continuous policy iteration and have the leverage necessary to make improvements without congressional approval. Dr. Drye recommended health care organizations and professionals "remain committed to collaborating, absorbing data, learning from experiments, and encouraging each other to keep making progress."

4.0 Moving Quality Progress Forward

Dr. Carr concluded the excellent discussion with the panelists on a positive note. He shared that even though there are great challenges to overcome in the journey toward clinical quality improvement, there is a sense of optimism when groups like this panel of experts join to begin aligning thoughts and ideas, especially because it prevents progress from going stale.

The conversation does not end here. In fact, it is just getting started. Panelists committed to moving quality forward, and Edera is committed to fostering discussion with continued live seminars. Join the conversation, and be on the lookout for information about the next event on Edera's Brightest Minds Events page and LinkedIn page.

Watch and/or listen to the recording of Edera's first Brightest Minds live seminar to learn more about what Dr. Drye, Dr. Dorsey Sheares, Dr. deGruy, and Dr. Carr think about clinical quality.