

Measuring What Really Matters

Perspectives on Aging with Dignity • October 2016



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Not everything that is important for a person's health can be measured and not everything that can be measured in health care is important to the average person.

For too long, value has been defined only for the benefit of regulators and purchasers. Our health care system is purpose-built to cater to their performance needs, oversight, and expectations, and as such has fostered the proliferation of all sorts of clinical quality measures by multiple organizations. The current state of quality measurement serves these audiences reasonably well.

However, the problem with evaluating quality using these tools is twofold. First as a physician, I still see too much variation in the technical quality of American health care. Second, clinical measures alone ignore how value is perceived through the eyes of those who actually use the delivery system. When we look at the highest users of health care – those with serious medical problems and functional limitations – we now have oodles of technical measures for each condition on their problem list and really no understanding of whether we are contributing to a person's quality of life. Frankly, I care little about the fact that my 100-year-old grandmother has never had a screening colonoscopy, but I care *mightily* that no one seems responsible for her successful discharge and transition home after a bout of urosepsis.

We cannot improve what we don't measure...and it is time to start measuring health care from the vantage point of those needing care, not just for those who provide and pay for it. And if we are to achieve dramatic improvements anticipated through new payment and service delivery models, the mushrooming of purely clinical measures must be thinned out to make room for a new generation of metrics that consider outcomes from the person's perspective.


The exciting news is there are important new resources to help frame and advance measures.

- The National Committee for Quality Assurance (NCQA) released two accreditation products to assess organizations responsible for coordinating long-term services and supports (LTSS). The [Accreditation of Case Management for LTSS](#) and the [LTSS Distinction Program](#) will help community-based organizations, health plans, and others acknowledge and prepare for the needs of Medicare-Medicaid beneficiaries and will hopefully, eventually become core requirements for any provider serving vulnerable populations. Thirty organizations were chosen as early adopters and are now actively trialing these products.
- The National Quality Forum (NQF) released [case studies](#) of how specific communities are using data and measurement tools to improve quality. They demonstrate lessons learned to guide the development of quality measures from the person’s perspective, as well as areas for further examination.
- Finally, we recently released a set of four [Essential Attributes](#) that can help define quality measurement through the eyes of people receiving care. With assistance from the Alliance for Health Reform and Health Management Associates, these Essential Attributes were developed through leadership from major national quality, health care delivery, and advocacy organizations, as well as federal government leaders, including the Centers for Medicare & Medicaid Services. In summary, the Essential Attributes focus on these principles:
 1. The person’s full range of needs – medical and non-medical – as well as the needs of caregivers, are identified and respected;
 2. This full range of needs are incorporated into a care plan that is tailored, safe, and timely;
 3. The person can easily navigate the delivery system to get services they need, and avoid those they do not need or want; and
 4. People and their caregivers provide feedback and are an ongoing part of quality improvement for the delivery systems they touch.

Taken together, these attributes should shape the next generation of quality measures, providing a coherent, person-centered path forward. The time has come to balance technical health care quality with tangible human-focused outcomes so that we can delivery on the promise of the “Triple Aim” and provide meaningful value for all.



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