

Aligning Care and Quality Measures with Patients' Health Priorities (What Matters Most to Them)

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Patient Priorities Care

Mary Tinetti, MD
Aanand Naik, MD

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- The John A. Hartford Foundation
- Robert Wood Johnson Foundation
- Gordon and Betty Moore Foundation
- Donaghue Foundation
- Department of Veterans Affairs

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Slide 4

MPO This funder isn't listed on the PPC "Our Team" page. Just confirming funder and spelling of organization.

Mia Phifer, 2021-12-21T00:13:00.194

Patient Priorities Care: Mrs. B

- 87 yr. old., has AF, DM, depression, GERD, GI bleeds, early stage of dementia heart failure, sleep apnea, osteoarthritis.
- You are managing her individual conditions & try to help symptoms of fatigue, pain, dyspnea.
- Every change seems to make something worse, more ED visits.



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Patient Priorities Care *moves decision-making and conversation...*

From:



“You need (fill in treatment)
for your (fill in disease).”

To:



“Knowing your health conditions,
your overall health, and what
matters most to you, I suggest we
try (fill in care option).”



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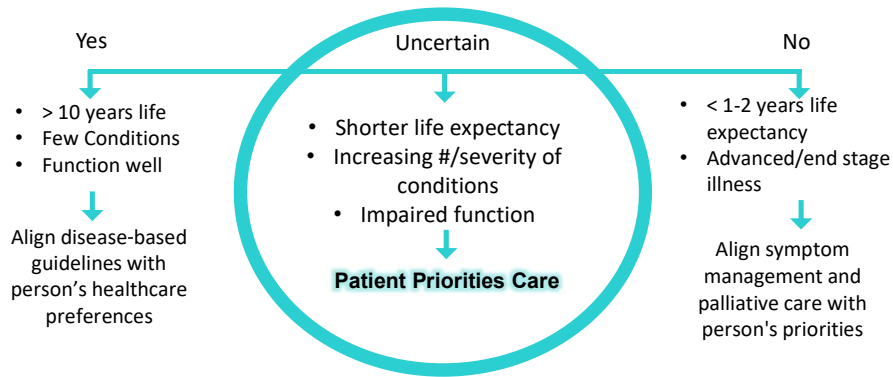
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Is Patient Priorities Care a good fit for PACE

First ask: Do disease-specific evidenced-based guidelines apply?



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Participants in Programs of All-Inclusive Care for the Elderly (PACE®)

- 55 years or over
- Need a nursing home level care
- Typical PACE participant
 - 80 yr. old woman
 - 8 health conditions; limitations in 3 ADLs
- ~50% have dementia
- >90% live in community

MP0



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Slide 8

MPO The highlighted text do not reflect "eligibility" requirements for PACE. If the intent is to highlight characteristics of those served by PACE, suggest revising slide title text.

Mia Phifer, 2021-12-21T00:15:12.210

Problems Patient Priorities Care addresses:

Care for Older Adults with Multiple Conditions



Uncertain benefit:

- Not in clinical trials
- Less benefit than in trials (competing conditions)
- What outcome defines benefit?



Unintentional harm:

- 1 in 3 older adults with MCCs receive 1 guideline-recommended drug that harms coexisting condition



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Problems Patient Priorities Care addresses:

Care for Older Adults with Multiple Conditions



Not always aligned with what matters most:

- Vary in outcome goals:
 - Function despite ↓ survival: 42%
 - Symptom relief: 32%
 - Live longer despite ↓ function: 27%
- Vary in care willing & able to receive (healthcare preferences)



Burdensome:

- 2 hours per day on healthcare tasks
- ½ day per health encounter (office visits, tests, procedures)



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Problems Patient Priorities Care addresses:

Care Can Be Frustrating for Clinicians



- Uncertainty means no right or best answer
- Conflicting recommendations from colleagues, focus on different diseases
- Patients don't do what we want
 - Clinician thinks patient is not adherent
 - Patient thinks "I can't do this" or "this won't help me do what's important"



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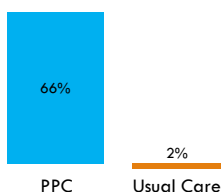
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Patient priorities aligned decision-making is effective compared with usual care



Decisions based on patients' priorities



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Usual Care



- Less unwanted Care
 - Reduced medications
 - Fewer tests
 - Fewer unwanted self management
- More wanted care
 - More wanted self management
 - More rehab & support services



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What we know so far...

Patient priorities aligned care is feasible



Modest Time Commitment

- Health Priorities Identification: 20-30 minutes
- PCP: Few minutes over few visits, then no time difference



Modest IT Requirements



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What does Patient Priorities Care look like in PACE?

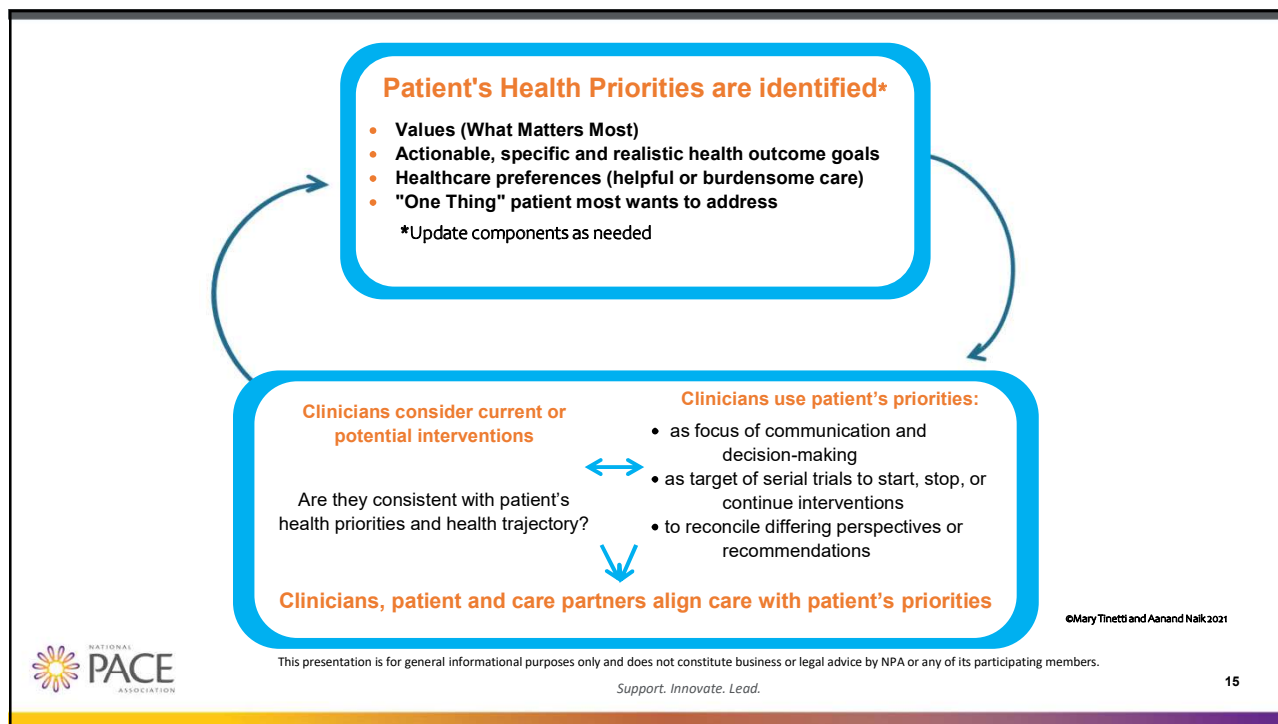


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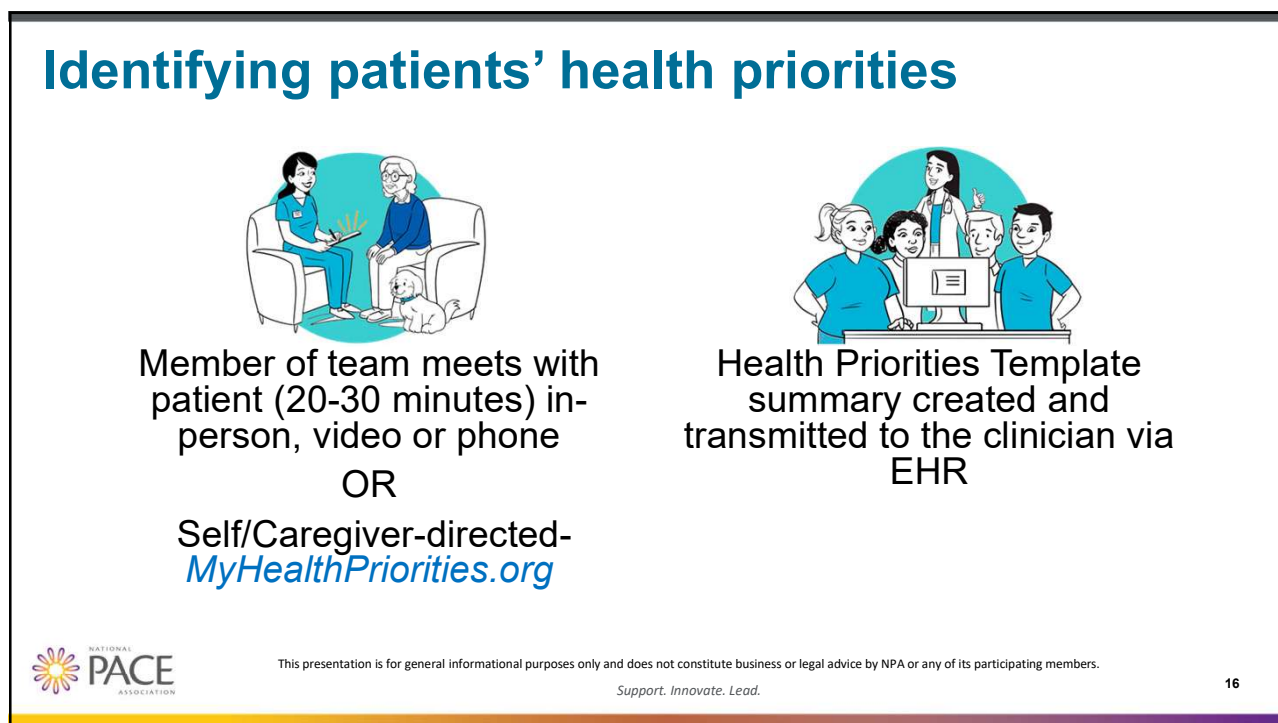
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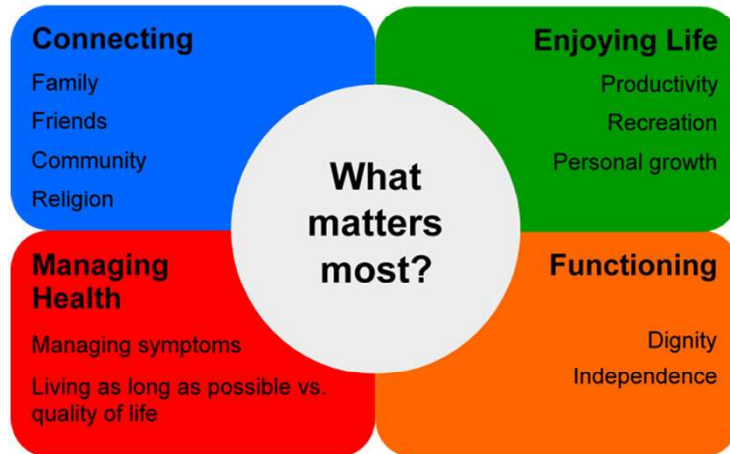
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Identify health priorities: Explore what matters

Your Values



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PPC Health Priorities Template: Mrs. B

- Matters Most (Values)
- Specific, actionable value-based outcome goals
- Healthcare preferences: Helpful or burdensome
- Most bothersome problem interfering with goals
- **The One Thing** patient wants to focus on

Patient Priorities Care: Health Priorities Template for Mrs. B

What Matters Most (Values): Spend time with family, Volunteering - link to community, Mobility/Activity - handling books

Most Important Health Goals:

1. Watch grandchildren after school 2-3 times weekly
2. Volunteer in library, handling books, two times weekly

Healthcare Preferences

Helpful care: self-management tasks, clinical visits, tests, or procedures, that you think are helping most with your health goals and you can do them without too much difficulty

1. Exercise, physical therapy
2. Bloodwork and imaging

Burdensome care: self-management tasks, clinical visits, tests, or procedures that don't think are helping your goals and are burdensome or too difficult. You should talk with your doctor about whether these are helping your goals, if not, can you stop them or cut back? If they are helping, is there a way to make them less burdensome or less difficult?

1. Taking multiple medications daily
2. CPAP/ Being in the hospital

Current Medications

Helpful: Medications you think are helping most with your health goals and you can take without too much difficulty

1. Omeprazole for reflux
- 2.

Burdensome: Medications you don't think are helping your goals and are too burdensome. You should talk with your doctor about whether these are helping your goals. If not, can you stop or decrease? If they are helping, is there a way to make them less burdensome?

1. Diuretic
- 2.

Most Bothersome Symptom: Fatigue and hand pain

The One Thing: The one thing Mrs. B wants to focus on is being less tired so that she can continue to watch her grandchildren.



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PPC for Mrs. B

Values: Family interactions, comfort & function > life prolongation

Health outcome goals: Able to walk to bathroom independently

Healthcare preferences:

Willing & able to do: PT, some medications better tolerated & more helpful than others (ibuprofen), walker

Burdensome care: multiple medications daily, CPAP, hospitalizations

Most bothersome: Fatigue; SOB; pain

One thing (most important): To be less tired, pain to walk to bathroom (fatigue most limiting)



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Challenges in aligning decisions with patients' priorities

Uncertainty with multiple conditions



- Uncertain which conditions most relevant to goals
- Uncertain which treatments benefit goals
- No single correct or best option
- Where to start?



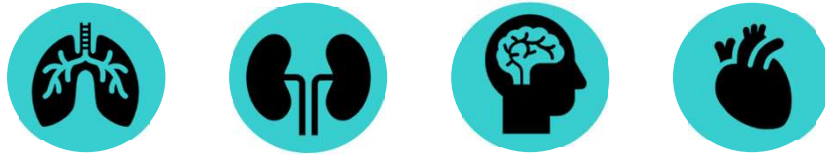
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Challenges in aligning decisions with PACE participants



- Cognitive impairment
 - Able to understand and identify priorities?
 - Realistic & achievable goals?
- Caregiver vs patient values, goals, preferences



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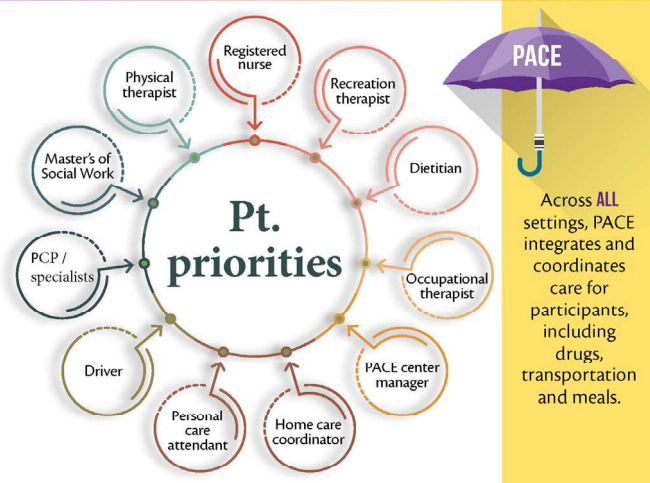
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Opportunity for aligning decisions and care in PACE

PACE IS AN INNOVATIVE MODEL OF CARE

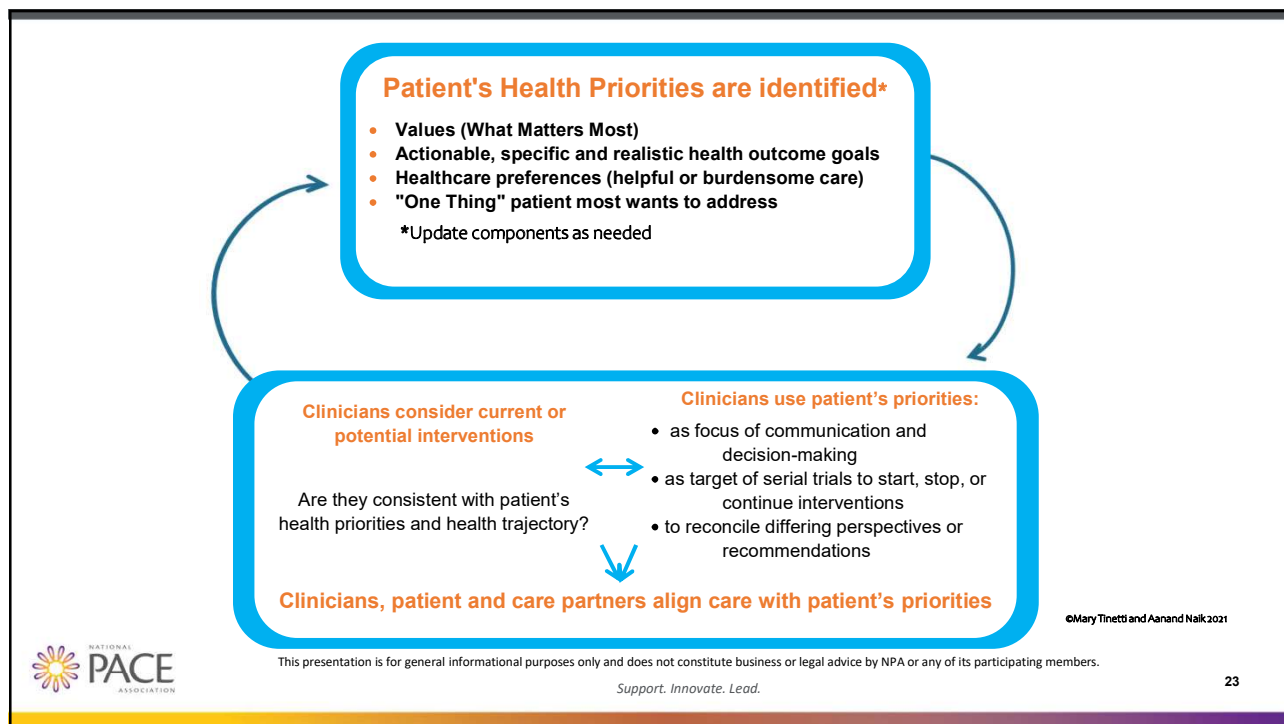


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Current or potential interventions consistent with Mrs. B's priorities?

- Which factors contribute to most bothersome problem (fatigue) impeding goals? (e.g., sleep apnea, HF, depression, arthritis, medications)
- What interventions likely to improve fatigue? (↑ diuretic, less sedating antidepressant, PT, exercise program, commode, ↓ metoprolol, CPAP, NSAID, etc.)
- Of these potentially beneficial interventions, which are
 - acceptable to Ms. B: PT, NSAID, antidepressant, metoprolol, PT
 - burdensome to Ms B: CPAP, commode
- Pick 2-3 changes to discuss

How would you start your decision-making with The One Thing that matters most to Mrs. B?

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Strategies for aligning decisions with patients' priorities

- Use patients' health priorities:
 - as the focus of communication and decision-making
 - as target of serial trials
 - to align **decisions** when different perspectives or recommendations exist



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Rationale for these 3 strategies



- Patients feel listened to and motivated
- Gives clinicians & patients assurance & an anchor in the face of uncertainty, tradeoffs, lack of one best answer
- Treatment effectiveness measured by whether goals are attained
- Gets everyone on same page



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Mrs. B: Use patients' priorities as focus of communication and decision-making

"You said being tired was what made it difficult to have enough strength and energy to get to the bathroom. Changing your depression medication, reducing your metoprolol, and working with PT are a few possibilities we could start with. ."

How might you use Mrs. B's health priorities in your communication and decision-making?



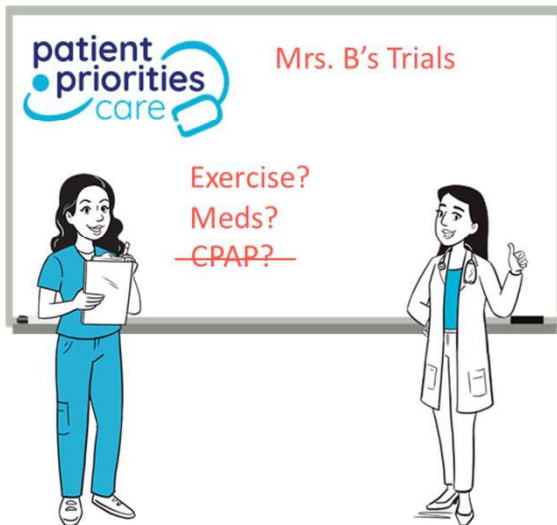
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Use patients' priorities to guide trials



■ Other potential trials if fatigue is limiting getting to bathroom

- Bedside commode
- Increase diuretic
- Pain management
- CPAP

Offer 2-3 options

Let patient know other things to try

Use goal as measure of success



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Mrs. B: serial trials to help achieve goals

"I know you don't like the CPAP but are you willing to try it for 2 weeks to see if it helps you be less tired so you can walk to the bathroom?"

How would you discuss burdensome care if you felt it was most likely to help with what matters most to Mrs. B?



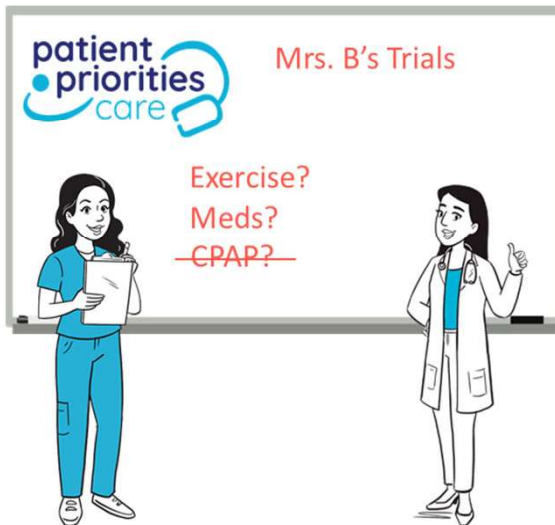
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Use patients' priorities to guide trials



■ Other potential trials if fatigue is limiting getting to bathroom:

- Reduce or stop metoprolol
- Trial of alternative antidepressant
- Progressive exercise program

Offer 2-3 options
Let them know other things to try
Use Goal as measure of success



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Align decisions when different perspectives exist (Decide based on priorities, not just disease guidelines)

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Cardiologist

I'm concerned about stopping metoprolol. It took me several months to titrate to that dose. Her heart failure is severe and beta blockers are one of the best ways to prevent progression

I know but she felt better without the medication

Did you explain that this decision may shorten her life?

I did. She said she'd just rather feel better today so she can be less tired and do the things she wants

I wonder if she would agree to restart a low dose. If she notices the fatigue worsening again, we can stop it altogether

That sounds like a good compromise

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Patient Priorities Care: Getting Started

- Have 1 patient (and caregiver) complete Health Priorities Template (MyHealthPriorities.org)
- Go over priorities with patient and caregiver
- Consider what care is consistent with priorities
- Link your agenda to patient's priorities
- Use priorities in discussing all care
- Agree on 1 decision using the One Thing (health problem most impeding goal)

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Learning to do priorities aligned care

■ Self-directed training (team together)

- Narrated training (<https://patientprioritiescare.org/training/>)
- Decisional guidance: <https://patientprioritiescare.org/decisionguide/>
 - How To guidance for clinicians
 - Troubleshoot (e.g., If patient's goals not achievable with what willing or able to do)

■ Point of care materials

<https://patientprioritiescare.org/implementation-toolkit/>

■ MyHealthPriorities.org (team member or caregiver-guided)

■ Let us know

- Put contact info in CHAT or
- Contact us (<https://patientprioritiescare.org/contact-us/>)



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Person-Driven Outcome Measures

Caroline Blaum, MD, MS

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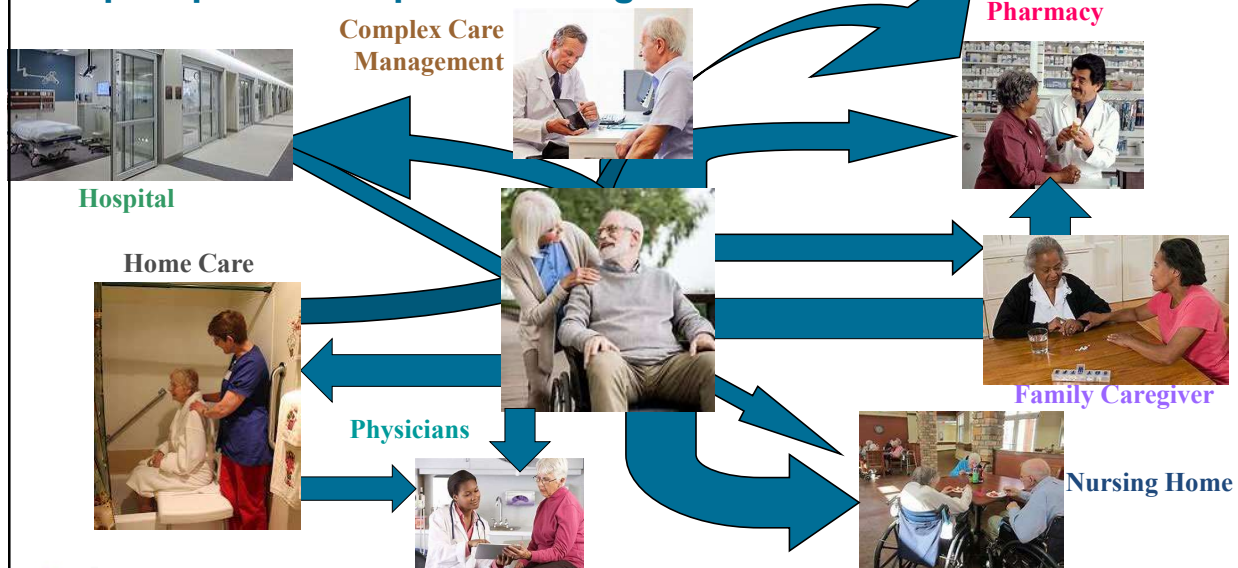
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Complex patients experience fragmented care



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Care for people with complex health status needs to address what matters

Current care for people with complex health status:

- Is rarely based on evidence about how clinical interventions impact function, symptoms, survival for persons with multimorbidity/ frailty or serious illness
- Needs to consider trade-offs, uncertainty, trajectory and complexity
- Can be burdensome and expensive



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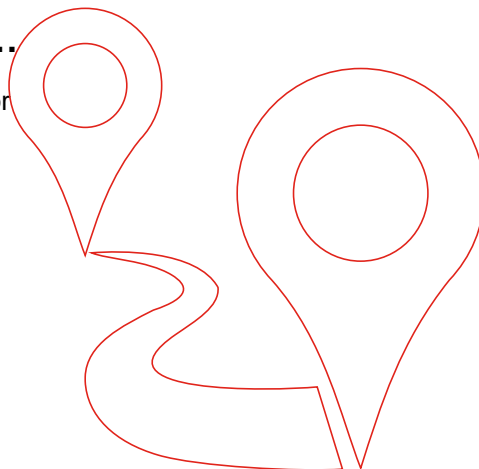
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Measures for people with complex health status need to drive care that matters

Current measures...

- Are often not relevant for complex patients
- Sometimes cover important activities but can feel like "box checking"
- Don't clearly foster integration of personal and medical care



Future measures should...

- Address goals, "what matters most" to the person
- Improve communication between clinicians and with people and their families
- Be flexible and usable in many clinical settings with different people and different clinician types, improving care integration



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Person-driven outcomes measure “What Matters Most”

Person-Driven Outcomes

Outcomes identified by the individual (or caregiver) as important that can be used for care planning and quality measurement



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Person-driven outcome measures align with CMS Meaningful Measures 2.0 (MMP 2.0)



Utilize only quality measures of highest value and impact focused on key quality domains.



Align measures across value-based programs and across partners including CMS, federal, state and private entities.



Prioritize outcome and patient reported measures.



Transform measures to fully digital by 2025 and incorporate all-payer data.



Develop and implement measures that reflect social and economic determinants.



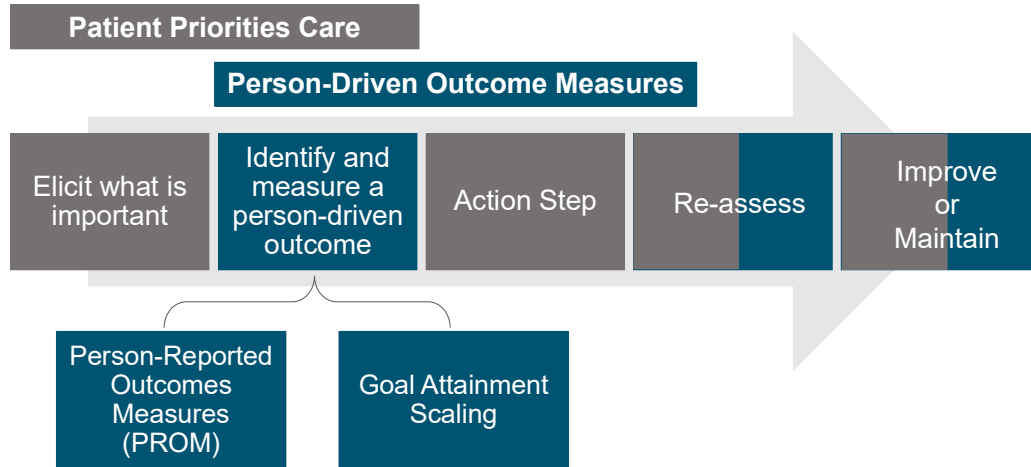
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PPC paradigm supports PDO measures



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Selecting the best PROM to fit the goal

Participants choose from a bank of 24 tools

Examples	
Participant Goal	PROM Selected to Measure Progress
Relieve back pain so they can woodwork	Pain Interference with Daily Activities
Continue medication assisted treatment program	Self-Efficacy to Manage Medications
Regain strength and endurance to fish	Mobility
Plant a garden this spring	Physical Function



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Goal Attainment Scaling

Example: 82-year-old individual with mobility problem, depression, history of arthritis and heart failure

Goal: Walk her dog outside once a week

Goal set by: Individual

Much less than expected (-2)	Somewhat less than expected (-1)	Expected (0)	Somewhat better than expected (+1)	Much better than expected (+2)
Unable to let the dog outside	Does not go outside or walk her dog	Walk her dog outside once a week	Walk her dog outside twice a week	Walk her dog outside three times a week

What could be worse

Current State

Where they want to be



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Proposed Person-Driven Outcome Measures

Assessment of a Person-Driven Outcome: % with complex care need with a documented person-driven outcome AND a documented plan for achieving it.

Follow-up on a Person-Driven Outcome: % with complex care need with a documented person-driven outcome AND documentation of at least 1 follow-up within 180 days.

Achievement of a Person-Driven Outcome: % with complex care need with a documented person-driven outcome who achieve it



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Summary of Project Participants

Pilot (2015-2017), Functional Disability Project (2018-2020), Serious Illness Project (2018-2020)

Medicaid Case Management

- Case Management in MMP
- Case Management in D-SNP
- Case management in Medicaid plan with a health home program

25 Clinicians, 142 Patients

Case Management

- Case management in Medicare Advantage plan
- Case management in an integrated delivery system
- Case management in accountable care organization

33 Clinicians, 373 Patients

Geriatric and Serious Illness Programs

- Geriatric Primary Care Practice (3)
- Hospice system
- Serious Illness Programs (3)

45 Clinicians, 794 Patients



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Testing Results: Measure Performance Variability

Measure	Four Functional Disability Sites (n=384)	Four Serious Illness Sites (n=679)
Follow-up on a Person-Driven Outcome	62% Range: 24% to 83%	77% Range: 41% to 87%
Achievement of a Person-Driven Outcome	66% Range: 40% to 82%	61% Range: 54% to 67%

- For the functional disability sites, using claims data, we compared the number of patients in intervention and control groups with at least one visit to the hospital or ED 6 months before and after the intervention was implemented. Intervention group experienced a significant decrease in hospitalization rates 6 months after the intervention, and a non-significant decrease in ED visits.



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Results: Key Qualitative Findings

Patients and Caregivers

- Appreciated the experience; for some, it was first time being asked “what mattered”
- Felt that the approach offered accountability
- Described self management in between care visits

Clinicians

- Better understood patients' preferences but had mixed reactions on time and workflow
- Felt the approach offered accountability and aligned with other clinical markers
- Typically preferred one method, but suggested having both PROMs and goal attainment scaling available for future use

Administration and Leadership

- Recommended integration within the existing workflow and electronic health record or system



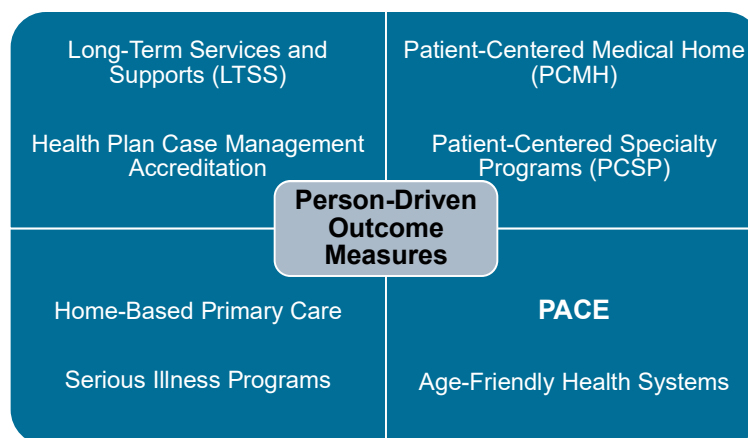
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PDO measures fit in delivery settings for complex patients where goal setting is required



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Next Phase of Work (2021-2024)

Prioritize and implement pathways to widespread use of the person-driven outcome measures as a logical extension of person-centered planning.

Create demand for person-driven outcome measures through a robust communications strategy to decision-makers representing diverse populations and viewpoints.

Provide coordinated technical assistance that addresses measurement, clinical workflow and clinical decision-making in diverse populations.

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Focus of New Phase of Work

Implementation

- Standardize documentation of goal setting and follow-up
- Train on clinical and measurement approaches
- Integrate into the electronic health record and clinical workflow

Measure Specifications

- Define the eligible population
- Coordinate data extraction, aggregation, and reporting
- Develop digitalization strategy

Value-Based Purchasing

- Implement pathways for use of goal-based care in value-based purchasing programs



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Promoting Person-Centered Care

- Novel approach to measuring what matters most to individuals
- Pushes practice delivery change towards care that matters to the individual
- Can be used for care planning and quality measurement
- Working towards implementing these measures in digital environment
- To learn more: **[Measuring What Matters Most to Older Adults - NCQA](#)**



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