Patients’ Health Priorities: Core Metric for Value-Based Healthcare (particularly for older adults with multiple conditions)

Mary Tinetti, MD, Yale School of Medicine
July, 2019
Mary Tinetti: @GoalsDriveCare
PPC: @PtPriorities
Patientprioritiescare.org

Definitions

• **Health outcome goals**: Actionable & reliable health & life outcomes that patient most desires

• **Healthcare preferences**: Healthcare activities (Medications, self-management tasks, healthcare visits, testing, & procedures) that patient finds helpful & doable OR NOT

• **Health priorities**: Health outcome goals that are consistent with healthcare preferences
Disease care & metrics for Mr. A: 78 yo with heart failure, depression. DM, hypertension, etc...

- **Cardiologist**: start β-blocker
- **Psychiatrist**: stop β-blocker, depression metrics
- **Primary Care**: BP & A1C metrics
- **Hospital**: Readmission, β-blocker, HCAPS
- **Result for Mr. A**: ~20 health visits; 12 medications; conflicting recommendations; observation vs. admission

Healthcare for older adults with MCCs is...

- **Burdensome**
  - Ave. 33 contact days/yr (visits, tests, procedures, hospital (Bynum, Dartmouth Atlas, 2016)
  - 1 in 3 receive guideline–based medication that harms coexisting medications (Lorgunpai, PLOS 2014)

- **Uncertain benefit**
  - Not in evidence-generating trials
  - What outcome defines benefit with MCCs?
Healthcare not always aligned with patient’s health priorities...

Vary in outcomes
- Function: 42%
- Symptom relief: 32%
- Live longer: 27%

Vary in care preferences

Fried, Arch Int Med 2011

What’s Next for Patient Experience Measurement?
Why patients’ health priorities as the core patient experience measure?

- Disease & event measures) not applicable (may be harmful) Boyd, JAGS 2012, 2019
- Current patient experience measures inadequate
- One true patient centered measure
- Improves value: Output/Input
  - Person level = Desired outcomes/financial & opportunity costs
  - Society level = population outcomes/healthcare costs
- Examples: Patient Priorities Care; Age Friendly Health Systems; Advanced illness
Examples of specific, actionable, reliable health outcome goals

- “Babysit and play with my 2 y.o. grandson twice a week.”
- “Work ½ day at my office. Doctor visits interfere.”
- “…do ceramics and walk ½ mile with my husband - tiredness from my medications makes this difficult.”

Examples of healthcare preferences: Helpful and doable

- I feel safer in hospital when I’m sick
- CPAP helps
- I walk & do the exercises that PT taught me every day
Examples of healthcare preferences: Not help or unable

- My medications cause muscle pain; it’s hard to be active
- Insulin & glucose checks too often
- I get hypoglycemic and shaky. I’m taking too much of something
- I don’t want back surgery

Compared with usual care, Patient Priorities Care associated with...

- Greater documentation of priorities based decision-making
- Less unwanted care:
  - Twice as many medications stopped
  - 80% fewer tests
  - 40% fewer self management tasks added
  - Trend toward fewer procedures
- Decrease in treatment burden (TBQ; P=0.05)

Tinetti, under review
Age Friendly Health System initiative

Establish Age-Friendly Care in 20% of US hospitals and health systems by 2020

4M Framework of Age Friendly Health Systems

- Areas affected by “all” diseases
- Unifying focus for all care in all settings
- What people want from their healthcare
- Provides a simplified framework
  - for managing the complexity
  - for getting everyone on the same page
- Strong evidence base
Current Age Friendly Health Systems

AFHS What Matters Most (Health priorities)

• Specific Ask: “What do you most want to focus on while you are in the hospital _____ (health problem) so that you can do_____ (desired activity) more often or more easily?” (patientprioritiescare.org)

• For older adults with advanced or serious illness, consider: “What are your most important goals if your health situation worsens?” Serious Illness Conversation https://www.ariadnelabs.org/areas-of-work/senior-illness-care/resources/six-questions-serious-illness-care.
Trinity Glacier Hills

Patient health priorities based care improves value to patients & society

• Asking & addressing what matters: ↓ ICU stays 80%; ↑ hospice use 47% & pt satisfaction (AHRQ 2013)

• Advanced care planning among NH residents (Martin, JAMDA, 2016)
  • ↓ hospitalization 9-26%
  • ↓ total healthcare costs by $1839 per resident
  • ↑ in actions consistent with wishes by 13-29%
Patients’ health priorities as patient experience measure: Current

- Hospital: Nothing
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home
  - Someone from provider’s office talked with patient about specific health goals
  - Someone from provider’s office asked if there were things that made it hard for patient to take care of health

Patients’ health priorities as the core patient experience measure

- Benefits
  - Explicitly measures what matters to patients
  - Reduce plethora of disease- and event-based measures (cumbersome, costly, not applicable with MMCs)
  - Incentivize high value care for patients & “society”
- Challenges
  - How to measure it
  - Avoid “gaming”
  - Avoid “checkbox adherence” (did the care happen?)