

How to Energize Your Providers to Measure and Improve Outcomes

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It's no wonder that so many physicians feel threatened by the mention of outcomes measurement. All too often, outcomes are used as a club to punish providers who seem to weaken overall group performance. Or outcomes are packaged and applied in a way that doesn't provide actionable information—which can seem like a waste of everyone's time and resources.

To engage your providers—and get the real benefit from this form of health care data analysis—try to link your efforts to measure and improve outcomes with an iterative process of inquiry into best practices.

Why Outcomes Measurement Can Seem Misleading

Measuring patient status involves a complex mix of factors. So outcomes—when reviewed in isolation—can give a misleading read on provider performance. Consider providers who treat underserved or disadvantaged populations; they may have poorer results if their patients are less able to follow through with appointments and medications. But serving all patients is a core mission for most health care organizations and can't be abandoned just on the basis of outcomes. And simply measuring services often feels like busywork for physicians who want to be involved in more interesting clinical challenges.

How outcomes are packaged and used makes a significant difference in performance assessment and how your physicians will react to programs for measuring and improving outcomes. For example, the absolute value of an outcome may not be the best way to assess provider performance. Incremental improvement, or the outcome's "delta" as it is tracked, focuses upon improvement. Absolute outcome values may be unobtainable and, thus, frustrating for both the patient and the physician. For instance, a patient may not get her

HgbA1C below 9 percent, but may lower it from 13 percent to 9.5 percent, with a greater health benefit than dropping one point from 7.5 percent to 6.5 percent.

Shift Performance Assessment from Blame to Team Problem Solving

So, how to get and keep your physicians engaged with outcome-based population health? Shift the mindset from “what you’ve done wrong” to “what are the basic problems and how can we improve patient health.” Your goal is to develop a collaborative process with data-driven inquiry as the focus. Here are five concepts for constructing a program that will succeed, which can work in conjunction or separately in your quality initiatives:

Lower the pain threshold for looking at patient data. A Registry can track and display outcomes for a select number of patients for each physician/provider, rather than all patients. This helps providers to focus on a manageable subset of patients for improvement, without getting overwhelmed. It’s often too difficult to develop initiatives to address an entire population of patients with given conditions or outcomes. Not only is that a huge undertaking, but it assumes a homogenous population who all need the same kind of treatment plan or resources. An all-patient approach can lead to initiatives that focus only on the lowest common denominator without making much of a difference.

Introduce goal-setting between physician and patients and track goals and results through the Registry. This builds more physician involvement in the patient’s struggles and obstacles to improve health, and helps the patient reach better progress through a more collaborative, counseling approach.

Provoke competition and collaboration by organizing physicians into groups or teams, and test different interventions on patients’ outcomes in each group. Using a Registry lets physicians see aggregate team results; the approach facilitates an exchange of ideas by physicians and encourages engagement in outcomes.

Reinforce activities and providers for achieving positive trends and outcomes. Physicians often feel they are being picked on or “dinged “; you can provide ways to affirm and recognize what has made a positive impact on outcomes. For example, examining variables of patients who are doing well versus those doing poorly, and eliciting patient feedback, may provide valuable information for the practice that would be missed by looking at all patients.

Create a root-cause discovery process for unexpected outcomes impacting the organization. This can involve requesting further data from physicians, patients or both. Using a customizable Registry, you should be able to add more comprehensive data to drill into reasons for lack of improvement.

An Effective Outcomes Approach Depends on Collaboration within the Organization and with Patients

Using outcomes measurement effectively to improve performance not only requires teamwork among your physicians; physician and patient also must work together to understand the importance of an outcome and to determine realistic next steps. Patient and physician must share beliefs and concerns about the outcome, what the expected result should be and how quickly it should be reached.

Physicians and organization must vigorously oppose “cookie-cutter” standards for the individual patient. We believe physicians can and will become engaged in efforts to fairly and properly use outcomes for performance measurement for the benefit of their patients and for themselves.

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