My response for DQ 9 Discussion Board is the following:

Q1. Describe the benefits and risks of patient shared-decision-making as it relates to quality measures.

The Benefits of Shared Decision-Making in Healthcare Quality Measures

Shared decision-making (SDM) is a collaborative process that empowers patients to be active participants in their healthcare. When thoughtfully implemented, it can bring several meaningful benefits:

1. Greater Patient Satisfaction

By involving patients in their own care decisions, SDM gives them a voice in the process. This often leads to higher satisfaction because patients feel heard and respected. (Damberg, 2016, p. S8)

1. Better Health Outcomes

When treatment plans align with a patient’s personal goals and values, they’re more likely to stick to those plans—often resulting in better overall health outcomes. (Damberg, 2016, p. S8)

1. Respect for Autonomy

SDM reinforces the patient’s right to make informed choices, including the decision to decline treatments that don't align with their values or preferences. (Damberg, 2016, p. S8)

1. Avoidance of Unnecessary Care

Considering what patients want can help reduce the use of interventions that offer little benefit—or that the patient simply doesn’t want. (Damberg, 2016, p. S8)

1. Personalized Treatment Plans

No two patients are the same. SDM helps tailor care to the individual, which can improve both adherence and overall satisfaction with the treatment process. (Damberg, 2016, p. S8)

1. Stronger Communication

Engaging patients in their care naturally fosters better communication between them and their providers. This, in turn, builds trust and strengthens the patient-provider relationship. (Damberg, 2016, p. S8)

1. Flexibility in Quality Metrics

By including SDM in quality assessments, we move away from a one-size-fits-all model and toward more adaptable, patient-centered approaches to measuring care quality. (Damberg, 2016, p. S8)

Challenges and Risks of Shared Decision-Making in Quality Measures

While SDM offers many advantages, it also comes with some challenges that need to be considered:

1. Conflicting Interests

Sometimes, providers may feel pressure to guide patients toward certain treatments, which can compromise the true collaborative spirit of SDM. (Damberg, 2016, p. S8)

1. Increased Administrative Work

Documenting patient preferences and decisions takes time and adds to the already heavy paperwork burden on healthcare providers. (Damberg, 2016, p. S9)

1. Differences in Patient Understanding

Not all patients may fully grasp the medical information presented to them, which can lead to decisions that may not be in their best interest. (Damberg, 2016, p. S8)

1. Risk of Widening Disparities

If not implemented thoughtfully, SDM could unintentionally worsen health disparities—particularly among patients with limited health literacy or language barriers. (Damberg, 2016, p. S8)

1. Too Much Focus on Preferences Over Evidence

There’s a risk that placing too much emphasis on patient preferences could sideline evidence-based care, which remains essential for good outcomes. (Damberg, 2016, p. S8)

1. Provider Resistance

Some clinicians may be hesitant to embrace SDM, especially if they’re concerned about time constraints or the complexity of facilitating these conversations. (Damberg, 2016, p. S9)

1. Difficulties in Measuring Outcomes

Incorporating subjective patient preferences into quality measurement can make it harder to collect consistent and reliable data. (Damberg, 2016, p. S8)

Conclusion

Shared decision-making is a massive shift in how we adopt quality care. It increases more customized, respectful, and effective treatment. It's not without its obstacles, though—aligning patient preference with clinical guidelines, disparities, and complexity are some of the challenges one must adopt. With meticulous planning, SDM can demonstrate the potential to transform care delivery in a way that suits everyone.

Q2. Compare and contrast cost-based quality measurement based on cost versus value-based quality measurement.

Comparing Cost-Based versus Value-Based Quality Measurement in Healthcare

Overview

When it comes to quantifying the quality of health care, two broad strategies usually come into play: cost-based and value-based quality measurement. While both are intended to improve care, they approach this in very distinct ways. Cost-based measurement is about how much is spent, but value-based measurement is about what kind of outcomes are being obtained for those expenses. (Panzer, 2013, p. 1971)

Cost-Based Quality Measurement

1. What It Is

Cost-based quality measurement evaluates healthcare based largely on the costs associated with delivering services. It's about understanding how efficiently financial resources are being used. (Panzer, 2013, p. 1972)

1. What It Focuses On

This approach zooms in on the financial side of care—examining things like total spending per patient, cost per procedure, and comparing costs across providers. (Panzer, 2013, p. 1972)

1. Common Metrics

You’ll typically see metrics such as:

* Total healthcare spending per patient. (Panzer, 2013, p. 1972)
* Average cost per treatment or procedure. (Panzer, 2013, p. 1972)
* Cost comparisons across different hospitals or clinics. (Panzer, 2013, p. 1972)

1. Where It Falls Short

Because it depends so heavily on billing and administrative data, this method doesn't always tell the whole story of patient outcomes or the quality of care. (Panzer, 2013, p. 1972)

1. Where It's Used

Cost-based measurement is typically applied in insurance pay-for-performance reimbursement programs and regulatory reporting, which impacts how providers are reimbursed for being cost-effective. (Panzer, 2013, p. 1971)

1. The Risks

When expense is the priority, there is a danger of scrimping or holding back on services in a manner that could harm care quality. (Panzer, 2013, p. 1972)

1. Whose Perspective?

This model is tilted toward the payer or provider perspective, with focus on operating and financial efficiency. (Panzer, 2013, p. 1972)

1. Examples

* Hospitals comparing death rates per proportion of treatment expense. (Panzer, 2013, p. 1973)
* Tracking readmission rates against cost of initial treatment (Panzer, 2013, p. 1973)

Value-Based Quality Measurement

1. What It Is

Value-based quality measurement considers the trade-off between healthcare outcomes and the expense of achieving them. The goal is to achieve better results at a reasonable cost. (Panzer, 2013, p. 1972)

1. What It Focuses On

The model prioritizes patient health outcomes, satisfaction, and effectiveness of care—over the cost. (Panzer, 2013, p. 1972)

1. Common Metrics

You might see:

* Patient-reported outcomes
* Satisfaction scores
* Quality-adjusted life years (QALYs). (Panzer, 2013, p. 1975)

1. What It Involves

Value-based measurement is more comprehensive, incorporating rich clinical data and patient-reported feedback to capture care quality in greater detail. (Panzer, 2013, p. 1979)

1. Where It's Used

This approach aids in the mission to improve quality and safety in care—most notably in value-based purchasing projects that depend upon payment tied to outcomes. (Panzer, 2013, p. 1971)

1. The Challenges

It requires robust systems for data as well as measures that are trusted and meaningful—to both of which it can prove challenging to ensure consistent availability within healthcare settings. (Panzer, 2013, p. 19792

1. Whose Perspective

This methodology is much more aligned with the patient's own views, focusing on results that matter most to them. (Panzer, 2013, p. 1971)

1. Examples

* Readmission rates tied to patient satisfaction and quality of outcomes. (Panzer, 2013, p. 1974)
* Tracking changes in health status reported by patients themselves. (Panzer, 2013, p. 1974)

Key Differences at a Glance

|  |  |  |
| --- | --- | --- |
| Dimension | Cost-Based Measurement | Value-Based Measurement |
| Primary Emphasis | Financial effectiveness | Patient outcomes |
| Information Sources | Billing/admin data | Clinical data + patient feedback |
| Point of View | Provider-focused | Patient-focused |
| Effect on Care | May lead to cost-saving | Efforts to enhance overall quality of care |

In Summary

While both models try to improve the provision of care, they each do so in a different manner. Cost-based measurement is geared towards reducing expenses, which may sometimes be accomplished at the expense of quality. Value-based measurement, on the other hand, is about accomplishing the highest possible level of health outcomes per dollar spent—offering a more holistic and patient-focused approach to measuring care quality.

Q3. How is this comparison influenced by the electronic health record?

Overview: Cost-Based versus Value-Based Measurement of Quality

Measuring quality in healthcare is evolving. Cost-based measurement has traditionally been about tracking spending and resource use—essentially, how economically care is being delivered from a cost perspective. Value-based measurement, though, cares about the bigger picture: how patients are doing compared to how much care is costing them. It is concerned with outcomes, patient satisfaction, and overall efficiency. (Tonner, 2017, p. 1)

One of the drivers of value-based care is legislation, including the Medicare Access and CHIP Reauthorization Act (MACRA), which gradually shifts provider reimbursement from volume to quality and value.

The Role of Electronic Health Records (EHRs)

Electronic Health Records (EHRs) are a part of the healthcare landscape of today's era and play a central role in both cost- and value-based measurement of quality. Here's how:

1. Standardizing Data Collection

Through the implementation of acts like the HITECH Act, EHR adoption has added more uniformity and consistency to the documentation of healthcare information. This standardization allows for a simpler comparison of performance across providers and settings. (Tonner, 2017, p. 3)

1. Reporting Automation

EHRs make reporting quality measures automated. This reduces paperwork, decreases the clinicians' reporting burden, and provides quicker performance feedback. (Tonner, 2017, p. 4)

1. Data Accuracy Enhancement

By capturing rich, structured data, EHRs enhance the accuracy of electronic Clinical Quality Measures (eCQMs). That rich data is critical to measuring care quality—especially in value-based models where outcomes matter most. (Tonner, 2017, p. 4)

1. Real-Time Feedback to Providers

One of the most valuable features of EHRs is their ability to give clinicians real-time feedback on how they are performing against quality measures. This can allow for ongoing improvement and propel better results. (Tonner, 2017, p. 1)

1. Enabling Value-Based Care

By streamlining data collection and improving the integrity of quality measures, EHRs enable healthcare organizations to participate in value-based care initiatives and payment programs. (Tonner, 2017, p. 2)

1. Challenges Remain

All the benefits aside, there are still challenges to be overcome:

* Interoperability Challenges: Most EHR systems continue not to work well with each other, it is difficult to exchange information between different organizations, and it may limit the potential of measuring quality. (Tonner, 2017, p. 7)
* Cost and Complexity: Developing and maintaining electronic measures of quality can be expensive and complex. Organizations must balance the cost of this technology against the value that it makes possible in driving value. (Tonner, 2017, p. 4)

In Summary

As healthcare transitions from a cost-model to one based on value and outcomes, EHRs have played a key role in bringing that vision into existence. They enable the standardization, automation, and improvement of how we measure quality. To achieve their potential, however, data-sharing concerns and costing issues still need to be addressed.

References

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* Tonner C, Schmajuk G, Yazdany J. A new era of quality measurement in rheumatology: electronic clinical quality measures and national registries. Curr Opin Rheumatol. 2017 Mar;29(2):131-137. doi: 10.1097/BOR.0000000000000364. PMID: 27941392; PMCID: PMC5538369.

Hello Gopal,

Fantastic analysis of the pros and cons of shared decision-making (SDM) in terms of quality measurement. It stuck out to me how you highlighted SDM as promoting patient-centered care, but then how it can create a situation that works against standardized measures of performance. Also, your example about patient preference diverging from quality standards jumped out at me. It's so significant, but doesn't always get enough airtime.

I also enjoyed your delineation of value-based vs. cost-based methods. Cost-based certainly does bring attention to inefficiency, but there is a risk of losing sight of the bigger picture including patient outcome and patient satisfaction. Value-based models are much richer in detail and, as you stated, they create challenges for data collection and real-world implementation. You wrestled with that level of complexity adeptly.

In addition, I appreciated your exploration of EHRs. They certainly can be key to simplifying quality measurement, but when messily applied result in creating more barriers than they resolve.

Your entry really did well at emphasizing the point of finding a level of equilibrium between respect for patient preference/value and empirically driven data. Further refining and conscious quality measure improvement will definitely be critical as we move forward.

Hi Alla,

You have provided an excellent overview of shared-decision-making (SDM) with patients; cost-based and value-based quality measures; and the capacity of Electronic Health Records (EHRs) to enable both of these paradigms. Your comments on the pros and cons of SDM are very thought-provoking. You clearly illustrate how SDM could be associated with improved patient outcomes, particularly in managing chronic disease like hypertension, by enhancing patient engagement and increasing adherence to care. At the same time, you highlight some risks, including miscommunication and patients being every worse for wear because they don't make informed choices, resulting in adverse health outcomes.

Your comparisons of cost-based and value-based measures of quality appropriately suggest that their measure of quality is typically looking at the short and long-term accuracy of decision-making in healthcare delivery. I agree with your response noting the goal of patient outcomes in value based care to decrease readmission; part of a growing trend - along with SDM - towards patient-centered care. You appropriately emphasize how central EHRs are to both systems, particularly the linkage of cost and clinical outcomes in order to improve decision-making on costs or other aspects of care. Although they are very much aligned with delivering both systems, you correctly point out challenges with cost: for example, data entry error and interoperability to address this tracking cost, but I would suggest some of SDMs success also depend on what the providers can communicate to the patient in a medical environment.

Well Done!

Hello Jayadeep,

Your discussion on shared decision-making (SDM) and its association with healthcare quality metrics, particularly in the electronic health record (EHR) context, is a worthwhile consideration. Your observations, especially regarding the impact of SDM on data consistency and quality measurement, are pertinent given the continuing evolution of healthcare systems in pursuit of a more patient-centered model of care. On the one hand, SDM supports patient autonomy and satisfaction, but on the other hand it creates challenges for the measurement of healthcare outcomes because it will also generate decisions that fall outside of conventional clinical guideline recommendations. The resulting heterogeneity can complicate traditional content approaches to quality assessment, indicating a need for more dynamic and multicomponent approaches to assessment, including patient goals and preferences by observations.

In addition, your distinction between cost-based and value-based measures of quality illuminates some serious problems. Cost-based measures assess fiscal efficiency and resource use - but do not incorporate patient experience or long-term outcomes. Value-based measures incorporate clinical outcome and cost measures, and therefore better reflect the true objectives of patient-centered care. Nevertheless, the move towards value-based measures will require a suitable infrastructure, especially in the EHR domain, to capture the necessary information to perform such assessments.