



THE CENTER FOR
PROFESSIONALISM & VALUE
IN HEALTH CARE

What is the Future of Measures That Matter?

Our aim is to have:

- > Primary care clinicians use our suite of measures as their core measure set.
- > Public and private payers support these measures for quality measurement.
- > Researchers quantify the value of primary care using these measures and communicate that value to policy makers to effect positive change.

Join us

Visit professionalismandvalue.org or email the Measures That Matter team at MeasuresThatMatter@theabfm.org for information on opportunities to collaborate and support Measures That Matter.

Using the Measures in Primary Care Practice

To implement the available measures in your primary care practice, join PRIME Registry at primeregistry.org

Our Partners

We are grateful for the collaboration and support of our current partners in this initiative.

American Board of Family Medicine (ABFM)

The ABFM Foundation

The PRIME Registry

The Robert Graham Center

The Larry A Green Center

Stanford University

American Academy of Family Physicians (AAFP)

Virginia Center for Health Innovation



The Measures That Matter to Primary Care are a suite of clinical quality measures that the American Board of Family Medicine endorses for simplifying and improving measurement of Primary Care.

A More Meaningful Standard for Primary Care

Whole-person clinical quality measures are the underpinning of what matters in primary care. They are relevant to all communities, in all public health situations, and across all diseases, providing a way to quantify patient-centered quality care.

Measures That Matter focus on more personalized care, taking into account what matters to both patients and clinicians. While current clinical quality measures focused on disease specific care have value, they are not aligned with the foundations of primary care or the needs of patients, communities, and health systems.

Measures That Matter

Person-Centered Primary Care Measure (PCPCM) Patient Reported Outcome Performance Measure (PRO-PM)

The PCPCM PRO-PM is a patient reported measure of exemplary primary care that has been developed in collaboration with the Larry A. Green Center based on extensive development work with patients, clinicians and health care payers. The PCPCM PRO-PM has been vetted through the National Quality Forum's (NQF) rigorous endorsement process and received NQF endorsement in 2021. The measure is also the winner in the Patient-Reported Outcomes category of the NQF Next-Generation Innovator Abstract Award.

The PCPCM focuses attention and support on the integrating, personalizing, and prioritizing functions that patients and clinicians say are important. A measure based on these principles may reduce both the de-personalization experienced by patients, and the measurement burden, burnout and crisis of meaning experienced by clinicians.

The PCPCM uses a survey to ask patients to assess 11 distinct yet highly interrelated items regarding their assessment of the care they receive. The 11 items were developed with input from hundreds of patients and physicians, and are associated with better personal and population health, equity, quality and costs.

The PCPCM has been approved for broad use in the CMS Merit-based Incentive Payment System (MIPS) Quality Payment Program (QPP). Additionally, it has been approved:

- As part of the Family Medicine measure set
- As part of the Internal Medicine measure set
- As part of the Optimizing Chronic Disease Management MVP

Continuity of Care Measure

The Continuity of Care measure was developed in collaboration with the Robert Graham Center. Continuity of Care is defined as seeing the same primary care clinician over time and remains one of the pillars of a high functioning health care system. The Continuity of Care measure has been vetted through the National Quality Forum's (NQF) rigorous endorsement process and received NQF endorsement in 2021.

High care continuity is shown to improve patient outcomes and physician well-being and is associated with decreased health care costs including total costs, ED costs, inpatient costs, primary care costs, and costs for specific conditions or treatments. It is also associated with decreased health care utilization such as ED visits and hospitalizations. As a byproduct of building a continuous, trusting relationship over time, issues of equity and social risk can be addressed.

The Continuity of Care measure has been approved as a CMS Qualified Clinical Data Registry (QCDR) measure and is featured in the PRIME Registry Measure Set. PRIME Registry participants can select the measure for use as part of their MIPS QPP reporting.

Comprehensiveness of Care Measure

The Comprehensiveness of Care measure was developed in collaboration with the Robert Graham Center. Comprehensiveness is lauded as 1 of the 5 core virtues of primary care. When measuring associations between variations in comprehensiveness of practice among family physicians and health-care utilization and costs for their Medicare beneficiaries, we found that increasing family physician comprehensiveness of care, especially as measured by claims measures, is associated with decreasing Medicare costs and hospitalizations.

The Comprehensiveness of Care measure is currently being tested in the PRIME Registry and is slated for submission for National Quality Forum (NQF) endorsement in 2023 and for the MIPS QPP.

Value Care Measure

The Value Care measure is in the conceptualization phase and is being funded through an Agency for Healthcare Research and Quality (AHRQ) grant. Primary care is where most outpatient healthcare is delivered and where more than one-third of all visits take place. However, how primary care clinician decisions and behaviors affect total costs of care is being studied.

Trust Patient Reported Outcome Performance Measure (PRO-PM)

The Trust PRO-PM is in the conceptualization phase. Trust is a bedrock of medicine as an institution, as a profession and as a set of personal relationships between patients and clinicians and within care teams. Trust is also a key constituent of an organizations' ability to delivery high-quality health care.

Measures That Matter to Primary Care

are designed for use across multiple levels of the health care system

Primary Care Practices

- Meet patient needs by focusing attention on what matters
- Reduce burnout and burden by organizing practice around the reason they went into patient care

Employers

- Assess if the care they are purchasing is doing what patients, clinicians and payers have identified as what matters
- Require that systems support aspects of primary care that matter

Patients

- Participate in health care improvement
- Provide information important for caring for them as a whole person

Insurers and Healthcare Systems

- Identify where to invest to support those delivering high quality primary care
- Develop systems that support integrating, personalizing and prioritizing care