

Health care after COVID-19 rests on tracking leading health indicators in real-time

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Introduction

The COVID-19 pandemic has highlighted the deficiencies in health care systems around the world. The underestimated impact of social context, disjointed care delivery, and misaligned incentives have pushed health care to transform and innovate at warp speed. Outcome measurement remains steady and central to sustainable change moving forward. But, health care after COVID-19 requires real-time tracking of and clinically proven health indicators. The CDC's Healthy Days tool is one method of measurement that offers the flexibility and efficiency needed for our fast-paced future.

Background

Health Outcome Measurements (HOM) are the metrics health care services and providers use to ascertain whether the treatments and interventions they provide have proven useful and/or effective.¹ Within a primary care physician (PCP) setting, the focus is primarily on clinical outcomes (eg, physiology) that can provide an indication of one's physical health such as heart rate and blood pressure. Approaches to the collection of outcome measurement differ across health care systems. Governing bodies like the CDC and The National Committee for Quality Assurance (NCQA) focus on population health metrics (eg, quality of life) and clinical delivery indicators (measures of program activity and output).² The International Consortium for Health Outcomes Measurement (ICHOM) utilizes a patient-centered approach, where outcomes are defined as "the results that matter most to patients." As such, ICHOM recommends the use of self-reported outcome measures, to allow patients to provide direct feedback on the effectiveness of their treatments.

The National Academies' report, *Leading Health Indicators 2030: Advancing Health, Equity and Well-Being (2020)*, outlines 34 recommended leading health indicators (LHIs), based on decades of HOM work by professional organizations and other key health care industries. LHIs are high-level priority metrics measuring health-related clinical and social factors across the life span. The slate of LHIs included in this report is "less linked to the current healthcare systems' capabilities and metrics," and more reflective of how "people live their lives."³ The fourth indicator on this list, classified as self-rated health, is to increase the mean of healthy days using the Healthy Days measure (CDC HRQOL-14). The use of this self-report health and well-being tool indicates physical health across the patient's life.

Interestingly, nearly one-third of the report's LHIs are focused on health-related social needs and other social context factors. Food insecurity, housing, and residential segregation are all represented, along with climate change impact and poverty.

Without tracking information on LHIs and measuring outcomes, the value of progress in these areas cannot be determined, and the path forward risks relying on well-intentioned guesswork and clinical intuition, instead of evidence-based methodology.⁴ Improving patient care ultimately depends on the real-time gathering and interpretation of both patient and provider-reported measurements leveraged together to drive a whole person health agenda.

Conceptualizing the path forward

Health status (including HRQoL and social health) can change rapidly and frequently in a prolonged crisis situation. Cases increase and decrease over time. Supply chains are interrupted, then fixed. The vaccine is approved, but distribution is limited and slow.

This fitful pattern will likely continue and warrants the need for real-time, relevant but simple surveying. The future of health will rely on frequent and efficient assessments of health status, allowing providers to address the most pressing needs. The Healthy Days tool, for example, works well for this purpose because it's a short, simple HRQoL measure that assesses physical and mental health, is easy to administer, and *most importantly*, is sensitive to monthly changes in health status. Efficient, comprehensive social context screeners like CMS's Accountable Health Communities (ACH) Health-Related Social Needs (HRSN) screener will also likely gain traction as emerging and episodic social needs are especially sensitive to pandemics and other disasters.⁵ Relying on claims data and electronic health record information to inform health strategy will miss many critical windows of care. All of these strategies together, guided by LHIs underpinned by HOMS, will capture health both after and *as* it happens and improve the health of the population.

Conclusion

The COVID-19 pandemic has inadvertently created a laboratory for innovation and has pushed change in a variety of predicted and unpredicted areas. What seems clear amidst the race to health and rapidly changing environment is gathering real-time, patient-reported data to make in-the-moment health decisions that actually improve health outcomes.

References

¹ Matter of Focus. 2020. *What Are Outcomes?*. [online]. [Accessed 28 October 2020]. Available from: <https://www.matter-of-focus.com/what-are-outcomes/>

² Centre for Disease Control. 2020. *Indicators - Program Evaluation - CDC*. [online]. [Accessed 28 October 2020]. Available from: <https://www.cdc.gov/eval/indicators/index.htm>

³ National Academies of Sciences, Engineering, and Medicine, 2020. *Leading Health Indicators 2030: Advancing Health, Equity, and Well-Being*. National Academies Press.

⁴ Pantaleon, L., 2019. Why measuring outcomes is important in health care. *Journal of Veterinary Internal Medicine*, 33(2), pp.356-362.

⁵ Centers for Medicare & Medicaid Services, 2019. *The accountable health communities health-related social needs screening tool*.