Chronic disease and comorbidity are widely recognized as the main contributor to morbidity, mortality, and health-related costs in the United States. With the aging of the US population and the increasing prevalence of chronic diseases, optimizing care for older Americans is a high priority. Performance measurement is designed to improve health care quality and, as such, has been widely adopted. However, the aging of the US population poses a challenge to performance measurement due to the difficulty of caring for patients with multiple chronic diseases. Most performance measures are based on clinical practice guidelines that take a single-disease approach to patient care. However, physicians caring for older clinically complex patients must balance guidelines and recommendations with individual patient needs.

The goals of this project are two-fold. First, we will examine whether physicians who care for a disproportionate share of clinically complex patients are advantaged or disadvantaged in performance measurement systems. Our preliminary studies based on the Department of Veterans Affairs data suggest that clinically complex patients have higher measured performance, a finding that is related to frequency of office visits. In our first specific aim, we will test whether this finding extends to a large Medicare sample using a standard set of outpatient process measures while explicitly controlling for cognitive impairment, functional impairment, and shortened life-expectancy. Second, we will examine whether measured performance reflects overall quality of care in older clinically complex patients. If the needs of clinically complex patients lay outside of current performance measurement systems, measured performance may be uncorrelated with their overall quality of care. Our second aim will examine the relationship between performance measurement and patient experience of care.

As Centers for Medicare & Medicaid Services moves toward widespread implementation of performance measurement, it is crucial to understand how these systems affect patient care. This study will specifically evaluate how performance measurement affects the care of clinically complex patients.

I am a general internist and PhD trained researcher in health services research and health economics. My PhD provided me with rigorous training in empirical research methods and in conducting policy-relevant research. During my PhD training, I also developed a broader research agenda related to quality measurement and quality improvement. This research seeks to understand quality improvement initiatives from clinical, economic, and social perspectives in order to optimize improvement in health care outcomes, particularly among vulnerable populations such as the elderly. While my PhD provided me with the necessary skills to perform high-quality health services research, the Society of General Internal Medicine-Association of Chiefs of General Internal Medicine-ASP T. Franklin Williams Scholars Award in Geriatrics will give me the necessary support to actively pursue my career goals of doing research that is directly relevant to patient care, particularly among aging Americans, the mentorship to develop necessary skills as a successful investigator in geriatric quality of care and quality improvement, and the foundation for a successful future career in geriatrics-based research.