

## Overview of the Methods Evaluation Process™ (MEP)™ Accreditation and Certification Programs

As the costs of health care continue to rise, private and public sectors are demanding **transparency of medical pricing and quality** to protect consumers and promote more informed purchasing decisions. A significant, but often underappreciated goal of this transparency movement is the attribution problem: The “methods” used to attribute quality outcomes to defined interventions must be transparent in order to determine if we are giving credit where credit is due.

To advance the ability to make transparent *attributions* between intervention and outcomes, the Population Health Impact Institute (PHII), a 501(c)3 non-profit organization, has developed **the Methods Evaluation Process™ (MEP™) Accreditation & Certification Programs**. The goal of the MEP is to promote high quality and transparent attribution methods.

This is not one-size-fits-all. Sometimes, expert opinion is good enough. Other times, we need double-blind randomized trials. But for most instances, something in the middle is often sufficient.

What is expert opinion? If someone uses a tourniquet to stop the hemorrhaging in a person who injured their leg in a motorcycle accident, one can deduce that the use of the tourniquet made it possible for the paramedics to stabilize the patient and take them to the hospital. The cause and effect is very clear. There are few confounding variables and little need of a sophisticated study design to test this attribution.

Let us compare this to a program where a doctor recommends a drug for diabetes to patients with elevated fasting blood sugar, and the patient’s blood sugar control improves over time. Is the

success of the program due to the doctor? The medication? The pharmacist? The nurse manager? The wellness company? The disease management company? The patient’s own internal motivation?

While the benefits of the drug may be established in multiple peer-reviewed studies, the clinical trials are often not specific to medical or other factors related to this population of patients. Several confounding variables related to the bio-psycho-social-economic aspects of that patient – not to mention other efforts by the community

promoting this practice – are extremely important in judging the success of this doctor-based activity.

Unlike the tourniquet example, confounding factors are in play here. It would be a mistake to attribute the success or failure of this program solely to the physician, especially when the patient outcomes are compared to other doctors in different environments.

This is the backbone of why PHII developed the MEP Accreditation and Certification Programs. The MEP Standards apply a consistent set of evidence-based practices when measuring the relationship between interventions,

people and change.

Directly attributing clinical or financial success to specific care management, disease management, wellness, medical management, or other population-health intervention is not easy. There is no silver bullet. Falsely attributing success or failure to an intervention is easy to do, and can occur when competing influences are unrecognized.



***The MEP Accreditation Program promotes a process to encourage critical thinking about how a person or organization can “attribute” any “change” to a population that is caused by a defined intervention(s). This requires consideration of both “confounding” factors and other forms of bias, as these may be partially or totally responsible for the impact or “change.”***

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The MEP Accreditation Program promotes critical thinking skills. Designed to be complimentary to and support the mission of health care accreditation agencies and quality improvement efforts, the MEP Process was founded on the premise that the philosophy of continuous quality improvement must be applied to evaluation methods too. This attribution between provider and outcome requires consideration of “confounding” factors and other forms of bias, as these may be partially or totally responsible for the impact or “change” observed.

Entities using programs with methods accredited by the PHII’s MEP Accreditation Program can be assured that they have met these transparency and attribution requirements.

The MEP Program does not recommend any specific “return-on-investment” (ROI) methodology, intervention process, outcome or process of care measure. Rather, the MEP program promotes a set of principles and rules that, when followed, will assure a minimum level of transparency and validity.

The PHI Institute offers the MEP Certification Program to Individuals and the MEP Accreditation Program to Organizations, which covers one or more of their health care programs (e.g., diabetes, wellness, and depression programs). There are four levels of MEP accreditation, which in part depends on whether or not “outcomes” are available. PHII’s approach to certification and accreditation is educational in focus, and based on a continuous quality improvement philosophy. It is not punitive.

The MEP Accreditation Program does not validate the clinical or financial outcomes of an intervention per se. Rather, the focus is on the transparency and the quality of the methodology that lies behind the outcome claims made by health plans, disease management companies,

case management entities, wellness entities and others.

How and when one applies the MEP Principles to a particular circumstance can vary depending on the circumstances. By analogy, while there are a number of ways to construct a building, all must follow basic principles such as a level and plumb foundation. The same is seen with evaluation

methods - while there are few basic themes, there can be many variations.

The MEP Accreditation Program is based upon traditional approaches to continuous quality improvement (CQI) activities that have been accepted in many health care settings. Quality improvement recognizes that we want to get better and better, but we might not

necessarily get it right the first time. The MEP Principles help establish that:

- **Transparency** must exist between parties on what should be revealed regarding basic principles of attribution (based on well-accepted scientific principles and rules of evidence)
- **Attribution** relies on a proposed pathway which must explicitly:
  - Consider the logic between the observed intervention and stated outcomes
  - Factor in any bias or possible confounders (related to systematic and random differences)
  - Establish the referent or comparison group
  - Compare outcome and confounding metrics between the referent and the group receiving the intervention.

The MEP Standards focuses on the quality of the attribution made between the stated intervention



**PHII’s Mission is:  
“To promote credible,  
transparent, standardized, and  
replicable population health  
management programs for public  
and private sector organizations  
through education, research and  
benchmarking services.”**

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(such as a process or structure) and the stated outcomes, such as the cost-effectiveness or improved clinical outcome. Organizations that follow the MEP process enable the application of a consistent set of evidence-based practices when measuring people and change.

While there may be multiple ways to meet these Principles, transparency is the driving principle. Key is the recognition that the intervention is not considered in isolation from other competing factors.

Whether you are a patient, purchaser, broker, payor or provider, the MEP Principles can assist with your value-based decisions in how

interventions are assessed and outcomes are stated. Contact the PHI Institute now for more information!

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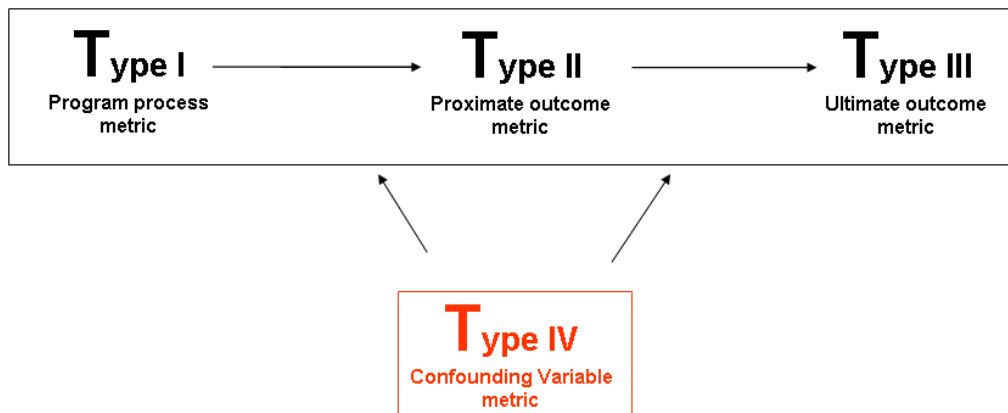
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### For additional information about pricing for the MEP Accreditation or Certification Programs, contact Garry Carneal at

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### MEP Accreditation: Beta Testing

Beginning in fall 2008, the Population Health Impact Institute (PHII) will begin beta testing the MEP Accreditation Program. Those entities interested in participating in the MEP Accreditation beta test will receive a discounted rate off the normal accreditation fees.

If you are interested in becoming a beta test site for the MEP Accreditation Program and/or a “first wave” accredited company when the MEP Accreditation Program is officially launched, please contact the PHII at 513-349-5846 or [MEP@PHIInstitute.org](mailto:MEP@PHIInstitute.org) for additional information.

### MEP Certification: Individual level

Individuals may seek MEP Certification through a workshop, webinar and/or online. MEP Certification indicates that a person has successfully completed a workshop in basic knowledge and principles of “Methods Evaluation Process” (MEP) which includes a detailed explanation of the MEP attribution standards.

Certification is useful to those who work in health management programs, and benefit managers and others who manage out-sourced health management programs.

For programs seeking MEP accreditation, at least one individual employed by the applicant, must obtain MEP certification.

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**MEP Accreditation—Organizational and Program Level:**

The MEP Accreditation program is for health management programs within organizations.

There are four core components to the MEP Accreditation Program.

**I. Operations:** A quality evaluation process is authorized by management; at least one person has obtained a PHII certificate indicating s/he has successfully completed a MEP workshop or online course.

**II. Set-Up:** Description of intervention pathway, pathway metrics are defined, confounding metrics are defined, and a referent is described.

**III. Baseline:** Metric values are enumerated and compared during a pre-intervention baseline period in both the intervention population and the referent.

**IV. Follow-up:** Metric values are enumerated and compared during a post-intervention follow-up period in both the intervention population and the referent.

The MEP Accreditation Program encourages applicants to:

- 1) Properly set-up an evaluation program;
- 2) Establish baseline measures prior to the intervention and follow-up measures after the intervention; and
- 3) Compare these measures to the expectations of what would have happened in the absence of the intervention. This goal is accomplished by the use of a referent.

There are three levels of MEP Accreditation:

**1) Foundational Accreditation**

This is designed for “start-up” programs. The applicant needs to meet 90% of the SHALL

standards under the Operational, Set-up, and Baseline Standards for at least one program & method (this excludes Follow-up component). At least one individual employed by the organization has obtained MEP Certification.

Foundational accreditation expires after 12 months.

**2) Full Accreditation**

The applicant needs to meet 100% of the SHALL standards under the Operational, Set-up, Baseline, and Follow-up Standards for at least one program & method. At least one individual employed by the organization has obtained MEP Certification.

Full Accreditation expires after 24 months.

**3) Full Accreditation with Distinction<sup>1</sup>**

Applicants who meet Full Accreditation can apply for “distinction” by meeting or exceeding 80% of the “SHOULD” standards. Accreditation with Distinction deals with sophisticated control of statistical bias and confounding influences.

Full Accreditation with Distinction expires after 24 months.



<sup>1</sup> *The PHI Institute is also offering **Full Accreditation with Distinction +**. Where the + sign indicates the applicant presented:*  
*(1) A methodology that takes into account unmeasured confounding variables (i.e., through an individual level randomization design); and/or*  
*(2) Compelling evidence is presented that there are few or NO significant confounding variables (e.g. The benefit of a putting on a parachute before jumping out of an airplane – i.e. no referent group is necessary).*