

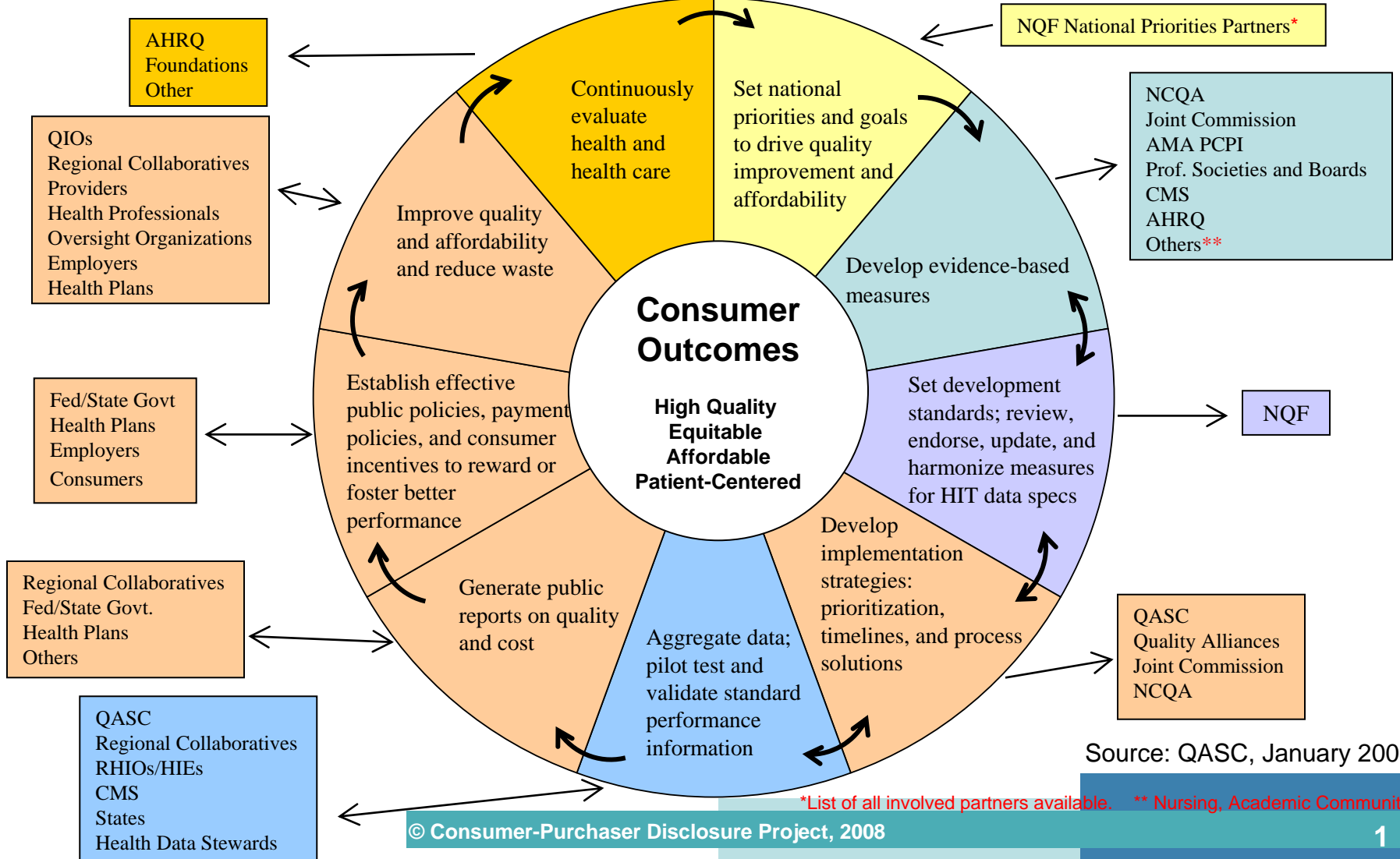
The National Performance Measurement Landscape: Basics for Consumers & Purchasers

Teleconference Briefing
January 17, 2008

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The "Idealized" National Framework for Quality and Cost Transparency for High-Value Care



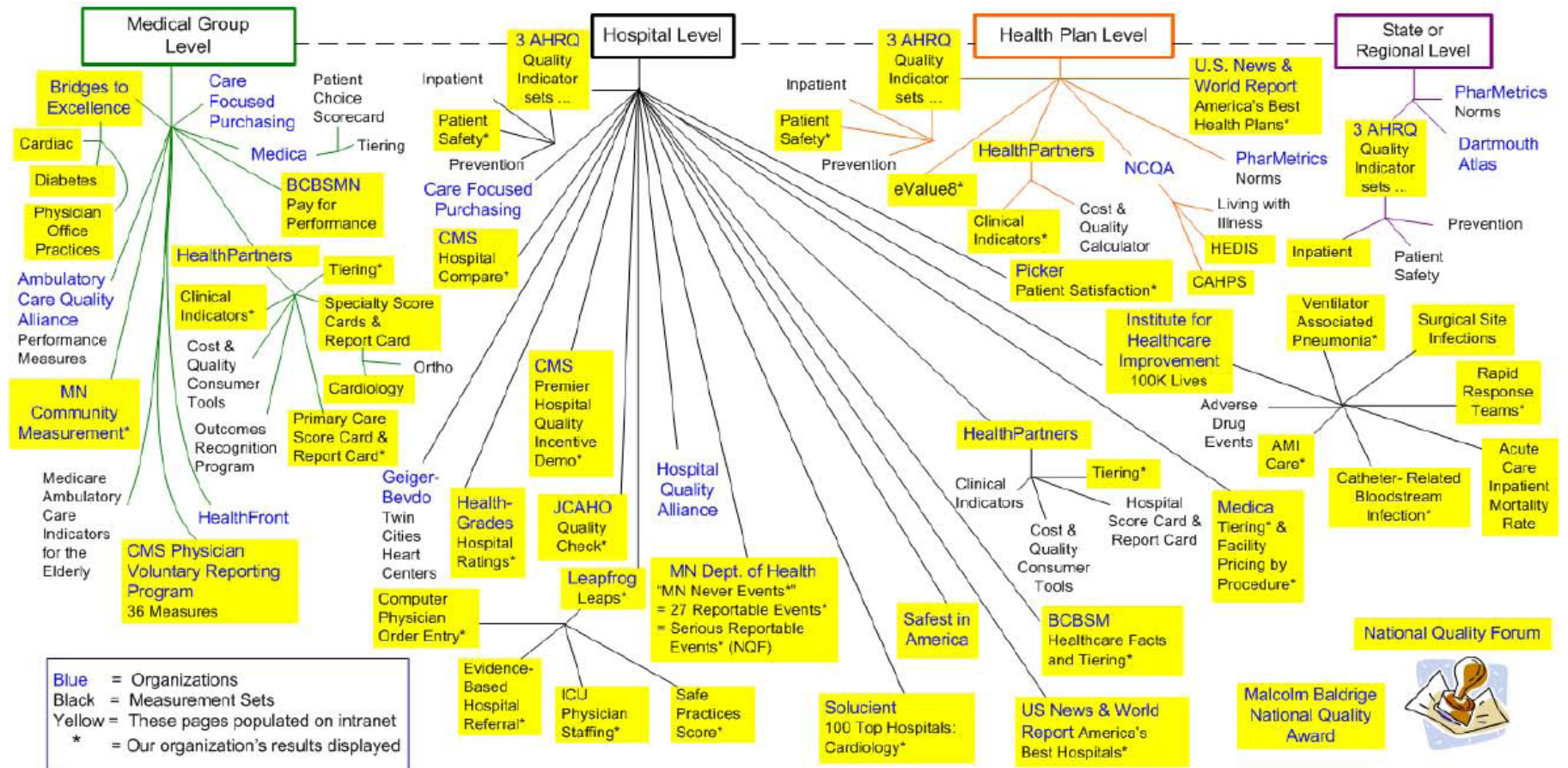
Source: QASC, January 2008

*List of all involved partners available. ** Nursing, Academic Communities, etc.

From Ideal to Real: One Health Plan's Measures Map

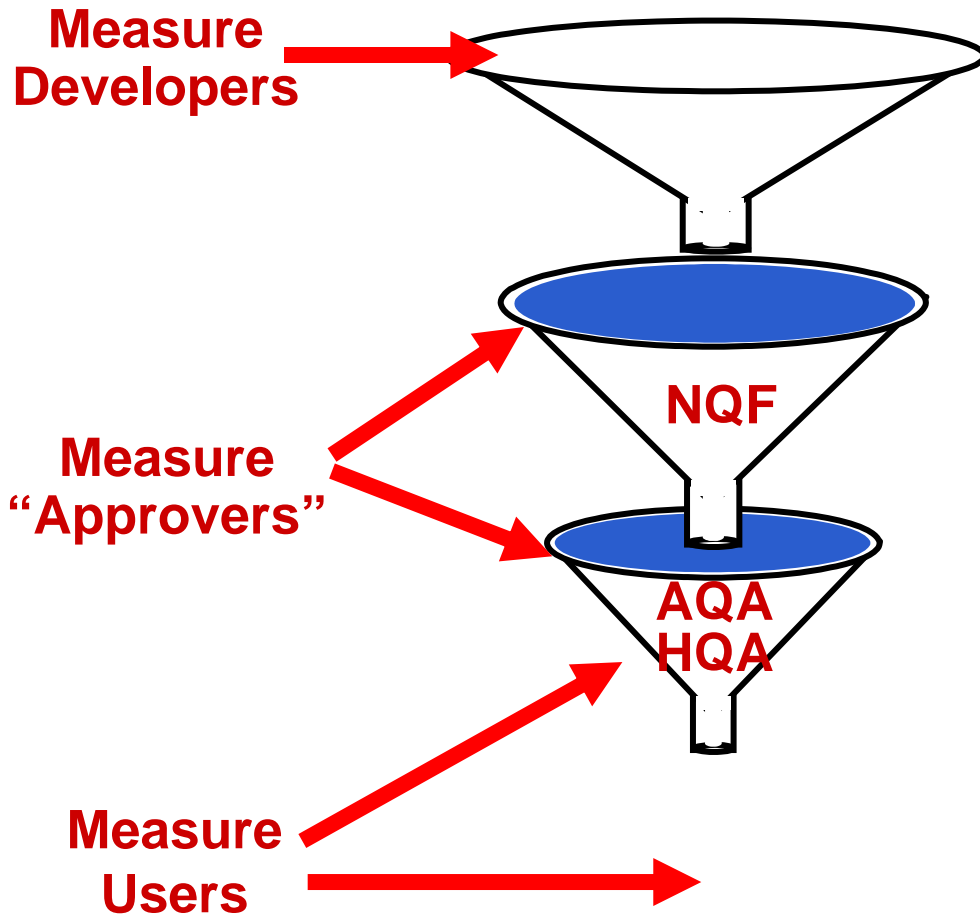
"Measures Map" of Standard Measurement Sets
 * = Includes our Organization's Results

Audience: HealthPartners internal management
Purpose: A shared understanding of our organization's performance on these standard measurement sets



Blue = Organizations
 Black = Measurement Sets
 Yellow = These pages populated on intranet
 * = Our organization's results displayed

From Ideal to Real: The Slow Drip – Consumers’ & Purchasers’ Perspective



- NCQA
- JCAHO
- Leapfrog

- AHRQ
- AMA PCPI
- CMS

- Endorse Measures
- Multi-stakeholder Consensus Process
- Consumers/Purchaser Majority

- Approve Measures for Use
- Multi-stakeholder Representatives
- CMS
- Health Plans
- Regional Collaboratives
- Private Purchasers
- Consumers
- States

Performance Measurement: Through Consumers' & Purchasers' Eyes

- Scope and pace of measure development and implementation too narrow and slow
- Pressing sense of urgency
 - Real consumer/patient choices being made with little real information
 - High costs resulting in more uninsured and often “value-blind” benefit designs and purchasing strategies
- Robust performance dashboard essential
 - Consumer engagement requires relevant and adequate information
 - Plan designs, payment systems and networks must recognize quality and efficiency
- Performance information must be valid and readily available: don't let perfection be the enemy of the public good

Transparency and Performance Reporting Are Essential to Improving Quality and Affordability

Publicly reported performance information will drive quality and efficiency improvements by:

- Helping providers to act on their desire to improve, supported with better information.

Giving consumers valid performance information to use when choose providers and treatments

- Supporting purchasers and plans build performance expectations into their contracts, benefit designs and payments

National standardization **and** local innovation are both essential:

- Standardization provides: comparability across markets; credibility; reduces reporting burden
- Innovation provides: stream of new measures to complete dashboard

Consumer & Purchaser Perspectives on 7 Key Measurement Issues

- 1) Legitimacy of consumer & purchaser opinion on “good science”
 - ***Your opinion is equally valid!***
- 2) Immediate vs. delayed public reporting of performance
 - ***Using less precise measures now is better than waiting for more precise measures later. Don't let perfection be the enemy of the greater good.***
- 3) Outcome vs. process measures
 - ***Outcomes are the ultimate measures of quality of care and spending.***

Consumer & Purchaser Perspectives on 7 Key Measurement Issues (cont.)

- 4) Cross-cutting vs. condition specific measures
 - ***Both are essential!***
- 5) Individual physician vs. group measurement
 - ***We need both!***
- 6) Quality vs. cost-efficiency
 - ***Both are needed to understand value.***
- 7) Electronic data vs. paper medical record to generate performance measurement
 - ***Electronic data sources are the most feasible near-term path. Need to move to fully electronic collection.***

Access pocket guide at: <http://healthcaredisclosure.org/docs/files/PocketGuideOct2007.pdf>

The Current Measurement Dashboard: Making Progress, but Endorsed ≠ Collected

Measure Type	Measure Set	Hospital NQF Endorsed Measures	Physician NQF-Endorsed Measures
Safety	NQF Safe Practices (Leapfrog) Infections/errors AHRQ Patient Safety Indicators Nursing Indicators	✓✓✓	✓
Timeliness Process	Wide set of conditions	✓✓	✓
Effectiveness-Outcomes	Mortality, morbidity, functional health status	✓✓	✓
Cost-Efficiency	Resource use Cost to payers Multiple time frames	∅	∅
Equity	Measures for population subgroups	✓	✓
Patient Centeredness	CG-CAHPS/H-CAHPS	✓✓✓	✓✓✓

Key: ∅ = no measurement set; ✓ = minimal measure set;
✓✓ = partial measure set; ✓✓✓ = robust measure set

The Measurement Enterprise: Key Organizations

Name	Role
National Quality Forum (NQF)	Serves as the national measurement endorsement entity and the primary forum for setting measurement priorities
National Committee for Quality Assurance (NCQA)	Accredits health plans, Disease Management and Managed Behavioral Health organizations; recognizes high-quality physicians; certifies other programs; develops and implements measures (e.g., HEDIS)
Joint Commission (JCAHO)	Accredits hospitals, measure development and implementation
American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI)	Measure development
Medical Boards	Provide ongoing certification of medical specialties
Centers for Medicare & Medicaid Services (CMS)	Payer for Medicare and Medicaid, sponsors measure development, implementation and data aggregation
Agency for Healthcare Research and Quality (AHRQ)	Measure developer (e.g. CAHPS)
Quality Alliance Steering Committee (QASC)	Supports and coordinates data implementation and aggregation; combined AQA and HQA steering committee
AQA Alliance (AQA)	Measure implementation
Hospital Quality Alliance (HQA)	Measure implementation
Private Vendors	Measure development, data aggregation, implementation and consumer reporting

National Quality Forum (NQF)

Role: Serves as the national measurement endorsement entity and the primary forum for setting measurement priorities

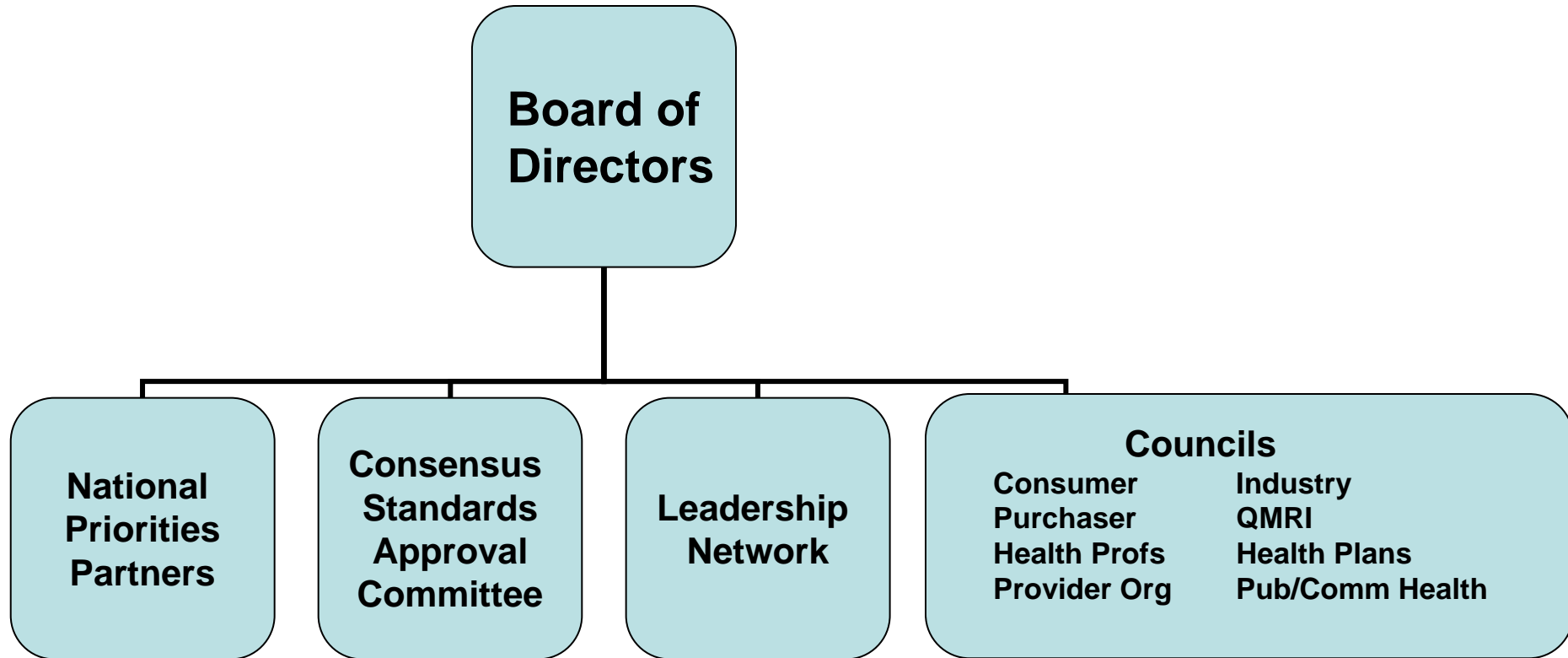
Participants: Broad representation of stakeholders, including consumers, purchasers, employers, health care provider organizations, labor unions, Federal Government agencies, and health care and quality improvement researchers

Structure: Independent multi-stakeholder board with substantial consumer and purchaser representation

Background: Formed in 1999 based on the recommendations of a President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Restructuring in 2007 with a new board, committees, and councils.

<http://www.qualityforum.org/>

National Quality Forum (NQF): Structure



National Quality Forum (NQF)

Significance:

- The consensus-based organization and process, allows Medicare to adopt NQF measures without extensive government rule-making procedures
- Has formal and significant consumer and purchaser voice in the collaborative process
- NQF endorsement is the “gold standard”
- From 1999 to October 2007, NQF has endorsed more than 300 measures, practices, and guidelines (areas include physician performance, hospital performance, cultural competency, patient experience, and health information technology)
- Many measures of critical importance to consumers and purchasers are currently under review, such as cancer care

See Appendix for endorsed measurement sets, current committees and open committees.

National Quality Forum (NQF)

Major issues:

- Funded largely with project-specific dollars, hence danger of measure endorsement process driven by funders rather than national priorities
- Need to move to public funding of a public good. A major multi-stakeholder campaign to secure ongoing Federal support for NQF is underway – ongoing consumer and purchaser support needed
- The measure endorsement process has historically been more weighted to scientific perfection than feasibility -- many endorsed measures are not easily collectible and depend on voluntary provider participation.
- Historically the approval process has been criticized as slow and cumbersome. In 2007, the approval process was overhauled to address this issue.
- The number of steering committees and measurement processes make it difficult to engage and recruit consumer and purchaser participants.



National Committee for Quality Assurance (NCQA)

Role: Accredits health plans, Disease Management and Managed Behavioral Health organizations; recognizes high-quality physicians; certifies other programs; develops and implements measures (e.g., HEDIS)

Participants: Mostly voluntary participation for accreditation of health plans, certification programs, and physicians

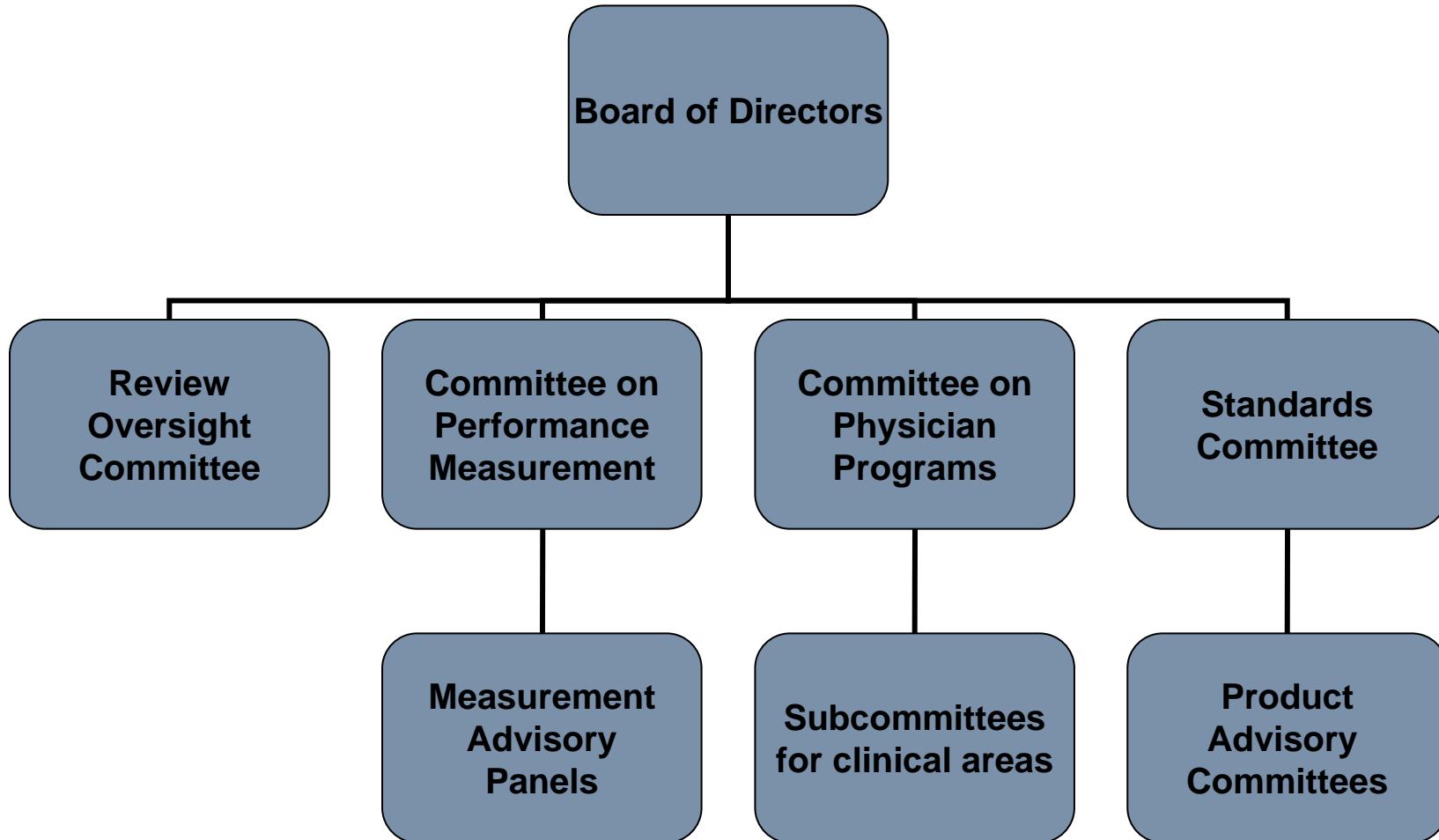
Structure: Board of Directors and 7 working committees

Background: Formed in 1990, has been central figure driving quality through its accreditation, certification, and recognition programs

<http://web.ncqa.org/>



NCQA: Structure





National Committee for Quality Assurance (NCQA)

Significance:

- HEDIS measures used by more than 90% of health plans to measure performance on care and service
- Offers physician recognition programs
- Board representation is balanced, reflecting a conscious desire to avoid the perception of being “captured” by the plans

Major Issues:

- Health plans almost always get “excellent” or “commendable” ratings which limits usefulness for comparison
- Focus is primarily on the health plan, whereas most consumer and purchaser information needs are the provider-level; now being addressed through supplemental accreditation programs

See Appendix for list of and links to physician recognition programs.

The Joint Commission

Role: Accredits hospitals, home health programs, nursing homes, etc.; develops and implements quality measures

Participants: Accredits and certifies more than 15,000 health care organizations and programs in the US

Structure: Governed by a 29-member Board of Commissioners that includes physicians, administrators, nurses, employers, health plan leaders, and quality experts

Background: Formed in 1951 to provide voluntary accreditation of hospitals

<http://www.jointcommission.org/>

The Joint Commission

Significance:

- Has a significant impact on hospital performance initiatives
- Has made significant strides in expanding measurement through ORYX initiative (2008 requires measurement in 4 of 7 domains covered under the initiative); accreditation tied not only to data collection, but also performance
- Performance data publicly reported on Joint Commission's website Quality Check

<http://www.qualitycheck.org/consumer/searchQCR.aspx>

Major Issues:

- Corporate entity with traditional governance model that is significantly weighted toward provider representation
- Restrained in how proactive it can be in expanding performance measurement since represents hospital industry
- Publishing ORYX data (4 domains currently, moving to 5) on website Quality Check, but have shown a tendency to adopt "industry friendly" reporting methods, thereby reducing quality distinctions among hospitals

American Medical Association – Physician Consortium for Performance Improvement (AMA PCPI)

Role: Measure development

Participants: over 100 medical specialty societies and subject matter medical experts

Structure: “Independent” physician board comprised of representatives from medical specialties under the AMA

Background: Formed by the AMA in 1998, with significant development activity in 2007 to meet the demands for Medicare reporting

<http://www.ama-assn.org/ama/pub/category/2946.html>

American Medical Association – Physician Consortium for Performance Improvement (AMA PCPI)

Significance:

- Substantial physician/specialty society involvement and acceptance of measures from within medical profession
- Has served as primary source of measures for Medicare Physician Quality Reporting Initiative (PQRI)
- Has benefitted from substantial financial support from AMA and recent recipient of major contract from CMS
- Has the support to maintain measures over time
- Fast-track source of measures to CMS

Major Issues:

- Very little consumer or purchaser involvement in the development or review process
- Many measures are of basic competency, rather than “high performance”
- Funding, oversight and control by those being measured has potential to bias the measures being developed
- Physician perspective dominates measure development such that broad exclusions and limitations of collection of data are endemic (e.g., many measures require chart review; assess RX written not filled; broad exclusions) – there is interest from CMS and AMA PCPI in incorporating consumer and purchaser perspective

Medical Boards

Role: Provide ongoing certification of medical specialties, with some developing measures

Participants: Physicians from within each of the 26 approved medical specialty boards, representing 112 specialties and subspecialties

Structure: Each specialty board oversees certification within each board

Background: Has served as a key point for self-regulation of physicians

<http://www.abms.org/>

Medical Boards

Significance:

- Self regulating group for professional oversight reflects involvement and “ownership” of medical specialties themselves
- Increasingly important voice of medical specialties in policy settings
- Important movement from certification being valid lifelong, to periodic and needing to be maintained (“maintenance of certification/MOC) could be a route for measurement

Major Issues:

- Historically boards operate with very little consumer or purchaser involvement; professions “oversee” themselves
- Certification is a voluntary process and hence boards don’t want to get too far “in front of” constituents, yet some boards seeking to lead more in this direction
- Maintenance of certification could provide opportunities for performance measurement and potentially reporting

DISCLOSURE

PROJECT Improving Health Care Quality through Public Reporting of Performance

Centers for Medicare & Medicaid Services (CMS)

Role: Payer for Medicare and Medicaid, sponsors measure development and data aggregation

Participants: Congress, CMS apparatus, most of the healthcare system through Medicare and Medicaid reimbursement

Structure: Agency within the Department of Health and Human Services, headed by political appointee with civil service staff

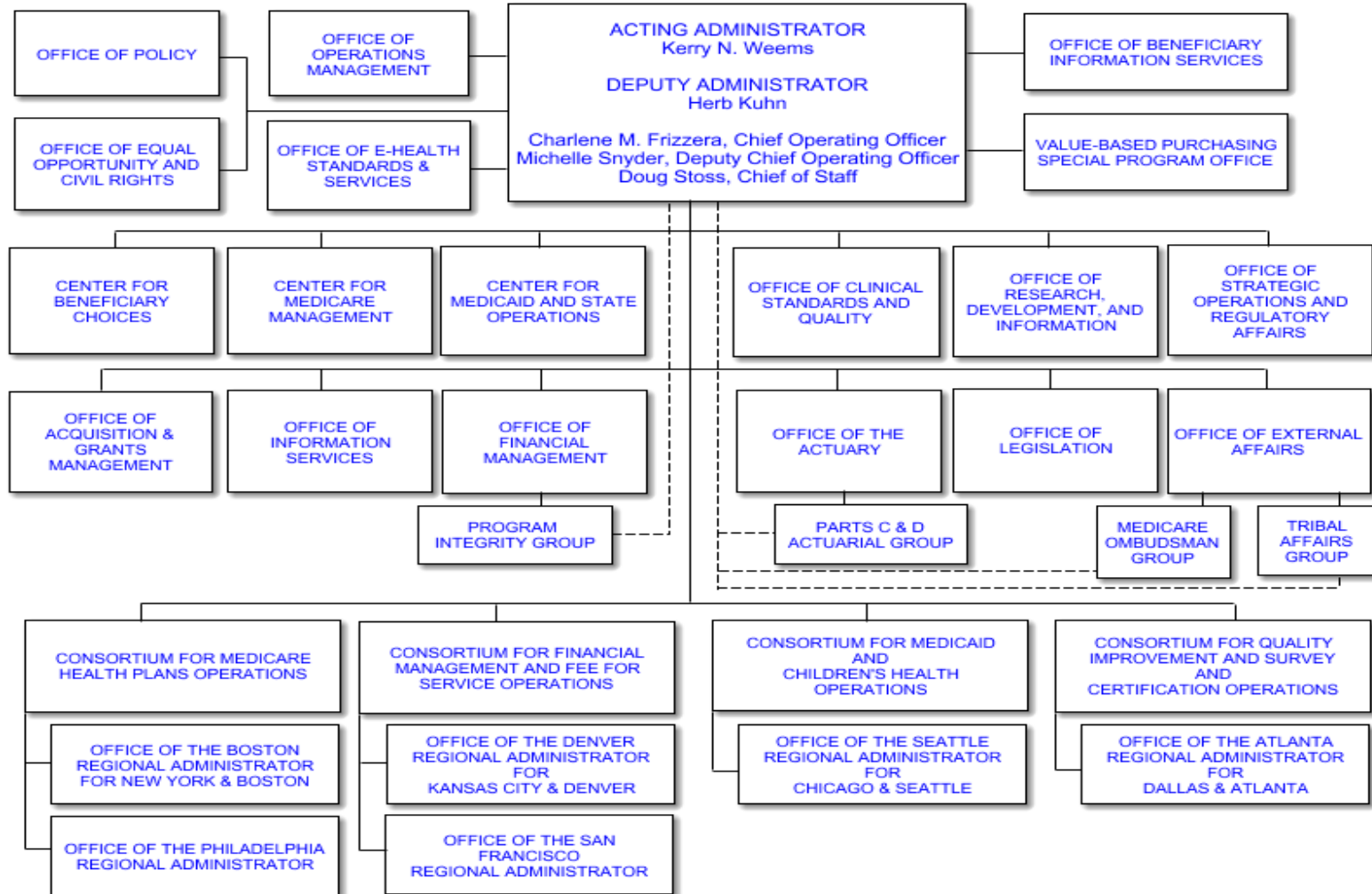
Background: Medicare program instituted in 1964. Medicare embarked on performance measurement reporting as vehicle for voluntary promoting quality improvement 2004.

<http://www.cms.hhs.gov/>

DISCLOSURE

PROJECT Improving Health Care Quality through Public Reporting of Performance

CMS: Structure



Centers for Medicare & Medicaid Services (CMS)

Significance:

- Medicare standards drive much of the health care market
- Physician Quality Reporting Initiative (PQRI) – 2007 voluntary reporting for 1.5% bonus
- Hospital Value Purchasing – 2007 up to 2% bonus for participating

Major Issues:

- Subject to Congressional oversight and political pressure with all the pros and cons it entails
- Incrementalism can mean slow progress compared to needs and demands of consumers and purchasers
- Participation in quality reporting programs remains voluntary; potential for missing provider information for consumers

Agency for Healthcare Research and Quality (AHRQ)

Role: Measure developer

Participants: Congress, internal staff and external stakeholders work closely with AQA and QASC to foster data collection and aggregation efforts and develop new measures

Structure: Agency within the Department of Health and Human Services, headed by quasi political appointee with civil service staff

Background: Lead Federal agency for issues of healthcare quality

<http://www.ahrq.gov/>

Agency for Healthcare Research and Quality (AHRQ)

Significance:

- Major supporter of measurement enterprise
- AHRQ Director is co-chair of QASC and AQA
- Potentially growing role in measure development and efficacy
- Funds some comparative treatment effectiveness studies

Major Issues:

- Woefully underfunded compared to “basic research”
- No clear mandate to address need for broader comparative treatment effectiveness assessment, which is the key issue for purchasers and consumers

Quality Alliance Steering Committee (QASC)

Role: Support and coordinate data implementation and aggregation

Participants: Broad-based group of consumers and purchasers, member groups from both AQA and HQA

Structure: Steering committee and 7 workgroups

Background: Formed in 2006 from 2 key health care quality alliances, AQA and HQA, to coordinate the promotion of quality measurement, and speed the adoption of the work of AQA and HQA

<http://www.brookings.edu/projects/qasc.aspx>

<http://www.aqaalliance.org/aqahqacollaboration.htm>

Quality Alliance Steering Committee (QASC)

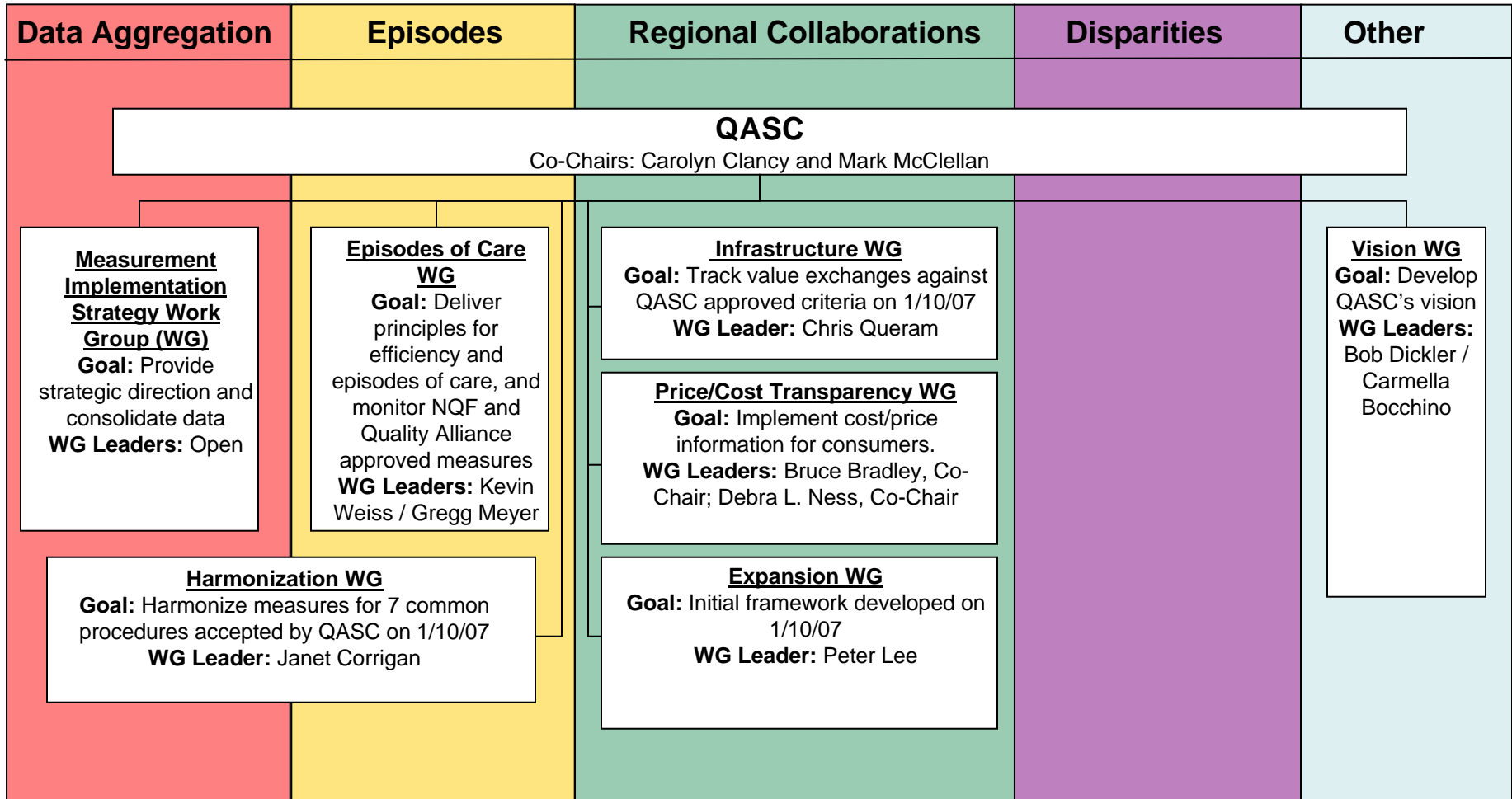
Significance:

- Broad stakeholder involvement seeking to promote implementation and use of measures
- Has been blessed by HHS Secretary Leavitt and by CMS as a critical forum for support of measures implementation
- Has been the forum through which Chartered Value Exchanges were developed and currently serves as the umbrella for critical national initiatives
 - Data aggregation program with AHIP
 - Development of cost of care measures for 20 specialties
 - Equity measurement

Major Issues:

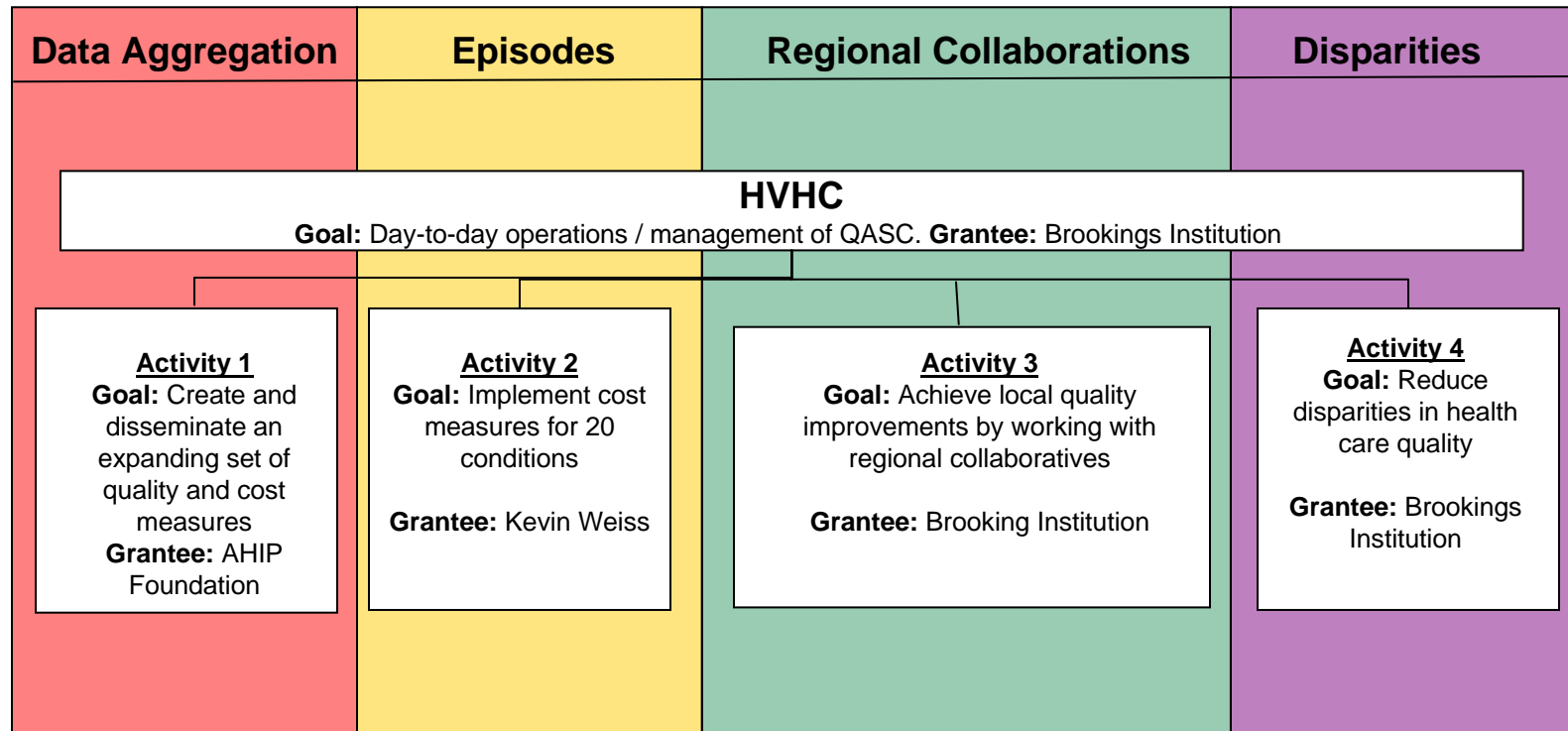
- Governance and oversight has historically been opaque, although that should be changing in future
- Uncertainty of the role and stature of the QASC under a new Administration
- Need to assure consumer and purchaser involvement

QASC: Structure



QASC: High-Value Health Care (HVHC) Project

- Robert Wood Johnson Foundation funded initiative
- Provide administrative funding to QASC to support coordination of QASC activities with other organizations





AQA Alliance (AQA)

Role: Measure implementation for physician and non-physician clinicians

Participants: Alliance of physician specialty organization, consumer, employer, government and health plan representatives that achieves consensus relating to quality information about physician care

Structure: Steering committee, workgroups; governance process is currently being revised

Background: Coalition formed in 2004 by physicians, health plans, and AHRQ, which has evolved to be a multi-stakeholder group.

<http://www.aqaalliance.org/>



AQA Alliance (AQA)

Significance:

- Very broad engagement of physician and other providers in measure review process
- Has been a critical forum for dialogue with representatives of providers and to some extent, consumers and purchasers
- In 2006 and 2007 has served as fast-track pre-NQF endorsement process to allow for Medicare use of physician measures
- In process of shifting focus from measure review to support “implementation” of measures (with focus on data aggregation, reporting, and other uses)

Major Issues:

- While consumers and purchasers are “at the table,” are greatly outnumbered by physician representation
- Many of the measures “endorsed” by AQA have been basic competency and not high performance-AQA is now seeking to distinguish between the two
- Unwieldy phone/committee workgroup processes, frequently with little consumer and purchaser involvement
- Restructuring in process, TBD how effectively the new structure will be responsive to consumer and purchaser needs



Hospital Quality Alliance (HQA)

Role: Sponsor of measure implementation initiatives

Participants: Public-private coalition of hospitals, nurses, physician organizations, accrediting agencies, government, consumers and business that shares quality information about key aspects of hospital care

Structure: Principals steering committee, workgroups

Background: Formed in 2002 to increase hospital participation in public reporting and expand use of quality measures. Key collaborator in website HospitalCompare.hhs.gov to provide information on hospital quality.

<http://www.hospitalqualityalliance.org/hospitalqualityalliance/index.html>



Hospital Quality Alliance (HQA)

Significance:

- Important mechanism for impacting CMS hospital reporting requirements
- Drives the website tool Hospital Compare (www.HospitalCompare.hhs.gov)
- Significant organization for engaging the 3 national hospital associations in measurement activities
- Acted on commitment to only use NQF endorsed measures

Major Issues:

- Primarily funded by dues, which limits organizations that can be active participants
- Until recently HQA process has been relatively opaque; steps are being taken to improve the degree of transparency and opportunities for input/influence
- Limited consumer and purchaser participation on work groups as compared to hospital industry
- CMS has much more influence on HQA than private purchasers, given various Congressional mandates (notably, value-based purchasing for hospital services)

Private Vendors

There are multiple private vendors contributing to measure development, data aggregation, and support for consumer reporting initiatives. These entities generally work for private health plans, and purchasers both private and public, i.e. state governments, public employee groups.

Significance:

- These are largely the measures which the private sector is using today
- Vast majority have not gone through NQF review
- Most have been designed to be collected through administrative data

Major Issues:

- Frequently have been “black box” measures that purchasers and providers haven’t understood
- Potential for confusion; e.g. health plans may use different vendors with different measures in the same community

Private Vendors: Major Players

Vendor	Scope of Work
3M http://solutions.3m.com/en_US/	Measurement of hospital performance Produces APR-DRG risk-adjustment software
Cardinal Health – MediQual and MedMind http://www.mediqua.com/	Measurement and improvement of hospital performance Mandated for use in Pennsylvania state-sponsored hospital reporting program (PHC4)
Care Science http://www.carescience.com/	Hospital outcome measures
Cave Consulting http://www.caveconsulting.com/	Physician quality and cost-efficiency measures (CCGrouper)
CSC http://www.csc.com/	Large data aggregator for health plans
Health Dialogue http://www.healthdialog.com/hd	Physician quality and efficiency measures Shared decision making tools
HealthGrades http://www.healthgrades.com/	Hospital quality and utilization measures
Ingenix http://www.ingenix.com/Home/	Physician quality and cost-efficiency measurement tools (EBMConnect and ETG)
Milliman http://www.milliman.com/expertise/healthcare/	Produces Hospital Efficiency Index, Milliman Medical Index
Profsoft http://www.profsoft-health.com/	Physician quality and efficiency measurement
RAND http://www.rand.org/health/	Physician quality measurement tool (QA Tool)
Resolution Health http://www.resolutionhealth.com/home/default.asp	Physician quality measurement tool
Solucient http://www.solucient.com/	Hospital quality and utilization measures
Thompson/Medstat http://home.thomsonhealthcare.com/index.aspx	Data aggregation and physician cost-efficiency measurement (MEG)
WebMD http://www.webmd.com/	Hospital quality and utilization measures

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Appendices

Disclosure Project: Resource Materials

All publications available at: <http://healthcaredisclosure.org/activities/publications/>

- **Ensuring High Quality, Affordable Health Care Fact Sheets**
http://healthcaredisclosure.org/docs/files/DisclosureFactSheetsAllCombine_d10-10-07.pdf
 - Overview of the fact sheets
 - Measuring and reporting on the quality and costs of care to create a transparent health care system
 - Providing tools that help consumers make good health care decisions
 - Rewarding providers who deliver better care
 - Encouraging the rapid adoption of health information technology
 - Creating a health care system that delivers the right care at the right time in the right setting
 - Ensuring our health care system provides high quality care for everyone
- **Using Electronic Data to Assess Physician Quality and Efficiency**
<http://healthcaredisclosure.org/docs/files/DisclosureElectronicDataMtgMaterials092906.pdf>
- **A Pocket Guide to Seven Key Measurement Issues**
<http://healthcaredisclosure.org/docs/files/PocketGuideOct2007.pdf>

Disclosure Project: Discussion Forums

Previous Discussion Forums are available at: <http://healthcaredisclosure.org/activities/forums/>

Medical Home and Physician Payment Reform – October 17, 2007

<http://healthcaredisclosure.org/docs/files/MedicalHomeResources.pdf>

Measuring Patients' Experience with Care – July 12, 2007

<http://healthcaredisclosure.org/docs/files/DisclosurePECMtgMaterialsFINAL.pdf>

Medicare's Physician Performance Agenda: Understanding Next Steps and Shaping the Future Course – February 28, 2007

<http://healthcaredisclosure.org/docs/files/MDMeasureMaterials022807.pdf>

Using Electronic Data to Assess Physician Quality and Efficiency – September 29, 2006

<http://healthcaredisclosure.org/docs/files/DisclosureElectronicDataMtgMaterials092906.pdf>

Provider Payments: How They Work, Implications for Cost & Quality, and Creating a Consumer/Purchaser Policy Agenda – July 26, 2006

<http://healthcaredisclosure.org/docs/files/DisclosureCostMtgMaterials081006.pdf>

Cost/Price Transparency – May 25, 2006

<http://healthcaredisclosure.org/docs/files/DisclosureCost052506.pdf>

National Quality Forum: Endorsed Measurement Sets, Standards, and Consensus Reports (examples)

- Cardiac Surgery Performance Measures
- Child Healthcare Quality
- Home Health Measures
- Hospital Governing Boards
- Palliative and Hospice Care
- Pay for Performance
- National Healthcare Quality Voluntary Consensus Standards
- Safe Practices
- Patient Safety Taxonomy

List of NQF-endorsed standards available at:

<http://www.qualityforum.org/pdf/IsEndorsedStandardsALL08-14-07corrected.pdf>

National Quality Forum: Current Committees & Projects (12/2007)

- Ambulatory Care
- Designing a State of the Art Hospital Performance Monitoring System
- Diabetes Measures
- Healthcare-Associated Infection
- Nursing Care Performance Measures
- Quality of Cancer Care Measures
- Therapeutic Drug Management
- Treatment for Substance Use Disorders
- Efficiency
- Venous Thromboembolism Prevention and Care
- Hospital Performance Measures
- Improving Use of Prescription Medications
- Health IT
- Mammography Center Quality
- Minority Health
- Never Events
- Nursing Home Measures
- Patient Experience with Hospital Care

Active Project List available at: http://www.qualityforum.org/pdf/project_list.pdf

National Quality Forum: “OPEN” for Participation (12/2007)

- National Voluntary Consensus Standards for Hospital Care: Additional Priorities – member comments due 1/17
<http://www.qualityforum.org/projects/ongoing/hosp-priorities2007/comments-part2/index.asp>
- Emergency Care Phase II Committee - nominations due 1/18
<http://www.qualityforum.org/>
- National Voluntary Consensus Standards for Prevention and Care of Venous Thromboembolism – public comments due 1/23
<http://www.qualityforum.org/projects/ongoing/vte/comments/index.asp>
- National Voluntary Consensus Standards for Healthcare Associated Infections – member second round voting due 2/4
<http://www.qualityforum.org/projects/ongoing/hai/voting-materials.asp>

NCQA Physician Recognition Programs

- Diabetes Physician Recognition Program (DPRP)
<http://web.ncqa.org/tabid/139/Default.aspx>
- Heart/Stroke Recognition Program (HSRP)
<http://web.ncqa.org/tabid/140/Default.aspx>
- Physician Practice Connections (PPC)
<http://web.ncqa.org/tabid/141/Default.aspx>
- Back Pain Recognition Program (BPRP)
<http://web.ncqa.org/tabid/137/Default.aspx>

The Consumer-Purchaser Disclosure Project

The Consumer-Purchaser Disclosure Project is a coalition of more than 50 of the nation's leading consumer, labor, and employer organizations that is working to advance publicly reported, nationally standardized measures of clinical quality, efficiency, equity, and patient centeredness for health plans, hospitals, medical groups, physicians, other providers, and treatments. The Disclosure Project is supported by in-kind support of participating organizations and by financial support from The Robert Wood Johnson Foundation.

For more information: <http://healthcaredisclosure.org/>