Enhancing Safety and Quality Through Transparency: A Progress Report

Janet M. Corrigan, PhD
President and CEO
National Quality Forum
Overview

- Quality – A Growing Sense of Urgency
- Current National Strategy for Encouraging Delivery System Change
- Progress in Building a National Quality Measurement and Reporting Capacity
Growing Sense of Urgency

IOM Reports: 1999-2000

[Images of book covers: "To Err is Human: Building a Safer Health System" and "Crossing the Quality Chasm: A New Health System for the 21st Century"]
Growing Sense of Urgency: Just the Facts

- 55% overall adherence to recommended care
- On average, 1 medication error per day per hospital patient
- Uninsured now total 45.5 M
Growing Sense of Urgency: Just the Facts

- Health care costs rising 1.5 to 2 times the rate of inflation

- Up to 2-fold variation in per capita spending across communities

- U.S. spends more than all other industrialized countries by sizable margins
Emerging National Strategy for Closing the Quality Gap

*Transparency* - Create a marketplace rich in quality info (public reporting)

*Payment Alignment* - Reward providers for providing safe, effective, efficient care (P4P)

*Consumer Engagement* - Encourage patients to seek high value providers by having “skin in the game” (HSAs)
Pay-for-Performance

About 200 P4P projects
  • Half target physicians and one-third hospitals
  • Rely on process measures
  • Incentive payments- 2 to 6%
Demos, Demos, Demos

Premier Hospital Quality
Physician Group Practice
Medicare Care Management
Medicare Health Care Quality
Medicare Health Support
Dx Mgmt for Severely, Chronically Ill
Dx Mgmt for Dual Eligible
ESRD Dx Mgmt
Care Mgmt for High Cost Beneficiaries
Nursing Home P4P

Voluntary Reporting

Hospitals (P4R)
Physicians
Innovation is Great But.....

- Lots of measures for some clinical areas/settings and few for others
- Measures vary in data sources and burden—lack an implementation and data collection strategy
- Provider resistance building
Public and Private Purchasers Engage Providers in Selecting Measures

- **Broad-based Collaborative Efforts**
  - Hospital Quality Alliance
  - Ambulatory Care Quality Alliance (aka AQA)
  - Cancer Quality Alliance
  - Pediatric Quality Alliance
  - Pharmacy Quality Alliance

- **AQA/ HQA Steering Committee**
## Starter Sets

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>LTC</th>
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<tbody>
<tr>
<td>-- intensivists, CPOE</td>
<td>--- Nursing Home - MDS</td>
</tr>
<tr>
<td>-- common conditions (e.g., heart failure, pneumonia)</td>
<td>--- Home Health - OASIS</td>
</tr>
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<td>-- infection rates</td>
<td></td>
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<td>-- HCAHPS</td>
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<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Health Plans</th>
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</thead>
<tbody>
<tr>
<td>-- prevention</td>
<td>-- effectiveness, access, plan stability, use of service, cost, choice of providers</td>
</tr>
<tr>
<td>-- common chronic conditions</td>
<td></td>
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<tr>
<td>(e.g., CAD, diabetes, asthma, depression)</td>
<td></td>
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<tr>
<td>-- ACAHPS</td>
<td>-- CAHPS</td>
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</tbody>
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Public Reporting

- Medicare Compare
  - Most significant effort
  - Becoming all payor
  - To date, institutional providers only
- State Reporting Programs
- Community-Based Efforts
- Private Employers/Insurers
Strengthening the Measurement and Reporting Infrastructure: Next Steps

- Set National Goals
- Develop Comprehensive Measurement Framework
- Establish mechanisms for Aggregating, Auditing & Reporting Data
- Develop Model of Accountability
- Assess Impact
National Goal-Setting Capacity

- Collaborative Effort to Set Transformational Goals

- Focus Quality Improvement Efforts & Maximize Return on Investment (i.e., impact on health and health care)

- Chart an Evolutionary Course for Measure Sets
NQF National Goal-Setting Initiative

Collaborative effort focused on

- Population – health behaviors
- Leading chronic conditions—longitudinal efficiency
- Cross cutting process issues—care coordination; team communication; medication management
- Patients and family caregivers—health literacy, engagement in decision-making; self-management
- End of life care
Need a Comprehensive Measurement Framework

“Starter Sets” have Limitations

- For major types of institutional providers (hospital, NH, HH); provider is unit of analysis
- “Low hanging fruit” – available from claims data
- Primarily narrow process measures
- Some patient perceptions
Proliferation of Measure Developers

- Accrediting Entities – NCQA, JCAHO
- Public Sector – AHRQ, CMS, QIOs
- Specialty Specific Efforts
  - 30 specialty/subspecialty societies
  - 100+ measures?
IOM -- Evolution of Measure Sets

Current measure sets have...
- Limited scope of measurement
- Narrow time window
- Provider-centric focus
- Narrow definition of accountability

Future measure sets will be ...
- Comprehensive
- Longitudinal
- Patient and population focused
- Shared accountability

IOM, 2005
Longitudinal Measures

- Patient episode of illness - unit of analysis
- Process and outcomes
- Underuse and overuse
  - Composite measures -- Did the patient receive all the services from which they would likely have benefited?
  - Longitudinal efficiency - Did the patient receive only the services from which they would likely have benefited?
Diabetes – “All or Nothing” Composite Measure

**Numerator** -- diabetic patients that received all 5 evidence-based services*

**Denominator** -- Type 1 and Type 2 diabetics age 18-75

*HbA1c <= 8 percent mg/dl; LDL cholesterol <= 130 mg/dl; blood pressure < 130/85 mmHg; aspirin for > 40 years; documentation of non-use of tobacco.
Comprehensive Measurement Framework

- Cover key domains and aspects of care
  - 6 IOM Aims
  - FACCT – staying healthy, getting better, living with illness, care transitions
  - High Volume/Cost Conditions
  - Cross Cutting Issues
- Interlocking measure sets
Data Aggregation, Auditing & Reporting

- **Unnecessary Burden:** Providers comply with numerous payer-specific reporting requirements.

- **Less Reliable Conclusions:** Complete view of provider’s practice is lacking.

- **Public Confusion:** Many public reporting programs—different measures, different subset of patients, different formats.
Data Aggregation, Auditing and Reporting

AQA
- 6 regional pilots

HQA
- Booz, Allen and Hamilton assessment of alternative options for single hospital pipeline
Lack of an Accountability Model

Develop Systems of Care and Hold Accountable for Longitudinal Performance

- Quality health care is a team sport
- Patients’ needs cross settings and professionals
- Organizational supports are critical
- Greater system integration and standardization of care processes needed
Accountability Models of the Future

- Align measurement, reporting and rewards with appropriate level of accountability—clinician, hospital, system, community
- Target some payments and rewards at system level to encourage:
  - Accumulation of capital to invest in organizational supports
  - Flexibility to move beyond visits and hospital episodes
  - Capture return on investment in safety, quality, and chronic care management
Impact of P4P and Public Reporting?

- Financial incentives motivate change.
- Public reporting is strong incentive too.
- Engaging/educating physicians is critical.
- Information integrity is important.
- P4P is not THE solution; part of a broader effort.
Summary

- Embarking on period of rapid and fundamental change in both the environment of care and ultimately the care delivery system

- Current measure systems and payment programs are transitional

- Need a stronger National Quality Measurement and Reporting Infrastructure

- Need impact evaluation and feedback loop
National Quality Forum
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