Road Map for Better Performance Information through Distributed Data Network

HIGH-VALUE HEALTH CARE PROJECT

An initiative of the Quality Alliance Steering Committee
A future, high-value health care system...

- providers, consumers, and payers act more effectively to achieve high-quality care without unnecessary costs;
- requires wide implementation of valid, patient-level performance measures that can confidently be used to support these actions
- supported by decision tools and payment and regulatory policies
The Quality Alliance Steering Committee (QASC)

- Vision: to advance a high-quality, affordable, patient-centered health care system through the coordination of groups working to provide public information on health care providers’ performance.
- The QASC will actively support the generation of effective health care performance information for:
  - Public reporting and more informed consumer decision-making;
  - Performance improvement by providers;
  - Effective public policies, payment policies, and consumer incentives that reward or foster better provider performance.
- QASC is a broad-based collaboration for implementation by government agencies, physicians, nurses, pharmacists, hospitals, health insurers, employers, consumers, regional initiatives, accrediting agencies, foundations and others.
- QASC co-chairs:
  - Carolyn Clancy, MD, Director, Agency for Health Care Research and Quality
  - Mark McClellan, MD, PhD, Director, Engelberg Center for Health Care Reform at the HVHC Project at Brookings Institution.
QASC facilitates measure implementation by:

- Fostering implementation of **patient-focused measurement and reporting** (e.g., coordinated episode- and patient-level measures across care continuum)
- Effectively interacting and coordination with other, related efforts including CMS/HHS, regional collaboratives (AFQ/CVEs), NQF, and others.
- Developing solutions through technical workgroups developing practical solutions with support from Brookings staff and others.
- Over 100 individuals from many organizations representing all stakeholders involved through workgroups.

- Meeting dates
- Road-map
- Operating rules
- Meeting minutes
- To be re-launched in December 08/January 09
Steps for Improving Health Care Quality & Value: Who’s Making it Happen?
Momentum, Innovation, and Consistency in Implementing Measures

National Coordination
- Performance Measures
- Methodology
- Technology
- Data Aggregation
- Implementation
- Promotion of Best Practices

Innovation

Regional Experience
- Data Aggregation & Integration
- Performance Reporting
- Consumer Engagement
- Performance Improvement

Consistency

Regional Experience
- Data Aggregation & Integration
- Performance Reporting
- Consumer Engagement
- Performance Improvement
What is needed?

- While aiming for use of HIT capabilities that may be more widespread in a few years (e.g. EMRs), we can right now implement multi-stakeholder efforts to aggregate (claims-claims) and integrate (claims-clinical data) data through distributed data network.
- As no widely credible episode-based cost-of-care measures are available, those need to be developed as quickly as possible.
- Empowering regional collaboratives by moving towards nationally consistent use of “best practices” for producing measures through sharing of methods and/or nationally computed performance information; regions can then focus resources on adding to basic measures and piloting further improvements.
- Improving ability to identify and close disparities in quality of health care.
- The High-Value Health Care Project supported by RWJF and overseen by QASC addresses some these key issues.
Key activities overseen by QASC

I. National Data Aggregation Project

- Goal: Develop and implement industry-standard methodologies and aggregation approaches for quality measurement and reporting
- In coordination and alignment with CMS
- Distributed data network – PHI stays with “owners”
- Employs NQF-endorsed measures
- Reconciliation: physicians will be able to receive patient lists to determine “is this my patient” and “which patient did/did not receive indicated service”
- Reconsideration: physicians will be able to review and correct computed performance information
- Strategy for integration and synergy with regional improvement initiatives
- Testing in two regions/markets of the country and with CMS in QI/09
Key activities overseen by QASC

II. Expand Measure Implementation Infrastructure

- Implementation of pilot efforts to demonstrate feasibility and sustainability of electronic linkage of registry information and lab results with claims data in 2009
  - **Cardiovascular Care**
    - Integrating claims and registry data (starting with CABG, STEMI) to produce clinically sophisticated performance measures
  - **Cancer**
    - Producing timely information on initial diagnosis and treatment to combine with claims-based data for measures of use of evidence-based treatment guidelines, complications, and costs
  - **Diabetes**
    - Integrating claims and laboratory results for routine availability of diabetes management performance measures

- Support and harmonize national/regional implementation activities
  - Through QASC workgroup, promote use of consistent best practices in technical implementation of measures
  - 50+ performance measurement and reporting initiatives around the country catalogued to inform best practices and promote synergies
Key activities overseen by QASC

II. Expanding Measure Implementation Infrastructure, cont.

- Implementation plan for use of electronic information for more sophisticated performance measurement and reporting
  - Using QASC “road map” as basis for 2-3 year work plan to achieve national infrastructure for measuring health care performance
  - Plan includes specific steps and progress toward patient-level health care performance information:
    - Technical data aggregation strategy based on available and forthcoming electronic clinical data and administrative data in a distributed data network, reflecting high priority, actionable strategic areas (e.g. NPP priorities)
    - Schedule for implementation of NQF-endorsed measures that are patient-centered and technically feasible, both initially and over time (assuming reasonable progress where needed on NQF measure endorsement)
    - Specific private/public sector implementation pilot projects that 1) are consistent with goal of patient-centered measurement of care episodes and outcomes, 2) are viable for long-term sustainability (clear “value case” to support construction and use of measures), and 3) have implementation solutions that are technically feasible within 12-18 months
    - Identification of critical technical, methodological, and other challenges and specific steps to address them through these pilot projects, including addressing racial/ethnic disparities
    - Integration of further data aggregation and measure construction efforts with next steps on HIT development/implementation infrastructure
    - Integration with local/regional data collection/reporting efforts
    - Further development of governance, data stewardship, validation/audit processes and sustainable financing mechanisms for a distributed network
III. Implementing Standard Measures for Cost of Care

- Development of public domain, episode and per-capital costs measures and methods covering 20 high priority/cost conditions, with oversight by QASC
- Measures address the following conditions:
  - Acute MI
  - Angina
  - Asthma
  - Breast CA
  - Bronchitis
  - COPD
  - Colon CA
  - CHF
  - Depression
  - Diabetes
  - Hiatal Hernia (GERD)
  - Hip Fracture
  - Hypertension
  - Osteoarthritis
  - Pneumonia
  - Prostate Cancer
  - Sinusitus
  - Low Back Pain
  - Stroke

- Methods include: risk adjustment, severity designation, cost-calculation, sample-size determination, provider attribution, etc.

- Intensive testing in 2009, wide-scale application and integration with data aggregation approach planned for 2010
Key activities overseen by QASC

IV. Reducing Disparities in Health Care Quality

- Promoting availability of more accurate performance measures by race and ethnicity
  - Direct data collection (plans)
  - Data transfer (provider-plans)
  - Indirect estimation

- Developing analytic methods
  - Analyzing relationship quality-direct costs-indirect costs by race

- Promoting adoption of best practices
  - National conference\best practices (Oct 09)
Achieving real health care reform

- Must incorporate effective national quality enterprise: priority setting, measure development, endorsement/harmonization, data collection/reporting
  - Build on well functioning public-private partnerships
  - Congress likely to appropriate funding to HHS. HHS is likely to contract for critical portions of this work with a variety of organizations

- To support improvements in delivery, need *implementation strategy* that is technically sound and broadly supported by stakeholders, and that produces meaningful, person-centered, sector-spanning performance information

- Rapid progress on QASC roadmap important to avoid steps to expand or sustain coverage simply by reducing payments

- Coordination across public and private sectors and initiatives to promote information exchange, momentum in quality enterprise
Appendix
QASC: broad-based effort

- Mark McClellan (Co-Chair)
- Carolyn Clancy (Co-Chair)
- Debra Ness (NPWF)
- Gerry Shea (AFL-CIO)
- Jim Guest (Consumers Union)
- John Rother (AARP)
- Peter Lee (PBGH)
- Andrew Wisniewski, (US Chamber)
- Bob Ihrie (Lowes)
- Pam French (Boeing)
- Clarion Johnson (Exxon Mobil)
- Brian Marcotte (Honeywell)
- Andy Webber (NBCH)
- Karen Ignangi (AHIP)
- Alan Korn (BCBSA)
- Nancy Nielsen (AMA)
- Frank Opelka (ACS)
- Fred Edwards (STS)
- John Tooker (ACP)
- Laura Cranston (PQA)
- Mary Naylor (Nursing)
- Bob Dickler (AAMC)
- Rich Umbdenstock (AHA)
- Chip Kahn (FAH)
- Barry Straube (CMS)
- Peggy O’Kane (NCQA)
- Janet Corrigan (NQF)
- Mark Chassin (TJC)
- Kevin Weiss (ABMS)
- John Lumpkin (RWJF)
- Chris Queram (WI Collaborative)
- Jim Chase (MN Cmty Msmt Project)
- Shannon Robshaw (LA Quality Forum)

*employer members*
QASC Structure

QASC
Carolyn Clancy
Mark McClellan

Workgroups/Co-Chairs

Measure Implementation Strategies
Lew Sandy
Paul Tang

Episodes/Efficiency
Gregg Meyer
Chuck Cutler

National Regional Implementation
Jim Chase
Shannon Robshaw

“Vision” - inactive
Bob Dickler
Carmella Bocchino

Cost/Price Transparency
Debra Ness
Bruce Bradley
## Road-map: The Foundations

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Key Organizations</th>
<th>Actions/Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting priorities for performance measurement</td>
<td>NQF Priorities Partnership</td>
<td>Develop and obtain support for initial list of priority areas for performance measurement</td>
</tr>
<tr>
<td>Development of measures for sectors and or priorities that lack endorsed measures</td>
<td>PCPI, TJC, NCQA, and other measure developers, NQF</td>
<td>Review measure priority areas and begin measure development</td>
</tr>
<tr>
<td>Appropriate patient (e.g., readmission) and episode-focused resource use/cost and quality measures available and implemented for multiple care sectors/across care continuum</td>
<td>HVHC Project at ABMS/Brookings NQF AHRQ AQA/HQA QASC WG</td>
<td>Consensus document on principles and methods for measuring resource use/cost and quality of prioritized conditions across various sectors available “Ready-to-implement” specifications for resource use/cost measures available</td>
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<tr>
<td>Regional-implementation experience with endorsed measures is integrated into nationally promoted approaches and vice-versa.</td>
<td>PCPI, TJC, NCQA, RWJF Regional Collabs/AFQ/CVEs Health Plans, CMS QASC WGs, NQF</td>
<td>Develop and implement mechanism for regular feedback on measure implementation</td>
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## Road-map: Generating Information - I

<table>
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<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>Consistent identification of providers across data sources possible</td>
<td>CMS, AHIPF, AMA, AHA, AQA, HQA, BCBSA, QASC WGs</td>
<td>Best practices based on initial efforts identified</td>
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<td>Continued refinement of best practices; Performance measurement/reporting organizations adopt best practices</td>
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<tr>
<td>Consistent methodological approaches (provider-attribution, sample size, risk/case mix adjustments, etc.) to implement performance measures identified</td>
<td>CMS, AHIPF, BCBS, AMA, AHA, AQA, HQA, NCQA, QASC WGs, NQF</td>
<td>Best practices based on initial efforts identified</td>
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<td>Continued refinement of best practices; Performance measurement/reporting organizations adopt best practices</td>
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<tr>
<td>Consistent methods for providers' verification or appeal of performance results identified</td>
<td>CMS, AHIPF, BCBS, AMA, AHA, AQA, HQA, NCQA, QASC WGs,</td>
<td>Best practices based on initial efforts identified</td>
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<td>Continued refinement of best practices; Performance measurement/reporting organizations adopt best practices</td>
</tr>
<tr>
<td>Coordinated processes to aggregate and integrate performance information identified which protect privacy and “data ownership” (distributed data models)</td>
<td>HHS/CMS/AHRQ AHIPF, AHA, AMA, AQA, HQA, QASC WGs,</td>
<td>Best practices based on initial efforts identified</td>
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<td></td>
<td></td>
<td>Continued refinement of best practices; Performance measurement/reporting organizations adopt best practices</td>
</tr>
<tr>
<td>Stewardship mechanisms for use of performance data established</td>
<td>AHRQ, QASC, CMS, AQA, HQA</td>
<td>Best practices for appropriate use of performance data and mechanisms for stewardship of data use established</td>
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<tr>
<td></td>
<td></td>
<td>Best practices for appropriate use of performance data and mechanisms for stewardship of data use updated and widely applied</td>
</tr>
<tr>
<td>Coordinated processes and mechanisms to collect racial/ethnic identifier at multiple entry points established</td>
<td>HHS/CMS/AHRQ NQF, AHIPF, AQA, HQA, NCQA, NQF, ANA, AHA, AMA, QASC WGs, HVHC Project at Brookings</td>
<td>National standards for data element definitions available (NQF).</td>
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<tr>
<td></td>
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<td>Continued refinement of best practices; Performance measurement/reporting organizations adopt best practices</td>
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### National Focus

- CMS, AHIPF, AMA, AHA, AQA, HQA, BCBSA, QASC WGs
- CMS, AHIPF, BCBS, AMA, AHA, AQA, HQA, NCQA, QASC WGs, NQF
- CMS, AHIPF, BCBS, AMA, AHA, AQA, HQA, NCQA, QASC WGs
- HHS/CMS/AHRQ AHIPF, AHA, AMA, AQA, HQA, QASC WGs
- HHS/CMS/AHRQ NQF, AHIPF, AQA, HQA, NCQA, NQF, ANA, AHA, AMA, QASC WGs, HVHC Project at Brookings
# Road-map: Generating Information - II

<table>
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<tr>
<th>Objectives</th>
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<th>Actions/Milestones</th>
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</thead>
<tbody>
<tr>
<td>Templates and tested pathways for integrating clinically detailed data (lab, registry, EMR/EHR) with administrative data identified</td>
<td>HHS/CMS/AHRQ, AHIPF, AHA, AQA, HQA, AMA, HVHC Project at Brookings, QASC WGs, NQF</td>
<td>Best practices based on initial efforts identified</td>
</tr>
<tr>
<td>Methods for implementing endorsed patient outcomes measures (e.g., patient's functional/health status) identified</td>
<td>HHS/CMS/AHRQ, AHIPF, AHA, ANA, AMA, AQA, HQA, Med Spec. Boards</td>
<td>Best practices based on initial efforts identified</td>
</tr>
<tr>
<td>Consistent methods for patient surveys (CAHPS) implementation across care sectors identified</td>
<td>AHRQ, CMS, NQF, AQA, HQA, Med Spec Boards</td>
<td>Best practices based on initial efforts identified</td>
</tr>
<tr>
<td>Consistent use of required technology and data elements to ensure interoperability of data sources established</td>
<td>AHIC2, IT, CMS, Vendors, ONC, NQF</td>
<td>Develop plan for quality data set and standardized electronic data specifications</td>
</tr>
<tr>
<td>Feedback about experience and effective practices is provided</td>
<td>Regional Collaboratives/AFQ/CVEs, RWJF, AHIP, AHIC-2, ONC, CCHIT, eHi, CMS, NCQA, NQA</td>
<td>Effective and efficient feedback mechanism between regional implementation and national coordination efforts established</td>
</tr>
<tr>
<td>Innovations from regional solutions inform national policy and solutions</td>
<td>Regional Collaboratives/AFQ/CVEs, RWJF, AHIP, AHIC-2, ONC, CCHIT, eHi, CMS, NCQA, NQA</td>
<td>Experience from regional projects (AFQ, CVEs, BQI, etc.) is integrated/considered for national policy setting.</td>
</tr>
<tr>
<td>Areas, entities and mechanisms for national and regional implementation of measures identified</td>
<td>Regional Collaboratives/AFQ/CVEs, RWJF, AHIP, AHIC-2, ONC, CCHIT, eHi, CMS, NCQA, NQA</td>
<td>Standardized means of integrating data and releasing combined performance information from public and private data source established</td>
</tr>
<tr>
<td>National public and private sector performance measurement/reporting organizations are aligned and</td>
<td>Regional Collaboratives/AFQ/CVEs, RWJF, AHIP, AHIC-2, ONC, CCHIT, eHi, CMS, NCQA, NQA</td>
<td>Develop plan for expansion of RHIOs/HIE with funding model to sustain HIE</td>
</tr>
<tr>
<td>Expand health information exchanges for clinical care and performance monitoring</td>
<td>Regional Collaboratives/AFQ/CVEs, RWJF, AHIP, AHIC-2, ONC, CCHIT, eHi, CMS, NCQA, NQA</td>
<td>Develop plan for expansion of RHIOs/HIE with funding model to sustain HIE</td>
</tr>
<tr>
<td>National Focus</td>
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<td>Regional Focus</td>
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# Road-map: Distributing Performance Information

<table>
<thead>
<tr>
<th>National Focus</th>
<th>Regional Focus</th>
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<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td><strong>Key Organizations</strong></td>
</tr>
<tr>
<td>Promotion of national template/principles of displaying performance information</td>
<td>AHRQ / TJC / CMS, NCQA, AQA, HQA</td>
</tr>
<tr>
<td>Promotion of appropriate stratification of performance information by racial/ethnic groups</td>
<td>AHRQ / TJC / CMS, NCQA, AQA, HQA</td>
</tr>
<tr>
<td>Commitment from organizations to implement a coordinated, sustainable model for performance data aggregation and distribution</td>
<td>Regional Collabs/AFQ/CVEs RWJF QASC WGs AHIPF, health plans</td>
</tr>
<tr>
<td>Aggregated data available to regional collaborations and CVEs</td>
<td>AHIP Foundation Health Plans CMS /QIOs QASC WGs</td>
</tr>
<tr>
<td>Provide consumers with local/regional performance reports on individual providers</td>
<td>Health Plans CMS, States Regional Collabs/AFQ/CVEs Purchaser-led coalitions QASC WGs</td>
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</table>
# Road-map: Using Performance Information

<table>
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<tr>
<th>Objectives</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Promote use of performance information to track and identify opportunities for improvement</td>
<td>AHRQ</td>
<td>Monitor and promote provider use of performance data and barriers to use</td>
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<td></td>
<td></td>
<td>Monitor and promote provider use of performance data and barriers to use</td>
</tr>
<tr>
<td>Promote implementation of payment and coverage policies that are performance based</td>
<td>AHRQ</td>
<td>Monitor and promote deployment of performance-based payment policies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitor and promote deployment of performance-based payment policies</td>
</tr>
<tr>
<td>Promote adoption of performance improvement processes by providers</td>
<td>AMA, AHA, ANA, APhA, Med. Specialty Boards, AQA, HQA, PQA, IHI, NCQA, TJC</td>
<td>Monitor and promote adoption of best practices</td>
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<td>Monitor and promote adoption of best practices</td>
</tr>
<tr>
<td>Promote implementation of payment and coverage policies that are performance sensitive</td>
<td>Consumer Groups, Labor, plans, employers, DHHS, States, Regional Collabs/AFQ/CVEs, RWJF, others</td>
<td>Monitor and promote adoption of best practices</td>
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<td></td>
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<td>Monitor and promote adoption of best practices</td>
</tr>
<tr>
<td>Promote consumer utilization of performance information</td>
<td>Consumer Groups, Labor, plans, employers, DHHS, States, Regional Collabs/AFQ/CVEs, RWJF and other Foundations,</td>
<td>Monitor and promote adoption of best practices</td>
</tr>
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<td></td>
<td></td>
<td>Monitor and promote adoption of best practices</td>
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Promoting the effective use of performance information is currently not a major focus of QASC and quality alliances. A separate strategy and road-map could help to reach that goal.