

**AQA/HQA Expansion Workgroup:
Working Draft Report and Discussion Guide
October 3, 2006**

This Draft Report and Discussion Guide reflect the first meetings of the AQA/HQA Expansion Workgroup as well as comments and questions received from the Quality Alliance Steering Committee (representing both the AQA and the HQA). This document is a “work in progress” and the recommendations and findings are in draft form as the Workgroup continues its deliberations. The Workgroup will present its recommendations to the Quality Alliance Steering Committee on October 23, 2006. Comments are welcome on potential recommendations, solutions to challenges identified or additional challenges. Please send comments using the “Expansion Workgroup Feedback Form” (which can be found at http://www.aqaalliance.org/AQA-HQA_WGnotice081606.htm) to Jennifer Eames, who is supporting the Workgroup’s chair, at jeames@pbgh.org. Comments should be sent by October 9, 2006.

Following a description of the Workgroup’s charge, the Report is divided into two sections: (1) a description of the core functions of “pilot” collaboratives and (2) potential selection criteria and issues that should guide their work. Imbedded throughout the document are “Challenges” identified by the Workgroup or additional commenters, along with potential solutions to those challenges. For the discussion material that follows, the originally selected six pilot programs are described as “Better Quality Information Projects” (BQIPs) and potential new projects are described as “Value Exchanges” (reflecting the need for the projects to encompass the need to promote improvement in both the quality and cost of care).

The charge of the AQA/HQA Expansion Workgroup is to advise and make recommendations to the Quality Alliance Steering Committee through an inclusive, multi-stakeholder process on the:

1. Roles, functions and expectations of Better Quality Information Projects (“BQIPs”)
2. Roles, functions and expectations of Stage II Pilots (“Value Exchanges”)
3. Criteria for selection of Value Exchanges
4. “Chartering terms” or “expectations” that all Value Exchanges would need to agree to fulfill
5. Potential application and selection processes for new Value Exchanges
6. How the BQIPs and Value Exchanges can best foster a coherent, efficient and integrated common national framework of performance measurement that allows for local innovation

Based on the above, the Expansion Workgroup will highlight issues that the AQA/HQA Infrastructure Workgroup needs to address in the areas of:

7. Support and infrastructure that BQIPs and Value Exchanges will need to be successful
8. Ongoing review processes for BQIPs and Value Exchanges, including the extent to which they are following designated standards for assuring data validity, performance measurement and use of those measures for public reporting, provider quality improvement and payment
9. Evaluation of the BQIPs and Value Exchanges

Summary of Functions and Expectations of BQIPS and Value Exchanges (Detail on following pages)

The next section of this document addresses the following topics for each of the core functions and expectations:

- General Functions (functions expected of both BQIPs and Value Exchanges)
- Chartering Terms/Conditions of Participation related to each Function
- Major “Challenges” about which the Expansion Workgroup is still deliberating and potential ways to address challenges

The BQIPs and Value Exchanges are expected to do each of the following four core functions:

1. Conduct provider-level measurement across the six IOM performance domains (aggregate/collect data and produce results) or facilitate local use of measures collected nationally or statewide
2. Use (or promote use of) performance measures and consumers’ cost for public/consumer reporting
3. Use (or promote use of) performance measures to reward and foster better performance
4. Use (or promote use of) performance measures for improvement directly by providers

Additionally, each is expected to meet the following core expectations and pursue core enabling processes:

5. To foster collaboration across multiple stakeholders in the community of interest and serve as a hub for sharing information and dialogue
6. Use interoperable health information technologies for measurement as appropriate and collaborate with health information sharing processes to promote adoption of these technologies
7. Support knowledge transfer -- share lessons learned and participate in learning collaboratives with other similar projects
8. Conduct evaluation of efforts

DETAILED ISSUES BY FUNCTION

1. Conduct provider-level measurement across the six IOM performance domains (aggregate/collect data and produce results) or facilitate local use of measures collected nationally or statewide

General Functions:

- a) Seek to measure at the most granular and appropriate level (e.g., physician, practice site, and hospital)
- b) Focus “provider” measurement at physician, practice site and/or hospital levels.
- c) Seek to measure across the IOM six performance domains (Safety, Timeliness, Effectiveness, Equity, Efficiency and Patient-Centeredness)
- d) Promote local use of HQA measures collected nationally assuring there are not redundant collection demands placed on hospitals
- e) Seek to reflect care provided under federal, state and private payers (e.g., combining as possible Medicare, Medicaid, employment-based and individual coverages), and as possible the Veterans Administration, Department of Defense
- f) Actively engage all stakeholders in processes being used (physicians, health plans, hospitals, consumers, purchasers), and as appropriate for the community the local QIO, local health information exchanges (See #5 below: Core Expectation/Enabling Process)
- g) Serve as testing grounds as national standards and measurement guidelines are adopted
 - Collection/aggregation of AQA measures
 - Full episodes of care from patient’s perspective
 - Measures and collection methods for future consensus process adoption
- h) Share learnings with others

Chartering Terms: Conditions of Award/Designation

- i) Be fully transparent on all measurements and measurement processes (e.g. aggregation). (Note: need definition of how “transparency” will be implemented – e.g., posting material on websites; open meetings)
- j) Agree to collect “core” AQA identified measures and to use/promote the use of nationally collected HQA measures
- k) Agree to seek to collect as efficiently as possible ALL AQA chart-based consensus measures and to promote transition to clinical/outcome measures
- l) Implement tested processes for physician or hospital measure collection/aggregation
- m) For measures that have not been through consensus:
 - Apply national standards to measure selections (e.g. AQA Principles for Measure Selection and Consumer-Purchaser Disclosure Project Principles of Measure Selection)
 - Seek to answer core questions identified by Pilot Project Description and through other processes
- n) Work towards multiple data sources (e.g., not solely administrative data)
- o) Agree to work with QIO in area or nationally as appropriate, medical specialties, RHIOs or health plans
- p) Agree to thoroughly document and share publicly their processes and lessons learned

Challenges and potential solutions:

1. **Urgency versus lack of standards.** New Value Exchanges may be designated while BQIPs are still in the process of developing learnings about how best to collect and aggregate data.

Potential Solutions:

- Apply the “Chartering Terms” and selection criteria to be sure that until there are very clear performance measurement standards/guidelines new “Value Exchanges” pass a “high threshold” demonstrating their ability to conduct and test performance measurement/aggregation
 - Phase-In designation of new Value Exchanges to be specifically timed to incorporate the learnings from the BQIPs
 - Provide more limited scope for new Value Exchanges than for BQIPs (e.g., produce national consensus measures only)
2. **Supporting “local use” with statewide or national data collection.** While care delivery and “use” of performance measures may in many cases be distinctly local, for some providers or types of measures, the most efficient collection may be through national or statewide structures. How can national or statewide collection processes best support local efforts to use performance measurement? In the converse, how can local measurement efforts most efficiently be benchmarked against statewide or national standards and promote collection that is coherent and minimizes burden on providers?

Potential Solutions:

- Where national collection processes exist (e.g., HQA collection for hospital measures), local efforts should be “required” to use those measures and not conduct redundant collection
 - Where statewide data collection is more efficient (e.g., using statewide private health plan, Medicaid and Medicare data), provisions must be made to make performance results available to local communities
 - Assure that there is a clear benchmarking of local efforts is conducted to compare communities and establish national comparisons (INFRASTRUCTURE)
3. **Scope of providers beyond physicians and hospitals.** While the initial focus of BQIPs and Value Exchanges is on care delivered in ambulatory and hospital settings (and on physicians, group practices and hospitals), there are other settings and providers that are core to the delivery of effective/efficient care.

Potential Solutions:

- Develop a national timeline/plan for expanding local efforts to include other providers (e.g., nursing homes, home health)
- Designate particular pilots as sites for testing measures for different sites/providers
- Use existing nationally available data where possible (e.g., Nursing Home Compare, Home Health Compare)

4. **Consumers’ need for cost as well as other performance information.** The BQIPs and Value Exchanges need to respond to the demand that, in addition to the 6 IOM performance domains, they assure that consumers have information about the potential cost of health care. However, the relevant cost of health care is most often very specific to a particular consumer’s circumstance, health care coverage and other factors.

Potential Solutions:

- Value Exchanges can serve as centers for dialogue in communities on how health plans, public entities and providers can best to address needs for cost transparency
- Value Exchanges can identify how relevant and actionable cost information – such as actual cost exposure of a patient for a total episode of care – can best be linked to performance information in the other domains by those entities to which consumers are most likely to turn (e.g. health plans that have benefit and network design information)

2. Use (or promote use of) performance measures for public/consumer reporting

General Functions:

- a) Seek to directly make information available to consumers AND provide the underlying performance information to entities that will use and distribute that information to consumers (e.g., health plans, state/local public agencies, private vendors)
- b) Develop effective reports for consumers on performance information (directly or indirectly) in all of the major performance domains collected
- c) Consumer reports should be at the most valid and appropriate “granular level” (e.g., physician, then practice site), with aggregation “up”
- d) Disseminate performance information to consumers, seeking to promote access to performance information at “teachable moment” for consumers
- e) Develop or foster reports that link quality and other performance information with costs relevant to consumers based on their circumstances
- f) Assess use of reports by consumers
- g) Share learnings with others

Chartering Terms: Conditions of Award/Designation

- h) Agree to share performance results as a “public good” to promote use of standard measures
- i) Agree to follow AQA principles for consumer reporting (INFRASTRUCTURE: need some form of monitoring process)
- j) Agree to promote lessons on “best-in-class” consumer reporting that may be developed through the efforts of a subset of BQIPs or Value Exchanges
- k) To the extent BQIPS and Value Exchanges make performance information available to third-parties to present to consumers, to assure that these entities comply with the AQA principles of reporting to consumers
- l) BQIPs and Value Exchanges should agree that they would not get inappropriate commercial benefit from “resale” of the performance results (INFRASTRUCTURE – consider how over the long-term how resale of data for public reporting could support measure collection)

Challenges and potential solutions:

1. **Promoting valid public reporting.** Dissemination of performance information is very likely to be largely through health plans, public entities and vendors and not necessarily BQIPs or New Value Exchanges. What are appropriate “accountability mechanisms” related to how can these entities conduct public reporting?

Potential Solutions:

- Rely on market forces to “enforce” appropriate use of performance information.
- Release data conditioned upon express agreement to comply with consumer reporting principles (e.g., transparency regarding measures used and rationale for “cut-points). (INFRASTRUCTURE: may need standard agreement form/contract across all entities.)
- Create a system of “endorsement” from the BQIP, Value Exchange or from a national entity that a reporting entity is following agreed upon principles (INFRASTRUCTURE: may need process for approval and monitoring)
- Require all public reporting to be in particular formats, using standardized presentations and methodologies

3. Use (or promote use of) performance measures to reward and foster better performance

General Functions:

- a) Provide information to payers and purchasers (public and private) to support rewards programs and promote the use of standard performance measures

Chartering Terms: Conditions of Award/Designation

- b) Agree to foster coordination in the use of performance information for payment or other reward programs across private health plans, purchasers and public purchaser

Challenges and potential solutions:

1. **Promoting consistency in payment/rewards programs.** Providers and payers seek consistency in incentive programs, but are also concerned at moving too rapidly to national adoption out of concern of unintended consequences of changing payments. How can BQIPs or Value Exchanges promote consistency and appropriately rapid adoption, while not fostering growth of discordant payment systems?

Potential Solutions:

- BQIPs and Value Exchanges can be charged to promote dialogue with local entities that implement rewards programs (e.g., health plans, purchasers) to adopt national standard programs that exist
- BQIPs and Value Exchanges can assist in the implementation of appropriate severity/risk adjustment addressing both patient health risks and patients’ non-compliance related to physician’s orders evidenced by no-show appointment data or non-compliance with medical advice data may be indicated in at risk urban populations.

2. **Diversity of potential uses of performance information to reward providers.** Some “rewards” based on the performance measures shared by BQIPs or Value Exchanges (e.g., use by health plans in designing tiered or narrow networks) may not be “uses” that some providers approve of/agree with.

Potential Solutions:

- While difficult to limit use of information that is a “public good” – the promulgation of standard measures will promote better measures than exist and are being used today

4. Use (or promote use of) performance measures for improvement directly by providers

General Functions:

- a) Provide performance information (directly or indirectly) to support provider-level quality improvement
- b) Test how to integrate QI efforts across providers and across those delivering QI (e.g., collaboratives, QIOs, health plans, specialty societies)

Chartering Terms: Conditions of Award/Designation

- c) Agree to work directly with QIO in area or nationally as appropriate, medical specialty societies or associations, and/or health plans

BQIP and Value Exchange Core expectations and enabling processes

5. To foster collaboration across multiple stakeholders on the community of interest and serve as a hub for sharing information and dialogue.

General Functions:

- a) Engage all key stakeholders in the community in planning and implementation of measurement and use of performance measures
- b) Promote adoption of common national measures and frameworks for use of those performance measures.

Chartering Terms: Conditions of Award/Designation

- c) Agree to “terms of engagement” that assure active dialogue, information sharing and participation from representatives of all stakeholders

Challenges and potential solutions:

1. **Assessing level of stakeholder engagement.** Determining “true” engagement is difficult and in some communities collaboratives may have little or no active participation from key stakeholders that should be involved (e.g., consumer representatives).

Potential Solutions:

- Need to identify how collaboration and stakeholder engagement is evidenced, documented and maintained

6. Use interoperable health information technologies for measurement as appropriate and collaborate with health information sharing processes to promote adoption of these technologies

General Functions:

- a) Leverage electronic information as available
- b) Use data directly from the source system when possible
- c) Assess how data collection can be done more effectively by working in coordination with local regional health information exchanges or local IT efforts

Chartering Terms: Conditions of Award/Designation

- d) Agreement to use and comply with relevant HITSP standards as applicable.
- e) Seek to work with information exchanges or RHIOs

Challenges and potential solutions:

1. **Coordination with IT initiatives.** There is a huge parallel growth of a National Health Information Network (NHIN) and local Regional Health Information Organizations/Exchanges (RHIOs). BQIPs and Value Exchanges need to work closely with these efforts or run the risk of confusing local efforts.

Potential Solutions:

- Require demonstration of coordination between Value Exchanges and RHIOs
- Seek demonstration of how RHIOs are/are not actively facilitating performance measurement

7. Share lessons learned/participate in learning collaboratives with other similar projects

NOTE: FOR DEVELOPMENT BY INFRASTRUCTURE WORKGROUP

General Functions:

- a) Provide information on the lessons learned in regards to conducting and using performance measurement
- b) Support both other BQIPs and Value Exchanges by documenting and sharing lessons learned, and how key questions have been answered.
- c) Assess how data collection can be done more effectively by working in coordination with local regional health information organizations or local IT efforts.

Chartering Terms: Conditions of Award/Designation

- d) Agree to participate in activities that support the sharing of lessons learned (e.g., participate in learning collaboratives, provide report on lessons learned)

8. Conduct evaluation of efforts

NOTE: FOR DEVELOPMENT BY INFRASTRUCTURE WORKGROUP

Selection Criteria – Factors and Questions

Overall Criteria Issues:

1. There is an inherent tension between the urgency felt by many stakeholders, the desire to promote a coherent national framework and the interest in allowing for local innovation that can foster the development of new national standards. While there is agreement that an “ideal” end state is:
 - Collection of performance measures should be done at the most efficient level possible (national, state or local);
 - Local/regional organization is most appropriate for some measurement and many uses (reporting, payment and QI); and
 - Comprehensive collection across the entire nation.

There will be anywhere from a few to many years until that “end state” is realized. Given the gap between ideal and real, how should the scope of potential Value Exchanges and their “Community of Interest” be defined? In the meantime, how can BQIPs, new Value Exchanges or other entities address the needs of large national health care purchasers (including Medicare and Medicaid) for nationwide-consistent solutions and the need to fill key gaps in the array of measures in use?

Potential Solutions:

- Provide parallel national release of Medicare performance results at the physician and practice site level (similar to HQA) of core agreed upon AQA measures
- Allow for new Value Exchanges to be defined as national in scope if they represent a collaborative that otherwise meets the criteria and goals set forth
- Designate pilots (either from among BQIPs or new entities) that can most efficiently and effectively test measurement/use issues in identified gap areas (e.g., patient experience, care coordination, longitudinal efficiency) (INFRASTRUCTURE: recommend process to assure efficient testing processes)
- Where there is more than one measurement collaborative in a community (or one statewide and others within the state) “force” collaboration

2. Definition of the “**core functional criteria**” for BQIPs or new Value Exchanges.

The Expansion Workgroup recommends that there are two “core” capacities that entities must demonstrate:

- Measurement/Auditing and aggregation – either conducting or overseeing vendors
- Managing collaborative processes that engage all stakeholders

For each of these areas, there need to be clear measures to document how effectively an entity has or would fulfill each function.

The Expansion Workgroup recommends that capacity in other functional areas (e.g., Consumer Reporting; Rewards; Quality Improvement; and Integration with Health IT), while important should not be considered “core capacities” that must be demonstrated, but they would be considered in assessing any potential program. Entities would, however, need to demonstrate where and how they would acquire the expertise to conduct each function.

3. Definition of the “**core organizational criteria**” for BQIPs or new Value Exchanges.

The Expansion Workgroup recommends that the following organizational capacities are “core:”

- Be incorporated as non-profit entities
- Have staff/consultant arrangements to provide needed expertise
- Demonstrate history of raising funds from multiple stakeholders
- Ability to manage projects and finances

The Expansion Workgroup recommends other dimensions of organizational history or structure that while important should not be considered “core organizational criteria” that must be demonstrated, but they would be considered in assessing any potential program. These factors include:

- History of the entity
- Board composition
- Committee composition

Challenges and potential solutions:

Lack of demonstrated national “business model” to support performance measurement. While “demonstration” of a credible business plan to support performance measurement is noted as a “core organizational criteria,” the Workgroup recognizes that there are few national models of sustained performance measurement. The goal is to establish an ongoing measurement infrastructure that will be national in scope and “local” in implementation and use of measures. Assuring national consistency in how measures are collected may be challenged by local variation by differential capacity of BQIPs and Value Exchanges to develop financing models for long-term sustainability.
(INFRASTRUCTURE)

Potential Solutions:

- Develop a national funding strategy for local measurement efforts that brings together federal, state and private funding
- Develop “funding templates” that are adaptable for local communities

Additional questions being considered:

4. What “weighting” should be given to different capacities/criteria? Are these elements that “floor” criteria?

The following questions relate to areas that the INFRASTRUCTURE Workgroup may recommend processes or structures to support BQIPs and Value Exchanges:

5. Are there federal rate limiting factors that may impact the number, type, roles, structures and/or pace of support given for new Value Exchanges?
6. Given the fact the BQIPs and Value Exchanges will likely evolve with the changing health care marketplace over the coming years, how should selection and ongoing support be designed to recognize that evolution?
7. How can the efforts of BQIPs and new Value Exchanges best be coordinated to assure they are promoting the migration to national measurement standardization while still allowing for local innovation? (INFRASTRUCTURE)

8. What should be the implications of being selected as a Value Exchange?
 - a) Should there be differing levels of “chartering” (e.g., some getting money and data; others data only)?
 - b) What capacity/role of support can be expected from local QIOs/central QIO re. data availability?
 - c) What factors should be considered in calibrating when/how many new Value Exchanges should be chartered?