AQA/HQA Expansion Workgroup:

Summary Report, Draft Recommendations and Critical Issues

Quality Alliance Steering Committee

October 23, 2006

Expansion Workgroup Charge

Recommend to the Quality Alliance Steering Committee:

1. **Roles, functions and expectations of Better Quality Information for Medicare Beneficiaries ("BQIMBs") and Stage II Pilots ("Value Exchanges")**
2. **Criteria for selection of Value Exchanges**
3. **"Chartering terms" or "expectations" for BQIMBs and Value Exchanges**
4. **Potential application and selection processes for new Value Exchanges**
5. **Plan for fostering a coherent, efficient and integrated common national framework of performance measurement that allows for local innovation**

Support/Seek Counsel from Other Workgroups

Highlight issues in the recommendations that the AQA/HQA Infrastructure or other Workgroups might need to address in the areas of:

6. **Support and infrastructure that BQIMBs and Value Exchanges will need to be successful**
7. **Ongoing review processes for BQIMBs and Value Exchanges**
8. **Evaluation of the BQIMBs and Value Exchanges**

AQA/HQA Expansion Workgroup Membership

Representation	Individual
Physician	Bruce Bagley, MD, AAFP
Hospital	Elliot Sternberg, MD, St. Joseph Health System, CA
Surgical (Physician/Hospital)	Doug Rosendale, MD, VA
Purchasing Groups	Louise Probst, Gateway Purchaser, St. Louis
Employer	Lawrence Becker, Xerox Corporation
Group Practice	George Isham, MD, Health Partners
Health Plan	Reed Tuckson, MD, United
QIO/Quality	Jennifer Lundblad, Stratis Health
Consumer/Labor	Elizabeth Gilbertson, HERE-UNITE
Initial Pilots	Marc Overhage, MD, Indiana
Foundation	Michael Painter, MD, RWJF
Chair	Peter Lee, PBGH

AQA/HQA Infrastructure Workgroup Membership

Representation	Individual
Surgical (Physician/Hospital)	Jeff Rich, MD, Society of Thoracic Surgeons
Group Practice	Scott Young, MD, Kaiser Care Management Institute
Health Plan	Jeffrey L. Kang, MD, Cigna Health Care
Purchasing Groups	Andrew Webber, NBCH
Employer	Margaret Stanley, Puget Sound Health Alliance
QIO/Quality	Marc H. Bennett, HealthInsight
Consumer/Labor	Katherine Browne, NPWF
Initial Pilots	Barbara Rabson, Massachusetts Health Quality Partners
Chair	Chris Queram, WCHQ

Function Drives Form: Potential Models for Data Collection

- **Decentralized:** CMS sends Medicare data to QIO for Local/Regional Value Exchanges (VE); VE aggregates with other data and calculates the performance measures
- **Centralized:** National aggregation of Medicare, commercial and other data (via QIO); performance information provided to VEs for local use
- **Hybrid:** National aggregation/local use, AND some local collection based on capacity

- Costs of collection
- Speed to national adoption
- Speed of feedback/use
- Standardization
- Innovation/Flexibility
- Audit/Validity
- Knowledge transfer
- E-Capacity Promotion
- Equity/breadth
- Trust/Privacy Protection

Core Attributes: Assessing the Long-Term Vision

- **Costs of collection:** includes direct cost of collection and aggregation and burden of collection on providers
- **Speed to national adoption**: how quickly the system would provide national and consistent reach to all providers
- **Speed of feedback/use**: how quickly information can be delivered to providers and consumers such that there is no long time-lags that undercut validity
- **Standardization**: promoting adherence to national standards (technical specifications) and allowing for benchmarking
- **Innovation/Flexibility**: the extent to which the system allows for local/national innovation where there are measure gaps and the development stream for new national standards
- **Audit/Validity**: assurance of accuracy and consistency of data used
- **Knowledge transfer**: promoting sharing of experience
- **E-Capacity promotion**: extent to which the system promotes movement from paper to electronic data capture
- **Equity/breadth**: extent to which the system assures measurement/use in rural areas and by safety net providers
- **Trust/Privacy protection:** real and perceived trust in protection of patient privacy

Strengths of Data Collection Models*

	Decentralized	Centralized	Hybrid
Costs of collection	√	√ √ √	√ √
Speed to national adoption	√	√ √ √	√ √
Speed of feedback/use	√ √ √	√	√ √
Standardization	√	√ √ √	√ √
Innovation/Flexibility	√ √ √	√	√ √
Audit/Validity	√	√ √ √	√ √
Knowledge transfer	√ √	√ √	√ √
E-Capacity Promotion	√ √	√ √	√ √
Equity/breadth	√	√ √ √	√ √
Trust/Privacy Protection	√ √ √	√	√

*more checks are better

Draft Recommendation: "End State" for Measurement and Medicare Quality Improvement

- **Hybrid Collection:**
  - **National collection for Core Consensus measures (combined Medicare, commercial, Medicaid data) – electronic and potentially chart/self-report**
  - **Supplement with local or additional national measurement**
    - Designate pilot efforts to test measures (e.g., patient experience, care coordination, longitudinal efficiency)
    - "Non-core" national measures only on strict terms (e.g., transparency, phase-out when standards exist, apply standards for selection)
  - **Creation of PUBLIC GOOD for use**
- **Implications for BQIMB and VE Core Functions**
  - **BQIMBs support assessing how best to do national collection and inform supplementary efforts**
  - **Value Exchanges facilitate use**

Use (or promote use of) performance measures:

1. **For public/consumer reporting (with cost information)**
2. **To reward and foster better performance**
3. **For improvement directly by providers**

Core Expectations/Enabling Processes for BQIMBs and Value Exchanges

1. To **foster collaboration** across multiple stakeholders in the community of interest and serve as a hub for sharing information and dialogue
2. Use **interoperable health information technologies** for measurement as appropriate and collaborate with health information sharing processes to promote adoption of these technologies
3. Support **knowledge transfer** -- share lessons learned and participate in learning collaboratives
4. Conduct **evaluation** of efforts

Selection Criteria: Functional Capacity

Core Criteria:

- Measurement/auditing and aggregation
  - BQIMBs -- demonstrated capacity conducting or overseeing
  - Value Exchanges -- Ability to translate/support use
- Managing collaborative processes that engage all stakeholders

Uses that should be supported:

- Consumer reporting
- Rewards
- Quality improvement
- IT integration

Selection Criteria: Organizational Capacity

Core Criteria:

- Incorporated as non-profit entities
- Have arrangements to provide needed expertise
- Demonstrate history of raising funds or in-kind support from multiple stakeholders
- Ability to manage project and finances

Additional factors:

- History of the entity
- Board composition
- Committee composition

Infrastructure Issues Identified

- Knowledge Transfer
- Evaluation
- Standards and monitoring of BQIMBs and Value Exchanges
- Selection of pilots to test measures
- Financial support for measurement
- Pace/terms of expansion of local and national pilots for measurement and use
- Implications of "selection" as pilot (money, data, imprimatur)

Appendix: Background Detail

Provider Measurement: General Functions

- Creation of “Public Good” for use by all
- Seek to measure at most granular and appropriate level (e.g., physician, practice site, medical group and hospital)
- Seek to measure across the IOM six performance domains
  - Safe, timely, effective, equitable, efficient, patient-centered
- Promote local use of HQA measures collected
- Seek to reflect care provided under all payers (e.g., combining federal, state, private) as well as Veterans Administration and DoD
- Conduct legal review to assure that anti-trust issues are considered
- BQIMBs (others?) serve as testing grounds as national standards and measurement guidelines are adopted
  - Collection/aggregation of AQA measures
  - Full episodes of care from the patient’s perspective
  - Measures and collection methods for future consensus process adoption

Provider Measurement: Chartering Terms

- Be fully transparent on all measurements and measurement processes
- Agree to collect “core” AQA identified measures and to use/promote the use of nationally collected HQA measures
- Focus “provider” measurement at physician, practice site, medical group and hospital levels
- For measures that have not been through consensus (for VEs or other efforts using Medicare/commercial data):
  - Apply national standards to measure selection (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
- Agree to thoroughly document and share publicly their processes and lessons learned
- Assure all needed patient privacy protections are in place

Consumer Reporting: General Functions

- 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
- Develop useable reports for consumers on performance information (directly or indirectly) in all of the major performance domains collected
- Consumer reports should be at the most valid and appropriate "granular level" (e.g., physician, then practice site), with aggregation "up"
- Disseminate performance information to consumers and promote access to performance information at "teachable moments"
- Develop or foster reports that link quality and other performance information with costs that are relevant to consumers
- Assess use of reports by consumers

Consumer Reporting: Chartering Terms

- Agree to share performance results as a public good to promote use of standard measures
- Agree to follow AQA Principles for Public Reports on Health Care
- Agree to promote lessons on “best-in-class” consumer reporting
- Foster reporting by health plans/others that combines consumer-relevant cost information with performance measures
- Release data to third-parties contingent on agreement to comply with the consumer reporting principles (e.g., AQA principles)
- Agree to only charge direct costs of transmitting data to third-parties (no commercial benefit from “resale”)

Promoting Rewards

General Function:

- Provide information to payers and purchasers to support rewards programs and promote the use of standard performance measures

Chartering Term:

- Agree to foster coordination in the use of performance information for payment or other reward programs across private health plans, purchasers and public purchasers
- Condition release of performance data for use in rewards and network/benefit designs on agreement to transparency and reporting principles

Provider Performance Improvement

General Functions:

- Provide performance information (directly or indirectly) to support provider-level quality improvement
- Test how to integrate QI efforts across providers and those delivering QI

Chartering Terms:

- Agree to work directly with QIOs, medical specialty societies or associations, and/or health plans

Foster Collaboration

General Functions:

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

Chartering Terms:

- Agree to "terms of engagement" that assure active participation from all stakeholders' representatives

Use/Promote Interoperable Health IT

General Functions:

- Foster rapid migration to e-capacity for performance measurement
- Leverage electronic information as available
- Identify “source” of data, and when appropriate use from it directly
- Assess how data collection can be done more effectively by coordination with local regional health information exchanges or local IT efforts

Chartering Terms:

- Agreement to use and comply with relevant HITSP standards as applicable (AHIC standards for EHRs)
- Seek to work with information exchanges or RHIOs

Knowledge Transfer & Evaluation

General Functions:

- Provide information on the lessons learned for conducting and using performance measurement
- Support both BQIMBs and Value Exchanges by documenting and sharing lessons learned
- 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:

- Agree to participate in activities that support the sharing of lessons learned

Critical Issues for Consideration

Issue 1. National versus local collection

Issue 2. Urgency to get better measures in use with few national standards

Issue 3. Lack of demonstrated national "business model" to support performance measurement

Issue 4: Need to Integrate Performance Measurement with National Health IT Implementation

National versus local collection: Beware the Tower of Babel

Potential Solutions:

- Provide better quality information for Medicare beneficiaries and other consumers through the national release of core consensus Medicare performance results at the physician and practice site level (“Hybrid” Model)
- Allow for new “Value Exchanges” to be defined as national (e.g. based on medical specialty societies) and/or to use combined Medicare/commercial data if they represent a collaborative that meets designated criteria and goals

Urgency and lack of standards: Danger of running quickly in the wrong direction

Potential Solutions:

- Designate pilot efforts to test measurement/use issues in identified gap areas (e.g., patient experience, care coordination, longitudinal efficiency)
- Apply “high threshold” or differential thresholds where locally piloting measures for national consideration
- Phase-In designation of new Value Exchanges to be specifically timed to incorporate the learnings from the BQIMBs and the availability of performance info nationally
- Allow for use of Medicare/commercial data for “non-core” national measures only on strict terms (e.g., transparency, phase-out when standards exist, apply standards for selection)

Lack of Strategy to Financially Support Performance Measurement

Potential Solutions:

- Develop core support strategy for national data collection effort
- 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

Need to Integrate Performance Measurement with National Health IT Implementation

Potential Solutions:

- Promote integration of BQIMBs/VEs with local data exchange efforts
- Use BQIMBs/VEs to promote adoption of AHIC standards
- Assure national standard setting efforts reflect need to have performance measurement capacity as element of interoperability standards

Comments

Electronic version will be available at:
http://www.aqaalliance.org/AQA-HQA_WGnotice081606.htm

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