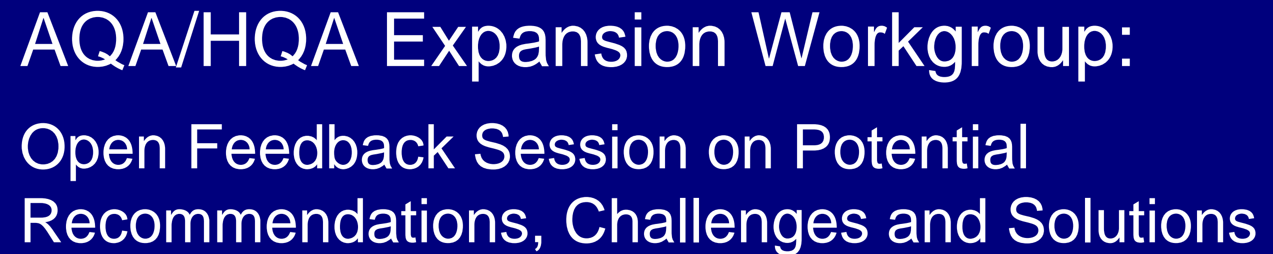


AQA/HQA Expansion Workgroup:

Open Feedback Session on Potential Recommendations, Challenges and Solutions

October 4 and 5, 2006

Webcast Agenda

- Introduction and Overview
- Review Workgroup Charge
  - Questions/Comments – Workgroup Overview and Charge
- Functions and Expectations (“Chartering Terms”) of Pilots
  - Questions/Comments – Functions and Expectations
- Selection Criteria
  - Questions/Comments – Selection Criteria
- Challenges and Potential Solutions
  - Questions/Comments – Challenges and Solutions
- Additional Comments/Suggestions

AQA/HQA Steering Committee Workgroups

- **Pilot Expansion**
- **Pilot Infrastructure**
- **Measure Harmonization**
- **Efficiency/Episodes of Care**
- **Cost-Pricing Transparency**

Reporting to the AQA/HQA Steering Committee (QASC) on October 23, 2006

AQA/HQA Steering Committee: Expansion Workgroup

- **Charge:**
  - Clarify scope of original six “pilots” (“Better Quality Information Projects – BQIPs”)
  - Plan for expansion of pilots (“Value Exchanges”)
- **Participants:**

  Representatives of physicians, hospitals, purchasers, consumers, group practices, health plans and QIO/quality collaboratives
- **Process:**

  Workgroup deliberations, feedback from AQA and HQA constituencies, formal review by joint Steering Committee (QASC)

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 Corporations
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
Chair	Peter Lee, PBGH

Initial “Better Quality Information Projects”

- California Cooperative Healthcare Reporting Initiative (CCHRI)
- Indiana Health Information Exchange (IHIE)
- Massachusetts Health Quality Partners (MHQP)
- Minnesota Community Measurement (MNCM)
- Phoenix Regional Healthcare Value Measurement Initiative (PRHVMI)
- Wisconsin Collaborative for Healthcare Quality (WCHQ)

Expansion Workgroup Charge

Recommend to the Quality Alliance Steering Committee:

1. **Roles, functions and expectations of Better Quality Information Projects ("BQIPs") and Stage II Pilots ("Value Exchanges")**
2. **Criteria for selection of Value Exchanges**
3. **"Chartering terms" or "expectations" for BQIPs 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 BQIPs and Value Exchanges will need to be successful**
7. **Ongoing review processes for BQIPs and Value Exchanges**
8. **Evaluation of the BQIPs and Value Exchanges**

Sample Issues Being Referred to Infrastructure Workgroup

- **What are the implications of being selected as a Value Exchange? Should there be differing levels of “chartering” (e.g., some getting money and data; others data only)?**
- **When and how many new Value Exchanges should be chartered? What factors should be considered?**
- **How should selection and ongoing support be designed to recognize the need for Value Exchanges to evolve?**
- **What is the best way to coordinate migration to national measurement standardization while still allowing for local innovation?**
- **What capacity/support role should be expected from local QIOs/central QIO regarding data availability and QI support?**

Foreshadowing: Challenges the Workgroup is Seeking to Address

- Urgency versus lack of standards
- Defining the “Community of Interest” and potential scope of Pilots (special constituency/focus vs. geography: local, state, or national)
- Supporting local use with statewide or national collection
- Need for consumers to have cost as well as performance information
- Promoting valid public reporting
- Promoting consistency in payment/rewards programs

1. Overview
2. Workgroup Charge

Core Functions of BQIPS and Value Exchanges

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' costs 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

Core Expectations/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
8. Conduct evaluation of efforts

Provider Measurement: General Functions

- Seek to measure at most granular and appropriate level (e.g., physician, practice site 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 nationally
- Seek to reflect care provided under all payers (e.g., combing federal, state, private) as well as Veterans Administration and DoD
- 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 and hospital levels
- For measures that have not been through consensus:
  - 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

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 effective 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 consumer reporting
- Agree to promote lessons on "best-in-class" consumer reporting
- Assure that third-parties (if used) comply with the AQA principles of reporting to consumers
- Agree to not get inappropriate commercial benefit from "resale" of the performance results

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

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:

- Leverage electronic information as available
- Use data directly from the source system when possible
- 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
- 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 other BQIPs 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

Foreshadowing: Challenges the Workgroup is Seeking to Address

- Urgency versus lack of standards
- Defining the "Community of Interest" and potential scope of Pilots (special constituency/focus vs. geography: state, local, or national)
- Supporting local use with statewide or national collection
- Need for consumers to have cost as well as quality information
- Promoting valid public reporting
- Promoting consistency in payment/rewards programs

1. Functions of BQIPs and Value Exchanges
2. “Chartering Terms”

Selection Criteria: Functional Capacity

Core Criteria:

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

Additional criteria:

- Consumer reporting
- Rewards
- Quality improvement
- IT integration

Selection Criteria: Organizational Capacity

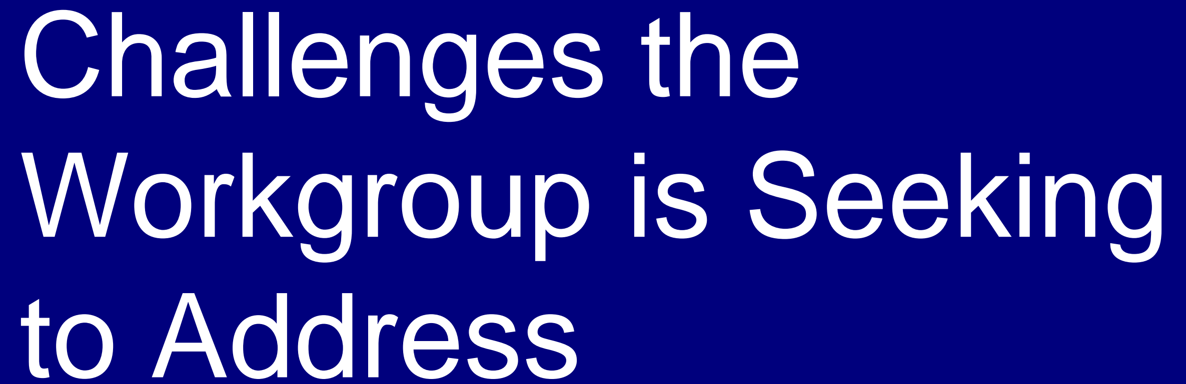
Core Criteria:

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

Additional criteria:

- History of the entity
- Board composition
- Committee composition

1. Functional Capacity
2. Organizational Capacity


Challenges the Workgroup is Seeking to Address

Urgency versus lack of standards

Potential Solutions:

- Apply the “Chartering Terms” and selection criteria to ensure new “Value Exchanges” pass a “high threshold” demonstrating their ability to conduct performance
- Phase-In designation of new Value Exchanges to be timed to incorporate the learnings from the BQIPs
- Provide more limited scope for new Value Exchanges (e.g., produce national consensus measures only)

Community of Interest / Geographic Scope

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
- Designate pilots by “community-of-interest” that is not geographic (e.g., pooled national employers or design to measure patient experience in multiple sites)
- Designate pilots that can most efficiently and effectively test measurement/use issues in identified gap areas (e.g., patient experience, care coordination, longitudinal efficiency)
- Where there is more than one measurement collaborative in a community (or one statewide and others within the state) “force” collaboration

Supporting local use with statewide or national collection

Potential Solutions:

- Where national collection processes exist, local efforts should be "required" to use those measures and not conduct redundant collection
- Where statewide data collection is more efficient, provisions must be made to make performance results available to local communities
- Assure benchmarking of local efforts is conducted to compare communities and establish national comparisons

Need for consumers to have cost as well as other performance information

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

Promoting valid 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”)
- Create a system of “endorsement” from the BQIP, Value Exchange or from a national entity that a reporting entity is following agreed upon principles
- Require all public reporting to be in particular formats, using standardized presentations and methodologies

Promoting consistency in payment/rewards programs

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

Additional Challenges

- Scope of providers beyond physicians and hospitals
- Diversity of potential uses of performance information to reward providers
- Assessing level of stakeholder engagement
- Coordination with IT initiatives
- Lack of ongoing business model to support performance measurement

Additional Questions/Comments

Slides and a detailed draft of the recommendations are located at:

http://www.aqaalliance.org/AQA-HQA_WGnotice081606.htm

To provide written feedback, please use the feedback form located at the above website. Completed forms can be emailed to Jennifer Eames at jeames@pbgh.org by October 9th.