

AQA WORKING DRAFT
Pilot Proposal 11/28/05

Pilot Goals:

- Measure individual physician, group, and system performance; aggregate data from multiple sources; and generate reports following each of the AQA workgroup principles and parameters documents
- Address the questions framed by the AQA's "Proposed Pilot Projects" description
- Generate real time implementation experience/lessons learned

Phase One of the Pilot will be conducted in 3-5 geographically diverse communities where there are active coalitions already in place. Criteria for the selection of these initial coalitions will include:

- Strong physician leadership engaged in creating the coalition
- Multiple plan participation
- Multiple employer participation
- Experience in measuring and aggregating physician level data
- Experience providing feedback/reports to physicians
- Presence of a public website for consumers to access relevant information
- Demonstrated capacity and interest to accept additional tasks framed by AQA
- Willingness to work with a viable health information network if available
- Capability/infrastructure to begin data collection by May 1, 2006

A small (5-7) member Senior Advisory Board will be established to help in the selection of the initial pilot sites and provide ongoing oversight. Membership will be representative of AQA membership.

Each pilot site will work with small and large physician office practices to measure:

- The 26 AQA starter set of clinical measures, as well as other measures that adhere to the AQA "*Parameters for Selecting Ambulatory Care Performance Measures.*"
- Component and total cost for the denominator population specified by the above
- Patient experience and health status for the denominator population
- Relevant organizational characteristics such as structural capacity¹, use of HIT, etc.
- Population demographics
- Provider feedback on experience with the pilot

Once the pilot sites are selected, a network of representatives from the coalitions will be established to

- Recommend which pilot functions would be best accomplished through a centralized mechanism
- Provide ongoing advice and feedback on the implementation of centralized functions
- Provide ongoing advice on common and unique site needs
- Assist in identifying most efficient yet scientifically valid approaches to answering all the issues and questions framed in the AQA "Proposed Pilot Projects" document
- Share ongoing discoveries, lessons learned, innovations, etc. across sites and for AQA membership as a whole

Nancy Wilson will serve as overall Pilot Project Manager and facilitate the coalition network as well as provide periodic updates to the Advisory Board, AQA Data Sharing Workgroup, Senior AQA Leadership, and the larger AQA membership as requested.

A number of entities may be involved within and across the pilot sites. Each pilot site coalition will serve as the pilot site data aggregator and maintain the site's population data repository. The coalition will

¹ Structural capacity is to be defined broadly and to include factors such as: office capacity, staffing, open access, IT system capacity and other characteristics.

receive data from multiple sources, run standard analyses, generate feedback reports to providers, and post consumer information on the Web. It is anticipated that some data might come directly from providers, some from private health plans, CMS and Medicaid, and some from contractors such as a PBRN or ACTION network who are either conducting a targeted analysis or implementing a centralized function. QIOs may provide direct technical assistance to the targeted physicians on a variety of issues such as data collection, feedback interpretation and use, and process improvement. In addition to site-specific coalition assistance, AHRQ will provide analyses that look across the pilot sites and establish an overarching, ongoing evaluation of the project.

Timeline

October – December 2005

- Establish a Senior Advisory Board for the project
- Phase One Pilot sites are chosen
- Establish network of coalition representatives
- Identify site-specific and cross-cutting needs
- Establish budget for required work
- Identify funding partners and agree on how to manage the money
- Identify timelines and deliverables for contractors

January – April 2006

Pilot activities prior to data collection:

- Detailed specifications for measures (denominator, numerator codes, exclusions, and risk-adjustment if needed)
- Sampling strategy for chart abstraction of clinical measures where needed
- Sampling strategy for patient surveys
- Unique provider identification mechanism
- Analysis plan
- Development of chart abstraction tools where needed
- Data elements and standards for electronic data submission
- Establish independent data validation mechanism
- Establish *ongoing* project monitoring/evaluation with key participants and stakeholders
- Identify/develop tool to assess provider experience with pilot

May 2006 – Completion

Implementation deliverables

Data collection from providers beginning in May 2006
Data aggregation (from multiple sources)
Data validation and analysis
Design and generation of feedback/reports to providers
Design and generation of reports for consumers
Design and generation of reports for employers and plans
Assess provider experience with pilot