

AQA Strategic Plan 2010

Background

The AQA (formerly known as the Ambulatory Care Quality Alliance) was founded in the fall of 2004 by the American College of Physicians (ACP), the American Academy of Family Physicians (AAFP), America's Health Insurance Plans (AHIP) and the Agency for Healthcare Research and Quality (AHRQ). The AQA has grown since that time into a broad based collaborative of over 100 organizations including physicians and other clinicians, consumers, purchasers, health insurance plans and others whose mission is to:

improve patient safety, health care quality and value in all settings through a collaborative process in which key stakeholders agree on and promote strategies to:

- *implement performance measurement at the physician and other clinician or group level;*
- *collect and aggregate data in the most appropriate way; and*
- *report meaningful information to consumers, physicians and other clinicians, and other stakeholders to inform decision-making and improve outcomes.*

The AQA goals have historically focused on reaching consensus on:

- A set of measures for assessing physician and other clinician performance that stakeholders can use in private health insurance plan contracts and with government purchasers;
- A multi-year strategy to roll-out additional measurement sets and implement measures into the marketplace;
- A model (including framework and governing structure) for aggregating, sharing and stewarding data; and
- Critical steps needed for reporting useful information to providers, consumers and purchasers.

Accomplishments

The AQA has demonstrated the ability to reach multi-stakeholder consensus on clinician level measures recommended for implementation into public and private programs. The AQA has met crucial deadlines for reviewing and approving measures through a transparent consensus process which resulted in additional measures being available for public use in the Physician Quality Reporting Initiative (PQRI). The AQA continues to offer guidance on the implementation of measures by providing a forum to discuss lessons learned from measure implementers, data aggregation projects, and public and private reporting initiatives. AQA has also produced a number of

foundational documents that guide and lead use of measures for quality improvement and reporting. These include the *Data Sharing and Aggregation Principles for Performance Measurement and Reporting*, *Principles for Public Reports and Reporting to Clinicians and Hospitals*, *Parameters for Selecting Measures for Physician and Other Clinician Performance*, and *Principles of Efficiency Measures*. In addition, the AQA was instrumental in calling for regional data sharing and aggregation pilots, implemented as the CMS Better Quality Information to Improve Quality for Medicare Beneficiaries (BQI) special project.

Health Care Reform and The Evolution of AQA

Despite progress in quality measurement and improvement, gaps in care and effective measures remain. Physicians and other clinicians strive to deliver high quality care. They continue to seek meaningful information to use in improving care, strategies and tools to drive improvement efforts, and alignment across public and private sectors to focus use of limited resources.

The passage of the Patient Protection and Affordable Care Act (PPACA) has heightened urgency to assess quality, improve care and address unsustainable costs. Many different private and public sector groups have attempted to step up to the challenge by designing models for assessing performance and reporting data. While progress has been made, the proliferation of multiple, uncoordinated and sometimes conflicting initiatives has significant unintended consequences for different stakeholders. For example, duplicative efforts:

- Unnecessarily burden physicians, other clinicians, and health insurance plans with different data requests, shifting focus away from quality and efficiency improvement;
- Create confusion among consumers because different information is being publicly reported; and
- Detract from efforts by employers to design programs that meet the needs of their employees.

Perhaps most important, however, are the adverse effects numerous initiatives have on patient care and the health care system as a whole. The PPACA contains many provisions related to quality, highlighting the need for stakeholders to figure out how to transform the system from one that rewards volume to one that rewards quality.

The AQA's key asset is the broad representation of stakeholders and the forum in which members convene to share information, identify and promote best practices, and reach consensus on strategies for use of measures in improving payment and delivery systems.

AQA Strategic Planning Activities

With the passage of comprehensive health care reform, alliances such as AQA have become even more relevant and necessary to inform and guide new public and private initiatives that will reshape the U.S. health care system. Given the importance of alliances, the AQA Steering Group (SG) convened in January of 2010 to consider the future strategic direction of AQA. The SG established a subgroup of volunteers to draft a future direction document that could be shared with the members for soliciting input. The strategic direction subgroup¹ has developed this document to describe a future strategic direction for AQA.

AQA Future Roles

The AQA will primarily play the following roles:

- Convener to promote and facilitate alignment among the public and private sector efforts.
- Promoter of “best practice” quality improvement strategies to address the gap between measurement and improvement.
- Advisor to Department of Health & Human Services (HHS) as it implements health care reform initiatives.

I. Convener to promote and facilitate alignment among the public and private sector efforts

A unique strength of the AQA is that its membership encompasses a broad community of representatives across the private sector, public sector, consumers, employers, quality improvement, and physician and other clinician organizations. Both public and private programs have a shared interest in learning from each other to improve the use of quality measures in improvement, payment, and accountability programs. AQA fosters relationships and communication between public and private programs to target more effective and efficient use of quality measures. In this respect, AQA can serve as an open and transparent forum to reduce redundancy and align the use of quality measures in improvement, payment and reporting programs.

Activities:

- Identify areas of alignment or non-alignment across private and public sector quality measurement / reporting / improvement initiatives.
- Leverage the unique strength of AQA – a membership that encompasses a broad community of stakeholders (clinicians, purchasers, payers, consumers) across public and private sectors – to forge a shared vision and set of strategies to promote best practices for improving the quality and cost of health care.

¹ Volunteers included John Tooker, Ardis Hoven, David Hoyt, George Isham, Michael Johnson, and Chris Queram.

- Serve as an open and transparent forum to reduce redundancy and align the use of quality measures for improvement, payment, and public reporting programs.
- Convene stakeholders to assess effectiveness of quality improvement implementation, impact on care improvement, innovative measurement programs, and impact on the adoption of HIT.
- Convene AQA members and invite representatives from other organizations to discuss ongoing quality initiatives, opportunities for alignment, and best practices.
- Track new public quality demonstrations, lessons learned, and solicit information from participants. Assess how lessons learned can be used to improve programs and align with the private sector.
- Develop clear and coordinated relationships with other quality entities such as ONCHIT, NPP, NQF, QASC, HQA, and PQA to help facilitate consistent performance measurement reporting among private health plans and the public sector.
- Participate as a member of the NQF-convened Consultative Measure Applications Partnership, both as a member of the Coordinating Committee and the Clinician Group Committee.
- Monitor quality related demonstrations at CMS to identify opportunities where AQA can help streamline quality measure reporting and data use among public and private payers.

II. Promoter of “best practice” quality improvement strategies to address the gap between measurement and improvement

Measuring care is only the beginning of identifying areas where improvement is needed. Clinicians need tools, mechanisms and resources, including health information technologies that can be used to support clinicians to improve practice patterns and quality of patient care. AQA will engage the stakeholder community in a series of activities that will result in the identification of quality improvement strategies and best practices that can be adopted more broadly.

Activities:

- Assess QI strategies including alternative levers of quality improvement in addition to measurement and reporting, such as certification, professionalism and other incentives.
- Identify and disseminate best practice QI strategies and lessons learned.
- Highlight the role of HIT adoption , including meaningful use and registries in regard to performance assessment
- Conduct a systematic review of measure implementation to identify challenges and measures that were most successful in driving improvement.
- Profile partnerships with cutting edge programs that use quality metrics – patient-centered medical homes, ACOs, bundled payments, and alternative payment structures; and
- Update and disseminate Reporting Principles based on the AQA Reporting Workgroup ongoing activities.

III. Advisor to Department of Health & Human Services (HHS) as it implements health care reform initiatives

The AQA community of stakeholders has knowledge and expertise that can inform public program design, metrics to be included, and publication methodologies. AQA can advise HHS about existing programs in the marketplace to ease implementation, facilitate alignment, and further a better understanding of program impact. Therefore, AQA should foster closer collaboration with HHS as the Department develops and implements health care reform initiatives – the National Quality Strategy; demonstrations and pilots; existing quality measurement, data aggregation, and reporting initiatives; and development of reports that pertain to physicians and other clinicians.

Areas where AQA could provide guidance to HHS:

- Development and implementation of the National Quality Strategy, including convening the AQA for review and feedback and responding to requests for comment.
- Development of a CMS Physician Compare website, including publication methodologies. For example, AQA should provide lessons learned from AQA Reporting Workgroup activities.
- Enhancements and refinements to quality measurement, data aggregation, and reporting initiatives (e.g., PQRI, Beacon Communities, Meaningful Use).
- Measure selection for select health care reform initiatives to the extent that there are issues relating to the implementation of particular measures.
- Development of regulations for release of Medicare data for use in performance measurement including content and reporting formats.

Plan for further improving the relationship with HHS and providing more systematic feedback to the Department:

- Obtaining input from key Department leaders in provider payment, quality measurement, and public reporting areas.
- Providing feedback on federal requests for comment on quality, provider payment, quality measurement, and public reporting.
- Participating in listening sessions, open door forums, and other informal information exchanges to align public and private sector activities.
- Facilitating Department staff participation in AQA workgroup calls.
- Assessing most efficient way for CMS to interface with AQA on a more regular frequency.
- Promoting interaction through AQA meetings and workgroup structure to solicit input on public programs and dialogue with stakeholders and CMS staff.