INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

Performance Measurement: Accelerating Improvement

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Briefing: National Committee on Vital & Health Statistics
Centers for Disease Control and Prevention
Department of Health and Human Services
Hubert H. Humphrey Building
Washington, DC
February 22, 2006

RATIONALE: MANDATE FOR CHANGE

- The quality of health care provided in the United States is suboptimal and uneven.
- Its cost is considerable.
- Health care value should be improved.

BACKGROUND

Previous Work
Health Care Quality, Cost and Value

INSTITUTE OF MEDICINE

To Err is Human: Building A Safer Health System (2000)

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

OTHERS

Baiker and Chandra	(2004)
Fisher	(2003)
Hussey et al.	(2004)
Jencks et al.	(2000)
Leatherman and McCarthy	(2002, 2004, 2005)
McGlynn	(2003)
Reinhardt, et al.	(2004)

GOALS

- Enhance the quality of services
- Reduce waste and inefficiency
- Promote patient safety
- Ensure value
- Foster equity

RESPONSE: CONGRESS

Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173)

Section 328

- Performance measurement (align payment with performance)
  Title XVIII—Parts A-C—of the Social Security Act

Section 109

- Medicare's Quality Improvement Organization program
  Title XI—Part B—of the Social Security Act

RESPONSE: INSTITUTE OF MEDICINE

Committee on Redesigning Health Insurance Performance Measures, Payment and Performance Improvement Programs

Three Reports: The "Pathways to Quality Health Care" Series

1. *Performance Measurement: Accelerating Improvement*
   Karen Adams, PhD (December 2005)

2. *"Quality Improvement Organizations"*
   Dianne M. Wolman, MGA (March 2006)

3. *"Pay for Performance"*
   Karen Adams, PhD, Rosemary A. Chalk, BA (July 2006)

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SPONSOR

Department of Health and Human Services:
Center for Medicare and Medicaid Services

PROJECT OFFICERS

- *Performance Measurement: Accelerating Improvement*
  – Ms. Lisa Lang
- *"Quality Improvement Organizations"* – Ms. Joyce Kelly
- "Pay for Performance" – Ms. Lisa Lang

THE FOCUS: MEASUREMENT AND PERFORMANCE

- The current American health care system is performance impaired.
- Much needs to be done to realize the bold vision of quality laid out in the Quality Chasm series of reports.
- Performance measurement is the key to effect change.
    - Public reporting
    - Clinical quality improvement
    - Provider Accreditation
    - “Pay for Performance”

THE FOCUS: MEASUREMENT AND PERFORMANCE

Performance Measurement: Accelerating Improvement

From Report Forward, October 2005:

"The only way to know whether the quality of care is improving is to measure performance."

Harvey V. Fineberg, MD, PhD, MPH
President
Institute of Medicine
The National Academies

LIMITATIONS OF THE CURRENT "SYSTEM"

- Performance evaluation relies on voluntary, consensus-based efforts.
  - Lack statutory authority
  - Lack overarching leadership
- Critical domains of performance without "owners" will remain unaddressed.
- Conflicts of interest, both perceived and real, limit engagement and acceptance by stakeholders.
- Duplication and inconsistency lead to waste.
  - Public confusion
  - Provider burden
  - Knowledge limitation

RATIONALE: KEY RECOMMENDATIONS

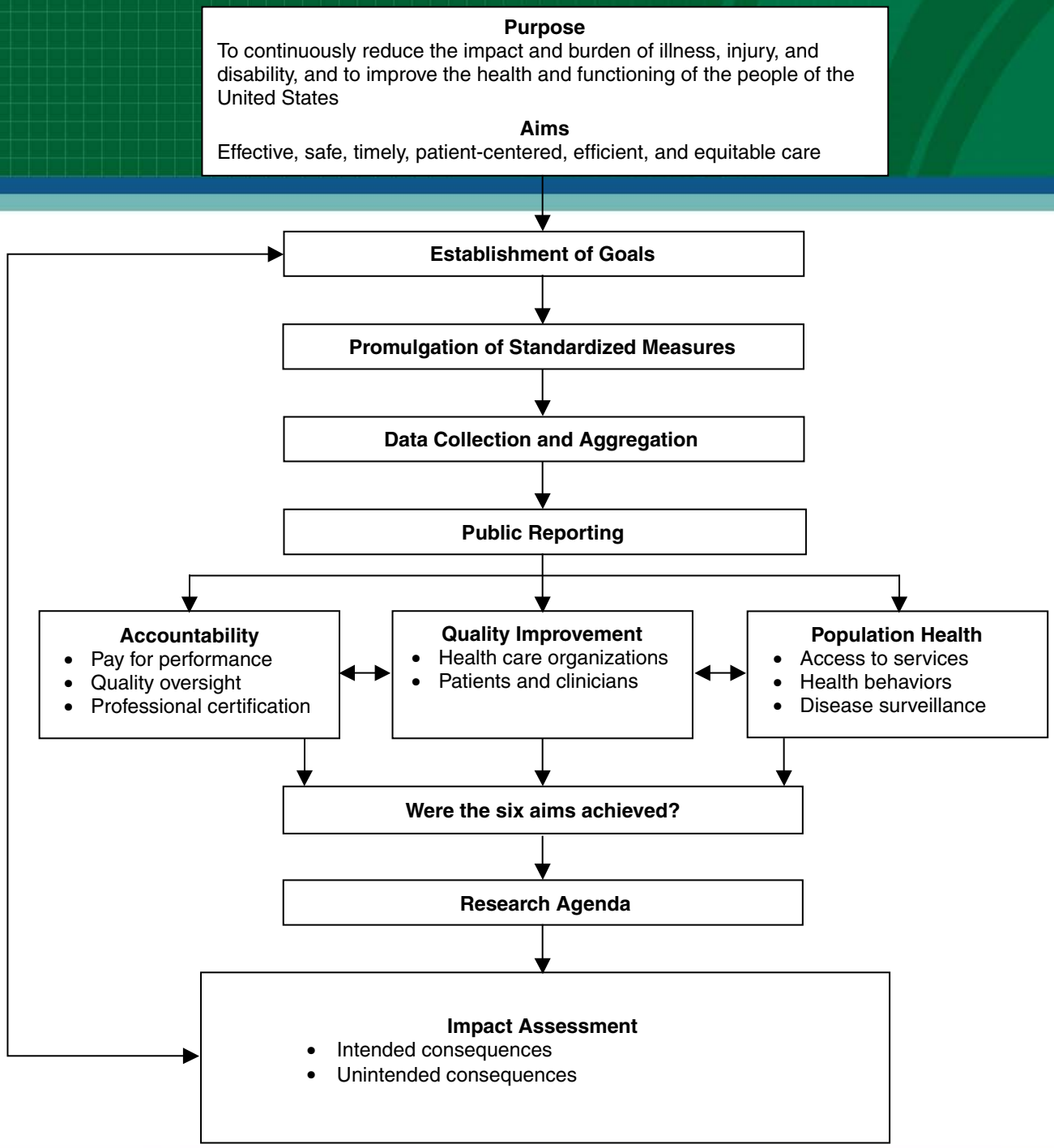
- Our current “non-system” of performance assessment constitutes an insurmountable barrier to improvement in health care quality, reduction of costs and increase in quality.

- A well-coordinated, national system of performance measurement and reporting is essential to achieve these goals.

ALTERNATIVES TO THE CURRENT SYSTEM

Supplement and strengthen—**not replace**—ongoing activities in the public and private sector

- Large federal government entity
- Office within CMS or AHRQ
- Private stakeholder groups
- **New independent board**


Purpose
To continuously reduce the impact and burden of illness, injury, and disability, and to improve the health and functioning of the people of the United States
Aims
Effective, safe, timely, patient-centered, efficient, and equitable care
Establishment of Goals
Promulgation of Standardized Measures
Data Collection and Aggregation
Public Reporting
Accountability
Pay for performance
Quality oversight
Professional certification
Quality Improvement
Health care organizations
Patients and clinicians
Population Health
Access to services
Health behaviors
Disease surveillance
Were the six aims achieved?
Research Agenda
Impact Assessment
Intended consequences
Unintended consequences

RECOMMENDATION 1

- **Congress should establish a National Quality Coordination Board (NQCB) with seven key functions:**

1. **Specify the purpose and aims for American health care.**

2. **Establish short and long-term national goals for improving the health care system.**

3. **Designate, or if necessary develop, standardized performance measures for evaluating the performance of current providers, and monitor the nation's progress toward these goals.**

(continued)

RECOMMENDATION 1 (continued)

4. **Ensure the creation of data collection, validation, and aggregation processes.**

5. **Establish public reporting methods responsive to the needs of all stakeholders.**

6. **Identify and fund a research agenda for the development of new measures to address gaps in performance measurement.**

7. **Evaluate the impact of performance measurement on pay for performance, quality improvement, public reporting, and other policy levers.**

RECOMMENDATION 2

- **The NQCB's membership and procedures should be designed to ensure that the board has structural independence, protection from undue special interests, substantive expertise drawn from the public and private sectors (including not-for-profit entities), contract authority, standards-setting authority, financial strength, and external accountability.**

RECOMMENDATION 3

- **Local innovation in pursuit of national goals for improving health care quality should be encouraged. Performance measurement, improvement, and reporting activities—including those of public and private purchasers; accreditation and certification entities; and federal, state, and local government programs—should be substantially aligned with the national goals and standardized measures established by the NQCB, but local communities should also be encouraged to identify and pursue local priorities, in addition to helping to achieve national goals.**

RECOMMENDATION 4

- **The NQCB should promulgate measure sets that build on the work of key public- and private-sector organizations. Specifically, the NQCB should:**
  - **As a starting point, endorse as national standards performance measures currently approved through ongoing consensus processes led by major stakeholder groups.**
  - **Ensure that a data repository system[1] and public reporting program capable of data collection at the individual patient level are established and open to participation by all payers and providers.**
  - **Ensure that technical and financial assistance is available to all providers who need help in establishing performance measurement and improvement capabilities.**
- **[1]The data repository system would collect, validate, and aggregate provider performance data (see Recommendation 1).**

STARTER SET

Ambulatory Care	**Ambulatory care Quality Alliance (26)** Prevention measures[a] (7), coronary artery disease[a] (3), heart failure[a] (2), diabetes* (6), asthma[a] (2), depression[a] (2), prenatal care[a] (2), quality measures addressing overuse or misuse (2) **Ambulatory Care Survey** CAHPS Clinician and Group Survey: getting care quickly, getting needed care, how well providers communicate, health promotion and education, shared-decision making, knowledge of medical history, how well office staff communicate

[a]The committee recommends the aggregation of individual measures to patient-level composites for these areas.

STARTER SET

Acute Care	**Hospital Quality Alliance (22)** Acute coronary syndrome[a] (7), heart failure[a] (3), pneumonia[a] (6), smoking cessation[a] (3), surgical infection prevention[a] (from the Surgical Care Improvement Project) (3) **Structural measures** (computerized provider order entry, intensive care unit intensivists, evidence-based hospital referrals) **Hospital CAHPS** Patient communication with physicians, patient communication with nurses, responsiveness of hospital staff, cleanliness/noise level of physical environment, pain control, communications about medicines, discharge information

[a]The committee recommends the aggregation of individual measures to patient-level composites for these areas.

STARTER SET

Health Plans and Accountable Health Organizations	**Health Plan Employer Data and Information Set (HEDIS) (61)** Integrated delivery systems (health maintenance organizations): effectiveness (26), access/availability of care (8), satisfaction with the experience of care (4), health plan stability (2), use of service (15), cost of care, informed health care choices, health plan descriptive information (6) Preferred provider organizations within Medicare Advantage: selected administrative data and hybrid measures **Ambulatory Care Survey** CAHPS Health Plan Survey: getting care quickly, getting needed care, how well providers communicate, health plan paperwork, health plan customer service

STARTER SET

Long-term Care	**Minimum Data Set (15)** Long-term care (12), short-stay care (3) **Outcome and Assessment Information Set (11)** Ambulation/locomotion (1), transferring (1), toileting (1), pain (1), bathing (2), management of oral medications (1), acute care hospitalization (1), emergent care (1), confusion (1)
End-Stage Renal Disease	**National Healthcare Quality Report (5)** Transplant registry and results (2), dialysis effectiveness (2), mortality (1)
Longitudinal measures of outcomes and efficiency	1-year mortality, resource use, and functional status (SF-12) after acute myocardial infarction

RECOMMENDATION 5

- **The NQCB should formulate and promptly pursue a research agenda to support the development of a national system for performance measurement and reporting. The board should develop this agenda in collaboration with federal agencies and private-sector stakeholders. The agenda should address the following:**
  - **Development, implementation, and evaluation of new measures to address current gaps in performance measurement.**
  - **Applied research focused on underlying methodological issues, such as risk adjustment, sample size, weighting, and models of shared accountability.**
  - **Design and testing of reporting formats for consumer usability.**
  - **Evaluation of the performance measurement and reporting system.**

RECOMMENDATION 6

- **Congress should provide the financial resources needed to carry out the research agenda developed by the NQCB. The Agency for Healthcare Research and Quality should collaborate with Grantmakers in Health and others that have ties to local foundations to convene public- and private-sector stakeholders currently investing in various aspects of this research agenda for the purpose of identifying complementary investment strategies.**

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QUESTIONS?

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