

# The Quality Agenda

## AMA National Advisory Conference



Eric Schneider, M.D., M.Sc.

Senior Scientist and Director, RAND Boston  
Division of General Medicine and Primary Care,  
Brigham and Women's Hospital  
Member, Executive Committee

Physician Consortium for Performance Improvement



# Health Reform 2009

- High level of desperation among payers
- Recognition that current quality of care is not optimal
- Demand for fundamental transformation of clinical practice
- High level of advocacy by professional societies and boards



“When you see what the health care crisis is doing to our families, to our economy, to our country, you realize that caution is what's costly. Inaction is what's risky. Doing nothing is what's impossible when it comes to health care in America. ”

President Obama  
Speech to Families USA  
Jan 25, 2007



# Quality Agenda 2009 vs. 1993

- New infrastructure for performance measurement
  - Clinical measures
  - Health information technology standards
- Better evidence on...
  - Problems with health care delivery
  - Barriers to optimal quality
  - Methods for improving quality
- Experimentation with more sophisticated approaches to payment



# Uses of Measurement and Reporting

- Market (Selection)
  - Inform consumers/purchasers as they select physicians
  - Set payment incentives
- Regulatory (Accreditation and Certification)
  - Boards, licensure, etc
- Professional (QI)
  - Identify opportunities to improve
  - Monitor progress on improvement goals
  - Promote the “values” of an organization
  - Guide resource allocation within organizations



# Effectiveness of Public Reporting and Incentives?

- Public reporting associated with quality improvement in hospital settings, but not elsewhere
- Pay-for-performance may have limited impact on quality improvement
- Patients/Consumers lack choices rarely use performance data to select hospitals and doctors

Fung C et al, Ann Intern Med, 2008  
Pearson S et al, Health Affairs, 2008



# Evidence on Care Coordination/Disease Management Programs

- Study of 15 care coordination trials
  - randomized, controlled trials
- Results
  - Cost-savings suggested in 2 trials
  - Improved patient knowledge
  - No meaningful improvement in basic quality measures

Peikes et al., Effects of care coordination on hospitalization, quality of care, and health care expenditures among Medicare beneficiaries  
JAMA, 2009



# 2 trials with “favorable” trend in reducing expenditures

Compared to intervention arm of other trials:

- More patient contacts per month
- Patients more likely to report teaching about medications
- *Care coordinators interacted closely with local hospitals and clinic physicians*



# Clinical Practice Transformation: “So Many Projects, So Little Time!”

## Medical Home Projects

- Practice management redesign
- Staff retraining project
- Clinician behavior modification program
- Patient behavior modification program
- Communications project
- Health information technology project
- Etc...



# PCPI Mission

Improve patient health and safety by:

- Identifying and developing evidence-based clinical performance measures
- Promoting the implementation of clinical performance improvement activities
- Advancing the science of clinical performance measurement and improvement



# Current PCPI Membership

- More than 100 national medical specialty and state medical society representatives
- Healthcare Professional organizations (eg, American Nurses Association)
- Council of Medical Specialty Societies (CMSS)
- American Board of Medical Specialties (ABMS) and its member boards
- Experts in methodology and data collection
- Agency for Healthcare Research and Quality
- Centers for Medicare and Medicaid Services



# PCPI Has Played a Key Role in Clinical Measure Development

- New performance measures
  - More than 42 areas of clinical care
  - Over 260 individual, physician-level clinical performance measures  
([www.physicianconsortium.org](http://www.physicianconsortium.org))
- CMS Physician Quality Reporting Initiative (PQRI) for 2009
  - 112 of the 153 measures developed by PCPI



# PCPI Ad Hoc Priorities Committee

- Develop recommendations for future work of the PCPI
- Informed by
  - the National Quality Forum National Priorities Partnership
  - PCPI membership
  - Other stakeholder groups (e.g. purchasers, consumers)
- Final report released in November 2008



# Committee Recommendations

- New measurement areas
  - Coordination of care
  - Appropriateness of care (and overuse)
  - Patient safety
- Increase PCPI involvement with key stakeholders
  - Purchasers, Patients, ABMS and member boards
- Move beyond the current focus on assessment of individual physicians
  - Measures of team-based care



# New Directions for PCPI

- Foster quality improvement collaboratives
  - Identify successful improvement strategies
  - Create models to spread them
- Foster clinical data registries for quality measurement and improvement
  - Reduce the measurement burden
  - Enable sophisticated clinical measures
  - Support the assessment of patient outcomes



# Quality Improvement Collaboratives

- Focused efforts can make a significant impact on the quality of care and patient outcomes
- Numerous examples of initiatives that could be spread to other settings
- Initiatives often fail to spread beyond the organization



# Highlighting Clinical Organizations that Measure and Improve Care

- Cystic Fibrosis Network
- Society for Thoracic Surgeons (STS) Program
- VA National Surgical Quality Improvement Program (NSQIP)
- National Comprehensive Cancer Network (NCCN)
- ASCO's Quality Oncology Practice Improvement (QOPI) Program





# Building a Better Foundation for Electronic Clinical Registries

- Ongoing efforts are enabling performance measurement using clinical data generated at the point of care
  - AMA/NCQA/EHRA Collaboration
  - Cardio-HIT
- Future PCPI efforts directed to enhancing exchange and aggregation of clinical data to form registries for tracking of patient outcomes



# Conclusion

- The tools for quality improvement are better than ever before
- Health reform offers an important window of opportunity
  - As long as it is structured to support performance improvement

**The Physician Consortium for  
Performance Improvement®**

Convened by the American Medical Association

