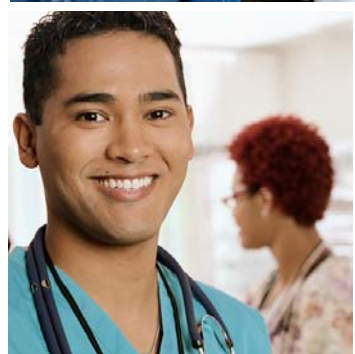


Physician Consortium for Performance Improvement[®] (PCPI)

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Chair, Physician Consortium for Performance
Improvement

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Quality of Health Care in US

- Adults do not receive almost half of the clinical services from which they would likely benefit¹
- Other countries achieve better performance on many measures despite higher per capita health care spending in US vs. other industrialized countries²
- Spending levels vary widely among U.S. regions³
 - No evidence that more expensive regions have either better quality or improved health outcomes

➤ From IOM, Pathways to Quality Health Care (Dec. 2006)

1. McGlynn et al, 2003
2. Hussey et al., 2004; Reinhardt et al., 2004
3. Baicker and Chandra, 2004; Fisher et al., 2003a,b



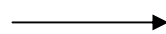
“The full potential of current [quality improvement] initiatives cannot be realized without a ***coherent, robust, integrated performance measurement system that is purposeful, comprehensive, efficient, and transparent.***”

- From IOM Pathways to Quality Health Care (Dec. 2006)

Landscape: Who Does What



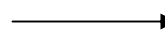
Development



AMA-convened Physician Consortium for Performance Improvement (PCPI), National Committee for Quality Assurance (NCQA), The Joint Commission, specialty societies, others



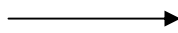
National
Endorsement



National Quality Forum™ (NQF)



Implementation



Centers for Medicare and Medicaid Services (CMS), AQA, private plans, NCQA, medical specialty boards, continuing medical education (CME), electronic health record vendors, physicians/practices, private sector regional measurement initiatives



Physician Consortium for Performance Improvement

- Founded in November of 2000
- Convened and staffed by the AMA
- 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



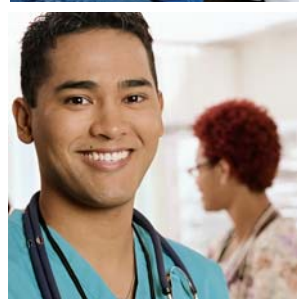
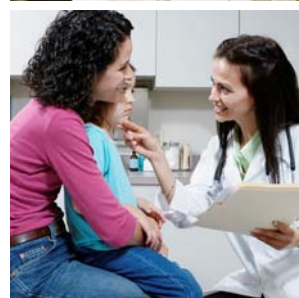
PCPI Membership

- PCPI membership is open to
 - Representatives from all national medical specialty societies and state medical societies in the AMA House of Delegates who wish to participate.
 - Individuals/organizations committed to health care quality improvement and/or patient safety, and participants in the development, review, dissemination or implementation of performance measures and measurement resources



PCPI Membership

- 26 state medical societies
 - CA, CT, DE, FL, GA, IL, IN, IA, KY, MA, MN, MO, MT, NE, NM, NJ, NY, NC, ND, OH, PA, SD, TN, TX, VA, WI
- Approximately 80 national medical specialty societies
- Council of Medical Specialty Societies
- American Board of Medical Specialties and its member boards
- Experts in methodology and data collection
- Agency for Healthcare Research and Quality
- Centers for Medicare and Medicaid Services



PCPI Activities

- **Strategic plan** – focus on seven key areas: measure development, testing, implementation and use, evaluation, performance improvement support, leadership/advocacy, and research
- **Increased resources** for development, testing, and implementation of measures
- **Measures development** – more measures developed and in a shorter time frame; improved process for specification of measures; process to review/approval measures developed independently by voting members approved May 2008
- **Efficiency/cost of care** – work group to address issues; paper submitted to peer-reviewed journal for publication consideration



PCPI Activities

- **Measures testing** – protocol approved; identifying testing collaborators to help test measures
- **Increase use of measures** – work with EHR vendors to facilitate the incorporation of measures functionality; increase use by CME providers, medical boards, and state medical societies
- **Broadened stakeholders that participate**, provide input
- Addressing other issues – **patient safety, care coordination**



Example: Anti-Platelet Therapy (CAD)

RECOMMENDATION

Routine use of aspirin is recommended in the absence of contraindications. If contraindications exist, other antiplatelet therapies may be substituted. *

(Class I Recommendation, Level-A Evidence)

*ACC / AHA / ACP-ASIM Guideline for Management of Patients with Chronic Stable Coronary Artery Disease, 1999

MEASURE

Percentage of patients with CAD who were prescribed antiplatelet therapy

Numerator: Patients who were prescribed antiplatelet therapy

Denominator: All patients with CAD

Denominator Exclusion:

Documentation of medical reason(s) for not prescribing antiplatelet therapy;
documentation for patient reason(s) for not prescribing antiplatelet therapy;
documentation of system reason(s) for not prescribing antiplatelet therapy



Notable PCPI Achievements

- Focused on quality
- Measures derived from best available evidence
- Cross-specialty representation & consensus
- Driven by physicians
- Consideration of exclusions, patient preferences, system issues
- Harmonization of measures with other groups



Notable PCPI Achievements



- To date, the AMA/Consortium has developed performance measures for **34 clinical topics** or conditions, comprising more than **200 individual, physician-level clinical performance measures**
- All completed and approved measures can be accessed from the PCPI web site – www.physicianconsortium.org

Who are using *PCPI* measures?

- **Physicians** – internal quality improvement; fulfill requests from outside stakeholders
- **Medical Boards** - Maintenance of Certification programs
- **Medical Specialty Societies and other CME providers** - CME programs
- **Electronic Health Record Vendors** – in discussion



Who are using *PCPI* measures?

- **Private/Public Health Plans** - recognition, pay for reporting, pay for performance programs
- **Employers** –to ensure healthcare purchased is high quality



Measure Implementation Tools

- Tools for the CMS Physician Quality Reporting Initiative - a voluntary reporting program that encourages quality improvement through the use of clinical performance measures on a variety of clinical conditions

- Measure Descriptions
- Data Collection Sheet
- Coding Specifications

www.ama-assn.org/ama/pub/category/17432.html

- All specifications (paper, EHRS, administrative claims) for Consortium measures available online (www.physicianconsortium.org)



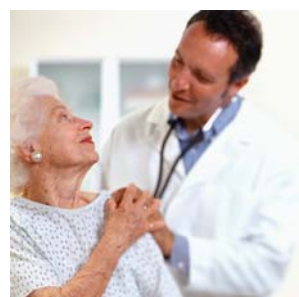
State Medical Societies: Value of PCPI Membership

- Membership demonstrates physician leadership in quality improvement
- Opportunity to provide input into and influence federal initiatives
- Access to latest information on quality improvement efforts for use in statewide initiatives
- Promote use of measures within practices, health plans, EHRs - Technical specifications available to integrate measures into any EHRs product



State Medical Societies: Value of PCPI Membership

- Assist with testing of measures (All PCPI measures, different sized practices, and different data sources [paper, EHRs, administrative claims])
- Increase understanding/awareness of quality improvement/performance measurement (i.e., CME)
- Input critical to PCPI priority-setting, strategic direction (i.e., May 2008 survey)



PCPI Future Strategic Priorities

1. Identify coordination of care measures
 - Care transitions
 - Communication
 - Care planning and follow up
2. Move PCPI measure development beyond the current focus on measures for the individual physician
 - Develop measures that that assess the patient throughout episodes of care, and across physicians, specialties, and care settings



PCPI Future Strategic Priorities

3. Foster quality improvement collaboratives

- Identify successful improvement strategies and identify models for dissemination of these improvement strategies

4. Foster quality measurement registries

- For use by quality improvement collaboratives, particularly to support the assessment of patient outcomes



Next PCPI Meeting

September 24-26, 2008
Renaissance O'Hare Hotel (Chicago, IL)

Registration to be available online at:
www.physicianconsortium.org

Educational sessions:

- Patient safety, measure development 101, and CPT II

Keynote: Mark Chassin, MD, MPH



Contact Information

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Questions *and* Discussion