Consumer-Purchaser DISCLOSURE PROJECT Improving Health Care Quality through Public Reporting of Performance

Guidelines for Purchaser, Consumer and Health Plan Measurement of Provider Performance
Updated September 2006

Introduction: U.S. public and private purchasers, consumer organizations, health plans and regulators are moving to support the Institute of Medicine's call in Crossing the Quality Chasm to recognize and reward clinical excellence based on "precise streams of measurement and accountability" across all six aims of health care (safe, timely, effective, equitable, efficient and patient-centered).

In order to move quickly and avoid confusing or wasteful measurement efforts, we encourage adherence by public and private purchasers, consumer organizations, health plans and regulators to the following "Guidelines for Measurement." The Guidelines are designed to apply to all provider (e.g. integrated delivery systems, physicians, hospitals and other facilities) performance measurements based on administrative data, provider self-report, medical record review, and/or patient surveys. The Guidelines are intended for use in all reporting of clinical performance.

The Guidelines reflect the urgent need to have actionable, valid performance information in use as rapidly as possible. Consumers and purchasers recognize that many existing measurement methodologies that have not gone through the National Quality Forum endorsement process are credible but not perfect. Deploying existing methodologies based on the Guidelines should recognize their level of precision.

Guideline I. NQF Measures Primary: NQF endorsed measures will be utilized where data for such measures are available and where there are clear and specific implementation rules that assure measures are consistently applied. Among NQF-endorsed measures, preference should be given to those measures adopted by the AQA, Hospital Quality Alliance, or other quality alliances that engage in consensus measure selection. This will be reconsidered if significant changes occur in NQF's governance and/or policies or if NQF endorsed measures are not regularly refreshed. NQF shall be encouraged to expeditiously review for endorsement National Accreditor and Supplemental performance measures that are in wide use.

Guideline II. National Accreditor Measures Secondary: If the NQF has not endorsed a measure to represent an aspect of health care performance, measures endorsed by national accrediting organizations such as NCQA and JCAHO will be utilized to fill gaps. This Guideline will be reconsidered if significant changes occur in a national accreditor's governance and/or policies or if its measures are not regularly refreshed. CMS, AHRQ and national medical specialty societies shall be deemed "national accreditors" as long as they document a scientifically rigorous vetting process that assures considered input from all major stakeholders for measures that they endorse.

Guideline III. Supplemental Measures:
A. Need and Scientific-Grounding: If supplemental measures are utilized, (1) they are limited to measurement concepts not addressed by measures that are *both* endorsed by NQF or national accreditors *and* widely publicly reported; and (2) they "reasonably adhere" to NQF criteria for clinical importance, scientific acceptability, feasibility, and usability. Such supplemental measures should proceed through the NQF endorsement process within a reasonable time.

B. Regular Review and Update: Supplemental measures will be regularly reviewed and refreshed to reflect any changes in scientific evidence. They will be retired if they no longer meet criteria (1) & (2) of Guideline III.A.

C. Provider & Consumer Advance Input: Before purchasers or plans make supplemental provider performance measures public, they are shared for review and comment with representative groups of consumers and of providers whose performance will be measured.

Guideline IV. Transparent Provider Rating Method: Provider rating methods, including detailed measurement specifications and algorithms used to combine scores on individual measures and/or group providers into performance tiers, will be publicly disclosed. Purchasers, measurement-vendors and plans shall seek to coordinate public representations and use of performance information. Such disclosure recognizes that there may be variations in the methods by which purchasers, measurement-vendors and plans transform results from provider performance measurement into provider ratings based on differences in populations, care interventions by third parties (such as disease management organizations), provider performance incentives, negotiated rates, and other considerations. Measures will be reported in strict conformance with measurement specifications and, to the extent possible, covering consistent periods of time.

Guideline V. Coordinated Data Collection: If the data collection for provider performance measurement creates significant incremental burden for providers, (such as data aggregation, abstracting or reviewing medical records or administering/responding to surveys) purchasers and plans shall seek to coordinate data collection when measurements apply to providers whom they share. Such data collection should be conducted by independent third parties through processes that assure security and appropriate use of aggregated data. Purchaser efforts to coordinate are subject to its reasonable feasibility, including the resource burden, agreement among partners as to how to allocate measurement roles, costs, data ownership issues and the accuracy of the data when combined.