

Consumer-Purchaser

DISCLOSURE

PROJECT

Improving Health Care Quality through Public Reporting of Performance



Welcome to the Measures to Market Project

Funded by the Robert Wood Johnson Foundation

Stakeholder Webcast

February 1 and 8, 2005 2:00PM – 4:00PM

Measures to Market Project

February 1 and 8, 2005

2:00-4:00 PM (EST)

AGENDA

- | | | |
|-------------|---|--------------------|
| I. | Introductory Remarks
Anne Weiss, Lori Melichar, RWJF
Peter Lee, Consumer Purchaser Disclosure Project
Kathy Coltin, Lead Consultant
<i>Objective: Inform participants about project backers and consulting team</i> | 2:00 – 2:15 |
| II. | Review of the Current Landscape
Eric Schneider, Consultant
<i>Objective :Set the context for the Measures to Market project for participants and review project objectives</i> | 2:15 – 2:30 |
| III. | Review of process for undertaking M2M project and achieving project goals
Kathy Coltin and Project Team
<i>Objective: Inform participants, provide venue for clarifying questions and discussion, and understand stakeholder concerns and issues</i> | 2:30 – 3:15 |
| IV. | Review draft set of criteria for evaluating business
Kathy Coltin and Project Team
<i>Objective: Obtain stakeholder feedback</i> | 3:15 – 3:50 |
| VI. | Next Steps, Closing Remarks | 3:50 - 4:00 |

“Purchasers and regulators should create precise streams of accountability and measurement, reflecting safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.”

Crossing the Quality Chasm, IOM 2001

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PROJECT Improving Health Care Quality through Public Reporting of Performance

By January 1, 2007, Americans will be able to select hospitals, physicians, physician groups/delivery systems and treatments based on public reporting of nationally standardized measures for clinical quality, consumer experience, equity and efficiency.

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PROJECT

Improving Health Care Quality through Public Reporting of Performance

Sponsors: RWJF and The Leapfrog Group

Participating and Supporting Organizations:

3M Corporation
AARP
AFL-CIO
American Benefits Council
American Hospice Foundation
AT&T
Bank of America
The Business Roundtable
Buyers Health Care Action Group
California HealthCare Foundation
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Eli Lilly And Company
Employer Health Care Alliance Cooperative
ERISA Industry Committee
Ford Motor Company
General Motors Corporation
HR Policy Association
IBM
International Association of Machinists and Aerospace
Workers

Kodak
The Leapfrog Group
Maine Health Management Coalition
The Manufacturing Institute
March of Dimes
Marriott
Massachusetts Healthcare Purchaser Group
Midwest Business Group on Health
Motorola, Inc.
National Association of Manufacturers
National Breast Cancer Coalition
National Business Coalition on Health
National Business Group on Health
National Citizen's Coalition for Nursing Home Reform
National Coalition for Cancer Survivorship
National Partnership for Women & Families
National Small Business Association
Niagara Health Quality Coalition
Pacific Business Group on Health
The Robert Wood Johnson Foundation
South Central Michigan Health Alliance
U.S. Chamber of Commerce
Union Pacific Railroad
United States Office of Personnel Management
Verizon Communications
Xerox

Our Priorities

- Support measure development
- Encourage endorsement of national standards
- **Encourage implementation of national standards**
- Build support for the Disclosure Goal

For More Information...

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What is “*Measures to Market*”?

- A deliberative response to an environment where
 - there are numerous, competing and duplicative developmental efforts to measure and report on key indicators of the performance of ambulatory health care providers;
 - there are few, if any, existing business models for sustaining the necessary activities to do so; and
 - the interests of the consumer/patient are often secondary to those of other stakeholders
- A collaborative effort to identify desirable and sustainable business models for supporting the activities involved in bringing ambulatory care performance measures to market and keeping them up-to-date

Who is conducting the “M2M” Project?

- Sponsoring Organization: ***Consumer-Purchaser Disclosure Project***
 - *Why: The Disclosure Project impartially represents critical end-users and does not specifically represent either those being measured or those operating measurement systems*
(They have “no horse in the race”)
- Funding provided by: ***Robert Wood Johnson Foundation***
- Research Team for: ***Development & Evaluation of Business Models***
 - *Kathryn Coltin, MPH, Lead*
 - *Melinda Karp, MBA*
 - *Eric Schneider, MD, M.Sc.*
 - *Christy Bethell, PhD, MPH, MBA*
 - *Stan Hochberg, MD*

M2M: Why Is It Needed?



The Current Landscape of Quality
Measurement and Public Reporting

Eric Schneider, M.D., M.Sc.
M2M Project Team

Brave New World

The New York Times

Death-Rate Rankings Shake New York Cardiac Surgeons

By ELISABETH BUMILLER

It was happening again, and Dr. Richard Dal Col could hardly believe it. An emergency cardiac patient, yet another "salvage case," was dead, this time before surgery could even begin. Enraged and frightened, Dr. Dal Col stormed from the operating room into the administrator's office of St. Peter's Hospital in Albany.

"We've got to do something!" he recalls shouting in his anger at the system. "They're going to pull my license if this continues."

The year 1993, when the ranking was announced, was far better for Dr. Jeffrey Gold at the New York Hospital-Cornell Medical Center, where he enjoys life at the top of the list. Dr. Gold was No. 3 the year Dr. Dal Col was last of the 87 heart surgeons listed by name. In the 1995 report Dr. Gold is No. 1.

"How does it feel to be the Willie Mays of heart surgery?" he was asked by CBS.

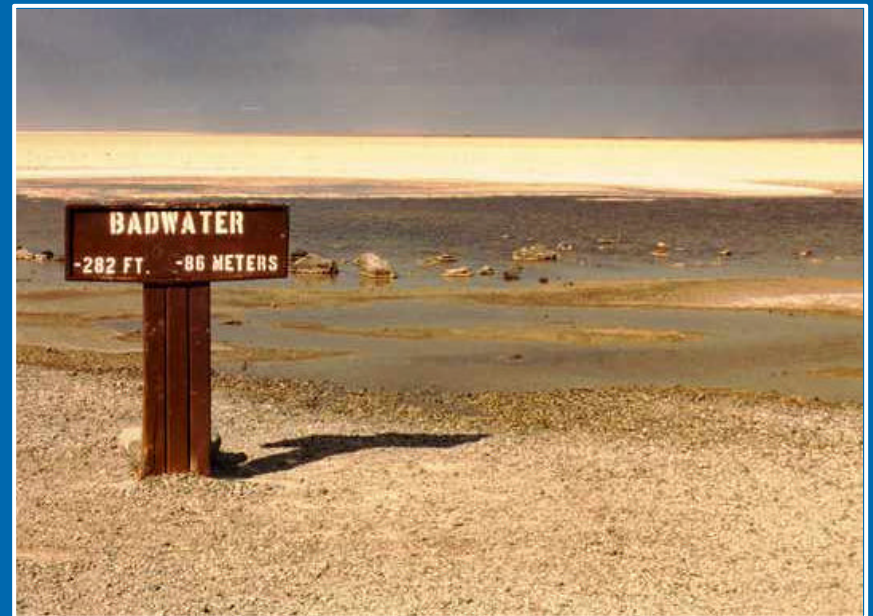
#1: "How does it feel to be the Willie Mays of heart surgery?"

#87: "They're going to pull my license if this continues..."

New York Times, 1995

Quality Measurement and Reporting: 1995

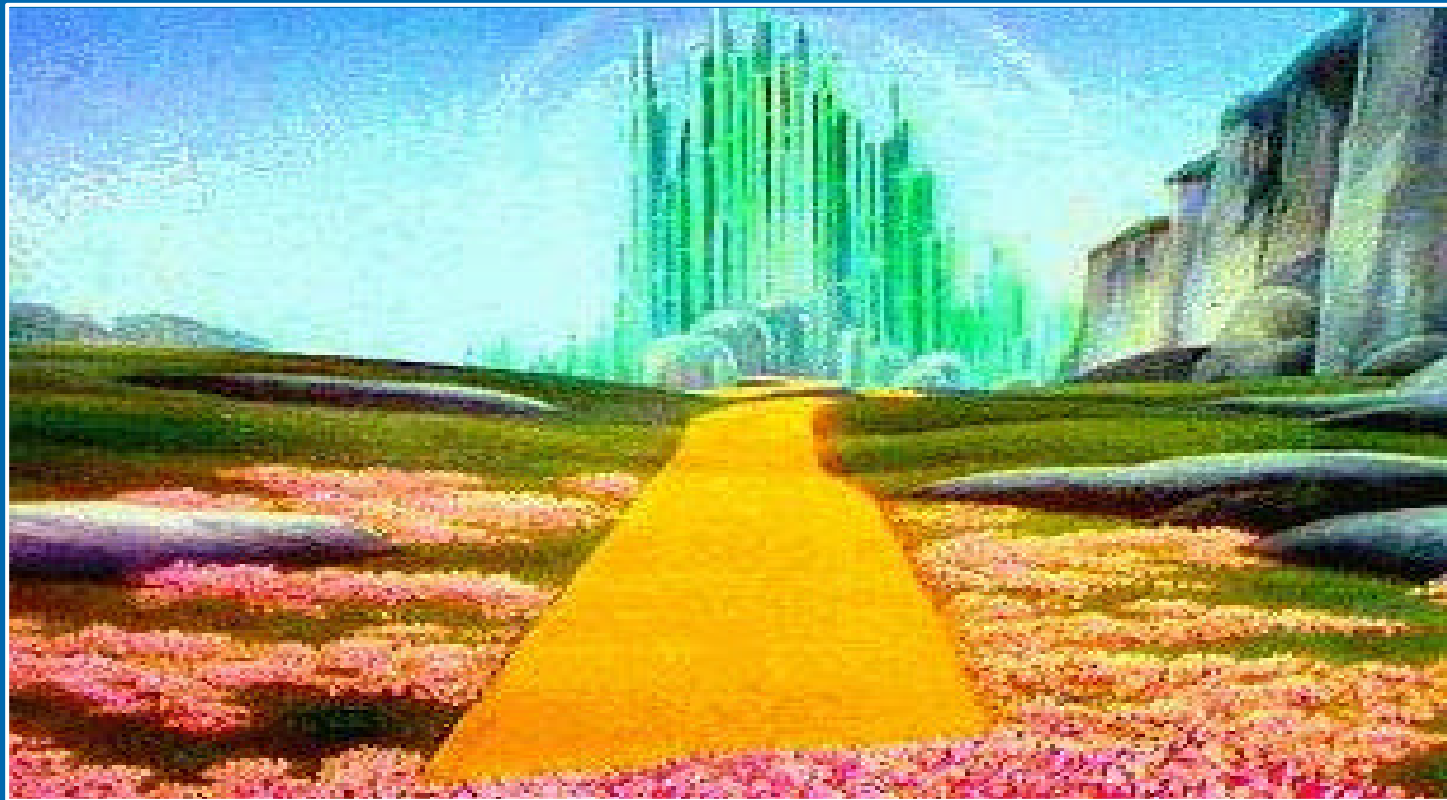
- Limited public demand
- Few standardized quality measures
- Few organizations
- Few providers aware
- Public disclosure rare
- Few patients aware



Ten Years of Rough Road

- A number of organizations push the agenda
- No clear dominant leader
- Important efforts to coordinate fall short
- Failure of some organizations after extensive investment
 - *CHQC, FACCT, Picker*

The Road Forward in 2005



Drivers of Demand for Meaningful Performance Results

- Purchasers
 - Large employers and coalitions
 - CMS and other government entities
- Health Plans
- Regulators
- Consultants/Brokers
- Large Provider Networks

Standardized Measures: A Success Story

- Investment in development and testing
- National Quality Measures Clearinghouse:
(www.qualitymeasures.ahrq.gov)

Outcome	132
Process of Care	336
Patient Experience	64

- NQF endorsement process

Number of Organizations Implementing Measurement and Public Reporting



Growing Provider Awareness

- Health plan profiling and feedback
- Public disclosure of physician group performance
- Pay-for-performance contracts
- CMS P4P initiatives
 - Hospital performance
 - Ambulatory performance

The New Consumerism

- Favorable political climate supporting consumer empowerment models
 - Consumer-directed health plans
 - Health savings accounts
 - Voucher programs
- Public's increased routine use of the Internet

Persistent Problems

- Limited consensus on standards for measurement and public reporting
- Persistent use of non-standardized and proprietary measures
- Poor coordination of measurement and reporting efforts
- Sustainability of current business models

Continuing Provider Resistance

Cardiologists Say Rankings Sway Choices On Surgery

By MARC SANTORA

An overwhelming majority of cardiologists in New York say that, in certain instances, they do not operate on patients who might benefit from heart surgery, because they are worried about hurting their rankings on physician scorecards issued by the state, according to a survey released yesterday.

“they do not operate on patients ... because they are worried about hurting their rankings on physician scorecards...”

New York Times: 2005

Consequences

- **Inefficient and burdensome data collection requirements**
- **Public skepticism about performance results**
- **Sub-optimal motivation for quality improvement efforts**
 - **Limited competition on quality**
 - **Provider uncertainty about action steps to improve quality**

Failure to Cross “the Quality Chasm”



M2M Goals and Objectives

Goal:

Identify viable business model(s) for sustaining credible performance measurement and reporting

Objective 1

- By the end of March 2005, define key characteristics of an *ideal* business model for bringing ambulatory care measures to market

Objective 2

- By the end of December 2005, identify potentially viable business model(s) that fit most evaluative criteria

Objective 3

- By the end of March 2006, make recommendations regarding one or two viable business models that best fit evaluative criteria and have broad stakeholder support

Overview of the M2M Process

M2M Process: Implementing Objectives Phase

1 *(October 2004 – March 2005)*

- **Define key characteristics of an ideal business model for bringing ambulatory care measures to market**
- **Based on broad stakeholder input and key informant interviews:**
 1. Identify and validate the continuum of activities required to publicly report ambulatory care performance measures
 2. Develop consensus around the characteristics of a sustainable “public good” business model for bringing measures to market and desired impacts of such a model
 3. Develop, validate and weight criteria for evaluating alternative business models for accomplishing each activity--either on its own or in combination with other related activities
 4. Identify leading industry practices and alternative methods or approaches for accomplishing each activity

M2M Process: Implementing Objectives Phase 2 *(April 2005 – December 2005)*

➤ ***Identify business model(s) that fit evaluative criteria***

1. Identify and/or develop business models to support each of the activities necessary to bring measures to market
2. Assess existing & potential models against evaluative criteria
3. Identify potential positive and negative impacts of various implementation models
4. Recommend options for implementing viable and sustainable business models based on evaluative criteria, practical considerations and desired impacts

M2M Process: Implementing Objectives Phase

3 (January 2006 – March 2006)

- ***Solicit broad stakeholder views on potentially viable, sustainable and acceptable business models for bringing measures to market***
 1. Distribute draft report to stakeholders for review
 2. Conduct follow-up Webcast with stakeholders
 - A. Present results of evaluations
 - B. Review draft recommendations
 - C. Solicit stakeholder feedback
 3. Summarize stakeholder views and make recommendations to Consumer-Purchaser Disclosure
 4. Consumer-Purchaser Disclosure to issue final recommendations

Validating the Continuum of Business Activities

Bringing Measures to Market:

Defining the Continuum

➤ ***Broad Business Activities:***

- Measure development and validation
 - Consensus development, endorsement and maintenance of measures
 - Data collection, aggregation and benchmarking
 - Independent verification of results
 - Publication and dissemination of results
- *Note: The same entity may engage in one or more business activities. Revenues from some activities may be used to offset costs of other activities.*

Steps in each Business Activity: *Measure development and validation*

1. Identify, develop and specify performance measures based on scientific evidence
2. Create measure sets for priority conditions and key processes
3. Assess performance characteristics of individual measures and any summary or composite measures for the measure set
4. Document and submit measures for review and endorsement as consensus standards

Steps in each Business Activity: *Consensus development, endorsement and maintenance of measures*

1. Identify priority conditions for measurement
2. Solicit, review and endorse measures and measure sets
3. Prioritize measures for quality improvement and accountability
4. Update and maintain measures

Steps in each Business Activity: *Data collection, aggregation & benchmarking*

1. Collection of data
2. Calculation and analysis of performance results including risk adjustment, if applicable
3. Development of appropriate norms and benchmarks for each measure

Steps in each Business Activity: *Independent verification of results*

- Conduct an independent audit of:
 1. Data collection processes
 2. Completeness and accuracy of data
 3. Attribution logic
 4. Risk adjustment logic, if applicable
 5. Calculations of performance results
 6. Calculations of norms and benchmarks

Steps in each Business Activity:

Publication and dissemination of results

1. Scoring and interpretation of performance of measured entities (comparative interpretations)
2. Publication of results
3. Dissemination of published results

Testing Assumptions

M2M Process: Testing assumptions - 1

- Business models should be developed and evaluated based on their ability to support sustainable healthcare performance measurement and reporting that best serves the public good.

Please indicate your agreement or disagreement with the above statement using the following scale:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

M2M Process: Testing assumptions - 2

- Business models should operate in accordance with national standards or guidelines for measurement, audit and reporting.

Please indicate your agreement or disagreement with the above statement using the following scale:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

M2M Process: Testing assumptions – 3

- Business models for *measure development and validation* should produce measures that are in the public domain.

Please indicate your agreement or disagreement with the above statement using the following scale:

- Strongly Agree
- Agree
- Neutral
- Strongly Disagree
- Disagree

M2M Process: Testing assumptions – 4

➤ Business models for *consensus development and measure endorsement* should be _____ in scope.

- A. National
- B. Regional
- C. State-based
- D. Local market-based

Please check all responses that you find acceptable.

M2M Process: Testing assumptions – 5

- Updating and maintenance of specifications for nationally-endorsed measures should be the responsibility of the _____.
- A. Measure developer
- B. Measure endorser
- C. Federal government
- D. Other

*Please check all responses that you find acceptable.
If you checked “Other” please go to the Q & A window below and
specify your response in the Question field.*

M2M Process: Testing assumptions – 6

➤ Business models for *data collection* should be _____ in scope.

A. National

B. Regional

C. State-based

D. Local market-based

Please check all responses that you find acceptable.

M2M Process: Testing assumptions – 7

- Business models for *data aggregation* should be _____ in scope.
 - A. National
 - B. Regional
 - C. State-based
 - D. Local market-based

Please check all responses that you find acceptable.

M2M Process: Testing assumptions – 8

- Business models for *independent verification* of results should be _____ in scope.
 - A. National
 - B. Regional
 - C. State-based
 - D. Local market-based

Please check all responses that you find acceptable.

M2M Process: Testing assumptions – 9

➤ Business models for *publication and dissemination* of results should be _____ in scope.

- A. National
- B. Regional
- C. State-based
- D. Local market-based

Please check all responses that you find acceptable.

M2M Process: Testing assumptions - 10

- Regional, state or local market-based business models must produce consistent measurements in a format that enables aggregation and benchmarking of results at the national level

Please indicate your agreement or disagreement with the above statement using the following scale:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Criteria for Evaluating Business Models

Developing Criteria for Evaluating Potential Business Models

- Objective criteria will be defined for evaluation of both specific business activities and for integrated business models.
- Different business models or approaches to each activity are unlikely to satisfy all criteria equally well.
- Some weighting of the relative importance of each criterion will be necessary to evaluate the overall merit of each business model.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion A:
- **Transparency**—the intended purpose and expected benefits of the business activity are clear to all stakeholders. Objectives, measures, and methods are openly disclosed by those engaging in the business activity.
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion B:
- **Sustainability**—degree to which the proposed model is operationally and financially sustainable over time.
 - Affordability of specific business activities to relevant stakeholders (cost and revenue generating)
 - Relevant stakeholders have the resources and expertise to support recurrent measurement and evaluation cycles.
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion C:
- **Equity and Fairness**— appropriateness of rules for accountability and attribution based on patient casemix, complexity of the care process or fiduciary obligations.
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

➤ Criterion D:

➤ Timeliness, Accuracy and Completeness—

- Efficiency in moving data from measurement to the marketplace
- The degree to which results are auditable by relevant stakeholders
- Standards for inclusion of specific measurements in measurement activities are defined

➤ **How important is this criterion?**

➤ Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion E:

- **Inclusiveness**—degree to which involvement, input and feedback of relevant stakeholder groups is incorporated into the business activity

Effectiveness of mechanisms/process for sustaining long term stakeholder participation

- **How important is this criterion?**

- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion F:
- **Standardization**---degree to which model incorporates a standardized approach or actively moves toward a standardized approach with national applicability in accomplishing the business activity.
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion G:

- **Integration** with other quality improvement strategies—public release of health care performance data is one component of improving the quality of health care in the US and will likely be most successful when actively integrated with other QI mechanisms.

Degree to which proposed models yield/facilitate key linkages to other QI activities.

- **How important is this criterion?**

- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion H:
- **Monitoring Impact**—how well does the model incorporate mechanisms to monitor the consequences (intended and unintended) of included business activities.
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Criterion I:
- **Protection of Data**—degree to which the model ensures appropriate privacy, security, and confidentiality of the data
- **How important is this criterion?**
- Using a scale of 0 –10, where 0 is “not at all important” and 10 is “absolutely essential”, please rate this criterion.

DRAFT Criteria for Evaluating Potential Business Models

- Are there additional criteria that should be applied to the evaluation of potential business models?
- *If so, please go to the Q&A section of the web page and enter your suggested criteria in the Question field.*

Next Steps

- Key informant interviews
 - Supplement quantitative data gathered today with qualitative perspectives and interpretations
- Identification of business models for evaluation
 - Identify existing business models for performance measurement in health care
 - Develop potential business models for ambulatory care performance measurement that are drawn from other industries
- How can you participate?
 - Please send additional comments and suggestions for business models to evaluate to:

Sandra Giusti: sandy@consideritdonebest.com

Please reference "M2M" in the subject line of your email