

Matrix of Key Quality Organizations
October 2005

This chart contains information about a number of national initiatives underway that seek to improve the quality and efficiency of patient care through the use of clinical performance measures. Source: The ABIM Foundation.

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Bridges to Excellence (BTE)	Leapfrog	NCQA	National Quality Forum (NQF)	Ambulatory Care Quality Alliance (AQA)	Physician Consortium for Performance Improvement (PCPI)	Disclosure Group
Organization Type and Main Focus						

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<p>Non profit (501C3), founded in 2003 by employers to function as an agent for change. Operated by General Electric.</p> <p>Goal is not to create an ongoing business entity, but to serve as a change agent to promote standard measures linked to rewards.</p> <p>Primary focus on ambulatory settings.</p> <p>BTE has been licensed to United Healthcare, and is seeking other health plan licensees. Arrangement focuses on joint marketing.</p>	<p>Non profit. Public launch in 2000, with support by the Business Roundtable (BRT).</p> <p>Focused on enhancing hospital quality; select, evidence-based initiatives</p>	<p>Non profit, founded in 1990.</p> <p>Focus on improving health plan, physician quality through reporting of comparative performance information.</p>	<p>Non profit membership organization, public/private partnership</p> <p>Founded in 1999 as a result of the President's Advisory Commission on Quality</p> <p>Focus: endorsement of national standardized performance measures through consensus process</p>	<p>Informal coalition (founded 2005); unique collaboration between health plan/insurance company industry association (American Health Insurance Plans – AHIP), AHRQ, ACP, AAFP, AAP, purchasers, consumers and labor organizations. Several other medical specialty societies have recently joined.</p> <p>Main focus: Development of a measure set for use by CMS and other payers for P4P. Agreement on a starter set of approx. 26 measures (mostly in primary care) and work on other specialty measures and efficiency measure is underway. Measures selected go to NQF for endorsement. Also working on aggregating data from multiple payers and public reporting.</p>	<p>Started in 2000. Organized and staffed by AMA.</p> <p>Plans underway to establish a formal governance and structure. In discussion with boards and specialty societies.</p> <p>Focus: develop and maintain physician performance measures for improvement and accountability – “measures by physicians for physicians” is tagline.</p>	<p>Informal coalition (founded 2001); unique collaboration between purchaser, consumers, and labor organizations</p> <p>Main focus: Full “dashboard” of standardized measures for clinical quality, consumer experience, efficiency, and equity for hospitals, physicians, and treatments.</p>

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Constituency						
Employers & health plans with extensive input from physician groups on measures, incentive design BOD: employers, plans	160 members, including Fortune 500 companies, purchasing coalitions, healthcare organizations, unions BOD: employers, consumer groups; employer coalitions	Health plans, employers, consumer groups, government Diverse BOD w/one health plan representative	160 members; diverse representation with 4 stakeholder councils. BOD of 23 must include majority consumers & purchasers; CMS, AHRQ, and OMB have permanent seats; non-voting liaison members are IOM, AMA, NCQA, JCAHO, NIH	More than 40 health plans, medical societies, consumer, purchaser and labor organizations Project leadership: AHIP providing overall leadership. ACP is heading the measurement group, AAFP and HealthPartners is heading Data Aggregation Committee and an employer is heading Public Reporting Committee.	Over 70 members from national medical specialty societies, state medical associations, government agencies, other organizations committed to health care quality improvement, CMS, AHRQ; JCAHO and NCQA are liaisons.	More than 30 consumer, purchaser and labor organizations Project leadership: Peter Lee, PBGH; Debra Ness, NPWF; Chris Queram, The Alliance; Arnie Milstein, technical advisor

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Revenue						
Supported primarily through a grant from RWJF, also significant in kind contributions Physicians pay NCQA to assess if they have met criteria (employers often pay this fee for physicians); bonuses paid by employers to those doctors/groups who have met thresholds.	\$ 2.5 M annual budget Sources: Business Roundtable, RWJF, AHRQ, Commonwealth, CHCF, member/ stakeholder donations, speaking fees. Pursing other business models, including licensing of hospital data, planning membership dues. Also, revenue from Leapfrog Hospital Rewards Program.	\$24.5 M annual revenues Health plan fees; state and federal contracts; pharmaceutical donations; foundations; limited employer contributions	Member dues; foundation grants; federal agency contracts	In-kind contributions. Aggregation pilots are likely to be supported by AHRQ and CMS. Host organization: AHIP	AMA funding, grants, contracts.	RWJF grant, in kind contributions. Host organization: National Partnership for Women and Families
Key Products Or Efforts						
Unit of Analysis or Audience						
Physicians: individuals, groups	Hospital focused	Physicians: individuals, groups	Multiple settings, conditions, types of clinicians	Individual physicians' performance in the ambulatory setting.	Physicians: Individuals, groups	Hospitals, physicians, physician groups

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Product Description						
Three initiatives: diabetes care link; cardiac care link (for both, demonstrate patients are involved in disease mgmt/self mgmt and physicians meet thresholds for clinical measures); and physician office link (processes linked to reducing errors, improving quality)	Four discrete areas: 1. CPOE 2. Evidence based referrals 3. Intensivists 4. Leapfrog Quality Index (NQF Safe Practices)	Provider Recognition Programs (PRP): diabetes, cardiac care, practice connections	NQF Measurement Sets include: Ambulatory Care (in progress), Cancer Care (in progress), Cardiac Surgery, Diabetes, Home Health Hospital (includes nursing-sensitive measures), Nursing Home, Never Events, Patient Experience with Care (Hospital-CAHPS), Safe Practices	Establishment of a set of ambulatory clinical measures at the individual physician level, development of a merger of health plan and CMS claims data to report to CMS, health plans for public accountability and financial rewards (pay for participation, pay for reporting and pay for performance)	Works with medical societies and committees to develop specific clinical performance measures at the individual physician level. DOQ-IT uses measures developed by PCPI (and NCAQ).	Promote endorsement of measures -- support NQF Consumer & Purchaser Councils & representatives. Influence measure development to fill gaps -- HCAHPS advocacy, CMS Town Hall meetings, efficiency measures
Data Source						

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<p>Medical record using NCQA measures, set coordinated w/CMS DOQ and DOQ-IT</p>	<p>Data collection method is by survey</p>	<p>Medical records</p>		<p>Claims data from health plans and CMS. Certifying Boards are advocating use of medical chart audits from Maintenance of Certification programs.</p>	<p>Measures are specified for paper or electronic medical chart audit. Flowcharts also available. However, customers like CMS have asked PCPI to develop specifications for claims. CPT category II codes to be developed for all measures.</p>	<p>Support implementation of national measures – measurement implementation; Guidelines; new data elements; Measures to Market project-identify business models to support measure development, maintenance, data collection, and public reporting; Hospital Quality Alliance/CMS Hospital Compare Website; and release of Medicare claims data</p>

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Audit						
Random audit by mail	Investigating economical audit options in 2005	A random sample of sites are audited to ensure accuracy of physician-reported data (Related to Recognition Rewards)		Undetermined how they will test for reliability of the data.	No provisions for audit- PCPI views themselves more of measure developer and instruct physicians how to use the measures in their practices – provide flow sheets to use for physicians to calculate measures. Implementation guides to be developed.	
Reporting						

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<p>1 and 3 year distinction by initiative; reported on BTE website</p> <p>4 market areas: Cincinnati, Louisville, Massachusetts, Albany; expansion underway in 6 additional markets.</p>	<p>1,100 hospitals reported (4/04) – searchable database of hospital reports (by initiative) on website.</p>	<p>Overall recognition displayed on NCQA searchable website</p> <p>Also, accreditation program for plans, other entities; HEDIS (performance measures for plans); Quality Compass (report on plan HEDIS performance)</p>		<p>Probably annually reporting</p>	<p>Measure are per year unless otherwise noted.</p>	<p>Educate and Activate Stakeholders</p>
Incentives						

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<p><i>Physician Reward Program.</i> Meet targets for an initiative; reward linked to patients of employers involved in program.</p> <p>NCQA evaluation of physician performance.</p> <p>Reward varies depending upon program: from up to \$50 per patient to \$160 per patient – total available reward up to \$330 per pt per year. About \$1 million distributed to 610 physicians.</p>	<p>Public reporting of quality data to drive consumer behavior.</p> <p>Financial incentives and provider rewards to be implemented in 2005.</p>	<p>BTE rewards those with NCQA diabetes, heart/stroke, and physician practice connections recognition</p> <p>Recognition of physician distinction appears in plan directories (United, Aetna, Cigna) and others.</p> <p>The P4P programs of health plans (Anthem and others) rewards diabetes recognition</p>	<p>CMS has committed to implementing only NQF-endorsed measures.</p> <p>MMA linked hospital public reporting of 10 measures to market basket update.</p> <p>CMS' Hospital Compare website will launch March 2005.</p> <p>HCAHPS data available in 2006.</p>	<p>CMS plans on developing a voluntary program pending legislation. Payments to physicians according to a phase in: 2006: Participation in preparing to report; 2007: Reporting; 2008: Pay for performance for quality; 2009 Pay for performance for quality and efficiency.</p>	<p>Improvement framework. No direct incentives from PCPI.</p>	

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Evidence of Effectiveness						
<p>Documented ROI w/savings split among physicians, employers, & patients.</p> <p>Challenges: getting physicians to sign up; illustrating positive ROI to employers; getting plans to adopt program to reach critical mass of patients and physicians; assuring measures are linked to national standards.</p>	<p>About 40% of the 1100 Leapfrog hospitals have initiated one of four evidence-based initiatives. Those in markets with targeted regional programs have higher rates of implementation.</p> <p>Overall: 4.4% implemented CPOE; 18.5% implemented intensivists programs; and 21% have safe practices in place. These % do not differ widely from rates in 02, 03.</p>	<p>Through the end of 2003, more than 1,800 physicians have achieved Recognition. Aggregate performance results between 1997 and 2003:</p> <ul style="list-style-type: none"> ▪ The average rate of diabetes patients who had Hemoglobin A1c (HbA1c) levels of less than 7 percent increased from 25 percent to 46 percent, an indication that more adults with diabetes are maintaining proper HbA1c control. ▪ The rate of diabetes patients who had properly controlled low-density lipoprotein (LDL) cholesterol increased from 17 percent to 45 percent ▪ The rate of diabetes patients monitored for kidney disease increased from 	<p>Use of measures by CMS and various purchaser initiatives</p>	<p>Lots of momentum and results charged by CMS, AHRQ, AHIP and primary care medical specialty societies.</p>	<p>Lots of medical society support and support by CMS, who want to use measures for P4P.</p> <p>AHRQ grants to support testing of measures.</p> <p>NQF-endorsed™ status for 24 measures.</p> <p>Measures among AZA starter set.</p>	<p>NQF products reflective of “buy side” perspective</p> <p>New UB04 data elements</p> <p>CMS hospital reporting & website</p> <p>HCAHPS content & endorsement</p> <p>Consumer and purchaser support for “Guidelines”</p>

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		60 % to 85 %				

Future Initiatives

<p>king on collaboration w/Leapfrog, HR Policy Association, and National Business Coalition on Health.</p> <p>Additional plans considering license agreements.</p> <p>Future expansion to patient experience of care (A-CAHPS), orthopedics & rheumatology, oncology.</p>	<p>Hospital Rewards Program --Regional & National; Rollout in 2005.</p> <p>5 conditions; rewards for improvements in both effectiveness & affordability</p> <p>Data collected via Leapfrog or JCAHO</p> <p>Exploring outpatient effort along with AHRQ, CMS, Bridges</p>	<p>Develop specifications and implementation standardization for physician-level measures; development of a physician benchmarking database architecture; promulgation of standardized measurement approaches (Grant funded activities through Commonwealth)</p> <p>Expanded support of CMS in their various MD measurement activities including DOQ, DOQ-IT, CMP, CCIP (not that MD focused)</p> <p>Exploration of expansion of NCQA's recognition program portfolio</p> <p>Formulation of measurement standards for HMOs/PPOs to follow for their provider-level measurement activities</p> <p>Continued technical support of regional collaboratives focused on physician-level measurement: CA, MN</p>	<p>Expedited review and consensus of DOQ, DOQ-IT, AMA/NCQA measures</p> <p>Ambulatory care project will review measures in 12 priority areas.</p> <p>Consensus on P4P principles and guidelines</p>	<p>Expansion of measures to specialties and subspecialties, efficiency measures and patient experience surveys.</p>	<p>Working closer with medical specialty societies on an expanded list of measures.</p> <p>CMS testing measures in multiple demonstration projects: DOQ; DOQ-IT, CCIP, PGPD, MCMPD.</p>	<p>Continued work on activities listed above</p>
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