

Developing Performance Measures

In Brief: In the July/August 2008 issue of *The Physiatrist*, the Academy introduced a series of articles about the quality movement by explaining its background and potential impact. This article, the third installment in the series, describes the Physician Consortium for Performance Improvement, a national collaboration entity designed to develop measures and consistency within the health care industry. Quality articles have been developed by Karen L. Andrews, MD, assistant professor of PM&R at the Mayo Clinic in Rochester, Minnesota, and chair of the AAPM&R Practice Improvement Committee; and Lisa Kaplan, JD, director of health policy and practice services at AAPM&R.

HEALTH CARE EXPERTS say that performance measures are here to stay. Yet how to balance assessing quality and cost is still undefined. Few would argue against the idea that this country must adopt strategies to slow the escalating financial burden associated with health care delivery.

Several national collaborations are actively attempting to develop measures and consistency within the health care industry. This article will introduce one of the most prominent entities developing measures, the Physician Consortium for Performance Improvement.

Physician Consortium for Performance Improvement (PCPI)

PCPI's mission is to improve patient health and safety by identifying and developing evidence-based clinical performance measures; promoting the implementation of clinical performance improvement activities; and advancing the science of clinical performance measurement and improvement. Founded in November 2000, PCPI is devoting an increasing amount of resources to the development,

testing, and implementation of measures. The Consortium uses cross-specialty work groups to develop performance measures from evidence-based clinical guidelines. Its strategic plan is to focus on seven key areas: measure development, testing, implementation and use, evaluation, performance improvement support, leadership, and advocacy and research.

PCPI comprises more than 100 national medical specialties and state medical societies; the Council of Medical Specialty Societies; the American Board of Medical Specialties and its member-boards; experts in methodology and data collection; the Agency for Healthcare Research and Quality; and Centers for Medicare and Medicaid Services (CMS).

To date, PCPI has developed 215 clinical performance measures for physicians in 34 clinical topic areas. All approved measures are available at www.physicianconsortium.org. The measures developed are endorsed by the National Quality Forum, tested by CMS, and included in the Ambulatory Care Quality Alliance and CMS starter sets of measures. PCPI has also gained respect in Congress: Of the measures that are part of the 2008 CMS Physician Quality Reporting Initiative (PQRI), 91 were developed by PCPI alone or by PCPI with the National Committee for Quality Assurance (NCQA).

The PCPI process

PCPI measures are designed for physicians managing the care of patients with a particular condition. The measures are not specialty-specific, but rather are focused on the patients and the care or procedures they receive. Physicians and other practitioners and health care professionals of all relevant disciplines – for whom the care topic is within their scope of practice – are included in each measure work group. This shifts the process from a system of care that puts health care providers and organizations at the center to one that is patient centered.

The current measures developed at PCPI are intended to be individual physician/provider measures for those managing the care of patients with that particular condition. The measures are designed for individual quality improvement.

As stated earlier, when forming work groups, every group must include actively practicing physicians to whom the measures will apply. Representatives from consumer groups, private health plans, and CMS experts in methodology and medical coding are invited to participate in work groups to add their perspectives. After a clinical guideline is identified as a base for the measure, a lead organization or society co-chair is identified, and a PCPI co-chair with methodology expertise is appointed, the work group is formed.

Once a measure is developed by the work group, it is posted on the Internet for a 30-day public comment period. After the comment period is over, the original work group considers the comments, edits the measure if appropriate, then submits the measure set to the entire PCPI for vote. Upon approval, the measure is sent to the National Quality Forum (NQF) or the Ambulatory Quality Alliance (AQA) for endorsement.

PCPI serves as a means to build consensus across multiple organizations and as a respected source through which measures are submitted to national endorsing and implementing organizations. PCPI does not develop clinical guidelines. Rather, it relies on available guidelines to identify aspects of care for measure development. It develops performance measures that are evidence-based, statistically valid, and reliable. When a measure is developed, PCPI always provides clinical guideline statements with those measures. Its measure-development work groups prefer to base measures on guideline principles that have the highest level of evidence (well-designed, randomized, controlled trials) and the strongest recommendations. However,

Developing Performance Measures continued from page 1

since it is generally accepted that less than about 20% of medicine is based on scientific evidence, PCPI also develops measures where there is little to no evidence available but when a clear linkage to evidence based care exists. Even when there is no evidence, some measures have been passed through a consensus methodology. AAPM&R actively participates in all PCPI meetings, the voting process, and several measure development work groups.

Stay tuned...

Next month learn more about the systems of measure endorsement: the Ambulatory Quality Alliance (AQA) and the National Quality Forum (NQF). ■

aapm&r

American Academy of
Physical Medicine and Rehabilitation

Physicians Adding Quality to Life™

330 North Wabash Avenue
Suite 2500
Chicago, Illinois 60611-7617
phone 312/464.9700
fax 312/464.0227
info@aapmr.org
www.aapmr.org