

Understanding Systems of Measure Endorsement

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 fourth installment in the series describes the National Quality Forum and the Ambulatory Quality Alliance, two national endorsement bodies for performance measure sets. These 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.

QUALITY MEASURES and reporting are powerful tools to drive quality improvement and to close the quality gap in health care. Health care consumers, purchasers, and providers all have an interest in quality improvement.

Many different private and public sector groups have attempted to design models to measure performance and report data. While progress has been made, the proliferation of multiple, uncoordinated, and sometimes conflicting initiatives has consequences for stakeholders. Without a uniform approach to selecting performance measures, conflicting initiatives divert limited resources away from quality measures and reporting.

The National Quality Forum (NQF) and the Ambulatory Quality Alliance (AQA) both serve as national endorsement bodies for performance measure sets. Endorsement by these bodies assures that a specific performance measure takes quality, efficiency, and cost of care into consideration.

Who uses measures – and how?

A major user of measure sets is the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initia-

tive (PQRI) program for Medicare Reimbursement. Consumers and purchasers need reliable, comparative data to obtain value in health care and to generate market demand for quality. Providers also need comparative data to design improvement programs and compare their performance against regional and national benchmarks.

Measure sets are developed by measure development organizations like the Physician Consortium for Performance Improvement (PCPI), discussed in the October issue of *The Physiatrist*. Those measures are then submitted to national endorsement bodies like NQF and AQA (PCPI measures can be endorsed by one or both of these bodies). Users like CMS may then choose to adopt endorsed measures. See the flowchart on page 2 for details about this process.

NQF and AQA will likely be recognized as major driving forces for and facilitators of continuous quality improvement in American health care. Let's take a closer look at each of these national endorsement bodies.

National Quality Forum (NQF)

NQF is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. In 1998, the *President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry* report proposed creation of NQF as part of an integrated national quality improvement agenda. As a result of the report, leaders from consumer, purchaser, provider, health plan, and health service research organizations met to create NQF, which was incorporated as a new organization in May 1999.

NQF was established as a public-private partnership with broad participation from all parts of the health care system including national, state, regional, and local groups representing consumers, public and private purchasers, employers, health care professionals, provider organizations, health

plans, accrediting bodies, labor unions, supporting industry, and organizations involved in health care research or quality improvement. Together members of NQF work to promote a common approach to measure health care quality and foster quality improvement.

The mission of NQF is to improve the quality of American health care by setting national priorities and goals for performance improvement; endorsing national consensus standards to measure and publicly report on performance information; and promoting education and outreach programs.

NQF uses a formal consensus development process when endorsing consensus standards, including performance measures, quality indicators, preferred practices, or reporting guidelines. (NQF also engages in other activities aimed at promoting the use of such standards.) The NQF general consensus development process consists of five principle steps which follow a project's conceptualization, prioritization, and planning:

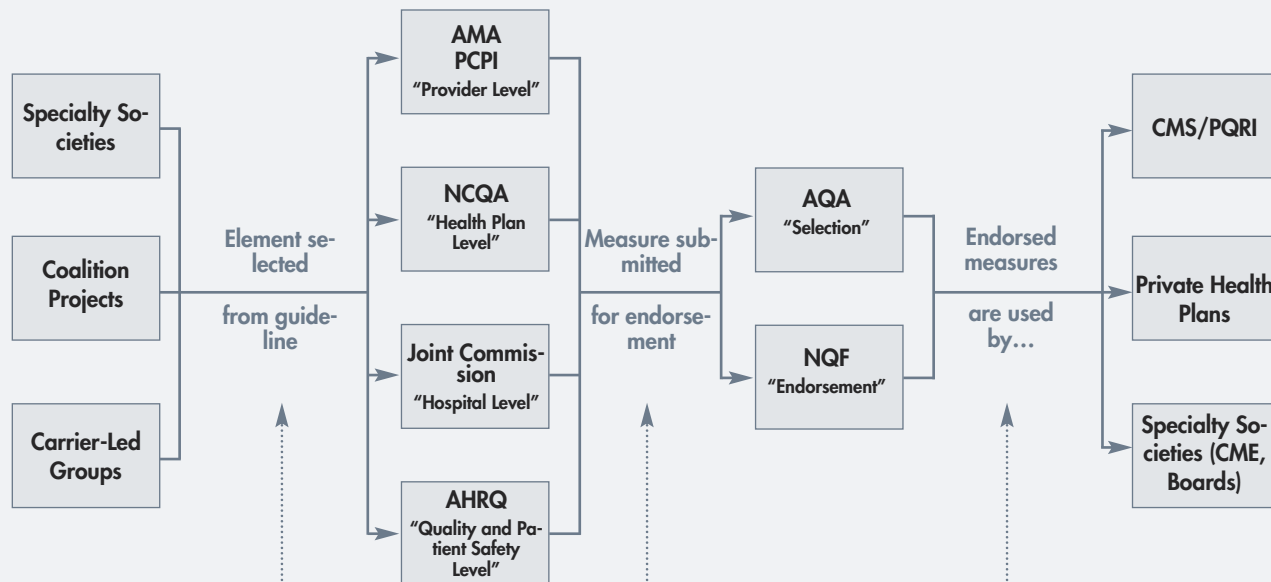
1. Consensus standard development
2. Widespread review
3. Member voting and member council approval
4. Board of directors' action
5. Evaluation

In less than a decade, NQF has endorsed more than 400 performance measures and practices and many more are in the "measure pipeline."

Ambulatory Quality Alliance (AQA)

In September 2004, the American Academy of Family Physicians, the American College of Physicians, America's Health Insurance Plan, and the Agency for Healthcare Research and Quality joined together to lead an effort to improve performance measurement, data aggregation, and reporting in the ambulatory care setting. This effort then broadened to incorporate all areas of physician practice. Known as AQA, it is now a broad-based national

Performance Measures Flowchart



Developing a guideline: A specialty society can develop guidelines on their own, or join coalitions to develop guidelines on a particular disease. An element is selected from a guideline for measure development. All measures are based on existing guidelines. Elements selected for measure development should provide an opportunity to improve care, and demonstrate clinical impact. Resources are devoted to measures that can have the highest level of impact.

Accepting a measure: A specialty society can submit an element for development to the AMA PCPI and lead/join a development work group of other interested organizations. A six-month development process includes meetings, conference calls, and public comment, culminating in a vote of PCPI members to accept the measure.

Endorsing a measure: AQA and NQF both serve as national endorsement bodies for performance measure sets. Measure sets from PCPI can be endorsed by one body or both. The CMS/PQRI program requires endorsement from at least one body. Both AQA and NQF endorse measure sets by vote, or send them back to the developers for more work if needed. Endorsement by these bodies gives assurance that the performance measure considers quality and efficacy of care alongside cost considerations.

Implementing a measure: A major user of measure sets is the CMS/PQRI program for Medicare reimbursement. Specialty societies can use measure sets in their continuing education and board certification arenas. Private health plans could use measures as ways to rank physicians and determine reimbursement. All of these goals can be accomplished through use of performance measures, demonstrating the importance of specialty society involvement from beginning to end.

Systems of Measure Endorsement continued from page 1

coalition of 150 organizations working together on strategies to measure, report on, and improve physician practice. AQA's members represent many physician specialties, consumer groups, employers, government, health insurance plans, accrediting bodies and quality groups.

AQA's role is to reach consensus on and facilitate widespread implementation of measures (developed by organizations such as PCPI and the National Committee for Quality Assurance) that have completed NQF review or will be referred for action by NQF. Its mission is to improve health care quality and patient safety through a collaborative process. Through this process, key stakeholders agree on a strategy to measure performance at the physi-

cian or group level; collect and aggregate data in the least burdensome way; and report meaningful information to consumers, physicians, and other stakeholders to improve outcomes.

AQA's goals are to:

- Promote a standard, more comprehensive view of physician practice for stakeholders to use in private health insurance plan contracts and with government purchasers
- Develop a multi-year strategy to roll-out additional measures
- Implement measures in the market place
- Create a model to aggregate and share data
- Outline the steps needed to report quality information to providers, consumers, and purchasers.

By focusing on key areas, the mission and goals can help identify quality gaps,

control costs, reduce confusion over redundant measures, and alleviate administrative burdens.

Stay tuned...

So far, this series has defined quality, explained why and how it is measured, and detailed the endorsement process for those measures.

Next month, learn how quality is impacting education and CME delivery. ■

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