

Alliance Seeks Shared Quality Standards, Data

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By Chris Lewis

Caroline Scanlan, president of the Hospital & Healthsystem Association of Pennsylvania, can rattle off at least a dozen government agencies and other groups that require hospitals to report data on their operations to gauge the quality of their care delivery.

Agencies often ask for overlapping data in varying formats. Toss in the differing interpretations, measurements and standards, and you have a prescription for an administrative migraine.

"It really is very resource-intensive and at times confusing, the kinds of different databases and data collections that the hospitals have to do," Scanlan said.

To relieve the burden, some major hospital systems throughout the Keystone State are collaborating with the state's Blues plans and government representatives to streamline and standardize the measurement and reporting of care quality data.

Over the next year, the Pennsylvania Health Care Quality Alliance intends to sift through the universe of existing reported data and settle on evidence-based quality measures that are the most actionable. The next step is to agree about how to collect, interpret and report the data uniformly across all stakeholder groups, said Erik Muther, executive director of the alliance and former senior manager with the consulting firm Accenture.

"This is not meant to replace or in any way impede any of the existing reporting mechanisms and measures already reported to the state and federal government," he said. "Basically, the idea is that we would like to reduce the reporting burden that a lot of these hospitals have by developing statewide standards that others can begin to adopt."

Starting With The Blues. As a first step, the group will attempt to create a standardized system of hospital reporting to the commonwealth's four Blues plans, which have contributed funds to finance the alliance's startup costs, along with HAP, which represents more than 225 hospitals and health systems across the state.

"The four Blue Cross plans in this state enjoy a pretty significant amount of the insurance marketplace, so we thought it was a good place to start," Scanlan said.

The state's hospitals are required to report data to the Pennsylvania Health Care Cost Containment Council, an independent state agency that develops its own measurements and standards to track performance and trends in patient safety in an effort to ultimately contain the costs of healthcare.

But hospitals are not required to report standardized information to health plans. The plans use data from hospital claims to provide a limited basis of hospital comparison for their members and to establish pay-for-performance programs.

HEALTHCARE QUALITY ALLIANCES IN THE U.S.

Massachusetts Healthcare Quality Partners

» A coalition of physicians, hospitals, health plans, purchasers, consumers, and government agencies established in 1995.

Wisconsin Collaborative for Healthcare Quality

» A consortium of healthcare entities that uses 42 comparative measures to track the performance of six large physician groups, seven hospitals and four health plans.

Minnesota Community Measurement

» A nonprofit entity founded by the Minnesota Medical Association and seven nonprofit Minnesota health plans.

California Healthcare Reporting Initiative

» A collaborative of healthcare purchasers, 10 health plans and providers convened in 1993 by The Pacific Business Group on Health.

California Hospital Assessment and Reporting Taskforce

» A task force representing hospitals, health plans, healthcare purchasers, consumers, the research community, and government working to produce a hospital report card.

The Oregon Health Care Quality Corporation

» A nonprofit organization of health plans, physician groups, hospitals, government representatives and purchasers that seeks to design uniform primary care performance measures and public reporting.

Source: List provided by Erik Muther. Details from various organizations' Web sites

Hospitals have little or no say in how the data is interpreted and reported. Pennsylvania's Blues insurers realize that achieving this buy-in from the provider community is critical, said Steven Udvarhelyi, M.D., chief medical officer of Independence Blue Cross and steering committee member of the alliance.

"If we want to hold the hospitals accountable to improve their performance, they're going to be able to do a better job of that if they're focusing on a single standardized set of metrics," he said. "If they've got eight different people asking them to do eight different things, they're just not going to advance the ball very far."

To illustrate the alliance's potential, Udvarhelyi draws a parallel from the standardized set of quality measures developed for health plans 15 years ago by the National Committee for Quality Assurance (NCQA), which certifies and rates health plans and their performance in a uniform way.

"What we think this [alliance] could do is provide a richer set of information. More importantly, this is a process that will be done collaboratively with the hospitals, so that we've all bought

ALLIANCE PARTICIPANTS INCLUDE:

- » Hospital & Healthsystem Association of Pennsylvania
- » Delaware Valley Healthcare Council of HAP
- » Hospital Council of Western Pennsylvania
- » Blue Cross of Northeastern Pennsylvania
- » Capital BlueCross
- » Highmark Inc.
- » Independence Blue Cross
- » Pennsylvania Medical Society
- » Governor's Office of Health Care Reform
- » U.S. Department of Health and Human Services

Source: Pennsylvania Health Care Quality Alliance

into what we're measuring and how we're going to do it on the front end," he said. "We very much want to focus on improving the results, rather than arguing about whether the results are real."

Evaluation Ahead. By the end of 2007, Muther said the alliance hopes to complete its evaluation of quality measures—taking into account those already used by groups such as the NCQA, Hospital

Quality Alliance, the Ambulatory Quality Alliance, the National Quality Forum, the Centers for Medicare & Medicaid Services and the Joint Commission.

"While we're not planning to come up with any new measures, we want to do a robust analysis to understand exactly how each measure is captured and reported, how timely it is," Muther said. "Our goal is to decide on a set of measures which all stakeholders can agree to, and can serve as the basis for future quality efforts."

The next phase of work will be establishing a uniform method of formatting and reporting the information to stakeholders and the public.

Ultimately, Muther sees the potential for the alliance's efforts to feed into development of a national healthcare transparency program as part of the Value Driven Healthcare Initiative of U.S. Health and Human Services Secretary Mike Leavitt.

"We could perhaps be a voice that influences the ultimate direction of how the national government rolls it out," Muther said.

Outlook: On its face, getting the state's major hospital systems and four Blues plans to reach common understanding on acceptable hospital quality care standards by the end of the year seems highly ambitious. But the fact these stakeholders have committed to the process, contributed start-up funds and hired an executive director with a strong consulting background is a significant leap forward. ■