



# **The Road to High-Value Health Care**

## **Developing the Infrastructure for Meaningful Quality Measurement and Reporting**

Capitol Hill Briefing  
Thursday, July 30, 2009

# The Future: Collaborating to Improve Health Care

## Providers/Clinicians

- Access and use data, performance feedback, and decision support
- Analyze own practice patterns, systematically improve care based on available evidence
- Effectively coordinate care with other providers, organizations, and institutions
- Use information to support shared-decision-making

## Public and Private Payers

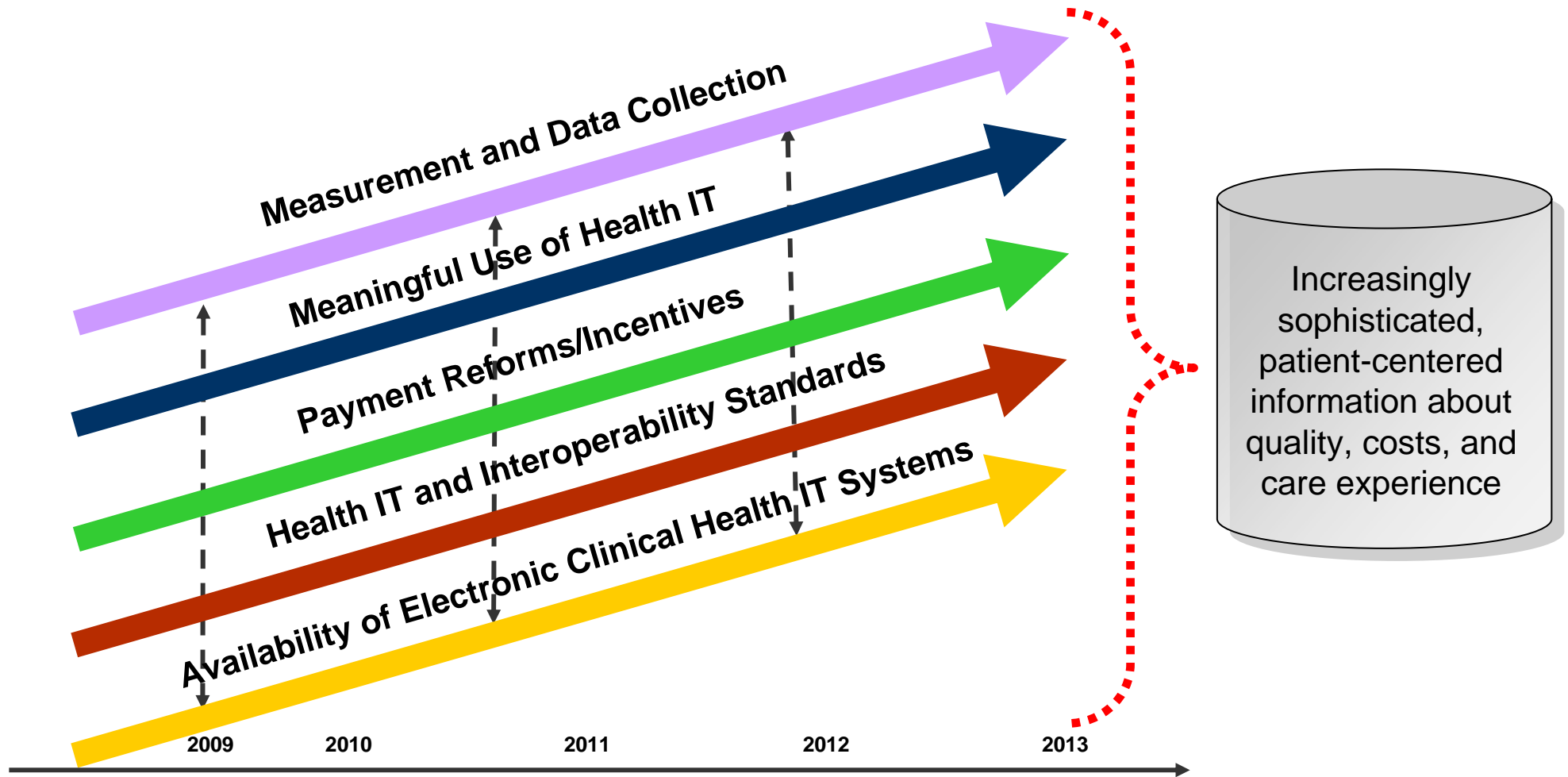
- Contribute data to support care coordination and improvement
- Provide and align incentives and evidence-based benefit designs to consumers for seeking high value care
- Support consumers in shared decision-making and self-management
- Evaluate payment and delivery reforms

## Consumers

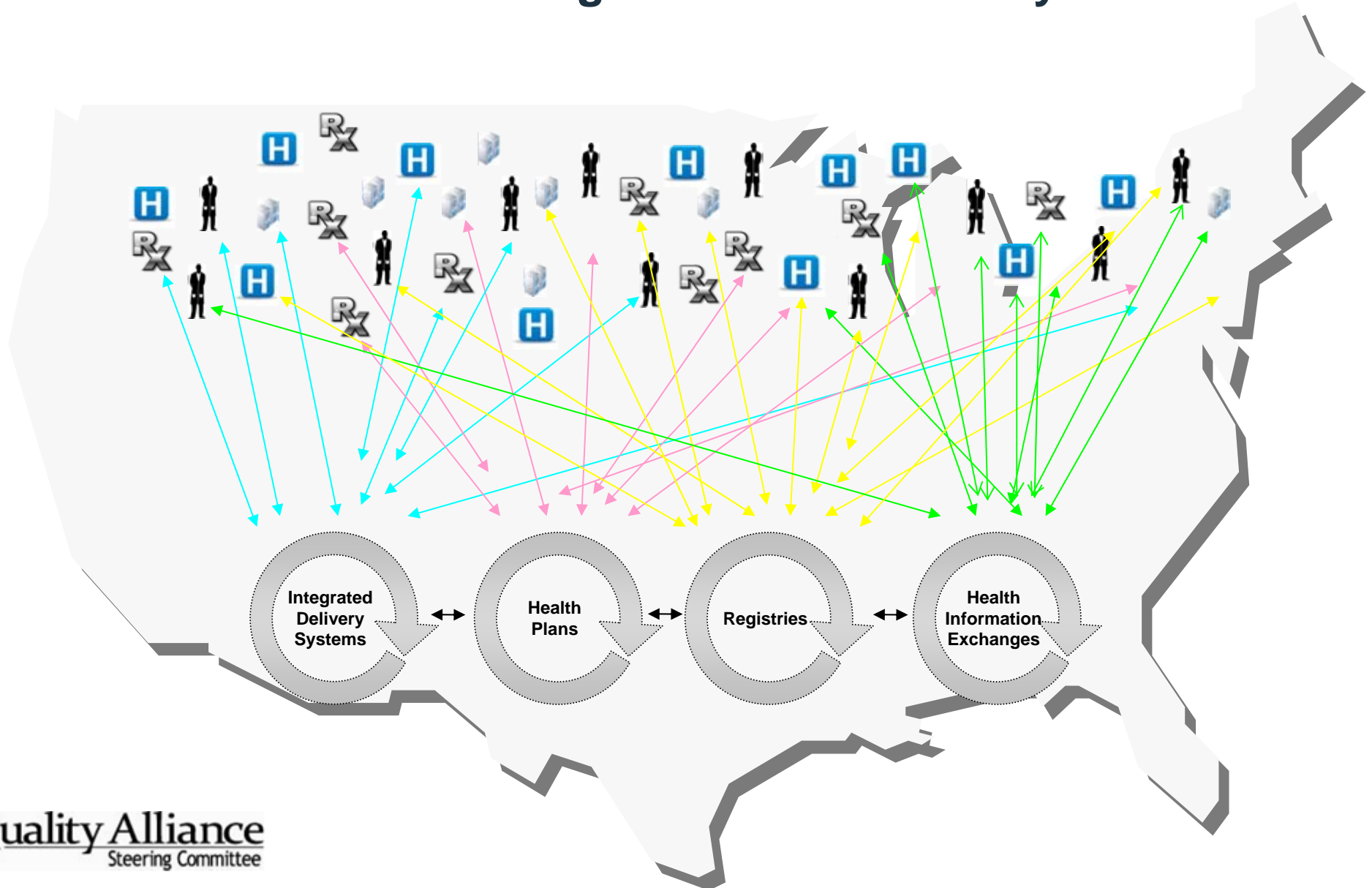
- Use comparative information on treatments, providers, health plans, and benefit packages
- Be more informed and participate actively in their health care, including shared decision-making and self-management

**Health care reform should reinforce and enable these actions**

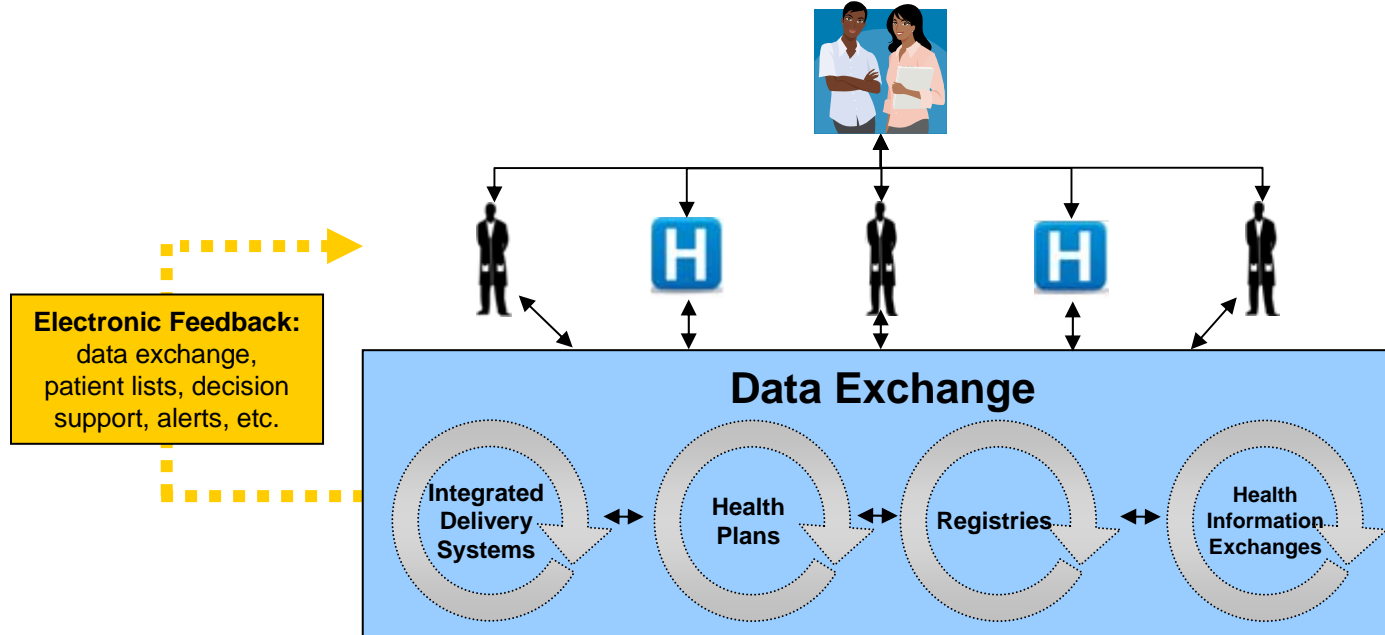
# Many Aspects of Quality Measurement, Payment Reform, and Health IT Must Work Together to Improve Care



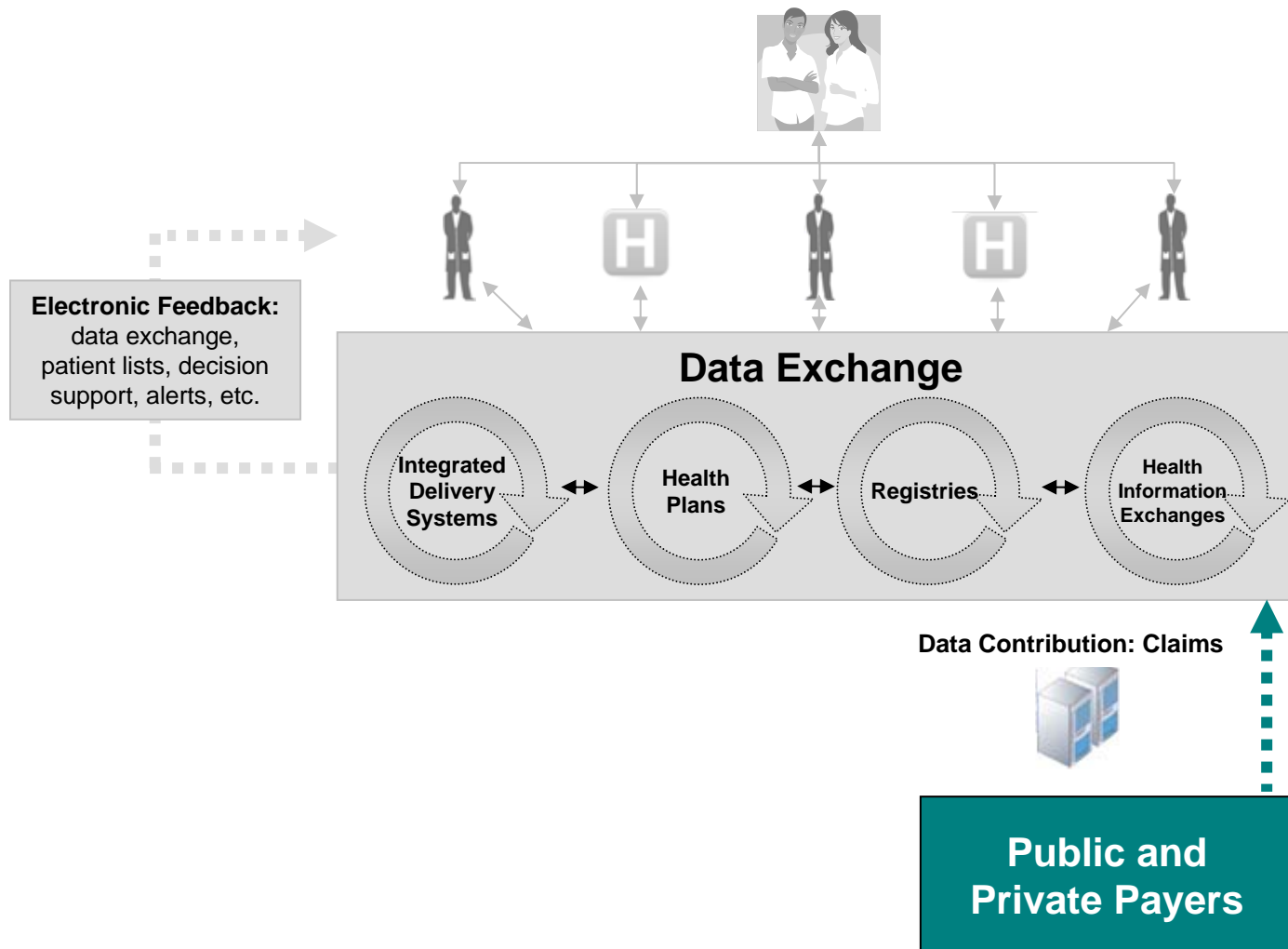
# Electronic Data Sharing to Improve Quality and Care Coordination is Increasing Around the Country



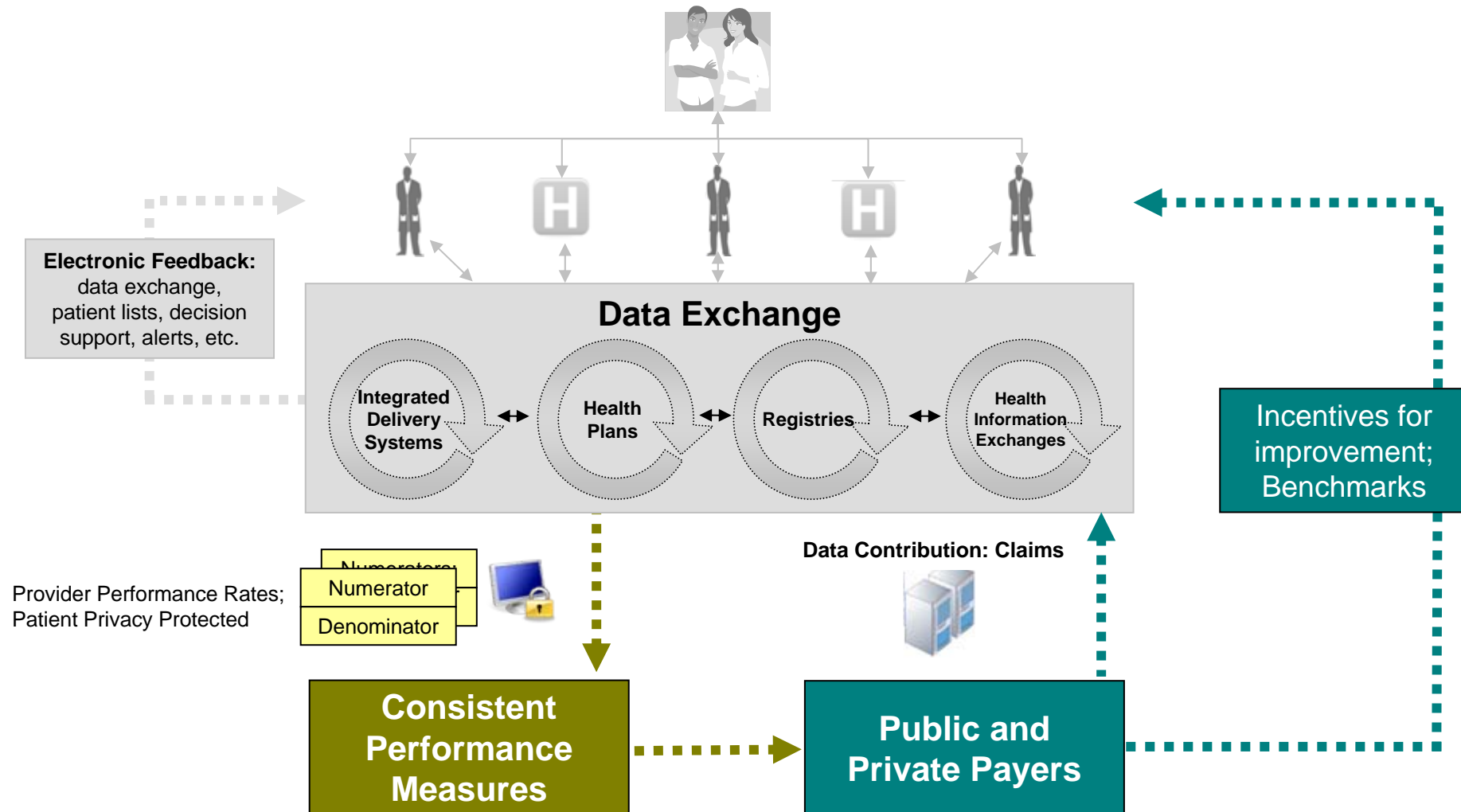
# Providers: Better Coordinated and Improved Care Through Data Exchange and Feedback



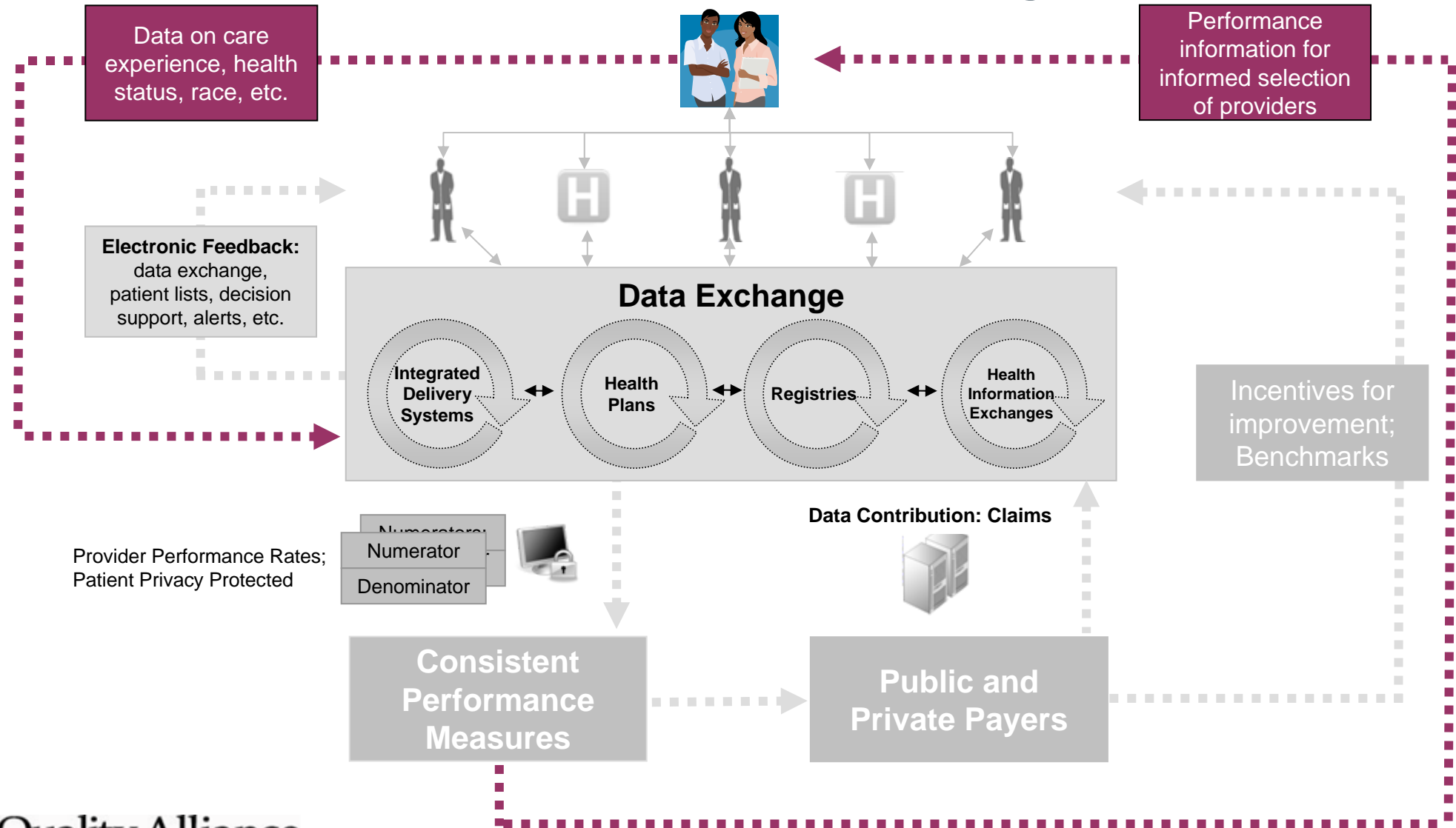
# Payers: Contributing Data to Help Coordinate Care



# Payers: Receiving Data to Evaluate Care and Provide Support through Incentives

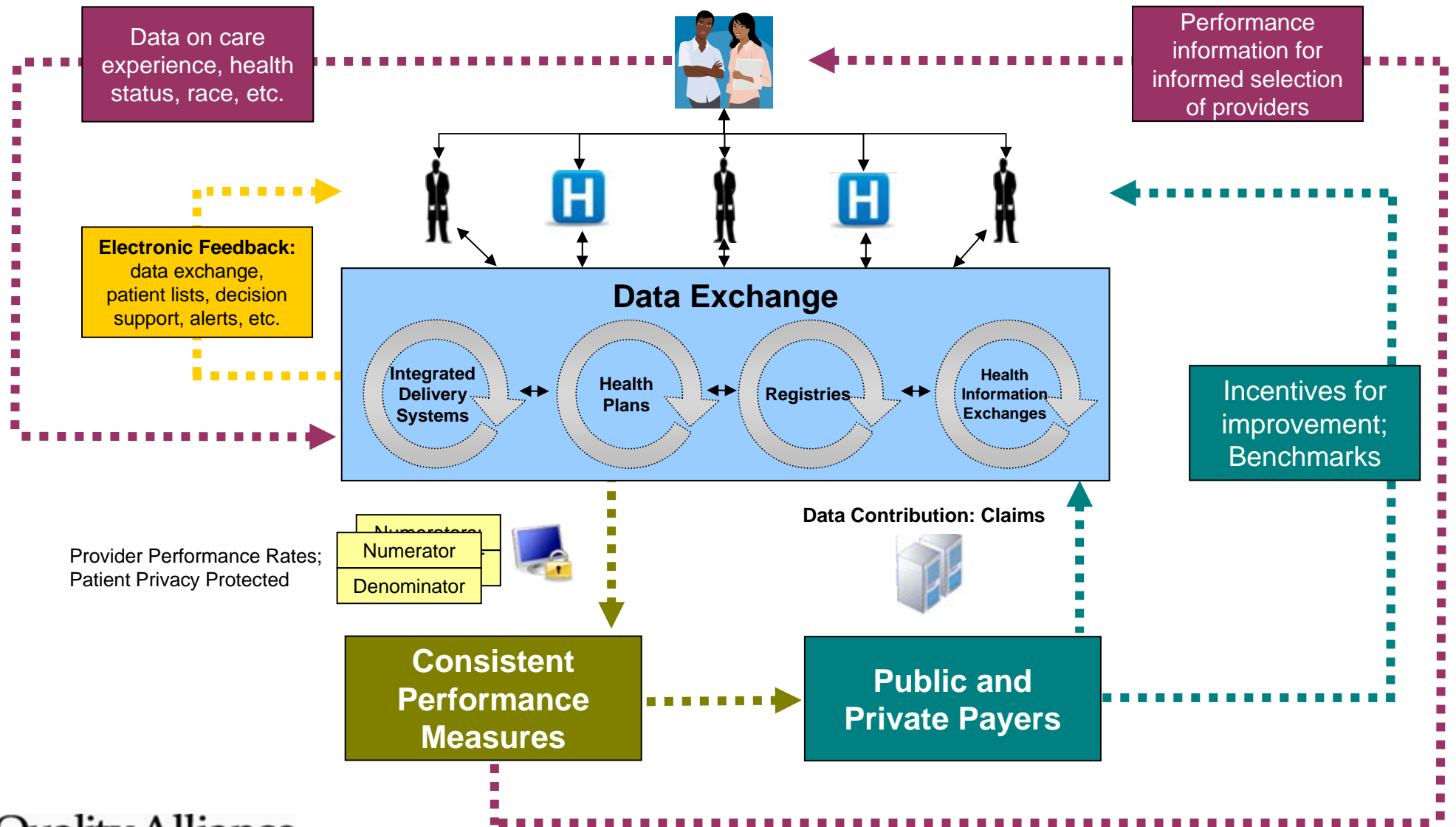


# Consumers: Contribute Data, Use Reliable Information to Support Decision-Making





# The Result: Better Care at Lower Costs



# Pilots: Integrating Regional Efforts Through Nationwide Coordination

- The important work unfolding within regions, states, and communities is essential to a nationwide measurement and improvement strategy
- Better integration and coordination of these efforts will ensure consistency. Examples include:
  - Regional collaboratives
  - State-based efforts to create all-payer databases
  - Health information exchanges
  - Provider systems that make clinical data widely available and transferable
- Pilots will draw on best practices from around the country to help ensure the development of consistent, high-quality measures

# Pilots Will Drive Movement Toward Nationally-Consistent Methods, Resulting in Improved Care and Better Value

## *Potential Methods to Pilot...*

- Consistent summary reporting methods from regional information exchanges, integrated record systems, registries, health plans (building on existing distributed analysis network methods)
- Reductions in additional quality reporting burdens, beyond data integration required for delivery of care
- Methods to assure complete reporting (i.e., all patients represented) and no double counting
- Feedback mechanisms to providers, to ensure measure accuracy; and
- Ability to capture and use information on race, ethnicity, language, experience, preference, etc.



## *Potential Links to...*

- Measurable improvements in patient outcomes, error reductions, and other aspects of quality of care
- Better evidence on best practices, and further resulting improvements in care
- Demonstrated reductions in administrative burdens on providers and others for quality reporting
- Demonstrated improvement in resource use and efficiency
- Greater confidence in adopting payment reforms and other reforms based on value, rather than volume and intensity
- Greater returns on investments in improving quality and value

# Goals for the Next Three Years

## By 2009/2010

- Establish a strategic vision, methods, timelines for implementing performance measures through an electronic data collection and aggregation infrastructure.
- Begin generating 20-25 performance measure results on a wide scale using administrative (medical and pharmacy) claims data.
- Launch 7-10 pilots to produce additional performance measure results relying on select clinical data elements (e.g., laboratory results) that can be collected electronically. Pilots should address how to measure health care disparities and how to efficiently collect information on care experience and resource use.

## By 2011

- Launch 7-10 new pilots — in addition to previously-launched efforts — to produce further performance measure results that rely on clinical data from HIT systems.
- Measure health care disparities by grouping performance results by newly available electronic data on race/ethnicity.

## By 2012

- Continue to expand availability of performance results, using data collection and aggregation methods that were tested in previous pilots.
- As needed, launch new pilots to produce clinically-sophisticated performance measure results.

# What the Three-Year Plan Can Achieve

- Implement many more impactful, useful, and endorsed measures
- Develop easier ways for providers to transmit quality information
- Make better nationwide, regional, and local quality information and benchmarks available for providers, payers, and consumers
- Evaluate whether payment and delivery reforms are resulting in improved patient outcomes: better care at lower costs
- Determine whether health care equity is improving



**Learn more online at**

***[www.healthqualityalliance.org](http://www.healthqualityalliance.org)***