Alliance Embarks on 3-Year 'Quest' for Quality

BY MARY ELLEN SCHNEIDER
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Over the next 3 years, more than 100 hospitals will collect quality data on mortality, appropriate care, efficiency, harm avoidance, and patient satisfaction with the aim of improving care and controlling costs.

The Quest: High Performing Hospitals project, which was launched by Premier Inc., a hospital performance improvement alliance, is also designed to test performance measures. "It's an opportunity to learn but also to guide the industry," said Stephanie Alexander, senior vice president and general manager of Premier's informatics division.

In the short term, the program is aimed at preparing hospitals for a world of value-based purchasing and pay for performance. Over the long term, it should help hospitals improve quality and safety while safely reducing costs.

Premier began recruiting hospitals for the program last summer and in January started collecting quality data. Over the course of the project, Premier will collect data on the following:

► Mortality, by using a risk-adjusted ratio to measure progress toward the goal of eliminating all avoidable deaths.

► Evidence-based care, via a measure of the percentage of patients receiving "perfect care" based on nationally recognized quality measures.

► Efficiency, through a measure of total inpatient cost per case-mix–adjusted discharge, including all of the costs associated with each episode of acute care.

► Patient experience, as measured using the Centers for Medicare and Medicaid Services' Hospital Consumer Assessment of Healthcare Providers and Systems patient satisfaction measures. The program will also study how patient satisfaction can relate to cost, quality, and safety.

► Harm avoidance, via measures of the prevention of health care–associated infections and adverse drug events. Premier is working with the Institute for Healthcare Improvement to develop automated measures of harm that can be reported without having to perform a manual chart review. The first year of the program will focus on mortality, evidence-based care, and efficiency. The hospitals will take on harm avoidance and patient satisfaction during the second year.

Premier will analyze the data from each hospital, disseminate best practices among the facilities, and provide financial incentives to the top-performing hospitals at the end of the 3-year project. The amount of the reward pool has yet to be determined. However, there are no penalties for hospitals who don't meet the goals.

There was no cost for hospitals to participate, Ms. Alexander said, but they needed to have a commitment at both the executive and board levels to meeting the quality goals. They also had to commit to data collection and sharing best practice knowledge, she said. Premier also encouraged hospitals not to make Quest a "special" project but to incorporate it into the everyday business of the facility. The project builds on the success of the Hospital Quality Incentive Demonstration project, a pay-for-performance initiative performed in collaboration with the Centers for Medicare and Medicaid Services that showed significant improvements in quality and reductions in the cost of care.

The Medicare demonstration showed that hospitals can improve both quality and cost and that there is no reason to think the lessons learned can't be applied beyond the conditions in the pilot project, said Dr. Stephen Schoenbaum, executive vice president for programs at the Commonwealth Fund and a member of the Quest advisory panel. ■

Quality Coalition Sets Bonuses for Medical Home Providers

BY ALICIA AULT
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One of the nation's largest health care quality coalitions is launching a program that would provide bonuses of up to $100,000 annually to physicians who meet criteria showing that they are offering coordinated care by providing a medical home for their patients.

Announced by Bridges to Excellence in late January, the Medical Home Program has the endorsement of the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP).

So far, none of BTE's employers or payers have formally committed to the program, Mr. Francois de Brantes, CEO of the coalition, said in an interview. By late spring, however, he expects to "have a couple of exciting announcements."

Dr. Michael Barr, ACP vice president for practice advocacy and improvement, said that the program might spur physicians who are already working on practice improvement, but not documenting it, to start doing so, thereby becoming eligible for the bonuses.

The "patient ultimately benefits from better coordination" of care, Dr. Barr added in an interview.

Dr. de Brantes called the program a vote of confidence in the notion that delivering high-quality coordinated care—as described in the medical home model advocated by the ACP, AAFP, and American Academy of Pediatrics—saves money and improves quality. "We feel pretty confident that the rewards are warranted and that the savings are there to match them," Mr. de Brantes said. "Our research shows that patients who are well taken care of cost less," he said, adding that "the average potential savings per covered life would be approximately $250 a year."

The nonprofit BTE is a coalition of providers, insurers, and employers working together to advance the quality of health care. Members include Aetna, the American Board of Internal Medicine, the Blue Cross and Blue Shield Association, Cisco Systems, IBM, the Leapfrog Group, the National Business Coalition on Health, Partners Healthcare System, and Verizon Communications.

BTE has previously offered pay-for-performance incentives to physicians who use its Physician Office Link, Diabetes Care Link, Cardiac Care Link, and Spine Care Link reporting systems. Physician Office Link was developed in collaboration with the National Committee for Quality Assurance.

With the new Medical Home Program, physicians will be eligible for additional bonus payments of $125 per patient—up to a maximum $100,000 per provider—if they achieve certain performance levels on the Physician Office Link module and at least two of the condition-specific modules.

It's not yet clear when the medical home rewards will start flowing, but the structure is fairly well established, according to Mr. de Brantes. ■