Performance Measures to Focus on Quality of Care

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The National Committee for Quality Assurance is finalizing new performance measures that will look at quality of care all the way down to the physician group and even the individual physician level.

The measures, which will form the foundation of a new Health Employer Data and Information Set (HEDIS), could require physicians to begin reporting some quality data to health plans directly—echoing other performance measurement efforts already underway nationwide.

The draft ambulatory care quality measures were released for public comment in October. Final measures are expected before the end of the year, according to an NCQA spokesman.

"This is a big change," said Dr. Bruce Bagley, medical director for quality improvement at the American Academy of Family Physicians (AAFP) and a member of the NCQA committee that approved the draft measures. "Physicians now will begin to report some data from their clinical records, such as 'Why I didn't give an indicated medication.' "

HEDIS, which measures quality of care, is the main tool that health plans use to track and report on their performance to payers. Until now, HEDIS has used administrative claims data "almost exclusively" to measure quality at the health plan level, said Dr. Bagley. Now, "NCQA has rewritten these specifications so that it's possible to drive the measures down to the physician level. The measures can be used at the plan level or at the physician group level or even at the individual physician level, if there are enough patients."

The draft measures are designed to allow health plans to report on physician performance for their networks. They include six prevention measures, such as breast cancer screening and influenza vaccination rates, as well as measures that address care for coronary artery disease, depression, and asthma. Measures addressing overuse and misuse of health care services also are part of the proposed HEDIS addition.

The measures include detailed technical specifications and implementation methods, such as appropriate sample sizing, for use by health plans. The draft measures are not new, Dr. Bagley pointed out. They were included in the National Quality Forum–endorsed National Voluntary Consensus Standards for Physician-Focused Ambulatory Care, and the AQA (formerly the Ambulatory Care Quality Alliance) adopted these measures as part of its Recommended Starter Set of Clinical Performance Measures for Ambulatory Care. Therefore, physician organizations have had an opportunity to see them and comment on them prior to their release as part of HEDIS, Dr. Bagley said.

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"We see these [measures] as supplementing a number of national and regional physician-level measurement efforts that are already underway," said NCQA spokesman Jeff Van Ness. Because NCQA included detailed instructions for implementation, "this lowers the hurdle for plans to begin to move and implement these among physicians," he said.

Nonetheless, Dr. Bagley said, once these measures are made part of HEDIS, physician groups and individual physicians will need to develop methods to collect the necessary information without resorting to retrospective chart audits. "We're promoting prospective data collection," such as checklists that can be filled out at the time of the patient visit, he said.

NCQA released the draft measures for public comment in October. Mr. Van Ness said that most of the comments NCQA has collected have come from large national health plans, although some comments have come from physicians and other stakeholders. He declined to provide information on the content of the comments, citing privacy concerns.

Dr. Lynne Kirk, president of the American College of Physicians, said that her organization's main concern about the new quality measures was any additional paperwork and cost burden they might add to physicians' workloads. ■

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