NCQA Is Polishing Up Its Performance Measures

BY JANE ANDERSON
Contributing Writer

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 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.

'Physicians now will begin to report some data from their clinical records, such as "Why I didn't give an indicated medication," ' one panelist said.

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.

"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, physicians and their groups 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. ■

States' Voters Resolved Wide Range of Public Health Issues

BY MARY ELLEN SCHNEIDER
New York Bureau

BOSTON — Voters in several states made their voices heard last month on public health issues ranging from smoking bans to restrictions on abortion to the minimum wage.

Public health experts offered their views on the ballot initiatives at the annual meeting of the American Public Health Association (APHA). The following is a sample of the some of the issues that appeared on the ballot on Nov. 7:

Reproductive Health

Voters in three states defeated restrictions on abortion last month, including the far-reaching ban that was passed by the South Dakota legislature earlier this year.

The controversial South Dakota law would have outlawed abortion in all cases except to save the life of the mother. The law did not include exceptions in cases where the abortion is necessary to preserve the woman's health or in cases of rape or incest. After the law was signed by the governor earlier this year, opponents began a petition to force the issue onto the November ballot. If voters had approved the ballot measure, the issue would ultimately have been decided in the courts, resulting in a direct challenge to *Roe v. Wade*. With the legislation defeated by the voters, current South Dakota law allows a woman to obtain an abortion during the first 24 weeks of pregnancy. After that time, abortions can be performed only to preserve the life or health of the woman.

In Oregon and California, voters rejected measures that would have required physicians to notify a minor's parents before performing an abortion. California's proposition 85 would have amended the state's constitution to prohibit physicians from performing an abortion on an unemancipated minor until 48 hours after notifying a parent or legal guardian. This is not the first time that California voters have dealt with this issue. Last year they defeated the same measure in a special election.

Oregon's measure 43 would have required a physician to provide written notice to a parent of an unemancipated minor age 15 and older at least 48 hours before providing the abortion. Under current law, parental consent for an abortion is required for minors younger than 15.

Lois Uttley, director of the MergerWatch Project, a group that advocates for greater access to reproductive health services, told this news organization that in an ideal world, girls would seek parental advice, but mandating parental involvement can lead to abuse. Instead, age-appropriate sex education, which includes both abstinence education and birth control, are more appropriate answers, said Ms. Uttley, who is the chair of the APHA Action Board. "Good family communication unfortunately cannot be imposed by the government," she said.

Smoking Restrictions

Results were mixed on public health initiatives related to tobacco. Voters in Arizona, Nevada, and Ohio passed statewide smoking restrictions. But voters were split in their support for raising taxes on cigarettes and other tobacco products, with Arizona and South Dakota approving tax increases while California and Missouri rejected them.

"I think the United States has made great progress," said Frances Stillman, codirector of the Institute for Global Tobacco Control at Johns Hopkins University in Baltimore.

Social norms around smoking are starting to change but that progress could be in jeopardy due to a lack of public funding in the states, said Ms. Stillman, immediate past chair of the APHA section on alcohol, tobacco, and other drugs.

Despite the number of states moving toward smoking bans, Ms. Stillman does not foresee a federal ban on smoking anytime soon. And local action benefits antismoking advocates, she said, because it's harder for the tobacco industry to fight these efforts around the country. "They can't be everywhere at once," she said.

If there is a single effort at the federal level it should be for the Food and Drug Administration to regulate tobacco, said Dr. Georges Benjamin, executive director of the APHA.

In Arizona, voters passed Proposition 201, the Smoke-Free Arizona Act, which prohibits smoking in all public places and places of employment except retail tobacco stores, veterans' and fraternal clubs, certain designated hotel rooms, and outdoor patios. The proposition also imposes an increase on cigarette taxes.

Arizona voters also passed an initiative to establish an early childhood development and health fund that would be supported in part by revenues from the increase in the state tax on tobacco products. The voters also rejected a ballot initiative that prohibited smoking in many public places but would have exempted bars and parts of restaurants that have a separate ventilation system.

Nevada voters passed a ballot question to ban smoking in a number of indoor areas including child care facilities, government buildings, public places, all bars with a food-handling license, and all indoor restaurants. Exceptions include stand-alone bars, casinos, strip clubs or brothels, and retail tobacco stores. This initiative allows cities and towns to adopt stricter laws.

Voters in Nevada rejected a similar-sounding initiative that would have prevented local counties and towns from passing stricter regulations related to smoking.

Ohio voters took similar action on two of their ballot questions. They passed a proposal to prohibit smoking in a number of public places and rejected a proposal that would have called for similar prohibitions on smoking but would have stricken from the books any stricter local laws on smoking.

Voters in Florida passed a constitutional amendment to use tobacco settlement money to fund a statewide tobacco education and prevention program. Voters in South Dakota passed a measure to increase taxes on cigarettes and dedicate a portion of those funds to tobacco-prevention programs. In California and Missouri. initiatives that would have increased taxes on cigarettes failed.

Minimum Wage

Minimum wage hikes passed in all six states where they were proposed, raising the minimum wage as high as $6.85 per hour in Ohio and Colorado.

The federal minimum wage is set at $5.15 per hour but about half the states have higher minimum wage laws. Washington state has the highest minimum wage among the states at $7.63 per hour, according to the National Conference of State Legislatures.

Voters raised the minimum wage to $6.50 in Missouri, $6.15 in Montana, $6.75 in Arizona, $6.85 in Ohio, and $6.85 in Colorado. In Nevada, voters approved a dual minimum wage scale: $5.15 if an employer provides health insurance, $6.15 without the health insurance benefit. ■