



## Creating Regional, Cross-System Quality Improvement: Early Lessons from Three Multi-Stakeholder Coalitions

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No single health care purchaser, plan, or provider can improve chronic care within a community on its own. To improve chronic care throughout a region or state, key stakeholders in the health care marketplace must coordinate strategies. When this alignment occurs, breakthroughs in improving health care quality can be achieved.

The Center for Health Care Strategies (CHCS) launched its *Regional Quality Improvement* (RQI) initiative in June 2006 to improve chronic care in select regions by aligning purchasers – Medicaid, state employers, commercial, self-insured, and others – and health plans around specific quality improvement strategies. The RQI program, a two-year effort supported with funds from the Robert Wood Johnson Foundation, is bringing multiple purchasers and health plans together to target common chronic conditions, adopt common performance measures, support common provider improvement interventions, and develop a consistent payment method to support and sustain provider interventions. Three sites – the state of Arkansas; Rochester, New York; and the state of Rhode Island – are participating in CHCS' regional multi-stakeholder initiative.

This issue brief outlines key steps taken by the first three regions to establish a platform for improving quality throughout their regional health care systems.

### Positioning Medicaid to Lead Regional Quality Improvement

CHCS' RQI initiative is built on the premise that Medicaid is not only a dominant purchaser in the health care marketplace, but also a neutral one that can successfully bring other health care purchasers to the table. Medicaid brings a significant market share of covered lives, resources, and political leverage to regional initiatives, and, like its commercial counterparts, Medicaid shares concerns about rising health care costs, particularly for beneficiaries with chronic conditions, and poor quality of care.

Building on the role of Medicaid as a significant purchaser, RQI focuses on four primary approaches to drive regional quality improvement:

## Issue Brief

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This issue brief outlines lessons for advancing system-wide improvements in health care quality culled from the experiences of the *Regional Quality Improvement* program, a two-year initiative funded by the Robert Wood Johnson Foundation.

- **Data aggregation.** Aggregate data – administrative, clinical or both – across purchasers and plans, using nationally-recognized measures to calculate physician performance, and share this performance information at the individual physician level.
- **Infrastructure development.** Develop and support the provider’s ability to improve quality of care through tools such as electronic medical records (EMR), data registries, evidence-based guidelines, or work flow redesign.
- **Consumer engagement.** Engage consumers in health care self-management through one-on-one counseling, group education, or information sharing.
- **Resource realignment.** Realign resources to support ongoing provider quality improvement efforts, through per member per month payments, pay-for-performance programs, or other financial incentives.

## Implementing Regional Health Quality Improvement: Lessons from the Field

Following are key action steps for cross-system health quality improvement that CHCS and the RQI evaluation team at Pennsylvania State University have gleaned from our work to date with multi-stakeholder groups in Arkansas, Rhode Island, and Rochester, New York.

### Step 1: Bring stakeholders to the table and keep them there.

Multi-stakeholder initiatives call for cooperation among entities with competing interests. In RQI, many competing stakeholders are at the table (i.e., private and public purchasers, health plans, medical societies, providers, professional associations, and others). Achieving initial buy-in and long-term participation is challenging for many reasons. Concerns include:

- Initial skepticism about the likelihood of success and return on investment;
- Concern about maintaining a competitive edge in the marketplace; and
- Worries about the potential for redundancy with a pre-existing initiative.

To address these and other concerns, the RQI sites are using the following strategies to gain and maintain stakeholder involvement:

- **Align regional efforts with broader quality goals** in the state or region (e.g., a governor’s health reform effort) to increase support for and sustain momentum of the regional effort while limiting redundancy.
- **Find a champion** from a neutral and well-respected organization to provide overall leadership and allow sufficient time to build the coalition organically, relying heavily on one-on-one outreach to stakeholders. For example, a state’s quality improvement organization may serve in this function.

- **Develop and document a clear decision-making process** for resolving disagreements. These initiatives must set out clear governance and procedural policies early on. For example, make sure all stakeholders agree on the definition of “consensus.”
- **Have an answer to: “What’s in it for me?”** Develop compelling (and tailored) responses to this inevitable question. Revisit program design features, as necessary, to find the tipping point where enough public and private purchasers, health plans, and providers recognize the value of the initiative.

## Step 2: Select a uniform set of performance measures.

By aligning measures, purchasers can reduce administrative burden and confusion for providers. Yet, key stakeholders in regional initiatives may disagree about measure selection and methodology because they already have well-established performance measurement and reporting structures in place. The RQI sites used the following approaches to agree upon performance measures:

- **Develop a compendium of measures** already being collected by each purchaser. Identify the areas of overlap and adopt those measures for use in the regional project. Align around nationally-recognized performance measures when possible.
- **Measure performance at the individual provider or practice group level** using claims data or data from clinical records. Invite providers to help decide on the measures and collect the data.
- **Link selected measures to a pay-for-performance program**, for example, by adopting Bridges to Excellence or one of the National Committee for Quality Assurance’s (NCQA) physician recognition programs.
- **Address measure specifications** such as sample size, time period, diagnoses to include and exclude, and weighting for multiple data sources.
- **Postpone the goal of public reporting**, if necessary, so that sites and providers can build mutual trust in the integrity of the data and the results. Test the measures with providers before publicly releasing findings.

## Step 3: Aggregate data across Medicaid, commercial, Medicare and other purchasers and attribute patient performance to specific providers.

To measure provider performance throughout a state or region, coalitions must strive toward collecting and aggregating claims or clinical data across all purchasers and health plans. To overcome the challenges associated with data aggregation across multiple purchasers, the RQI sites have carefully developed data use agreements that specify what data will be collected and who will have access to that data at what level. The RQI sites have taken the following steps to reach consensus:

### Adoption of National Measures

Adopting nationally-recognized measures not only helps to achieve consensus, (particularly if national health plans are at the table), but national measures can provide helpful benchmarks for purchasers, health plans, and providers.

**Rhode Island** is using select measures from various national measure sets including Physician Quality Reporting Initiative, Healthcare Effectiveness Data and Information Set (HEDIS) and Ambulatory Care Quality Alliance;

**Arkansas** is using HEDIS measures; and

**Rochester** is adopting the National Committee for Quality Assurance diabetes physician recognition program measures.

## Regional Quality Improvement Initiative: Project Profiles

Three sites – Arkansas; Rochester, New York; and Rhode Island – are participating in CHCS' Regional Quality Improvement initiative, to develop innovative strategies to improve quality across the health care system. Following are brief profiles from the first year of the RQI effort:

### Arkansas

The Arkansas RQI initiative is targeting quality improvement in four areas: comprehensive diabetes care, cervical cancer screening, well-child visits, and preventive services for adults. To create these improvements, Arkansas is:

- Developing a business plan for a statewide health information exchange;
- Standardizing and aggregating health care data across multiple purchasers to calculate performance measures that will drive coordinated quality improvement efforts; and
- Sharing performance measures across purchasers at a regional level.

The Arkansas Foundation for Medical Care, the state's Quality Improvement Organization, and Arkansas Medicaid are leading the coalition, which represents more than 1.1 million covered lives.

### Rhode Island

Rhode Island is developing a statewide initiative to strengthen the primary care infrastructure and, thereby, improve outcomes for chronic conditions. In year one of the initiative, Medicaid, Medicare, and commercial purchasers have agreed to:

- Target a common set of chronic conditions (pediatric asthma, diabetes, coronary artery disease and depression);
- Adopt a common set of clinical measures to assess program success;
- Provide patients with a common set of key services (e.g., care management, self-management, electronic health record or registry) aligned with the American College of Physicians and the American Academy of Family Physician's Patient-Centered Medical Home model;
- Develop a consistent provider payment methodology for the set of key services; and
- Pilot a subset of NCQA's Physician Practice Connection measures to evaluate adoption and implementation of the set of key services.

The Rhode Island Office of the Health Commissioner and Quality Partners of Rhode Island are co-leading this initiative, which represents approximately 67% of covered lives in Rhode Island (approximately 640,000 lives).

### Rochester, New York

The Rochester, New York (Monroe County) RQI initiative is working to improve the quality of care provided to individuals with diabetes at the practice-site level. The efforts of three health plans – representing Medicaid, Medicare, and commercial delivery systems – include:

- Developing a diabetes registry that will provide physicians with centralized information about their patients with diabetes and allow physicians to measure and self-evaluate the quality of the care they provide;
- Supporting physicians in attaining special recognition through NCQA's Diabetes Physician Recognition Program, including providing financial resources and incentives to apply for the certification; and
- Providing one-on-one consulting to practice sites to improve office work flows.

Monroe Plan for Medical Care is leading this initiative (along with Excellus BlueCross BlueShield, Preferred Care, New York State Department of Health, Monroe County Department of Public Health, the American Diabetes Association, and the Rochester Business Alliance) that represents approximately 125,800 covered lives, and 8,000 individuals with diabetes in the Monroe County area.

- **Understand the trade-off between accuracy and feasibility of data sources.** Decide whether the coalition will collect and aggregate data using claims or clinical data and how that data will be collected, audited and reported.
- **Strive to collect data and calculate performance at the individual physician level,** but recognize that constraints will occur and, when that happens, do not let “perfection be the enemy of good.” Set a goal of moving toward physician-level measurement if existing constraints prevent that level of data collection initially.
- **Contract with a third party to coordinate data.** Work with providers to get “buy-in” on how best to identify and use an independent third-party to receive, aggregate, house, and analyze the data to help reduce concerns about inappropriate use of data.
- **Consider ways to link patients to physicians in a non-HMO environment.** For example, patients can be attributed to the physician with whom they spent the most time, had the most recent visit, had the highest costs for services rendered, etc. Coalitions can also forego individual physician attribution and link patients at a higher level, such as at the provider practice or clinic or at the regional level using zip code.

#### **Step 4: Develop and sustain practice-based infrastructure to improve quality.**

Physicians need more than patient performance data to improve the delivery of care in their practices. They also should be given tools and training to support meaningful and feasible improvements in chronic care delivery. Regional coalitions need to be creative in determining how purchasers, health plans, and providers can work together to create, support, and sustain standardized and harmonized approaches to practice-based improvement in chronic care. RQI sites have taken the following steps in this vein:

- **Identify and implement new practice-based services to improve the quality of care.** These services may be based on the chronic care or medical home models, both of which incorporate care coordination and care management, use of evidence-based guidelines, enhanced access to care, and patient training to support self-management skills.
- **Assess the level of health information technology (HIT)** that is necessary to support provider improvement. Depending on the existing HIT infrastructure, providers may benefit from adding patient registries, electronic medical records, or other technologies.
- **Be transparent with information** when considering how to enhance, pay for, and sustain practice-based improvements to support health care quality. Bring providers to the table early on to achieve their buy-in, determine what is feasible, identify costs, and ensure that the level of effort of the new services is consistent with payment.

- **Consider financial and non-financial approaches to support provider-level quality improvement.** For example, explore developing an enhanced per member per month payment, performance-related bonuses, and other options, including the provision of one-on-one support to help practices redesign their workflow to improve the quality of chronic care delivery.

## Conclusion

As the RQI coalitions enter their second year, they face these and other emerging challenges, including:

- Ensuring continued “authentic engagement” from stakeholders;
- Selecting a uniform strategy for realigning finances and resources to sustain the quality improvement efforts;
- Collecting, analyzing, and sharing performance data among participating stakeholders, patients, and the broader public; and
- Further integrating consumers into the quality improvement process, through transparency of information and other mechanisms to effectively engage the beneficiaries being served.

Although the challenges facing regional coalitions can be daunting, when a critical mass of health care stakeholders is aligned, major breakthroughs in improving health care quality can be achieved.

## Additional Resources

The Center for Health Care Strategies has an online library of practical tools and resources to help states and health plans design, implement, and evaluate programs to improve health care quality. Sample tools include:

- *Physician Pay-for-Performance in Medicaid: A Guide for States*: Lessons to guide physician-level strategies to reward improvements in care.
- *Return on Investment Evidence Base*: A set of published studies to help guide quality investments in select clinical areas: asthma, congestive heart failure, depression, diabetes, and high-risk pregnancy.
- *Care Management Framework and Definition*: Uniform framework to guide the design of comprehensive care management programs.

To download these tools and more, visit [www.chcs.org](http://www.chcs.org).

## About the Center for Health Care Strategies

The Center for Health Care Strategies is a nonprofit health policy resource center dedicated to improving the quality and cost effectiveness of health care services for low-income populations and people with chronic illnesses and disabilities. CHCS works with state and federal agencies, health plans, and providers to develop innovative programs that better serve people with complex and high-cost health care needs.

## About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

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