

Assessing Quality of Care

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ARKANSAS CENTER FOR HEALTH IMPROVEMENT


AHRO State Healthcare Quality Improvement Workshop

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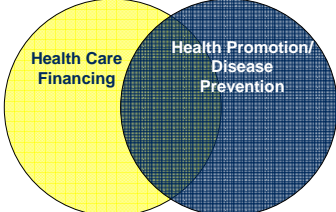

Arkansas center for health improvement

Mission:
Be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative program development

Core Values:
Initiative, Trust, Commitment, and Innovation




ACHI's scope of work

Access to quality of care

*There is no more pressing concern for the American health care system than improving the quality of care we provide. Improving quality of care not only enhances patients' lives, **it saves lives.***


— Tommy Thompson, Former US Secretary of Health and Human Services



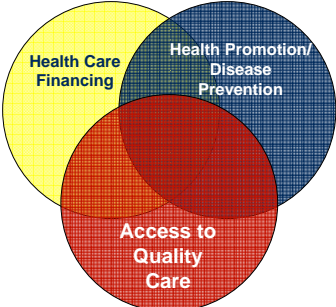

Measuring quality of care

*We now know more about the quality of our nation's health plans, hospitals and medical groups than we ever have, and public reporting of performance data has had the impact we intended: **it promotes continuous improvement.***

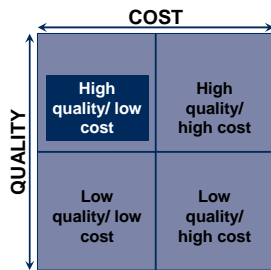
—NCQA 2004 Annual Report



ACHI's scope of work

Goals in health care



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Barriers to assessing quality of care

- Cost
- Sample size
- No incentive
- Risk adjustment
- Lack of data
- Lack of clear purpose
- No pressure to do so

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ACHI's Quality-related Projects

Employer health coalition (EHC)

- Self-administered employer group based in Northwest Arkansas
- Awarded Bridges to Excellence funding to develop pay-for-performance strategies
- Lacked resources to conduct preliminary quality analysis
- Committed to making positive changes in the care received by their employee population

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Quality of care assessment

- Levels of assessment
 - Systems of care
 - Provider groups
 - Individual providers
- Methods of assessment
 - Eligibility
 - Denominator
 - Numerator

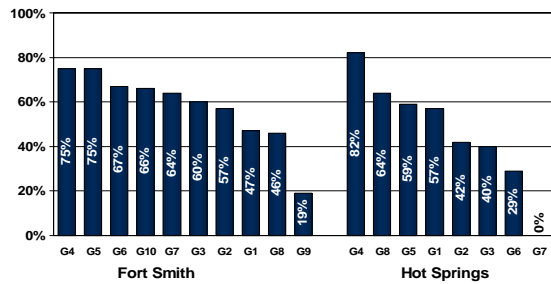
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Quality of care measures selected

- HEDIS measures selected to evaluate EHC data:
 - Breast cancer screening
 - Comprehensive diabetes care
 - Beta-blocker treatment after a heart attack

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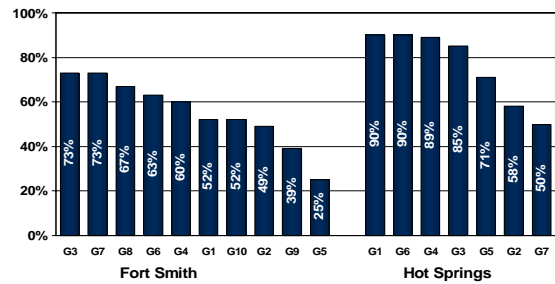
Breast cancer screening—group level*



*PCP facilities w/ largest # of women participants aged 52-69 yr



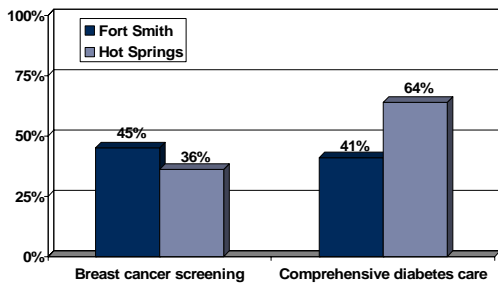
Diabetes care (HbA1c)—group level*



*PCP facilities w/ largest # of eligible diabetic participants aged 18-75 yr



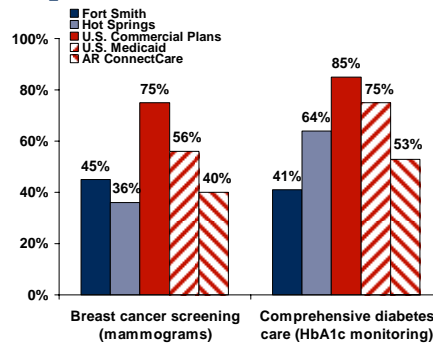
Overall system-level performance



Results for # eligible who rec'd procedure / # in system eligible for procedure



Comparison with national rates



EHC group and provider performance

- The group and provider level results may not accurately attribute quality results to specific groups/providers
 - Events credited to any group/provider who treated participants
 - No explicit PCP assignment available
- Wide variations at group and provider level observed



Creation of Quality Subcommittee

Arkansas 2005 general assembly

- Arkansas State Employees Benefits Division
 - Largest employer group in the state
- Passed legislation to establish the Employee Benefits Division (EBD) Quality Sub-Committee (Arkansas Code 21-5-404)
 - Review and recommend quality performance indicators for use
 - Recommend baseline performance goals
 - Recommend alignment of financial incentives to improve performance
 - Track improvements in delivery of care



<http://www.arkleg.state.ar.us/NXT/gateway.dll?templates&fn=default.htm&vid=blt-code>



Arkansas employee benefits division (EBD)

- Lacked data to establish baseline for improvement
- Lacked infrastructure to perform analysis on existing data
- Agency lacked resources to fulfill duties of set forth by the legislation
- Challenge of obtaining buy-in from appropriate stakeholders



Use of AHRQ Data

AHRQ state snapshots

- Provided access to data and information to establish baseline for tracking improvement.
- Established mechanism for obtaining buy-in from all stakeholders involved.
 - *Things were as bad as we thought. United by desire to improve the system.*
- Created a “snapshot” of the quality of care provided by the Arkansas healthcare system.



Arkansas employee benefits division (EBD)

- Created a plan for performing analysis utilizing existing medical claims and pharmacy data.
- Established relationship with ACHI to provide analytic and program development resources to develop a plan to assess and improve the quality of the care provided to the EBD enrollee population.
- Engaged the appropriate stakeholders to develop coordinated efforts in areas related to healthcare and healthcare system quality.



New & Future Quality Initiatives

EBD quality sub-committee

- **Develop a quality report to the EBD Board**
 - Assist with plan and benefits development
 - Assist with the development of a “worksites wellness” program
 - Assist with developing preventative care benefits
- **Develop a consumer focused report for the purpose of making decisions around healthcare and health system utilization**
- **Develop pay-for-performance strategies**
- **Health Risk Assessments**



Regional quality initiatives (RQI)

- **Multi Stakeholder Collaborative with the AR Foundation for Medical Care and the AR Departments of Health and Human Services**
- **Unify Performance Measurement**
 - Share Data for Greater Accuracy
 - Discuss Incentive Opportunities
- **Explore Models of HIE**
 - Research, Design Local Plan for Future
- **Health Information Security and Privacy Collaboration (HISPC), phases 1 and 2**



Arkansas Governor’s taskforce on health

- **Lead by the Arkansas Surgeon General**
 - Joe Thompson, MD, MPH – Director, ACHI
- **Staffed by the Arkansas Center for Health Improvement (ACHI)**
- **Comprised of public and private stakeholders**
- **Tasked with addressing healthcare and health related issues faced by Arkansans**



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