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A Performance-based Strategy for Evaluating & Improving Physician Care

The National Committee for Quality Assurance

March 3, 2005

ACCREDITED

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CERTIFIED

Agenda

- **Objectives:**
  - To inform you about NCQA's physician evaluation approaches.
  - Discuss their relevancy to health reform in developing and middle-income countries.

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About NCQA

- **Private, non-profit health care quality oversight organization**

- **Measures and reports on health care quality**

- **Unites diverse groups around common goal: measuring and improving health care quality**

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Achieving the Mission

- **NCQA evaluates care received by 90 million Americans**

- **67 percent of Fortune 500 companies request or require NCQA's MCO accreditation**

- **30 States and the Federal government rely on NCQA Accreditation and HEDIS**

- **CMS and private sector initiatives (BTE) use NCQA's provider-level evaluation for their programs**

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NCQA Methods

- **Performance Measurement**
  - Objective measures of clinical care & services based on evidence (HEDIS®) and patient experience (CAHPS)
  - Unit of assessment = Populations receiving care

- **Accreditation**
  - Rigorous review of processes and administrative systems necessary for quality care & QI
  - Electronic data submission with onsite and offsite review

- **Physician "Recognition"** ⬅
  - A type of certification for high quality physician and physician practices

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NCQA Physician Evaluation

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Physician Recognition Programs

- **Programs evaluate clinical care and care systems**
  - Diabetes Physician Recognition Program
  - Heart/Stroke Recognition Program
  - Physician Practice Connections
- **Developed in partnership with leading national health organizations**
- **Based on valid, reliable and agreed upon process and outcome measures**
- **Possible new areas: HIV/AIDS, primary care, oncology, musculoskeletal**

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Benefits

- **Voluntary and non-punitive; appeals to sense of professional pride**
- **Physician-level data encourages self-improvement among physicians**
- **Health systems can use physician-level data to manage quality and costs**
- **The public can become more informed about physicians**

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Data Collection & Evaluation

- **Physician abstracts data and self-assesses against criteria using worksheets or Web-based tool**

- **Physician submits documentation**

- **NCQA evaluates & scores submission against benchmarks or thresholds**

- **NCQA audits sample (5%) of practices**
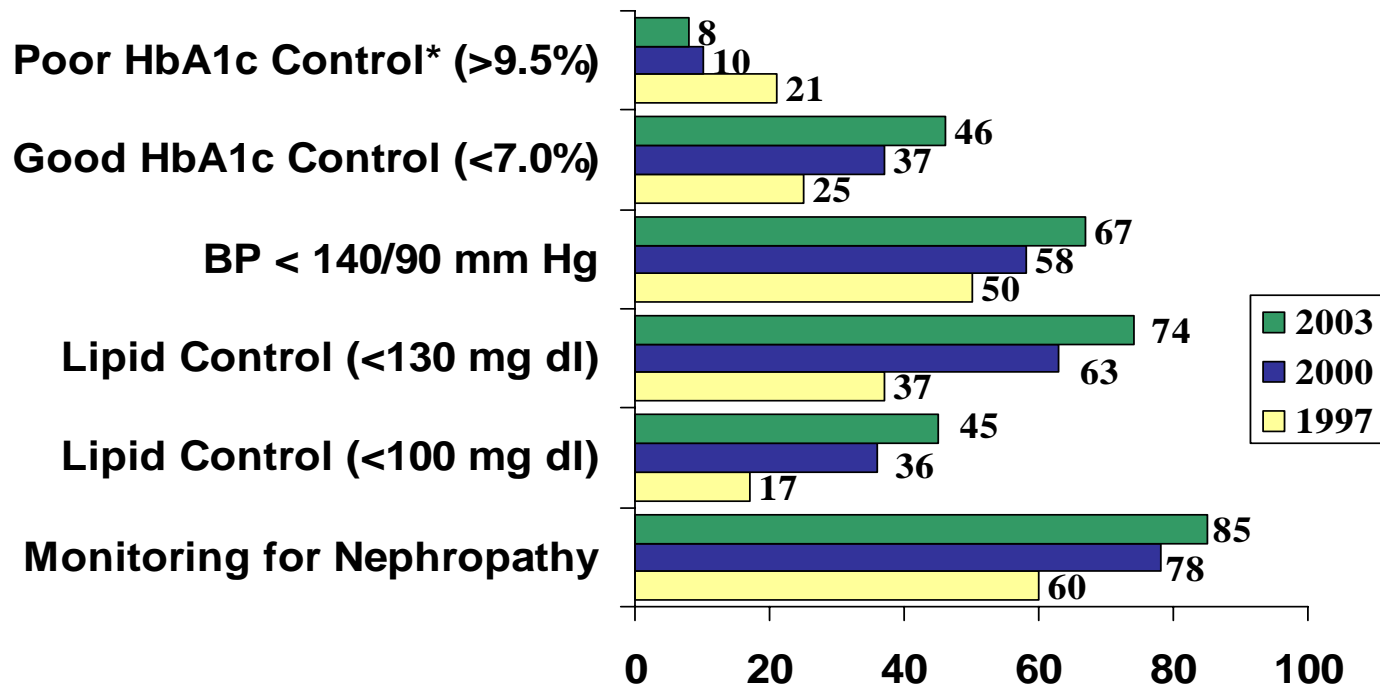
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Diabetes Recognition Program
Measures & Performance Standards

Measures	Required % of Patient Sample
HbA1c <u>control</u> < 7.0%	40%
HbA1c >9.0 % (poor <u>control</u>)	$\leq$ 20%
Blood pressure <u>control</u> <140/90 mm Hg	65%
Blood pressure <u>control</u> <130/80 mm Hg	35%
Complete lipid panel	85%
LDL <u>control</u> <100 mg/dl	50%
LDL <u>control</u> <130 mg/dl	63%
Eye exam (dilated)	60%
Foot exam	80%
Nephropathy	80%
Smoking status and cessation advice and treatment	80%

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Measurement Leads to Improvement

Physicians Achieving Recognition
ADA/NCQA Diabetes Physician Recognition Program

% of adult patients with

Diabetes Physician Recognition Program, average performance of applicants, 1997-2003 data.
* Lower is better for this measure.

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Heart/Stroke Recognition Program
Measures & Performance Standards

Measure	Required % of Patient Sample
Blood pressure <u>control</u> <140/90 mm Hg	75%
Complete lipid panel	80%
LDL <u>control</u> <100 mg/dl	50%
Use of aspirin or another antithrombotic	80%
Smoking status and cessation advice and treatment	80%

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Measures apply to Ischemic Vascular Disease:

CAD (AMI, Stable Angina, Percutaneous Coronary Intervention, CABG); Peripheral Arterial Disease; and Cerebrovascular Disease (Ischemia, Stroke, and Atheroembolism)

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Physician Practice Connections
Performance Assessment Metrics

- Based on IOM recommendations and "systemness" & chronic disease research

Clinical Information Systems/Evidence-Based Medicine	Patient Education and Support	Care Management
Use of patient registries	Use of educational resources	Care of chronic conditions (disease management)
Electronic Rx and test ordering systems	Assessment and referrals for risk factors & chronic conditions	Addressing preventable admissions
Electronic medical records	Quality measurement and improvement	Care of high-risk medical conditions (case management)

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Relevance of NCQA Strategy Internationally

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Adapting the Recognition Model

- Designing "certification-type" programs modeled after recognition approaches to address preventive care or chronic care, including HIV/AIDS

- NCQA recognition model is
  - Adaptable
  - Not dependent on complex data systems
  - Cost-effective
  - Self-sustaining

- NCQA can support measures development and training on program operations

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Example Metrics for Provider Certification of HIV/AIDS Care

- **Illustrates one aspect of HIV/AIDS Care-- Antiretroviral Treatment**

Clinical Treatment	Laboratory Monitoring	Counseling and Education
Use of patient selection criteria to initiate treatment	Detection of HIV, STDs, TB and Pregnancy	Treatment readiness assessment (prior to starting ART)
Care of opportunistic infections	Drug toxicity monitoring	Educational info on medications & lifestyle
Ongoing monitoring of health status	Regular, scheduled disease progression testing (viral load)	Monitoring of drug adherence

References: South Africa's *Operational Plan for Comprehensive HIV & AIDS Care, Management and Treatment* (11/19/03); and *National Antiretroviral Treatment Guidelines*, National Dept of Health (2004)

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More Information

- ## **Web site: www.ncqa.org**

  – Diabetes Physician Recognition Program www.ncqa.org/dprp

  – Heart Stroke Recognition Program www.ncqa.org/hsrp

  – Physician Practice Connections www.ncqa.org/ppc

- ## **Customer Support: (888) 275-7585**

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