ISSUE #3 SPRING 2008

Prescriptions for Excellence in
HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON MEDICAL COLLEGE AND ELI LILLY AND CO.

Ambulatory Quality Measurement: The Jefferson University Physicians Experience

By Neil I. Goldfarb

Historically, quality measurement and improvement in ambulatory care was undertaken at the health plan level. Thanks to the standardized Health Plan Employer Data and Information Set (HEDIS®) measurement set, emphasis is increasingly being placed on measuring quality at the level of the individual provider group or provider. As measures are developed, pilot tested, and disseminated, they are fueling quality improvement and value-based purchasing initiatives such as

- public reporting of provider-level quality data,
- consumer incentives for choosing higher quality providers,
- selective contracting with higher quality providers, and
- pay-for-performance (P4P) programs for ambulatory care providers.

Jefferson University Physicians (JUP), the faculty practice plan of Thomas Jefferson University, consists of over 400 physicians in primary care and specialty care practices. As a large multispecialty academic group practice, JUP faces many challenges in ensuring that quality care is provided consistently across all practice sites and providers. A survey conducted in 2003 found that JUP and most of its colleagues in the University HealthSystem Consortium were just beginning to recognize the need to address ambulatory care quality.[1]

In 2004, JUP reconstituted its Clinical Care Subcommittee (CCS) as the main oversight body for ambulatory care quality measurement and improvement. The CCS includes representation from all clinical departments. JUP leadership agreed to fund a full-time quality review nurse and a half-time data analyst to support the CCS' work. Additional resources were provided in-kind from Jefferson Medical College's Department of Health Policy, including the Department's Chair, who agreed to Chair the CCS, and the Department's Director of Research, who assumed the responsibility of JUP Director of Ambulatory Care Performance Improvement.

Initially, the CCS focused on supporting each of the 16 clinical departments in developing and implementing at least 1 outpatient quality measurement activity. The CCS staff met with representatives of each department to discuss possible measures and provided information on existing specialty-relevant measures (eg, HEDIS or HEDIS-like measures), specialty society guideline and measurement development efforts, and the emerging measurement sets endorsed by the National Quality Forum and the AQA Alliance. Where well-established measures did not exist or did not seem relevant to the practice, the practice representatives were asked to propose measures based on criteria of importance to the practice, feasibility of measurement, and the belief that a quality issue might exist in the area of study.

Nearly all departments were highly receptive to this performance measurement initiative and, within the first 2 years of activity, 14 of 16 departments had at least 1 initiative under way. Examples of projects include:

- Measuring blood pressure control for patients with hypertension in the Internal Medicine and Family Medicine practices
- Using the SF-12 (www.iqola.org/instruments.aspx) survey tool to measure health-related quality of life (outcomes) for patients in the Rehabilitation Medicine outpatient practice
- Reviewing records for patients who were seen in the Emergency Department (ED), returned to the ED within 72 hours, and

were admitted to the hospital, in order to determine if a quality-of-care problem occurred during the initial visit

- Surveying patients who underwent ambulatory surgery to identify postoperative infection rates and other complications
- Tracking follow-up on biopsies and time to patient notification in the Dermatology practice

One major initiative, designed by the Otolaryngology Department with support from the CCS staff, examined documentation of smoking history and smoking cessation counseling for patients with head and neck cancers. Several rounds of measurements and feedback to providers in this practice, including redesigned charting tools and patient education materials, resulted in a marked improvement in history taking, counseling, and referring patients who continued to smoke. This project is being expanded into a major public health initiative spanning all departments.

JUP is one of the first academic group practices in the nation to deploy the *Physician Practice Patient Safety Assessment (PPPSA)*, an ambulatory patient safety assessment tool developed by the Medical Group Management Association, the Institute for Safe Medication Practices, and the Health Research & Educational Trust (www.physiciansafetytool.org). The tool is being completed by a multidisciplinary team within each practice site to identify potential areas for safety improvement in domains such as medication safety, patient handoffs and transitions, and practice management and culture. In addition to helping departments identify areas for improvement, the responses will be used to compare JUP performance against national benchmarks, identify best practices across JUP departments, and identify areas for JUP-wide safety improvement initiatives.

National measurement, reporting, and P4P initiatives play an expanding role in shaping the JUP quality measurement and improvement agenda; eg, JUP is participating in the *Physician Quality Reporting Initiative (PQRI)* developed by the Centers for Medicare and Medicaid Services (CMS) (www.cms.hhs.gov/pqri/). Viewed as the precursor to a federal P4P program, PQRI is a pay-for-reporting program in which practices may earn bonus payments for reporting on quality of care using a set of CPT-II (Current Procedural Technology-II) codes. In addition to familiarizing providers and practice administrators with a new lexicon and set of billing codes, implementation of PQRI has required the development of new billing forms to supplement existing ones. Further complicating matters, other payers, including the local Blue Cross Blue Shield plan, have developed their own P4P systems using a largely different set of measures.

An electronic medical record (EMR) system, to be implemented in 2008, should greatly facilitate the CCS team's ability to measure practice- and provider-level performance efficiently, and to accurately report performance data to CMS and other payers. The CCS team is working with the clinical departments and the EMR implementation team to ensure that record templates include essential fields for quality measurement (eg, date of patient notification of test results) and that these fields will be linked with appropriate alerts and flags (eg, reminders that patients have not been notified of test results). Recent CCS meeting discussions have focused on how to use the EMR as a tool to promote quality and how to dispel commonly held beliefs that the EMR will solve all the practices' quality and safety issues.

Summary

Performance measurement and improvement activities have advanced rapidly within the JUP academic group practice over the past 5 years. The commitment of JUP leadership to quality improvement is evidenced by the continued dedication of financial resources to the staffing of the CCS' activities (funding increased from 1.5 to 2.0 FTE's as of July 2007). While many of JUP's initial performance measurement activities were home grown, the agenda is shifting toward use of standardized tools and participation in local and national reporting and P4P programs. Implementation of an EMR will undoubtedly simplify some aspects of the measurement and reporting processes, but much work will be needed to determine how best to deploy this *tool* for true quality improvement. Participation in the national University HealthSystem Consortium and partnering with other organizations at the local and national level are critical to continued learning and development and dissemination of best practices for ambulatory group practice improvement.

***Neil I. Goldfarb**, Vice Chair for Research in the Department of Health Policy at Jefferson Medical College, is Director of Ambulatory Care Performance Improvement for Jefferson University Physicians. He can be reached at: neil.goldfarb@jefferson.edu.*

References:

1. Maio V, Goldfarb NI, Keroack M, et al. Outpatient quality improvement in academic faculty practice plans: does it exist? *Am J Medical Quality*. 2004;6:235-241.

This newsletter was jointly developed by the Department of Health Policy at Jefferson Medical College and Eli Lilly and Company and is supported through funding by Eli Lilly and Company.