Health Policy Newsletter

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From the Editor

The ACOPM of the JCAHO

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Suggested Citation:
Nash DB. From the editor: The ACOPM of the JCAHO. Health Policy Newsletter 2002; 15(3): Article 1. Retrieved [date] from http://jdc.jefferson.edu/hpn/vol15/iss3/1.

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This past summer (July 1, 2002), all hospitals in the United States passed a little noticed, albeit critical, milestone – the submission of electronic outcomes information to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Nearly six years in the making and almost two years overdue, this historic milestone has its roots dating back to 1986. For the last eight years, the JCAHO has sought advice from an external Advisory Council on Performance Measurement (ACOPM) that witnessed each of the evolutionary steps from the "Agenda for Change" in 1986 to the debut of the first core measures via the ORYX Initiative in July 2002. I have been privileged to have a seat at this advisory table since its inception and would like to put into perspective the complex process used by the JCAHO to launch the ORYX Initiative.

With the debut of the Agenda for Change in 1986, Dr. Dennis O'Leary, the president of the JCAHO, set forth his goals for the future of the accreditation process. Even 16 years ago, his vision called for the planned integration of performance measurement data into the accreditation process. By 1987, the JCAHO was working on a de novo indicator development program focused around such hospital services as anesthesia and obstetrical care. By 1988, specific organizational and management indicators were also well along in their development. Hospital-wide measures were also developed to apply across organizational components such as infection control and medication use. These early indicators were then fed into the National Indicator Measurement System or IM System. The early pieces of the IM System were focused on perioperative, obstetrics, trauma, oncology, cardiovascular, medication use, and infection control. Measures were developed by expert clinical panels and tested in hundreds of hospitals across the country. While the IM System was partially operationalized on a voluntary basis in 1994 with just under 200 hospitals participating, the System was abandoned in 1995. That is a story for a separate editorial, but it is generally agreed that hospitals found the IM System to be onerous and unworkable. Worse yet, it was not clear that the IM System would provide hospitals with the tools described in O'Leary's 1986 vision.

It was this IM System that eventually evolved into the ORYX Initiative. Surprisingly, ORYX is not an acronym but, rather, the term chosen to describe the 21st century online outcomes management and performance measurement system for hospitals. According to the JCAHO's own documents,[1] "As quality of care becomes an even more visible public issue, increased attention is being given to the effectiveness of current quality oversight processes and systems. The growing demand for objective comparative information about the performance of healthcare organizations has created a need for a data-driven evaluation process that includes outcomes data. The JCAHO's current triennial onsite survey process must evolve to include performance measurement data in order to continue assuring the public and other interested stakeholders that continuous attention is being given to the care provided by healthcare organizations." In short, it is hoped that ORYX will go a long way toward implementing the original vision of the Agenda for Change laid out back in 1986.

Again, the JCAHO says,[1] "To succeed in such an environment, accredited organizations require objective feedback about their own performance that they can use internally to support performance improvement activities and externally to demonstrate accountability to the public and other purchasers, payers, and stakeholders. Performance measurement activities provide scientifically valid data-driven mechanisms that generate a continuous stream of performance information enabling healthcare organizations to have continuous access to objective data to support their claims of quality, receive early warning of problems or conditions that could lead to serious errors, verify the effectiveness of correction actions, identify areas of excellence within the organization, and compare their performance with that of peer organizations using the same measure within the same performance measurement system." In translation, the ORYX Initiative will, hopefully, increase the value of the accreditation process by confirming the critical links between accreditation and the outcomes of care.

Many persons have criticized the JCAHO over the last 20 years as a group that overemphasizes the process of care. The ORYX Initiative, it is hoped, will lead the JCAHO and hospitals into a new era that by integrating performance measures into the actual accreditation process will make that process more credible, objective, and useful. Hence, July 2002 is a potential high-water mark in our national strategy to improve the quality of medical care, reduce medical error, and close the feedback loop on performance.

How does one operationalize such a national online performance measurement system? These are some of the challenges that the ACOPM has been grappling with, especially in the last six years. The JCAHO called for the creation of a large number of performance measurement systems that could pass muster by the ACOPM and the staff of the JCAHO, and provide hospitals with reliable, reproducible and useful information about their own performance electronically.

As a result of the launch of the ORYX Initiative in 1996, hundreds of private-sector companies around the nation responded to the call from the JCAHO to create these performance measurement systems. The ACOPM, along with staff of the JCAHO, painstakingly reviewed each entity wishing to be a part of the ORYX Initiative. Nearly 300 private-sector vendors were successful in achieving ORYX approval status.[2] Contemporaneously, the ACOPM and other groups struggled with the actual content for these vendors. Simply, which specific hospital performance measures ought to be the foundation of the ORYX Initiative? Which measures would provide hospitals with the broadest possible feedback enabling them to improve their own care delivery systems? Could the ORYX Initiative learn from other organizations such as the Center for Medicare and Medicaid Services (CMS) and their Quality Improvement Organizations (QIOs), and their ongoing efforts to measure and improve the quality of care given to Medicare recipients around the nation?

Over a six-year period from 1996 to early 2002, it became evident that a truly "data-driven evaluation process that includes outcomes data"[1] ought to be linked to other national comparable measures already underway. Hence, the JCAHO and the CMS linked via the so-called Seventh Scope of Work and decided that the hospital "core" measure sets would comprise the first key aspects of the ORYX Initiative.[2] Those core measures include acute myocardial infarction, heart failure, community acquired pneumonia, and pregnancy and related conditions. Two of these core measures form the nucleus of the reports due July 2002. Hospitals can choose which two core

measures and which performance measurement system they would like to electronically relay outcomes information to the JCAHO. It is hoped that the next set of hospital core measures would include various surgical, intensive care unit, and pain management indicators.

For the last year, more than 80 hospitals from across nine states have been participating in a collaborative core measure pilot project with the JCAHO. What can we learn from this pilot project that might guide the national implementation of core measure reporting in the fall of 2002? My personal assessment of the pilot project participants and their preliminary report is somewhat sobering; that is, collecting information on the core measures to send to the performance measurement vendors is taking longer than originally anticipated. Within each core measure there are subsidiary measures that comprise the total set. These subsidiary measures are evidence-based and driven largely from the literature and specialty society input. Medicine, of course, is a changing science. As a result, even during the pilot phase, certain components of the core measures had to be changed to reflect new practices and new information. Also, of course, experts don't always agree on the quality of the evidence supporting these components of the core measures.

At this juncture, it is simply too early to tell if the ORYX Initiative will begin to fulfill the vision laid out in 1986 under the Agenda for Change. Certainly, many hospitals, specialty societies and national constituent-based organizations have weighed in on the ORYX Initiative with largely negative commentary. From a conceptual perspective, my own view is that ORYX is an important step in the right direction to refocus our energies from an exclusive process-based orientation to one that recognizes the importance of outcomes as well. Many vexing future issues remain like: How will the feedback loop be closed for institutions, and will they use the ORYX output to begin the difficult, gut-wrenching process of self-evaluation? How will the ORYX information be displayed? Are control charts and run charts the appropriate format for the future? What new core measures will be introduced, and how will they be cycled in or out of the process?

I believe the greatest future challenge to the ORYX Initiative is its integration into other national quality measurement systems sponsored by such groups as CMS, the National Committee for Quality Assurance (NCQA), and the National Quality Forum (NQF). Outsiders unfamiliar with the performance world view the work of the JCAHO, CMS, NCQA and NQF as a confusing alphabet soup of groups promoting their own selfish measurement agendas. It will take strong physician leadership to rein in these organizations and have all of their horses pulling the quality cart in the same direction. I hope we will collectively look back on July 2002 with pride and a sense of accomplishment as we push the performance measurement agenda deeper into the 21st century. I feel very privileged to have played a tiny role in this evolutionary process. As usual, I am interested in your views. You can reach me at my email address david.nash@mail.tju.edu.

References

1. The JCAHO. ORYX outcomes – the next evolution in accreditation. The JCAHO, Oakbrook Terrace, IL, 1997.

2. Material provided to the ACOPM of the JCAHO during its April 30, 2002 meeting in Chicago, IL.