Premier Embarks on 3-Year 'Quest' for Quality

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Over the next 3 years, more than 100 hospitals will collect quality data on mortality, appropriate care, efficiency, harm avoidance, and patient satisfaction with the aim of improving care and controlling costs.

The Quest: High Performing Hospitals project, which was launched by Premier Inc., a hospital performance improvement alliance, is also designed to test performance measures that will likely be included in future pay-for-performance programs.

"It's an opportunity to learn but also to guide the industry," said Stephanie Alexander, senior vice president and general manager of Premier's informatics division.

In the short term, the program is aimed at preparing hospitals for a world of value-based purchasing and pay for performance. Over the long term, it should help hospitals improve quality and safety while safely reducing costs. "It's really a laboratory," said Dr. Richard A. Bankowitz, vice president and medical director for the informatics division.

Premier began recruiting hospitals for the program last summer and in January started collecting quality data. Over the course of the project, Premier will collect data on the following:

► Mortality, by using a risk-adjusted ratio to measure progress toward the goal of eliminating all avoidable deaths.

► Evidence-based care, via a measure of the percentage of patients receiving "perfect care" based on nationally recognized quality measures.

► Efficiency, through a measure of total inpatient cost per case-mix–adjusted discharge, including all of the costs associated with each episode of acute care.

► Patient experience, as measured using the Centers for Medicare and Medicaid Services' Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction measures. The program will also study how patient satisfaction can relate to cost, quality, and safety.

► Harm avoidance, via measures of the prevention of health care–associated infections and adverse drug events. Premier is working with the Institute for Healthcare Improvement to develop automated measures of harm that can be reported without having to perform a manual chart review.

The first year of the program will focus on mortality, evidence-based care, and efficiency. The hospitals will take on harm avoidance and patient satisfaction during the second year.

Premier will analyze the data from each hospital, disseminate best practices among the facilities, and provide financial incentives to the top-performing hospitals at the end of the 3-year project. The amount of the reward pool has yet to be determined. However, there are no penalties for hospitals who don't meet the goals.

There was no cost for hospitals to participate, Ms. Alexander said, but they needed to have a commitment at both the executive and board levels to meeting the quality goals. They also had to commit to data collection and sharing best practice knowledge, she said. Premier also encouraged hospitals not to make Quest a "special" project but to incorporate it into the everyday business of the facility.

The project builds on the success of the Hospital Quality Incentive Demonstration project, a pay-for-performance initiative performed in collaboration with the Centers for Medicare and Medicaid Services that showed significant improvements in quality and reductions in the cost of care.

The Medicare demonstration showed that hospitals can improve both quality and cost and that there is no reason to think the lessons learned can't be applied beyond the conditions in the pilot project, said Dr. Stephen Schoenbaum, executive vice president for programs at the Commonwealth Fund and a member of the Quest advisory panel.

North Mississippi Health Services in Tupelo didn't participate in the Medicare demonstration project, but they matched its progress on their own; this time around they were the first to sign up for Quest.

It's obvious that both the government and private payers are moving forward with pay for performance, said Dr. Ken Davis, chief medical officer for North Mississippi Health Services. He and his colleagues want to ensure that when the payers move forward, the measures used are valid, fair, and clinically relevant.