

Coalition Sets Measures For Ambulatory Care

The physician-led group endorsed 26 measures aimed at assessing the quality of care.

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Taking a crucial first step in an effort to make pay for performance work for office-based physicians, a coalition of physician groups, insurers, and the federal government has endorsed a set of 26 clinical-performance measures for the ambulatory care setting.

The coalition—the Ambulatory Care Quality Alliance (ACA)—was formed last year by the American Academy of Family Physicians, the American College of Physicians, America's Health Insurance Plans, and the federal Agency for Healthcare Research and Quality.

The starter set of 26 measures focuses on prevention, chronic care, and the overuse and misuse of certain treatments. The set could be implemented as early as next year.

"This is a watershed event," said William E. Golden, M.D., professor of medicine and public health at the University of Arkansas in Little Rock.

The announcement of the 26-measure starter set signals the beginning of an era in which physician performance in the aggregate will be monitored and assessed, he said.

Creating a single set of measures that can be used across health plans is key, Dr. Golden said. It means that physicians won't need to gather different types of data from each patient, he said, and it will allow for increased comparability of patient care.

"The ultimate goal is to improve the quality of care," said John Tooker, M.D., CEO and executive vice president of the American College of Physicians.

ACA's starter set of measures was assembled from existing measures developed by either the Physician Consortium for Performance Improvement or the National Committee for Quality Assurance.

Most of the measures are now under review by the National Quality Forum.

ACA compiled the set in part to reduce the administrative burden on physicians, Dr. Tooker said.

Most physicians deal with multiple health plans and having a single set of uniform measures used across all plans would lessen the hassle factor for physicians, he said.

In addition to being less of an administrative burden, the measures are evidence-based and were developed with physician input, he said.

But this is just the beginning of the process. The measures still need to be validated in the field, he said.

Dr. Tooker said he expects that the measures will be adopted as they are ready to be implemented, possibly as early as next year.

ACA will also work this year on setting standards for data aggregation and re-

porting. And in the future, ACA plans to expand the measure set to include subspecialties outside of primary care.

The measures in the starter set were selected based on their clinical importance and scientific validity, feasibility, and their relevance to consumers, purchasers, and physician performance.

The starter set includes measures of preventive care related to breast cancer screening, colorectal cancer screening, cervical cancer screening, tobacco use and cessation, and vaccination for influenza and pneumonia. Other measures address chronic care of coronary artery disease, heart failure, diabetes, asthma, depression, and prenatal care.

The starter set also contains measures related to appropriate treatment for children with upper respiratory infections and appropriate treatment and testing for children with pharyngitis.

This movement toward performance measures and pay-for-performance programs is already happening in many parts of the country, said Alan Nelson, M.D., a member of the Medicare Payment Advisory Commission (MedPAC) and a special advisor to Dr. Tooker.

"The pressure is coming from the purchasers of care who are insisting on buying value," he said. "Medicare is taking the same approach."

Mark McClellan, M.D., administrator for the Centers for Medicare and Medicaid Services said his agency support the ACA's efforts to implement valid, reliable measures. In a statement, Dr. McClellan called the initial set of measures a "milestone" in the area of ambulatory care.

But Dr. Nelson said he is concerned that most solo and small group practices are not equipped to gather and document the data needed to show compliance with the measures. As this effort moves forward, physicians will need to create patient registries and create some easy and efficient way of collecting the data needed for pay for performance.

MedPAC has acknowledged that difficulty and recommended that under Medicare pay for performance initiatives, only information that can be collected through claims data should be used, he said.

Many of the performance measures that are being pushed by ACA are already in use within the Department of Veterans Affairs, said Rowen Zetterman, M.D., chief of staff at the VA Nebraska-Western Iowa Healthcare System in Omaha.

That bodes well for the success of programs that use the measures going forward since the VA has been able to significantly improve quality through its use of performance measures, Dr. Zetterman said. ■

The starter-set measures are online at www.ahrq.gov/qual/aqastart.htm.

POLICY & PRACTICE

Legislation on Lupus

New legislation aims to strengthen federal efforts to identify the causes of and a cure for lupus. The Lupus Research, Education, Awareness, Communication, and Healthcare Amendments of 2005 (S. 756) would instruct the director of the National Institutes of Health to coordinate lupus research activities within the institutes. The bill also calls for clinical research into the development and evaluation of new treatments, research to validate lupus biomarkers, and research to develop improved diagnostic tests. The bill would also authorize a national epidemiologic study to determine the prevalence and incidence of lupus in the United States. "It has been nearly 40 years since the U.S. Food and Drug Administration approved a new medication specifically for lupus," Sandra C. Raymond, president and CEO of the Lupus Foundation of America, said in a statement. "Ultimately, this legislation will stimulate additional investment in research that will lead to the development of safer and more effective therapies." Sen. Robert Bennett (R.-Utah) introduced the legislation, which was referred to the Senate Health, Education, Labor, and Pensions committee.

Arthritis Patients Lack Insurance

Nearly 12% of nonelderly adults in the United States who report having arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia are uninsured, according to government statistics. And 59% of uninsured adults with arthritis-related conditions have unmet need for either medical care or prescription drugs, according to the Robert Wood Johnson Foundation, which analyzed data from the Centers for Disease Control and Prevention's National Center for Health Statistics. The analysis showed that uninsured adults with arthritis were 4.5 times as likely as insured adults with the same condition to have unmet need for medical care or prescription drugs.

Campaign For Psoriasis Funding

The National Psoriasis Foundation has launched a letter-writing campaign to lobby Congress for increased federal funding for research into psoriasis and psoriatic arthritis. The Foundation added an online advocacy tool to its Web site—www.psoriasis.org—that allows people to identify and contact their senators and representative. The new feature was activated on April 6 and by the end of that month about 6,100 letters had been generated using the online tool and sent to 514 of the 535 members of Congress, NPF reported. In 2004, Congress appropriated \$28 billion for medical research through the National Institutes of Health, but only about \$5 million was spent on psoriasis, according to the foundation. "More funding is required for research that will identify the genes involved in psoriasis development and to determine the mechanism for the disease," Gail M. Zimmerman, foun-

date president and CEO, said in a statement.

E-Prescribing Standards

Medicare should adopt a program-wide system of uniform national electronic prescribing standards for its new prescription drug benefit, according to the Pharmaceutical Care Management Association (PCMA). A uniform national standard is key to maximizing the participation of private plans in the Part D benefit and in helping to reduce regional variations in health care delivery and outcomes, PCMA said in comments to the Centers for Medicare and Medicaid Services on its proposed rule for Medicare e-prescribing standards. "PCMA believes that Medicare e-prescribing holds the potential to transform the health care delivery system," PCMA President Mark Merritt said in a statement. "Regrettably, a 50-state patchwork approach would increase costs, decrease efficiency, and severely undermine the promise of e-prescribing." The organization also urged CMS officials to preempt duplicative and conflicting state laws that could increase costs.

CMS: Pay for Performance Works

Preliminary data indicate that pay-for-performance is improving quality of care in hospitals. A 3-year demonstration project sponsored by the CMS is tracking hospital performance on a set of 34 measures of processes and outcomes of care for five common clinical conditions. Reports from more than 270 participating hospitals on their experiences during the project's first year show that median quality scores improved in all of the clinical areas. For example, scores increased from 90% to 93% for patients with acute myocardial infarction; from 64% to 76% for patients with heart failure; and from 70% to 80% for patients with pneumonia. These early returns demonstrate that using financial incentives works to deliver better patient care and to avoid costly complications for patients, said CMS Administrator Mark B. McClellan, M.D.

New Medicare Wheelchair Policy

Ability to function is the primary criterion in the CMS' new national coverage policy for power wheelchairs and scooters. The criteria look at how well the beneficiary can accomplish activities of daily living such as toileting, grooming, and eating with and without using a wheelchair or other mobility device. The criteria are "part of our efforts to ensure that seniors who need mobility help will get it promptly, and that we are paying appropriately for mobility assistive equipment," Dr. McClellan said in a statement. The coverage policy is one element in Medicare's year-old effort to improve the coverage, payment, and quality of suppliers for wheelchairs and scooters. That effort was launched after Medicare spending on mobility equipment rose to \$1.2 billion annually.

—Mary Ellen Schneider