

Report On Health Care Performance, Institute Of Medicine News, USA

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If pay-for-performance initiatives and public reporting systems are to be effective in improving the quality of health care in the United States, a comprehensive, universally accepted system is needed to measure and report on the performance of health care providers and organizations, says a new report from the Institute of Medicine of the National Academies. Congress should establish a new board within the U.S. Department of Health and Human Services to coordinate the development of standardized performance measures and monitor the nation's progress toward improving the health care system, said the committee that wrote the congressionally mandated report.

"Performance measures are a fundamental building block for all quality improvement initiatives," said committee chair Steven Schroeder, professor of health and health care, University of California, San Francisco. "One of the biggest obstacles to overcoming shortfalls in the quality of health care is the absence of a coherent, national system for assessing and reporting on the performance of providers and organizations. Leadership at the federal level is necessary to ensure that the effort to develop performance measures achieves overarching national goals for health care improvement."

Improving quality of care has become a top priority for all stakeholders in the health care system. Performance measures are benchmarks by which health care providers and organizations can determine their success in delivering care - for example, regular blood and urine tests for diabetic patients, a facility's 30-day survival rate among cardiac bypass patients, or perceptions of care collected from patient surveys.

Many individual public and private organizations - including health plans, professional organizations, and consumer advocates - have made substantial progress developing measures that cover important areas of clinical care, organizational performance, and patients' perceptions of care. But these independent initiatives have led to duplication in some areas and neglect in others that are important to national health goals, the committee noted. Individual stakeholders understandably focus on certain features of care that they consider to be the highest priority for improvement. But they frequently overlook areas of national interest that are difficult to quantify, such as whether care is equitable, efficient, and well-coordinated.

The new National Quality Coordination Board recommended by the committee should guide and organize efforts to build upon existing initiatives to develop performance measures. As an initial step toward achieving a universally accepted set of measures, the report recommends the immediate adoption of an evidence-based starter set of existing measures that would cover care delivered in ambulatory, acute care, and long-term care settings and in dialysis centers. The board should also guide the development of performance measures for areas that currently lack them, such as efficiency, equity, and patient-centered care.

Congress should authorize \$100 million to \$200 million in annual funding for the National Quality Coordination Board from the Medicare Trust Fund, the report says. This amounts to less than one-tenth of 1 percent of annual Medicare expenditures.

The proposed board should report directly to the HHS secretary, and its members should be appointed to staggered terms by the president. The board should work with organizations already involved in developing measurement and reporting tools, but it also should be free to contract with other groups to meet its objectives. It should provide Congress with an annual report on its activities and progress.

The HHS secretary should direct the department's agencies and encourage other federal health agencies to focus on achieving the goals established by the National Quality Coordination Board. Also, the Centers for Medicare and Medicaid Services should require providers participating in these programs to submit performance data to the board; the Centers can use this information for quality improvement activities or as a basis for payment incentives and public reporting.

Requested by Congress, this report is the first in a series that will focus on the redesign of health insurance to accelerate the pace of quality improvement efforts in the United States. Subsequent reports will evaluate Medicare's Quality Improvement Organization program and analyze payment incentives.

The study was sponsored by the U.S. Department of Health and Human Services. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences. A committee roster follows.

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