THE AMBULATORY CARE QUALITY ALLIANCE: IMPROVING CLINICAL QUALITY AND CONSUMER DECISION-MAKING

In September 2004, the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), America's Health Insurance Plans (AHIP), and the Agency for Healthcare Research and Quality (AHRQ), joined together to lead a collaborative effort for determining, under the most expedient timeframe, how to most effectively and efficiently improve performance measurement, data aggregation and reporting in the ambulatory care setting.

The mission of this effort – named the Ambulatory care Quality Alliance $(AQA)^1$ – is to:

improve health care quality and patient safety through a collaborative process in which key stakeholders agree on a strategy for measuring performance at the physician level; collecting and aggregating data in the least burdensome way; and reporting meaningful information to consumers, physicians and other stakeholders to inform choices and improve outcomes.

The effort's goals are to reach consensus as soon as possible on:

- A starter set of measures for ambulatory care that stakeholders can use in January 2006 contracts;
- A multi-year strategy to roll-out additional measurement sets and implement measures into the marketplace;
- A model (including framework and governing structure) for aggregating, sharing and stewarding data; and
- Critical steps needed for reporting useful information to providers, consumers and purchasers.

AQA's mission and goals focus on key areas that can help identify quality gaps, control skyrocketing cost trends, reduce confusion and burdens in the marketplace, and otherwise address the challenges of the current health care system.

We have been strongly encouraged by the support and active participation by a broad range of stakeholder groups and CMS, particularly from Dr. Mark McClellan.

The Need for AQA: Challenges of the Health Care System

While physicians strive to deliver high quality care, there have not been sufficient data to help them identify areas needing improvement. By providing meaningful information to physicians, they can implement corrective action to further improve care delivery. At the same time, useful information provided to consumers and purchasers will allow them to make more informed, value-based health care decisions that meet their needs.

¹ This name is similar to the name of the entity assembled for measuring hospital performance, the Hospital Quality Alliance.

Many different private and public sector groups have attempted to step up to the challenge by designing models for assessing performance and reporting data. While progress has been made, the proliferation of multiple, uncoordinated and sometimes conflicting initiatives has significant unintended consequences for different stakeholders. For example, duplicative efforts:

- Unnecessarily burden physicians, other clinicians, and health insurance plans with different data requests, shifting focus away from quality and efficiency improvement;
- Create confusion among consumers due to different information that is being publicly reported; and
- Detract from collective efforts to efficiently make decisions and design programs that meet the needs of their employees.

Perhaps most important, however, are the adverse effects numerous initiatives have on patient care and the health care system as a whole. Without a uniform approach to select performance measures for public reporting, they will continue to divert limited resources and focus away from establishing clear quality and efficiency priorities, and reaching goals.

The Effort's Progress To Date

AAFP, ACP, AHIP, and AHRQ are co-sponsoring forums to begin addressing these challenges and work toward AQA's goals. At the first meeting, participants formed three workgroups – in the areas of performance measurement, data aggregation and sharing, and reporting – and directed each to meet specific objectives and develop recommendations for stakeholders to consider in future meetings. Objectives were based on participant discussions and a presentation by Beth McGlynn of RAND about the status of quality measurement.

A broad range of stakeholders have participated in AQA meeting and/or workgroup discussions:

- Physicians, hospitals and other health care professionals include: ACP, AAFP, the American Medical Association (AMA), the AMA Physician Consortium for Performance Improvement, the American Board of Internal Medicine, the American Board of Medical Specialties, the American College of Cardiology, the American Academy of Pediatrics, the American Academy of Allergy, Asthma and Immunology, the American Osteopathic Association, and the American Hospital Association
- Private sector employers, business coalitions and consumers include: AARP, Consumer/Purchaser Disclosure Project, The Leapfrog Group, the National Business Group on Health, the National Business Coalition on Health, the Pacific Business Group on Health, Motorola, UPS, BellSouth, Xerox, and Marriott
- **Public purchasers and other government agencies include:** CMS, OPM, AHRQ, and the Department of Treasury
- **Health insurance plans include:** Aetna, Cigna, Health Net, Health Partners, Humana, Independence BCBS, Pacificare, UnitedHealth Group, Wellchoice, Wellpoint, AHIP, Blue Cross Blue Shield Association
- Accrediting organizations include: NCQA, JCAHO, and URAC

• Other key stakeholder organizations include: National Quality Forum, Institute of Medicine, RAND, and E-Health Initiative

AQA has made significant progress in a very short period of time. The three workgroups – which are chaired by representatives of ACP, AAFP and Motorola representing the employer community – are continuing to aggressively move forward in their respective areas and develop recommendations for the next meeting scheduled for April 27 - 28, 2005.

AHRQ, AAFP, ACP and AHIP have valued the diverse perspectives of all participating stakeholder groups during this early stage of the process. As AQA further develops, the cosponsoring organizations and the workgroup chairs will be encouraging other stakeholders to play leading roles in AQA's efforts, welcoming new members to the workgroups and considering the work of individual initiatives during the development of recommendations.