

VALUE-DRIVEN HEALTH CARE

Questions and Answers for Health Care Professionals

What is Value-Driven Health Care?

A collaborative system that integrates interoperable health information technology, evidence-based quality standards, and payments systems will help achieve high-quality, cost-effective care for patients. This is the purpose of the Value-Driven Health Care initiative launched by the U.S. Department of Health and Human Services (HHS).

How is HHS Helping to Create a Value-Driven System?

HHS Secretary Mike Leavitt is bringing together stakeholders in a common effort to achieve better care at lower cost for more Americans. The initiative is not a government-controlled program; it is a public-private collaboration that includes physicians and other health care professionals, institutional providers, health care plans, employers and other payers, consumers, and government health programs. The ultimate goal is a value-driven system that improves the delivery of care and gives the patient the power of choice – a system of better communication, better understanding of patient needs, and more efficient service with fewer bureaucratic bottlenecks.

Why Should Health-Care Professionals Support the Value-Driven Initiative?

Quality in patient care is the primary goal of the health professions. The ability to deliver cost-effective treatment has become increasingly important to preserving access and continuing to improve patient care. The improved information base that can be generated through the Value-Driven Health Care initiative supports the professional commitments of physicians, nurses, and other health care workers.

The value-driven strategy depends on leadership by the health professions. It rests on the ongoing development and use of standards of care, in which participation and leadership of physicians and other professionals is essential.

Employing the principles of value-driven health care can improve clinical quality and encourage more efficient resource use. The initiative is based on the ability to use clearly defined and widely agreed-upon measures that evaluate:

- Clinical quality, patient satisfaction, complications, and outcomes for hospitalized patients;
- Quality of physician care for a broad range of conditions; and
- Costs of comparable goods and services.



How Does the Value-Driven Strategy Work?

To achieve the goals of Value-Driven Health Care, HHS has identified four actionable steps. All stakeholders, including health care professionals, are encouraged to commit to these cornerstone actions:

- Use health information technologies (HIT) that meet recognized interoperability standards whenever HIT systems are adopted or updated;
- Report provider performance on quality measures based on agreed-upon standards;
- Report provider charges for specific services to patients; and
- Participate in incentive programs that reward high-quality, cost-effective care, and encourage consumers to actively seek out the care that meets their needs.

These are designed to enhance the effectiveness of our health care system by increasing the availability of comparable information that all stakeholders can use to make informed decisions. Broad adoption of these principles will yield the information needed in any enterprise to bring about value-based decision-making by helping:

- Health care professionals evaluate how their performance compares with evidence-based standards of care;
- Consumers make health care choices that respond to their needs and preferences; and
- Payers and providers use coherent, mutually-accepted data for quality and cost improvement.

Overall, this initiative supports the energy, diversity, and innovation that distinguish health care in America and motivate improvement in treatments and health outcomes. At the same time, it seeks to end the fragmentation, poor availability of information and perverse incentives that impede patient care.

What Can Physicians and Other Professionals Do Now?

Building on their longtime leadership in identifying standards of care, professional medical organizations already have played a role in shaping the value-driven strategy. It is critical that individual physicians and other health professionals also understand the goals of value-driven health care and engage as partners in implementing its principles.

- **Use Interoperable Health Information Technology (HIT)**
In May 2006, the Certification Commission for Health Care Technology, a group of three leading HIT industry associations, created an efficient, credible, and sustainable product certification program to accelerate the adoption of HIT.

If your practice is considering purchasing Electronic Health Record products, visit the HHS Web site and learn more about certified products at <http://www.hhs.gov/transparency/healthit/>. Information for physicians on adoption and implementation of electronic health records and care management is also available at <http://clearing.qualitynet.org>.



- **Report Quality through the Physician Quality Reporting Initiative (PQRI)**

The Centers for Medicare and Medicaid Services (CMS) has established a physician quality reporting system, as required by the Tax Relief and Health Care Act of 2006. PQRI will provide a financial incentive to eligible professionals who participate in a voluntary quality reporting program.

Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1 to December 31, 2007, may earn a bonus payment of 1.5% of total allowed charges for covered Medicare physician fee schedule services (subject to a cap). Additional information on PQRI can be found online at <http://www.cms.hhs.gov/pqri/>

- **Develop New Quality Measures**

Currently, the most fully developed quality measures are those endorsed by the National Quality Forum and adopted by the AQA (a multi-stakeholder group focused on physician quality measures) or the Hospital Quality Alliance (HQA). The physician quality measures are based on two primary sources: the National Committee for Quality Assurance and the American Medical Association-convened Physician Consortium for Performance Improvement. The hospital measures are the result of years of research, the experience of CMS' hospital quality improvement program, and extensive input from hospitals. Physicians take leadership roles in all of these organizations and are involved integrally with the development of measures.

Physicians can work with medical professional associations and public-private collaborative efforts across the country to help determine how quality should be measured and reported.

- **Join a Local Collaborative**

At its core, health care is local. It is provided in environments that differ in their history, resources, populations served, market characteristics, and medical cultures. Because of this diversity, the most effective steps to achieving lasting improvements in health care require a critical mass of support from community stakeholders – including health care providers, consumers, payers, and purchasers – investing their time and resources toward shared, meaningful, actionable goals. Local public-private collaboration that involves physicians and medical associations is essential to the success of this initiative.

If a Community Leader or Value Exchange collaborative exists in your region, consider joining. If not, consider creating partnering with other interested stakeholders in your area to create a Community Leader organization. Find more information at <http://www.hhs.gov/transparency/communities/index.html>.

