Quality Management and Information Systems

Regulatory and Accrediting Bodies and Their Role in Quality and Performance Management

Margaret C. Wang, Ph.D., M.P.H.

May 9, 2007

Lecture outline

- Accountability in health care
- Mechanisms to promote accountability
- Drivers for increasing accountability in health care
- Group exercise
- Quality and performance management implications
What is accountability?

“the procedure and process by which one party provides a justification and is held responsible for its actions by another party who has an interest in the action”

Emanuel, 1996
Who is held accountable in health care?

Accountability in health care

- Physicians & other health care providers
- Physician organizations
- Hospitals
- Insurers
How has accountability been promulgated in health care?

Accreditation vs. certification vs. licensure
Accreditation

“...involves an external entity evaluating a given organization against a set of predetermined requirements, critical attributes, or performance benchmarks.”

Viswanathan & Salmon, 2000

Certification

“...determination of individual competency or evaluation of a single program or a set of activities.”

Pawlson et al., 2005
Licensure

“...derives from legal and regulatory process and involves the determination by a public agency of whether a given entity or person meets basic qualifications or competencies seen as necessary for providing services to the public.”

Dower et al., 1998

Physicians

- Professionalism
- Licensure
- Certification
Physician organizations

- Regulation
  - Local zoning laws
  - Contracting with HMOs

Hospitals

- Regulation
  - State licensure
  - Regulatory review by CMS
- Accreditation
  - “deemed status”
  - Joint Commission on Accreditation of Healthcare Organization (JCAHO)
Insurers

- Regulation
  - State insurance laws

- Accreditation
  - National Committee for Quality Assurance (NCQA)
    - Health Plan Employer Data and Information Set (HEDIS)

Accreditation—example

Source: http://hcpc.ncqa.org/
### Comparison of approaches to accountability

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Voluntary reporting</th>
<th>Accreditation</th>
<th>Regulation</th>
<th>Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing framework of data collection &amp; reporting</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public-private involvement</td>
<td>High</td>
<td>Moderate</td>
<td>Minimal</td>
<td>Minimal</td>
</tr>
<tr>
<td>Linkage to professional groups</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Flexibility/responsiveness to change</td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Extent of participation</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

### Drivers for increasing accountability in health care
Factors promoting increasing accountability in health care

- Consumerism
- Public’s awareness and concerns about medical errors and safety
- Public’s eroding trust in traditional professionalism
- Growth in choice of health care providers and rise of alternative providers

Factors promoting increasing accountability in health care

- Concerns of health care costs and wastes in the system
- Network tiering and selective contracting
- Marked variation in quantity and quality of health care provided
- Improved measuring tools
Group exercise

Promoting accountability: Engaging stakeholders

Due to recent public attention on the importance of mental health, an accrediting agency is considering using depression screening (e.g., PRIME-MD) as a potential quality measure. Before this measure becomes part of the accreditation, the accrediting agency wants to hear your concerns.
Stakeholders

What concerns would you have about potentially using this measure, if you were:

– Health plan
– Physician practice
– Physician
  ■ Primary care physician
  ■ Mental health specialist
– Patients

Accreditation and regulation: implications for quality and performance management
Example of Accreditation Process—JCAHO

- Preparing for JC hospital survey
  - Know the standards
  - Examine current process
  - Improve areas that are not currently in compliance
  - Review standards with staff and discuss expectation

Example of standard: health care worker fatigue

- **Goal:** prevent patient harm associated with health care worker fatigue
- **Requirement:** organization identifies conditions and practices that may contribute to health care worker fatigue, acknowledges that fatigue poses a risk to patient safety, and takes action to minimize the risk
- **Implementation expectation:** the organization (1) identifies fatigue as unacceptable risk to patient care; (2) identifies tasks affected by levels of fatigue; (3) takes actions to minimize impact of fatigue on patient safety (e.g., scheduling work hours and on-call periods to minimize fatigue, limiting working hours, etc.)
Example of Accreditation Process—JCAHO

Accreditation cycle timeline (example of organization surveyed in July 2009)

- **July 2009 survey**
  - Prioritize Focus Process (PFP) audit and surveyor information sent to organization.
  - Onsite survey: Part of process (PPM) system survey, validation of measures of success from Periodic Performance Review (PPR).
  - Final report left with.

- **Subcommittee**
  - Quarterly meeting.

- **Site visit**
  - Onsite visit planned.

- **EJC**
  - Process and decision-making.

- **Measures of Success**
  - Improvement measured.

- **July 2009**
  - Organization submits initial E-Application (E-Appl).

- **PPF output**
  - Delivered to surveyor with itinerary for review prior to survey.

- **Quality Report**
  - Pinned on the wall.

- **July 2009**


Quality and performance management—key issues

- **What is being measured?**
  - Numerator & denominator

- **Who does this affect?**
  - PCP, specialists, teams?

- **How to customize the organization’s information system to meet accreditation criteria**