AHIP Board of Directors Statement on Improving Quality By Creating Effective Consumer Health Information Systems

Approved by AHIP Board of Directors on November 12, 2007

Through its landmark reports released in 1999, *To Err is Human*, and in 2001, *Crossing the Quality Chasm*, the Institute of Medicine (IOM) focused the nation on the critical need to improve health care quality and patient safety, coordinate chronic care, and support evidence-based medicine. These quality challenges, including a gap between scientific evidence and medical practice as well as significant levels of sub-optimal care, continue to exist and are further heightened by rising medical costs.

To address these challenges, the IOM stressed that an informed consumer is central to improving clinical quality and achieving better value in the health care system. Additionally, the IOM emphasized that consumers should receive information that aligns with six aims for advancing quality – safe, effective, timely, patient-centered, efficient, and equitable. These objectives have been embraced by the Consumer-Purch4(ur)00 Tm [(e)4(nt)-2kD]physicians and hospitals to improve health

competition within the marketplace, resulting in improved quality of care for all consumers.

A recent survey by Peter Hart Research confirmed that eighty-two percent of consumers support the development of systems that give them more information about their doctors and their treatment. Moreover, a large majority of consumers (79%) believe that it is very important that physicians provide treatment that is based on the best practices.

As consumers are seeking more information about the care they receive, physicians and hospitals have emphasized the importance of clinician involvement in the development of programs, input prior to the publication of reports, and transparency of methodologies. The national recognition of the need for all stakeholders to work together has prompted over 135 organizations to join together to form the AQA alliance, a collaborative effort with the mission of developing a uniform approach for measuring and reporting physician-level performance. Health insurance plans are committed to using a uniform set of core performance measures, and are working with physicians, consumers, purchasers, government and others within this alliance to develop consensus on specific measures that reach this goal. As the AQA continues to make progress, these measures will represent an important step in giving consumers information that allows

them to make more informed health care decisions, and providing clinicians with data to improve health care delivery.

Health insurance plans are playing a leading role in these collaborations and are working actively to develop a range of programs to give more information to consumers and practitioners to encourage quality improvement. We recognize the importance of achieving consensus standards to validate methodologies used for these programs as well as the value of flexibility to design innovative tools and approaches that recognize and report performance. We will work with consumers, purchasers and clinicians to develop the best uniform approach for external validation.

Our community is committed to advancing the following principles through collaborative efforts, and through individual health plan programs:

- Consumers, physicians, hospitals, public and private purchasers, and other key stakeholders should continue to collaborate to develop an expanded core set of performance measures that will drive improvement in priority areas that yield the greatest impact on improving health care outcomes.

- Measures, data specifications and methodologies, such as attribution, risk adjustment and the relative importance given to different types of measures, should be clear and transparent so that consumers, purchasers, physicians and other stakeholders understand how performance is measured.

- Physicians, hospitals and other health care professionals, as well as consumers and other appropriate stakeholders, should be involved in the development of provider performance reporting programs.

- Before performance information is made public, clinicians and hospitals whose performance is being reported should have an opportunity to review and comment on the results. In addition, mechanisms should be available to consumers for resolving disputes about performance reporting programs.

- Information about the quality and value of care should be presented together and in a manner that gives consumers information about the relative significance of each factor included in the evaluation.

- Physicians, hospitals and consumers should be notified in a timely manner of significant changes in evaluation methodology, data sources, or network structure in efforts to measure, recognize or report performance.

- Recognizing the importance of transparency, external validation and confidence in performance reporting activities, programs should be reviewed and validated by independent entities.

- To generate quality information and reports based on the most comprehensive data, progress should continue toward establishing uniform processes for the aggregation of data across public and private payers.