

## NCQA and Patient Safety

Current status and next steps

OPM Briefing  
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NCQA

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## Improving Patient Safety-Principles

- Primary focus on non punitive reporting and prevention
- Recognition of systems as problem-not individuals
- Need for strong collaborative effort between accrediting bodies, providers, purchasers and others in health care system
- Critical need for new research in causes and means to prevent medical errors

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## Patient Safety and MCO Accreditation

- Identify areas where health plans can reinforce efforts of providers (physicians and hospitals) in reducing error
- Understanding need to reduce burden and duplication of effort in health plan reporting
- Be consistent with requirements of OPM, HCFA and other purchasers

## Current NCQA Patient Safety Related Standards

- Address individual instances of poor quality (QI11.2)
  - in the context of conducting QI activities, the MCO must implement appropriate interventions when it identifies individual occurrences of poor quality

## Current NCQA Patient Safety Related Standards

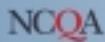
- Improve continuity and coordination of care (QI 9)
  - information exchange between practitioners
  - current focus on coordination of medical and behavior health care
  - exploring HEDIS measure of continuity and coordination of care

## Current NCQA Patient Safety Related Standards

- Thorough, timely and fair complaint resolution (RR 3 and 4)
  - investigating and acting on complaints is an important way to detect and prevent error
  - surveyors review of a sample of complaint files
  - QI standards require monitoring and trending of complaints to identify and prevent future problems

## Current NCQA Patient Safety Related Standards

- Practitioner performance monitoring (CR 9)
  - MCOs must take into account data on member complaints and other sources when recredentialing PCPs and high-volume specialists
  - Surveyors review a sample of files



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## Current NCQA Patient Safety Related Standards

- Complete medical record documentation (MR)
  - MCOs must have record documentation standards and goals
  - MCOs must have process to improve the quality of medical record keeping
  - Physician surveyors look for six required elements in a sample of medical records



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## Current NCQA Patient Safety Related Standards

- Site visits prior to contracting (CR 6)
  - MCOs must set office site standards, acceptable levels of performance, survey the offices and require necessary improvements
- Assessment of organizational providers (CR 11)
  - MCOs must develop criteria and conduct site visits

## New Standard for 2001

- Require MCO's to establish patient safety program as part of existing QI structure
- Require that patient safety initiatives be specified in annual QI work plan
- Require evidence in QI program evaluation of progress in patient safety activities
- No specification at this point of type of activity required

## Potential Clinical Performance Measures

- Specify in contracts that hospitals, ambulatory surgery centers and others report key data related to patient safety
  - Rate of “should never happen” events
  - Rate of reported near misses / should never happen
  - Rate of adverse drug events

## Potential Clinical Performance Measures

- Develop HEDIS measure of continuity and coordination
  - link to patient safety needs more research
  - review proposal of Starfield, Stange, Flocke et al-suggested supplement to CAHPS or similar survey

## Potential Clinical Performance Measures

- Develop requirements for hospitals, health plans and providers to have computerized data bases (or alternative) to reduce pharmacy errors and adverse drug interactions
  - Rates of potential medication errors detected
  - Rates of actual medication errors
  - Rates of potentially serious drug interactions detected

## Potential Clinical Performance Measures

- Develop measures for follow-up of abnormal lab results
  - As part of comprehensive cancer measures (time lapse between screening and evaluation)
  - Selected “life threatening” abnormal labs (very high potassium, very low Hct etc)

## Potential Clinical Performance Measures

- Value-volume based purchasing
  - proportion of procedures with high evidence for volume-quality link done at high volume hospitals or centers
  - proportion of major procedures done at hospitals with high quality ratings
  - proportion of persons facing major surgery offered option of high volume hospital

## Potential Clinical Performance Measures

- Develop performance measures applicable to physician organizations, utilization management and disease management firms and other areas of the health care sector.
  - Performance on survey of “culture” for patient safety and voluntary reporting (communication, teamwork etc.)
  - Presence of office based practices that reduce errors (computerized medical records etc.)

## Some Questions to Consider

- How can accrediting agencies provide reinforcing “sticks and carrots” for plans and providers to implement systems that enhance patient safety
  - Health plan accreditation-contractual, data reporting requirements, provider performance measures
  - Provider accreditation-performance measures (pharmacy errors), standard (computerized pharmacy or pharmacist “rounds”

## Some Questions to Consider

- How can measures and standards be applied at level (physician, surgery center, hospital, health plan) that will bring most prolonged and profound improvements
- How can accreditation enhance, and not retard, the process of quality improvement in patient safety
- How do we work with providers and others to change culture of blame and sue