

Project Title:	Defining Barriers/Solutions for Collecting Quality Performance Measures
Principal Investigator:	Longo, Daniel, Sc.D.
Organization:	The Virginia Ambulatory Care Outcomes Research Network (ACORN)
Contract Number:	290-2007-1001
Project Period:	09/07 – 03/09
AHRQ Funding Amount:	\$150,000
Summary Status as of:	March 2009, Conclusion of Contract

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Knowledge Creation

Target Population: General

Summary: Primary care practices are aware of the reimbursement incentives for monitoring patient outcomes to improve care management. However, inexperience with comparative data analysis, unfamiliarity with or limited access to information technology resources, and inadequate reimbursement for related activities limits progress in this area. Clinicians have competing demands for their time that limit their ability to become fully engaged in quality performance monitoring data collection and reporting (QPMDCR).

Primary care practices in the Virginia Ambulatory Care Outcomes Research Network (ACORN) were invited to conduct QPMDCR projects of their choosing to identify and document barriers to performance monitoring. Participating practices covered a range of practice size, patient population, resources, medical record systems (electronic or paper-based), and experience with quality improvement activities. Project participants reviewed relevant literature from 1989 to the present to supplement the research of practice experience. The objective was to comprehensively describe the issues involved in supporting primary care practices to collect and report quality measure data and document effective strategies that practices have used.

Specific Aims

- Implement QPMDCR projects at selected primary care practices. **(Achieved)**
- Develop a process model outlining a series of steps practices need to consider as they move toward implementation of performance monitoring. **(Achieved)**
- Develop an interactive Web tool for practices' self-assessment of strengths and weaknesses relative to conducting performance monitoring. **(Achieved)**
- Synthesize relevant literature of quality performance monitoring and reporting in ambulatory care settings, especially primary care offices. **(Achieved)**

2009 Activities: Five of six practices implemented and completed a QPMDCR project in 2008. Three focus groups were held with each of the implementing practice teams over the study period. The final report was prepared in 2009.

Impact and Findings: All five practices that completed implementations achieved some degree of success in selecting and planning a project, gathering data, and generating comparative reports. Some practices relied heavily (or exclusively) on physician involvement, while others involved nurses and other practice staff. Two practices utilized automated queries of data; the remaining practices utilized manual

data collection methods or some combination of the two approaches.

All of the study practices experienced multiple and common barriers. Many obstacles were beyond practices' control and significant enough to hinder progress. As a result, most practices were able to gather and analyze data and spend time brainstorming ways to make improvements to care delivery, but ultimately were unable to establish mechanisms for ongoing quality improvement in their practices as an outcome of this project. It is important to note that study practices did not have the necessary expertise in systematic collection and analysis of performance data and needed assistance to identify, set up, and learn the systems that provide this function. They also needed financial support to compensate for the time involved in performance monitoring, including time for physician champions to lead initiatives, time for data collection tasks, and time for interpretation of data. One practice that implemented their project experienced significant difficulty and was likely to discontinue performance monitoring efforts. The remaining practices planned to continue with some form of performance monitoring.

Selected Outputs

Longo DR, Rothemich SF, Krist AH, et al. Report of Experiences from Primary Care Practices in the Virginia Ambulatory Care Outcomes Network (ACORN): The Virginia Ambulatory Care Outcomes Research Network (ACORN); 2009 Mar. Prepared for Agency for Healthcare Research and Quality.

Interactive Web tool for practices' self-assessment of strengths and weaknesses relative to conducting performance monitoring. Available at: <http://www.pubapps.vcu.edu/brads/qpm/>.