

**Date:** September 16, 2009  
**To:** Quality Alliance Steering Committee (QASC)  
**From:** QASC National Regional Implementation Workgroup  
**Re:** Unmet Needs of Regional Coalitions

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**Required Action from QASC:** *For your information*

**Background:**

One of the key deliverables outlined in the 2009 workplan for the National Regional Implementation (NRI) Workgroup is a report to the QASC on the unmet needs of regional collaboratives. This outlines several priority areas of unmet needs as identified through survey responses collated from a survey of regional coalitions and augmented through feedback from NRI workgroup members.

After an extensive deliberative process workgroup members reached consensus on the following set of “unmet needs” of regional collaboratives. The workgroup also proposed a series of recommendations for addressing these unmet needs.

**Unmet need #1: Sustainability**

- Many regional initiatives are operating under uncertain or insufficient funding structures with a reliance on membership dues and limited grants. Whereas AHRQ’s resource guide for Community Quality Collaboratives on sustainability reports an organization’s sustainability requirements exceeds mere funding and succession plans, much of the feedback received through the regional collaborative survey and other sources focused on funding constraints.
- Resource limitations often hinder proper staffing to support diverse program needs of collaboratives including the testing and implementation of measurement efforts. For example, the numerator and denominator specifications of endorsed measures are available, but technical details for the collection and aggregation of data to implement measures are unavailable and require technical staff who are often out of reach for smaller, less-funded community collaboratives.
- Public and private sponsorship (or incentives?) of these collaboratives remain inconsistent and limited.

**Recommendations:**

- Regional collaboratives are well-positioned to serve as testing grounds for alternative methods for data collection and analysis, and foster the adoption of aligned methods across communities. Their stated goals and mission to improve the quality of health in their local community through engagement of diverse stakeholders make them a critical partner in national efforts to improve quality, measure performance, and reduce health care costs, and therefore warrant more robust financial sponsorship.

- Parts of HIT stimulus funding should be considered for allocation to support and build-up activities to electronically collect and aggregate health data elements to produce performance results.
- Support private and public national efforts to promote continued communication and knowledge sharing between regional collaboratives to ensure collaboratives are capitalizing on opportunities for improved operational efficiencies.

### **Unmet need #2: Technological/Methodological Issues with Measurement and Reporting**

- Challenges with collecting, aggregating, and integrating data across different data sources to enable comprehensive performance reporting.
- Challenges with access to all sources of data, e.g., Medicare data, for comprehensive and accurate assessment of performance for all providers and patient types.
- Challenges around proper protection of patients' personal health information, identification of appropriate data stewardship and governance of aggregated data, and matching records (typically provider identifiers) across data sources.
- Limited availability of needed, and meaningful, nationally-endorsed measures (e.g., cross-cutting, cost-of-care, equity, patient experience, specialty care measures).
  - Using nationally-endorsed measures often require the development of additional technical detail (local modification) to support their standardized local data collection. Such modifications, however, contribute to inconsistency of measures used across regions, and are time- and resource-intensive to implement.

#### **Recommendations:**

- Private and public support of regional collaborative activities to test alternative methods for data collection, aggregation, and integration of all data sources across care settings and continuum of care. Disseminate tested approaches to other sites for implementation and to serve as the basis for data collection/reporting efforts of providers required by public and private sector initiatives. This approach will help to ensure reporting of performance results that are comparable across communities.
- **We need a recommendation for how to address patient privacy and data stewardship**
- Private and public measure development and endorsement efforts should focus on critical priority areas and seek to improve care coordination and patient-centered care along the care continuum (e.g., episodes of care, care experience)

### **Unmet need #3: Stakeholder Engagement**

- There are knowledge gaps in understanding best practices for engaging and educating consumers on accessing performance information for health care decision-making. Consumers lack awareness and understanding of how to use available performance information.
- Resource limitations hinder proper marketing and dissemination of performance information.
- Current measures identify little variability in quality. Collaboratives need support to define value case for employers and payers to support activities of regional collaboratives.

#### **Recommendations:**

- Partner with national efforts such as AHRQ's community quality collaboratives initiatives to identify best practices and disseminate to other nascent community collaboratives.

- Private and public sponsorship of wide-reaching consumer education campaign to improve health literacy in general and the role of performance information in health decision-making.
- Develop and endorse more outcome/episode-focused and cost of care measures that address critical priority areas and improve care coordination across the continuum of care. Such measures can better define value critical to engage all payers, providers, and consumers.

**Unmet need #4: Regional collaboratives lack a coherent, strategic approach to evaluating the success and/or failure of their multiple efforts**

- Most regional collaboratives survey could not quantify how many consumers or patients they had reached with their performance information. A few organizations reported tracking Web site hits and content that was viewed.
  - Of those organizations that tracked web hits, they reported visitors were mainly providers or health care facility administrators. Web site visits typically increased following a new performance report release, and efforts to better advertise such releases have been hampered by resource limitations.
- Regional collaboratives have the interest to conduct program evaluation but often lack the proper staffing, knowledge and resource to pursue an informed and organized evaluation. For regional collaboratives with more than one designation as pilot sites for private and public-sponsored regional initiatives, efforts to evaluate program impact have been confounded and difficult to analyze any program success.

**Recommendations:**

- Strengthen program evaluation efforts within community collaboratives.
- Better support through funding and technical support regional collaboratives' efforts to conduct program evaluation.

**Comment [mgk1]:** Need input from Jim, Shannon and others to help flesh out this portion

**Unmet need #5: Regional collaboratives need to more explicitly link quality measurement with quality improvement**

- Need help to better articulate this issue – heard from NRI workgroup members regarding disconnect between measurement and QI efforts

**Recommendations:**

- Regional collaboratives are well-positioned to engage local community stakeholders of payers, providers, and consumers to facilitate the linking of measurement with quality improvement efforts. This can occur on many levels:
  - Data collection and measurement: Collaboratives could serve as trusted third-party data collection and aggregators to support the measurement and reporting of performance results. Collaborative can develop and maintain registries to support chronic disease management efforts at the local level as well as support provider reporting for national P4P efforts, e.g., PQRI.
  - Provider and consumer feedback: public reporting of performance data for consumer; customized performance reports for provider feedback
  - Payer partnership: provide customized performance reports that helps to facilitate performance-based payment.