

February 2009

**Quality Alliance Steering Committee  
Episodes Work Group**

**Summary of Proposed Collaboration between Brookings/QASC and  
Regional Collaborative Organizations**

Over the last 4-6 weeks, QASC/Brookings staff have been corresponding with representatives of regional collaboratives in Pittsburgh, Detroit, and Wisconsin (see Background section below for additional information on these collaboratives) and the team of Harlan Krumholz at Yale regarding an opportunity for collaboration: we have proposed serving as a conduit between the two groups and supporting the regional collaboratives as they consider whether to test and implement Krumholz's NQF-endorsed hospital readmission measures on their local commercial datasets. More specifically, QASC/Brookings would work with Krumholz's team to develop a working understanding of the measures, present the measures formally to the collaboratives (possibly with Yale staff), and provide strategic and technical support to the regional collaboratives as they incorporate the testing of these efficiency measures into their measurement activities during 2009 (and possibly early 2010). The "Proposed Collaboration" section below includes additional detail regarding our proposed activities to support the collaboratives.

*Background Information on Regional Collaboratives Contacted*

The Pittsburgh Regional Health Initiative (PRHI), a nonprofit operating arm of the Jewish Healthcare Foundation, is a consortium of medical, business, and civic leaders to address healthcare safety and quality improvement in southwestern Pennsylvania through the measurement, analysis, and promotion of quality in healthcare services. Over the last ten years, PRHI has supported numerous pilots and demonstrations to drive improvement in healthcare quality throughout the region.

Save Lives Save Dollars (SLSD), an initiative of the Greater Detroit Area Health Council (a non-profit organization with over 60 years of work in southeastern Michigan around cost, quality and access in health care), is a non-profit organization that leverages partnerships and collaboration among health plans (including Blue Cross of Michigan, hereafter "BCMIBCBSM," which covers the majority of the commercially insured in the area), employers, hospitals, pharmaceutical companies, physicians, the State of Michigan, and other key stakeholders to drive improvement in health care quality, access, and reductions in the cost of health care.

The Wisconsin Collaborative for Healthcare Quality (WCHQ) is a voluntary consortium of physician groups, hospitals, and health plans working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin through the development, analysis, and reporting of healthcare service quality measures. Since 2003, the WCHQ has focused primarily on the development of ambulatory care measures for use by WCHQ members to drive internal improvement efforts, share best practices, and support the improvement of the quality of care Wisconsinites receive.

DRAFT FOR DISCUSSION PURPOSES ONLY

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*Proposed Collaboration with the Quality Alliance Steering Committee*

In keeping with its commitment to support the implementation and testing of NQF-endorsed measures at the national and regional level, the Brookings Institution and the Quality Alliance Steering Committee (QASC), through the Episodes of Care Work Group, are pursuing new engagements with each of the regional collaboratives above. As part of these engagements, the QASC will support the collaboratives' efforts to promote the implementation and testing of efficiency measures – primarily hospital readmission measures – through the provision of strategic guidance and technical assistance. We will also work with Harlan Krumholz and his team, who developed the hospital readmission measures, to develop a working understanding of the measures, facilitate communications between them and the regional collaboratives, and seek additional technical input throughout the implementation and testing processes. In particular, QASC staff will:

1. Maintain regular communications with collaborative staff to inform them of developments at the national level regarding quality and efficiency measurement
2. Stay apprised of the ongoing measure implementation support processes as well as key administrative and operational challenges at the regional level. QASC staff and collaborative staff will also explore opportunities for the QASC to increase the visibility of the regional collaboratives' efforts, particularly insofar as highlighting their best practices and challenges may inform the implementation efforts of other organizations.
3. Work with collaborative staff to identify a core group of efficiency measures for implementation – these may be limited to 1-2 hospital readmission measures during 2009. QASC staff will present these core measures to implementation staff in such a way that they can be easily communicated, understood by key stakeholder organizations and member groups, and tested readily by:
  - a. Summarizing key content of selected measures' specifications
  - b. Identifying data elements required to calculate measures
  - c. Discussing key methodological concepts surrounding measure attribution to individual providers or provider groups, minimum sample size requirements, treatment of outliers, etc.
  - d. Proposing templates for the reporting of measure calculation results
4. Support the collaboratives in the development of materials intended to foster the implementation of the efficiency measures
5. Provide further technical support as agreed upon by the Episodes of Care Work Group and regional collaborative organizations, collecting additional feedback and input from Harlan Krumholz and his team as needed