Measuring Performance in Accountable Care Organizations

NCQA now has the performance measures that Accountable Care Organizations (ACO) need to deliver better quality care at lower costs. ACOs coordinate doctors, hospitals and other health professionals to make sure people get all the care they need, while fighting waste and overuse. This requires collecting, integrating and using data to provide high quality, well-coordinated, patient-centered care and identify where ACOs can improve quality and efficiency.

NCQA's ACO Accreditation program rates how prepared ACOs are to deliver on their promise. We expect ACOs to report core performance and patient experience measures. This is a "must pass" item for ACOs to earn higher Level 2 and Level 3 accreditation. However, even ACOs that are not yet NCQA Accredited can submit these standardized measures to promote development of "Gold Standard" ACO benchmarks. NCQA is currently developing audit policies and procedures to ensure accuracy and reliability in collecting and reporting measures.

NCQA's ACO measures can help different types of ACOs serving all types of patients to efficiently deliver high quality care as they respond to incentives to contain overall costs. They cover prevention, acute care and chronic disease management with thirty clinical measures, ten efficiency and overuse measures, and patient-experience surveys for clinicians and hospitals.

- The clinical quality measures are from NCQA's widely used and well-respected Healthcare Effectiveness Data Information Set (HEDIS[®1]) and tailored especially for ACO reporting. They cover important aspects of care like cancer screenings, immunizations, prescription drug use and management of common chronic conditions. They align with Medicare ACO initiatives but address children and younger adults, as well as the elderly, so ACOs can measure performance for all patients covered by different insurers or payers.
- The efficiency measures address widespread overuse problems including inappropriate uses of antibiotics and imaging for low back pain. Also included is the outcome measure of all-cause hospital readmissions. In the future, the efficiency measures also will evaluate total resource use for five conditions that account for over half of health care spending: asthma, cardiovascular conditions, chronic obstructive pulmonary disease (COPD), diabetes and hypertension.
- The patient surveys ask about patient experience of care. For example, did patients have timely access to needed care, were staff helpful and respectful, did providers listen to them and explain things in ways they could understand?

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[1]HEDIS® is a registered trademark of NCQA.

NCQA ACO Performance Measures

Clinical Quality

• Body Mass Index (BMI) 2–18 Years of Age • Adult BMI Assessment • Colorectal Cancer Screening • Cervical Cancer Screening • Chlamydia Screening in Women • Childhood Immunization Status • Immunizations for Adolescents • Follow-Up Care for Children Prescribed ADHD Medication • Controlling High Blood Pressure	• Diabetes Measure Suite (7) • Cholesterol Management for Patients With Cardiovascular Conditions • Use of Spirometry Testing in Assessment and Diagnosis of COPD • Appropriate Medications for Patients With Asthma • Follow-Up After Hospitalization for Mental Illness • Antidepressant Medication Management • Initiation and Engagement for Substance Abuse Treatment • Annual Therapeutic Monitoring for Patients on Persistent Medications	• Disease Modifying Anti-Rheumatic Drug (DMARD) Use for Rheumatoid Arthritis • Osteoporosis Management • Care for Older Adults • Monitoring Harmful Drug-Disease Interactions in the Elderly • Use of High-Risk Medications in the Elderly • Medication Reconciliation Post Discharge

Efficiency/Overuse/Utilization

• Appropriate Treatment for Children With Upper Respiratory Tract Infection • Appropriate Testing for Children With Pharyngitis • Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis • Use of Imaging Studies: Low Back Pain • All-Cause Readmissions	Relative Resource Use (RRU) Measures *(future)* • People With Asthma • People With Cardiovascular Conditions • People With COPD • People With Diabetes • People With Hypertension

Patient Experience

• Clinician/Groups CAHPS	• Hospital CAHPS (if applicable)

We also allow ACOs initially to use National Quality Forum endorsed measures implemented in regional collaborative quality improvement initiatives. Our goal, once NCQA has established solid benchmarks, is that ACOs will report performance using a core set of widely agreed-upon performance measures.

Attribution Options. Patient "attribution" is important because patients are often free to obtain care outside of an ACO's provider network. Also, different insurers may want results only for patients they cover. ACOs have two options for determining which patients to include in performance reporting. They may either:

1. Report only on patients covered under specific contracts with payers, or
2. Include all patients who received half or more of their primary care services from the ACO's providers in the preceding 24 months. NCQA recommends this second option because of its more comprehensive view of opportunities to improve for all patients.

To learn more about NCQA ACO performance measures visit our website at http://www.ncqa.org/tabid/1312/default.aspx or contact Kiran Johal at Johal@ncqa.org or 202-955-3594.