

Quality CV Practice: What Attributes Should Be Measured?



By Janet S. Wright, M.D., F.A.C.C.

“Are YOU measurin’ ME?” I say to myself, paraphrasing actor Robert De Niro’s threatening voice in the movie “Taxi Driver.” I ask this question in reaction to the current frenzy of health care measurements. As cardiovascular professionals, our performance is subject to scrutiny by payers, purchasers, other providers and patients. This isn’t a bad thing if done appropriately, but unfortunately, many, if not most, of the measurement tools or programs currently being used or discussed by health plans and others do not adequately reflect our performance.



Fuel for the Frenzy

Each year the American College of Cardiology (ACC), American Heart Association (AHA), and other stakeholders invest enormous time and effort in understanding, testing and improving measures. While significant progress has been made (particularly with a subset known as process measures), the science of performance measurement is still in its infancy, especially at the individual practitioner level. The health care marketplace has recently begun to use these measures, intended for quality improvement purposes, for public reporting and performance-based reimbursement. Remarkable advances in technology and an expanding population of patients with multiple, complex, chronic conditions are contributing to the escalating costs of care. At the same time, studies demonstrate an uncoupling of the expenditures and the health outcomes “purchased.” Add to this the consumer demand for information about health care options, and you have the development of programs that use measures — mature or not — to rank physicians and link payment to performance.

PAR⁴: Taking a Proactive Approach

These factors create the potential for the perfect storm: doctors and nurses disengage; patients are misinformed; health care further deteriorates; and costs soar. To help avert this scenario, the ACC has charged a task force to look at “Performance Assessment, Recognition, Reinforcement, Reward and Reporting” (PAR⁴). The goal of the task force is to prepare members to excel in this environment by tackling critical issues that impact quality care and professional performance. These include cardiovascular recognition programs, efficiency measurement, transparency, comparative effectiveness and patient-centered medical home implementation.

Addressing these issues now will help provide the health care marketplace with the much-needed scientific guidance necessary to ensure performance assessment is done in a way that best assesses provider performance and gives patients information they can use to make informed decisions. In addition, it allows the ACC to engage in national discussions around the design of value-based health purchasing, benefit design and reimbursement models as they relate to cardiovascular specialists.

What Defines a Quality CV Practice?

Although all of the issues listed are important, cardiovascular recognition is an immediate priority because many payers already have in process or in print a public display of physician rankings. Over the course of the next few months, the ACC, specifically the PAR⁴ task force, will develop a recommendation for the content and process for implementing a standardized cardiovascular practice recognition program that can apply across all subspecialties in the House of Cardiology.

The task force intends to produce a draft template with a menu of attributes possessed by and demonstrated in a “quality” practice. Following a 30-day comment period for ACC members, we expect to complete a final template in Summer 2008. From there, the ACC will develop tools and resources for cardiovascular practices that will facilitate the achievement of “quality practice” status.

We are cardiovascular professionals. We have been measured since birth, usually by our own choosing. We seek out and thrive in highly competitive education, training and practice environments. We embrace scientifically sound performance assessment as a means to further improve our care and its delivery. With guidance from the College and other key partners, our attitude toward this newest round of measurement should be “Bring it on!”

Wright is chair of the PAR⁴ Task Force.

We Want Your Feedback

Join the discussion about what makes a quality cardiovascular specialist. Visit the “Lewin Report” blog at lewinreport.acc.org and answer the following questions. You may also e-mail your answers to *Cardiology* (adees@acc.org).

- As a cardiovascular professional, what items would you choose to publish on a “report card” to demonstrate your excellence to a prospective patient?
- Now, you need a cardiologist and cannot consult a medical colleague. What information would be valuable to help you choose? Please be very specific and inclusive.