

Rochester Individual Practice Association
Quality Improvement Collaborative
Frequently Asked Questions

Why has the RIPA Board decided to pursue a quality improvement collaborative?

- RIPA's mission is to build a more effective and efficient health care delivery system in a way that creates a mutually beneficial relationship with our practitioners and clients. An IPA business model is no longer a viable or realistic approach to meeting this mission.
- Health care cost trends are unsustainable. Efforts that seek to control costs through judgmental approaches create conflict and have not resulted in meaningful change.
- Successful solutions will require collaboration across the community involving many key stakeholders.
- The current system of insurers distributing separate reports, hospital based systems using in house QI departments and small practices using their own programs, is not equipped to provide information and tools for community-wide quality improvement.
- The most successful solutions must, early in development, involve the very practitioners who are closest to the delivery of the care we hope to improve.
- Valuable lessons learned in Rochester and nation-wide can be applied in developing the next generation of quality improvement initiatives.

Why is a community or region-wide approach the best approach?

- Fundamental, system-wide changes are necessary. These can only occur at a community or regional level.
- Effective quality improvement efforts have to address overuse and under-use across systems rather than on a micro basis.
- Providers treat all their patients alike and cannot change their systems of care dependent on what insurance they have.
- A system-wide approach will reduce the burden experienced when practitioners receive complex and inconsistent information from competing programs.
- By combining data across multiple health plans, accuracy will be improved and disparities across payers will be eliminated.
- The collaborative will develop and disseminate tools and information to help practitioners improve their quality performance.
- Providing community-wide resources dedicated to quality improvement will increase the chances that real change will be achieved.

What will this mean for me as a practitioner?

- The focus will be on quality improvement opportunities
- You will receive one quality improvement report rather than multiple reports.
- The underlying specifications and methodology will be consistent across your patients' health plans no matter how those plans choose to use the information.
- You will objectively know where you stand relative to your peers, local performance and national standards.
- System-wide cost savings will be achieved by addressing overuse and appropriate use of services.
- A more robust source of data, across a larger population will increase the significance of reports relative to your practice.
- A focus will be placed on baseline performance which will provide a basis for understanding where your quality improvement efforts might best be focused for your specific practice.

When will the collaborative take shape?

- Transforming quality improvement efforts to a community-wide approach requires a multi-year effort.
- There will be establishment of a Board of Directors and Physician Council during the early development stages ideally over the remainder of 2008.
- The focus in 2009 will include aggregating data sources, testing data validity, identifying and recruiting expert advisors, analyzing the best opportunities for quality improvement and researching published standards.
- Validity of measures, initiatives and reports will be thoroughly tested with physicians before any distribution begins
- The first public reports will most likely not be published before 2011.
- Subsequent years will see expansion of quality improvement reporting initiatives.

Why is RIPA leading this effort?

- RIPA has the most experience in the community at aggregating data and providing meaningful information and assistance to help practitioners make needed changes.

How is this different from the Rochester Health Commission?

- The failure of the Rochester Health Commission taught some valuable lessons:
 - Efforts must remain focused and milestones, timelines and deliverables must be clearly defined and reached.
 - The collaborative will focus on physician quality improvement opportunities and not on judgment.

Is this a continuation of other profiles we've seen?

- The collaborative will develop a community-wide quality improvement focused report.
- Measures will be developed by the collaborative with appropriate, qualified practitioners and a physician council.
- Quality improvement reports will focus on reducing underuse and overuse of services.
- Reports and their underlying development will be valid, accurate and transparent.
- Reports will be designed to provide actionable information to achieve real quality improvement.

Might health plans decide to tie compensation to quality?

- The collaborative itself will not have any focus on compensation. As the initiative grows and matures it would be logical for health plans to use quality reports to align incentives and reward quality.

How are you going to measure success?

- The success of the collaborative organization itself will be measured by reaching some established milestones such as the number of quality improvement initiatives developed, the percentage of practitioners receiving reports and the percentage of the region's population and sub-populations (i.e. those with a specific chronic condition) being reported on.
- Ultimately success will be measured by achieving sustained improvements in addressing underuse and overuse within the QI initiatives across the region.

What about hospital performance?

- Since the collaborative will focus on systems of care, hospital services will naturally be a vital component of quality improvement efforts.
- The collaborative will not seek to duplicate the existing quality reporting efforts of Medicare or the Department of Health

How will incentives be aligned?

- The collaborative will develop initiatives that are relevant, clinically appropriate and meaningful in an open, transparent fashion. This can provide a basis for stakeholders to align incentives.

Will this duplicate efforts already underway in the community?

- There is currently no community wide quality reporting for providers with comparative data and actionable improvement assistance.

How will you decide what to report on?

- Some key factors will be utilized:
 - Experience nationally has shown that engagement of stakeholders early on is vital to success. One of the earliest tasks will be to convene the right groups of experts to begin to define the best places to focus.
 - What quality improvement opportunities does the data reveal?
 - What established national and community standards can be applied?