Evolution of Performance Measurement at the Joint Commission 1986 – 2010: A Visioning Document

The history of the Joint Commission is rooted in performance measurement, and dates back to Ernest A. Codman and the development of his "end results thesis" which proposes that patient decision-making be based on data. In contemporary times, the final implementation of the Agenda for Change in 1994 left as its principal piece of unfinished business the goal of integrating performance measurement into the accreditation process. This goal is consistent with the Joint Commission's mission "to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations."

During the eight-year period (i.e., 1986-1994) of planning for the accreditation process contemplated by the Agenda for Change, the Joint Commission engaged in a continuing process to develop, test and implement sets of standardized performance measures. During this period, the technical infrastructure to support the collection and transmission of data respecting these measures was also established. Ultimately, however, this proved to be an idea before its time.

As the Joint Commission endeavored to build its new infrastructure and develop the associated measure sets, the measurement environment was rapidly evolving. By the time that the initial work products were nearing completion, other options had emerged and the Joint Commission's approach was not considered by many in the field to be the most salutary. Thus, in 1995, the Joint Commission revised its original measurement strategy to embrace a more ecumenical approach whereby multiple external measurement systems – drawing upon an array of existing and emerging measures and meeting criteria developed specifically for this purpose – were invited to collaborate with the Joint Commission in its new ORYX initiative.

A number of disparate environmental forces further supported the decision to transition the Joint Commission's unitary approach to performance measurement to one that embraced collaboration. For example, the growing impetus for health care reform ultimately led to the creation, in 1999, of the National Quality Forum. The Forum has now come to be acknowledged as the final common pathway for review and approval of performance measures. In addition, the Peer Review Organizations (PROs) – renamed as Quality Improvement Organizations (QIOs) – assumed expanded performance measurement responsibilities, and the Institute of Medicine's *Crossing the Quality Chasm* report laid out national measurement and improvement objectives. Stimulated in part by these initiatives, additional players progressively entered the health care quality measurement arena. Adoption of an inclusive approach has enabled the Joint Commission to be well positioned to work with a variety of measure developers to adapt and adopt measures, and to participate in national initiatives such as the Hospital Quality Alliance.

The Joint Commission's future measurement objectives must allow continuing adaptation to the rapidly changing health care environment and pursuit of the on-going elaboration of performance measurement as a national collaborative activity. To facilitate achievement of these objectives, the Joint Commission's Performance Measurement Strategic Issues Work Group has developed a set of principles to guide this work. Over the next five years, efforts will focus on:

- Refinement of the process for electronic receipt of high quality standardized performance measure data that cover all aspects of care delivery within and across the

various types of health care organizations (e.g., hospitals, long term care, home care, etc.). Approaches to refining this process will include exploration of the potential to expand the capability of the electronic health record to capture measure data as a by-product of the health care delivery process.

- Expansion of the scope of measure sets available for selection by health care organizations. This includes increasing the complement of measure sets for hospitals to provide a broader menu for measure selection as well as implementing standardized measurement strategies for other accreditation programs including long term care, home care, behavioral health care, and ambulatory care.
- Creation of sophisticated applications of measurement data use for accreditation, accountability and public reporting purposes.
- Coordination of data demands and prioritization of critical measurement areas by the various public and private sector entities to minimize data collection burden and eliminate redundancies for health care organizations, while maximizing the consistency and usefulness of the data. Coordination activities will focus on the amalgamation of data demands by large national entities including CMS, the QIOs, NQF, AHRQ, IOM and others.
- Continued, proactive support for the leadership role of the National Quality Forum in the identification of national measurement objectives and the establishment of a long term collaborative relationship.
- Continued proactive support for, and participation in, the work of the Hospital Quality Alliance, the AQA and their combined efforts to harmonize these activities.

Successful achievement of these long term goals should eventually result in demonstrable improvements in health care quality and patient safety.

This document outlines the Joint Commission's future measurement goals and objectives, and describes its strategic directions respecting performance measurement. Its intent is to inform the field about these future directions and to educate the public about the measurement of health care quality.