

Future Goals and Objectives

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The Joint Commission supports the evolution to an information technology infrastructure (i.e., an electronic health record) in which performance measurement becomes a natural derivative of the care delivery process. It is only under these circumstances that measurement requirements can continue to evolve without creating undue burden on health care organizations.

- **Use of Measure Data**

In addition to expanding and enhancing current data uses (i.e., pre-survey report, PFP, public reporting), future objectives include: (1) establishment of a national standardized data set from which routine and ad hoc customized data reports can be generated by accredited organizations; (2) implementation of intracycle data monitoring and routine follow-up with HCOs to assist in the identification of opportunities for improvement; (3) the use of measure data for standards refinement; (4) the inclusion of measure data in the AHRQ National Health Care Quality and Disparities Reports; (5) use of aggregated organization-level data for research activities to improve the quality of care; (6) use of data to help identify and distinguish high reliability health care organizations; (7) use of data to identify and disseminate evidence-based practices and to set national benchmarks; (8) development of processes to support greater use of data by consumers; and (9) use of data to help determine HCO-specific reimbursement levels (i.e., pay for performance). Thus, these data could ultimately be used for accountability, payment, decision-making, accreditation and quality improvement purposes.

- **Access to Aggregate Measure Data by Accredited Health Care Organizations (HCOs)**

The Joint Commission plans to develop an approach to providing HCOs with core measure reports (i.e., control charts and comparison) for all active measures via the Extranet as part of its accreditation services. Particular attention will be directed to the identification and implementation of ad hoc and customized reporting capabilities to support greater levels of process improvement in HCOs. The Joint Commission will continue to evolve policies respecting access to data in a manner consistent with future need and current and future regulations (e.g., HIPAA).

- **Future Performance Measurement Requirements**

Measurement requirements and performance expectations will be modified over time to reflect the application of evolving technologies and care practices as they impact the quality and safety of care. Criteria for prioritizing measure set rotation and frequency of rotation will be developed in addition to a development of a clear communication strategy for announcing changing expectations and the information disseminated well in advance of implementation of any planned modifications. Communications will also focus on the benefits of using standardized measures as a way of minimizing data collection effort and eliminating redundancy of data demands by external entities.

Additional core measure sets will be identified and implemented for acute care hospitals and specialty hospitals to provide a greater scope of selection options. Core measures will progressively replace non-core measures in the non-hospital areas by 2010 – long term care, home care, behavioral health care, and ambulatory care measure selection will be driven by CMS and NQF as appropriate. The Joint Commission will adapt NQF-endorsed and HQA-approved measures for hospitals and will support and remain consistent with CMS measurement-related activities. Similarly, the Joint Commission will adapt NQF-endorsed measures for the non-hospital areas as they become available. Once most or all non-hospital areas have shifted to core measures, emphasis can be placed on assessing the patient’s experience within and across delivery sites (i.e., continuum of care assessment). Broad adoption of the electronic health record, however, is a prerequisite to the Joint Commission’s ability to undertake such a measurement strategy.

- **Receipt of Anonymous Patient-Level Data by the Joint Commission**

The Joint Commission will begin to receive anonymous patient-level data (APLD) in 2007. Receipt of these data will afford the Joint Commission significant new opportunities including: (1) the ability to assure greater levels of data quality (i.e., accuracy, completeness, standardization and consistency); (2) access to critical information respecting measure development, population identification, factors influencing national comparisons, and risk adjustment; (3) provision of greater support for the Joint Commission’s accreditation process; (4) assist in understanding relationships between and among measures and (5) support of efforts to assure ongoing relevance, usefulness, reliability and validity of active measures.

- **Measure Evolution**

Significant efforts will focus on development of an approach for assuring ongoing relevance of measures and identifying measures or measure sets that should be deleted once data indicate that they no longer provide substantive opportunities for improvement. A complementary plan to assure that performance is maintained in these areas will also be developed and implemented. It is envisioned that the maintenance plan will rely on randomized data collection activities for a subset of the retired measure set; this subset of measures would be characterized as “spotlight measures.”

- **Patient Experience of Care**

Measurement of patient perception of care will be added to the Joint Commission's core measure complement over the next several years. It is anticipated that the Joint Commission will adopt the standardized CMS-supported hospital patient experience of care tool (HCAHPS) as soon as it is available.

- **Performance Measurement Systems**

Several mechanisms for the transmission of performance measure data will be available to health care organizations in the future. These will include an Extranet-based option, direct receipt of data from CMS, and/or the ability to continue using a listed performance measurement system. It is envisioned that the number of systems supporting the ORYX initiative in the future will likely decline, but that the quality of service and support will greatly improve as expectations for participation are continuously increased. The ultimate goal is to achieve a standardized core set of measures that provide maximum flexibility and minimum data collection effort for health care organizations.

- **National Collaboration**

The Joint Commission will continue to coordinate its efforts with other national entities to identify and implement performance measures for all accredited health care organizations and to assure consistency of effort and minimization of data collection burden.

The overarching objectives these activities are: (1) the continuing expansion and coordination of nationally standardized core measurement capabilities and (2) increasing the use of measure data for quality improvement, benchmarking, accountability, decision-making, accreditation and research.

Fulfillment of these long term goals will result in demonstrable improvements in health care quality and patient safety. Realization of these goals, however, will depend upon: (1) coordination of national measurement efforts among key national entities; (2) diligent attention to data quality; (3) expansion of the core measure complement for hospitals and non-hospitals; (4) aggressive use of data to identify opportunities for improvement through intracycle monitoring, use of ORYX data as part of the priority focus process (PFP) and in the onsite survey, (5) public reporting of data for accountability and decision-making; (6) minimization of data collection effort and elimination of redundancies for health care organizations; and (7) introduction of a standardized electronic health care record to facilitate and support data collection efforts. Communications regarding progress on these initiatives will be routinely and broadly disseminated to the field.