Community Leadership in Creating Value-Driven Health Care:

*The Wisconsin Collaborative for Healthcare Quality*

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WCHQ Board of Directors
FTC Roundtable
WE ARE . . .

. . . A voluntary Consortium of organizations learning and working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin.

WHAT WE DO . . .

We will develop and publicly report measures of healthcare performance to drive improvement in care; design and promote quality improvement initiatives; and, advocate for enlightened policy which supports our work.

WHAT WE ASPIRE TO BE

We will be a recognized and respected national leader in public reporting; an organization of integrity and trust; transparent and inclusive in its governance and core process; and, willing to innovate, adopt, and continuously improve.
MEMBER ORGANIZATIONS

40% of all WI physicians; 50% of WI primary care physicians

- Aurora Advanced Healthcare
- Affinity Health System
- Aspirus Wausau Hospital
- Aurora Healthcare
- Aurora UW Medical Group
- Bellin Health
- Columbia St. Mary’s
- Dean Health System
- Franciscan-Skemp Healthcare – Mayo Health System
- Froedtert & Community Health
- Gundersen Lutheran
- Hospital Sisters Health System
- Lakeshore Medical Clinic
- Luther Midelfort-Mayo Health System
- Marshfield Clinic
- Medical Associates Health Center
- Medical College of Wisconsin
- Mercy Health System
- Meriter Hospital
- Monroe Clinic
- Prevea Health Services
- ProHealth Care Medical Associates
- St. Joseph’s Hospital
- St. Mary's Hospital Madison
- West Bend Clinic
- ThedaCare
- UW Hospital & Clinics
- UW Medical Foundation
- Wheaton Franciscan Services
Business And Purchaser Partners

The Alliance
Appleton Papers
Badger Meter
Chrysler
GE Healthcare
Schneider National
Business Healthcare Group of Southeast WI
Serigraph, Inc.

WebCrafters
Wisconsin Manufacturers & Commerce (WMC)
Greater Milwaukee Business Foundation on Health
Wisconsin Department of Employee Trust Funds
Wisconsin Department of Health and Family Services
A BRIEF HISTORY OF WCHQ

10/2002: CEOs gather to discuss working together for quality
02/2003: First meeting of WCHQ
04/2004: Launch of WCHQ Ambulatory Measure Workgroup
08/2004: Diabetes ambulatory measure created
11/2004: Diabetes ambulatory data collected
11/2004: First WCHQ “Fall Forum”
04/2005: Launch of WCHQ.org; diabetes data published
06/2005: Hospital Quadrant Analysis Published
11/2005: Second WCHQ “Fall Forum”; HTN data published
12/2005: Postpartum data published
01/2006: WCHQ selected as initial pilot by AQA
07/2006: Colorectal, Pap, Mammo measures published
11/2006: Third WCHQ “Fall Forum”
02/2007: WCHQ selected as “AF4Q” Community
05/2008: CAD, Pneumococcal Measure Published

Updated 5/2008
The WCHQ Model of Direct Data Submission

• Key Characteristics
  – Voluntary data collection by provider organizations
  – Administrative data (denominator) combined with Clinical information (numerator)
  – Performance Measurement at the group level, all patients regardless of payer
What’s The Value?

- System view of performance with ability to drill down to provider level
- All patients within a system are included in the population
- All payers are represented
- Delivers roadmap for improvement
- Foundation for pay-for-performance
Ambulatory Care Measures
Process and Outcome

Chronic Care
- Diabetes Care
  - A1c screening
  - A1c control
  - LDL-C screening
  - LDL-C control
  - Nephropathy monitoring
  - Blood pressure control
- Control of Uncomplicated Essential Hypertension
  - Blood Pressure Control
- Cholesterol Management of Patients With Cardiovascular Conditions
  - LDL-C Screening
  - LDL-C Control
Ambulatory Care Measures
Process and Outcome

• Preventive Care
  – Breast Cancer Screening
  – Cervical Cancer Screening
  – Colorectal Cancer Screening
  – Pneumococcal Vaccinations

• Episodic Care
  – Postpartum Follow-up

New Measures Coming
• Adult Screening for Tobacco Use – Fall 2008
• Screening for Osteoporosis – Spring 2009
WCHQ Consumer Engagement Strategy
Key Tenets, 2004-Present

- Primarily designed to support provider benchmarking and improvement
- Report unadulterated information and allow the reader to draw his/her own conclusions
- Design web site for maximum flexibility in organizing and displaying information (trends, ranking)
- Encourage business partners to incorporate WCHQ measures in open enrollment and decision support materials
WCHQ Consumer Engagement Strategy
Experience and Emerging Themes

• Website utilization statistics reveal primary users are providers, researchers, public agencies (federal and state)
• “Aligning Forces” / RWJ – sponsored research
  – Low level of awareness of WCHQ and other Wisconsin transparency sites
  – Patient activation (“Ask Me 3”, teach back) models as a complementary strategy
Near-Term Evolution of the WCHQ Measures Portfolio

• Resource Use / Cost-of-Care Measures
• Ambulatory Quadrants
• Specialty Measures
• Practice-Site Granularity
Thoughts on Physician-Level Reporting

- Numerous unresolved policy and methodological issues
  - Care process and systems emphasize teamwork not individuals
  - Significant issues with reliability of performance measures across specialties
  - Basic questions of “fairness” to those being measured
  - Usefulness of data that offers questionable reliability to consumers
- “Patient Charter” represents significant mechanism to align stakeholder interests
LESSONS LEARNED

• Multiple stakeholder involvement
• Shared Vision
• Importance of “sweat equity”
• Physician leadership helps foster physician engagement
• Credible, reliable data