NCQA’s Recognition Programs: A proven, cost-effective method to improve clinical quality and its applicability to low- and middle-income countries

Health systems in industrialized countries are having success with new approaches for evaluating and improving care delivered by clinicians in ambulatory care settings. Described herein is a program operated in the United States by the National Committee for Quality Assurance (NCQA), which awards recognition to individual physicians or physician groups who deliver high-quality, cost-effective care. Adaptable to public or private sector ambulatory care clinicians (e.g., physicians, physician assistants, nurse practitioners, RNs) in other countries, NCQA’s approach relies on self-assessment to improve clinical guideline compliance and health outcomes. In low- and middle-income countries, it is a relevant way to encourage quality improvement in the private sector and address the existing imbalance in quality of care delivered by the public-private mix of services.

NCQA Recognition Programs improve public health by stimulating improvement in suboptimal care processes and outcomes. For example, as shown in the graph below, aggregate physician results from NCQA’s Diabetes Recognition Program show improvement in performance on all program measures over time.

NCQA can adapt this approach for low- and middle-income countries to improve various critical public health problems, such as antiretroviral therapy and tuberculosis, where poor treatment invites the serious threat of drug resistance.

Background

In all countries, the ambulatory care sector plays a central role in population health management. In addition to meeting the demand for acute and preventive care, a primary challenge in ambulatory medical practice are the complex needs of the growing number of patients with chronic illnesses such as HIV/AIDS, heart disease, diabetes and respiratory disease. The World Health Organization (WHO) estimated that chronic diseases would cause 60 percent of the roughly 58 million deaths expected in 2005.1 Developing countries, in particular, face a grave burden, as 80 percent of chronic disease deaths occur in low- and middle-income countries.2

1 This excludes deaths from HIV/AIDS, which WHO classifies as a communicable disease.
More than ever, health care systems need quality monitoring systems to ensure that the delivery of ambulatory care is efficient (scarce resources are spent wisely, on appropriate care) and effective (desired health outcomes are achieved). For example, prominent quality monitoring efforts underway in the U.S., the United Kingdom and other countries utilize value-based purchasing strategies and pay-for-performance schemes to evaluate and improve care. These efforts promote standards developed from evidence-based clinical guidelines and use various incentives—such as public recognition, bonus payments, the right to contract, or steerage of patients—to reward health care clinicians who achieve superior results and show good stewardship of resources.

NCQA’s approach to ambulatory care evaluation in the U.S.

In the U.S., NCQA developed and operates national ambulatory care assessment programs known as Physician Recognition Programs. NCQA’s approach evaluates physician care through valid and reliable performance measures that are based on clinical research evidence and expert consensus. By utilizing a self-assessment design (physicians collect and submit required metrics), along with an independent data validation process, the program is feasible, cost-effective and sustainable. NCQA publishes the names of physicians awarded recognition to create public awareness about performance differentials among clinicians and aid consumer choice based on performance results. NCQA’s current family of ambulatory care assessment programs addresses diabetes care, cardiovascular care and optimized medical office systems and structures. For example, NCQA’s Diabetes Recognition Program assesses the following key measures associated with improved care for diabetics:

- **Outcome measures:** Hemoglobin A1c control, blood pressure control, cholesterol (LDL) control.
- **Process measures:** Eye examination, smoking status and cessation advice/treatment, completion of lipid profile, nephropathy assessment and foot examination.

Future NCQA Recognition programs will address other clinical areas, including primary care, cancer care and orthopedic care.

**NCQA Recognition Program Features**

- Performance criteria (metrics) are evidenced-based, consensus-driven, reliable and valid.
- Physician participation is voluntary and nonpunitive (public reporting only of physicians who achieve performance standards).
- Physicians abstract patient-record data and self-assess against criteria using a paper or Web-based tool, and submit documentation to NCQA.
- NCQA evaluates and scores submission and makes the recognition determination.
- NCQA inspects a 5 percent sample of submissions to ensure data validity (e.g., data sources are checked).
- To support quality improvement, NCQA provides detailed feedback to physicians about their strengths and weaknesses.
- NCQA makes results transparent by publishing the names of physicians who pass the criteria. Recognition is for three years, after which physicians can request a subsequent review.

NCQA currently operates its national program with 4 full-time staff, and to date has evaluated and recognized approximately 4,000 physicians.

**Demonstrated Impact**

Results from NCQA Recognition programs show significant improvements on key process and outcome indicators for a specific condition such as diabetes (see the previous graph). Moreover, NCQA’s
Recognition programs underpin a large, national pay-for-performance initiative operated by a private sector coalition that provides incentive payments to physicians who meet performance benchmarks. The coalition found that per-patient saving was achieved through:

- increased compliance with care guidelines
- reduced variation in practice patterns and resource use
- reduced hospitalization and emergency department visits
- reduced severity of disease complications.³

Raising awareness of and strengthening compliance with evidence-based, clinical practice guidelines (which prescribe care processes that improve health outcomes) is an important result of NCQA’s Recognition Program. Unwarranted variation in practice patterns is reduced, patient health outcomes are improved and appropriate and effective use of resources is accomplished. Increasing compliance with clinical guidelines is particularly critical in countries where wide gaps exist between evidence and practice. A recent study found that interventions to enhance the use of clinical guidelines, protocols and policies have not been extensively developed or tested in developing countries.⁴

**Applying NCQA ambulatory care assessment in low- and middle-income countries**

**Benefits**

The recognition model is a good fit for middle-income and developing countries seeking viable and tested approaches to quality assessment and improvement. Based on NCQA’s experience in the U.S., the recognition approach offers other countries the following benefits.

**Feasibility:** The basic requirement of the program is availability of patient information, such as date of visit, diagnosis and test results. Standardized, user-friendly data collection tools completed by clinicians can effectively identify areas of improvement and produce valid and reliable data useful for tracking and trending individual and aggregate performance over time.

**Objectivity:** By using established clinical practice guidelines to inform the selection of performance measures, the program has a basis in science, not in individual judgment. Moreover, validation ensures that self-reported data are accurate and unbiased.

**Cost-effectiveness:** At a participating clinic, a single person with minimal training can perform the required data collection and reporting to central program staff. At the program-level, a few staff in a central location can conduct and manage assessment of thousands of clinicians.

**Sustainability:** Unlike the traditional accreditation model, recognition does not rely on an onsite survey, which tends to be an expensive, resource-intensive activity separate from day-to-day care delivery processes. Recognition, on the other hand, captures the results of the care provided and thus encourages improvement in patient records, which is fundamental to an effective delivery system.

**Implementation Steps**

Health care professionals in low- to middle-income countries can look to NCQA’s approach—which promotes quality improvement, transparency and accountability—to improve health care services in those countries. Below are general steps, based on the NCQA model, for customizing similarly structured

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programs to address an important public health problem (e.g., HIV/AIDS, tuberculosis, malaria, heart disease, diabetes).

1. **Establish credibility through sponsorship.** Identify an independent sponsoring organization that has the trust of multiple health care stakeholder groups (e.g., clinicians, public and private sector organizations, patients) to facilitate public acceptance of the assessment program. The sponsor’s responsibilities include developing, managing and helping to finance the program. Potential financing mechanisms may include donor funding, local government support, fees collected through assessment and sale of information about assessed performance.

2. **Create an advisory committee.** Invite stakeholders with a vested interest in ambulatory care to provide steering and vetting functions for the program’s development. Potential committee membership may include representatives from professional medical societies, NGOs, health ministries and patient advocacy groups.

3. **Conduct focus groups.** Organize focus groups with clinicians and other stakeholders to obtain input on the potential value of an assessment program, needed features (e.g., types of incentives), potential barriers and critical enabling conditions that make such a program optimally successful.

4. **Draft requirements with experts.** Convene an expert panel with national—and possibly international—experts to advise the sponsoring organization on the program’s technical parameters, such as the referenced clinical evidence, specification of performance measures, data collection, measure field-tests and benchmark values. The expert panel’s recommendations should reflect focus group input and be realistic and feasible for the local environment.

5. **Field-test and finalize requirements.** With a small number of clinical participants, test draft parameters to inform final decisions about program operations, such as valid and feasible data collection methods, expected variation in performance and calibration of threshold benchmarks for the program.

6. **Operate the program.** Successful program operations include recruiting clinician participation, hiring and training program staff to review submitted data and support participating clinicians, training local staff to perform data collection and submission and managing program accounting/financing functions.

**For More Information**

Please contact NCQA to learn more about its approach to ambulatory care assessment. On request, we can provide an initial consultation free of charge to discuss your needs and produce a detailed proposal defining the scope and associated costs for a project in your country.

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