National Committee for Quality Assurance

2009 Programs and Initiatives

Case Statement
Introduction

The National Committee for Quality Assurance (NCQA) is the nation’s premier quality measurement and reporting organization. Since 1990, NCQA’s passion for improving quality has made it a central figure in driving improvement throughout America’s health care system, helping to elevate health care quality to the top of the national agenda. NCQA is known as the gold standard for measuring quality performance.

- NCQA’s highly respected accreditation, certification and recognition programs are the most rigorous in the industry.
- Only NCQA has health plan accreditation programs that score programs on quality of care.
- More than 106 million Americans - one in three people - are enrolled in health plans that measure and report to NCQA on the quality of care.
- 2/3 of the HMOs in U.S. are NCQA accredited covering 75% of HMO lives.
- Since 2000, the number of Americans benefiting from quality reporting has more than doubled.
- Three out of four Americans enrolled in an HMO are in one accredited by NCQA.
- More than 13,000 physicians are recognized through NCQA’s physician recognition programs.
- Quality has improved for nine straight years, with commercial plans showing improvement on 44 of 54 measures of care, including 16 significant gains including blood pressure control, asthma treatment and postpartum care.
- Up to 88,000 deaths could be avoided each year if the entire U.S. health care system delivered the same quality of care as the nation’s top performing health plans.

Our job is not finished. 175 million are in health plans that do not report on quality.
Supporting NCQA

NCQA is a 501(c)(3) nonprofit organization that undertakes programs designed to improve health care quality and patient safety. Our goal is a health care system that improves individual health and saves lives.

To sustain these programs, NCQA invites funding support from corporations and foundations that share our mission, vision and values:

- Our **mission** is to improve the quality of health care.
- Our **vision** is to transform health care quality through measurement, transparency and accountability.
- Our **values** incorporate a passion to improve the quality of health care. NCQA stands for:
  - Accountability throughout the health care system.
  - Empowering people to make informed decisions by using NCQA’s information.
  - Commitment to providing excellent service to all stakeholders in the health care system.

The Impact of Improvement: What is the System Supposed to Do?

A: *Move people from right to left—and keep them there*

A *value-based* health care system

Source: HealthPartners
Contributing to NCQA sends a powerful message that an organization is committed to health care quality. NCQA accepts contributions to support the programs and activities described in this case statement, all of which align with our mission, vision and business and strategic plans. NCQA also occasionally seeks sponsorship for new programs and activities not included in this case statement.

The commitment and generosity of health care leaders, foundations, philanthropists and individuals who share NCQA’s goal helps make improvements in care that translates into lives saved, illnesses avoided and costs reduced. This support plays a vital role in making NCQA successful.

Supporting NCQA – and encouraging others to do so – sends the message: quality matters.

In accordance with NCQA guidelines:

- We accept funds only for programs or activities consistent with our mission and vision.
- We will not have relationships with organizations or industries whose principles, policies or conduct conflict with NCQA’s values.
- We require that donor organizations acknowledge and preserve the trust NCQA upholds as it pursues its mission, honoring and respecting the credibility and objectivity with which NCQA gathers information, sets priorities, runs programs and makes decisions.

See Attachment A for details on NCQA’s Guidelines for Sponsorship.
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Section I: Performance Measurement and Accreditation

NCQA’s core activity is measuring performance and developing accreditation programs that contribute to improving the quality of the U.S. health care system, enhancing health and saving lives. NCQA regularly analyzes the impact of its performance measurement on the quality of care delivered by the nation’s health plans. In each of the past five years, these measures have demonstrated improvements that are translated into lives saved, illnesses avoided and costs reduced.

Quality Improvement Saves Lives!

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>LIVES SAVED*</th>
<th>SINCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Blocker Treatment</td>
<td>24,000 – 30,000</td>
<td>1996</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>23,000 – 39,000</td>
<td>2000</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>76,000 – 132,000</td>
<td>2000</td>
</tr>
<tr>
<td>Diabetes – HbA1c Control</td>
<td>2,000 – 3,500</td>
<td>1999</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>125,000 – 205,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

* Gross estimate of lives saved; does not take comorbidities or expected mortality over time into account.

NCQA continues to improve and expand its core programs each year and in 2009, we are implementing strategic initiatives in such areas as health promotion and disease management.

New Strategic Initiatives

Disease Management

Chronic disease affects millions of individuals worldwide and places a substantial burden on society through lost productivity and increased health care costs. Disease management (DM) helps patients and health care providers to effectively manage chronic illness and prevent complications through adherence to medication regimens, regular monitoring of vital signs and healthful diet, exercise and other lifestyle choices. Process and outcomes measurement, evaluation, and management are among DM’s six essential components, according to the Disease Management Association of America (DMAA).
Working with DMAA, NCQA has identified five clinical conditions for development of HEDIS® performance measures: heart failure, coronary artery disease, asthma, chronic obstructive pulmonary disease and diabetes. Performance measures for these clinical conditions will be included in NCQA’s disease management accreditation program.

Medical Home Initiative

The Patient Centered Medical Home (PCMH) is a health care setting that facilitates partnerships between individual patients, their personal physicians, and often the patient’s family. According to NCQA President Margaret E. O’Kane, this innovative model of care has the potential to change the interaction between patients and physicians from a series of episodic office visits to an ongoing two-way relationship.

The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Osteopathic Association and NCQA developed standards to assess whether physician practices are functioning as medical homes. These standards are an extension of NCQA’s Physician Practice Connection (PPC) recognition program. The new initiative is known as PPC®-PCMH™.

NCQA works with these organizations to add important modifications to PPC-PCMH that permit medical home pilot and demonstration projects to gain NCQA recognition and undergo a compliance process so that the PPC-PCMH initiative can be included in pay-for-performance programs.

Below is a map identifying states interested in the medical home initiative.
HEDIS®

HEDIS (Healthcare Effectiveness and Data Information Set) is NCQA’s definitive tool for health plan quality measurement. The most widely used set of measures of clinical quality in health plan care in America. HEDIS assesses how well health plans follow accepted standards of medical care. It includes measures for effectiveness, access, utilization and relative resource use (RRU) - a measure of the intersection of quality and cost. HEDIS performance measures for health plans are related to significant public health issues such as cancer, heart disease, smoking, asthma and diabetes. Because HEDIS is so widely collected and reported, it is an important factor in driving dramatic improvement in performance.

One of the HEDIS success stories is measurement of Beta-Blocker Treatment after a Heart Attack. After seeing dramatic improvement in treatment rates – more than 35 percentage points since 1996 – NCQA retired the measure and created a Persistence of Beta-Blocker Treatment after a Heart Attack measure to assess if in six months patients are still adhering to their life saving medication.

Facts about HEDIS

- 845 health plans reported quality using HEDIS (covering the commercial, Medicare and Medicaid populations), representing more than 106 million people or one in three Americans.
• More than 90 percent of America’s health plans use HEDIS to measure performance on important dimensions of care and service.
• 43 states and the Federal government rely on NCQA Accreditation and/or HEDIS to hold health plans accountable for quality.
• Estimates indicate that HEDIS quality measurement improvements reported by health plans and analyzed by NCQA for Beta Blocker Treatment, Cholesterol Management, Blood Pressure Control, Diabetes HbA1c Control have saved from 125,000 to 205,000 lives in the past 8 - 12 years.

### Quality Gaps Cost Up to 88,000 Lives...

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoidable Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>500 – 1,900</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>600 – 800</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>7,000 – 17,000</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>5,000 – 9,000</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>14,000 – 34,000</td>
</tr>
<tr>
<td>Diabetes Care – HbA1c Control</td>
<td>3,000 – 12,000</td>
</tr>
<tr>
<td>Persistent Beta-Blocker Treatment</td>
<td>200 – 1,600</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>1,000 – 1,600</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>7,000 – 11,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38,300 – 88,900</strong></td>
</tr>
</tbody>
</table>

• The National Business Coalition on Health’s eValue8 program – a leading evidence-based request for information tool available to health care purchasers – emphasizes and includes HEDIS.
• HEDIS is used by state agencies, employer coalitions and others as the foundation for health plan “report cards” and other public reporting initiatives.

32 States Have Laws Requiring the Use of HEDIS/CAHPS
New Health Plan Performance Measures

With all the improvements in quality HEDIS has helped achieve there is still room to accomplish more. Each year, as new guidelines are developed and new scientific evidence emerges, NCQA explores the development of new HEDIS measures for health plans. In 2009, NCQA will determine if a new asthma measure can be developed for HEDIS.

Asthma
NCQA will begin to examine in concert with expert advisors how the quality of asthma care may be improved through the development of a medication management measure. Building upon similar work being tested in California's Pay for Performance initiative, this measure would assess whether asthmatics are controlling symptoms based on exploring the ratio of controller to reliever medications (known as the Schatz ratio) taken by persistent asthmatics over the course of a year.

Reevaluation of Existing Measures

To ensure reliability, relevance and expanded use of the HEDIS measurement set, each measure is reevaluated every three years, and a subset of the measures is studied to identify changes in the clinical guidelines or health care delivery systems in which they operate. In 2009 and 2010 (depending upon the release of revised guidelines), NCQA is scheduled to reevaluate and/or implement changes for the following measures:

2009
- Adolescent Well-Care Visits
- Adults' Access to Preventive/Ambulatory Health Services
- Ambulatory Care
- Annual Monitoring for Patients on Persistent Medications
- Chlamydia Screening in Women
- Cholesterol Management for Patients With Cardiovascular Conditions
- Controlling High Blood Pressure
- Comprehensive Diabetes Care
- Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) in Rheumatoid Arthritis
- Frequency of Ongoing Prenatal Care
- Frequency of Selected Procedures
- Glaucoma Screening in Older Adults
- Inpatient Utilization—General Hospital/Acute Care
- Inpatient Utilization—Nonacute Care
- Management of Urinary Incontinence in Older Adults
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Physical Activity in Older Adults - Discussion
- Prenatal and Postpartum Care
- Use of High-Risk Medications in the Elderly
- Use of Imaging Studies for Low Back Pain
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Weeks of Pregnancy at Time of Enrollment
2010
Antibiotic Utilization
Antidepressant Medication Management
Board Certification
Call Abandonment
Call Answer Timeliness
Childhood Immunization Status
Enrollment by State
Fall Risk Management
Follow-Up After Hospitalization for Mental Illness
Follow-Up Care for Children Prescribed ADHD Medication
Identification of Alcohol and Other Drug Services
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Mental Health Utilization
Osteoporosis Management in Women Who Had a Fracture
Osteoporosis Testing in Older Women
Potentially Harmful Drug-Disease Interactions in the Elderly

Implementing New Performance Measures

If the NCQA Committee on Performance Measurement reviews and approves a new measure in May 2009, it can be implemented as a first-year measure in July 2009 for HEDIS 2010. Since reporting of HEDIS is an important component of health plan accreditation, it is critical that health plans and related providers are fully briefed when new measures are released.

As part of a HEDIS measure launch, NCQA works with health plans, medical boards, specialty societies, voluntary health associations, and others to develop awareness campaigns that ensure measure adoption. The HEDIS measures eligible for implementation in 2009 are:

- Immunization for Adolescents (new antigens)
- Childhood Immunization Status
Section II: Physician Evaluation and Measurement

NCQA knows that as care protocols are refined, physicians adopt new ways of practicing that improve care, patient health and safety. NCQA supports efforts to recognize and financially reward physicians who deliver high quality care and promote a transformed health care system through measurement, transparency and accountability.

Through its physician-assessment tools, NCQA has already recognized the efforts of more than 13,000 physicians who participate in programs that enhance their capacity to deliver care that is safe, timely, effective, efficient, equitable and patient-centered.

NCQA focuses physician accreditation and recognition programs in two priority areas: care delivered to patients with chronic conditions, and improved health system efficiency through use of electronic medical record systems and patient-centered medical homes.

The Diabetes Physician Recognition Program, Heart/Stroke Recognition Program, and Back Pain Recognition Program focus on chronic conditions.

Physician Practice Connections (PPC), and PPC-PCMH focus on health system efficiency through systematic use of patient-centered, coordinated care management processes.
Diabetes Physician Recognition Program

The Diabetes Physician Recognition Program (DPRP) was introduced in 1997 as a joint venture between NCQA and the American Diabetes Association. The goal of the program is to improve the care given to people with diabetes by recognizing those physicians who not only provide high quality care, but also document and improve care. Program measures include: HbA1c control, blood pressure control, complete lipid profile, cholesterol control, eye exam, foot exam, nephropathy and smoking cessation. This program is used by health plans for quality improvement, by Bridges to Excellence for pay for performance and by medical boards for meeting some diplomate recertification criteria. In the future, this program may be used as part of NCQA data collection for patient-centered medical home projects.

Heart / Stroke Recognition Program

The Heart Stroke Recognition Program (HSRP) was modeled after the diabetes program and is a joint venture between NCQA and the American Heart and American Stroke Associations. The program’s goal is to address the impact of cardiovascular diseases and provide a platform to aid physicians in the development of practice protocols that will improve care and patient well-being. Program measures include: blood pressure control, complete lipid profile, cholesterol control, use of antithrombotics and smoking status and cessation advice. HSRP is used by health plans for quality improvement, by Bridges to Excellence for pay for performance and by medical boards for meeting some diplomate recertification criteria. In the future, this program may be used as part of NCQA data collection for patient-centered medical home projects.

Back Pain Recognition Program

NCQA developed the Back Pain Recognition Program (BPRP) requirements from widely accepted medical evidence and with significant input from physician specialists and representatives from health plans and employers. BPRP physicians provide patients with quality care by helping restore health and mobility and avoiding unnecessary treatment and tests – and related expenses.

BPRP physicians demonstrate from their first contact with a patient that they understand and take into account previous care, thus avoiding inappropriate or redundant treatment. BPRP was designed with an understanding that patients may seek back pain care of various practitioners (e.g. primary care, spine specialists, chiropractors) for treatment of a back-pain episode.
Like other programs, NCQA’s goal is for BPRP to be used by health plans for quality improvement, by Bridges to Excellence for pay for performance and by medical boards for meeting some diplomate recertification criteria.

**Physician Practice Connections Program**

Physician Practice Connections (PPC) includes rigorous standards that physician practices must meet to enhance the quality of patient care. Meeting these standards means that practices have connections to systems for patients, information, other practitioners and medical evidence.

The standards cover physician use of systems that:

- Enable patients to communicate with and access the practice easily
- Allow the practice to track patients, their treatments and conditions
- Enable the practice to manage patient care proactively over time
- Support patients’ health care self-management
- Incorporate electronic prescribing tools
- Provide tracking and follow-up of lab and imaging tests
- Provide tracking and follow-up of referrals
- Guide the practice in measuring performance and using the measures to improve performance
- Are based on interoperable electronic medical records and health information

Many physician reward programs (such as Bridges-to-Excellence’s pay-for-performance program) use PPC when assessing physicians’ practices. (Participation in PPC and other NCQA recognition programs could increase in 2009 if health plans and CMS use NCQA’s new PPC-PCMH initiative to certify pilot or demonstration medical home programs.)

**Patient Centered Medical Home**

As described earlier in the Case Statement, the PPC-PCMH recognizes physician practices functioning as medical homes through their use of systematic, patient-centered and coordinated care management processes. Based on compliance with PPC-PCMH’s core standards and 10 must pass elements, physician practices can achieve one of three levels of recognition. Practices complete a Web-based data collection tool and provide documentation to validate responses.
Section III. The Business Case for Quality: Events, Publications, and Tools

Through special events, publications and quality measurement tools, NCQA is building a broad base of support and belief in the business case for quality.

Events
NCQA provides forums for health care leaders to discuss pressing challenges faced by health systems and providers and to recognize individuals and organizations that demonstrate exemplary quality work.

2009 Culturally and Linguistically Appropriate Services (CLAS) Awards
October 15, 2009

Working with The California Endowment, NCQA will host the CLAS awards event in Washington, DC, on October 15, 2009. The event recognizes health plans for innovative approaches to culturally and linguistically appropriate services, highlights tools and resources available for these services, features poster presentations and identifies successful initiatives implemented by health plans.

2009 Public Policy Conference
December 4, 2009

As the leader in providing objective health care quality information, NCQA is at the forefront of building the case among key decision makers for quality in the health care system. NCQA launched its public policy conferences in 2006 with a focus on pay for performance. In 2009, NCQA and other leading health care thought leaders will conduct an in-depth examination of a single critical issue in the health care system. Conference presenters will include policy makers, health industry leaders, researchers, Fortune100 employers and other health care decision-makers.

2010 Health Quality Awards Dinner and NCQA 20th Anniversary Celebration

In 2010, NCQA will celebrate its 20th Anniversary and hold our annual Health Quality Awards Dinner. The dinner brings together diverse stakeholders and health care luminaries who have demonstrated a commitment to making quality health care a priority. While the honorees have yet to be determined, the NCQA Health Quality Award will recognize a demonstrated and ongoing commitment to improving the quality of health care by one or more of the following criteria:
- Improving the management or delivery of health care in such a way as to make the system more effective, efficient and compassionate.
- Advancing health care quality through development of appropriate public policy.
- Conducting research or analysis that facilitates efforts to improve the health care system or that actually leads to such improvements.
- Developing public education campaigns to promote awareness of critical health issues.
Publications

Annually, NCQA produces approximately 30 publications that are distributed in a variety of formats throughout the U.S. and internationally. Health plans, physicians, government agencies, consultants, pharmaceutical companies, consumers and researchers use these publications.

NCQA’s annual *State of Health Care Quality Report* is one of our most anticipated publications. It outlines national performance trends over time, tracks variations in patterns of care and makes recommendations for future quality improvement.

NCQA also collaborates with *U.S. News & World Report* every year to release a ranking of American’s Best Health Plans. This report provides information to consumers helping raise awareness on how well health plans deliver quality care.

Through sponsor support, NCQA expands publishing outreach to additional key contacts in the public and private sectors. Publications include:

- HEDIS Specifications, Narratives, Audit Standards, etc.
- *Quality Compass*
- Health Plan Accreditation, Certification Program, and Physician Recognition standards and guidelines
- *State of Health Care Quality Report*
- *Quality Profiles*
- *The Essential Guide to Health Care Quality*
- Quality accreditation and measurement toolkits (e.g. health plan, Medicaid)
- Prescription drug plans (Medicare Part D)
- White papers, issue and policy briefs
- “America’s Best Health Plans,” with *U.S. News & World Report*
Tools

NCQA produces quality measurement tools, such as the *Quality Compass* and the *Quality Dividend Calculator*, which enable employers, consumers and health care organizations to assess health care improvement efforts. The *Quality Compass* allows health plan managers and others to compare commercial health plan results against national, regional and state averages and percentiles. The *Quality Dividend Calculator* allows employers to their return on investment in employee health care. With sponsor support, NCQA could more widely disseminate these tools to key stakeholders, such as employers or health plans.

**Quality Compass**

*Quality Compass* is one of the primary quality tools offered by NCQA and is the most comprehensive database of health plan performance data available. The *Quality Compass* database includes information on: NCQA Accreditation, plan-specific results on HEDIS and CAHPS measures – data sets that measure clinical performance and member satisfaction. These accreditation measures allow employers to compare a health plan’s HEDIS and CAHPS scores with other health plans, to national and regional benchmarks and to see which health plans achieved “best-in-class” designation on measures covering such conditions as heart attacks, diabetes care or immunization rates.

In 2008, *Quality Compass* added data on accredited PPOs and a Medicaid trending option for HEDIS 2007 and 2008. Other features added include more custom report options for trending data, additional graphic options for displaying results, and a new data exporter option for enhancing users’ ability to do custom analysis and research. It also includes comprehensive national, regional and state averages, as well as benchmarks for commercial plans. NCQA educates key influencers on quality of care and opportunities for improvement by the distribution of this tool to key stakeholders, including state regulators, medical schools, specialty societies and others.

**Quality Dividend Calculator**

*The Quality Dividend Calculator* (QDC) enables purchasers to evaluate health plan value based on health plans’ ability to keep employees well, thus avoiding lost productivity due to illness. Calculations are based on how well health plans treat common high-cost illnesses, using HEDIS data for these conditions: alcohol dependency and substance abuse, asthma, chicken pox, depression, diabetes, heart disease, hypertension and smoking. Purchasers can compare health plan performance against an average and a high performing plan.
The QDC was recently updated to include additional data pertaining to clinical performance, disease prevalence, employee wages and other information that helps determine return on investment. Based on HEDIS data, the QDC estimates the number of sick days and lost productivity resulting from illness. Using company-specific information, employers can estimate potential savings. With sponsor support, NCQA can broaden the current dissemination and use of this important tool by employers, unions, consumer advocates and others.

### Millions of Avoidable Sick Days

<table>
<thead>
<tr>
<th>Measure</th>
<th>Avoidable Sick Days</th>
<th>Lost Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>7.2 million</td>
<td>$1.2 billion</td>
</tr>
<tr>
<td>Depression</td>
<td>13.3 million</td>
<td>$2.2 billion</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12.5 million</td>
<td>$2.1 billion</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>6.3 million</td>
<td>$1.0 billion</td>
</tr>
<tr>
<td>Hypertension</td>
<td>12.3 million</td>
<td>$2.0 billion</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51.6 million</strong></td>
<td><strong>$8.5 billion</strong></td>
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</tbody>
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= 206,000 FTEs removed from workforce

Section IV. Educational Sponsorship Opportunities

Educational Opportunities

Disseminating quality information is one of the many ways in which NCQA works towards achieving its mission. Educating stakeholders that influence health care delivery about quality of care, existing trends, and available tools helps to improve care for patients. One participant said, after an NCQA conference in 2008, “One of the best conferences/agendas/speakers I have had the pleasure to attend.”

Thousands participate in NCQA’s educational programs every year. These individuals include:

- Physicians
- Nurses
- Pharmacists
- Employers and employer coalitions
- Consumer and labor representatives
- Managed care health professionals
- Quality experts
- Administrators at state and federal agencies
- Policy makers at the federal and state level
- Representatives from trade and medical societies
- Other health care professionals.

With sponsor support NCQA can work to educate a broad variety of key health care stakeholders about accreditation, HEDIS performance measurement, physician recognition, and other quality tools to improve the quality of care delivered to patients. NCQA offers education in traditional classroom settings and in the past year more than a thousand participants have joined NCQA to learn more about improving quality at:

- Live seminars in a classroom setting
- Breakfast sessions at NCQA seminars
- Conferences and meetings
- On-site corporate training programs

As the way people learn continues to evolve, however, NCQA has responded by designing education programs uniquely adapted to a modern learning environment. In 2008 approximately 3200 registrants participated in NCQA programs offered online, at audioconferences, and during webcasts. Others learned about improving quality in health care through modalities such as CD-ROMs. As one learner stated, “This on-line (sic) program is excellent. I will be sharing it with my staff.”

In November-December 2008 NCQA also prepared its first CME Performance Improvement program, which will be officially launched in February 2009. With sponsor support, the technology used for CME Performance Improvement can be adapted to any content area supported by NCQA’s HEDIS measures or Accreditation standards.
Using technology to overcome the barriers such as travel, time, and competing priorities, NCQA now offers education through a variety of learner accessible and learner paced modalities, including:

- CME Performance Improvement activities
- Online education programs (learner access)
- Webinars
- Audioconferences
- Enduring materials
  - Podcasts
  - CD-ROMs
  - Topic specific websites

NCQA is proud to be ACCME and ANCC accredited to offer Continuing Medical Education (CME) for physicians and Continuing Nursing Education (CNE) for nurses. All of NCQA’s CME and CNE education programs are developed in compliance with the rigorous standards defined by each of these accrediting bodies. NCQA has found that offering CME and CNE credit increases program participation.

Traditional Education Settings

Live Classroom Education – NCQA’s education department can deliver specific programs to a broad or more targeted audience on changes to HEDIS measures to managed care and preferred provider health plan medical directors, case managers and other key quality improvement staff. In addition to educating plans on these measures, the programs can also provide details on how plans will report this measure and other new measures included in the HEDIS measurement set.

Sessions at HEDIS – In association with NCQA’s annual HEDIS and Accreditation conferences there are opportunities to sponsor sessions that focus on ways to improve health care quality.

On-site corporate training programs – NCQA can work to provide customized training programs targeting how to help improve specific HEDIS or accreditation results or provide basic HEDIS or accreditation information. These are available to sponsor organizations’ staff as well as health care provider audiences.
Conferences/Meetings – Each year NCQA’s staff attends a broad range of national conferences of organizations such as the National Business Coalition on Health, the Academy of Managed Care Pharmacy, the Disease Management Association of America, and America’s Health Insurance Plans. With sponsor support, NCQA staff can help to educate key stakeholders about NCQA’s quality improvement agenda in a variety of forums available in these settings. NCQA would be able to provide onsite outreach at these events to include strategic meetings or presentations on the HEDIS measures and other NCQA activities linked to improved care.

New Learner Modalities

Performance Improvement Activities – NCQA has established itself within the CME Performance Improvement arena. NCQA can create 20-CME Performance Improvement activities, utilizing HEDIS measures or the Physician Recognition Program measures as Stage A and Stage C assessment. NCQA also can develop online programs and other enduring materials to serve as both Stage B educational interventions and self-standing activities.

Online Programs – NCQA’s online education programs can be developed to provide educational content for 1-2 hours in length that are made available online 24 hours per day/7 days per week. The content can include information about treatment guidelines, details about new or changed HEDIS measures, as well as information about quality improvement and best practices employed by health plans, physicians or other health care providers.

Webinars – NCQA can provide real time training and education to various audiences that can benefit from knowledge about NCQA programs in physician recognition, performance measurement, or other key strategic areas of interest on improving health care quality. Through these customized WebEx presentations on new or changes to existing measures participants can engage with presenters to further understand how to initiate quality improvements.

Audioconferences – NCQA can provide audioconferences around a wide range of topics. These conferences can be pre-recorded by faculty and broadcast at multiple locations across the nation, simultaneously or scheduled to meet the attending audience’s needs. At the end of an audioconference, live Question and Answer sessions can take place with faculty allowing the participants to maximize their learning experience.

Other Enduring Materials – With sponsor support NCQA can develop Podcasts, CD-ROMs, monographs, topic-specific websites, or other modalities for learner-directed education about new or changed HEDIS measures, treatment guidelines, quality improvement, and related topics.

In association with any of these sponsored activities, NCQA can also promote the events to over 15,000 educational contacts in our database (health plans, employers, physicians, providers, etc.).
Section V: Research

NCQA conducts intensive research on methods that improve organizational approaches for evaluating the quality of care. NCQA is an emerging leader in health quality research with a growing portfolio of work. For the most part, research is conducted in collaboration with academic research groups and with private and public organizations. In 2008, NCQA published in numerous journals such as:

- *American Journal of Managed Care*
- *American Journal of Medical Quality*
- *Psychiatric Services*
- *Implementation Science*

NCQA’s research agenda is currently focused on efforts to address underserved patient populations, depression, appropriate care and expansion of measurement tools, including electronic health records.

Relative Resource Use

NCQA introduced HEDIS measures addressing Relative Resource Use (RRU) for three conditions in 2007 and expanded these to six conditions in 2008. All RRU measures are paired with HEDIS effectiveness of care measures and eligible populations. During the “first-year” measurement period, when data are not publicly reported, NCQA is evaluating issues such as stability over time, stability across conditions and options for risk adjustment and minimum sample sizes. A key concern that remains is linking quality and RRU performance. Specific questions include methodological issues (simple comparisons and correlations vs. econometric analysis), what quality scores to use (condition-specific vs. global scores) and how to parse RRU scores (total, inpatient, procedures, evaluation and management, pharmacy). Methods developed for the health plan RRU/quality measures will be relevant to efforts to evaluate efficiency at physician and hospital level as well.

Overuse and Appropriateness

As health care costs continue to escalate, increasing attention is focused on waste and inefficiency. Attempts to measure overuse using simple utilization measures are often difficult to interpret, since in most instances there are no clearly defined “right levels” of utilization.

The relative appropriateness of a given intervention is often not taken into consideration in examining rates of imaging or procedures—such as C-sections, endoscopy or coronary artery bypass graft (CABG) surgery. There is also empiric evidence from the work of Robert Brook and colleagues at Rand Corp. that there is a relatively poor correlation between regions with high utilization and low appropriateness. Thus, the concept of appropriateness is critical in trying to devise quality measures of overuse or misuse. NCQA is proposing 1) to create a framework to guide the development and implementation of measures of overuse and appropriateness in practice settings for both internal quality improvement and external reporting in conjunction with other
measures of quality; 2) using the National Priorities Partnership (NPP) priorities as a starting point, to identify specific content areas for initiation of measure development as well as potential sites or organizations for future testing and implementation of measures; and 3) test the feasibility of measures in practice settings, particularly those with advanced health information technology.

**Women’s Health – Pregnancy and Preventive Care**

NCQA proposes to convene a working meeting to prioritize measurement efforts related to pregnancy and women’s health care. Issues for possible inclusion are composite measure of pregnancy risk assessment, screenings and health education, composite measures of well-care for women of childbearing age (e.g., wellness, health promotion and preconception health), measures of overuse and appropriateness for reproductive care (e.g., C-section, hysterectomy) and overuse of preventive services.

**EHRs and Expanding Quality Measurement**

Increasing adoption of electronic health records (EHRs) and health information exchanges (HIE) is an opportunity for a new generation of quality measures. NCQA is working with the American Medical Association-convened Physician Consortium for Performance Improvement (PCPI) and the EHR vendor association to translate existing quality measures to EHR platforms.

NCQA is also looking for opportunities to collaborate with researchers on the development and testing of new quality measures, including those related to children’s health care quality, coordination of care, intensification of treatment and systems for tracking and managing care.

**Children’s Health and Composite Measures**

NCQA is planning to develop and test an age-appropriate performance measurement strategy for comprehensive well-child care addressing screening/assessment, anticipatory guidance, continuity of care, immunizations and management and follow-up of chronic conditions or development issues. An approach looking at composite measures based on age-appropriate care could be defined for risk assessment, screenings, appropriateness, overuse and health education. As part of our new measurement development work, we would like to test these measures in an HER environment. Instead of retro-fitting measures after they have been fully specified and implemented, understanding the functionality and data elements available in electronic systems during the development process will mean that measures are better suited for electronic reporting and avoid potential rework in the future.

**Care Coordination**

Care coordination is a function that supports information sharing across providers, patients, types and levels of service, sites and time frames. The goal of coordination is to ensure that patients’ needs and preferences are achieved and that care is efficient and of high quality.
NCQA is collaborating with The Johns Hopkins University and Park Nicollet Institute to develop, test and disseminate measures for care coordination derived from both conventional and electronic health data systems.

We will focus on the ambulatory sector and cross-setting – ambulatory and inpatient – transitions. These measures will be intended for application to internal quality improvement and real-time care management, external regulation and monitoring and pay for performance. The effort will emphasize measures that are based on data collected via comprehensive EHR systems. The feasibility of measures based on stand-alone data collection for use in the many settings where interoperable EHRs are not yet universally available will also be assessed.

**Engaging Patients and Consumers in Health Care**

NCQA develops projects that explore new ways to engage consumers and patients in their own health and wellness. We believe a comprehensive approach is needed to engage consumers, patients and communities in their own health care. For clinicians and health care practices, patients’ lack of adherence to recommendations for prevention or treatment is disheartening and slows the rate of improvement in quality. For health care organizations and purchasers of health care, poor adherence and unhealthy behaviors are associated with higher costs.

Building on our expertise in measurement and evaluation, we intend to develop projects that: develop consumer- and patient-directed efforts that involve partnering with physicians and practices (including medical homes); identify and evaluate options for providing support and coaching to engage patients and families in health promotion and self-care for chronic disease; and identify ways to disseminate effective consumer engagement efforts more widely.

**Promoting Adoption of Culturally and Linguistically Appropriate Services (CLAS)**

In 2009, NCQA will explore a project designed to develop consensus-based standards for addressing cultural competence, language needs and disparities for health plans, Disease Management Organizations and Managed Behavioral Health Organizations. The research will address issues such as an analysis of current state and federal rules governing the collection of CLAS data in these areas. With the input from a stakeholder advisory panel of experts in this field NCQA will then develop draft standards and proceed with field testing these standards. These standards will cover four areas:

- Data on Race/Ethnicity/Language
- Language
- Diversity and Cultural Competence
- Accountability and Quality Improvement
Assessment and Management of Depressive Disorders

In 2009, NCQA will evaluate opportunities to improve the quality of depression care through nationally standardized performance metrics. This effort would assess strategies to improve depression treatment through measures for screening, assessment, and treatment. Our approach would include development of performance measures and field-testing for appropriate use in health plans, managed behavioral health organizations, disease management programs and physician practices.

Measures, particularly focused on screening and monitoring, that support systemized coordination and evaluation of depression care could be utilized to inform NCQA health plan and provider level standards and for incorporation into new or existing accreditation programs.
Guidelines for Sponsorship

NCQA’s Mission is to improve the quality of health care. Our vision is to transform health care quality through measurement, transparency and accountability.

NCQA seeks contributions from organizations to support NCQA’s Mission and Vision on key strategic programs as outlined in NCQA’s Case Statement.

- NCQA will accept contributions from organizations to support the programs and activities contained in NCQA’s Case Statement. All initiatives described in the case statement align with NCQA’s Strategic and Business Plans, as well as NCQA’s Mission and Vision.
- Over the course of the year, NCQA may identify additional programs and activities not included in the case statement. NCQA may seek sponsorship for these activities if they align with NCQA’s Mission, Vision and Strategic and Business Plans.

For sponsorship on programs contained in the case statement, the following guidelines apply.

Acceptance of Funds

General Principles
1. Corporate funds are accepted by NCQA only for programs or activities that are consistent with NCQA’s Mission and Vision. NCQA will not have relationships with organizations or industries whose principles, policies or conduct obviously conflict with NCQA’s Values.
2. Corporate relationships with NCQA must preserve trust in NCQA and the credibility and objectivity of its information, priorities, programs and decisions.

Special Guidelines
1. NCQA maintains its objectivity and independence with respect to any activities that are developed, sponsored or supported with corporate funds. NCQA does not permit influence by corporate sponsors beyond the usual input NCQA seeks from stakeholders.
2. NCQA may accept funds from corporations to support the development, enhancement or implementation of NCQA programs.
3. Corporate funding for NCQA program development activity includes the following conditions:
   a. NCQA seeks corporate funding for specific activities from multiple sources whenever possible.
   b. Acceptance of corporate funding for program development is with the understanding that NCQA must maintain its objectivity and commitment to a quality result. A sponsor’s preferences regarding program design, content or policies may not be reflected in the program.
(c) Under some circumstances and with NCQA's approval, corporate sponsors may attend as non-voting observers NCQA groups organized to gather stakeholder input and perspective on new programs being developed. All sponsors attending must comply with NCQA policies on disclosure and conflicts of interest.

4. NCQA may consider the results of research studies, test results, or other information from corporate sponsors as well as other external experts that may help to inform NCQA staff on issues to be addressed in the program development process.

5. NCQA may accept a corporate sponsor's provision of in-kind expertise to assist with specific tasks such as market research, data analysis, or testing provided that all such in-kind expertise complies with NCQA policies on disclosure and conflicts of interest.

6. Acceptance of corporate funds does not imply NCQA endorsement of a company's products, services, programs, or activities.

7. NCQA will not accept charitable contributions from any organization for which NCQA accredits, certifies, or recognizes the organization’s primary line of business, with the exception of limited contributions to NCQA’s annual Health Quality Awards event or other events such as the policy conference or Culturally and Linguistically Appropriate Services Awards as may from time to time be approved by the Board.

8. NCQA may accept charitable contributions for its annual Health Quality Awards event or other events from an organization where a non-primary line of business has accredited, certified or recognized status from NCQA. An organization whose primary line of business is accredited, certified, or recognized may contribute to these events in an amount not to exceed $10,000.

9. NCQA will recognize corporate sponsors in its annual report, Web site, and as appropriate to the sponsorship arrangement.

10. NCQA retains the right to approve the use of NCQA's name, logo and language when used by a sponsor in relationship to the sponsorship agreement.

11. NCQA retains independence and control over all programs, projects or products bearing the NCQA name, logo or trademarks, and over the use of NCQA intellectual property, such as accreditation standards or HEDIS® measures.
**Sponsor Benefits**

NCQA sponsors gain high public visibility and professional recognition for their contributions toward and participation in educational events, award programs, professional and technical conferences or many other NCQA program and research efforts.

Based upon an organization’s cumulative annual support to NCQA there are four designated categories or recognition.

- **Platinum Sponsor** $250,000 and above
- **Gold Sponsor** $150,000 to $249,999
- **Silver Sponsor** $50,000 to $149,999
- **Bronze Sponsor** up to and including $49,999

**Platinum Sponsor**

- **Annual Executive Roundtable Meeting**—An onsite presentation by NCQA senior executive management to review key strategic initiatives and programs at NCQA.
- **Technical Briefings (2)**—Reports on the progress of performance measures, physician recognition and other NCQA projects. The sponsor audience may include research, marketing, and/or quality improvement. Additional content areas may include NCQA’s annual *State of Health Care Quality Report* or new program areas in standards or performance measures under development.
- **Collaborative Efforts**—Opportunities to identify additional areas for collaboration and recognition in accordance with NCQA’s Corporate Sponsor Guidelines.
- **Complimentary Education Attendance**—Four complimentary seats at NCQA Education Conferences (for more information click here URL?).
- **All Gold-Level Benefits**

**Gold Sponsor**

- **On-Site Briefing**—An onsite presentation by NCQA staff to review key strategic initiatives and programs at NCQA.
- **Technical Briefing (1)**—Report on the progress of performance measures, physician recognition and other NCQA projects. The sponsor audience may include research, marketing and/or quality improvement. Additional content areas may include NCQA’s annual *State of Health Care Quality Report* or new program areas in standards or performance measures under development.
- **Complimentary Education Attendance**—Two complimentary seats at NCQA Education Conferences.
- **All Silver-Level Benefits**

**Silver Sponsor**

- **Conference Call Briefing**—Report on the progress of performance measures, physician recognition and other NCQA projects. The sponsor audience may
include research, marketing and/or quality improvement. Additional content areas may include NCQA's annual State of Health Care Quality Report or new program areas in standards or performance measures under development.

- **Complimentary Education Attendance** – One complimentary seat at NCQA Education Conferences (for more information click here URL?).

- **Complimentary Publications**
  - HEDIS, Vols. 1 & 2—The gold standard in quality health care performance measurement, used by more than 90 percent of the nation’s health plans and many leading employers and regulators. Volume 1 is an indispensable reference to help understand the science of health care quality measurement. Volume 2 features the complete technical specifications for more than 70 measures, including all relevant CPT, ICD-9, LOINC, and DRG codes.
  - MCO Accreditation Standards and Guidelines—Features in-depth explanations of the accreditation standards, scoring system, accreditation outcomes, and reporting categories. Eligibility requirements, application information and policies and procedures are also included.

- **Quality Compass**—One year single-user license to the most comprehensive database of HEDIS and CAHPS® information available, allowing easy comparison of vital facts and figures from hundreds of managed care plans.

- **All Bronze-Level Benefits**

**Bronze Sponsor**

- **Primary Point of Contact**—Assigned primary point of contact with NCQA’s Corporate and Foundation Relations Office to answer questions and facilitate discussion with NCQA.

- **Complimentary Publications**
  - State of Health Care Quality Report—The most thorough analysis and interpretation of major performance trends in health care over the past year. The report looks at clinical quality and member satisfaction information based on HEDIS and CAHPS® data submitted by hundreds of health plans across the country. Included within the report are national and regional performance averages and measure benchmarks that will include MTM-related measures.
  - NCQA Annual Report—Offering an analysis of the health care system and the role quality plays in improving health care, this unique document helps identify and clarify NCQA’s strategic goals and assesses how they relate to the current health care environment.

- **Recognition and Visibility**
  - NCQA Web Site—Sponsor name is included in the sponsor section of www.ncqa.org. NCQA’s Web site receives approximately 600,000 unique hits per year. NCQA is recognized as the gold standard organization for measuring health care quality improvement and organizations that support our mission are recognized as leaders in the quality movement.
  - NCQA Annual Report—Readership includes health plans, purchasers, consumers, health policy decision-makers and researchers. Distributed to more than 5,500 readers electronically and available in a downloadable
pdf format on NCQA’s Web site, it receives thousands of additional hits annually.

- **Quarterly Sponsor Briefings**—Given by NCQA’s leadership team and other experts, briefings provide unique insight into the activities and programs within the quality improvement movement in health care. Topics include key initiatives at NCQA.
- **NCQA Press Releases**—Receipt of all NCQA press announcements on new programs, products and initiatives.
- **NCQA Newsletters**—The *Quality Matters*, and *NCQA Update*, which highlight trends on quality and improvement initiatives within the health care system.
- **NCQA in the News**—Semiannual news updates provide sponsors with published articles ranging from the *New York Times* to the *New England Journal of Medicine* and featuring information on NCQA and its activities to drive quality improvement.

**Questions?**

If you have questions or would like additional information about NCQA sponsorship, please contact Renée Bullion, Director, Corporate and Foundation Relations by email at bullion@ncqa.org or at 202-955-3527.