

Element 1. Title Page:

Using Performance Measurement to Improve the Quality and Safety of Healthcare

Report on The International Society for Quality in Health Care (ISQua) 6th International Summit on Indicators and Performance Measures, held at the Wyndham Anatole Hotel, Dallas, TX, USA, November 1-2, 2003

Principal Investigator

David J. Ballard, MD, MSPH, PhD, FACP
Senior Vice President and Chief Quality Officer
Executive Director of the Institute for Health Care Research and Improvement,
Baylor Health Care System, Texas

Steering Committee Members

- John Helfrick, DDS, MS, FACD, FICD, FDSRC, then-Executive Director for International Relations, Joint Commission International, and previous chair of The Joint Commission
- Niek Klazinga, MD, PhD, Professor of Social Medicine, University of Amsterdam, the Netherlands
- Jan Mainz, MD, PhD, Manager, National Indicators Project, Denmark
- Strasimir Cucic, MD, Head, International Programs, CBO, the Netherlands,
- Haya Rubin, MD, PhD, Director, Quality of Care Research, Johns Hopkins University Bloomberg School of Public Health and Johns Hopkins School of Medicine
- M. Lee Tregloan, BEd, GDEdA, FASAE, and CEO for ISQua, who coordinated this effort for ISQua, Melbourne, Australia
- Professor R. Heather Palmer, MBBCh (British equivalent of MD), SM, Harvard School of Public Health, appointed as a special adviser

Baylor Health Care System and The International Society for Quality in Health Care (ISQua) warmly acknowledge the financial contribution made by the Agency for Healthcare Research and Quality for this highly successful international meeting.

Grant No.: 1R13 HS014501-01
Project Officer: Deborah Queenan

Element 2. ABSTRACT

Purpose: The International Society for Quality in Health Care (ISQua) 6th Indicators Summit was planned to (1) review current issues in the use of indicators to measure healthcare quality and safety; (2) review and discuss the gains from the public release of performance data; and (3) review current initiatives in international indicator development and use, examine emerging trends between these, and comment on the feasibility of implementing international measures of performance.

The Indicators Summit was expected to raise interest significantly in indicator development and effective use.

Scope: The Summit was designed to be a multinational “think tank” on emerging issues in clinical indicators for national health policy leaders, senior service providers, clinicians, researchers, and funding organizations.

Methods: A full 2-day program was arranged. The proceedings from the meeting were to be disseminated in several ways, including:

- (1) publication of invited papers reviewed for the *International Journal for Quality in Health Care*
- (2) access to PowerPoint presentation materials
- (3) abstracts available on ISQua’s website and online updates on further developments

Delegate feedback was also requested.

Results: There were 142 people registered for the Summit, coming from 33 countries. Papers from authors at the Summit were invited for submission to the *International Journal for Quality in Health Care*. With the permission of authors, abstract outlines and slides were also published on ISQua’s website at the time (<http://www.isqua.org/isquaPages/Conferences/dallas/DallasAbstractsSlides/IndicatorProgram/indicatorssummit.html>) and were widely accessed.

Delegate feedback was sought and recorded as part of the final session for the Summit and has been used for future planning. Evaluations were highly positive, with requests to have more delegate interaction at future meetings to allow for different interests among delegates to be more actively shared about indicator application.

Key words: Indicator, performance measure, performance data, data utilization, performance improvement, healthcare safety

Element 3: PURPOSE

Using performance measurement to improve the quality and safety of healthcare

The plan was for ISQua to host, through partial funding from AHRQ with BHCS assistance, the 6th International Summit on Indicators as a 2-day program on November 1-2 in conjunction with the 20th International Conference of the International Society for Quality in Health Care, set to open on the evening of November 2, 2003. The Indicators Summit, designed to be a multinational “think tank” on current issues in indicators, was expected to raise significant interest in indicator development and effective use. The Summit was planned as having the potential to guide the use of indicators in order to implement new performance strategies that could improve the practice and quality of patient care and, ultimately, the health of communities.

The Summit was targeted at national policy leaders, senior service providers, clinicians, researchers, and funding organizations, providing a unique opportunity for liaison and the development of ideas.

Element 4: SCOPE

The Summit was planned for the first time in the U.S., where there has been a “new wave” of interest in quality and safety in healthcare, including performance measurement. This emerged from major initiatives stimulated by and evolving from the 2000 US Institute of Medicine Report, *To Err is Human: Building a Safer System* (Washington, DC: National Academy Press, 2000) and, in 2001, *Crossing the Quality Chasm* (Washington, DC: National Academy Press, 2001). There also had been leadership and strong interest in measures and the application of results from AHRQ itself and from industry groups, such as LeapFrog, with priority focus on value-based purchasing related to performance.

U.S. leadership and trends generally extend to Europe and other regions, as does the increasing interest in health networks in clinical indicators in terms of process and outcome measures as well as safety issues. For Europe, this relates to the increased emphasis on the portability of suitably qualified health professionals within the region and equity of access to quality of care for European citizens, wherever they find themselves. Several countries have major national efforts now underway.

Topic selection: Within the highly complex health sector, although there are many good examples of the ways in which change is effected through measurement of performance in different clinical settings, it remains evident that the efforts being made are often fragmented, ad hoc, and localized. The term “indicator” also may be widely interpreted.

Only recently in some countries have more systematic efforts emerged in performance measures and reporting, which are more national in direction and linked to reviewing and reforming healthcare delivery and policy. Some have been international initiatives, such as the lists of indicators being researched and tested through The Commonwealth Fund (through its group of countries), the OECD, and the World Health Organization following the outcome of its report on measuring performance in 2000. Part of the meeting was planned to review and address common trends between these efforts and what was emerging through the use of indicators.

There are challenges and difficulties in making comparisons of performance at any level. The true value of performance measurement is when tangible improvements in care can be shown conclusively to be a product of the measurement and when stakeholders are making data-driven decisions. There also needs to be acceptance, however, that not all aspects of care can be measured and that some of those areas of care that are easiest and cheapest to measure are often those least important for quality improvement. Differences in populations, political systems, healthcare systems, and priorities all play a part. Enormous variation is noted in resources and validated data available for use.

Planning of the Summit program was directed to a sophisticated and methodologically oriented audience. There is no other global meeting place to bring together the cross section of indicator interests under one umbrella. ISQua's aim has been to take a significant role in providing a forum that can foster consistency in understanding indicators and what can be achieved through their use in terms of performance improvement.

Element 5: METHODS

Planning process: The planning process for the Indicator Summit included the following experts in the field:

- John Helfrick, DDS, MS, FACD, FICD, FDSRC, then-Executive Director for International Relations, Joint Commission International, and previous chair of The Joint Commission, as Chair of the Steering Committee for the Indicators Summit
- David Ballard, MD, MSPH, PhD, FACP, Senior Vice President and Chief Quality Officer, Executive Director of the Institute for Health Care Research and Improvement, Baylor Health Care System, Texas
- Niek Klazinga, MD, PhD, Professor of Social Medicine, University of Amsterdam
- Jan Mainz, MD, PhD, Manager, National Indicators Project, Denmark, Summit Chair
- Strasimir Cucic, MD, Head, International Programs, CBO, the Netherlands
- Haya Rubin, MD, PhD, Director, Quality of Care Research, Johns Hopkins University Bloomberg School of Public Health and Johns Hopkins School of Medicine

- M. Lee Tregloan, BEd, GDEdA, FASAE, and CEO for ISQua, who coordinated this effort for ISQua based in Melbourne, Australia
- Professor R. Heather Palmer, MBBCh (British equivalent of MD), SM, Harvard School of Public Health, as a special adviser

The Steering Committee also had access to an ISQua member Indicator Reference Group across the world as well as input from ISQua's Executive Board and Baylor Health Care System leaders.

AHRQ funding was used to support the participation of U.S. program leaders, including audiovisual services, travel, housing, per diems, preparation by U.S. speakers, and the preparation, editing, and publication of the program and online materials.

Materials promoting the Summit were widely distributed electronically and via regular mailings. A call for oral and poster submissions was also circulated, including to over 5,000 e-mail addresses, attracting a wide range for proposals. Baylor Health Care System staff and ISQua staff invited the U.S. and other speakers who contributed to the Summit program.

Element 6: RESULTS

There were 142 people registered for the Summit, coming from 33 countries. Attendees registered with interests in clinical indicators and methodologies and a focus on policy directions regarding the use of indicator data.

The format for the Summit was a 2-day plan with plenary presentations, panels, and question-and-answer sessions.

Final poster and oral presentation selections were drawn from 44 submissions. Posters were on view for the duration of the Summit program. Chaired interactive poster sessions were arranged each day, with presenters having the opportunity to talk briefly about their work and to answer questions. Posters addressed indicator initiatives in Argentina, Belgium, the Netherlands, Italy, Sweden, U.K., and the U.S. Oral presentations were included in the program on the second day in three concurrent sessions. Brief papers were presented on work in Australia, Canada, Denmark, Taiwan, U.K., and the U.S.

The final program follows:

Day 1 was planned to provide an overview of performance measures in different environments and their relation to the healthcare "ecosystem." Three parallel workshops provided a choice of interest areas:

achieving the balance between gathering data for quality assessment vs quality improvement data; developing indicators; and government use of performance measures. Issues in implementing indicators were scanned.

Day 2 was planned to focus on the challenges of reporting and the transparency of data, the U.S. National Healthcare Quality and Disparity Reports, and the ways in which the conditions for performance measurement may be possible and/or problematic.

Delegates were welcomed by ISQua President, **Dr. David Ballard, U.S.**, and **Dr. John Helfrick, U.S.**, Summit Chair.

DAY 1

SATURDAY, NOVEMBER 1

Summarizing plenary presentations and other activities:

- **The world of performance measurement: national and international experience with indicators**

Dr. Vahe Kazandjian, Adjunct Professor, Johns Hopkins University Bloomberg School of Public Health, President, Center for Performance Sciences, Elkridge, MD, and President, LogicQual Research Institute, Elkridge, MD (U.S.), was the opening plenary speaker for the Summit and provided an overview of indicator history, noting the challenges associated with the measurement of quality in healthcare. He summarized that indicators of performance should be judged by their contributions to improving both processes and outcomes. In fact, indicators could often only quantify the relationship between process and output.

- **Performance indicators in the healthcare ecosystem:**

Professor Heather Palmer, Harvard School of Public Health, U.S., addressed the complex adaptive systems and the key properties and implications for action as set out in *Crossing the Quality Chasm* and the various systems that come together in healthcare. She expanded on the various layers that make up the healthcare environment and addressed how effectively indicators are meeting the needs for measures.

Issues in implementing indicators

- **Dr. Brent James**, Executive Director, Intermountain Health Care Institute for Health Care Delivery Research, and IHC Vice President for Medical Research, Salt Lake City, UT, U.S., reviewed the theory and tools necessary to conduct state-of-the-art, clinical-practice-based quality indicator improvement projects and how to use healthcare improvement methods to manage and integrate clinical processes.

- Three 90-minute workshops were introduced by their leaders and delegates registered for preferred sessions:

Data for quality versus data quality: Achieving balance J. Loeb (U.S.)

Development of clinical indicators
J. Mainz (DK)

Government use of performance measurement data
Irma Arispe (U.S.)

- A chaired poster presentation session provided authors with the opportunity to expand on their work on view.

DAY 2. SUNDAY, NOVEMBER 2

- **Implications and challenges in publishing performance data**
Dr. Russell Mannion (UK), reported on research in examining the impact of the publication of performance outcomes data on clinical practice and continuous improvement on quality. The challenge was for those responsible for developing clinical indicator programs to develop robust datasets and to encourage a working environment and incentives such that these data are used to improve continuously.
- **OECD, Commonwealth Fund, and CIHI indicator developments**
Dr. John Millar, Canadian Institute of Healthcare Information, summarized recent developments in major international initiatives and the interface between these. He also reported on the lessons learned from the implementation of a nationwide system, including intended and unintended consequences.
- **How healthy are our indicators, and is it safe to use them? Critical reflections on the offspring of epidemiological and management sciences.**
Professor Niek Klazinga, University of Amsterdam (NLD), focused on the conditions under which performance measurement is possible and/or problematic. He summarized the future as having, for health systems, disease-related indicator sets that integrate prevention, cure, and care, and (for hospitals) conceptual, coherent sets of indicators with adequate reporting formats that would have capacity to span across boundaries. For professionals, there would be profession-owned learning systems with standardized external reporting.

He also emphasized users as having active involvement in giving value and meaning to performance data.

- **The US National Healthcare Quality & National Healthcare Disparities Reports**

Dr. Dan Stryer, Director, Center for Quality Improvement and Patient Safety, AHRQ (U.S.), summarized the findings and directions identified through each of these major reports and implications for policy.

- **Transparency and performance measurement – Debating the issues**

Professor Arnold Epstein, Harvard (U.S.), and **Dr. Wim Schellekens**, CBO (NLD), in the final session engaged in a stimulating debate on a series of critical observations about indicators and their impact on quality.

- During the day, three parallel sessions of brief papers were arranged, with papers selected from submitted abstracts.
- A chaired poster presentation session provided authors with the opportunity to expand on their work on view.

Summary and Close:

Dr. Ballard and Dr. Helfrick summarized the events of the Summit. Professor Klazinga invited participants to attend the next International Indicators Summit in Amsterdam in 2004. Participants were also asked to provide any comments or feedback.

Evaluation of the Summit

The final panel session discussed the program and its impact; comments also were collated from delegate statements on paper evaluations.

Comments received were very positive. This Summit had picked up the suggestion from the previous year to have workshop sessions, and these were commended in general feedback, with suggestions for more discussion time. A strong emphasis emerged on ensuring a balance with further Summit programs between international, national, and institutional efforts – the balance in Dallas was described as “just right” but one that could not be taken for granted.

The Steering Committee also noted the continuing challenge to address the different expectations of the groups represented. From registration information, two distinct groups of attendees were identifiable: 1) physicians and other health professionals whose main interests were about the use of indicators more for internal performance improvement, and 2) others in health-economist and similar positions keen to learn more about the external use of indicators to demonstrate facility- or system-wide performance improvement and indicator impact on the health status of the community being served.

Selected verbatim delegate written comments follow. There also were some useful practical suggestions put forward.

BELGIUM

- Brief paper presentations – suggest organize thematically with all methodology together, all policy, etc.

UK

- Yes, the Indicators component was of great value to me. The plenary sessions, workshops, and introductions to the poster presentations were very useful and stimulating.

USA

- Indicator Summit good overall. Good participant discussion.

NETHERLANDS

- Yes, very useful, interesting presentations by Vahe Kazandijian, Brent James, and Niek Klazinga. I prefer critiques rather than embellishments.

UK

- Announce at beginning that presentations will be on the web, etc.

CANADA

- Yes, really useful information on indicators.

USA

- Posters on display the full 2 days – must have more time for poster sessions...must have 20-25 mins for presentations and still have networking at poster afterward.

DENMARK

- Make sure balance of institutional vs national approaches is right...very good in Dallas...always need balance to be more national than institutional.

ITALY

- Indicators. Some ideas on implementation of sets of indicators were very good.

USA

- Need to see more on implementing change, improvement, engaging providers, session on technical issues, etc.

BELGIUM

- The Indicator Summit was very valuable, much appreciated!

General practical suggestions:

1. Logistics on p.a. system (i.e., have roving microphones instead of just in the aisle)
2. List affiliations in program of plenary speakers
3. Highlight presenting author in printed program
4. Scrupulously maintain schedule so attendees can move between sessions.

The Steering Committee for ISQua's 7th International Summit on Indicators, which is to be held in Amsterdam in October 2004, met on February 23, 2004, and reviewed each of the comments.

Dissemination of Summit Proceedings

Authors presenting material at this Summit have been encouraged to submit their work for publication in the *International Journal for Quality in Health Care*. Because we received only \$US 36,752 of the requested \$US 50,000 in funding support, we did not have sufficient funds to publish an independent *Supplement* issue of the *International Journal for Quality in Health Care*, as we have done in previous years (Rubin H, ed. Healthcare performance indicators and patient safety. *Int J Qual Health Care*. 2003;15 Supp 1, and Mainz J, ed. Using performance measurement to improve the quality and safety of health care. *Int J Qual Health Care*. 2004:16 Supp 1). Instead, papers from the conference will be considered for publication in future issues of the *Journal*.

In addition, ISQua's website published, at the time of the meeting, the abstracts and slides with the permission of the authors (<http://www.isqua.org/isquaPages/Conferences/dallas/DallasAbstractsSlides/IndicatorProgram/indicatorssummit.html>). A link to these listings was provided from the US National Library of Medicine site. The materials remained posted until November 2005 (2 years).

Acknowledgments

The Baylor Health Care System and the International Society for Quality in Health Care are greatly appreciative of the Agency for Healthcare Research and Quality funding, which made the Summit possible.