



Project HERO Quality Assessments

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Project HERO Overview and Goals



- Project HERO is a Non-VA Care program that uses contracts with Humana Veterans Healthcare Services (HVHS) and Delta Dental Federal Government Programs (Delta Dental) to purchase healthcare for Veterans when specialty services are not readily available at their VA Medical Center
- By using a contractual agreement, VA is able to set and maintain quality standards for non-VA providers.
- Project HERO's quality goals include:
 - Establish a quality framework
 - Provide effective monitoring, analysis, and quality oversight
 - Implement continuous process improvement
 - Develop quality measures consistent with VA medical and dental standards of care
 - Improve Veteran satisfaction



Quality Assessment Methodology



- Quality of care metrics in this report are based on the HVHS quality assurance surveillance plan (QASP) and Delta Dental quality assurance plan (QAP)
 - QASPs/QAPs are documents developed and applied by VA, and are used to help ensure that systematic quality assurance methods are used in the administration of performance-based service contracts
- Each QASP/QAP details how VA will objectively and consistently monitor and document contractor performance. Both HVHS and Delta Dental are responsible for management and quality control actions to meet the terms of the contract in accordance with their QASP/QAP
- QASPs/QAPs identify contractual performance standards, acceptable quality levels and methods of surveillance that will be used by VA to monitor performance
 - When performance is unacceptable, the COTR gathers factual information from the impacted VISNs or VAMCs and forwards to the contractor for a response
 - COTR forwards the information to the Contracting Officer (CO) for resolution when there is a contractual performance issue
 - CO/COTR maintains monthly performance reports and evaluations to formally document each contractor's past performance
 - Additionally, Project HERO staff track and trend issues raised by COTRs, field assistants, patient advocates, survey feedback, and e-mail inquiries. The Project HERO quality council reviews these trends and make recommendations for improvements



HVHS: Access and Quality Standards



HVHS		
Contract Requirement	Project HERO Contract	Project HERO Performance FY10
Patients must be seen by the provider within 20 minutes of scheduled appointment or sooner	100%	99.9%
For specialty care and diagnostic services, patient must be able to schedule an appointment within 30 days of referral/authorization	100%	88.4%
Inpatient facilities must be accredited	100%	100%
All providers must be credentialed in accordance with Veterans Health Administration (VHA) provision of VHA Handbook 1100.19 and other contract requirements	100%	100%

- HVHS methods of surveillance for Access and Quality Care performance standards are periodic inspection, user survey, validated user/customer complaints, periodic sampling, random sampling, progress or status meetings



Delta Dental: Access and Quality Standards



Delta Dental		
Contract Requirement	Project HERO Contract	Project HERO Performance FY10
Patients must receive an appointment for an initial exam within 30 calendar days of the authorization date	100%	100%
Patients must receive subsequent treatment within 30 calendar days of the authorization date	100%	99.85%
All providers must be credentialed in accordance with Veterans Health Administration (VHA) provision of VHA Handbook 1100.19 and other contract requirements	100%	100%

- Delta Dental methods of surveillance for Access and Quality Care performance standards are 100% inspection, random sample of provider availability report data, and random sample of patient coordinator's log or database



Lessons Learned



- Since its initial implementation in January 2008, Project HERO has collected numerous lessons learned surrounding quality of care issues with non-VA purchased care. These lessons include:
 - It is essential to involve all quality and provider communities within VA when determining quality standards
 - VA providers will not refer patients through Project HERO if they do not have confidence in the contracted provider's clinical quality standards
 - Contracts must explicitly define expectations and metrics for quality of care
 - Requirements for credentialed providers and accredited facilities were a major success in Project HERO
 - Requiring medical documentation exchange improves care coordination; future contracts should seek to expand on electronic clinical information sharing



Key Discussion Points



- Impact of how/why VA refers to the community
 - Episodic versus longitudinal services: rare cases where VA refers for all care
 - Referrals are consults in nature
 - 1 time procedures
 - Single inpatient episodes
 - Coordination of Care
 - Key to efficient service delivery
 - Considerations for quality outcomes

- Panel size
 - Frequently VA referred patients are a very small piece of community provider panel
 - Impact on measurement

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Key Discussion Points



- Global Quality Metrics Availability
 - Specialty care is VA's most frequent purchase
 - Many metrics in primary care and prevention
 - When to include metrics related to utilization
 - How to include metrics that may show harm
 - Issues with availability of data
 - Concerns with data standardization to allow comparable data sets

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Key Discussion Points



- Managing data
 - Determination of key results
 - Assessing application of results
 - Use of “Medicare Hospital Compare” results when referring for diagnostic testing
 - Comparing with VA results – like data sets
 - Availability of outpatient data
 - Missing providers (CAH)
 - Timeliness of data

- Peer review
 - Ability and/or desire of community providers to share peer review results
 - Ability for VA to participate if results/outcomes cannot be shared within VA

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Key Discussion Points



- Single provider service areas
 - Ability to demand participation in quality reporting and implementation of guidelines
 - Impact on local provider and data release requirements for that provider

- Emergency services
 - Veteran driven, VA has little ability to “select” providers
 - Assessing “quality” after emergency service occurs
 - Ability to compare with VA services

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