NQF
National Quality Forum

Assessing Quality of VA Out-of-Network Care

EXECUTIVE SUMMARY

The Department of Veterans Affairs (VA) invests more than $7 billion per year in care provided in the private sector but has limited capacity to assess the quality of care by non-VA providers. These programs include veteran-focused services such as the traditional fee for service, the State Home Per Diem and Foreign Medical programs, and the dependent-focused programs such as Civilian Health and Medical (CHAMPVA) and Spina Bifida programs.

To better inform veterans seeking healthcare services and to better manage those services, the Veterans Health Administration (VHA) partnered with the National Quality Forum (NQF) to convene a multi-stakeholder group. More than 30 individuals representing a broad spectrum of interested entities, including federal and nonfederal health providers, purchasers, health plans, and other entities accountable for the care of a defined population, met in June 2011 to develop a conceptual approach for assessing the quality of VA out-of-network care. This report summarizes the discussion at the workshop and offers the beginnings of a framework and corresponding suggestions for next steps.

The suggested overarching framework requires placing the health and healthcare needs of veterans at the center of the approach and supporting those needs with strategic and accountable partnerships, a reliable health information infrastructure, and an aligned measurement approach. Immediate suggestions for the VA relate to:

- building the infrastructure for value-based purchasing and care management, including payer competencies;
- aligning with the emerging national accountability and measurement agendas and their related programs; and
- leveraging Meaningful Use requirements and the development of a nationwide health information exchange in conjunction with out-of-network providers.

At the local level, VHA stands poised to capitalize on partnerships within communities to continue ensuring enrollees have access to high-quality care. At the national level, accountability for managing care across the continuum—regardless of whether it is accessed in or out of the VHA network—remains with VHA. Given this reality, VHA should capitalize on current efforts to reshape the healthcare quality measurement, reporting, and accountability landscapes—such as the National Quality Strategy, Meaningful Use, and accountable care organizations—to support its need to manage local care delivery from the national level.

Workshop Summary Report

Introduction

The mission of the Veterans Health Administration (VHA) is to honor America's veterans by providing exceptional healthcare that improves their health and well-being. VHA boasts an extensive network of hospitals, clinics, nursing homes, and other care settings that share a data platform and network to help track veterans and the extent and quality of care they receive within the system. This deep and broad network of services and providers gives veterans a wealth of healthcare resources.

This report summarizes barriers to monitoring purchased care quality and suggests an overarching framework for VHA to assess the quality of care veterans receive outside of its extensive network. It highlights the importance of keeping veterans' needs central while building the capacity to respond to and capitalize on the evolving healthcare delivery system's approach to quality measurement, accountability, and information exchange.

Problem Statement

For many veterans, particularly those in rural and highly rural areas and those with complex medical needs, VHA's network might not be easily within reach. VHA must then purchase care to ensure it achieves its imperative to deliver patient-centered, high-quality care to enrolled veterans. The issue of purchased, or out-of-network, care is not limited to VHA and is important to a wide range of stakeholders seeking to manage the health and healthcare of a population, including private-sector health plans, large health systems functioning as accountable care organizations (ACOs), and the Department of Defense (DoD). Just as VHA is committed to measuring, monitoring, and continuously improving the care provided within its own network, it must do the same for the care delivered to veterans outside its network.

Several factors make this endeavor particularly challenging but also serve as the impetus for clear next steps for VHA.

These challenges and barriers are presented in further detail later in the report, with accompanying suggestions and considerations for next steps:

- VHA also must play the role of a purchaser of care when its primary function is that of a healthcare provider;
- the health demands of the veteran population are diverse, complex, and changing as the demographics of the veteran population continue to shift;
- challenges of sharing information with outside providers and lack of real-time data from them hinder quality assessment and improvement;
- lack of a consistent, national approach to quality measurement that keeps the patient at the center of care while minimizing the burden on providers.

Workshop: "Assessing Quality of VA Out-of-Network Care"

The National Quality Forum (NQF) convened a workshop on June 29, 2011, to support VHA's desire to effectively and confidently assess the quality of care provided out of network. "Assessing Quality of VA Out-of-Network Care" (Appendix A), brought together leaders from within and outside the VA to consider these challenges and propose opportunities and solutions to VHA. Attendees included leaders from various federal agencies involved in health and healthcare, quality measurement experts from around the country, and innovators in care coordination and health information technology from within and outside the VHA network (Appendix B).

The workshop's charge was to develop a conceptual approach and guiding principles to quality measurement for out-of-network care. As discussion evolved, several themes emerged including VHA's role in various communities and its dual provider-purchaser role, business management competencies, and capacity building. Attendees suggested that VHA examine its current state and ability to successfully negotiate and manage purchased out-of-network care as well as assess the quality of care it delivers. Discussion touched on measure domains best suited for this assessment (i.e., care coordination), measurement issues such as data sources and small sample size, and understanding trade-offs between access and quality.

Building on Related Efforts

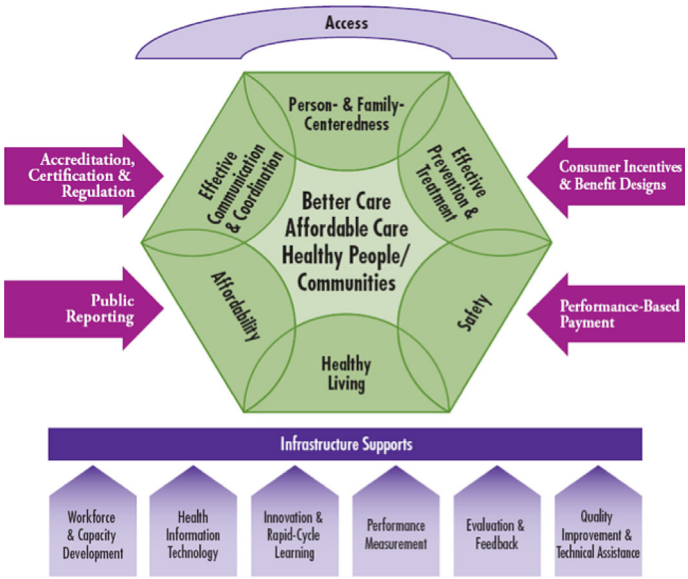
Several efforts currently under way or recently completed offer important constructs for the Department of Veterans Affairs (VA) in its considerations. The Department of Health and Human Services' (HHS's) National Quality Strategy (NQS), the NQF-endorsed® *Patient-Focused Episodes of Care Framework* and *Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination*, as well as examples from the public and private sectors served as foundations to encourage alignment with broader conceptual approaches and guiding principles. Workshop discussion also built on previous analytical work completed through VHA, including an external assessment of quality measurement and oversight considerations for purchased care, assessments of out-of-network care delivered and veteran assessment of that care, and research on possible disparities between urban, rural, and highly rural veterans.

NATIONAL QUALITY STRATEGY

In March 2011, by the authority of the Affordable Care Act, HHS released the National Quality Strategy,[1] a set of national aims and priorities intended to serve as a framework for national, state, and local efforts to improve healthcare quality. The strategy's three-part aim addresses the following areas: healthy people/communities, better care, and affordable care. Figure 1 illustrates the inextricable link among these three

FIGURE 1

HHS National Quality Strategy



aims and incorporates the NQS priorities around it (e.g., person- and family-centeredness, effective communication and coordination), along with overarching issues (e.g., access, infrastructure supports), all of which relate strongly to and support the VA's desire to ensure quality care for its veterans.

PATIENT-FOCUSED EPISODES OF CARE MEASUREMENT FRAMEWORK

A patient's experience in the healthcare system is rarely linked to a single encounter or provider, particularly for patients with chronic or complex conditions. To support measurement that keeps the patient as its focus and provides assessment of care over time, NQF endorsed the *Patient-Focused Episodes of Care Measurement Framework*[2] to provide guidance for policymakers, healthcare leaders, and other key stakeholder groups to move toward a high-performing healthcare system that is patient-centered, focused on quality, mindful of costs, and vigilant against waste. It also serves as a tool to help identify critical gaps in quality measurement and as a springboard for defining longitudinal performance metrics that include patient-level outcomes (e.g., health-related quality of life, patient experience with care), resource use (e.g., quantity of services provided to patients, true costs paid for each service), and key processes of care (e.g., shared decision making, patient engagement). Aspects of this framework are identified as key measurement focus areas for the VA to consider in its next steps.

PREFERRED PRACTICES AND PERFORMANCE MEASURES FOR MEASURING AND REPORTING CARE COORDINATION

Built upon an endorsed framework for care coordination, NQF in late 2010 endorsed *Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination*,[3] which detail specific domains and corresponding practices and measures for health systems and providers to use in assessing the extent to which a patient is receiving the coordinated care needed to navigate our complex health system. Those key care coordination measurement domains are:

1. healthcare "home";
2. proactive plan of care and follow-up;
3. communication;
4. information systems; and
5. transitions or "hand-offs."

Examples from the private sector presented at the workshop supported specific domains of this framework, particularly with respect to patients with complex conditions and those whose healthcare demands necessitate targeted programming to assist with disease management and improving functional status.[4,5] The necessity to coordinate care across the continuum is congruent with the aspects of care VHA needs to consider when determining how to manage the portions of veterans' care outside of its system. Care coordination emerged as one of the primary measurement areas for VHA as it aims to serve as the healthcare home for enrolled veterans.

VHA DETAILED QUALITY MEASUREMENT PLAN

In 2010, the VA's Chief Business Office engaged Navigant Consulting, Inc., to assess quality measurement for purchased care. The Detailed Quality Measurement Plan[6] reviews the current state of purchased care program measurement and suggests potential measures and measurement areas of focus for the VA. The assessment calls for a measurement plan that takes into consideration the barriers the VA faces with purchased care programs and the various areas in which gaps in measurement should be closed. Key focal points regarding high-volume services and clinical priority areas are suggested (Table 1).

PROJECT HERO

Project HERO (Healthcare Effectiveness through Resource Optimization)[7] was launched in 2006 in response to a Congressional mandate to the VA to ensure enrolled veterans in all communities have access to needed care. The project assessed care delivered through these agreements, managed through purchased care agreements with Humana and Delta Dental, and collected key lessons. These lessons speak specifically to approaches to measuring and purchasing care that the VA should consider in its next steps. Many of those lessons were discussed at the workshop and are included within this report as concrete next steps.

VHA'S HEALTH SERVICES AND RESEARCH DEPARTMENT RESEARCH

In 2011, VHA's Health Services and Research Department assessed whether research pointed to disparities in access and use of healthcare services between urban and rural veterans.[8] Veterans living in rural and highly rural areas have greater healthcare needs but also show significantly lower health-related quality-of-life scores and less access to healthcare services altogether compared to their urban-dwelling counterparts. As a significant portion of purchased care is dedicated to this rural and highly rural population, considering this cohort's use, access, and outcomes of care can help inform the VA's

priorities in reducing disparities in care and ensuring access to appropriate and timely care, particularly as it relates to telemedicine, telehealth, and related technologies.

Together, these internal and external efforts shed significant light on recurring themes regarding the barriers to and suggestions for progress. The discussion at the workshop served to crystallize specific steps the VA should consider. The barriers identified serve as important guides for understanding the current state of measurement and provide insight on what major components of a measurement framework must exist for the VA to be able to tackle the complex measurement approach required.

Barriers to Assessing Quality of Out-of-Network Care

Several key barriers block VHA's ability to ensure that the care veterans receive outside its network is patient-centered and of high value and quality. In an environment where the shifting trends of the veteran population produce new and challenging healthcare demands, VHA works hard to navigate its dual provider-purchaser role to ensure access to the care enrollees need. Similarly, the currently fragmented approach to external information exchange and availability places significant burden on VHA's ability to receive and use healthcare data from purchased care providers in a timely manner. These key barriers are priorities for VHA to recognize and address, particularly as the quality measurement field evolves.

DIVERSE AND SHIFTING HEALTH DEMANDS FOR VETERANS

The demographics of the veteran population are changing. More and more veterans now live in rural or highly rural areas (43 and 5 percent of all veterans, respectively).[9] Furthermore, because females are the largest-growing cohort in the military, the VHA system—originally designed to meet the needs of World War II veterans—must adjust competencies and services to meet the needs of female enrollees.[10] These rapid changes are causing VHA to reconsider its priorities as it aims to serve all enrolled veterans' needs. Furthermore, approximately 75 percent of outpatient visits for Medicare-eligible veterans are for specialty care outside the VHA network—making coordination of care across the continuum particularly challenging in an increasingly fragmented healthcare system.[11]

TABLE 1

Key Areas of Interest for Quality Measurement of Fee and CHAMPVA Programs

Key Area of Interest	Fee Program	CHAMPVA Program
Clinical Areas	◆ Dialysis ◆ Physical Therapy ◆ Radiation Therapy and Other Oncology ◆ Colonoscopy ◆ Major Joint Surgery ◆ Women's Health ◆ Other Inpatient and Outpatient Services ◆ Home Health ◆ Community Nursing Home ◆ Emergency Room ◆ Dental	◆ Women's Health ◆ Children's Health
General Areas	◆ Dental ◆ Care Coordination ◆ Out-of-Network Providers ◆ Credentialing	◆ Credentialing

Source: VHA Detailed Quality Measurement Plan, Navigant Consulting, Inc., 2010.

COMPETING DUAL PROVIDER-PURCHASER ROLE

For most of its existence, VHA has been first and foremost a provider of care. And at the center of that role are the veterans' needs. However, in managing its various services as a health insurance provider and in purchasing care outside of its network, VHA must increasingly play the role of a purchaser. This purchaser role requires specific expertise VHA needs to develop to be successful and balance carefully with its provider role. Here VHA has an opportunity to build its ability to leverage its market size and scale. This approach also will require flexibility because some markets—particularly some in rural and highly rural areas—may be less advanced in their development of provider networks or quality reporting systems.

INFORMATION SHARING AND AVAILABILITY CONSTRAINTS

While data within the VHA network shares a consistent platform and can be shared among VHA providers and settings, this is not the case with data outside of the network. Data infrastructure and data-sharing challenges make it very difficult to assess the longitudinal care and satisfaction for veterans who need any portion of their care to be delivered by a non-VA provider, particularly because services purchased are often single components of care and are typically for outpatient services; VHA rarely purchases a patient's full care. Furthermore, availability of real-time data is severely limited, as is the case across the healthcare system generally, making efforts for continuous quality improvement and comparisons across providers difficult.

INCONSISTENT APPROACHES TO QUALITY MEASUREMENT

Alignment of measurement approaches and incentive programs across the U.S. healthcare system is lacking, but collaborative efforts are under way to close measurement gaps and bring accountability for performance into payment structures. Efforts such as the National Priorities Partnership[12] and the Measure Applications Partnership[13] have recognized the need for measurement harmonization to create a consistent value framework that also minimizes the burden of measurement on providers.

VHA and non-VHA providers do not approach quality measurement and accountability for outcomes similarly, particularly when services are purchased for too small a patient population for out-of-network providers to be able to report on differently than their larger, usual patient base, or when measurement and reporting demands place too high a burden on purchased care providers. Furthermore, current metrics used to assess quality of out-of-network care are focused on utilization and not on clinical quality and are reliant on claims data that can be delayed for a year or more. If VHA is not aligned with federal incentive programs that other providers and networks are utilizing, comparisons of service or provider quality are difficult to make, as are assessments of the level at which VHA is managing the coordination of care between its network and purchased care providers.

In summary, VHA faces significant barriers to fulfilling its mission of providing exceptional healthcare to America's veterans who utilize out-of-network care. Veterans seek care from a variety of organizations outside the VHA network. Access to the information from those outside organizations is incomplete, as is VHA's leverage to have these organizations meet the measurement and reporting demands of VHA providers. This information is critical to obtain an accurate picture of the care veterans receive. Without it, VHA is unable to assess and subsequently manage how well its veterans are doing.

Turning Barriers into Opportunities

The barriers identified serve as drivers to find specific and tangible solutions to meeting the healthcare needs of the veteran population. The overarching framework for assessing quality of out-of-network care is described below, including discussion on its major components. Each component is accompanied by specific, targeted opportunities identified by workshop participants that VHA can consider and capitalize on to ensure access to high-value, high-quality, patient-centered care for its veterans.

OVERARCHING FRAMEWORK FOR OUT-OF-NETWORK CARE MEASUREMENT

Building on related efforts and the barriers identified, the beginnings of a measurement framework for assessing quality of out-of-network care emerge (Figure 2). This overarching framework strongly suggests placing the needs of the veteran at the center of the approach and supporting their health and healthcare needs with:

- strategic and accountable partnerships to support VHA's dual provider-purchaser role;

- a reliable health information infrastructure to overcome information sharing and availability constraints; and
- an aligned measurement approach to ensure quality measurement is coordinated and effective.

Suggestions and opportunities for progress identified by workshop participants are organized and detailed according to these overarching framework components. These opportunities also are summarized in Appendix C.

OPPORTUNITIES FOR HIGH-QUALITY CARE FOR ENROLLEES

Veteran-Centric Approach: Responding to Diverse and Shifting Health Demands

VHA should consider the needs of its veterans as central to any approach to assess quality of care, particularly as the enrollee population and healthcare needs shift over time. VHA's imperative to manage and maintain accountability for the veteran across the continuum of care—regardless of location or provider network—will depend on a quality measurement plan and corresponding measures that have a strong focus on elements of effective care coordination.

Consider veterans' needs and preferences—VHA will need to continue to examine its capacity and competencies to meet the shifts in veterans' health and healthcare needs (e.g., ensuring obstetrical and gynecological services are available to female veterans). Accommodating veterans' access to the providers or settings of their choice will help to increase their satisfaction with care, as will making quality information about out-of-network care available to inform their decision making when seeking care.

Focus on care coordination—VHA should maintain accountability for care delivered outside of the VHA network as well as within the system. With attention to high points of interaction and intersection with purchased care providers, VHA should prioritize out-of-network measurement on care coordination (e.g., communication, transitions, timeliness). A possible starting point is to consider the National Priorities Partnership's input to the NQS on goals and measure concepts for how to ensure person- and family-centered care and promote effective communication and care coordination.[14]

Address disparities between rural or highly rural and urban-dwelling veterans—Veterans in rural and highly rural areas have an increased need for purchased care services. VHA should examine both rural and urban healthcare processes and outcomes for relevant conditions (such as traumatic brain injury, post-traumatic stress disorder, chronic pain, and hepatitis C) and determine what factors underlie any disparities, including potential relationships among rural residence and race or geographic regional disparities. This examination will help VHA assist stakeholders, such as Veteran Service Organizations and Congress, in understanding the need for balancing geographic access with accountability for quality and cost.

Strategic and Accountable Partnerships: Partnering to Navigate the Dual Provider-Purchaser Role

VHA can capitalize on its extensive network to establish new relationships and strengthen current ones at the local and national level. Taking lessons on value-based purchasing programs successfully executed in the private sector, VHA should establish internal capacity and competencies to manage its dual provider-purchaser role better. With this focus on relationship building and remaining flexible and responsive, VHA can better manage the care it purchases.

Create and support relationships within the healthcare community—VHA should partner with and learn from those who have employed successful value-based purchasing programs, including, among others, the Centers for Medicare & Medicaid Services (CMS), the Office of the National Coordinator for Health Information Technology (ONC), and DoD.

Build capacity to negotiate and manage purchased care—VHA should ensure that purchased care agreements enable quality assessment through credentialing, licensure, board certification, and measurement requirements. This includes maintaining centralized or regionalized care purchasing support while recognizing that many arrangements will need to be negotiated and executed locally. Purchased care agreements should be flexible, have simplified pricing and fee schedules, and be responsive to local needs. They should ensure the full range of services based on VHA capacity and veterans' medical and dental needs are included in agreements up front to avoid delays, while leveraging economies of scale to increase purchasing power.

FIGURE 2

Overarching Framework for Assessing Quality of VA Out-of-Network Care

Implement value-based purchasing of out-of-network services—VHA should use national incentive initiatives, including ACO and medical home pilots and programs, as well as global payment and bundled payment structures, to align with major networks in communities.

Health Information Infrastructure: Overcoming Information Sharing and Availability Constraints

VHA can support its needs for reliable and timely information exchange by contributing leadership to and aligning with current efforts under way to support seamless, web-based health information exchange and by coordinating with other provider networks through Meaningful Use incentive requirements.[15] As it takes steps to convert its computer-based health record to a web-based system, VHA should ensure interoperability with out-of-network providers and rely on cost-effective and tested methods of reaching patients regardless of location.

Align data infrastructure with national efforts to build a common health data platform—To normalize data from disparate sources, VHA should explore establishing purchased care providers as "meaningful users" through certification requirements. VHA also should partner with and support ongoing initiatives for data collection and performance improvement opportunities (i.e., Beacon Communities) and consider establishing "virtual ACOs" with organizations that have sufficient health IT capacity to capitalize on VA's investments in information technology (i.e., EHR, telehealth).

Provide timely data to support continuous quality improvement—VHA should consider pursuing interoperability with private-sector data systems to ease data collection, aggregation, analysis, and sharing, and to support assessment of coordination of care through VHA. To ensure all enrollee data are captured and evaluated, VHA should bring data for rural and highly rural service providers into the VA health IT system.

Use tested and innovative methods to communicate with veterans—VHA should continue to promote telehealth technologies and nursing networks and consider new technologies to feed patient-reported data into VA health IT systems, such as mobile device apps and social media.

Aligned Measurement Approach: Measuring Quality in a Coordinated and Effective Manner

VHA should make a commitment to participate in current efforts to use coordinated initiatives to improve healthcare quality. As the quality measurement field evolves to prioritize improvements to the healthcare system, VHA should be active in these discussions to ensure alignment with initiatives at the national level while supporting and learning from programs being implemented at the local level. Such alignment will support VHA's ability to examine specific measurement priority areas and assess the care delivered and purchased for its enrollees' specialized needs, both from a managerial perspective at the national level and from a care management perspective at the primary care provider level.

Align with national quality measurement efforts—VHA should coordinate with HHS, specifically CMS and ONC, on key efforts to formulate a consistent and thoughtful approach to quality measurement. These efforts include but are not limited to the National Quality Strategy, Center for Medicare and Medicaid Innovation initiatives, and Meaningful Use. VHA also should actively contribute to and learn from its involvement with the NQF-convened National Priorities Partnership and Measure Applications Partnership.

Capitalize on established measurement initiatives—To support relationships and consider the measurement and reporting burden all providers face, VHA should leverage the measurement efforts in which purchased care providers already participate (e.g., the Physician Quality Reporting System [PQRS], Meaningful Use). When feasible, VHA should link quality measurement for out-of-network services to measurement for primary care services delivered within VHA.

Establish internal VA working groups to determine the quality measures specific to enrollees accessing out-of-network services—VHA should address specific measurement priorities, including patient- and family-centeredness, longitudinal measures across episodes, effective care coordination, safety, access, Meaningful Use, and other infrastructure supports. These priorities can be organized by establishing measurement cohorts according to complexity or location, considering high-volume services and clinical care priorities for enrollees.

Path Forward

The issue of assessing quality of out-of-network care is not unique to the VA. Private-sector health plans and purchasers have been considering this issue for decades and have worked to plan, manage, and measure accordingly. The VA must do the same and realize that while care is being delivered outside of its network and is essentially outside of its full control, the onus lies with the VA to make internal adjustments, decisions, and demands that take the various stakeholders into consideration but still keep veterans' needs at the center. This presents a complicated and complex path forward, but clear next steps emerge when the barriers highlighted above are considered as opportunities for change, improvement, and collaboration.

Several key strategies identified above inform next steps. Some strategies may take years to implement and may even require a phased approach. As the VA works to define its short- and long-term goals and set a course for achieving those goals, current opportunities exist that the VA can consider immediately:

- The VA should build the infrastructure and competencies for value-based purchasing and care management. This includes convening multi-stakeholder groups of experts within the VA to create a plan outlining specific approaches for prioritized populations and conditions and services. Alignment of efforts and approaches within the VA will complement work toward alignment between the VA and the private sector.
- The VA should align with the emerging national accountability and measurement agendas, particularly elements of the National Quality Strategy that focus quality measurement and improvement efforts on promoting effective care coordination. Related efforts include but are not limited to: the Measure Applications Partnership, the National Priorities Partnership, the Partnership for Patients, and other multi-stakeholder efforts where VHA's reputation for and commitment to excellent care for veterans makes it an expert and leader at the table.
- The VA should continue to leverage the requirements of Meaningful Use and the development of a nationwide health information exchange in its contracting activity. Leveraging national initiative programs and measurement and reporting requirements at the community level will support the VA's need to fulfill its responsibilities to its enrollees through relationships and shared information needs with purchased care providers.

By actively participating in important national conversations and simultaneously engaging in strategic partnerships within communities, the VA has the opportunity to make strides not only in measuring the quality of care provided or purchased for veterans, but also in further assessing the *value* offered to veterans, ultimately transforming the delivery of care for those veterans by keeping them front and center.

APPENDIX A:
"Assessing Quality of VA Out-of-Network Care" Workshop Agenda

Wednesday, June 29, 2011
VHA National Conference Center
2011 Crystal Drive
Crystal City, VA 22202

Workshop Objectives

- Develop a conceptual approach and guiding principles for quality measurement of out-of-network care purchased by the VA.
- Address related measurement issues, including the type and focus of measures needed, potential data sources, methodology issues, and access issues.

8:30 am **Welcome and Introductions**
Joe Francis, Veterans Health Administration, Co-Chair
Laura Miller, National Quality Forum
Tom Valuck, National Quality Forum, Co-Chair

8:45 am **Brief Background and Overview of Desired Outcomes**
Joe Francis

9:00 am **Key Frameworks for Conceptual Approach**
Tom Valuck
- HHS National Quality Strategy
- Patient-Focused Episodes of Care
- Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination

9:30 am **Case Study from the Veterans Administration**
Patricia Gheen, VA
- Project HERO

11:00 am **Case Studies from the Private Sector**
Mary Naylor, University of Pennsylvania School of Nursing
Tom James, Humana
- Transitional Care Model
- Health Plan Exemplar

12:15 pm **Working Lunch: Brainstorming Exercise**
Measurement and data considerations and guiding principles for measuring and ensuring high-quality out-of-network care.

1:30 pm **Designing a Conceptual Approach: Guiding Principles and Major Components**
Discussion of key components and general design principles.

2:30 pm **Measurement Considerations**
Discussion of important considerations for assessing quality of out-of-network care.

3:45 pm **Conceptual Approach and Guiding Principles: Final Discussion**
Finalization of suggested conceptual approach and guiding principles.

5:00 pm Adjourn

APPENDIX B:
"Assessing Quality of VA Out-of-Network Care" Workshop Attendees

Joe Francis *(Co-Chair)*
Department of Veterans Affairs

Tom Valuck *(Co-Chair)*
National Quality Forum

Richard Bankowitz
Premier, Inc.

Carol Ann Barnes
Kaiser Permanente

Marisue Cody
Department of Veterans Affairs

Tim Cromwell
Department of Veterans Affairs

Anisha Dharshi
National Quality Forum

Kathleen Dziak
Department of Veterans Affairs

Patricia Gheen
Department of Veterans Affairs

Aparna Higgins
America's Health Insurance Plans

Rajiv Jain
Department of Veterans Affairs

Tom James
Humana

John Kugler
Department of Defense/TRICARE

Anita Lord
Department of Veterans Affairs

Michelle Lucatorto
Department of Veterans Affairs

David Macpherson
University of Pittsburgh School of Medicine

Dan Mareck
Health Resources and Services Administration

David Meyers
Agency for Healthcare Research and Quality

Laura Miller
National Quality Forum

William Munier
Agency for Healthcare Research and Quality

Mary Naylor
University of Pennsylvania School of Nursing

Deborah Ondeck
Department of Veterans Affairs

Dede Ordin
Department of Veterans Affairs

Lindsay Roach
Department of Veterans Affairs

Joanne Shear
Department of Veterans Affairs

Richard Stark
Department of Veterans Affairs

Betty Teague
United Healthcare

Thomas Tsang
Office of the National Coordinator for Health Information Technology

Sheila Warren
Department of Veterans Affairs

Mike Weiner
Indiana University School of Medicine

Steven Wright
Department of Veterans Affairs

APPENDIX C:
Opportunities for Assessing Quality of VA Out-of-Network Care

Framework Component	Suggestions for the Path Forward
Veteran-Centric Approach: Responding to Diverse and Shifting Health Demands	◆ **Consider veterans' needs and preferences** ● Examine capacity and competency to meet shifts in health and healthcare needs of the population (e.g., obstetrical and gynecological services for female veterans) ● Accommodate veterans' access to provider/setting of choice to increase satisfaction ● Make quality information about out-of-network care available to inform veterans' decision making when seeking care ◆ **Focus on care coordination** ● Maintain accountability for care delivered outside, as well as within, the VHA system ● Prioritize out-of-network care quality on care coordination (e.g., communication, transitions, timeliness) ● Consider input of the National Priorities Partnership to the NQS on goals and measure concepts for how to ensure person- and family-centered care and promote effective communication and care coordination. ◆ **Address disparities between rural/highly rural and urban-dwelling veterans** ● Examine rural vs. urban healthcare processes and outcomes for relevant conditions (e.g., TBI, PTSD, chronic pain, hepatitis C) ● Determine what factors underlie any disparities identified ● Explore potential relationships among rural residence and race and/or geographic regional disparities ● Help stakeholders, such as Veteran Service Organizations and Congress, understand the need for balancing geographic access with accountability for quality and cost

APPENDIX C, CONTINUED

Framework Component	Suggestions for the Path Forward
Strategic and Accountable Partnerships: Partnering to Navigate the Dual Provider-Purchaser Role	◆ **Create and support relationships within the healthcare community** ● Partner with and learn from those who have employed successful value-based purchasing programs (e.g., CMS, ONC, DoD) ◆ **Build capacity to negotiate and manage purchased care** ● Ensure that purchased care agreements enable assessment of quality (e.g., credentialing, licensure, board certification, measurement) ● Maintain centralized or regionalized care purchasing support, while recognizing that many arrangements will need to be negotiated and executed locally ● Create flexible, regional purchased care agreements that are responsive to local needs, while leveraging economies of scale to increase purchasing power ● Ensure the full range of services based on VHA capacity and veterans' medical and dental needs are included in purchased care agreements up front to avoid delays in care created by adding services later ● Simplify pricing and fee schedules ◆ **Implement value-based purchasing of out-of-network services** ● Use national incentive initiatives to align with major networks at local and regional levels (i.e., ACOs, medical homes, global payments, bundled payments)

APPENDIX C, CONTINUED

Framework Component	Suggestions for the Path Forward
Health Information Infrastructure: Overcoming Information Sharing and Availability Constraints	◆ **Align data infrastructure with national efforts to build a common health data platform** ● Establish purchased care providers as "meaningful users" through certification requirements to normalize data from disparate sources ● Partner with and support ongoing initiatives, such as the Beacon Communities, for data collection and performance improvement opportunities ● Consider establishing "virtual ACOs" with organizations that have sufficient health IT capacity to capitalize on VA's investments in information technology (i.e., EHR, telehealth) ◆ **Provide timely data to support continuous quality improvement** ● Pursue interoperability with private-sector data systems to ease data collection, aggregation, analysis, and sharing, and to support assessment of coordination of care through VHA ● Bring data for rural and highly rural service providers into the VA health IT system ◆ **Use tested and innovative methods to communicate with veterans** ● Continue to promote telehealth technologies and nursing networks ● Consider new technologies to feed patient-reported data into VA health IT systems (e.g., mobile device apps, social media)

APPENDIX C, CONTINUED

Framework Component	Suggestions for the Path Forward
Aligned Measurement Approach: Measuring Quality in a Coordinated and Effective Manner	◆ **Align with national quality measurement efforts** ● Coordinate with HHS, specifically CMS and ONC (e.g., National Quality Strategy, Center for Medicare and Medicaid Innovation initiatives, Meaningful Use) ● Coordinate with the NQF-convened National Priorities Partnership and Measure Applications Partnership ◆ **Capitalize on established measurement initiatives** ● Leverage the measurement efforts that purchased care providers already participate in (e.g., PQRS, meaningful use) ● Link quality measurement for out-of-network services to measurement for primary care services delivered within VHA ◆ **Establish an internal VA working group to determine the quality measures specific to VA cohorts accessing out-of-network services** ● Address measurement priorities: patient- and family-centeredness, longitudinal measures across episodes, effective care coordination, safety, access, health IT meaningful use, and other infrastructure supports ● Establish measurement cohorts according to complexity or location, considering high-volume services and clinical care priorities for veterans

Notes

1. Department of Health and Human Services (HHS), *National Quality Strategy*, Washington, DC: HHS; 2011. Available at **www.ahrq.gov/workingforquality/**. Last accessed September 2011.

2. National Quality Forum (NQF), *Episodes of Care Measurement Framework*, Washington, DC: NQF; 2009. Available at **www.qualityforum.org/Projects/Episodes_ of_Care_Framework.aspx**. Last accessed September 2011.

3. NQF, *Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination*, Washington, DC: NQF; 2010. Available at **www.qualityforum.org/Publications/2010/10/Preferred_Practices_and_Performance_Measures_for_Measuring_and_Reporting_Care_Coordination.aspx**. Last accessed September 2011.

4. Naylor, Mary. "Transitional Care: The Promising Path to Person-Centered, High Quality, Affordable Care." Presentation at the Assessing Quality of VA Out-of-Network Care Workshop, Crystal City, VA; June 29, 2011. Available at **www.qualityforum.org/Projects/s-z/VA_Workshop/VA_Out-of-Network_Care_Workshop.aspx.** Last accessed September 2011.

5. James, Tom. "Humana and Project HERO." Presentation at the Assessing Quality of VA Out-of-Network Care Workshop, Crystal City, VA; June 29, 2011. Available at **www.qualityforum.org/Projects/s-z/VA_Workshop/VA_Out-of-Network_Care_Workshop.aspx.** Last accessed September 2011.

6. VHA Detailed Quality Measurement Plan, Navigant Consulting, Inc., 2010.

7. U.S. Department of Veterans Affairs (VA), *Project Hero (Healthcare Effectiveness through Resource Optimization)*, Washington, DC:VA, 2009. Available at **www.va.gov/hac/hero/**. Last accessed September 2011.

8. Spoont M, Greer N, Su J, et al., Rural vs. Urban Ambulatory Health Care: A Systematic Review. VA Health Services Research & Development Service, Washington, DC:VA;2011. Available at **www.hsrd.research.va.gov/publications/esp/ambulatory.pdf**. Last accessed September 2011.

9. Francis, Joe. "VA Health Care: Brief Background and Overview." Presentation at the Assessing Quality of VA Out-of-Network Care Workshop, Crystal City, VA; June 29, 2011. Available at **www.qualityforum.org/Projects/s-z/VA_Workshop/VA_Out-of-Network_Care_Workshop.aspx.** Last accessed September 2011.

10. Ibid.

11. Liu C-F, Manning WG, Burgess JF Jr, et al., Reliance on Veterans Affairs outpatient care by Medicare-eligible veterans, *Med Care*, 2011;49(10):911-917.

12. NQF, *National Priorities Partnership*, Washington, DC; 2011. Available at **www.qualityforum.org/Setting_Priorities/NPP/National_Priorities_Partnership.aspx**. Last accessed September 2011.

13. NQF, *Measure Applications Partnership*, Washington, DC; 2011. Available at **www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx**. Last accessed September 2011.

14. NQF, National Priorities Partnership.

15. HHS, The Office of the National Coordinator for Health Information Technology, *Electronic Health Records and Meaningful Use*, Washington, DC: 2011. Available at **healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2**. Last accessed September 2011.

NQF
National Quality Forum

1030 15TH STREET, NW, SUITE 800, WASHINGTON, DC 20005
202-783-1300 ◆ Fax 202-783-3434
www.qualityforum.org