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PROFESSION

AMA webinars demonstrate how quality metrics improve care

Colorado clinics are using the data they collect to show patients how their hemoglobin A1c, blood pressure and cholesterol profiles change over time.

By KEVIN B. O'REILLY, *amednews* staff. Posted Jan. 3, 2011.

A series of free webinars hosted by the American Medical Association highlights how doctors participating in initiatives around the country are putting physician-developed quality metrics to use to improve care.

The Quality in Action webinar series is hosted by the Physician Consortium for Performance Improvement, an organization convened by the AMA. More than 170 organizations take part in the consortium, including medical boards, government agencies and national medical specialty and state medical societies.

The physician-led consortium started offering the free webinars in August to help doctors use its metrics when participating in quality improvement and pay-for-performance projects. The consortium marked its 10th anniversary in 2010. The years have paid dividends, with the consortium developing 270 clinical performance measures across 43 clinical areas that doctors can use to improve care, said AMA Board of Trustees Chair Ardis Dee Hoven, MD.

The goal of the webinar series is to showcase how local, regional and national initiatives are putting the consortium's measures into practice in different care settings.

For example, a Dec. 15, 2010, webinar focused on how more than 90 physician practices in Colorado are using doctor-backed quality metrics. The work in Colorado is happening as part of two initiatives coordinated by Health TeamWorks, a nonprofit coalition of physicians, hospitals, health plans, employers and quality improvement organizations formerly known as the Colorado Clinical Guidelines Collaborative.

The Colorado efforts demonstrate the importance of physician practices collecting information about their performance to improve upon it, said Marjie Grazi Harbrecht, MD, Health TeamWorks' medical and executive director.

"Guidelines were a great start," Dr. Harbrecht said. "That knowledge was really crucial, but it is only as useful as the systems used to put it into action. If you don't look at your data, or have a way to measure your progress and monitor that, you don't really know where to direct your attention, or if the systems you're using are really making a difference."

Beyond claims data

Doctors have long argued that health plans' use of administrative claims data to judge physician quality is misleading to patients, because the information is intended to administer payments, not evaluate clinical care. When physician practices collect their own quality data, they have greater confidence that they reflect reality and show where gaps in care may exist, Dr. Harbrecht said.

Some Colorado clinics are going further, using the data they collect to show patients how their hemoglobin A1c, blood pressure and cholesterol levels are changing over time.

"Patients get so excited to actually see their numbers," Dr. Harbrecht said. "They start to be able to see that the things they're doing -- such as diet and exercise -- improve their numbers, then they get much more engaged because they've set those goals in conjunction with you all. It becomes much more of a partnership."

More than 70 health professionals participated in the Dec. 15 webinar, 57% of whom were involved in implementing quality improvement projects in their organizations.

The first Quality in Action webinar showed how to implement measures related to HIV/AIDS care. A separate series of consortium-hosted webinars focuses on developing and testing performance measures. The next webinar, scheduled for Jan. 12, will show how to determine if measures are valid and reliable for use in practice. Users can visit the consortium's website to register for upcoming webinars, view slides and listen to audio recordings from previous webinars.

Learning how to use quality measures to improve care is a professional obligation and a way to counter inaccurate information, Dr. Harbrecht said.

"What we signed up to do is deliver good care," she said. "We know we all want to do that. Doing this kind of work is not just for internal quality improvement purposes, but also for external purposes to demonstrate the quality that you provide."

This content was published online only.

ADDITIONAL INFORMATION:

WEBLINK

Physician Consortium for Performance Improvement Quality in Action webinar series (www.ama-assn.org/go/webinars-qualityinaction)

Health TeamWorks, formerly known as the Colorado Clinical Guidelines Collaborative (www.healthteamworks.org)

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