FACCT: A Large Measure of Quality

Save to myBoK

by Judith Graham

Introduction

The Foundation for Accountability (FACCT) is an independent, not-for-profit organization representing major consumer groups and large purchasers of healthcare. Its mission is to help consumers make healthcare choices based on quality. FACCT's core work consists of (1) creating state-of-the-art quality measurement sets and (2) researching what consumers want and need in the way of quality information and how best to convey quality information to consumers.

FACCT's Board of Trustees represents nearly 80 million Americans who buy and use healthcare (Exhibit 1). FACCT receives advice from its Consumer Advisory Committee, Measures Council including researchers and scientific experts, and Health Plans and Professionals Advisory Council.

Background

Healthcare quality measurement has made significant strides over the past several decades. Researchers have developed a host of new measures that are sensitive, valid, and reliable. Outcomes measures are the new frontier of this movement. In addition to traditional clinical indicators such as mortality and morbidity, outcomes measures now focus on a broad range of results including patient health status, satisfaction, and quality of life.

Until recently, quality measures were used primarily by healthcare organizations for the purpose of quality improvement. Purchasers, accreditation agencies, and other groups interested in publicly evaluating the performance of healthcare organizations have now adopted these measures. The measures have become the centerpiece of healthcare report cards. For the first time, these reports are making it possible for buyers to compare health plans and base their purchasing decisions on data about quality as well as costs.

FACCT

FACCT was created after national health reform failed in 1994, leaving the US with a market-based healthcare system undergoing rapid change. Managed care grew rapidly, and consolidation swept the healthcare marketplace, altering the competitive landscape. In the midst of these developments, good information about healthcare quality was lacking, making it impossible to evaluate the true impact of market-based changes. Faced with a paucity of data about quality, healthcare purchasers based decisions on cost.

Exhibit 1
FACCT's Board of Trustees

Consumer Groups
AARP
AFL-CIO
Alliance for Aging Research
California Health Decisions
National Alliance for the Mentally Ill
National Coalition for Cancer Survivorship

In June 1995, at an informal meeting in Jackson Hole, WY, a group of large healthcare buyers, both public and private, and major consumer groups agreed that this situation needed to change. They decided to establish FACCT to articulate the shared interests of consumers and purchasers in acquiring better information about healthcare quality.

One premise underlying FACCT is that a market-driven healthcare system will not work properly without good, readily available information about the quality and cost of services. Another premise is that the people who buy and use healthcare-consumers and purchasers-should hold the healthcare system accountable for its performance.

This concept has profound implications for quality measurement. First, it redefines the primary audience for measures. This audience becomes consumers and

Public Purchasers
Federal Employees Health Benefits Program
Illinois Department of Public Health
US Department of Defense
Health Care Financing Administration
State of Wisconsin, Office of the Commissioner of Insurance

Private Purchasers
American Express
Ameritech
AT&T
EDS Health Care Industry Group
General Motors
National Business Coalition on Health

At-large Members
Rodney Armstead, MD (United Health Plan)
Paul Ellwood, MD (Jackson Hole Group)
Dwight McNeill
David Nash, MD (Thomas Jefferson University Hospital)

purchasers, instead of an "expert" audience of doctors, utilization review specialists, and healthcare executives.

Not surprisingly, this shift in the primary audience has consequences for the measures themselves. Under FACCT's approach, measures that are meaningful and relevant to consumers and purchasers increase in significance. Foremost among these are "patient-centered" measures that capture the experience of people who consume healthcare services. Instead of the healthcare service being the focus of measurement, the patient becomes the focus. Similarly, instead of gathering data from medical records or claims forms, the patient becomes a critically important source of information about quality, through surveys that ask patients directly about their experiences.

Outcomes measures are also highlighted by FACCT's approach. Once again, the spotlight is on the patient as opposed to unit of service, the traditional target of utilization review. What actually happened as a result of the care delivered? Did the patient recover? Was illness minimized? Was functioning maximized? Was the quality of life impaired? Outcomes are important to purchasers, who want to understand what they're getting for their healthcare expenditures and to make sound investments in the health of their employees. Outcomes also matter enormously to consumers, who want good results from their healthcare.

FACCT Framework

FACCT officially began in November 1995 as a not-for-profit organization based in Portland, OR. The organization's framework for evaluating healthcare quality was published at that time. This framework distinguished FACCT from the outset and continues to do so. It outlined a comprehensive set of principles that defined how FACCT would approach quality measurement. The framework remains at the center of FACCT's work.

FACCT's initial framework included a two-pronged approach to quality measurement: (1) population-based measures assessing how well a healthcare organization cares for all its customers or members, and (2) condition-specific measures assessing how well an organization cares for people who are ill. FACCT's goal was to create an overall portrait of care for broad populations and also zero in on subpopulations at particular risk. In fact, other performance measurement schemes had not focused on patterns of care for people with common medical conditions. By examining such patterns, important discrepancies in care among organizations or within a given organization may be revealed, thereby indicating where quality improvement efforts should be targeted.

Over time, FACCT has expanded its interests to include measures for common life stages or events, such as pediatric, maternity, geriatric, and end-of-life care. This recognizes that the illness-based categories that medicine has adopted may not be the best categories to use when conveying some quality information to consumers. Consumers may think of themselves as young, middle-aged, and old, for instance, and their health concerns may revolve around the concerns of their age, rather than a given body part or a specific medical condition. FACCT is investigating consumers' preferences in this regard as part of its broad consumer research agenda.

Multidimensional Approach

Another core principle embedded in FACCT's framework is the desirability of a multidimensional approach to measuring quality. This acknowledges the extraordinary complexity of evaluating quality. It also acknowledges that while individual quality measures may be limited in their utility, a carefully arranged group of measures can create an in-depth, balanced portrait of quality.

FACCT has identified three broad categories of measures, each of which conveys important and complementary information about quality.

1. Steps to Good Care
   This category addresses the question, "Were the basics of good care followed?" Were needed tests administered? Were patients diagnosed promptly and accurately? Were patients counseled about important treatment options? Were appropriate procedures performed? Were patients advised about how to maintain their health? Was effective follow-up care delivered?

2. Satisfaction
   This category highlights consumers' opinions of their care, an important component of quality. Did patients feel they were treated with compassion, dignity, and respect? Did they feel doctors and other providers listened to their concerns and communicated well with them? Were test results conveyed on a timely basis? Were services easy to access? All these and more are important indicators of performance.

3. Results
   This category focuses on the outcomes of healthcare. Does care make a real difference to peoples' health? For instance, does it impact their ability to function at home or at work, their recovery from illness, or their ability to manage a chronic condition? Does care help prevent illness in the first place? Does it minimize the progression of disease? Does it positively or negatively affect a patient's quality of life?

All of FACCT's measurement sets are built around these three dimensions of quality. For instance, the "Steps to Good Care" in FACCT's breast cancer measurement set include yearly mammograms, early detection of cancers, supplying information to patients about treatment options, and rate of breast conserving surgery (refer to Table 1). "Satisfaction" encompasses patients' feelings about communicating with doctors, access to specialists, getting needed support services, and obtaining timely information about test results. "Results" focuses on five-year disease-free survival and the degree to which patients can continue routine activities and cope with the cancer and its treatment.

Table 1
Measures to Assess Quality of Breast Cancer Care in a Healthcare Organization

8 Quality Measures	*What Each Measure Tells You*	*How Each Is Measured*
Steps to Good Care		
1. Testing for cancer regularly	How many older women have a yearly mammogram to test for breast cancer	Doctor's billing or claims records for mammography exams provided to women ages 52-69 every 24 months
2. Finding cancer early	How many patients' breast cancers were detected early when the chances of recovery are greater	Centralized cancer records contain patient histories including extent of cancer when it was first found
3. Making informed decisions about treatments	Do patients with less advanced breast cancer receive necessary information before deciding about surgery options	Cancer patients, three months after diagnosis, complete a questionnaire about talking with an oncologist
4. Receiving the most effective treatments	How many patients with less advanced cancer undergo conservative breast surgery instead of full breast removal and did they receive the needed radiation treatment after surgery	Centralized cancer records contain patient histories including types of treatment for women with less advanced cancer
Satisfaction		

5.Receiving good communication	How satisfied patients are with their communication with doctors and nurses, their involvement in treatment decisions, and the timeliness of getting test results	Cancer patients, three months after diagnosis, complete a questionnaire about communication with their doctors and others while being treated
6. Receiving necessary services	How satisfied patients are with being able to see specialists and getting support services	Cancer patients, three months after diagnosis, complete a questionnaire about timely access to services while being treated
Results		
7. Attaining five-year disease-free survival	How many patients are treated successfully without a return of the cancer	Centralized cancer records contain patient histories including extent of the cancer five years after it was found
8. Coping with disease	How well do patients continue their routine activities and cope with the cancer and its treatment	Cancer patients, one year after diagnosis, complete a questionnaire about how well they have resumed routine activities and coped with the cancer
Source: Foundation for Accountability		

Selecting Topics

FACCT selects issues or conditions to measure based on their prevalence, cost, variations in care, and opportunities to improve care, among other factors. FACCT's measurement agenda is also influenced by:

- Input from FACCT's Consumer Advisory Committee
- Type of condition under consideration (acute, chronic, preventive)
- Age and sex of consumers affected (women or men, children, young adults, middle age, or the elderly)
- Type of measure involved (population-based, condition-based, life stages-based)

Since June 1996, FACCT has endorsed seven measurement sets: asthma, breast cancer, diabetes, major depressive disorder, health risks, health status for the elderly, and satisfaction. Work is under way on measurement sets for coronary artery disease, alcohol abuse, pediatrics, end-of-life care, and health status for the under-65 population.

Process

FACCT has developed a unique process for compiling its measurement sets. This process combines significant input from consumers along with extensive input from the research, scientific, and provider communities. The goal is to design measures that are scientifically sound as well as relevant and meaningful to consumers.

For the most part, FACCT selects existing measures for its sets. These measures have been developed by researchers and thoroughly tested. In a few instances, FACCT has not been able to find appropriate measures after a thorough review; in this case, it will work with the research and scientific community to create new measures that fill these gaps.

FACCT's process for compiling its measurement sets consists of 11 steps, some of which overlap.

1. **Obtain patient and consumer input regarding important attributes of quality**
   FACCT has a standard of no fewer than four consumer focus groups per measurement set, two of which are to be

conducted at the beginning of the process.

2. **Commission scientific paper from an expert**
   This paper serves as an objective, expert review of the available measurement tools and recommended measurement approaches for FACCT to pursue. It provides the foundation for later discussions.

3. **Develop advisory group, review team**
   FACCT recruits a small group of scientific advisors, often reflecting different points of view, to work throughout the development process, from reviewing initial drafts to providing technical consultation. A larger review team (academics, clinicians, and representatives from consumer groups) receives mailings on the project and the scientific paper. Both groups help refine the scientific paper and define issues that should be addressed.

4. **Draft measurement proposal**
   FACCT then convenes a smaller group of technical advisors (four to five, plus the author) to guide the measures selection.

5. **Conduct a roundtable meeting with experts and consumer groups**
   FACCT convenes a national meeting of experts and consumers to evaluate the draft measurement set and related issues.

6. **Conduct scientific review and gather feedback**
   The paper and draft measures are sent out for review to people with established interest in the topic, including researchers, clinicians, providers in community practice, health plan and health system professionals, consumer organizations, and professional societies. These materials are also made public upon request.

7. **Elicit consumer review and feedback**
   FACCT conducts at least two more focus groups, surveys, or cognitive interviews to assure that draft measures reflect consumers' needs and concerns about quality performance.

8. **Reconvene technical advisors**
   FACCT assembles its technical advisors to reconsider the information gathered during scientific meetings, the review process, and consumer research. A final draft of the measurement set is prepared.

9. **Convene Measures Council**
   FACCT's Measures Council examines the final draft and makes recommendations. Additional consultation with field experts may take place after this stage.

10. **Present measures to FACCT board for endorsement**
    FACCT's Board of Trustees considers measurement sets recommended for endorsement by the Measures Council.

11. **Validate and disseminate measures**
    After endorsement, it is understood the measures may still need refinement to ensure that they can be used in practical settings. FACCT anticipates that feedback from implementation of its measurement sets will be ongoing.

Implementation

Since it has established a quality framework and developed a sound process for endorsing measurement sets, FACCT is now turning its attention to implementation.

FACCT believes different communities will take different approaches to implementation, depending on how purchasers are organized, the structure of the health plan and provider segments, and local interest in accountability issues, among other factors. Strong interest in FACCT's work has led to a number of implementation initiatives:

- The US Office of Personnel Management (OPM), which runs the Federal Employees Health Benefits Program, has inserted a clause in its health plan contracts giving OPM the option to ask plans to use FACCT measures. As of March 1997, OPM had identified four states in which it expects reporting of FACCT measures.

- The National HMO Purchasing Coalition, which represents nine Fortune 100 companies, has inserted a similar clause regarding FACCT measures in its health plan contracts.

- The Health Care Financing Administration (HCFA) has awarded the Rand Corporation $2 million to examine issues related to implementing FACCT measures and to get pilot projects under way in five to 10 markets. In at least three of the sites, HCFA will coordinate FACCT measure data collection with OPM, local business coalitions, and state Medicaid agencies.

- The Quality Measurement Advisory Service (QMAS) has contracted with FACCT to assist state and local healthcare coalitions and purchasing groups implement the FACCT measures.

- FACCT is providing consulting support to business coalitions in four major markets to begin data collection.

Clearly, collecting the information requested by FACCT under its measurement sets will be challenging for many healthcare organizations. But FACCT believes organizations need to develop this capacity in the interest of managing care more effectively and responding more appropriately to consumers.

NCQA and the Joint Commission

FACCT recognizes that the nation's major accreditation agencies, the National Committee for Quality Assurance (NCQA) and the Joint Commission on Accreditation of Healthcare Organizations, are very important audiences for its work. FACCT's role differs from these organizations in several important respects. Most notably, FACCT does not collect or publish data or set standards. FACCT wants both agencies to use FACCT measurement sets in their performance measurement activities.

The Joint Commission moved in this direction in February when it announced ORYX, a new effort that integrates outcomes and process measures into its accreditation process. FACCT measurement sets are among those approved by the Joint Commission to meet performance measurement accreditation requirements.

FACCT shares several board members with NCQA and has submitted its measurement sets to NCQA for possible inclusion in NCQA's Health Plan Employer Data and Information Set (HEDIS) performance measures for health plans. A handful of FACCT measures are recommended in the HEDIS 3.0 test set. FACCT has invited a representative from NCQA to participate in its Measures Council to ensure ongoing communication about FACCT's measurement work. FACCT believes this work complements NCQA's work. Both NCQA and FACCT have agreed to work together, with the understanding that FACCT will test, evaluate, and recommend measurement approaches that may or may not be embraced by NCQA.

Consumer Research

Another major area of activity this year for FACCT is consumer research. Learning more about how consumers understand and use quality information is the primary goal of FACCT's research program. Most performance measures developed to date have assumed consumer comprehension. In fact, however, research shows that many consumers need education and context (especially explanations of the ways in which healthcare organizations can affect quality) before they are prepared to use quality information.

FACCT's research agenda has three components.

1. Dividing consumers into segments, according to their receptivity to and need for quality information. This will allow information to be tailored more precisely to consumers, increasing its impact.
2. Learning what kind of education and context consumers need to best understand quality information. Learning what categories of information

For More Information

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FACCT offers a subscription series to "Accountability!" for individuals who

- Evaluate and purchase healthcare services
- Communication to people about healthcare quality
- Measure healthcare quality

Components of the series include *Accountability Action*, a magazine focused on how consumers and purchasers use quality measures; *In Plain View*, an introduction to FACCT's performance measure sets; and In Practice, a guidebook with recommended measurement instruments, strategies for identifying

make sense to consumers. Learning what kind of language is most effective in conveying quality information. This should enhance the usefulness of quality information.

3. Determining how best to present and display quality information to consumers. Which formats are most effective? What kind of scores should appear? What symbols and graphics can be used to complement and enhance written communications?

   As Medicare and Medicaid beneficiaries evaluate new healthcare options such as HMOs, it has become increasingly important to provide them with consumer-friendly information about their choices. As a result, HCFA is contributing funding to FACCT's consumer research agenda.

and sampling target populations, data collection protocols, and risk adjustments.

A year's subscription is $595. This includes fall and spring editions of "Accountability!" and a supplement in winter and summer. Non-profits with an annual budget of $2 million or less are eligible for a reduced rate. For information, call (503)795-7991.

Conclusion

Performance measurement can be a powerful tool for change within the healthcare industry, leading to an informed public that encourages healthcare organizations to deliver good results. Informed consumers also can become partners in care, working closely with providers to maximize their health. For these potentials to be realized, measures should reflect a coherent vision of desirable change. In FACCT's case, the vision is clear: FACCT is working for a consumer- and customer-driven healthcare system that systematically strives to improve people's health and care. FACCT's measurement sets chart the direction for change; it is up to healthcare organizations to make FACCT's vision a reality.

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Article citation:
Graham, Judith. "FAACT: a Large Measure of Quality." *Journal of AHIMA* 68, no.6 (1997): 41-46.
