Rising health care costs and medical practice variations that cannot be explained by patient demographics, medical necessity, or better outcomes have led to initiatives aimed at improving clinical quality and consumer decision-making. Measurement and reporting of health care quality and cost of care are being used to drive performance improvement initiatives that are expanding from hospital to ambulatory settings aimed at physician level performance measurement. Employers (purchasers), insurance companies, and the government (payers) are the major drivers of these initiatives.

The American Medical Association-convened Physician Consortium for Performance Improvement (PCPI) is providing critical input in developing clinical quality measures using evidence-based guidelines. However, while physicians are involved in measure development, payers are leading the way on how the measures will be used for various payment and consumer-driven plans. Department of Health and Human Services (HHS) Secretary Michael Leavitt urged employers last month to participate in HHS’s transparency initiative by agreeing to four “cornerstone goals” to improve health care quality and moderate the trend of health care costs. The goals are to 1) create standards to allow health care professionals to share patient data, 2) implement quality of care reporting, 3) give patients cost of care information in advance of an office visit or medical procedure, and 4) provide incentives for quality care. Physician involvement is critical to the success of any transparency initiative. In this paper, we will highlight some of the Wisconsin Medical Society strategic initiatives essential to meeting the cornerstone goals.

Wisconsin Medical Society Strategic Initiatives
The Wisconsin Medical Society (Society) is committed to all citizens receiving the right care at the right place, at a reasonable price. Since 2004, the Society has been holding Quality Forums with the goal of providing a neutral forum where Medical Directors and physician Presidents/CEOs can debate and collaborate to form a deeper understanding of the issues related to health care quality measurement, reporting, and improvement. To obtain physician input in this area, the Society asked Quality Forum participants and Board members what the Society could do to help with local quality improvements. The following suggestions were made:
- Work to help standardize and coalesce state quality efforts
- Help physicians embrace, engage, and lead quality and cost efficiency efforts
- Use knowledge gained to fundamentally change the health care system to increase insurance coverage and quality of care for all
- Promote practice-level quality improvement and share with all.
- Create an entry point for smaller practices and individual physicians to get involved

As a result, the Society’s 2006-2008 strategic plan focuses on 2 key strategic initiatives: 1) Health Insurance Access and Coverage and 2) Quality/Clinical Outcomes. Society publications, including Medigram, newly launched as a twice-monthly electronic newsletter, and Society educational programs will feature more information on health care quality issues in 2007. Additionally, the Society is involved in various state initiatives to meet the strategic plan objectives.

State Efforts
The Society is involved in various state efforts to support health information technology to share patient data. These efforts include the
Governor’s eHealth plan (p 28), which stresses the importance of aligning state with national efforts, and the Doctor’s Office Quality-Information Technology project, a Centers for Medicare and Medicaid Services (CMS) initiative coordinated through MetaStar (p 38).

The Society is also involved in initiatives to provide health care quality and pricing information. The Society is a founding member of the Wisconsin Health Information Organization (WHIO) and is on the Board of the Wisconsin Collaborative for Healthcare Quality (WCHQ). WHIO is a voluntary, public-private warehouse of health care claims data that spans providers and systems and represents entire episodes of care. WCHQ is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of health care for the people of Wisconsin. WCHQ members have developed and reported 58 health care performance measures (www.wchq.org). The Society is also a member of the Wisconsin Hospital Association (WHA) Quality Steering Committee and partners with WHA on the Wisconsin Council for Medical Education and Workforce (WCMEW), a physician workforce planning committee.

**Society Physician Information Repository**

The Society’s Physician Information Repository will play an important role in contributing to these state efforts. It will contain physician demographic data and information about contractual relationships among physicians, clinics, hospitals, and health plans. This information will be used to support: state quality improvement efforts working with WHIO and WCHQ; workforce planning through WCMEW; administrative simplification by making it easier for physicians to maintain and transfer their own information to hospitals, clinics, state government, health plans, and other relevant entities; and an online physician directory that will be accessible to the public as a source for physician practice information. Physicians will be able to easily update their own data as needed and to certify its accuracy on an ongoing basis.

**National Efforts**

In addition to our involvement in state initiatives, the Society is monitoring key national efforts that will impact Wisconsin physicians. Information about the AMA-convened Physician Consortium for Performance Improvement and the CMS efforts are included on pages 24 and 27 of this issue. Two other influential coalitions, the AQA and HQA, are collaborating to unify efforts to measure physicians and hospital quality that would be used by all stakeholders in the health care system.

**AQA Alliance**

The American Academy of Family Physicians, the American College of Physicians, America’s Health Insurance Plans, and the Agency for Healthcare Research and Quality (AHRQ), partnered in September 2004 on an effort to determine how to most effectively and efficiently improve performance measurement, data aggregation, and reporting in the ambulatory care setting. This group, originally called the Ambulatory Care Quality Alliance, has grown to an alliance of 135 physician organizations, consumers, employers, and health plan representatives working to make available quality information about all areas of physician practice.

Three workgroups have formed to develop a model for assessing performance and reporting data that would replace the current array of multiple, uncoordinated, and sometimes conflicting initiatives. The workgroups are: Performance Measurement, Data Sharing and Aggregation, and Reporting. Past meeting materials and summaries are available at the AQA Web site under “Meetings” (www.aqaalliance.org/meetings.htm).

The AQA Alliance’s role is to reach consensus on standard measures that have been through the National Quality Forum (NQF) review process or that will be referred to NQF for endorsement. The measures are developed by organizations such as the AMA-convened Physician Consortium for Performance Improvement and the National Committee for Quality Assurance (NCQA). The AQA has approved 80 quality measures for use in provider contracts (www.aqaalliance.org/performancewg.htm).

In March 2006, the AQA announced 6 sites, including the WCHQ, for a pilot project that will test approaches for aggregating and reporting physician practice data that are fully transparent and meaningful to the public and private sectors. It is expected that the pilot results may provide a national framework for physician performance measurement and public reporting. The AQA Alliance pilot project will also test the most effective methods to provide consumers with meaningful information for making choices about which physicians and physician groups will best meet their needs. The pilot project is supported with funding from CMS and AHRQ.

**Hospital Quality Alliance (HQA)**

The Hospital Quality Alliance (HQA) is a public-private collaboration whose goal is to identify a robust set of standardized and easy-to-understand hospital quality
measures that would be used by all stakeholders in the health care system in order to improve quality of care and the ability of consumers to make informed health care choices. Hospital Compare, a CMS Web site tool that has been providing user-friendly information about the quality of heart attack, heart failure, and pneumonia care to patients in more than 4000 of the nation’s hospitals since April 2005, is a product of this Alliance.

In July 2006, the AQA Alliance and the HQA formed a new national Quality Alliance Steering Committee to better coordinate and promote quality measurement, transparency, and health care improvement. A key responsibility of the steering committee will be to consider how best to expand the scope, speed, and adoption of a more uniform approach to measuring and reporting hospital and physician performance including cost of care measures.

Five workgroups have been formed to focus attention on particular efforts that are needed to accomplish the goals set forth by the Committee. Additional information about each of the workgroups is available at www.aqaalliance.org/AQA-HQA_WGnotice081606.htm.

Table 1 gives an overview of the roles of most of the key health care quality organizations. Table 2 provides the Web sites of selected national organizations.

Society leadership on state and national health care quality efforts will ensure that there is the critical physician input needed to meet the 4 cornerstone goals.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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