009: A NEW APPROACH TO MEASUREMENT OF QUALITY AT THE PHYSICIAN OFFICE LEVEL

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Objective:
To develop and alpha test actionable, evidenced based measures of physician office systems that are linked to outcomes of care.

Methods:
There are major barriers to accessing the quality of care at the individual office level using patient surveys or clinical performance measures. This is especially true for measures that can be used in public reporting of quality. Starting with a review of the literature including the meta analyses from the Cochrane Collaborative, and based on the Chronic-Preventive care model of Wagner et al; we developed a self-administered survey, with an audit module. Each of the core questions on the instrument was linked to one or more experimental studies (mostly RCT's) linking the presence or absence of a system process (for example use of a patient registry) to a clinical outcome (such as improved HbA1c level). An advisory panel of prominent researchers and quality experts from throughout the United States provided input on related work in progress, the literature review and modifying drafts of the instrument. Finally, the instrument was tested for comprehension and usability in three practice organizations including more than 50 office sites ranging in size from one to fifty physicians.

Results:
The instrument can be used in physician office setting ranging from a single physician to large group. The instrument is structured in four major areas that have been demonstrated to impact quality of care, namely patient self management, decision support, clinical information support and delivery system design. Each of the four major areas includes up to five core questions, with in turn may have up to three sub-questions. An example of one of the areas with one question and sub-question is in table 1. The total number of questions is x and the completion time for the survey is 5-15 minutes and can be completed by the physician, office manager or nurse. While the instrument was developed using an evidenced based protocol; further testing is planned which will directly compare performance on the systems instrument with traditional metrics including clinical performance measures and surveys of patient experiences of care at the physician office level.

Conclusions:
Use of a self-reported survey of the presence and use of processes and systems linked to enhanced quality of care for prevention and chronic illness offers an actionable alternative to the use of performance measures and patient surveys in accessing quality at the level of the individual physician office.

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