The Development of a Comprehensive, Yet Manageable, Quality Improvement Program in a Managed Care Organization; A Viable Alternative to Accreditation?

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Research Objective: One of the main drivers that lead managed care organizations (MCO) to develop comprehensive quality improvement (QI) programs is voluntary accreditation. Through this course of action, strict criteria are set for building an organizational infrastructure, constructing and monitoring QI processes, and developing evaluation standards. The recent health services literature and lay press indicate that MCO accreditation is losing its appeal. Currently, only about 50% of health plans in the nation are accredited. Among the reasons cited for the apparent loss of interest are; (a) anecdotal evidence that accreditation has little, if any, impact on market share, (b) the cost associated with undergoing accreditation is prohibitive, (c) regulations established by public purchasers have become similar enough to accreditation criteria that undergoing voluntary accreditation seems superfluous, and (d) most MCO's have already adopted some features of the accreditation model they find valuable to their QI program. An additional concern is that accreditation, in and of itself, does not ensure ongoing compliance with the requirements. More often than not, an MCO scrambles to update policies, procedures and project write-ups immediately prior to the accreditation evaluation. This paper describes a QI program that was developed to incorporate comprehensive structural, operational and evaluative properties for implementation in an MCO, in lieu of undergoing accreditation.

Study Design: A committee, comprised of operational representatives from each functional area of the health plan having QI responsibilities reviewed the accreditation standards of the National Committee for Quality Assurance (NCQA) and chose specific standards from which measures would be developed for the QI program. To be included, standards had to be meaningful, actionable, and measurable. A crosswalk was then developed between NCQA standards and Medicare's Quality Improvement System for Managed Care (QISMC), to eliminate redundancies of QI activities across product lines. Next, specific measures were defined for each standard and graphic displays were produced.

Population Studied: An MCO in Oregon serving approximately 200,000 commercial, Medicare, and Medicaid lives.

Principal Findings: 73% of all NCQA standards met the criteria for inclusion in the QI program. The QISMC crosswalk established that a match existed for 86% of the QI regulations to the NCQA standards. 95 specific measures were developed by which each standard would be evaluated. Presenting the measure-set data graphically, instead of numerically made the task of analyzing results easier. There were 55 figures that illustrated the data for the 95 measures. The final measure-sets and corresponding graphic displays will be presented.

Conclusions: The QI program developed in this study proved to be very comprehensive, incorporating approximately three-quarters of all existing NCQA standards and nearly all QISMC regulations. All policies and procedures relating to each measure were documented as well, allowing for ease in navigating each internal process for follow-up.

Implications for Policy, Delivery or Practice: The development of specific measures for each QI standard created the need to establish new policies and procedures for monitoring and auditing each process. This, in turn, ensures ongoing compliance with the standards. What is evident from the construction and implementation of this QI model, is that linking specific measures to standards or regulations allows for continuous monitoring of the company-wide QI efforts, and quick intervention when a process appears to move out of compliance (all measures are reviewed at least quarterly). This is in contrast to a typical accreditation program where an MCO receives a "stamp of approval" for a period of up to 3 years, with no meaningful monitoring process in place throughout the cycle. Moreover, no additional resources are required to implement this comprehensive QI program. This contrasts the typical MCO practice of adding temporary resources to prepare the organization for the accreditation evaluation, as well as hiring consultants to perform a mock-audit to confirm readiness. In conclusion, the QI model developed for this study ensures that the MCO will always be in compliance with standards or regulations, and, is indeed, a viable option to accreditation.

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