

# High Performers Special Study

Update: October 2004

<b>PURPOSE</b>	<p>The objective of this study is to augment the ability of Quality Improvement Organizations (QIOs) to identify high performers and spread knowledge about achieving high-quality performance among providers, with an initial focus on the hospital setting.</p>
<b>OBJECTIVES</b>	<p>In three overlapping phases, the study will: define “high performance,” develop an algorithm to measure clinical performance levels of hospitals, obtain stakeholder consensus for algorithm validity, and use the algorithm to identify high and non-high performers (Phase 1); determine what distinguishes high performers from non-high performers (Phase 2); and disseminate findings to medical practitioners, QIOs, and hospital communities (Phase 3).</p>
<b>PROGRESS</b>	<p>Based on findings from a review of literature and non-literature (e.g., Baldrige award, JCAHO criteria, and ISO 9000 standards) about high performance (summarized in the <i>State of the Art</i> report), strategies were developed to define high performance:</p> <ul style="list-style-type: none"><li>• Focus on clinical performance only</li><li>• Consider absolute as well as relative performance scores</li><li>• Consider a broad scope of indicators covering multiple clinical conditions</li><li>• Consider stability of performance over a one-year time period</li><li>• Define peer groups of providers by services provided rather than by size or geographic location</li><li>• Develop the statistical sophistication of the algorithm to the highest level so that it is able to obtain support from a majority of those who are being measured</li></ul> <p>The <i>State of the Art</i> report was also used to develop principles and criteria of high performance that guided development of the algorithm that will be used to identify high performers (and non-high performers). Two algorithms have been developed: Model Z—which incorporates three clinical topics (pneumonia, acute myocardial infarction, and heart failure) and the CMS quality measures for those areas, and Model A—which uses only pneumonia and its indicators. The latter will allow identification of high performers among hospitals that do not provide the full range of cardiac care (e.g., only stabilize and transport AMI patients).</p> <p><b>Note: For those interested in more detail about the algorithm, the formula and related principles, criteria, and identified limitations are attached.</b></p>
<b>CURRENT STATUS</b>	<p>The algorithm has been tested on data from four states. Those results were shared with CMS staff during a “peer review” session and, subsequently, modifications were made. The results were also shared with the QIO community during the QualityNet Conference.</p>
<b>NEXT STEPS</b>	<p>The Model Z algorithm will next be run against the national hospital data set to identify high and non-high performers across the country. Personnel at a sample of these hospitals will then be interviewed about the infrastructure supporting quality improvement. We expect this qualitative phase to begin before the end of 2004.</p>
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