



**AMERICAN COLLEGE  
OF RHEUMATOLOGY**  
EDUCATION • TREATMENT • RESEARCH

Specialists in Arthritis Care & Research

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October 9, 2006

TO: Rheumatology Quality Stakeholders' Summit Participants  
FROM: Peggy Crow, MD, President, American College of Rheumatology  
RE: August 2 Rheumatology Quality Stakeholders' Summit in Washington, DC

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Thank you for participating in the American College of Rheumatology's Quality Stakeholders' Summit on August 2<sup>nd</sup> in Washington, DC.

Enclosed is a report of the meeting. It contains a summary of the meeting and outlines the different ideas that were raised by participants. The report has been discussed with the ACR Quality Measures Committee and will be reviewed by the ACR leadership in November. Next steps will be determined at that time. Meanwhile, we encourage any stakeholder with a particular interest in these or other quality-related ideas to contact the ACR at your convenience (via Amy Miller – [amiller@rheumatology.org](mailto:amiller@rheumatology.org) or phone: 404-633-3777, ext. 321).

The College sincerely appreciates the time that you set aside to share your thoughts and ideas on your organizations' current quality initiatives and how we might work together more effectively in the future. We look forward to continuing our partnership.

**RHEUMATOLOGY QUALITY STAKEHOLDERS' SUMMIT  
AUGUST 2, 2006, WASHINGTON, DC**

**Meeting Report**

On August 2, the ACR hosted a Rheumatology Quality Stakeholders' Summit in Washington, DC. The summit was a private meeting of key stakeholders in the quality movement that focused on strategic directions for quality initiatives that involve rheumatology. The purpose of the Summit was for participants to share information on their organizations' activities and plans, discuss ideas that build on successful current and past quality projects, determine opportunities for collaboration, and ultimately to set strategy for moving forward. The meeting was very successful, in that all of the stated objectives were achieved.

**ATTENDEES**

Approximately 40 high-level representatives participated in the meeting, from the following organizations:

- ACR
- ARHP
- Six Degrees Health Care Consulting
- AMA Physician Consortium for Performance Improvement
- Ambulatory care Quality Alliance (AQA Alliance)
- National Quality Forum (NQF)
- Agency for Healthcare Quality and Research (AHRQ)
- Arthritis Foundation (AF)
- Centers for Disease Control and Prevention (CDC)
- American Academy of Pediatrics (AAP)
- Cincinnati Children's Hospital
- NIAMS
- Insurance companies / organizations
  - United Healthcare (UHC)
  - Aetna
  - Humana
  - America's Health Insurance Plans (AHIP)
- Pharmaceutical companies
  - Amgen
  - Bristol Myers Squibb
  - Genentech
  - Merck
  - Pfizer
  - Wyeth

The industry representatives largely held either MD or PhD degrees and had experience with quality initiatives at either their current or previous organizations.

The FDA, the National Committee on Quality Assurance (NCQA) and the Surgeon General's Office expressed regret that they could not send representatives due to meeting schedule conflicts, but expressed an interest in continuing to work with the ACR on quality-related initiatives. A CMS representative was also invited to the meeting but could not attend.

**MEETING SUMMARY**

*Phase 1*

Dr. Peggy Crow welcomed everyone to the meeting and introduced non-ACR participants to the College. She set the stage for why the meeting was important in the context of the national quality movement, a talk which was then followed by Dr. Sherine Gabriel's overview of ACR activities in the area of quality. Drs. Dan Solomon, John Esdaile, Larry Anderson, Audrey Uknis and Walter Barr each gave a more

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detailed synopsis of the ACR's activities in the areas of criteria development, practice guidelines, quality of care (quality indicators and their implementation in practice), recertification and training, respectively.

Dr. Crow then asked the outside organizations to individually respond to the following points re: their organizations:

- Current quality initiatives (general)
- Current rheumatology-specific initiatives (if any)
- Current or future non-rheumatology initiatives that might be used as a model for possible future rheumatology initiatives
- How or if rheumatology fits into their organizations' strategic objectives as they are currently stated

By the end of this session, participants were familiar with what the other groups were doing.

*Phase 2*

The second part of the meeting was comprised of three breakout sessions, each followed by an ACR-moderated large group session where ideas from the breakouts were shared. The goals of this part of the meeting were to brainstorm areas of common interest, prioritize them in terms of timing, and discuss the resources that would be needed to make progress in each area.

By the end of this second phase of the meeting, the following priorities emerged:

1. Ensure buy-in of ACR members through enhanced communication re: the quality movement
2. Professional education opportunities for ACR members & trainees re: the quality movement
3. Continued development of rheumatology quality measures in a more coordinated way among stakeholders
4. Promote Research in Quality: establish links between quality measures and patient outcomes / patient preferences / safety
5. Development of systems / Implementation in physician practices
6. Registries and databases
7. Development of a business plan for rheumatology quality initiatives
8. Coordination of rheumatology initiatives / buy-in of all stakeholders / future meetings

Within each of these areas, numerous ideas were generated and recorded (see attached "priority list" chart).

*Phase 3*

Now that the common interests had been identified in very broad strokes, the ACR asked participants to consider the next steps for this collaborative effort, focusing on common goals and what their organizations were prepared to contribute to accomplish these joint goals. The ACR has invested and will continue to invest countless hours of staff and volunteer time, physician expertise, and significant financial support. When asked, all other organizations had something to offer as well, including the following: partnerships on developing or validating measures; access to large patient databases to help validate those measures; IT expertise; grant funding opportunities to support educational sessions; staff support; and expertise gleaned from their own experiences with measures implementation and/or approval processes.

Every participant was asked to comment individually. To a person, everyone said they had found the meeting to be enlightening, energizing them to work with one another and with the ACR in a collaborative fashion in the future. All were impressed with the ACR efforts to date. Participants

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encouraged the ACR to be proactive in coordinating this type of collaboration in the future, and without exception, everyone expressed an interest in being involved in such a collaboration.

CONCLUSION

The meeting was well-received by all attendees, who recognized the need for collaboration among all parties interested in the common goal of quality of care for rheumatic disease patients. Quality and insurance organizations were enthusiastic about the ACR's measures, and encouraged the ACR to submit them for approval and use as the national standards by all organizations. The ACR was recognized as the organization with content expertise and as the natural leader of any collaboration to develop and implement rheumatology quality initiatives. Several participants mentioned that they wished other subspecialties would also demonstrate such leadership.

**REPORT FROM AUGUST 2006 RHEUMATOLOGY QUALITY STAKEHOLDERS' SUMMIT – PRIORITY LIST**

|   | <b>Short Term (within 12 months)</b>  | <b>Medium Term (1-5 yrs)</b>   | <b>Long Term (&gt;5 years)</b>  | <b>Resources</b>  | <b>Possible Collaborators</b>   |
|---|---|--|---|---|---|
| <p><b>1. Ensure buy-in of ACR members through enhanced communication re: the quality movement</b></p> | <ul style="list-style-type: none"> <li>• Report from stakeholders' meeting – A report of the meeting will be sent to participants, the ACR Board of Directors, the ACR community, and posted on the ACR website</li> <li>• Define “alphabet soup” for members (who does what in the quality world)</li> <li>• Define degrees of ACR leadership across conditions and convey how the ACR is acting on these and being proactive in advocating for members' interests and needs</li> <li>• Annual meeting               <ul style="list-style-type: none"> <li>○ Invited speakers</li> <li>○ Quality booth at ACR Central</li> <li>○ Town Hall meeting</li> </ul> </li> <li>• <i>The Rheumatologist</i> – new ACR newsmagazine, not peer-reviewed – updates and announcements re: quality movement and particular projects</li> <li>• <i>QM Watch</i> – addition to ACR quality web pages, updates on quality movement in general</li> <li>• ACR website – expand info. available about quality</li> <li>• Local meetings (ACR Regional Advisory Council)</li> <li>• Program directors' retreat</li> <li>• Direct communication               <ul style="list-style-type: none"> <li>○ E-mail</li> <li>○ Direct mail</li> <li>○ ACR <i>Hotline</i> (fax)</li> <li>○ Segment audience                   <ul style="list-style-type: none"> <li>▪ Practitioners</li> <li>▪ Academics</li> <li>▪ Program directors</li> <li>▪ Fellows</li> <li>▪ ARHP</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Continue ongoing communication efforts with members via all delivery methods listed in short-term section</li> <li>• Develop communications mechanisms for ACR members to convey their commitment to taking care of patients with a particular condition</li> </ul> | <ul style="list-style-type: none"> <li>• Continue ongoing communication efforts with members via all delivery methods listed in short-term section</li> </ul> | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time / physician expertise</li> <li>• Funding (minimal, aside from ACR indirect expenses and direct speaker expenses for annual meeting and program directors' retreat)</li> </ul> | <ul style="list-style-type: none"> <li>• ACR</li> <li>• AF (on development of communications mechanism to convey ACR member commitment to taking care of patients with a particular condition)</li> </ul> |

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|--|---|--|--|---|---|
| <b>2. Professional education opportunities for ACR members and trainees re: the quality movement</b> | <ul style="list-style-type: none"> <li>• Identify educational resources from other organizations that ACR members can use, and publicize them to ACR members</li> <li>• Add quality-related references to ACR Suggested Reading List for trainees</li> <li>• Publicize to program directors and fellows: ACR Rheumatology Fellowship Core Curriculum Outline, which includes competencies related to quality</li> <li>• Program content on quality at program directors' retreat</li> </ul> | <ul style="list-style-type: none"> <li>• Educational workshops (Quality 101)</li> <li>• Web-based education, including best practices</li> <li>• Case studies</li> <li>• Visiting professor program</li> <li>• Series of educational articles in <i>AC&amp;R</i></li> <li>• Publicize to program directors and fellows: ACR Rheumatology Fellowship Core Curriculum Outline</li> <li>• Speakers bureau</li> <li>• ARHP PIMs (e.g. nursing/PA)</li> <li>• "How to" manuals for members</li> <li>• Quality recognition award</li> <li>• Education re: implementation tools, once they are developed</li> </ul> | <ul style="list-style-type: none"> <li>• Continuation of those short- and medium-term activities listed to the left that are well-received and proven to be effective</li> </ul> | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time / physician expertise</li> <li>• Funding for educational activities</li> <li>• Speakers / educational content developers with expertise and experience in quality</li> <li>• IT experts to educate members re: implementation tools, once they are developed</li> <li>• Space in <i>AC&amp;R</i></li> </ul> | <ul style="list-style-type: none"> <li>• ACR (content / speakers)</li> <li>• Quality organizations (content / speakers)</li> <li>• Industry (funding for educational programs)</li> <li>• NIH (funding for educational programs)</li> <li>• IT companies / experts (to train members on tools developed)</li> </ul> |

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|---|---|--|---|---|---|
| <b>3. Continued development and coordinated prioritization of quality measures projects across stakeholder groups</b> | <ul style="list-style-type: none"> <li>• Develop consensus on criteria for selecting specific diseases for quality efforts (high prevalence, public health impact, variations, in practice, and cost impact)</li> <li>• Accelerate development of criteria and practice guidelines</li> <li>• Develop quality indicators               <ul style="list-style-type: none"> <li>○ Clearly define steps to gain full national acceptance</li> </ul> </li> <li>• Identify and communicate timelines for all projects</li> <li>• Reduce redundancy of efforts</li> <li>• Identify stakeholders to fund measures development</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to develop criteria and practice guidelines on an aggressive schedule</li> <li>• Continue to develop and obtain national endorsement of quality indicators</li> <li>• Reduce redundancy of efforts</li> <li>• Develop efficiency measures</li> <li>• Collaborate to implement measures / guidelines for population-based issues (e.g. weight loss, exercise for OA, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to develop criteria and practice guidelines on an aggressive schedule</li> <li>• Continue to develop and obtain national endorsement of quality indicators</li> <li>• Reduce redundancy of efforts</li> </ul> | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time / professional expertise (re: medical content and measures development)</li> <li>• Funding (to develop, review and endorse quality measures)</li> </ul> | <ul style="list-style-type: none"> <li>• ACR (develop and coordinate prioritization of measures)</li> <li>• Other professional organizations (develop measures and provide input into prioritizing them)</li> <li>• FDA (input into prioritizing measures)</li> <li>• Quality organizations (prioritize / endorse measures)</li> <li>• NCQA (measures development)</li> <li>• Payors (input into prioritizing measures, to align with internal payor initiatives)</li> <li>• CDC (population-based issues)</li> </ul> |

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|--|---|---|---|---|---|
| <p><b>4. Promote research in quality: establish links between quality measures and patient outcomes / patient preferences / safety</b></p> | <ul style="list-style-type: none"> <li>• Identify available data and gaps in available measures</li> <li>• Develop research questions based on gap analysis</li> <li>• Determine if databases are available to validate ACR starter set, particularly in RA (RFP?)</li> <li>• Identify stakeholders to fund RFPs</li> </ul> | <ul style="list-style-type: none"> <li>• Research how to imbed established practice guidelines into clinical practice</li> <li>• Encourage quality research through funding / scholarships</li> <li>• Encourage quality research through access of ACR-endorsed database</li> <li>• Research trial evaluating quality program for RA or OP to demonstrate improvement in patient outcomes (improvement 3-5 years)</li> <li>• Patient Preference Tool               <ul style="list-style-type: none"> <li>○ ACR and ACF to investigate</li> <li>○ Involve patients in process</li> <li>○ Compare how patients, physicians, and 3<sup>rd</sup> party payors define quality                   <ul style="list-style-type: none"> <li>○ Define common areas</li> </ul> </li> </ul> </li> <li>• Define quality as it relates to population (e.g. uninsured)</li> <li>• Test starter set for outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Improve patient-centered outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Volunteer time / professional expertise (ACR or through an RFP process)</li> <li>• Staff time (ACR and / or other organizations)</li> <li>• Funding               <ul style="list-style-type: none"> <li>○ RFPs</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• ACR</li> <li>• Other professional organizations</li> <li>• ACR Research and Education Foundation (funding / scholarships)</li> <li>• AF (for patient contacts, surveys, focus groups)</li> <li>• Payors</li> <li>• AHRQ (research funding / project coordination)</li> <li>• FDA</li> <li>• NIH</li> </ul> |

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|--|---|---|--|---|--|
| <b>5. Development of systems / Implementation in physician practices</b> | <ul style="list-style-type: none"> <li>• Create a fourth QMC subcommittee that deals only with implementation of quality measures in clinical practice</li> <li>• Develop a clinical data management tool               <ul style="list-style-type: none"> <li>○ Incremental adoption</li> <li>○ Interoperability with EMR and other systems</li> <li>○ ACR to establish criteria with input from practitioners</li> <li>○ ?Modeled after existing systems</li> <li>○ Consider best use of data</li> <li>○ Use for multiple conditions</li> <li>○ Should provide patient reports</li> <li>○ Capture electronic entry of a prescription order as part of a measure</li> <li>○ Risks:                   <ul style="list-style-type: none"> <li>▪ Electronic system facilitates intrusion / control by third parties</li> <li>▪ Focus on parameters measured can lead to neglect of other important aspects</li> </ul> </li> </ul> </li> <li>• Develop a patient-generated data collection tool               <ul style="list-style-type: none"> <li>○ Use for multiple conditions</li> <li>○ Develop method to document patient compliance with treatment plan</li> <li>○ Develop methods to deal with poor patient compliance</li> </ul> </li> <li>• Promote practice efficiencies that save physician and staff time</li> </ul> | <ul style="list-style-type: none"> <li>• Implement clinical data management tool in practice – pilot project, then expansion of pilot, then development of benchmarks</li> <li>• Implement patient-generated data collection tool in practice – pilot project, then expansion of pilot               <ul style="list-style-type: none"> <li>○ Communicate with patients that they can have input</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Continue to implement tools in practice, modifying as necessary over time as result of more extensive experience with the tools</li> <li>• Document progress in patient care through physician comparison of their own data to established national benchmarks</li> </ul> | <ul style="list-style-type: none"> <li>• ACR staff time (quality, practice-related and IT)</li> <li>• Volunteer time (physician and other)</li> <li>• IT expertise</li> <li>• Funding (so no incremental system costs for practitioners)</li> </ul> | <ul style="list-style-type: none"> <li>• ACR</li> <li>• IT companies (will they partner in prototypes?)</li> <li>• Other professional organizations and medical professionals with experience in IT tool development and implementation at local or national level</li> <li>• PROMIS (patient tool development)</li> <li>• Arthritis Foundation (implementation of patient tool)</li> <li>• Industry (funding of IT development, IT experience / expertise)</li> </ul> |

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|---|--|---|--|--|---|
| <b>6. Registries and databases</b>  | <ul style="list-style-type: none"> <li>• Evaluate current registries to determine possible ACR access to data</li> <li>• Define “starter set” of minimum standards               <ul style="list-style-type: none"> <li>○ Name collaborators</li> <li>○ Outline sections of starter set (e.g. safety, patience definition of outcomes, quality of life issues, and different diseases)</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Integrate existing database systems</li> <li>• Patient registries for safety</li> <li>• Expand starter set of minimum standards</li> </ul> | <ul style="list-style-type: none"> <li>• Data mine / query databases to provide access to all rheumatologists</li> <li>• Continue to expand standards</li> </ul> | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time</li> <li>• Funding</li> </ul>  | <ul style="list-style-type: none"> <li>• ACR</li> <li>• NIH (funding)</li> <li>• FDA</li> </ul>   |
| <b>7. Development of a business plan for rheumatology quality initiatives</b> | <ul style="list-style-type: none"> <li>• Define:               <ul style="list-style-type: none"> <li>○ Mission: Clarify ACR mission for quality (just rheumatology or expand to musculoskeletal?)</li> <li>○ Aim</li> <li>○ Vision</li> <li>○ Objectives</li> <li>○ Strategy</li> <li>○ Tactics</li> <li>○ Project plans</li> <li>○ Resource needs</li> <li>○ Research resources necessary and available</li> <li>○ Partnership opportunities</li> <li>○ Develop metrics to define and measure success</li> </ul> </li> </ul> | Implement plan as developed and agreed upon by stakeholders involved  | Continue to implement plan as developed and agreed upon by stakeholders involved   | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time</li> <li>• Expertise in developing business / strategic plans</li> </ul> | <ul style="list-style-type: none"> <li>• ACR</li> <li>• Quality organizations</li> <li>• AF</li> <li>• CDC</li> <li>• Payors</li> </ul> |

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|---|--|--|--|---|-------------------------------|
| <b>8. Coordination of rheumatology initiatives / buy-in of all stakeholders / future meetings</b> | <ul style="list-style-type: none"> <li>• Report from stakeholders' meeting – Send report of meeting to participants, the ACR Board of Directors, the ACR community, and post it on ACR website</li> <li>• Invite stakeholders to share feedback on the meeting with their organizations and each other</li> <li>• Expand outreach to stakeholders not present               <ul style="list-style-type: none"> <li>○ Patients</li> <li>○ Employer groups</li> <li>○ Other professional groups</li> <li>○ Government (in particular, CMS and FDA)</li> </ul> </li> <li>• Determine mechanism for regular communication among stakeholders               <ul style="list-style-type: none"> <li>○ Broad-based coalition?</li> </ul> </li> <li>• Coordinate/define roles of stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• Continue regular communication between stakeholders, perhaps including periodic stakeholders meetings and / or more formal structure</li> </ul> | Continue regular communication between stakeholders, perhaps including periodic stakeholders meetings and / or more formal structure | <ul style="list-style-type: none"> <li>• ACR staff time</li> <li>• Volunteer time</li> <li>• Funding of possible future meetings</li> </ul> | All stakeholders              |

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