

## AF4Q Progress Indicators 2011\*

### Patient Experience

Short term indicator 1: By July 2010, Alliances will have incorporated NQF endorsed ambulatory patient experience measures into their public reports.
Short term indicator 7: By July 2011, Alliances will, with consumer input, choose an NQF-endorsed hospital patient experience domain to improve.
Short term indicator 8: By July 2011, Alliances will, with consumer input, choose an NQF-endorsed ambulatory patient experience domain to improve.
Intermediate indicator 15: By December 2012, 50% of the primary care providers in communities will demonstrate an improvement in their NQF-endorsed ambulatory patient experience domain which was chosen with consumer input.
Intermediate indicator 22: By June 2013, Alliances will have patient experience information based on NQF-endorsed metrics for at least 50% of the primary care in their market available publicly on a promoted, easily accessible free web based or similar information resource.
Intermediate indicator 24: By July 2013, 50% of the hospitals in Alliances will demonstrate improvement in the NQF-endorsed patient experience domain which was chosen with input from consumers.
Long term indicator 31: By July 2015, Alliances will have the capacity to sustain public reporting.

### Care in Multiple Settings or Across Episode

Intermediate indicator 13: By June 2012, Alliances will have implemented actions to support transitions and care-coordination for at least one of their selected conditions or procedures across at least two of their selected areas of care.
Intermediate indicator 25: By August 2013, Alliances will demonstrate improvement in transitions and care-coordination for at least one of their selected conditions across at least two of their selected areas of care.

\* These indicators are adapted from the 2010 RWJF Quality Equality Indicators. They do not include #3 and #12, as they do not pertain directly to AF4Q Alliances.

## **Hospital Care**

Short term indicator 2: By December 2010, the Language and Equity collaboratives will meet their improvement goals.

Intermediate indicator 10: By December 2011, 70 hospitals in the communities will be participating in a quality improvement collaborative with a patient centered or disparities focus.

Intermediate indicator 16: By December 2012, 50% of hospitals participating in a formal AF4Q-sponsored hospital quality initiative will demonstrate improvement in performance and/or equity for their patients on at least one nationally recognized quality measure or associated composite measure.

Long term indicator 27: By June 2014, 75% of hospitals participating in a formal AF4Q-sponsored hospital quality initiative will demonstrate improvement in performance and/or equity for their patients on at least one nationally recognized quality measure or associated composite measure.

## **Ambulatory Care**

Intermediate indicator 14: By December 2012, 25% of the primary care providers in Alliances will demonstrate improvement in performance on at least two publicly reported quality measures or associated composite measures in at least two disease areas.

Intermediate indicator 17: By February 2013, Alliances will have 50% of their primary care physicians involved in quality improvement activities that meet national standards such as those set by primary care specialty boards.

Long term indicator 26: By December 2014, 50% of the primary care providers in Alliances will demonstrate improvement in performance on a total of five publicly reported quality measures or associated composite measures in at least two disease areas.

Long term indicator 30: By July 2015, 50% of physicians in Alliances will have increased the number of care management practices associated with good quality care.

Long term indicator 32: By July 2015, Alliances will have a sustainable model of ongoing improvement for primary care practices.

## **Equity**

Intermediate indicator 11: By December 2011, Alliances will be able to stratify some portion of their performance data by race, ethnicity or language.

Intermediate indicator 18: By April 2013, Alliances will have stratified their publicly available ambulatory performance measures by race, ethnicity or language, covering at least 25 percent of primary care physicians in each applicable community.

Intermediate indicator 19: By April 2013, Alliances will have stratified their publicly available hospital performance measures by race, ethnicity or language, covering at least 25 percent of hospital discharges in each applicable community.

Long term indicator 28: By June 2014, Alliances will show improvement in equity, as demonstrated by improvements in performance on publicly reported quality measures or associated composite measures.

## **Consumer Engagement**

Short term indicator 4: By January 2011, Alliances websites will have a 40 percent increase in web traffic from their 2009 baseline.

Short term indicator 5: By May 2011, Alliances will have a 10 percentage point increase from baseline in the number of consumers with chronic illness who report awareness of public reports of performance measures.

Short term indicator 9: By July 2011, Alliances will have active, engaged consumers or consumer representatives participating in their AF4Q leadership team.

Long term indicator 29: By July 2015, 25 percent more consumers in Alliances will use health or comparative quality information in making health care decisions, compared to baseline.

## **Cost/Efficiency**

Short term indicator 6: By July 2011, Alliances will have incorporated NQF endorsed cost or efficiency measures into their public reports.

Intermediate indicator 20: By June 2013, Alliances will have measures on at least four outcomes of care for relevant conditions or procedures that pertains to care by at least 50% of the providers in the community available publicly on an easily accessible, promoted free web based or similar information resource.

Intermediate indicator 21: By June 2013, Alliances will have resource use, charge, price, cost or efficiency information on selected conditions or procedures that pertains to care by at least 50 percent of the providers in the community available publicly on a promoted, easily accessible free web based or similar information resource.

## **Payment Reform and Infrastructure**

Intermediate indicator 23: By June 2013, Alliances will have implemented a payment experiment that focuses on both cost and quality of the relevant condition or procedure, or set of conditions or procedures, and makes up at least 10% of the market share for the selected conditions or procedures.

Long term indicator 33: By July 2015, Alliances will have reduced the average cost of care for at least one of their selected conditions or procedures, while maintaining or improving quality of care.