Wisconsin Collaborative for Healthcare Quality: Creating a Diabetes Value Metric

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About our organization

WCHQ is a multi-stakeholder collaborative whose vision is to improve the health and increase the value of healthcare for the people of Wisconsin. One of the primary functions of WCHQ is the development and public reporting of ambulatory care quality measures. WCHQ quality measures are updated annually and represent the entire patient population (all patients/all payers) for nearly 60% of the primary care providers in Wisconsin.

The problem we were trying to solve/the challenge(s) we faced

WCHQ is trying to create a Diabetes Value Metric, which would compare WCHQ diabetes quality results to Wisconsin Health Information Organization (WHIO) diabetes episode-based resource use data for each of our member organizations. This value metric will then give both our members and the public an assessment of the value that organizations provide to their diabetic patients. WHIO is an all payer claims database, which contains data from many of the large commercial health plans and HMOs in WI and the Wisconsin Medicaid program. Our major challenge in this project is determining a way to create an apples-to-apples comparison between the population represented in the WHIO resource use data, and the population represented in the WCHQ quality data, which represents all patients and all payers, and is based off of not just claims data, but clinical data as well.

bright spot

Our bright spot – the successful program, result, or process we want to share

To tackle the development of the Diabetes Value Metric WCHQ formed a Resource Use Work Group comprised of WCHQ members and other strategic partners. The group met twice a month for eight months working through different issues surrounding the development of the value metric. At this point in time the group has agreed upon a finalized methodology for a Diabetes Value Metric. Once we know our members are able to understand the data represented in the value metric we will work to report it publicly. While the development of the value metric is a good first step, learning more about the resource use information and how well it aligns with WCHQ quality measures is probably more important in the long run.

The biggest hurdle

The biggest short term hurdle was aligning the two data sets, as they represent somewhat different populations. The biggest long term hurdle is figuring out how claims-based resource use data can be used to help drive more cost-efficient healthcare within WCHQ's member organizations. This second longer term challenge is related to the lack of specificity with the use of claims data and episode groupings, which will be directional in nature but may not help a provider know exactly what to change to improve. We have also been significantly hampered by the lack of Medicare data, which is very important in the assessment of many of the chronic diseases and high volume hospital procedures.

Aha moment or lesson learned

Working with data that is not your own is not a straightforward process. To make things more complicated, episode-based resource use data is complex, far more so than a many clinical quality measures. Bringing cost and quality together will take time, and will require the maturation of both our understanding of cost data and the all payer claims databases themselves.

To share generously (or steal shamelessly), what advice do you offer?

Involve healthcare providers from the very beginning. They have helpful insight as to how this information will be received and can be used by their practices. Providers and physicians in particular, are also the group that probably feels the most threatened by the development of cost of care measures, so keeping the process transparent will help improve buy-in.

bright spot

Much of the software being used to process the cost data is proprietary, and in many cases the data itself is being handled by an outside data vendor. Be diligent in your understanding of what the data represents and how it is presented by the data vendor.