



NAMSS 2023 Roundtable
The Role of Practitioner Measurements in Guiding Performance
September 7, 2023

Introduction

NAMSS' ninth-annual roundtable, *The Role of Practitioner Measurements in Guiding Performance*, examined the internal and external factors that influence, limit, and enhance healthcare organizations' quality-assessment processes. In continuing upon practitioner-assessment discussions from its 2022 roundtable, [*Standardizing Quality: Best Practices for Measuring Practitioner Competency*](#), NAMSS convened stakeholders in the quality space to share perspectives on how practitioner measurement looks today, how it should look today, and what the industry could collectively do to make assessment more meaningful and effective.

The NAMSS 2023 Roundtable objectives were to:

- Navigate challenges in identifying applicable competencies for practitioner performance that factor in setting and specialty.
- Identify elements used in practitioner assessment that would enhance professional growth and well-being to help ensure patient safety.
- Develop a pathway for MSPs to support standardizing assessment processes that address resource and data roadblocks as well as factor in increasingly diverse delivery settings.

NAMSS' Role in Quality Assessment

NAMSS represents medical services professionals (MSPs) who oversee and influence practitioner credentialing, privileging, and continuous-monitoring processes. MSPs understand the disconnect that medical staff members often have with performance-measurement processes, the challenges organizations have in obtaining benchmarked data to assess practitioners, and the complexities of standardizing measurement amid an increasingly diverse healthcare-delivery system. They also see how organizations that do not adequately measure performance miss opportunities to foster growth, improve processes, and create environments where learning is integrated and encouraged.

Quality assessment is an opportunity for learning, enrichment, and growth, but the lack of quality-specific practitioner data can hinder these opportunities and stymie innovation and process improvements. Although healthcare data is abundant, this data does not always align with existing quality-assessment parameters.

This lack of alignment, often augmented by practitioner disconnect and lack of buy-in, can result in burdensome and futile practitioner-assessment practices. To equip MSPs with the resources needed to assist their organizations with these challenges, NAMSS has begun to delve more into quality-assessment practices to develop resources, provide educational opportunities, and facilitate quality-themed discussions for MSPs.

Roundtable Discussion

The overarching purpose of quality measurement is to benchmark and foster improvement in clinical effectiveness and patient safety. Because misaligned or insufficient quality measurements can prevent comprehensive review, inhibit learning opportunities, and stress resources, quality measurement continues to be a focal point for consensus-based reform. Through the Roundtable's panel presentation and general discussion, participants honed in on the micro and macro influences of quality programs and the practical and big-picture pathways organizations can take to improve quality measurement.

The Roundtable discussion recognized that identifying and defining relevant data to measure quality continues to be a challenge for organizations and their medical staffs. Quality programs often struggle to strike a balance between satisfactory and exceptional rates of performance. Establishing this balance calls into question the statistical significance of certain measures—and the lack of a consensus for selecting a standardized measure for an aspect of care can complicate data comparisons and benchmarking.

NAMSS' 2023 Roundtable discussion identified several themes that demonstrate the complexities, challenges, and inconsistencies associated with quality assessment, as well as recommendations for improving organizations' approaches to measuring quality.

- **Quality Measurement Needs to be Strategic**

Not all quality measures are created equally—and some can misguide an organization's assessment efforts. This misalignment can stretch organizational resources, cause burnout and low morale among both practitioners and personnel, and inhibit performance improvement. Arbitrary quality metrics—those that do not align to a broader objective or strategy—can distract and derail quality-assessment efforts.

Quality measurement's potential extends far beyond avoiding regulatory penalties and malpractice suits. To enhance this assessment, organizations need to be strategic in identifying measures that can be attributed to performance and tied to an actual metric.

While data standardization plays a vital role in assessing healthcare delivery, every organization's process for assessing quality will be different. The structural, financial, and demographic diversity of organizations requires each to assess measures to ensure that they align with each organization's mission, strategic priorities, and culture. Recognizing the role that standardization and cultural alignment have in measuring quality can help organizations strategically develop and align their programs.

- **Regulators, Accreditors, Payers Play a Role**

Healthcare is one of the most regulated industries in the United States, and regulations—often in the form of government, accrediting, and payer mandates—significantly influence healthcare organizations' quality programs. These requirements can help structure and standardize aspects of measurement by setting baseline levels for performance.

Organizations, however, should treat these requirements solely as baselines for quality. With no specific benchmark for higher performance, regulatory quality is limited in how it can help an organization develop a quality program that complements its culture and strategic priorities.

Payers' abilities to collect attributed data influences almost all aspects of healthcare delivery. In tying reimbursement to performance, payers can readily use analytics to assess individual practitioners. Unlike provider organizations, payers have the benefit of using multiple sources of data—hospital, durable medical equipment, skilled nursing, outpatient, in-office visits, etc.—to compile robust practitioner quality profiles that help them perform cost-benefit analyses. Their bottom-line focus and access to these data elements links poor quality with poor outcomes, and thus, higher costs.

Organizations also seek to improve patient outcomes through quality care while controlling costs, but must consider a much broader scope of factors than payers. They may benefit from adopting some provisions of payer-quality programs by focusing on processes that improve outcomes, but must also factor in accrediting and regulatory requirements, patient safety, community needs, and the professionalism and wellness of their practitioners.

Quality programs that enable practitioners and organizations to grow and thrive do not approach measurement as a box to check, but as a strategic and meaningful process to which practitioners contribute and influence. By using regulatory mandates as a springboard, accrediting bodies as a learning resource, and payers as a structural influence, organizations can consult with their medical staffs to set specific goals so quality measurement remains strategic and practitioner-centric.

- **A Quality Program Requires Practitioner Buy-In**

Practitioners and practitioner-specialty organizations have direct insight into what is important to measure—and recognize the challenges and limitations in measuring what is important. In recognizing that every aspect of quality cannot be measured individually, practitioners have a vested interest in accountability and in determining quality parameters that are realistic and strategically aligned. Practitioners can help ground and guide quality programs to ensure that they measure what is most important to improving performance—and by extension, their organizations' safety and effectiveness.

Practitioners want to provide high-quality care and help patients achieve desired results, but need an established pathway that reflects their contributions. Identifying measures to assess quality needs to be a thoughtful, data- and consensus-driven, and risk-adjusted process to ensure buy-in and engagement from all parties—especially practitioners.

Although silos still exist, successful patient-care models require team-based approaches. Quality measurement should reflect these models, especially given practitioner-attribution challenges. As more emphasis and measurements move toward group care, practitioners become more aware—and less tolerant—of deviations in standards of care and poor individual performance.

A thriving and robust quality program often reflects a strong relationship between an organization and its medical staff members. Such relationships enable thoughtful and engaging quality measurement to avoid silos that lead to miscommunications, misunderstandings, and practitioner disconnects. A quality-assessment program that does not prioritize communication, wellness, or culture can create a punitive environment rather than one of learning, development, and growth.

Organizations should seize the enthusiasm that practitioners have in deriving, measuring, and implementing measures so practitioners are more invested in the process, as well as the outcome. Consequential actions can happen outside of peer-review processes when quality becomes an administrative task. Practitioners' leadership in developing and helping to oversee a quality program is key to ensuring that the program aligns with the right initiatives, sets realistic criteria, and facilitates learning.

Practitioner buy-in can also help keep quality programs from emphasizing a specific metric at the expense of competency, which helps align quality measurements with relevant competencies. Organizations that develop competency-based measures are likely to enjoy higher practitioner engagement throughout the quality-assessment process.

- **The Role Existing and Emerging Technologies have in Quality Continue to Evolve**

Electronic health records (EHR) and artificial intelligence (AI) continue to integrate into healthcare delivery, and subsequently, into quality measurement. As system disruptors, these technologies set the pace for change to which organizations must adapt. While these technologies bring change, they do not always enhance quality assessment.

The enduring EHR is a well-known example. Because EHRs are not designed for performance indicators, the amount of quality data that they yield is disproportionate to the data inputs that they require of practitioners. EHRs though, could help assist quality performance by flagging performance errors during the data-input process. While AI's specific role in quality measurement is not yet clear, it may play a similar role in flagging deviations in patient care.

While the role that existing and emerging technologies play in measuring quality continues to evolve, many existing resources are available to help with quality assessment. These resources, often developed by provider associations and subspecialty groups, recognize the complicated nuances of measurement and offer focused guidance and resources for practitioners. These resources range from assessments of existing quality programs to practitioner wellness and are especially helpful in equipping practitioners with guidance and support for approaching quality measurement.

Roundtable Take-Aways

Aligning quality processes to effective performance indicators requires an understanding of an organization's culture, medical staff, as well as the broader healthcare industry. In moving industry conversations toward process improvements and enhanced data collection and assessment, organizations first need to develop sustained and strategic efforts to maintain comprehensive, learning-based practitioner-quality programs.

Efforts pursued today can help facilitate necessary change, even if gradual. The following items are actions, concepts, and opportunities discussed during NAMSS' 2023 Roundtable.

- **Prioritize the Right Data:** Ensuring access to relevant, valid, standardized data can help organizations tailor their quality programs to various settings and subspecialties.
- **Ensure Quality Criteria Aligns:** Aligning the criteria organizations use to assess practitioners with their strategic quality goals is essential to a successful quality program.

- **Involve Practitioners at Every Stage**: Practitioner leadership and buy-in is key to developing an effective quality program that fosters learning, improvement, and organizational growth.
- **Embrace Software and Data as Appropriate**: Tools exist to develop and administer quality programs—and emerging technologies will play a role in data collection and measurement.
- **Engage Regulators, Accreditors, and Payers as Resources**: Work with entities that can make a difference. Government regulations, accrediting body standards, and payer models can provide structure to organizations’ quality programs.
- **Continue the Discussion**: Continue to work with NAMSS, 2023 Roundtable attendees, and other relevant parties to identify attainable priorities within quality.

Conclusion and Next Steps

NAMSS’ Stakeholder and Government Relations team looks forward to working with NAMSS’ Board of Directors and 2023 Roundtable participants to continue discussions around best practices for measuring practitioner quality—and ways MSPs can help organizations adhere to these practices. NAMSS thanks all 2023 Roundtable participants and looks forward to new and continued collaboration to create more comprehensive and effective quality-assessment processes.

Please contact Molly Ford, NAMSS Senior Manager, Government Relations (mford@namss.org) with any questions about this report or NAMSS’ government relations efforts.

NAMSS would like to thank its 2023 Participating Roundtable Organizations:

- American Board of Medical Specialties (ABMS)
- Accreditation Commission for Healthcare (ACHC)
- Accreditation Council for Graduate Medical Education (ACGME)
- American Hospital Association (AHA)
- American Medical Association - Organized Medical Staff Services (AMA-OMSS)
- Centers for Medicare and Medicaid Services (CMS)
- DNV
- Federation of State Medical Boards (FSMB)
- Health Resources & Services Administration (HRSA)
- Medical Group Management Association (MGMA)
- The Joint Commission (TJC)

NAMSS would like to thank its 2023 Roundtable Panel Participants:

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