



**NAMSS 2024 Roundtable**  
***Guiding Quality Performance for Practitioners via Continuous Monitoring***  
***July 11, 2024***

**Introduction**

NAMSS' 10<sup>th</sup> roundtable, *Guiding Quality Performance for Practitioners via Continuous Monitoring*, gathered thought leaders in the healthcare quality space to discuss continuous monitoring's current role in measuring practitioner quality. While critical to practitioner growth and patient safety, effective quality assessment is constantly challenged by healthcare's ever-evolving landscape. Data and measurement tools also continuously evolve, but not always in harmony with healthcare delivery's evolution. In recognizing this challenge, NAMSS Roundtable participants examined whether the industry currently has continuous monitoring processes right.

2024 Roundtable organizations included:

- American Board of Medical Specialties (ABMS)
- Accreditation Commission for Healthcare (ACHC)
- American College of Surgeons (ACS)
- Det Norske Veritas (DNV)
- ECRI & the Institute for Safe Medication Practices Patient Safety Organization
- Methodist Health System
- National Association of Healthcare Quality & Safety (NAHQ)
- National Committee for Quality Assurance (NCQA)

**Challenges of Continuous Monitoring**

Measuring quality within a dynamic and complex industry requires an assumption of accessible standardized data that align outcomes with performance. This alignment is most likely to occur when medical staff leaders, accrediting organizations, and healthcare organizations work together to identify measurements that best capture practitioner quality.

Central to the challenge of aligning measurement with performance is identifying standardized and accessible data that reflects individual practitioner competency. Identifying appropriate data, however, relies on a degree of attribution, which is difficult to obtain and use for measurement purposes.

Attributing patient outcomes to an individual practitioner is no longer a straightforward or a reliable means for measuring performance. With team-based models, patient decisions, and increasing co-morbidity rates, so much of a patient's outcome is out of the hands of one practitioner. Yet alternative approaches to collecting individual performance data are neither straightforward nor easy. It often leads to misalignment that can alienate practitioners from a process that needs their buy in to thrive.

### NAMSS' Role in Continuous Monitoring

NAMSS represents Medical Services Professionals (MSPs) who, as agents of practitioner competency and quality assessment, have a unique insight into quality measurement. They are often a part of the resourcing required to facilitate their organizations' quality programs and can readily identify successes, misalignments, and medical staff engagement. Their role in continuous monitoring provides them with the perspective to help their organizations and medical staff leaders recognize and develop meaningful and effective measurement processes.

Yet MSPs often report that despite the time and resources that they devote to continuous monitoring, the outcomes do not match the effort. In a 2024 survey of its membership, NAMSS found that MSPs cite continuous monitoring as one of the most challenging and resource-intensive aspects of their jobs. They report that continuous monitoring is a time-consuming process that suffers from misalignment caused by ill-fitting metrics, practitioner disengagement, and lack of clear resolution once an issue is identified. In citing the misalignment between resources and output, many survey respondents questioned whether continuous monitoring processes could truly detect quality concerns.

Many survey respondents stated that their peer-review programs were less resource-intensive and more effective in generating quality improvement than continuous monitoring because peer review is, by design, more focused. The focused nature of peer-review programs, and the role practitioners and MSPs have in facilitating peer reviews, can be seen as more effective than continuous monitoring, which has a much broader scope of measurement.

Still, continuous monitoring plays a vital role in assessing quality and can help identify data trends that medical staffs can evaluate through peer-review processes. Effective continuous monitoring also creates a mechanism for early detection and response to performance or behavior issues that could negatively affect patient safety.

For this to occur consistently, entities need to ensure that standards can detect and respond to performance concerns, rather than focus on producing provider-specific profiles. In turn, effective continuous monitoring can drive organizations to devote more resources to their quality and medical staff services departments.

MSPs' competency, expertise and objective perspectives position them as critical resources in driving effective methods for measuring practitioner quality. In considering their knowledge and understanding of organizational processes and practitioner bandwidth, they are often an underused resource in quality program design and implementation.

### Roundtable Discussion Themes

Through a moderated MSP panel conversation and a general discussion, 2024 Roundtable participants spoke to the importance of getting practitioner measurement right for the benefit of practitioners, organizations, and most especially, patients. Central to these discussions was the need to ensure measures kept pace with changes in healthcare delivery. The questions below capture NAMSS' 2024 Roundtable discussion and themes that will inform NAMSS' next steps in working with strategic partners to increase the utility of continuous monitoring.

## **Healthcare is Constantly Changing. How do Relevant Entities Ensure Standards for Quality Measurements Align?**

Creating standards for measuring practitioner performance requires generalizing the very individualized concept of patient care. While necessary, this generalization requires a careful study of metrics against available data to truly measure practitioners. This includes adequately capturing and considering patient-care standards, acuity, and organizational resources across diverse healthcare settings.

While the goal of healthcare delivery is optimal patient experience and outcome, the standards for measuring performance must be meaningful to the practitioner and to the organization, in accordance with accrediting body requirements. Practitioners appreciate data and support measurement, but often become disconnected from the process when quality indicators do not align with performance. This disconnect can lead to practitioner burnout instead of professional growth that can improve patient care.

Healthcare organizations often struggle with the lack of prescriptive guidance that their accrediting organization provides for continuous monitoring. While this level of guidance is to account for organizations' diverse patient demographics and resources, accrediting organizations play a role in ensuring the parameters of continuous monitoring help capture performance. They are resources for developing processes that see competency improvement and are integral to any conversations about continuous monitoring reform. Organizations, through their MSPs and medical staff leaders, should engage with their accrediting bodies to obtain additional guidance and recommendations for navigating quality measurement.

### **What Makes Continuous Monitoring So Challenging?**

Standards are only as good as their ability to align—and stay aligned—with healthcare delivery's evolving landscape. Practitioner indicators and report cards are too static to appreciate the complexities of delivering optimal patient care. Using performance data and indicators that are too general to capture performance can lead to practitioner disconnect in the quality-measurement process.

Similarly, quality programs need accessible and standardized data to benchmark performance. Identifying and accessing data that truly reflects individual practitioner quality is one of the biggest challenges that organizations—and the healthcare industry—face in developing quality programs. Practitioner data that is often the most readily available, such as billing data, is not always the best data to measure competency.

Billing data is an example of available data that does not capture quality. Using claims data to assess performance can place a greater emphasis on revenue rather than quality, creating a dissociation between patient care and profit. Yet as team-based healthcare models become more commonplace, individual attribution becomes more difficult to capture, especially for advanced-practice, low-volume, and telemedicine practitioners.

Practitioners are closest to the models of delivery that they use to provide care—and serve as a compass point for ensuring data, standards, and measurement capture performance. Yet practitioner buy-in is not always easy to establish or maintain. Practitioners face bandwidth issues and medical staff leadership roles can be difficult to fill, especially as practitioners face high rates of burnout.

While the increase in practitioner-employment models generally increases engagement and interest among physicians, organizations should work to meet practitioners wherever they are to promote a culture of learning-based assessment. This engagement can take time and resources, but pays off when a successful quality program is valued and fully integrated within an organization's culture.

### **What Can MSPs Do to Help their Organizations Improve Continuous Monitoring?**

MSPs have an objective vantage point in quality assessment; they understand organizational processes and procedures and have a unique connection to medical staff members, who rely on them for credentialing, privileging, and peer-review processes. Their perspective into organizational and practitioner needs can help both parties work together to develop quality programs that use meaningful data that aligns practitioner performance with the evolving healthcare-delivery landscape. Their familiarity with credentialing software and practitioner surveys can also contribute valuable insights into an organization's quality program.

While well situated to meaningfully contribute to their organizations' quality programs, additional resources, training, and tools would help establish MSPs as experts in practitioner-quality assessment. As the membership body of MSPs, NAMSS is well-suited to provide this training and guidance through its certification and educational programs, as well as through its relationship with strategic partners. With more organizations moving to three-year reappointment, MSPs can also focus on developing and facilitating more robust and meaningful continuous monitoring processes within their organizations.

### **How Does Practitioner Quality Improve?**

Improvement across core measures that truly reflect practitioner performance is indicative of competency improvement, but several critical points must align for this to consistently occur. Practitioner engagement in a quality program is paramount to systematic competency improvement and organizations that instill a process for engaging medical staff leadership can help ensure this investment and alignment.

Once measurements and data are aligned, root-cause analysis of metrics that are not initially met can lead to meaningful competency improvement. This process can take time. Organizations with cultures of collegial intervention and non-penalty assessment facilitate learning and improvement that can be measured and observed. Developing and sustaining a just culture is also key to assessing, reporting, and learning, especially when organizational priorities change.

## **Roundtable Take Aways**

### **Misaligned Quality Programs Impede True Measurement**

Because misaligned standards for quality measurement limit the utility of continuous monitoring, organizations should continuously engage their medical staff leaders and accrediting organizations to ensure that measurement is a consensus-based, data-driven process that makes sense from all vantage points.

### **Practitioners Are Drivers Behind Successful Quality Programs**

Practitioners appreciate and thrive upon data and have a vested interest in determining quality parameters that are realistic, informative, and help their organizations meet patient needs. Organizations should create a culture of thoughtful discourse, learning, and peer assessment that engages practitioners in quality design.

## **Resources Exist, but more Education on Quality Design Would Improve Alignment and Practitioner Engagement**

Existing resources, developed by associations and subspecialty groups, such as the American College of Surgeons, can help organizations and practitioners develop metrics that fit their service-delivery models. NAMSS and other organizations such as the National Association for Healthcare Quality, can develop additional resources to educate MSPs, quality personnel, and medical staff leaders on their distinct roles in shaping continuous monitoring processes.

## **Organizations Need to Strike a Balance with Accrediting Bodies in Continuous Monitoring Design**

While data standardization plays a vital role in assessing healthcare delivery, every organization's process for assessing quality will be different. By engaging accrediting bodies as a learning resource, organizations can work with their medical staff leaders to become comfortable with the level of space they have to set goals that fit their organization's demographics.

## **Engage Relevant Parties in Additional Discussion**

Roundtable attendees and others in the quality space should continue to work with NAMSS to identify attainable priorities in measuring and improving quality.

## **Conclusion**

NAMSS thanks all 2024 Roundtable participants and looks forward to further discussions around continuous monitoring alignment and utility. Please contact Molly Ford, NAMSS Government Relations ([mford@namss.org](mailto:mford@namss.org)), with any questions about this report or NAMSS' quality efforts.

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