



Health Care Quality

10 things to know to start working for
better value in health care

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Nov 8, 2015
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#1. Common Definitions Of Health Care Quality

Doing the right thing, at the right time, in the right way, for the right person---and having the best possible results. - AHRQ

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Health care should be safe, effective, patient-centered, timely, efficient and equitable. –IOM



#2. Health Care Quality in the US is not good enough

Patients receive the proper diagnosis and care only about 55 percent of the time.

Wide variations in health care quality, access, and outcomes persist.

Medical errors third leading cause of death in US.

Q: How many quality measures are in use today?

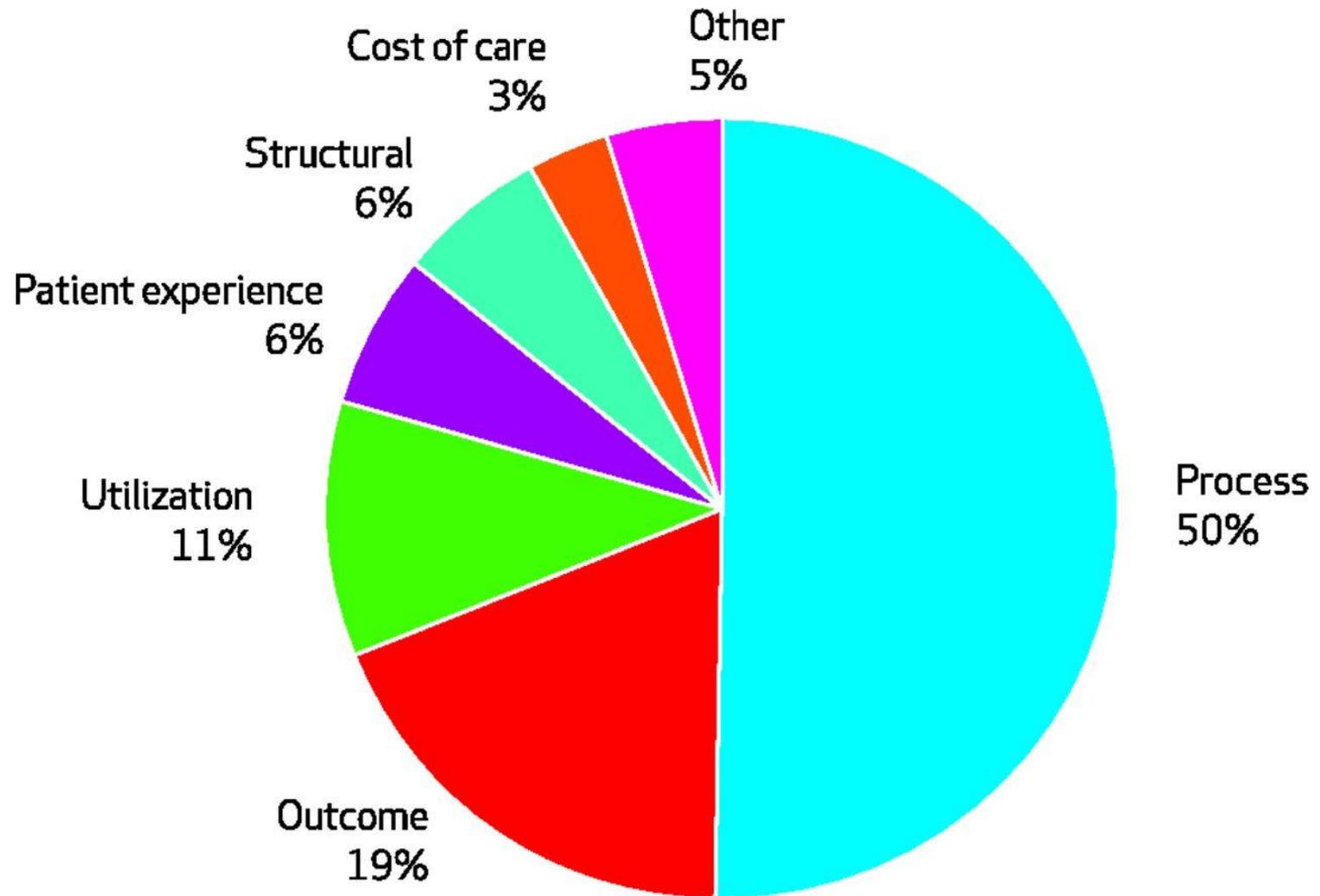




#3. We have a LOT of quality measures

- **National Quality Forum (NQF) has endorsed over 700 measures**
- **But payers, including CMS, use non-endorsed measures as well, so the total likely exceeds 1,000**
- **Survey of large commercial plans shows tremendous variety of measures in use**

Health Plans' Use Of Performance Measures, By Type Of Measure



Source: Higgins A et al. Health Aff 2013;32:1453-1461

HealthAffairs



#4. Worth Mentioning: These are NOT signals of better quality

More Care

The U.S. spends up to one-third of its health care dollars on medical services that do nothing to improve our health—and which may even be harmful.

Higher Prices

Massachusetts Attorney General found commercial health plans do not pay for care based on value or quality. Instead, prices reflect the relative market leverage of health insurers and health providers.



#5 Little research showing which measures are effective

Outcomes rarely correlated to measure use OR used as a measure.

ACA required an evaluation of measures used by CMS. They found:

- *A positive relationship was found between performance on a limited number of CMS measures and positive patient outcomes; however, the effects were variable, and a small number of process measures were estimated to have an impact on the health of the eligible Medicare population.*



#6. Many would say: we have a long way to go in quality measurement

- Many important quality measures available today have not been widely or consistently implemented.
- We lack robust quality measures for many important aspects of health care.
- We don't have reliable, widely available quality measures for most of the things that really matter to patients, like the experience of care for patients like them, or measures related to their outcomes like how well they can function, work, and undertake their activities of daily life.



Often a Limited Number of Things Are Measured

Commonly used measures focus on:

- cardiovascular conditions,
- diabetes,
- preventive services, and
- patient safety

What if we care about cancer treatment?



Institute Of Medicine steps into the debate with a framework for measuring health

[Vital Signs: Core Metrics for Health and Health Care Progress](#)

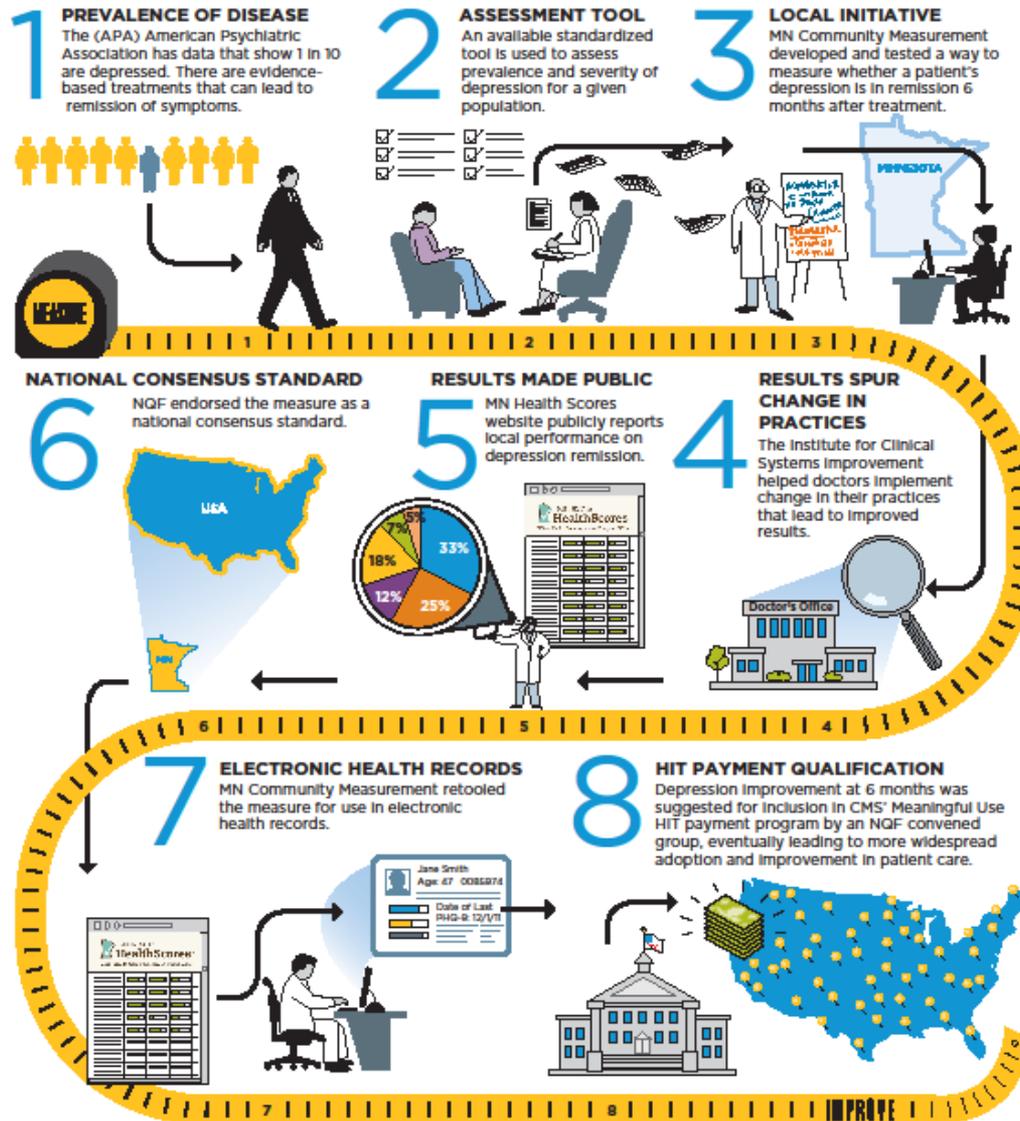
four domains:

- healthy people,
- care quality,
- care cost and
- engaged people



#7. Key actors in quality measurement and assessment

Org		Role
National Quality Forum	NQF	Sets national priorities and goals for performance improvement; endorses national consensus standards
National Committee for Quality Assurance	NCQA	Assesses and reports on the quality of managed care plans
Joint Commission		Nationally recognized accreditation agency for hospitals, managed care entities and other types of healthcare facilities
Leap Frog		Known for hospital survey, a non-profit group that seeks to mobilize employer purchasing power to improve health care safety, quality and customer value.





8. Key Quality Data Sets

Data			Overseen by:
Health Plan Employer Data and Information Set	HEDIS	Performance measures for analyzing the quality of managed care plans. Data are collected through surveys, medical charts and insurance claims, office visits and procedures.	NCQA
Consumer Assessment of Health Plans	CAHPS	a series of patient surveys rating health care experiences	CAHPS Consortium, overseen by AHRQ



#9. Actions That Improve Health Care Quality

Availability of Clinical Practice Guidelines

- Dartmouth study: practice variation much more common when there were not well-established practice guidelines. In cases where guidelines existed, practitioners across the country consistently delivered the same, high-quality care.

Pay-for-performance

- financially reward providers for meeting predetermined performance measures

Public Reporting



#10. Insufficient CER data undermines our ability to get to quality

- **Comparative effectiveness research (CER)** answers questions about how well alternative medical treatments work.
- Examining a range of studies, the Institute of Medicine estimates that roughly half of the treatments delivered today are without clear evidence of effectiveness.

For more: <http://www.healthcarevaluehub.org/improving-value/browse-strategy/comparative-effectiveness-research/>

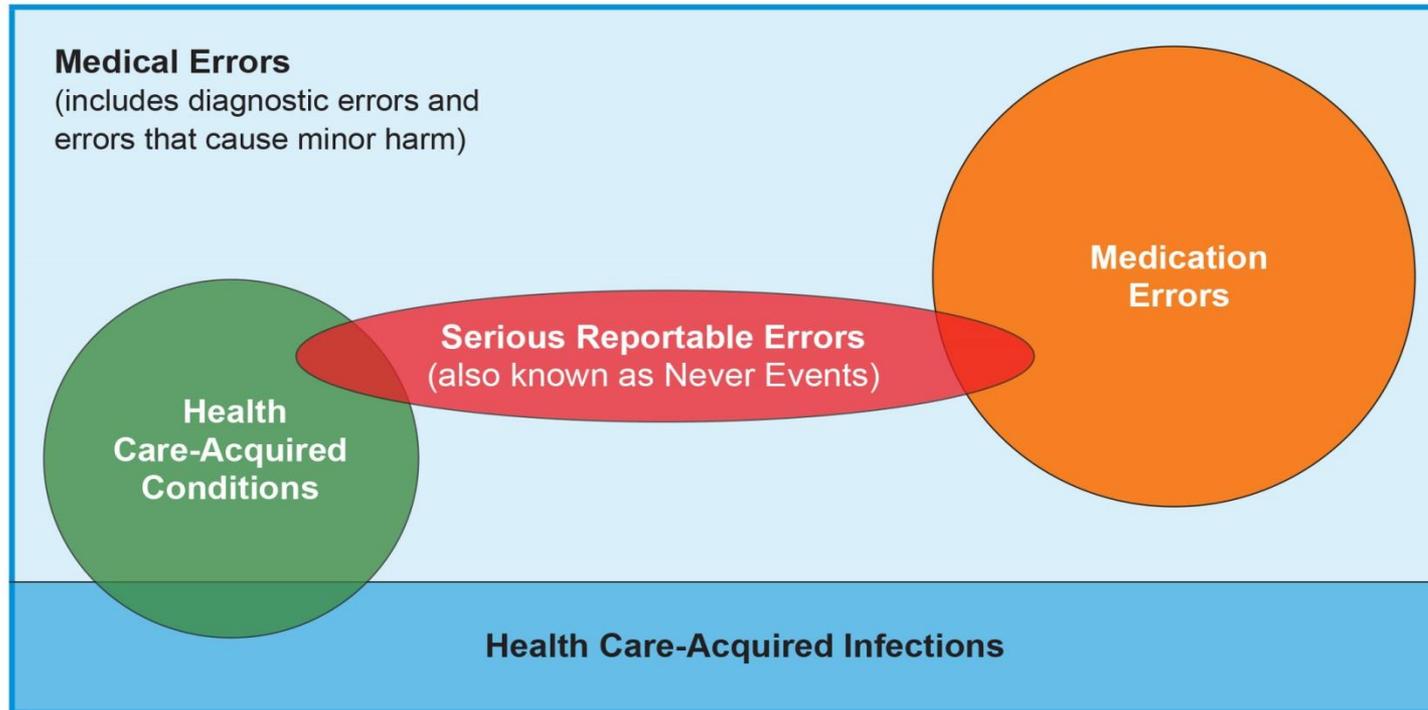


Key Resources for You:

- Coming up at NOLA:
 - Getting to usable quality measures
 - Addressing disparities
- On the Hub website:
 - Slides
 - Mini-glossary
 - Medical Harm: A Taxonomy
 - Backgrounders from FUSA and more!



Types of Medical Harm and How They Overlap



Notes: Graphic excludes benign errors and near misses that don't cause harm. As noted in Table 1, poor reporting of harm makes it difficult to gauge the relative frequency of each type of harm.

Source: *Medical Harm: A Taxonomy*, Consumers Union, November 2015

Register for our Dec. 11 webinar on the **Taxonomy of Medical Harm:**
healthcarevaluehub.org/events !

Up Next: CMS ties it all together in
their value purchasing program



Extra stuff on:

Engaging Consumers on Quality (in case it comes up in Q&A)





Consumers Care Deeply About Health Care Costs But Most Believe That Quality is Uniform and High

Consumers feel strongly that “someone” – probably a government entity - should address high health care costs.

But they must be persuaded that we have a quality problem.





Quality of health care is not top-of-mind

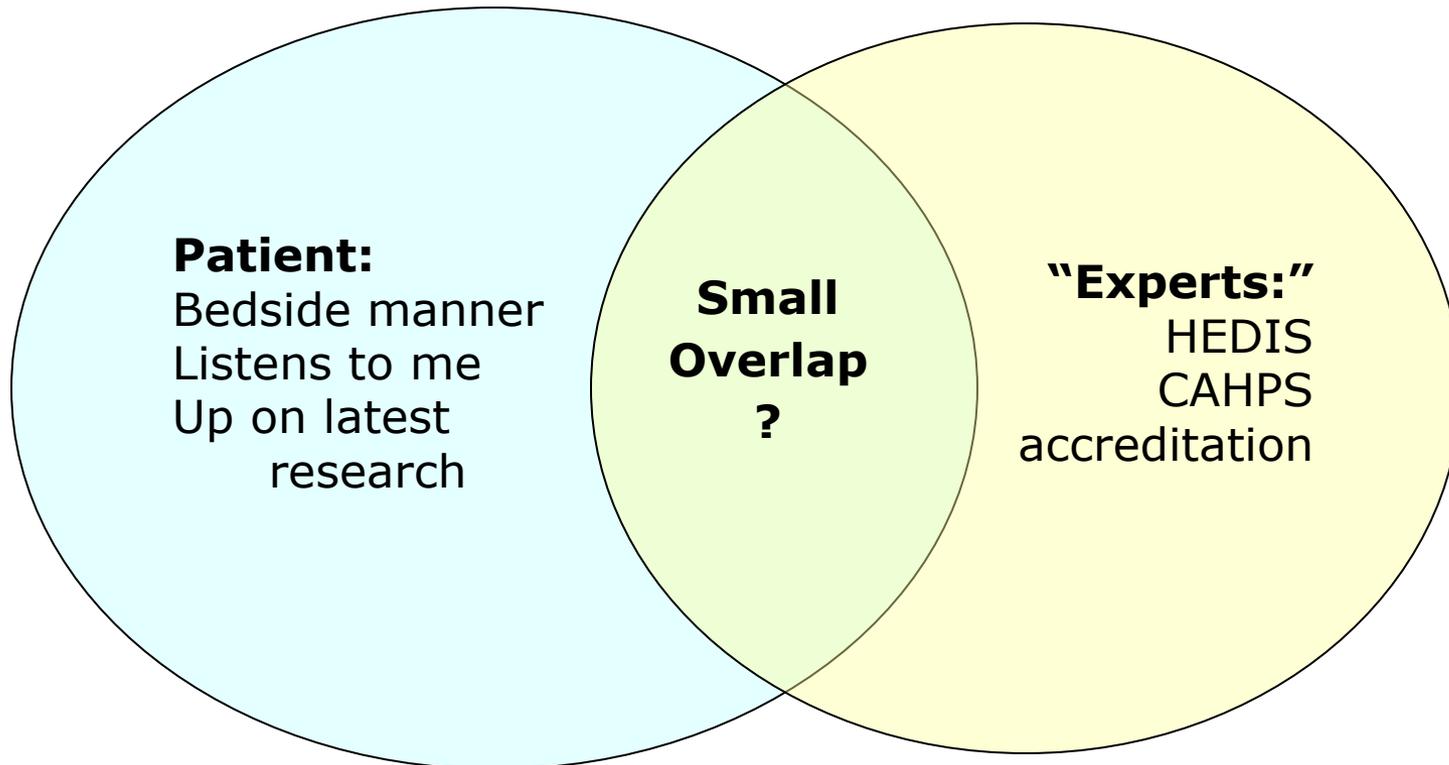
Consumers think about quality in terms of their own doctor and office staff, focusing on “softer” side of practice: communication style of staff, “listens to me,” and wait time.

Believe clinical quality is high and uniform.

Mostly unaware of measures such as hospital infection rates, adherence to evidenced-based protocols, HEDIS, CAHPS or any common metrics that a policymaker or accreditation body might use.

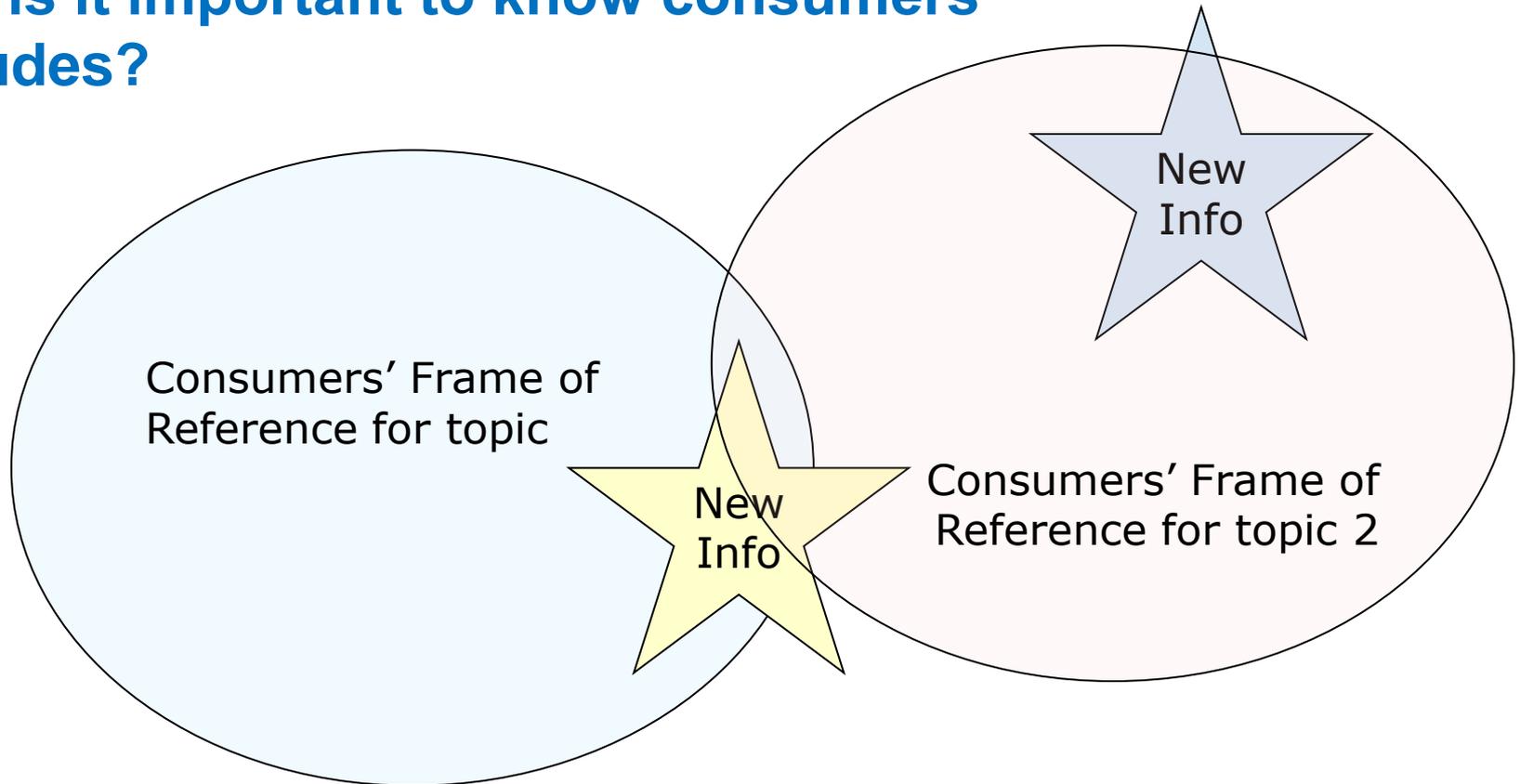


Are we speaking the same language?

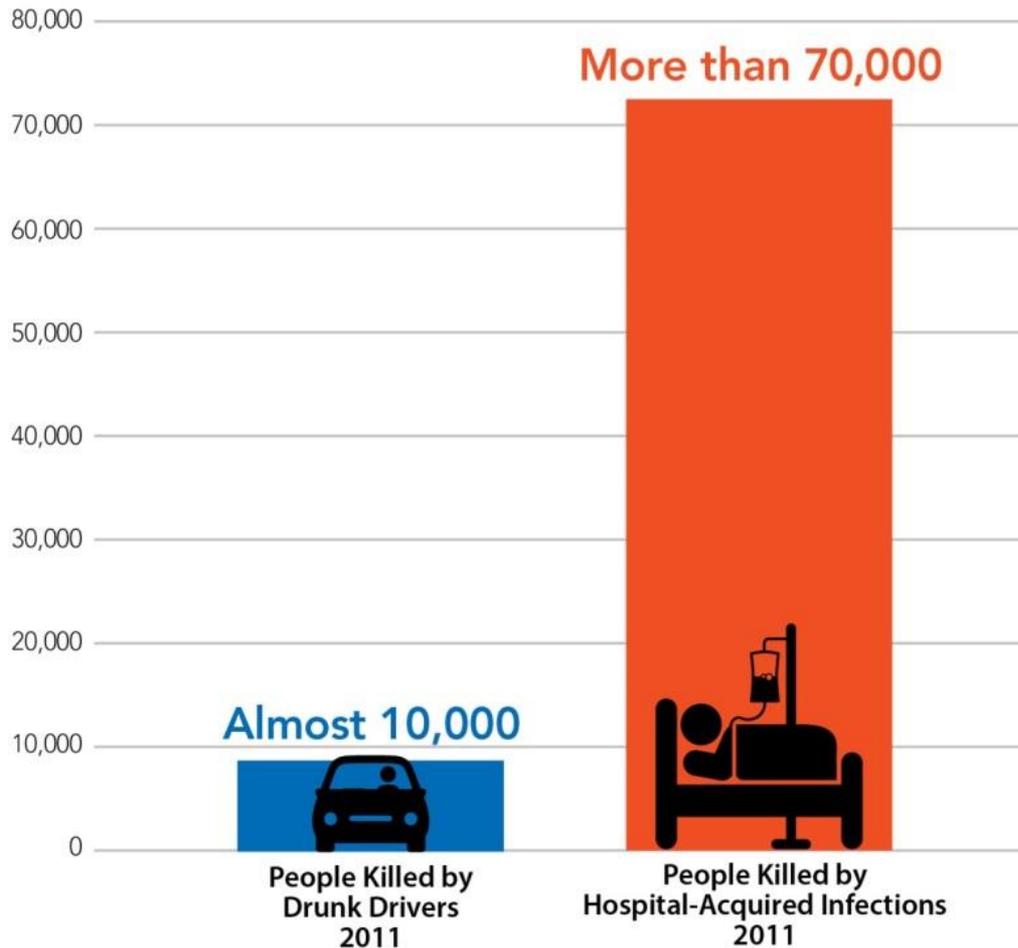




Why is it important to know consumers' attitudes?



Hospitals Can Be Dangerous



Every year in the U.S., drunk drivers kill almost **10,000** people, but hospital-acquired infections kill **over seven times** that many.

The CDC estimates these infections add **\$45 billion** every year to hospital costs.



Providing “Value” Information to Consumers

- ❑ Limited research here
- ❑ Skeptical of the idea of value since they don't believe high quality care can be achieved for low cost
- ❑ Care needed: “value” can = “discounted care” – a negative
- ❑ CR has unique permission to use the word “value” without raising the specter of rationing, so the CR brand is helpful for partners trying to communicate value messages



How Consumers Respond to Transparency- Experimental Data

With a strong quality signal, willing to consider high value (as opposed to high cost) providers.

Confidence in choices increased when the quality signal was strengthened.



Example Of Cost Data With No Quality Signal

Doctor	Saturday hours	Driving distance (miles)	Same-day office visits	Cost data
Dr. White	9:00–noon	6	No	● ●
Dr. Ramsey	9:00–3:00	5	Yes	● ● ●
Dr. Abbot	None	10	Yes	●

Note: Cost data presented as 1–3 stars (represented here by small circles), with the label “careful with your health care dollars.”



Example Of Cost Data With A Strong Quality Signal

	Quality data (strong signal)			Cost data
Doctor	Uses treatments proven to get results	Has safeguards to protect patients from medical errors	Is responsive to patients' needs and preferences	Careful with your health care dollars
Dr. Friedman	Better	Better	Better	●
Dr. Hunter	Better	Better	Better	●●●

Key: 3 stars is very careful (lower costs); 2 stars is somewhat careful (average costs); 1 star is less careful (higher costs).