Transparency

STEVEN D. GRANT, MD 12/3/2013

JAMA, November 13, 2013

- Critical Issues in US Health Care
- Increasing Demands for Quality Measurement
- In depth look at how we measure and report quality

• Panzer RJ, Gitomer RS, Greene WH, Webster PR, Landry KR, Riccobono CA. Increasing demands for quality measurement. JAMA. 2013;310(18):1971-80.

Data

- Claims vs. Clinical
- Due to the limited availability of meaningful clinical data, the focus of much measurement has been on... claims/administrative data.
- Rather than...most meaningful clinical data.
- Claims data is easy and inexpensive to access.

Data

- Clinical data requires an expensive manual process.
- Flaws in claims data
- 21% miscoded for postop PE
- NCQA

Too Much Of a Good Thing

 "The proliferation of measurement as represented by insurers, state and federal authorities, licensing groups, consumer groups, business groups, both at the physician and hospital level is almost unsustainable."

• Panzer RJ, Gitomer RS, Greene WH, Webster PR, Landry KR, Riccobono CA. Increasing demands for quality measurement. JAMA. 2013;310(18):1971-80.

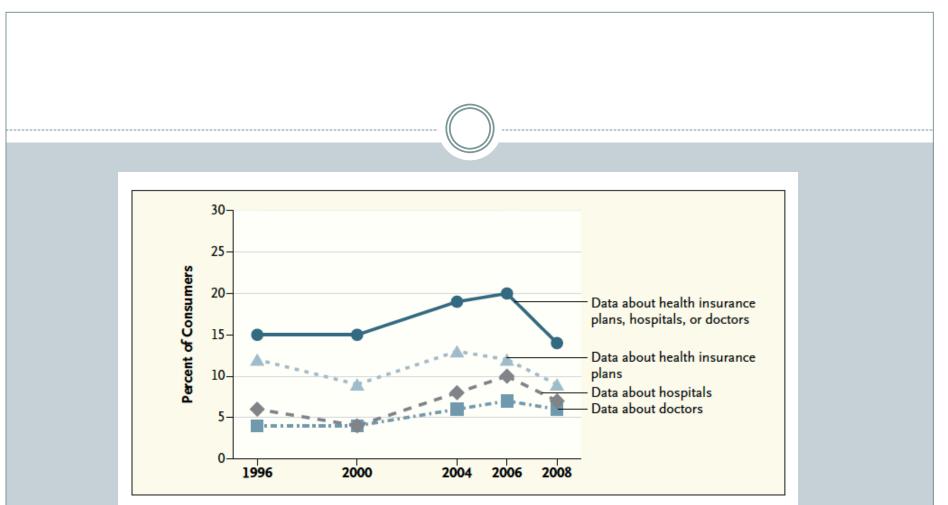
Registries

- "The registries with the most robust set of measurements and risk adjustments depend on manual chart abstraction and follow-up due to the immaturity of electronic health records."
- "Still years away from being able to shift to less resource intensive measurement through fully deployed and accurate electronic medical records."

• Panzer RJ, Gitomer RS, Greene WH, Webster PR, Landry KR, Riccobono CA. Increasing demands for quality measurement. JAMA. 2013;310(18):1971-80.

The Public

- "An additional purpose of measurement is to help inform the public about quality, safety, and cost in their choice of physicians and health care institutions. However, the complexities involved make the measures currently available difficult for the public to interpret and less likely to influence patient choice than many would hope."
- Health literacy
- Panzer RJ, Gitomer RS, Greene WH, Webster PR, Landry KR, Riccobono CA. Increasing demands for quality measurement. JAMA. 2013;310(18):1971-80.



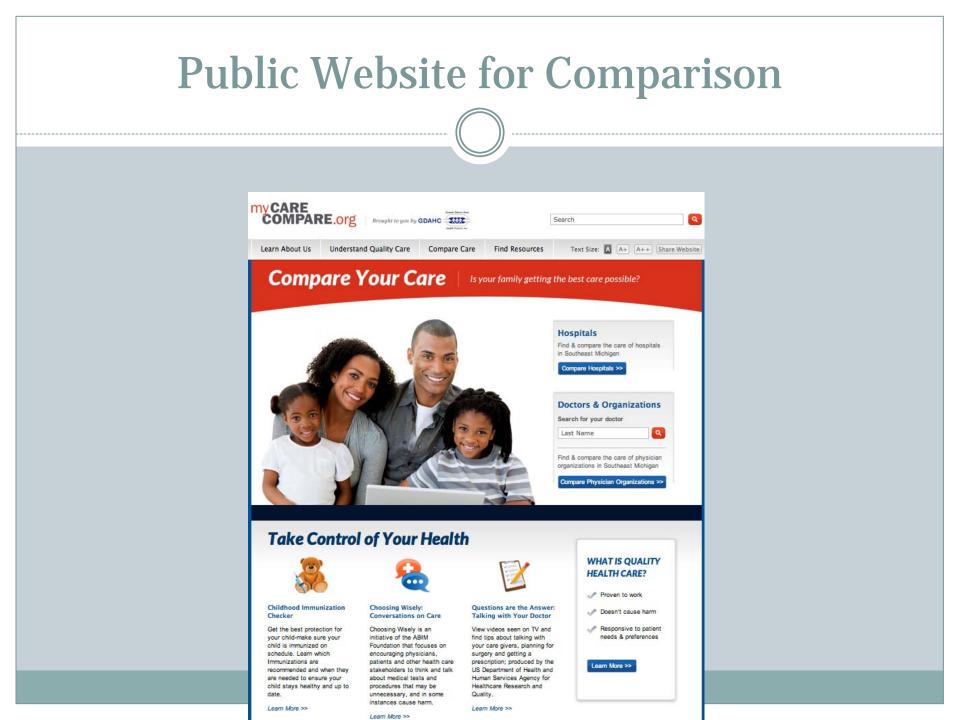
Consumers' Access to and Use of Data Comparing Quality of Health Care, 1996-2008.

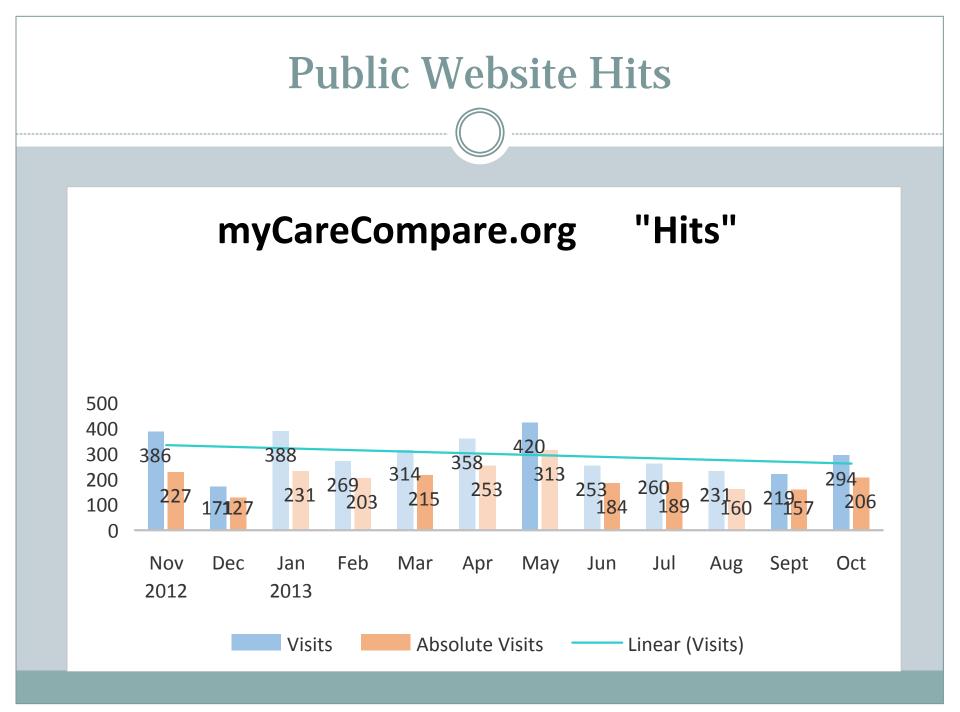
Shown are the proportions of consumers who reported having access to information regarding insurance plans, hospitals, or doctors and who used that information in making health care decisions in the past year. Data are from the Kaiser Family Foundation (http://kaiserfamilyfoundation.files .wordpress.com/2013/01/7819.pdf).

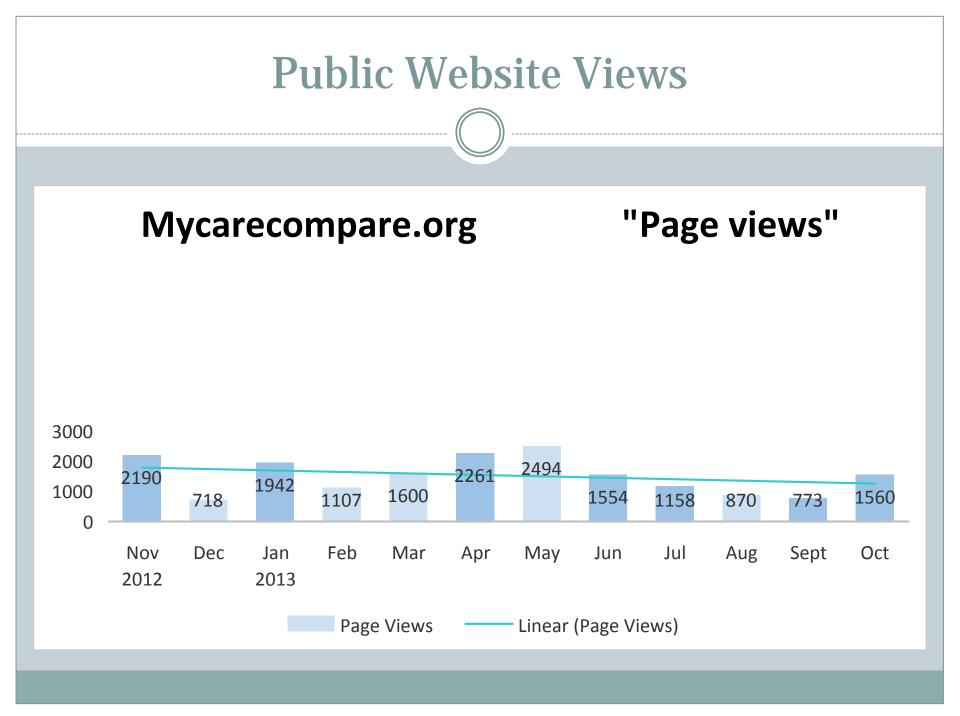
• Huckman RS, Kelley MA. Public reporting, consumerism, and patient empowerment. N Engl J Med. 2013;369(20):1875-7.

Physician Tiering

		Physici	an Statistical Con Allergy/Immunolog	No Anteres a curdo	ıs				5	9/23/2009	
Last Name	First Name	Group Name	City	Episode Count	Perform ance Index	Generic Use Rate (GUR) / Rx Script Counts					
		Health Plans		HI	NO	BC	N	H/ Script	λP	BCBS	SM
						Counts	GUR	Counts	GUR	Counts	GU
STATIS YOU	A Real Property of the	Goals	ALL AND ALL AND A	Constanting and the	70%-109%			>=3	5%		2
Physicians	with a Perfor	Service Dates mance Index within the	a accontable ran		12/31/2008	As of 4/3	30/2009	As of 4/	30/2009	As of 3/31	1/200
nysicians	with a renon	nance muex within the	acceptable rang	je		1					
			Ypsilanti Bingham Farms	54 656	83.8% 85.7%	7	43% 29%	1 140	0%		
			Troy	311	89.7%	131	17%	140	38% 35%	238	420
			West Bloomfield	226	90.5%	44	41%	53	43%	1516	379
			Troy	268	90.6%	33	61%	40	43%		
			Troy	400	90.8%	50	40%	45	29%	366	33
			Rochester Hills	57	91.7%	2	50%	21	71%	262	71
			Clarkston	66	92.3%	8	38%	6	83%	340	25
			Ypsilanti	129	93.1%	30	23%	68	35%		
			Rochester	495	94.3%	93	42%	155	40%	1267	379
			Clarkston Warren	160 151	95.8% 96.8%	31 13	48%	45 25	27% 56%		
			Troy	56	99.7%	8			50% 49%		
			Rochester	166	100.2%	28	50%	84	50%	396	379
			Troy	636	100.7%						
			Bloomfield Hills	250	100.7%	137 108	31% 35%	204 188	48% 24%	727	359
			Ypsilanti	88	103.2%	1	100%	0	0%		
			Lake Orion			1.1.1.1.1.1.1			1000		
				72	106.3%	25	64%	35	51%	188	269
			Eastpointe West Bloomfield	63 98	106.4%	9 39	89% 33%	36	19% 62%	1066	200
			Rochester Hills	913	107.5%	94	27%	287	40%	1000	35
			Bloomfield Hills	110	109.3%	33	18%	40	53%	563	319
Physicians	with a Perform	nance Index outside ti	he acceptable rai	ige	12		1				
											191
			Eastpointe Southfield	73 103	111.3% 114.3%	44 83	34% 52%	65 62	23% 45%		
			West Bloomfield West Bloomfield	49 52	115.4% 115.8%	11 10	64%	9	67%		
			Troy	74	115.8%	10	40% 64%	7	29% 100%	264	399 429
			Eastpointe	43	120.2%	59	22%	44	52%		
Physicia <u>ns</u>	with insufficie	ent data to make a clea				0.0	-2 10	44	52 10		
			Beverly Hills		1000	9	56%	6	100%	267	27°
			Novi	1	The second	8	13%	0	0%		1
			Bingham Farms			2	0%	12	58%		
			Novi	- Balla		19	37%	1	0%	- United	
			Ypsilanti			3	100%	2	100%	The second	No.
			Bloomfield Hills	1. 2.2.2	in the	22.5			12 2VE		1
			Bioonnielu Allis		Contra Long	25	20%	4	75%	Contraction of the	
			Bloomfield Hills				75%				







Conclusions

- Need for more transparency in quality and cost reporting.
- Transparency: Years away...