

NCQA



Quality Meets H-IT: What Can We Expect?

Margaret E. O'Kane, President

*Health Information Technology Summit
October 22, 2004*

Today's Agenda

- **The good news.....**
- **A big but**
- **The potential of H-IT in quality improvement**
- **The state of health care quality**
- **What we need to do to get there**
- **What NCQA is doing**

The Good News

- **Health information technology is on the national agenda.**
 - Bipartisan legislation
 - Appointment of David Brailer
 - Appointment of Mark McClellan
 - Embraced by both Presidential candidates
 - Public-Private cooperation and partnership

A Big But

- **H-IT, by itself, is not a strategy.**
 - It won't improve performance
 - It won't improve measurement
 - It won't cure the common cold
- **It is a tool to:**
 - Identify which patients are in each level of risk
 - Prompt appropriate actions
 - Track progress for clinicians and patients
 - Bring evidence-based medicine to the point of care
 - Eliminate duplication and its costs

We Need a Comprehensive Strategy

Elements of a Strategy:

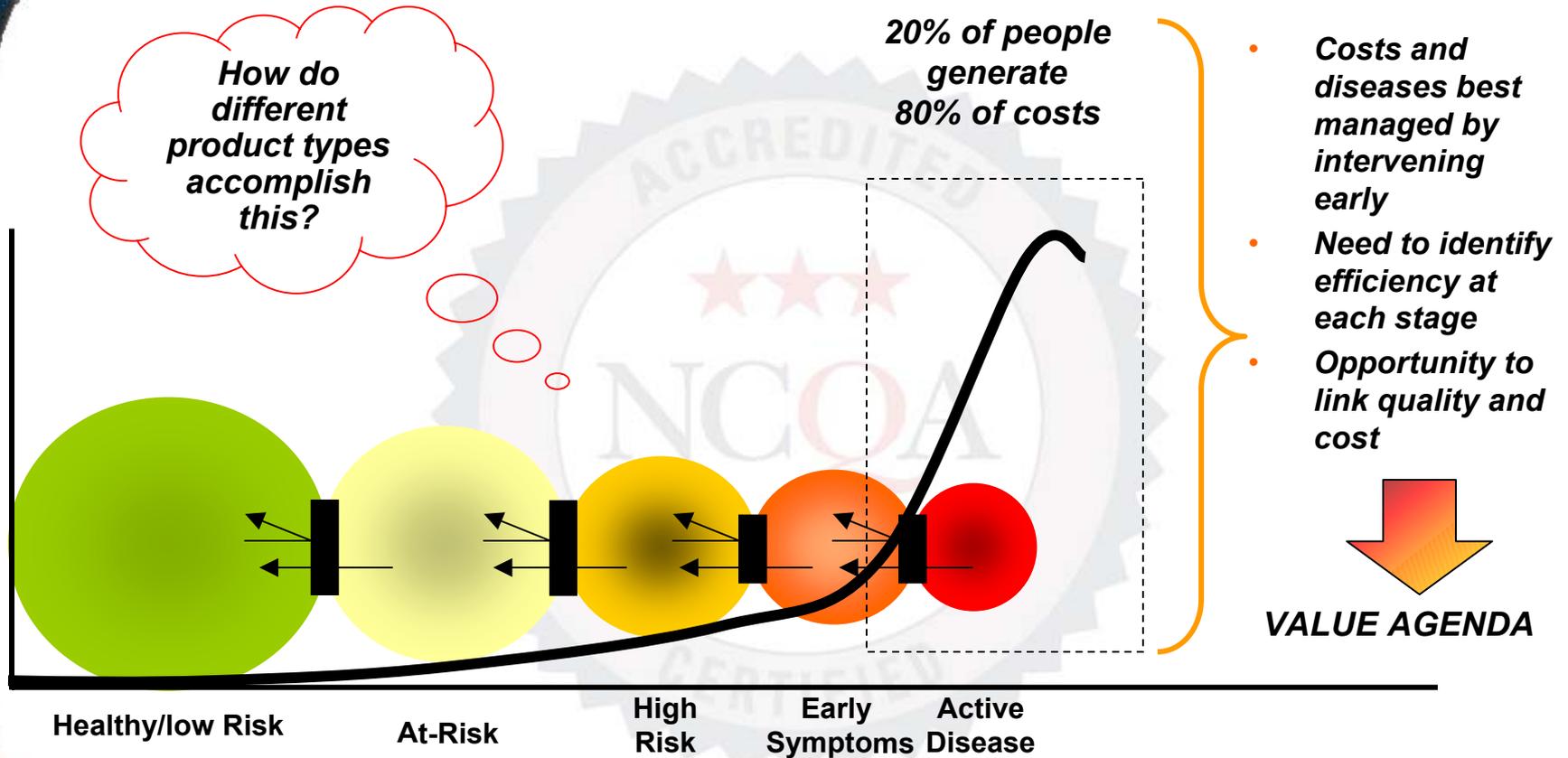
- Evidence based medicine
- Performance measurement
- Transparency
- Accountability
- Continuous improvement
- Payment reform
- Evaluation
- Innovation
- Shared Decision Making

And We're Not There Yet

We lack the data we need:

- **Physician-level or practice-level**
- **Electronically available**
- **Trusted and complete**
- **Measuring outcomes**
- **Audited**
- **Publicly reportable**
- **Statistically comparable**
- **Across all payors**

The Goal: Manage Population Health & Costs



Source: HealthPartners

What Do We Know About Health Care Quality?

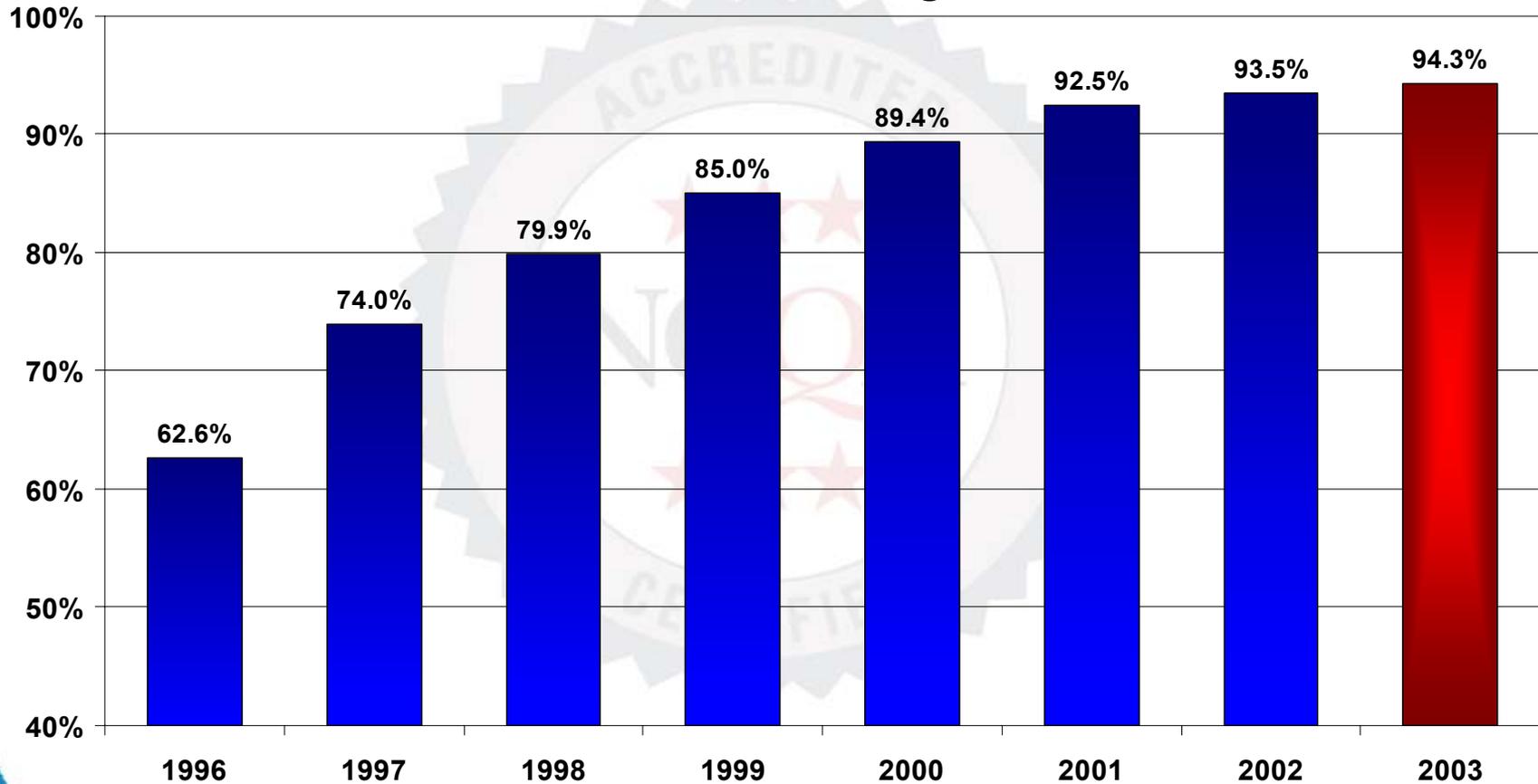
- **Quality can be measured**
- **Health care systems must be accountable for quality**
- **Measurement AND accountability drive improvement**
- **Consumers want and use information about health care quality**

The Good News: Record Gains in all Three Sectors

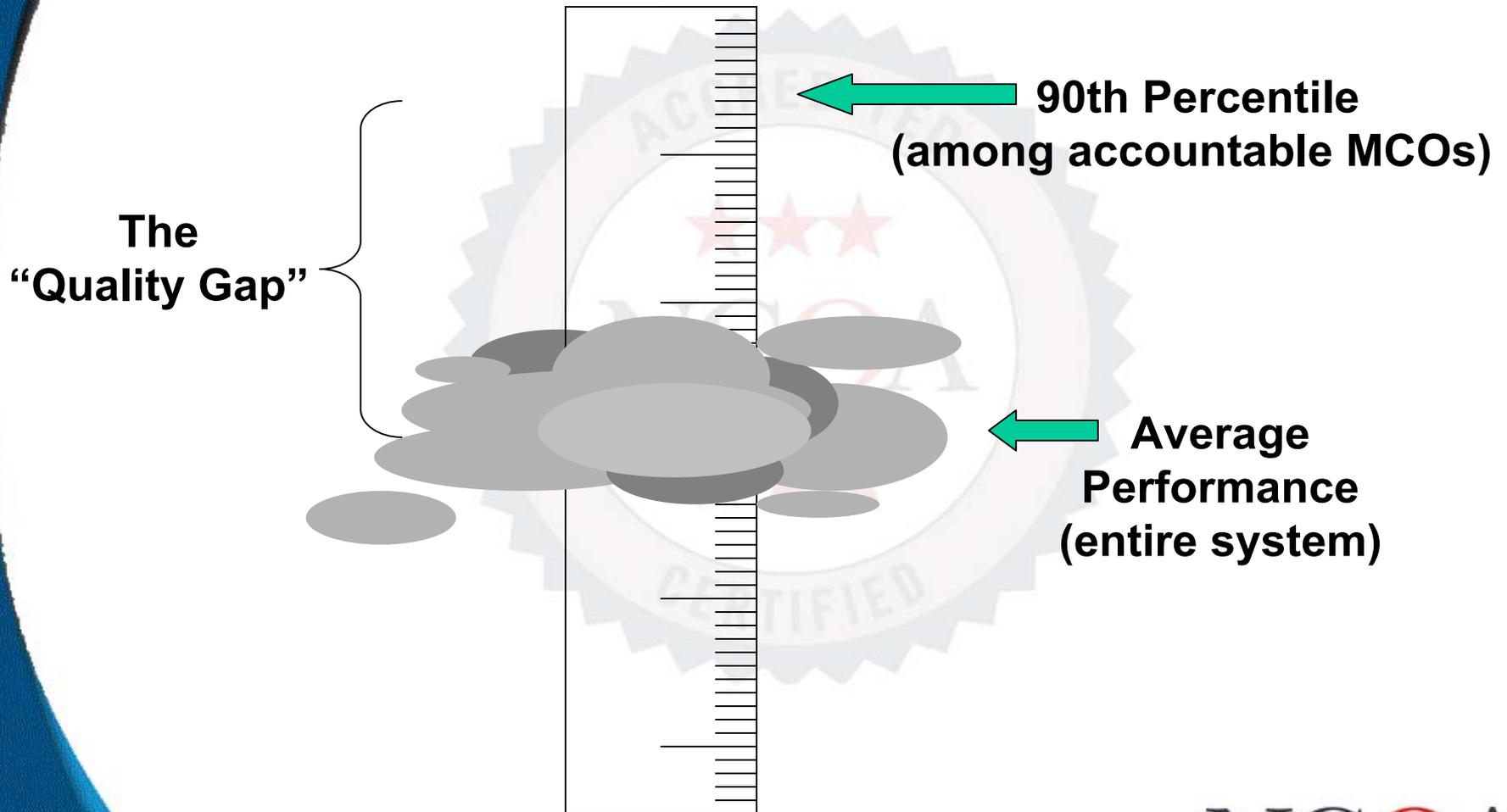
- **Commercial plans: 41 of 43 HEDIS measures improved including several large gains**
- **Medicare: strong gains on cardiac measures, diabetes measures**
- **Medicaid: increases in prenatal care, blood pressure, Chlamydia screening**

A HEDIS Success Story: Beta-Blockers After a Heart Attack

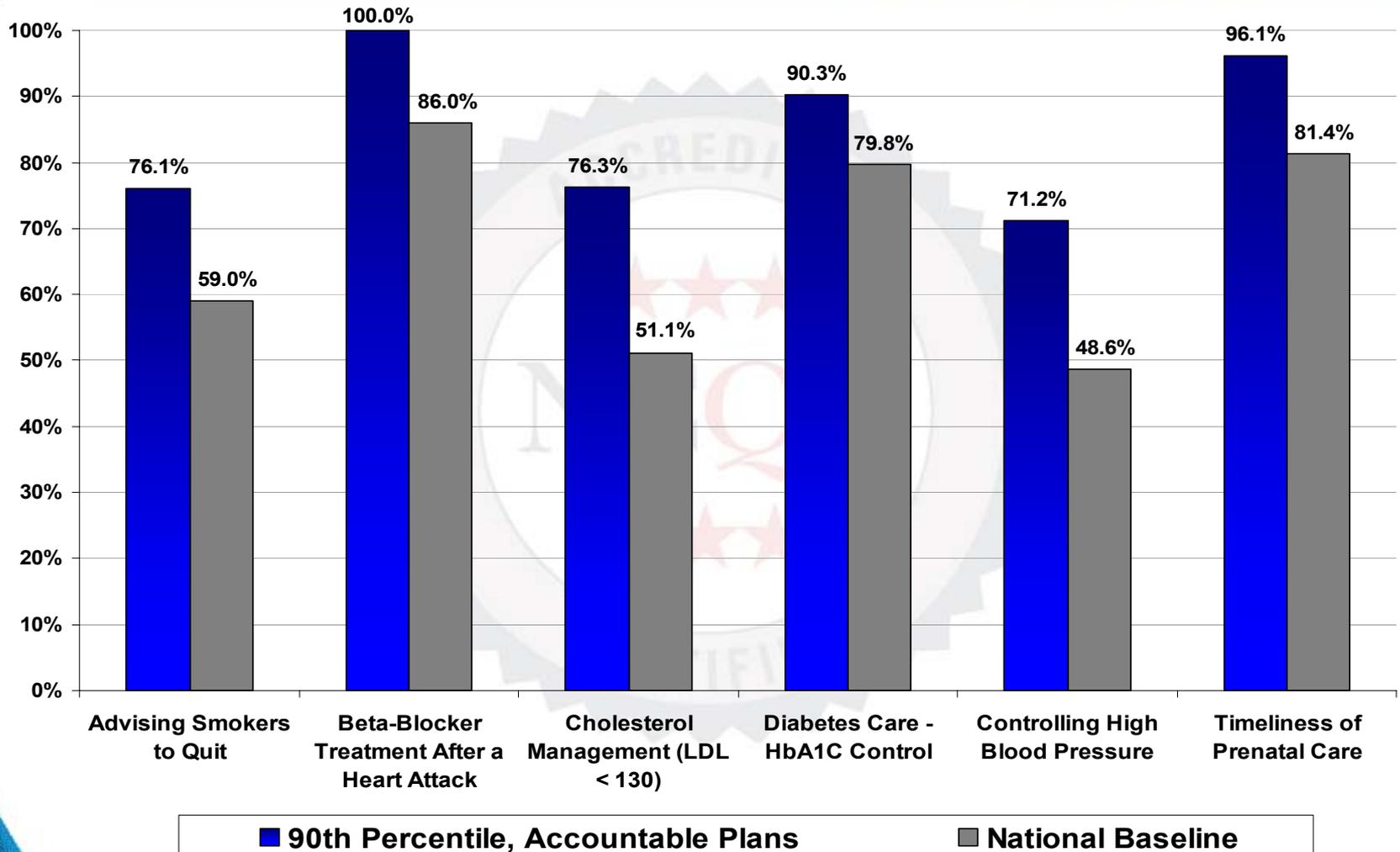
Beta-Blocker Treatment After a Heart Attack
Commercial HEDIS Averages, 1996 - 2003



The Bad News: “Quality Gaps”



“Quality Gaps” in Practice: Selected Measures



The Quality Gap Toll: Avoidable Deaths

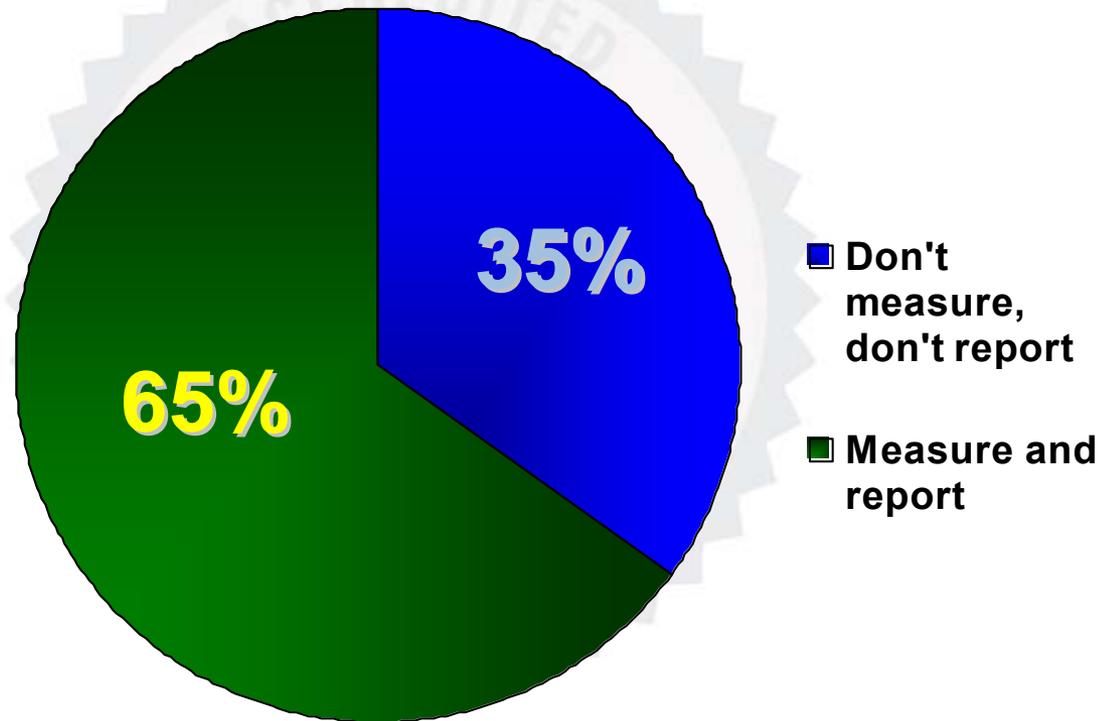
Measure	Deaths per Year
Blood Pressure Control	15,000 - 26,000
Cholesterol Control	6,900 - 17,000
Diabetes Care—HbA1c Control	4,300 - 9,600
Smoking Cessation	5,400 - 8,100
Flu Shots for Adults	3,500 - 7,300
Colorectal Cancer Screening	4,200 - 6,300
Beta-Blocker Treatment	900 - 1,900
Prenatal Care	600 - 1,400
Breast Cancer Screening	600 - 900
Cervical Cancer Screening	600 - 800

TOTAL

42,000 - 79,400

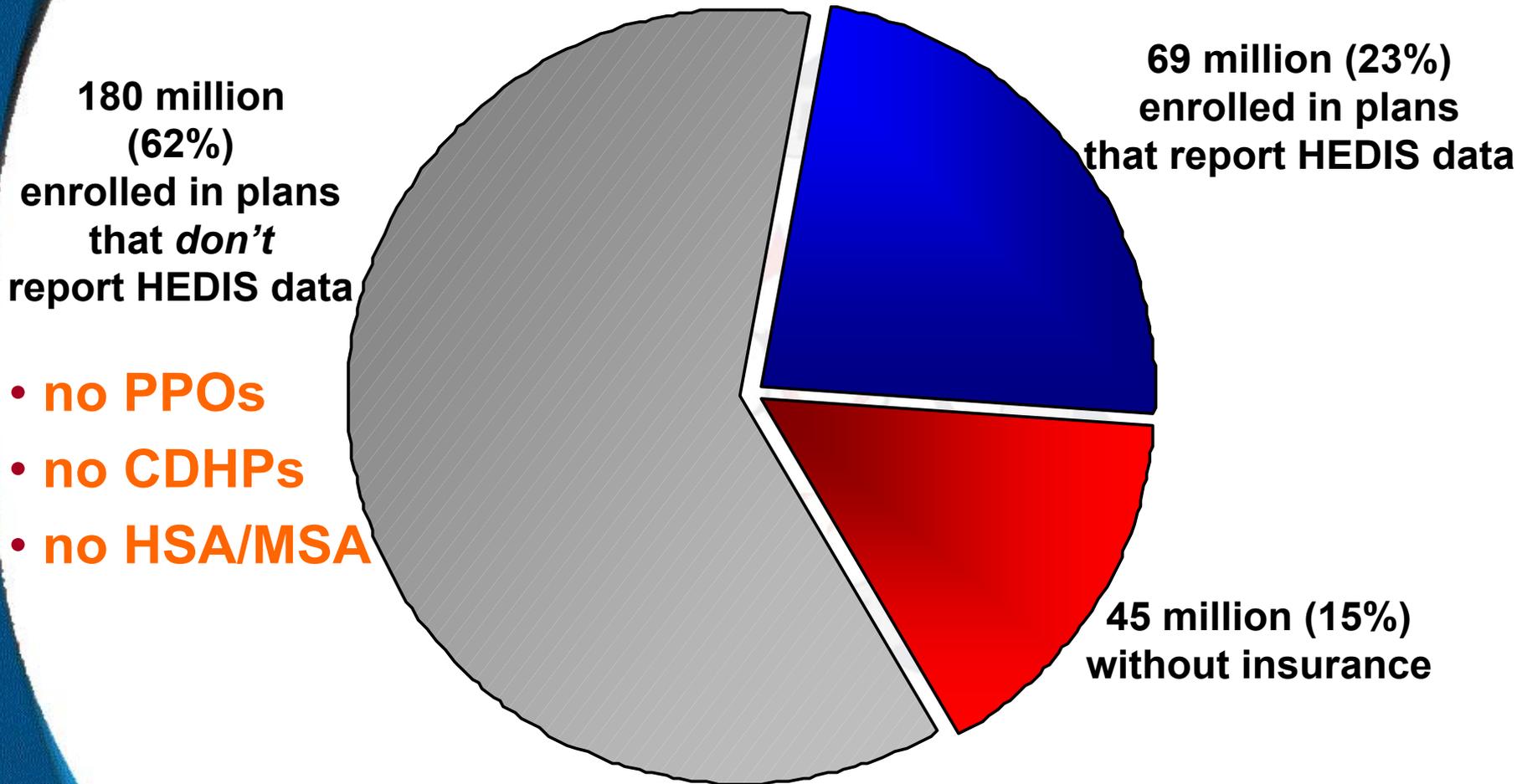
Accountability Is the Norm Among HMO and POS Plans...

Performance Data for 65%
of HMO and POS Plans Are Publicly Available*



* These plans tend to be larger and cover
87% of all enrollees in such plans

...But Only 1 in 4 Americans Is in An Accountable System



Closing the Quality Gap: Keys to Improvement

- **Measure performance of *all* plans, hospitals and physicians**
- **Engage patients**
- **Promote care management**
- **Reform payment systems to reward good performance**
- **Incent the use of health information technology and systems**



What is NCQA Doing?

Quality Plus

- **Evolving accreditation programs to reflect more diverse market (HMOs, PPOs, CDHPs)**
- **Quality Plus will evaluate:**
 - **Use of technology and innovation, member engagement**
 - **Health improvement efforts across the spectrum of members--healthy to very sick**
 - **Physician and hospital measurement strategies**

Provider Level Measurement

- **Bridges to Excellence: standard setter, sponsor of measures, evaluator, information provider**
- **Physician Recognition Programs: standard setter, evaluator, information provider**
- **Pay for Performance (CA): advisor, measure specifier, data aggregator**
- **National Forum on Performance Benchmarking of Physician Offices and Organizations: leader of learning collaborative, measure setter**

Physician Practice Connections

Evaluates processes shown to promote coordinated, safe and effective care

Examples of requirements:

- A registry to track patients' health status and needs
- Regular follow-up for patients with chronic conditions
- E-reminders on evidence-based care and drug interactions
- Referrals for assistance with reversing risk factors and managing chronic conditions
- Follow-up for abnormal test results
- Case management for people with complex, high-risk conditions

What We Can Do Together

- **Tie our agendas together**
 - We can't make the progress we want on quality without progress on H-IT

