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Patient Safety: A Keystone of NCQA's Value Agenda

The Quality Colloquium

August 26, 2003

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President

Presentation Overview

- Who is NCQA?
- How is NCQA's agenda evolving?
- How can we advance patient safety?

NCQA

- **Private, non-profit health care quality oversight organization**
- **Measures and reports on health care quality**
- **Unites diverse groups around common goal: improving health care quality**

NCQA's Programs

- Quality measurement through HEDIS and CAHPS 2.0H
- Accreditation of health care organizations
- Recognition of physicians for quality
- Reporting to the public, employees and employers, professionals


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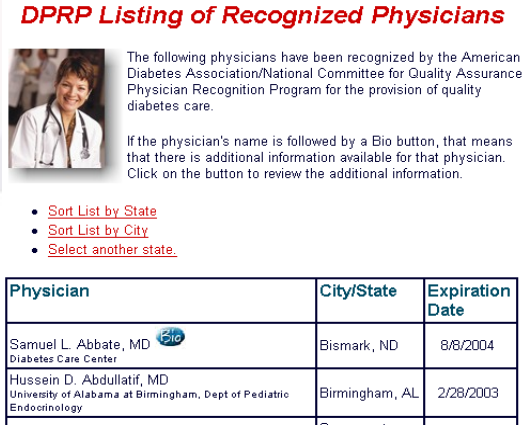
NCQA Plan Performance ★★★★ best ★★★ very good ★★ good ★ fair ○ poor

Here are the results of your search: New Search

Plan	Product Line/ Product	Access & Service	Qualified Providers	Staying Healthy	Getting Better	Living with Illness	Overall Accreditation
Plan Alpha	Commercial/ HMO	★★★★	★★★	★★★★	★★★	★★★	EXCELLENT
Plan Beta	Commercial/ POS	★★	★	★	★★★★	★	ACCREDITED
Plan Delta	Commercial/ POS	★★	○	★★	★	★	PROVISIONAL
Plan Gamma	Commercial/ HMO	★★★	★★	★★★	★★	★★★★	COMMENDABLE


DPRP Listing of Recognized Physicians

The following physicians have been recognized by the American Diabetes Association/National Committee for Quality Assurance Physician Recognition Program for the provision of quality diabetes care.

If the physician's name is followed by a Bio button, that means that there is additional information available for that physician. Click on the button to review the additional information.

- Sort List by State
- Sort List by City
- Select another state.

Physician	City/State	Expiration Date
Samuel L. Abbate, MD Bio Diabetes Care Center	Bismark, ND	8/8/2004
Hussein D. Abdullatif, MD University of Alabama at Birmingham, Dept of Pediatric Endocrinology	Birmingham, AL	2/28/2003

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NCQA's Mission

To improve the quality of health care delivered to people everywhere

M.O.: Making Quality Count

- Quality Measurement
- Public Reporting
- Performance-based Accreditation
- Provider Recognition
- Pay-for-Performance

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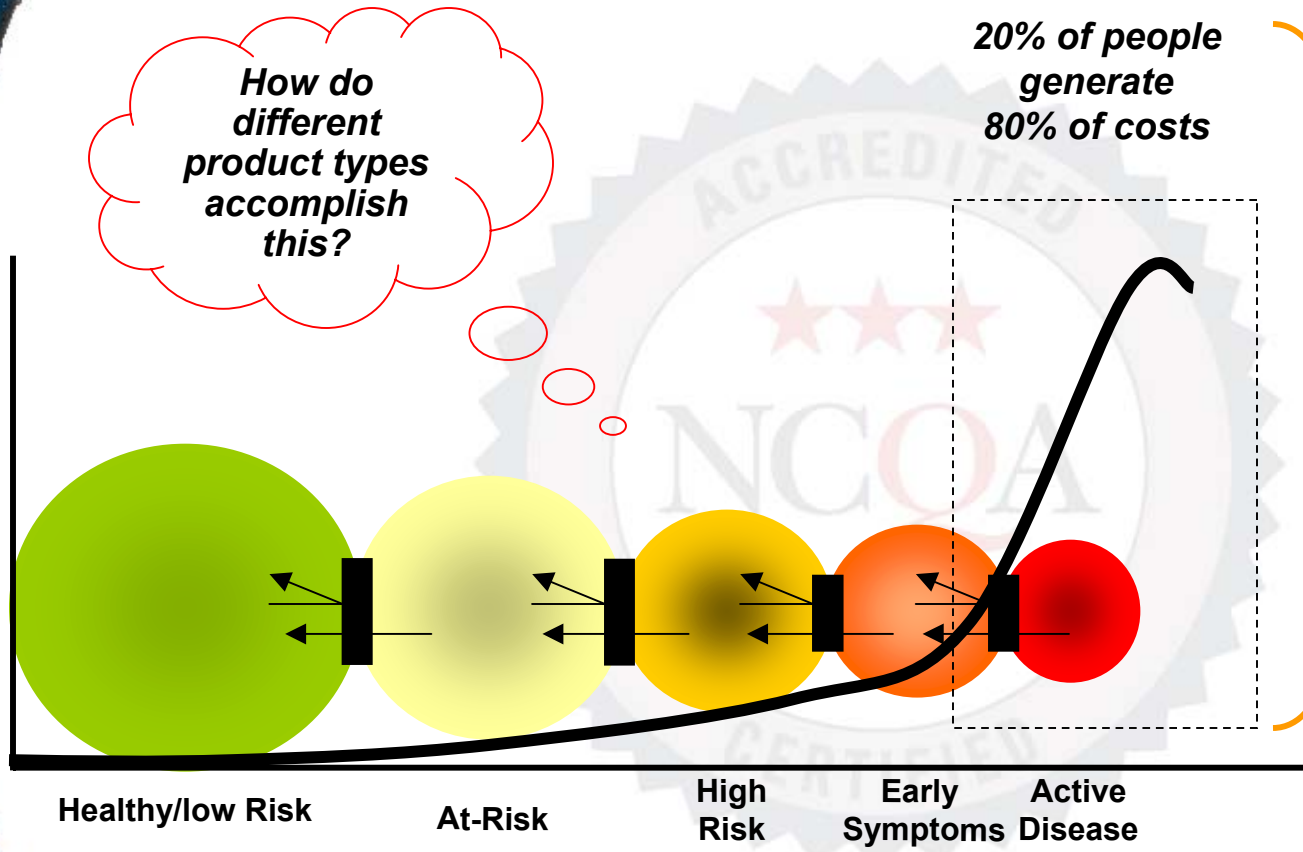
The Goal: Manage Population Health & Costs



- *Costs and diseases best managed by intervening early*
- *Need to identify efficiency at each stage*
- *Opportunity to link quality and cost*

VALUE AGENDA

Source: *HealthPartners*

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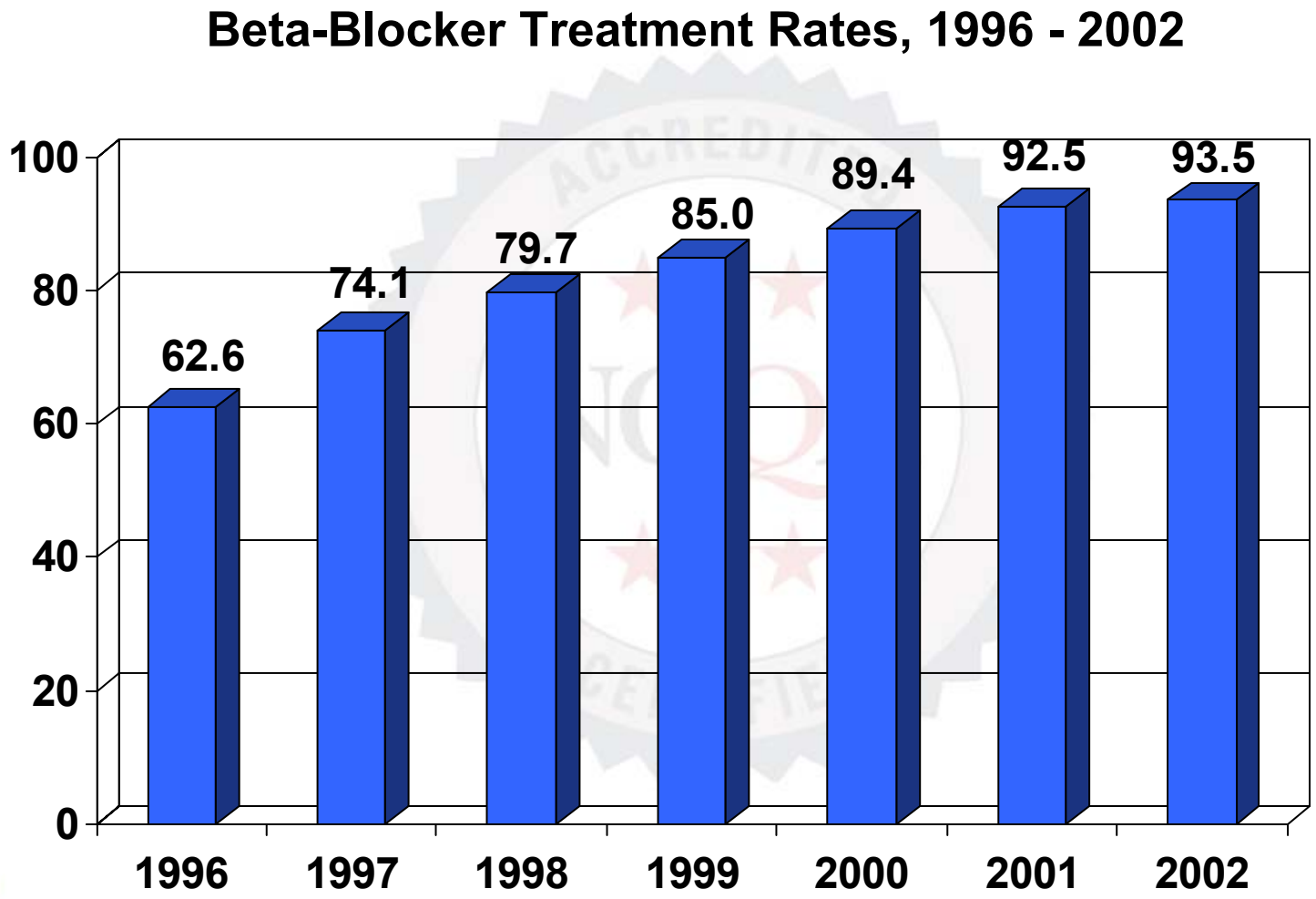
Transparency Drives Improvement



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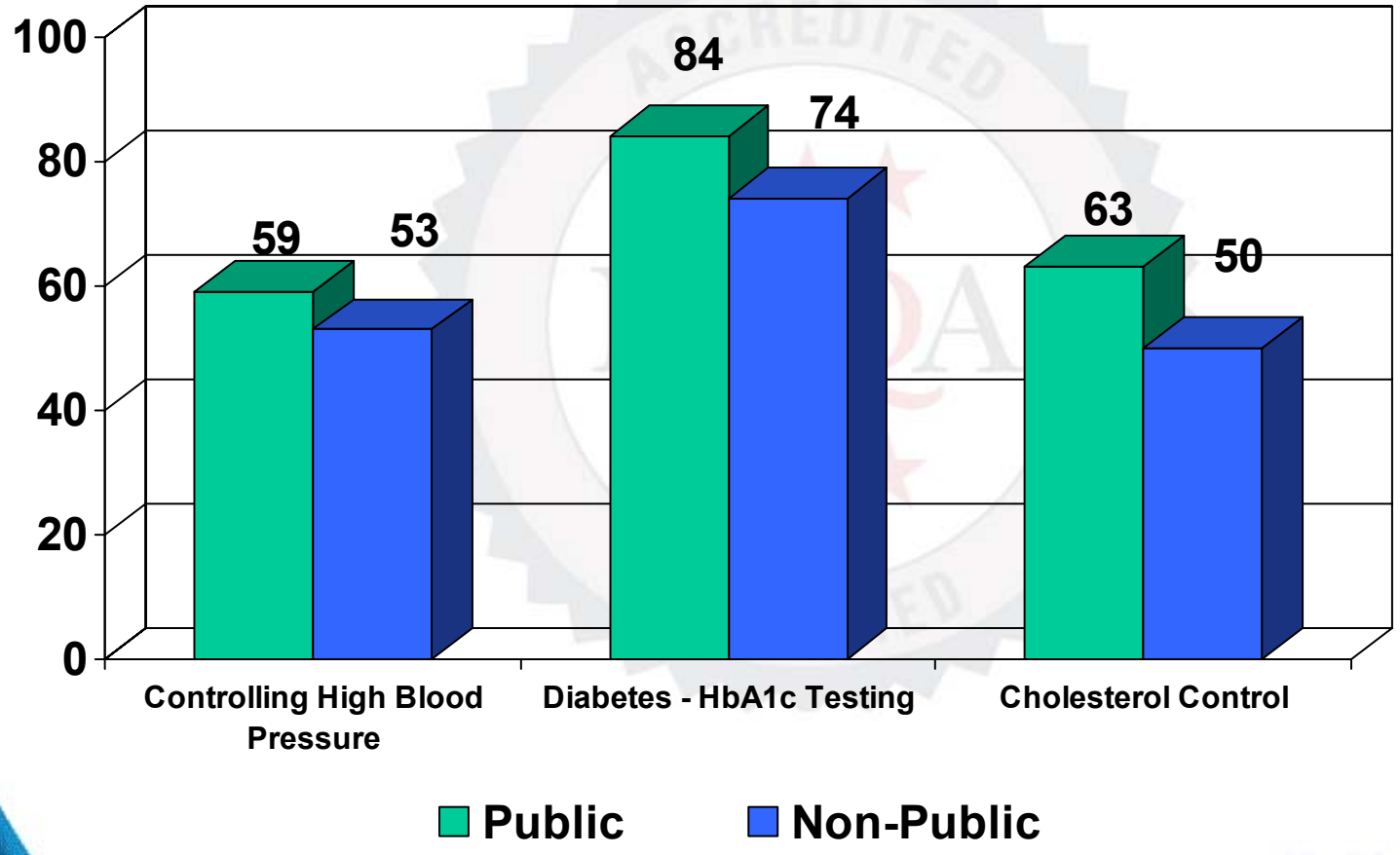
Transparency Drives Improvement

Publicly Reporting Plans vs.
Non-Publicly Reporting Plans (2002)



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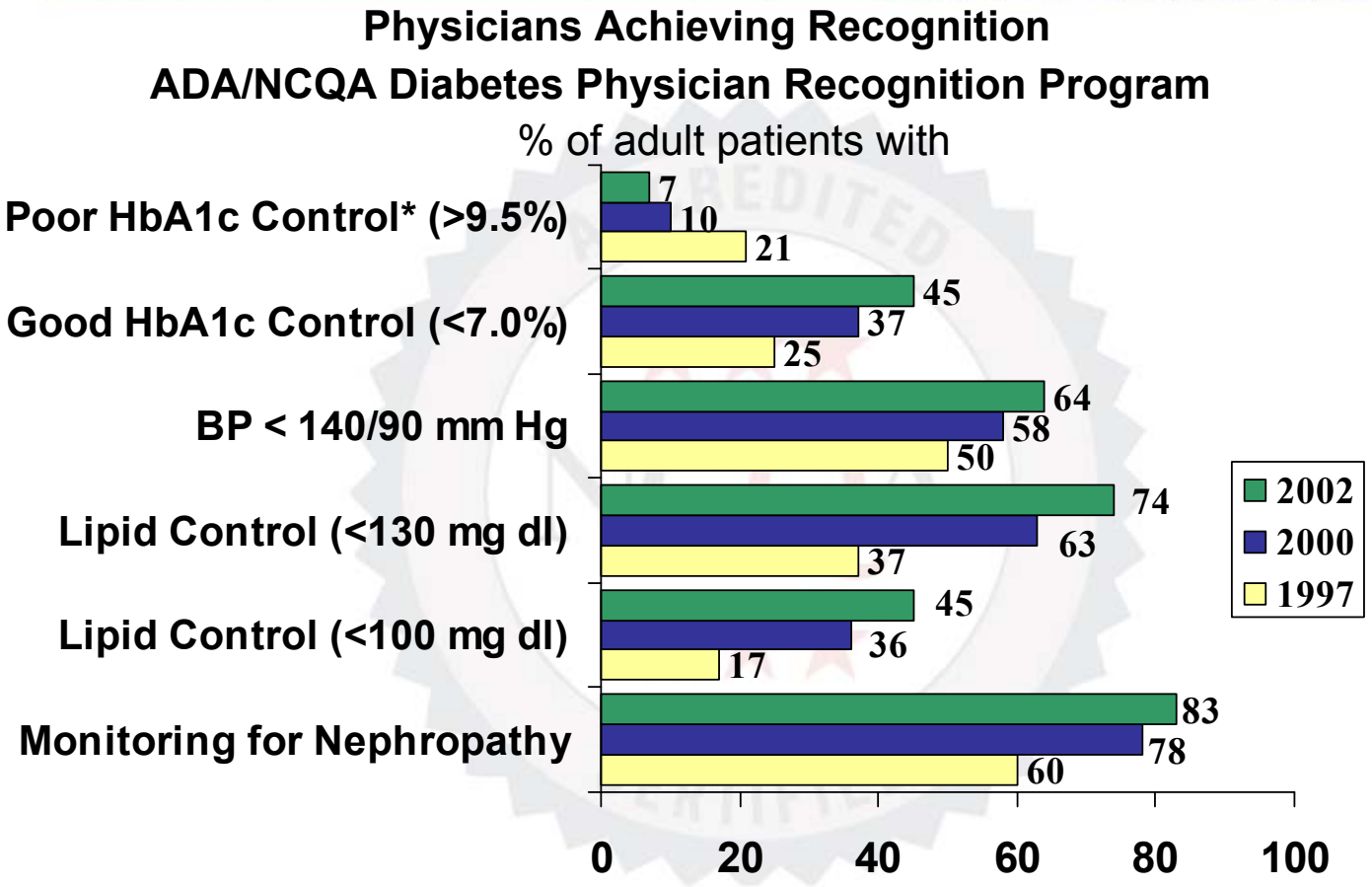
Recognizing Excellence at the Provider Level



Participation currently limited to 1800 MDs; Stronger leverage needed

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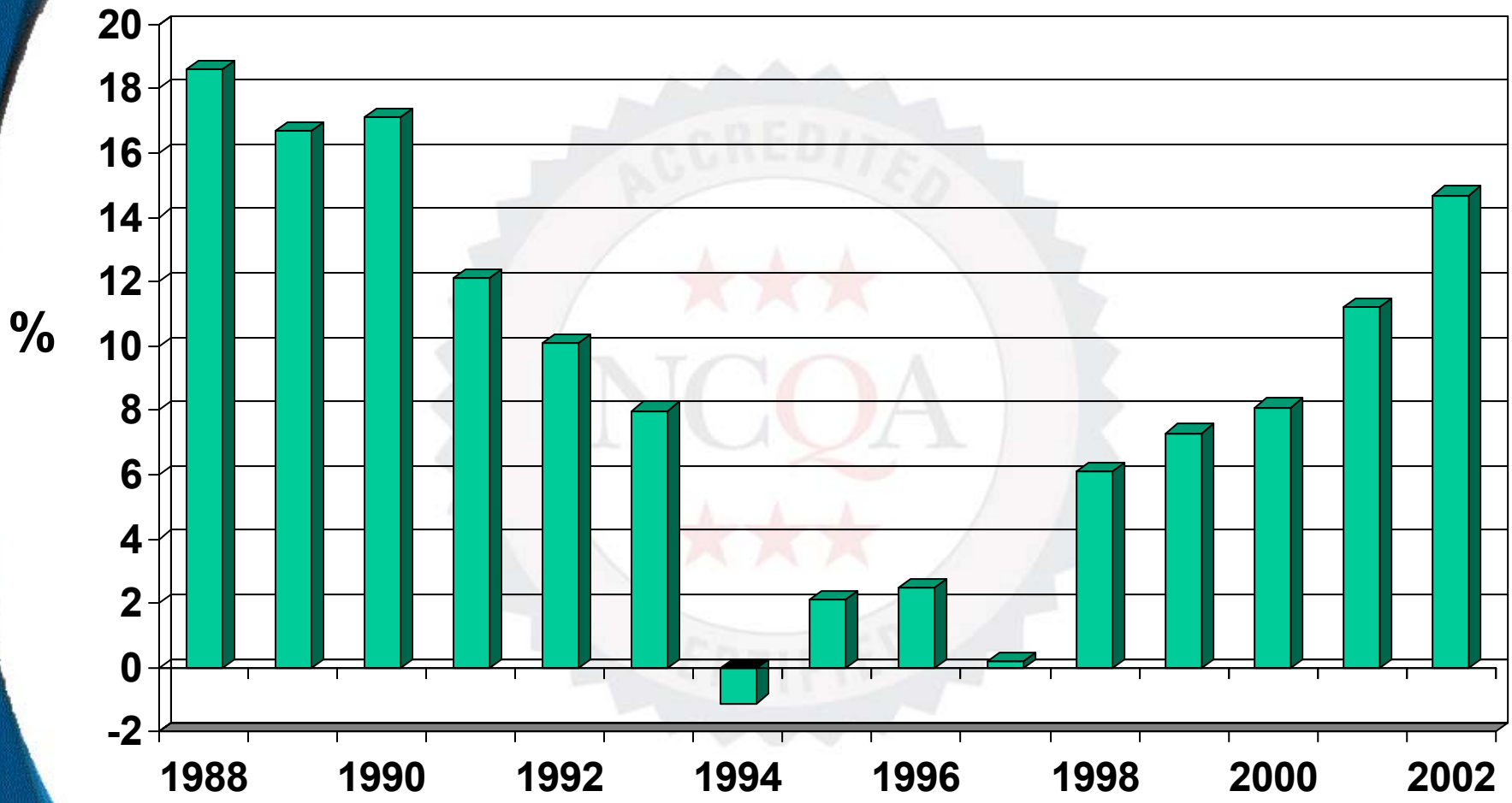
We Began With A Quality Agenda

In 1990s

- **Large employers looked to HMOs**
- **Capitation would control cost**
- **Economically motivated underuse was considered the major threat to quality**
- **The extent of other quality problems was poorly understood**

Health Care Cost Increases to Employers (by Percentage), 1988-2002



Source: 2002 National Survey of Employer-Sponsored Health Plans

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A Crossroads: Moving from Quality to Value

- Accreditation and HEDIS are based on an accountable health plan model
- Demand has shifted the predominant model—in the post-capitation world
- Future evaluation needs to be based on value and evolve to provider level
- Patient safety is part of a value agenda

We Are At a Crossroads

Drive a Safety and Value Agenda

- **Measure value and reduce under-use, misuse (unsafe) and overuse**
- **Reduce inefficiency and waste**
- **Push system to reward safety, effectiveness and efficiency**

Do Nothing

- **More malpractice and higher payouts**
- **Lower payments to providers**
- **Fewer insured and more limited coverage for those insured**

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The Reasons for a Value Strategy Are More Compelling Than Ever

- Costs out of control
- Quality not what it should be
- Potential for greater ROI for our health care expenditures

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Overuse

- Non-evidence based care
- Care appropriate under some circumstances, inappropriately applied – wrong patients
- Inefficient use patterns

New HEDIS Measures

- ✓ Appropriate Treatment for Children with URI
  - No antibiotic within first 3 days
- ✓ Appropriate Treatment for Children with Pharyngitis
  - No antibiotic without strep test

Other opportunities: use of generic drugs; inappropriate use of imaging; unnecessary surgery

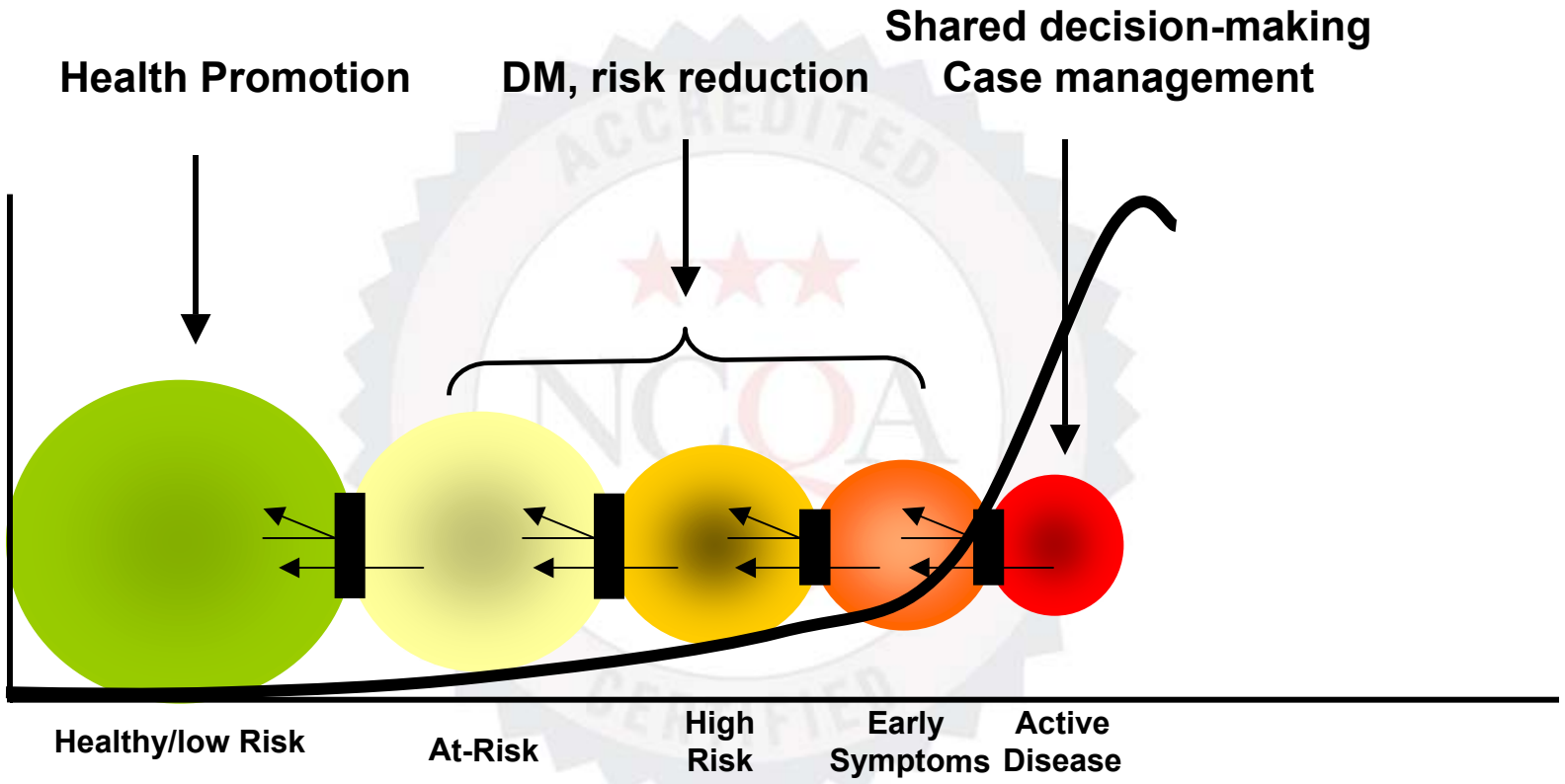
Misuse

- **Medication errors (est. cost $9 billion/year)**
- **Preventable hospital acquired infections (est. cost $18 billion/year)**
- **Poorly executed care (surgical failures, badly read mammograms)**
- **Failure to coordinate complex cases**
  - Redundant tests
  - Non-value added visits
  - Providers working at cross-purposes

How Plans Add Value

- **Directly**
  - Health promotion
  - DM, risk reduction
  - Shared decision-making
  - Case management
- **Indirectly**
  - Steerage to high value providers
    - How do we get there?
    - Standardized information?
  - Information for consumers

Opportunities to Add Value



Source: *HealthPartners*

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NCQA's Approach to Patient Safety

1. Accredit the health plan for its role in systems that produce safety
2. Encourage the health plan to channel to safer providers
3. Evaluate systems that produce safety at the physician practice level—Physician Office Link

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1. NCQA Accreditation Standards: The Health Plan's Role in Safety

- Pharmaceutical safety: system for checking drug interactions at point of care and alerting providers
- Management: a QI plan that covers patient safety
- Management: systems to promote continuity and coordination of care

2. Health Plans Channeling to Safer Providers – New Standard

- First step: collection of information on hospital safety such as Leapfrog
- Next step: distribution of safety and quality information to health plan members, covering institutions and physicians
- Future: incentives for members to choose safer, higher quality providers

3. Physician Office Link: Safety Systems at the Practice Level

- Pharmaceutical safety: CPOE
- Preventing errors of omission: Systems for follow-up of abnormal test results
- Care Management: Coordination of care for patients with chronic illness and complex problems

PHYSICIAN Office Link

Some examples of requirements:

- A registry to track patients with the top 3 chronic diseases treated
- Evidence-based prompts for treating chronic conditions
- Decision support embedded in CPOE systems to check drug interactions
- Patient support for reversing risk factors and managing chronic conditions
- A process for following up on abnormal test results
- Use of case management for people with complex, high-risk conditions

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Safety in the Outpatient Setting: What's at Stake

- **1 billion annual ambulatory visits**
  - 631 million visits providing medication therapy
  - 3 billion prescriptions dispensed annually from ambulatory care pharmacies
- **6.2 million ambulatory visits were the result of adverse events in health care**
- **Outpatient adverse drug events (ADE) drive one million hospital events per year**
- **Other issues – failure to follow up, coordination of care, inadequate informed consent**

What Systems Can Accomplish

- **Evidence linking specific system (for example use of registry) to effectiveness and safety**
  - Medline and Cochrane Reviews
  - Use of similar audits of practices by several malpractice insurers (COPIC, CRICO)
- **Potential Benefits of Systems Implementation**
  - More patients seen-higher revenue
  - Enhanced satisfaction with practice
  - Better outcomes in safety, chronic illness and prevention

Malpractice: A Modest Proposal

- Problem: Debate on malpractice is stuck on issue of caps on damages
- Regardless of outcome-will not reduce “risk factors” for malpractice or improve patient safety
- Modest proposal: link willingness to participate in reporting of errors, and implementation of systems for patient safety to use of arbitration in cases of adverse patient outcomes-could be done as state level demonstrations