

Performance Anxiety: Data, Doctoring and the Information Age

Tenth Annual Quality Colloquium
Cambridge, MA Aug. 16, 2011

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The G(ood) O(ld) D(ays)

“The application of knowledge at the bedside
is largely the function of the *sagacity* inherent
in or personally developed by *the individual
physician.*”

–Hermann L. Blumgart, MD, 1973

“The *social obligation* for best practice is part of the
commodity the physician sells, even though it is
a part that is *not subject to thorough inspection*
by the buyer.”

–Kenneth Arrow, PhD, 1963



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The New Health Care Paradigm

- “In God we trust. All others bring data.”
– W. Edwards Deming, c. 1951



“Trust, but verify.”



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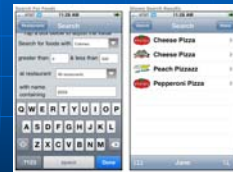
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Lessons from a Food Fight (Sound familiar?)

The Fast Food Profession:
Protecting Consumers

The Marketplace:
Empowering Consumers*
(*If you have a smartphone)

- “We need more studies.”
 - No evidence data on calories put in restaurant menus will reduce obesity
- “We’re giving consumers what they want.”
 - Americans have right to “guilt-free eating.”
- “Putting out this information could be harmful.”
 - Consumers could be hurt by basing decisions on calorie counts alone
 - “The item may have protein and other nutrients that may contribute to a balanced diet.” – Dunkin’ Donuts



Sources: *Business Week*, 2-11-08; Foundation HealthCare Network's
Restaurant Calories Application

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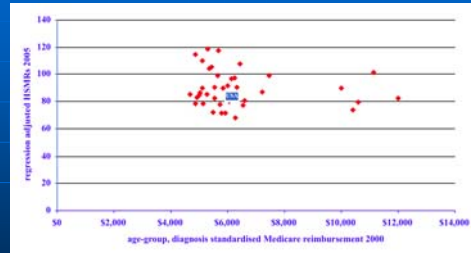
Worse than Donuts

"Healthcare today **harms too frequently** and **routinely fails** to deliver its potential benefits...Between the healthcare we have and the care we could have lies **not just a gap, but a chasm.**" – Institute of Medicine, 2001

- **\$17 billion - \$29 billion extra costs from hospital errors**; e.g., lost income, lost household production, disability and direct costs (IOM, 2001)
- **\$177 billion (2000) in potentially avoidable hospital admissions due to drug-related problems** – greater than cost of drugs (Ernst and Grizzle *J Am Pharm Assoc* 2001)



The "Chasm" Hits Home Eminence Isn't Enough



Massachusetts Hospitals
Hospital Standardized Mortality Ratio (Jarman)

Controlling the Doctor's Pen Accountability vs. Autonomy

- **Economics:** Unrelenting global economic pressure makes high medical costs a target
- **Technology:** Widely available and affordable IT to manage and measure care brings transparency and actionable information
- **Zeitgeist:** Impatient payers and consumers prompt power shift – legislation, regulation and expectations



Transparency in the 20th Century Pushing and Pleading

- 1917: Harvard surgeon EA Codman proposes public release of hospital mortality data, starts hospital to try End-Result Idea
- 1919: ACS burns results of first hospital survey, fears public release
- 1954: CPHA founder Vergil Slee suggests hospitals use his computerized system to compare quality, inform consumers and improve
- 1973: *Newsday* compares CABG mortality rates in Long Island hospitals
- 1974: Public Citizen Health Research Group surveys doc offices on hours, fees, drug prescribing despite AMA threat. Consumers Union praises
- 1986: *NY Times* FOIA request prompts release of HCFA mortality data
- 1987: HCFA begins annual hospital mortality data release "voluntarily."
- 1998: drkoop.com launches. Hospital quality data posted on site of what will become HealthGrades.
- 1999: IOM report, *To Err is Human*

Transparency in the 21st Century Telling, Not Asking

- 2000: Leapfrog Group launches, corporations push public data and pay.
- 2001: National Quality Forum launched. IOM's *Crossing the Quality Chasm* report
- 2002: CMS (formerly HCFA) launches Nursing Home Compare
- 2003: Medicare prescription drug act authorizes Hospital Inpatient Quality Reporting; 0.4% reduction in update for not reporting 10 measures
- 2005: Joint Commission launches QualityCheck. CMS launches Hospital Compare. Deficit Reduction Act ups non-reporting penalty to 2% of annual update, gives HHS authority to expand number of measures
- 2006: IOM touts P4P for Medicare. Tax Relief and Health Care Act brings voluntary doctor reporting under PQRI for a bonus. Presidential executive order to increase transparency in health care quality and pricing information and promote efficiency. *Philadelphia Inquirer* reporter risk-adjusts hospital billing data, investigates bariatric surgery.
- 2007: "Fatal hospital mistakes" cover of *Reader's Digest*.
- 2008: Twenty-six states require hospital med error reports
- 2009 and 2010 (See next slide for ARRA and ACA)
- 2011: *WSJ* uses Medicare database to expose bad docs. RWJF launches online directory of 214 local hospital and physician quality reports.

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The Information Age Arrives Built In, Not Added On

- 2009: American Recovery and Reinvestment Act (ARRA) "meaningful use" requirements on HIT starts in 2011. Increasingly links quality measures, dollars
- 2010: Patient Protection and Affordable Care Act (ACA) makes transparency and accountability integral part of reform.

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ARRA

"Money (billion\$) talks, no one walks"

- Ability to electronically exchange health information to improve quality; e.g., better care coordination
- Adopt a certified system that can electronically capture health information
- Ability to report on clinical quality measures as specified by the Secretary of HHS

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ACA

"I fought the law, but the law won"

- New Center for Medicare and Medicaid Innovations (2011)
- Shared Savings/Accountable Health Organizations (2012)
- Reduces payments for preventable hospitalizations (2012)
- Independents at Home demonstration project with shared savings (2012)
- Value-based purchasing for hospitals (2012)
- National pilot to bundle payments for hospital and post-acute care (2013)
- Reduces payments for hospital-acquired conditions (2015)
- Establishes mandatory physician quality reporting (2015)
 - CBO estimates reduction in Medicare spending of \$12 billion over ten years

Source: Kaiser Family Foundation

Winning in the Information Age Self-Knowledge, Self-Control



Physician Scorecard
Department of Surgery

| Physician | Score | Target | Delta | Rank | Comments |
|------------|-------|--------|-------|------|--------------------------------|
| Dr. [Name] | 85 | 80 | +5 | 1 | Excellent performance |
| Dr. [Name] | 78 | 80 | -2 | 2 | Good performance |
| Dr. [Name] | 72 | 80 | -8 | 3 | Needs improvement |
| Dr. [Name] | 65 | 80 | -15 | 4 | Significant improvement needed |
| Dr. [Name] | 58 | 80 | -22 | 5 | Requires immediate attention |

Sources: El Camino Hospital; HQA

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Chicago-Area Hospital Value What Competitors and the Public Can See

| Hosp./Measure | 30-day Mort (low to high) | MI pay by Medicare (high to low) | CLABSI (low to high) | AHRQ PSIS (statistical sig. vs. state) | Highly-satisfied patients (high to low) |
|--------------------------|---------------------------|----------------------------------|----------------------|--|---|
| Advocate - Lutheran | 4 | 7 | 1 | Same | 3 |
| NorthShore U. - Evanston | 1 | 8 | 5 | Same | 4 |
| Loyola | 5 | 5 | 3 | Sig. worse | 5 |
| NMH | 2 | 6 | 2 | Same | 1 |
| Rush UMC | 7 | 4 | 7 | Same | 2 |
| Stroger (CCH) | 8 | 2 | 4 | Same | 8 |
| U of Chicago | 6 | 3 | 6 | Sig. worse | 6 |
| U of IL | 3 | 1 | n/a | Sig. worse | 7 |

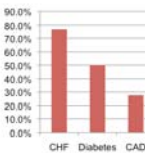
Source: whynotthebest.org

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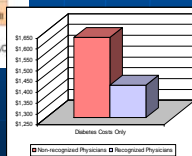
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Payers Look at Individual Docs

Potentially Avoidable Complications (PAC) consume close to 50¢ out of every chronic care dollar



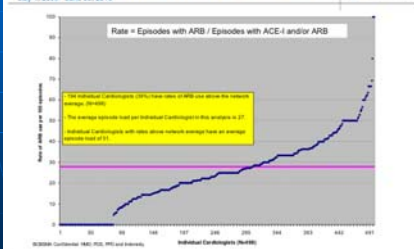
The results of an analysis for a large employer in one state showed that \$150MM, or roughly \$1,700 per chronic care patient could be saved if PAC were reduced to zero



Source: Bridges to Excellence

Deep-Dive Data Transparency "God is in the Details"

Benign Hypertension, with and without comorbidity
Individual Cardiologists Rate of ARB use per 100 episodes
July 1, 2009 - June 30, 2010



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The Challenge of Public Reporting Aligning Forces for Quality (RWJF)

- Public reporting of cost and efficiency measures can help engage a community in a conversation about the value of their health care that might otherwise be missed. However, the topic is difficult for consumers as well as providers and purchasers. Before taking on the challenge of compiling and sharing this information, community organizations must make important decisions about which measures to report and how to effectively deliver the messages.



Source: RWJF 2011

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All Sorts of Media Are the Message



"America's 50 Best Hospitals"
– National Examiner



"America's Best Hospitals"
– US News & World Report



"Keys to finding the right physician"
– Martha Stewart Living

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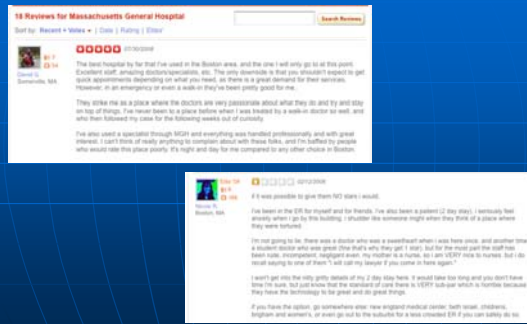
DIY Instructions to Journalists



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Different Audiences, Different Needs



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Data to Live Well Actionable Information Made Simple

Quality ratings

Priority Health Quality Awards
2023 Exceptional Patient Care

Dr. John Smith **Dr. Mary Jones**

Priority Health's quality ratings are based on the following:

| QUALITY MEASURES | RATING | QUALITY MEASURES | RATING |
|---|--------|---|--------|
| Chronic Disease Management | ★★★★ | Chronic Disease Management | ★★★★ |
| Annual Lab Monitoring of Patients on Persistent Medications | ★★★★ | Annual Lab Monitoring of Patients on Persistent Medications | ★★★★ |
| Autism Care | ★★★★ | Autism Care | ★★★★ |
| Diabetes Care | ★★★★ | Diabetes Care | ★★★★ |
| H7N1 - Controlled Blood Pressure | ★★★★ | H7N1 - Controlled Blood Pressure | ★★★★ |
| Treatment of Bronchitis | ★★★★ | Treatment of Bronchitis | ★★★★ |
| Preventive Health | ★★★★ | Preventive Health | ★★★★ |
| Breast Cancer Screening | ★★★★ | Breast Cancer Screening | ★★★★ |
| Colon Cancer Screening | ★★★★ | Colon Cancer Screening | ★★★★ |
| Childhood Immunizations | ★★★★ | Childhood Immunizations | ★★★★ |
| Chlamydia Screening | ★★★★ | Chlamydia Screening | ★★★★ |
| Measuring Body Mass Index | ★★★★ | Measuring Body Mass Index | ★★★★ |
| Medication Safety - in Prescribing | ★★★★ | Medication Safety - in Prescribing | ★★★★ |
| Head Cold Visits | ★★★★ | Head Cold Visits | ★★★★ |
| Overall Quality | ★★★★ | Overall Quality | ★★★★ |
| Percent of visits earned by this PCP | 75% | Percent of visits earned by this PCP | 75% |
| Average percent earned for all PCPs | 68% | Average percent earned for all PCPs | 68% |

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Source: Priority Health, Grand Rapids, MI

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CIGNA Shows "Value" To Members

Provider Directory - Provider Results by Condition

Showing 10 of 20 Providers Listed

| Provider Name | Distance | Specialty | Quality Rating | Cost |
|----------------|-----------|--------------|----------------|--------|
| Dr. John Smith | 1.2 miles | Primary Care | ★★★★ | Low |
| Dr. Mary Jones | 1.5 miles | Primary Care | ★★★★ | Low |
| Dr. Jane Doe | 2.1 miles | Primary Care | ★★★ | Medium |
| Dr. Bob Brown | 3.5 miles | Primary Care | ★★ | High |

Cost data helps members understand providers' cost performance in treating entire episodes of care

Compares up to 5 providers

Detailed quality information. Usability tested with members to ensure understanding

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Price Alone "Get a hernia repair while it's cheap"

Health Cost

Detailed estimates for Hernia Repair (outpatient)

| Provider Name | Location | Price | Quality Rating | Cost |
|----------------|-----------|---------|----------------|--------|
| Dr. John Smith | 1.2 miles | \$1,200 | ★★★★ | Low |
| Dr. Mary Jones | 1.5 miles | \$1,500 | ★★★★ | Low |
| Dr. Jane Doe | 2.1 miles | \$2,000 | ★★★ | Medium |
| Dr. Bob Brown | 3.5 miles | \$3,000 | ★★ | High |

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"Cash is King"

Search Results

Results for "Office Visit - Consultation Procedures" in "Hernia"

Dr. John Smith
1.2 miles away
Distance from 60000 is 1.2 miles

Office Visit - Consultation
Complimentary
Click to Reserve Price

PriceDoc connects to affordable, quality doctors and dentists for the best cash price

Using PriceDoc is Simple

Get a cash price to receive your price. Clicking on PriceDoc is FREE to receive your price or making an offer

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Competition on Value



Disclosing Quality



Marketing Quality



Guaranteeing Quality

Sources: NYC Health and Hospitals Corp., Hackensack U. Medical Center, Geisinger Clinic

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Transparency Made Transparent

- RAND and Informed Patient Institute (IPI) reviewed 126 hospital public reports and 27 physician/physician group public reports
 - November-December 2010
- Reports drawn from the IPI database
- State or regional hospital public reports available in 44 states/regions; physician/physician group available in 11
- Review focused on: data and methods; public report design; consumer engagement
 - 90% of hospital sites with process measures used Hospital Compare measures
 - All hospital sites with patient experience of care used H-CAHPS

Sources: Informed Patient Institute and RAND, 2011

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Public Reporting Sites Types of Measures

| Measure Type | Hospital sites (n= 126) | Physician sites (n=27) |
|--------------------|----------------------------|---------------------------|
| Structure | 77% | 48% |
| Process | 47% | 67% |
| Outcome | 60% | 56% |
| Cost/Charge | 40% | 22% |
| Patient Experience | 37% | 33% |

Sources: Informed Patient Institute and RAND, 2011

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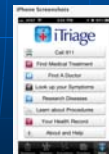
The New Information Ecosystem

Industrial Age

Info was:
Scarce
Expensive
Institutionally oriented
Designed for consumption

Information Age

Info is:
Abundant
Cheap
Personally oriented
Designed for participation



Source: Pew Internet Project

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New Expectations, New Rules

- “Who measures, matters”
 - Consumer-driven measures of clinical and service quality
 - Peer assessment
 - Payer-driven and government-driven measures
 - Regulators, accreditors, lawyers, media
- “What’s sauce for the goose...”
 - Clinical and financial accountability intertwine
 - Employers/plans judged on value-added metrics
 - More “consumer” accountability, financial and behavioral
- Winners and losers
 - Arguments about measure validity as granularity increases
 - Arguments about usefulness as requirements increase
 - Arguments about money as rules proliferate

The Promise and the Peril

“As a result of the information revolution, the magic, mystery and power of the profession may be somewhat diminished, [but it] will create unanticipated opportunities for physicians to bolster the cognitive and moral pillars of their professional identities.” – David Blumenthal, MD (2002)

“Technology is so much fun but we can drown in our technology. The fog of information can drive out knowledge.” – Daniel Boorstin

As for the future,
your task is not to
foresee, but to
enable it.
– Antoine de Saint
Exupery

