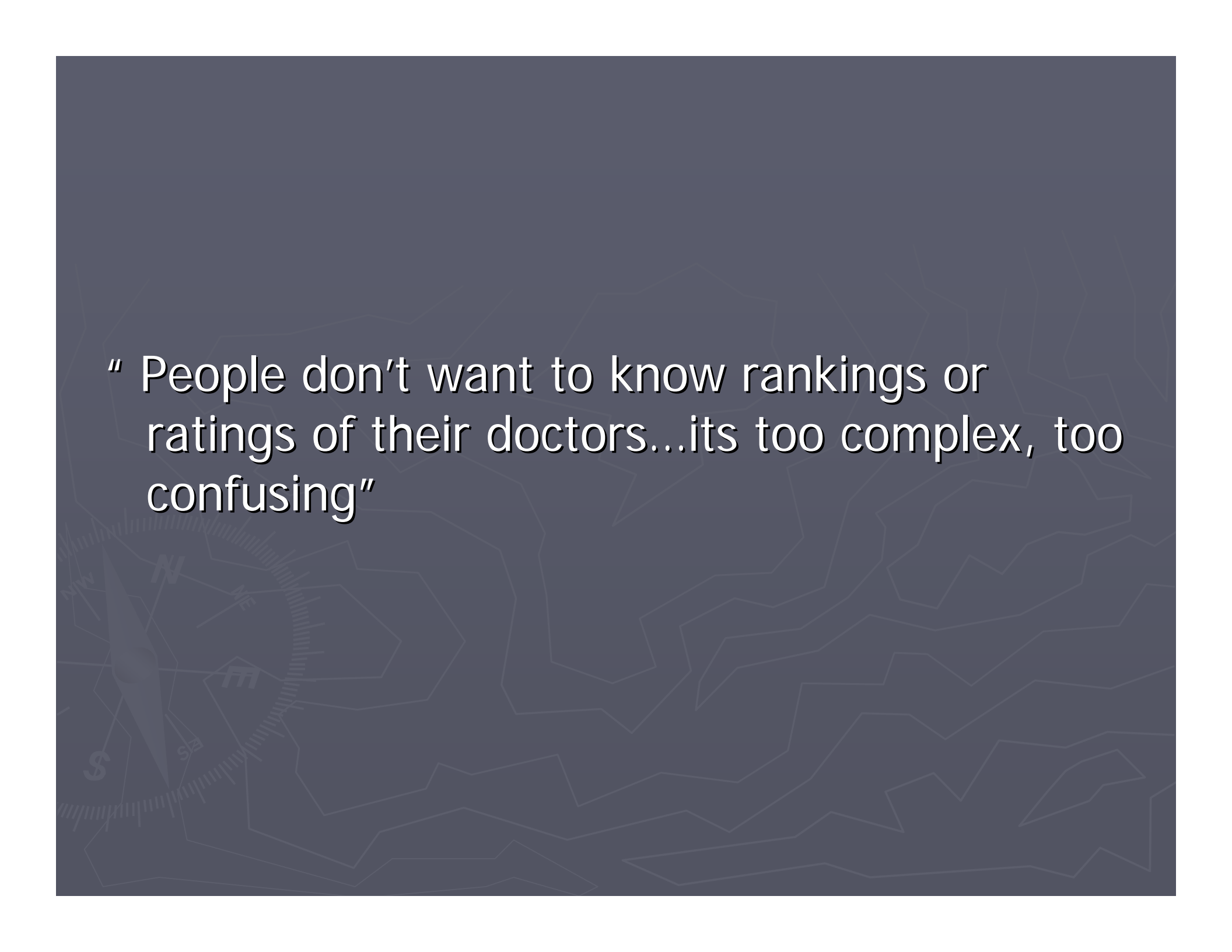


The background is a dark blue-grey color with a faint, light-colored compass rose on the left side. The compass rose has a needle pointing towards the top-left and is surrounded by various symbols like 'N', 'S', 'E', 'W' and a dollar sign. The rest of the background is filled with a complex, abstract pattern of thin, light-colored lines that resemble a topographical map or a network diagram.

Quality: wherefore art thou

Bob Phillips

The Robert Graham Center



“ People don't want to know rankings or ratings of their doctors...its too complex, too confusing”

BUSINESS

FRIDAY, APRIL 20, 2007

STEVEN PEARLSTEIN

Hospitals Check Their Charts

Rankings Push Them to Improve Care

To find the best hospital in the Washington region, you may have to drive a bit.

You could go north — not to the famed Johns Hopkins Hospital in Baltimore but to the Baltimore Washington Medical Center in Glen Burnie, Md.

Or you could drive west, over the Blue Ridge to the Shenandoah Valley, where

Winchester Medical Center is located.

Those are the only two hospitals in the region that made

it onto the list of top 100 hospitals compiled by Solucient, the health information subsidiary of

hospitals, Alexandria and Fairfax, which boast five-star ratings in three clinical areas.

If you prefer to rely solely on government data, you might go for Shady Grove Adventist Hospital in Rockville or Winchester Medical, or two of the District's university teaching hospitals, Howard and George Washington.

Welcome to the baffling new world of hospital scorecards.

The good news is that the number of organizations trying to evaluate hospitals is growing fast, along with the breadth and sophistication of their analysis. It's all part of the movement toward consumer-driven health care, and much of the information is available on the Web, where you can sort it

Scorecard

The average scores of selected area hospitals on 19 quality measures published by the government:

THE DISTRICT

Howard University	88.1
George Washington University	84.3
Washington Hospital Center	78.5
Sibley Memorial	76.7
Georgetown University	69.2

MARYLAND

Shady Grove Adventist	88.2
Doctors Community	82.6
Suburban	81.2

VIRGINIA

Winchester Medical Center	87.4
Virginia Hospital Center	81.4
Fairfax	77.7
Alexandria	77.3
National average	81.4

SOURCE: Washington Post analysis of data from U.S. Health and Human Services Department

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Quality Measurement

- ▶ National Quality Forum
- ▶ The Ambulatory Care Quality Alliance
- ▶ Physician Consortium for Performance Improvement (AMA)
- ▶ National Committee for Quality Assurance
- ▶ CMS--Physician Quality Reporting Initiative

Quality Measures

- ▶ Access - 22 measures
- ▶ Outcome - 197 measures
- ▶ Patient Experience - 247 measures
- ▶ Population Health - 31 measures
- ▶ Process - 600 measures
- ▶ Structure - 41 measures
- ▶ Use of Services - 24 measures

<http://www.qualitymeasures.ahrq.gov>

Pay for Performance

- ▶ Is it an effort to improve Quality or to contain costs?
- ▶ Medicare 1.5% bonus voluntary reporting
 - Is it sufficient? Will it continue?
- ▶ UK General Practice contract
 - 20-25% boost in practice/physician income

UK Experience

- ▶ Actually began in 1990
 - Payment for health targets, prevention
 - GP fundholding
 - ▶ Contractual leverage over hospitals (cost control)
 - ▶ Build-out primary care services (access)
 - Primary Care Organization development
 - ▶ Primary care trusts now control 80% of NHS budget
 - ▶ Responsible for Quality, Access, and Costs

The New GP Contract

- ▶ In 2005, point-based bonus payments 136 measures:
 - GP income related to achieving disease specific quality standards
 - Patient experience indicators
 - Organisational indicators
- ▶ New money - Up to \$77,000 more per physician possible

The New GP Contract

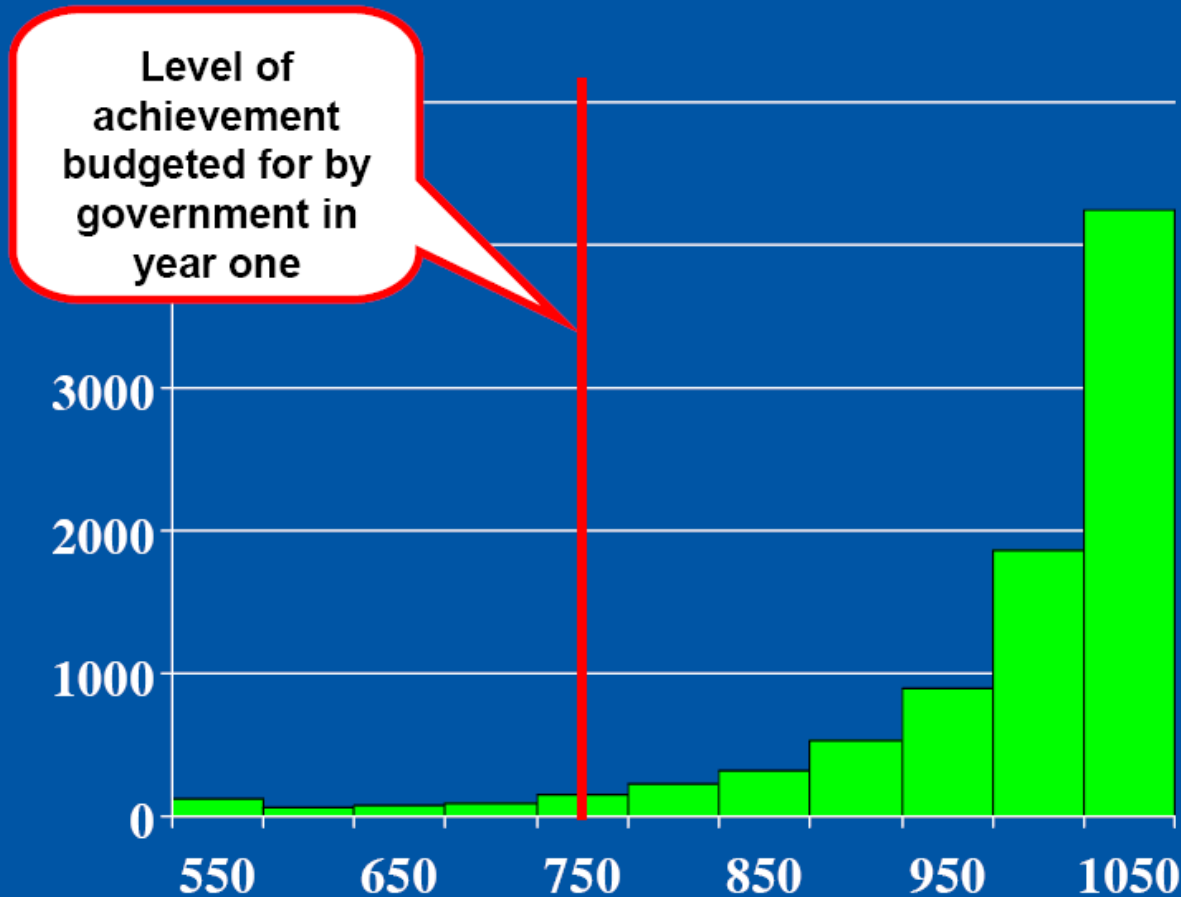
With one mighty leap, the NHS vaults over anything being attempted in the United States, the previous leader in quality improvement initiatives

Shakelle P, BMJ editorial, 2003, 326: 457-8

The New GP Contract

- ▶ The median reported achievement in the first year of the new contract was 83.4 percent
- ▶ GPs were so successful in the first year that they overshot budget by about \$1 billion
- ▶ Why so successful?
 - Probably due to the investments of the previous decade

Practice performance in first year of new contract



Quality points per practice, out of a maximum of 1050

N=8105 practices www.ic.nhs.uk/services/qof

US vs UK

- ▶ Comparison of US and UK practices on a handful of measures.
 - UMDNJ – RWJ Medical School Dept of Family Medicine, National Primary Care Research and Development Centre, Graham Center
 - Progressive US practices (UMDNJ study practices)
 - UK practices in first year of contract
- ▶ US practices 41%, UK 97%

Lessons from England

- ▶ Integrate primary and community care
- ▶ Improve quality of care through clinical governance procedures and quality-based contracts
- ▶ Develop chronic disease models of care -invest in local, cost-effective services
- ▶ Work with local authorities to develop new partnerships, teams and services
- ▶ Pay for performance is one way of improving quality (but don't expect too much if the incentives are small)
- ▶ Incentives need to be aligned with professional values (physician led) and introduced in a way that minimizes distortion of care

Thanks to Nick Glasgow, London School of Hygiene and Tropical Medicine & Martin Roland NPCRDC, Manchester

Examples in the US

- ▶ Veteran's Administration
 - Leadership and new money
- ▶ Community Health Centers (Clinica Campesina)
 - Leadership, facilitation
- ▶ UNITE HERE Health Center, NY
 - Leadership, new funding model

Can we get there?

- ▶ UK invested a decade and billions to reorganize and empower primary care
- ▶ P4P was icing on the cake
- ▶ Cost Containment is likely to be the biggest hurdle
 - Medicare, nearly bankrupt, no new money
- ▶ It may be best opportunity

Cost Containment-problem

- ▶ "when those boomers start retiring en masse, then that will be a tsunami of spending that could swamp our ship of state if we don't get serious...We suffer from a fiscal cancer...the real problem is health care costs"

U.S. Comptroller General David Walker

60 Minutes March 4, 2007

Cost Containment-opportunity

- ▶ Bridges to Excellence
- ▶ National Business Group on Health--Primary Care Working Group
- ▶ eHealth Initiative Prometheus proposal
- ▶ TransforMed, demonstrations with purchasers
- ▶ And yes, even Medicare (demonstrations discussed)