



# Quality of Care

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# Why Measure Quality?

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- In the old days people could vote with their feet! Didn't like your doctor? See another one!! Didn't get the test you wanted, the one you read about in People Magazine, that Brooke Shields had? Go see another doctor. Got an ear pain? See the ENT! It only costs \$250. Who cares if your PCP could disempact that wax for \$50. The insurance will cover 80%!!

# Why Measure Quality?

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- To control costs Managed Care companies changes your access to care: you lose your ability to vote with your feet. You have to access care through your primary care. Your care is rationed based on evidence, not on what you want.
- This is a change and change is painful
- If you are going to endure pain, someone has to prove that it is worth it.
- Someone has to prove that it is ultimately better for you.

# Why Measure Quality?

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- Purchasers of Health care insurance( employers, governments), Insurance companies, and consumers(patients) want to know that they are getting value for their dollar.
- They are demanding qualitative and quantitative measures of quality and cost effectiveness.

# Quality is in the eye of the beholder

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- Mr. K.Lutz works for Ford Corporation. Last week he hurt his knee playing soccer with his kids. He cant work.
- What is quality form Mr. Lutz's point of view?
- How about from Ford's perspective?
- How about from his HMO's perspective?

# So What is Quality?

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- A composite of :
  - Clinical outcomes
  - Patient Satisfaction
  - Quality of Life
  - Doctor-patient relationship
  - Economic Outcomes
  - Cost effectiveness

# OUTCOMES

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- To measure quality you have to evaluate outcomes.
- Outcomes are the result of a given treatment in clinical patient quality and economic terms

# Outcomes: clinical

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- Efficacy: does it work in ideal conditions?
- Effectiveness: does it work in real life conditions?

# Outcomes: clinical: its not all about effectiveness

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- Patient quality of life
- General health perception
- Physical function
- Social function
- Limitation of lifestyle
- General well being

# Economic Outcomes

Its not ALL about Money!

Measured also in terms of:

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- Meaningful lives saved or prolonged.
- Elimination or Reduction of costly procedures, surgery, hospitalization
- Avoidance of adverse effects
- Reduction of need for repeat Visits
- Reduction of absenteeism/lost productivity

# Is Quality Better in Fee For Service or Managed Care Systems?

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- The perception is that it is better in fee for service
- There is not data to support this perception
- In fact, the data seem to indicate it is better in Managed Care

# What could possibly be better in Managed Care?

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- Physician Credentialing: They make sure the docs are qualified(board certified or eligible)
- Ancillary Networks: They assemble networks of care that are creditable
- Pharmaceutical tracking: They keep track of what drugs you use, can tell if you are getting the right meds, using the right meds.
- Efforts to have docs use clinical guidelines
- Population based disease management
- Ongoing quality improvement efforts
- *Ever hear of the fee for service system doing any of this?*

# So Why the Perception?

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- When you can vote with your feet you feel in control! There are no pesky rules!
- BUT.... No one is looking out for you, no one is looking at outcomes.

# Who Cares About Quality?

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- Purchasers of health insurance, and patients want to know about the quality of MCOs, doctors, facilities, devices, pharmaceuticals, and other services they are paying for.
- Have we gone over this enough?
- Now, the guys who control health care, the hospitals and insurers (MCOs) knew that very shortly, as they started monitoring the bottom line, the public was going to start to monitor quality. So: they developed self monitoring systems to provide us with information on quality
- *Does this sound a little like the fox guarding the henhouse?*

# Quality in Hospitals: JCAHO

## Joint Commission on Accreditation of Hospital Organizations

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Sets standard of care

- Monitors adherence with these standards through self evaluation, site visits, and reports.
- Issue credentials.
- Who makes up this organization?  
Hospitals of course!!

# NCQA: National Committee for Quality Assurance

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- Founded in 1979 by a coalition of MCOs as an independent organization to set standards for MCOs, monitor MCOs, report on MCO performance, and accredit MCOs

# How does NCQA Select Measures?

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- Measures should be:
  - Reliable
  - Measurable
  - Clinically significant
  - A reflection of deeper quality

## How does NCQA report results? A quality report card called HEDIS

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- H: Health plan
- E: Employer
- D: Data
- I: Information
- S: Set
- NCQA accreditation signifies that an MCO has earned a gold sealed of approval, and the HEDIS report card allows comparison of various plans over a range of quality standards.

# What does HEDIS measure?

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- Quality of care in eight domains:
  - Effectiveness of care
  - Accessibility and availability of care
  - Satisfaction with care
  - Stability of care
  - Cost of care
  - Use of services
  - Plan description information

# Hedis points

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The HEDIS report card is constantly changing: it has to keep up with the changes in medical evidence

- HEDIS has special versions for Medicare and Medicaid
- Large purchasers of health insurance( ie Maryland State Government) print the HEDIS report for the plans they sponsor.

# Effectiveness of Care

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- Health maintenance and disease prevention: immunizations, smoking advice, flu shots etc
- Early detection and screening: mammograms, colorectal screening, lead testing, pap smears
- Maternity care: % prenatal care in first trimester, post partum checks
- Acute illness care: otitis media, beta blockers after MI
- Chronic illness care: eye and foot care for diabetes, anti-inflammatory drugs for asthma
- Behavioral health: addiction treatment, after care following mental health hospitalization

# Accessibility and availability of care

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- Member access: appointments, phones,
- Availability of care: primary care, specialty care, mental health, addiction services, prenatal care, interpretation
- Medicaid children's services: primary care access, Low birth weight deliveries, dental care, pediatric specialty services

# Satisfaction with Care Experience

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- Annual Member surveys
- Complaints registry
- Reports on survey results

# Health Plan Stability

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- Member stability: Annual disenrollment
- Staff: provider, or practice turnover
- If patients, or providers are leaving in large numbers something must be wrong!!!
- Financial stability: plans must prove that they have the financial wherewithal to sustain catastrophic losses (a severe flu season) and adequate stop loss insurance, so they won't go bankrupt leaving thousands of people without health insurance. (stop loss protects the insurer against the catastrophic losses of a single patient)

# Use of Services: rates of use, percent who have received services

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- Preventive care visits
- Inpatient utilization: too high? Inefficient. Too low? Maybe not safe!
- Ambulatory care utilization: too low? Poor access?, ED use, ambulatory surgery and Observation services
- Inpatient: nursing home, rehab utilization
- Newborns: average Length of stay
- Mental Health: Length of stay, % receiving services,
- Addiction services

# Cost of Care

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- This is of especial importance to the purchaser of health care
- Report rate trends
- Cost of high occurrence/ high frequency DRGs (i.e., diabetes, asthma, alcoholism)

# Health Plan Description Information

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- New Member orientation materials
- Board certification status of providers
- Provider compensation
- Case management
- Utilization management
- Quality assessment and improvement
- And more!!

# The HEDIS Fallacy

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- Most care is **not** provided in staff model MCOs, where every patient has the same insurance (i.e., like a Kaiser Practice)
- Most care is delivered in practices that have contracts with many different insurance companies. The quality measures that are practice dependent, not plan dependent will therefore make plans look alike.

# How do MCOs demonstrate Quality Improvement?

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- They generally choose one or more projects in a time period
- Usually it is a high volume or high cost item, and usually form the HEDIS report card.
- Sometimes it will anticipate HEDIS and look at adoption of a new clinical guideline
- They will request baseline data, or analyze claims or pharmacy records to gather baseline data

# How do MCOs demonstrate Quality Improvement?

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- They will do something to make a change: i.e., mail reminder to women to get mammograms, send docs a list of women over 50 who have not had a mammogram.
- Some time later they will reassess their data to see if they have made an improvement.
- Sound Familiar????

# Quality of Care

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- There's lots more to learn about quality in health care systems, especially in hospitals. This was a primer in quality, with special emphasis on quality in managed care systems.
- Want to know more? For a philosophic look at quality read the NEJM series from 1996, volume 335, numbers 12-17.
- For even more quality fun visit these sites by riding the Google choo choo: NCQA, NICHQ, CMS, Institute for Healthcare Improvement, the AAP, AGIM, AMA, JCAHO. Have a good ride!!!