

# HHS Program Aims to Boost Quality, Transparency

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Assistant Editor

WASHINGTON — The Bush administration is seeking to promote health care price and quality transparency through its new Value-Driven Health Care Initiative.

The initiative, which will certify and support regional collaboratives of health care payers, providers, and purchasers, was announced by Department of Health and Human Services Secretary Michael Leavitt at a press briefing sponsored by the journal *Health Affairs*.

Participants in the program's collaborative groups, called Value Exchanges, will share practices for improving quality with fellow members through a federally funded learning network, for which \$4 million has been earmarked in the proposed 2008 federal budget. Providers who can demonstrate improved transparency and quality are also likely to reap rewards

from payers.

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Mr. Leavitt gave as an example one private insurer affiliated with a pilot Value Exchange in California that paid out \$50 million to physicians who had met certain standards of care.

Insurers "rewarded the quality practice. But if you don't have a standard way of measuring [quality], then those [bonuses] are not able to be developed or executed," he said.

Dr. John Tooker, executive vice president and chief executive officer of the American College of Physicians (ACP), said that it is too soon to determine the success of the pilot programs.

"The [level of physician] engagement in the program will determine how much value is to be derived from the program," Dr. Tooker said. However, "you've got to start somewhere. The ACP and many other medical societies have been supportive of moving the evidence-based performance measures into meaningful field testing. ... These Value Exchanges provide an opportunity to test these measures."

Quality standards by which care will be measured are being formulated by physician groups. Leadership from groups such as the ACP, the Society for Thoracic Surgery, and the American Academy of Family Physicians, as well as the American Medical Association's Physician Consortium for Performance Improvement, will provide the basis, said Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality. "This is what the profession believes is the best science."

The program will use national measures of quality, but it will be governed locally.

Local control is important for two reasons, Mr. Leavitt said. The first deals with the initial collection of medical records with which the program would develop

comparisons between providers. "Until we have a robust system of electronic health records, the [process of acquiring] this information is essentially going in and looking at medical records—most of the time, paper records—to determine what quality is and when it occurs. That, by its very nature, is local."

The second reason why local facilitation is important has to do with trust, he said. "This is a very significant change and it requires people to work together collabora-

tively in order to be comfortable. [Doctors] will be much less likely to work with Washington, where they can't affect the process [rather than with local networks]."

To become a Value Exchange, a collaborative must submit an application to the HHS that details its adherence to four "cornerstones" of the program. In addition to the adoption of an electronic medical records system, these include public reporting of performance, public reporting of price, and the support of

incentives to reward quality and value.

Mr. Leavitt sketched a rough timeline for widespread adoption of the program.

"Five years from now, the word 'value' will be a regular part of the medical lexicon," he said. "Ten years from now, this network will have matured into a national network." He added that for this widespread collection and pooling of data to occur, "electronic medical records, as you can see, have to be the backbone of this system." ■

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