

Health Care Quality Rises, Driven by Public Reporting

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WASHINGTON — Thousands of lives are being saved each year as health plans and physicians more closely follow quality measures such as giving β -blockers after a heart attack, managing hypertension and hypercholesterolemia, and controlling hemoglobin A_{1c} levels, according to the latest report card from the National Committee for Quality Assurance.

And, plans that report publicly on these measures deliver higher quality care, said NCQA president Margaret O’Kane in a briefing.

The NCQA’s recently released report card shows that commercial and Medicaid plans that publicly disclose NCQA-tracked quality measures perform anywhere from half a percent to 16% better than plans that do not disclose their data.

However, even with some notable successes, some of the gains—such as in controlling blood sugar—are starting to plateau, said Ms. O’Kane. And, there are still gaps in quality between top-performing and average health plans. Thousands more lives could be saved if the laggards did as well as the top-performers in the NCQA database, she said.

The report is based on data that are voluntarily submitted to the NCQA, which also accredits health plans. In 2006, 767 organizations—626 managed care plans covering private patients and Medicare and Medicaid enrollees, and 83 commercial and 58 Medicare PPO plans—submitted data using the NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS).

Much of the data come from claims, but some also come from chart reviews. None of it is adjusted for severity of illness, socioeconomic, or other factors.

Approximately 84 million Americans were enrolled in plans that used HEDIS measures to report to the NCQA in 2006. Although that is a big number, at least 100 million Americans are in health plans that do not report quality data, and some 47 million have no insurance, said Ms. O’Kane. The quality picture is completely dark for the uninsured, she said.

But for those plans that did report, the news was good. Overall, commercial plans improved performance in 30 of 44 HEDIS measures where a trend could be discerned, Medicaid plans notched increases in 34 of 43 “trendable” measures, and Medicare plans achieved increase only on 7 of 21 trendable measures.

Among the biggest successes was that 98% of commercial plans, 94% of Medicare, and 88% of Medicaid plans reported prescribing a β -blocker upon discharge after acute myocardial infarction. Over the last 6 years, β -blocker treatment has saved an estimated 4,400-5,600 lives, said Ms. O’Kane. ■

Given the high prescribing rates, the NCQA will no longer track this measure. Instead, the organization will collect data on how many patients still receive β -blockers 6 months after discharge—currently, only about 74% in commercial plans and 70% for Medicare and Medicaid.

Childhood immunization rates are also at all-time highs, at about 80% for commercial plans and 73% for Medicaid plans for the recommended series of vaccinations.

There has been “stalling” in some of the older HEDIS measures, however, said Ms. O’Kane. Baseline screening for HbA_{1c} has plateaued at 88% in commercial plans and is down slightly for Medicare and Medicaid, at 87% and 78%, respectively.

Cholesterol screening and control of total cholesterol are also trending flat or down. The NCQA has no explanation for the leveling off, said Ms. O’Kane.

Adherence to mental health measures—which are already abysmally low—has also been flat for almost a decade. For instance, only 20% of commercial, 21% of Medicaid, and 11% of Medicare plans are meeting the benchmark of treating newly diagnosed depression patients with an antidepressant and following up with at least three visits within the 12-week acute treatment phase. These rates have stayed virtually the same since 1998.

Similarly, patients who have been hospitalized for a mental illness are not getting quality care, said Ms. O’Kane. Only 57% of patients in commercial, 37% of those in a Medicare, and 39% of those in a Medicaid plan had a follow-up within a week of hospitalization. Rates improved somewhat a month out, to 75%, 55%, and 58%. Studies have shown that follow-up care decreases the risk of repeat hospitalizations and improves adherence, according to the NCQA.

The low follow-up rates are “a national disgrace,” said Ms. O’Kane, adding that for anyone to be “out 30 days with no one checking on you is unacceptable.”

Several new HEDIS measures are in place for 2007, including tracking of potentially harmful drug-disease interactions in the elderly.

And, for the first time, health plans are being asked to report on their use of resources in treating various conditions. In 2007, they are diabetes, asthma, and low back pain.

In 2008, chronic obstructive pulmonary disease, hypertension, and cardiovascular disease will be added. These conditions account for 60% of health care spending, said Ms. O’Kane. The data will be used to determine the variations in resource use among health plans.

Coupled with the HEDIS quality measures, the NCQA will eventually be able to rate which plans give the best quality care for the least amount of money, said Ms. O’Kane. ■

POLICY & PRACTICE

Push for Medicare E-Prescribing

A coalition of 22 health, business, and consumer organizations has asked Congress to pass legislation requiring physicians who see Medicare patients to adopt electronic prescribing by the year 2010. “Last year, the Institute of Medicine estimated that preventable medication errors harm an estimated 1.5 million Americans each year,” said a letter from the coalition, which includes Aetna Inc., Consumers Union, the Corporate Health Care Coalition, and the Pharmaceutical Care Management Association, to leaders of the Senate Finance Committee, the House Ways and Means Committee, and the House Energy and Commerce Committee. “In the report, the IOM called on all physicians to adopt electronic prescribing (e-prescribing) by 2010 to address this problem. Unfortunately, fewer than 1 in 10 physicians are meeting this challenge.” The coalition has urged Congress to approve legislation this year calling for full physician adoption of e-prescribing in Medicare.

Medicaid Enrollment Declines

Enrollment in Medicaid declined in 2007 for the first time in nearly a decade, primarily because new documentation requirements have caused significant delays in processing applications and because the strong economy and lower unemployment have reduced enrollment, according to a new 50-state survey from the Kaiser Family Foundation. But states expect enrollment and spending to increase in 2008 as they move forward with program enhancements, according to the survey. “States are turning to Medicaid to address the rising number of uninsured to help fill in the gaps for low-income families,” Diane Rowland, executive vice president of the Kaiser Family Foundation, said in a statement. With the nation’s growing uninsured population, 42 states report efforts to expand coverage for the uninsured using Medicaid as a financing vehicle. In addition, every state implemented at least one provider payment increase in 2007, and almost all the states have adopted an increase for 2008.

Chronic Disease: \$1 Trillion a Year

Seven chronic diseases—cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions, and mental illness—have a total impact on the economy of \$1.3 trillion annually, including \$1.1 trillion in lost productivity, according to a study by the Milken Institute. That figure could be nearly \$6 trillion by mid-century, the report said. “By investing in good health, we can add billions of dollars in economic growth in the coming decades,” said Ross C. DeVol, the institute’s director of regional economics and principal author of the report. He noted that much of this cost was avoidable. “With moderate improvements in prevention and early intervention, such as reducing the rate of obesity, the savings to the economy would be enormous.” West Virginia, Tennessee, Arkansas, Kentucky, and Mississippi have

the highest rates of chronic disease. Utah, Alaska, Colorado, New Mexico, and Arizona have the lowest.

Traditional Medicare a Better Deal

Private Medicare Part D plans have higher administrative expenses and negotiated lower drug rebates, compared with traditional Medicare, according to a report released in October by the House Committee on Oversight and Government Reform. The total 2007 administrative costs of the 12 leading private Part D plans (9.8% of total benefit costs) were almost six times those of Medicare (1.7%), and will reach \$4.6 billion this year, \$1 billion of which is profit. In addition, the private insurers negotiated drug rebates from manufacturers of only 8%, compared with 26% obtained by Medicaid; the drug prices paid by enrollees of Part D insurers are no better than prices at discounters like Costco and Wal-Mart. However, private insurers will pocket \$1 billion in rebates on drugs that are paid for entirely by beneficiaries during coverage gap periods. “The program’s inflated administrative costs and meager drug rebates will cost taxpayers and seniors \$15 billion this year alone,” Committee chairman Henry A. Waxman (D-Calif.) said in a statement. The report can be found at www.oversight.house.gov.

Low Health Literacy Is Costly

Researchers found that 87 million adults, or 36% of the adult U.S. population, have basic or below basic health literacy skills. Using data from the 2003 Department of Education National Assessment of Health Literacy, they estimated that low health literacy costs the U.S. economy between \$106 billion and \$236 billion a year. “Our findings suggest that low health literacy exacts enormous costs on both the health system and society,” lead author John A. Vernon, Ph.D., said in a statement. The researchers also found that while 7% of those with employer-provided insurance had low health literacy, 30% of those on Medicaid, 27% of those on Medicare, and 28% of those with no insurance had low health literacy. The report, “Low Health Literacy: Implications for National Health Policy,” was supported by a grant from Pfizer Inc.

MRSA Mortality Reaches 5%

Almost 5% of all patients hospitalized in 2004 with a methicillin-resistant *Staphylococcus aureus* infection died, according to a statistical brief by the Agency for Healthcare Research and Quality. Hospital stays for patients with a MRSA infection were both longer (10 days vs. 5) and more expensive (\$14,000 vs. \$7,600) than stays for patients with other conditions. The number of hospital stays for MRSA increased from 1,900 in 1993 to 368,600 in 2005, and more commonly occurred in Medicare patients and those aged 65 years and older. Males and people in the South were also more likely to be hospitalized for MRSA treatment.

—Leanne Sullivan