

# Public Reporting by Plans Fosters Rise in Quality

BY ALICIA AULT

Associate Editor, Practice Trends

WASHINGTON — Thousands of lives are being saved each year as health plans and physicians more closely follow quality measures such as giving  $\beta$ -blockers after a heart attack, managing hypertension and hypercholesterolemia, and controlling hemoglobin A<sub>1c</sub> levels, according to the latest report card issued by 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 from 0.5% 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, Ms. O'Kane said. 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.

## Prevention and Services Info

The Alliance for Health Reform is offering an online booklet that contains links to resources describing the basics of Medicare private fee-for-service plans, advantages and incentives of the plans, and difficulties encountered by beneficiaries. To download the booklet, go to [www.allhealth.org/publications/Medicare/Medicare\\_Private\\_Fee-for-Service\\_Plans\\_65.pdf](http://www.allhealth.org/publications/Medicare/Medicare_Private_Fee-for-Service_Plans_65.pdf).

And the second edition of "The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals" is available from the Centers for Medicare and Medicaid Services at [www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). It provides information on coding, billing, and reimbursement for prevention services and screenings covered by Medicare.

CMS also has updated preventive services brochures for health professionals in the following areas: expanded benefits, diabetes-related services, cancer screenings, adult immunizations, bone mass measurements, glaucoma screenings, and smoking and tobacco-use cessation counseling. To download the brochures and view them online, visit [www.cms.hhs.gov/MLNProducts/MPUB/list.asp](http://www.cms.hhs.gov/MLNProducts/MPUB/list.asp). ■

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).

Most of the data come from claims, but some also come from chart reviews. None

of the data are 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, Ms. O'Kane said. 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, while Medicare plans achieved increases on only 7 of 21 trendable measures.

Among the biggest successes was that 98% of commercial, 94% of Medicare, and 88% of Medicaid plans reported prescribing a  $\beta$ -blocker upon discharge after acute myocardial infarction. Over the last 6

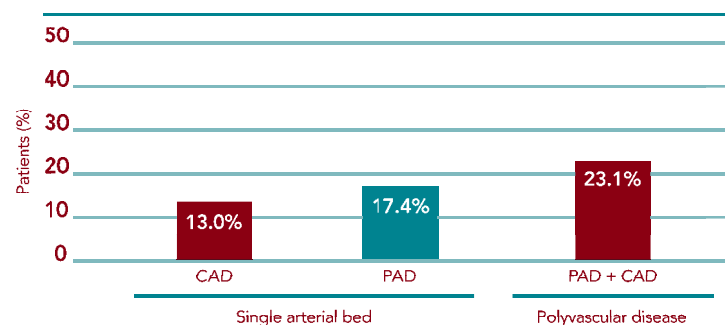
## Peripheral Arterial Disease Making the CV Connection

The major health impact of an underdiagnosed, undertreated disease



About 1 in 5 patients with established PAD had a major cardiovascular event within 1 year<sup>1</sup>

REACH Registry: 1-year Incidence of CV Death, MI, Stroke, or Hospitalization<sup>1\*</sup>



The REACH (REduction of Atherothrombosis for Continued Health) Registry is the first outpatient registry to outline the real-world burden of atherothrombosis on a global basis. Baseline data have been collected from more than 68,000 patients in 44 countries. A total of 64,977 patients were included for the 1-year follow-up.

REACH is sponsored by sanofi aventis and Bristol-Myers Squibb.

\*Causes for hospitalization included TIA, unstable angina, and other ischemic arterial events, including worsening of PAD.

The REACH Registry, which included more than 68,000 patients, is one of the largest and most recent observational studies to outline the real-world burden of atherothrombosis.<sup>1</sup>