

Medicare Managed Care Rankings Deemed Move in 'Right Direction'

BY JOYCE FRIEDEN

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WASHINGTON — Knowing which Medicare managed care plans provide high-quality care is a good idea, but Medicare beneficiaries will need more information to figure out which providers to see within a particular plan, Glenn M. Hackbarth, J.D., said at a meeting of the Medicare Payment Advisory Commission.

In Boston, for instance, "If you're a Medicare beneficiary trying to get good health care, knowing that Harvard Pilgrim Health Care is ranked number one doesn't tell you at all where to go *within* the Harvard Pilgrim network to get really outstanding care," said Mr. Hackbarth, a Bend, Ore., health care consultant who is chairman of MedPAC. "That's something that needs to be understood about plan rankings."

The commission staff ranked about 150 Medicare Advantage plans, which are managed care plans offered to Medicare beneficiaries. Senior analyst Niall Brennan presented their work.

To assess the plans, staff members looked at plan scores on nine different measures within the Health Plan Employer Data and Information Set (HEDIS) database. The researchers looked only at HMO plans; PPO and fee-for-service programs within Medicare Advantage were excluded because they weren't required to report on all HEDIS measures.

Measures included breast cancer screening, β -blocker treatment after a heart attack, antidepressant medication management, hypertension management, osteoporosis management, cholesterol management, follow-up after mental illness,

and colorectal cancer screening. One additional measure, diabetes care, counted double in the scoring, Mr. Brennan said.

Scores were calculated based on how well each plan did compared with other plans—for instance, a plan that scored above the 90th percentile on a particular measure received 1 point, while a plan that scored between the 75th and 90th percentile received a 0.88. Ten points constituted a perfect score.

Mr. Brennan noted that the total scores of the plans the staff evaluated ranged from 1.2 to 9.8. And different measures had very different

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levels of result. For example, "giving β -blockers after a heart attack is a well-established quality measure, and plans tend to score very highly on it," he said. "Other measures [such as osteoporosis management] are a little lower and more widely dispersed."

In general, bigger plans seemed to perform better, with plans that had more than 50,000 enrollees having an average HEDIS score of 7.5 compared with an average of 5.7 for plans with fewer than 10,000 enrollees. Not-for-profit plans had slightly higher scores than did for-profit plans. And while there was not a lot of geographic variation, Boston area plans did score "significantly higher" in terms of quality, he said.

Scores also appeared to remain stable over time; for example, 74% of the plans in the lowest quartile in 2003 remained in the lowest quartile in 2004. "The results of our analysis are quite interesting, and highlight the need for a pay-for-performance program in Medicare Advantage, and the feasibility of using HEDIS data for differentiating among Medicare Advantage plans," Mr. Brennan said.

MedPAC commissioners, however, were not sure how useful the scores would be, especially if the quality data were supposed to be used as the basis for a pay-for-performance plan.

"If this looks like a good measure for implementing a pay-for-performance program, I'd like to step back and say that it isn't," said Commission Vice-Chair Robert D. Reischauer, Ph.D., president of the Urban Institute.

Mr. Hackbarth noted that beneficiaries needed to look at more than just managed care plans. For plan data to be really useful, "beneficiaries ought to be able to compare plan offerings and choices to the ambient level of quality of fee-for-service Medicare in that same community," he said. "We're moving in the right direction, but there are a host of questions about how you do these things."

Commission member John M. Bertko, vice president and chief actuary for Humana in Louisville, Ky., said more attention should be given to data collection systems other than HEDIS, which requires use of an electronic health record. "In some markets, we literally need to go and knock on doctors' office [doors] to collect these data," he said. ■

Panel Seeks Citizen Input on How to Reform Health Care

BY NELLIE BRISTOL

Contributing Writer

WASHINGTON — American health care could be in for the world's largest customer satisfaction survey, as the U.S. Citizens' Health Care Working Group seeks comments nationwide on how to reform the system.

"In order to make health care work for all Americans, we need to hear from all Americans," said working group member Rosario Perez, a registered nurse and vice president of Mission Integration and Outreach Services for CHRISTUS Santa Rosa Health Care in San Antonio. "We want to hear from individuals across the country. That means your parents, your relatives, your coworkers, and people in your community." Perez spoke at a briefing sponsored by the Citizen's Health Care Working Group.

Established by the 2003 Medicare Modernization Act, the 14-member panel will collect as many comments and suggestions as possible before April 15. Submissions will serve as the basis for panel recommendations for Congress and President Bush to consider next spring. The recommendations will address costs, care affordability, and quality improvement.

"Despite increases in medical care spending that are greater than the rate of inflation, population growth, and Gross Domestic Product growth, there has not been a commensurate improvement in our health status as a nation," according to the law that established the working group.

Among areas of interest highlighted by the working group are consumer concerns about health care delivery, benefits that should be provided, how health care should be paid for, and acceptable trade-offs to ensure broad access to services.

Comments will be collected via the group's Web site (www.citizenshealthcare.gov) and through "town hall"-style community meetings planned for every state.

The effort is the bipartisan brainchild of Sen. Orrin Hatch (R-Utah) and Sen. Ron Wyden (D-Ore.).

The press briefing was held in the same Senate room as the 1912 hearings on the sinking of the Titanic, and Sen. Wyden said the U.S. health care system could suffer a similar dire fate "if something dramatic isn't done to save it."

Sen. Wyden suggested that citizen input may engender systemic change that has stymied Congress for 6 decades. A "citizens' road map" for change could help "overcome the feeding frenzy by special interests," he argued.

The panel is made up of health care professionals, economists, benefits experts, and advocates from across the country, and includes Health and Human Services Secretary Michael Leavitt. The group is chaired by Randall L. Johnson, head of corporate benefits for Motorola Inc.; vice chair is Catherine McLaughlin, Ph.D., a health economist at the University of Michigan.

To jump start the national discussion, the group developed a 30-page "Health Report to the American People," which summarizes the current state of U.S. health care.

"Having this information prepares us as a country to ask some tough questions about whether we are getting the services we need and want, [and] whether we are getting our money's worth and choices we need and are willing to make to have health [access] for all Americans," Dr. McLaughlin said.

The working group aims to develop recommendations that would address health care as a whole, she said.

"Our health care system is a lot like our natural environment, an ecosystem in which any significant change in one area has ripple effects throughout the others," Dr. McLaughlin said. "We need to address the entire health care system, not just specific problems like cost, quality, or access—no matter how urgent they may seem from our different perspectives." ■

Resources Help Patients Help Themselves

New resources are available to help patients get more involved in these aspects of their health care:

Tracking family health conditions

The U.S. Surgeon General and the U.S. Department of Health and Human Services have developed and launched a new initiative designed to encourage patients to learn more about their family health history.

The initiative features a Web-based tool to help consumers organize their family's medical information and present the information clearly to physicians.

The health history tool is now available; it can be accessed by going to <https://familyhistory.hhs.gov>.

Finding quality health care

The Agency for Healthcare Research and Quality has released the booklet "Guide to Health Care Quality: How to Know It When You See It." This resource is designed to help consumers identify high-quality health care. To download a copy, visit www.ahrq.gov/consumer/guidetoq. To obtain a single copy at no charge, call 800-358-9295.

Dealing with a diagnosis

The Agency for Healthcare Research and Quality has released a brochure that is designed to help patients cope following the diagnosis of an illness. The publication, "Next Steps After Your Diagnosis: Finding Information and Support" includes

a list of 10 important questions that patients should ask their physicians.

The brochure can be obtained by visiting www.ahrq.gov/consumer/diaginfo.htm.

Planning follow-up care

The Joint Commission on Accreditation of Healthcare Organizations is offering a free brochure aimed at helping patients plan and understand their follow-up care after discharge from the hospital. The publication "Planning Your Recovery" provides tips that should help patients become actively involved in their recovery after returning home.

To download the brochure, visit www.jcaho.org/general+public/gp+speak+up/index.htm. ■