Consumer-Driven Care Still Involves Employers

BY JOYCE FRIEDEN
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WASHINGTON — Although consumer-driven health care puts much more decision making in the hands of consumers, there is still a role for employers and insurers, several speakers said at a meeting on health care competition sponsored by Health Affairs journal and the Center for Studying Health System Change.

Employers will have a role because "as there's labor competition for offering health benefits, we have to offer health plans," said Dr. Robert Galvin, director of corporate health care programs for General Electric. "You're going to see much more [emphasis] on financial incentives for employees staying healthy and making [good] choices on doctors and hospitals and health plans."

Another role for employers—although it gets denigrated a bit—is providing access to meaningful, usable, and accurate information "as long as the market isn't working on its own, and it certainly isn't today," Dr. Galvin said. "This is a responsibility of ours to keep driving at."

He noted that within GE, officials believe "if information is not readable, it isn't going to be read." In light of that philosophy, the company has come up with a "health index" that tells employees things such as how healthy they are, compared with how healthy they want to be; how much money is in their wellness account; and when it's time to schedule their children's physicals.

Although employers can act as intermediaries, insurers also have a role, said Dr. Samuel Nussbaum, executive vice president and chief medical officer at WellPoint Inc., a multistate Blue Cross and Blue Shield company based in Indianapolis. One of their roles is to make consumers more aware of how much their choices are costing them.

"Most Americans consider health care an entitlement, not a consumer product," Dr. Nussbaum said. "And consumers are insulated from the true costs of health care services and products. So a prerequisite for health care competition is to have accurate, usable information about cost and quality."

Insurers also can help steer patients to higher-quality providers, and that means making sure the networks they are in are of high quality, he continued. "It's not effective enough to have 20% high-quality providers because [consumers] can't all get to those high-quality providers …[or] travel around the country for care."

In addition to helping consumers with purchasing decisions, WellPoint also tries to help consumers decide on treatments by making evidence available on its Web site. "We do this with academic physicians and specialty societies," Dr. Nussbaum said.

Health plans also can make it beneficial to consumers to get more information, he said. For example, in one of WellPoint's consumer-driven health plans that uses a health reimbursement account, "we pay consumers more to take health risk assessments, we pay them more to enroll in personal health coaching programs in disease and care management, and we pay them more to graduate."

And the early results are promising. "You can see the reduction in pharmacy costs of 15% and an increase in preventive care spending; 5% of total medical expenses are going to preventive services rather than only 2% or 3%," he said.

WellPoint also has a database patients can consult when they are about to undergo a procedure. "You can go online and learn about a condition and compare hospital quality, so if you are in Los Angeles and require bypass graft surgery, you can find out whether it should be done at UCLA Medical Center or Cedars-Sinai, how many procedures they do, and what their outcomes are," Dr. Nussbaum said.

To be the consumers' trusted choice as an intermediary in consumer-driven health care, "we need consistent standards of measurement and transparency in cost and quality," he concluded. ■

Health Care Industry Worldwide Starting to Lean Toward Green

BY DOUG BRUNK
San Diego Bureau

LA JOLLA, CALIF. — The link between environmental toxins and cancer and other diseases is so suggestive that health care professionals must do all they can to diminish the risks to public health, Dr. Mitchell L. Gaynor said at a meeting on natural supplements in evidence-based practice sponsored by the Scripps Clinic.

Such an effort, he said, should be based on what Lancet editor Richard Horton termed "the precautionary principle." This notion holds that "we must act on facts and on the most accurate interpretation of them, using the best scientific information," Dr. Horton wrote (Lancet 1998;352:251-2). "That does not mean we must sit back until we have 100% evidence about everything. Where the … health of the people is at stake … we should be prepared to take action to diminish those risks, even when the scientific knowledge is not conclusive."

"We should demand that this principle become part of public policy" in the treatment and prevention of environmental causes of disease, said Dr. Gaynor, of the Weill Medical College of Cornell University, New York.

"I gave a lecture at the United Nations in 2003 on water pollution as it related to all the countries on earth and the fact that very soon, clean drinking water is going to become a scarce commodity," he said. "It's important that we become advocates for our own health."

While evidence on the adverse health effects of chemical exposure continues to mount, steps toward more environmentally friendly policies are under way at many health care organizations around the globe. For example, Health Care Without Harm is an organization of almost 450 member groups in 52 countries that are working to reduce pollution in the health care industry (www.noharm.org). Members include the American Nurses Association, Kaiser Permanente, Catholic Health Association, Stockholm County Council, and the Vienna Hospital Association.

"Hospitals are huge releasers of a lot of pollutants, but this is starting to change," Dr. Gaynor said at the meeting, which was cosponsored by the University of California, San Diego.

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DR. GAYNOR

For example, more than 1,400 health care facilities in the United States have pledged to become mercury free. In addition, 91% of chain pharmacies and the top 10 largest pharmacy chains have stopped selling mercury fever thermometers.

Consorta Inc., the large national health care group purchasing organization, supports greener and safer product innovation.

The decline of medical waste incinerators in the United States is an additional sign of a lean toward green. In 1998, there were 6,200 medical waste incinerators nationwide. By 2003, that number had dropped to 115. "Hopefully, there will be less need for even those," said Dr. Gaynor, who is also the author of "Nurture Nature, Nurture Health: Your Health and the Environment" (New York: Nurture Nature Press, 2005).

An effort is also underway to phase out polyvinyl chloride IV tubing; when PVC products are produced or burned, they emit dioxins, which are associated with cancer and damage to the immune system. ■

Hospitals With Zero Mortality For a Procedure Had Fewer Cases

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — So-called zero-mortality hospitals subsequently experience mortality rates that are similar to or higher than those of other hospitals, Dr. Justin B. Dimick reported at a congress sponsored by the Association for Academic Surgery and the Society of University Surgeons.

To determine whether zero-mortality hospitals actually achieved better results than did other hospitals "or were just lucky," Dr. Dimick and his associates obtained national Medicare data for 1997-1999 on five procedures that are widely included in quality improvement measures: coronary artery bypass grafting; abdominal aortic aneurysm repair; and resections for colon, lung, and pancreatic cancers.

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DR. DIMICK

For each procedure, the researchers defined zero-mortality hospitals as those with no inpatient or 30-day deaths over the 3-year period.

The investigators then compared the mortality rates of the zero-mortality hospitals for the subsequent year (2000) with the mortality rates at other hospitals for that year.

No significant difference in mortality was observed between zero-mortality hospitals and the other hospitals for the following four procedures: coronary artery bypass surgery (4.0% zero-mortality hospitals vs. 5.0% other hospitals), abdominal aortic aneurysm repair (6.3% vs. 5.8%, respectively), colon cancer resection (6.0% vs. 6.6%, respectively), and lobectomy for lung cancer (5.1% vs. 5.3%, respectively).

In pancreatic cancer resection, however, the mortality rate was significantly worse for zero-mortality hospitals than it was for other hospitals (11.2% vs. 8.7%, respectively).

The researchers also observed that zero-mortality hospitals had fewer cases of all five operations than the other hospitals had.

"More attention should be paid to sample size in quality measurement," said Dr. Dimick of the University of Michigan, Ann Arbor. He also called for hospital quality measures that "are more reliable and precise."

The findings suggest that in deciding where to have surgery, patients "cannot consider a reported mortality of zero as a reliable indicator of future performance," said Dr. Dimick.

Mortality rates are publicly reported and are commonly used to measure quality, he said. "For instance, cardiac surgery report cards are published in many states, including New York, Pennsylvania, California, and New Jersey. But what's even more troubling is the extension of this approach to many other operations. Right now the Agency for Healthcare Research and Quality is using operative mortality rates as quality measures. These are being published on Web sites, despite data showing [such measures] may not be useful," he said. ■