

NCQA: Quality Improvement Has Plateaued

BY JOYCE FRIEDEN

WASHINGTON — After more than a decade of gains, some quality improvement scores seem to have plateaued, according to a report from the National Committee for Quality Assurance.

"We feel frustrated that we don't seem to put our power behind what we really want," NCQA president Margaret E. O'Kane said at a press briefing announcing the results. "The status quo is still unacceptable."

The report included 2008 data from a record 979 plans—702 health maintenance organizations and 277 preferred provider organizations—that collectively cover 116 million Americans.

Plans did record improvement on a few measures. For example, on average, 79.1% of patients in commercial plans were successfully monitored while taking certain medications such as diuretics, up from 74.4% in 2006. And among Medicare Advantage plans, the percentage of heart attack patients who received beta-blockers at discharge and stayed on them for at least 6 months climbed 10.1 percentage points, to an average of 79.7%, during the same time period.

Some areas seemed to plateau because they had reached their maximum potential: For instance, the percentage of

children and adults with persistent asthma who were prescribed asthma medications stayed steady at more than 92%.

But there is room for improvement in other areas, Ms. O'Kane said. Among commercial plans, for example, 57% of measures showed no statistically significant improvement from 2006 to 2008; that figure was 64% in Medicaid plans and 86% in Medicare plans.

Specifically, among Medicare Advantage plan members, no improvement was seen on measures assessing medication use in arthritis or screening for cervical cancer. Further, the percentage of Medicare patients with poor blood sugar control did not decline as hoped.

Measures with overall plan compliance below 50% included follow-up of children on attention-deficit/hyperactivity disorder medications (34%), initiation of alcohol/drug dependency treatment (43%), and monitoring of patients on antidepressants (46%).

Although the recession has taken its toll on some plans' quality budgets, Ms. O'Kane pointed out that achieving higher quality does not necessarily involve spending more money.

She noted that some health plans achieved quality ratings in the highest quartile for care of diabetes patients even as they were in the lowest quartile for ex-

penditures on those patients. Emulating those plans "is where the trend should be moving," she said.

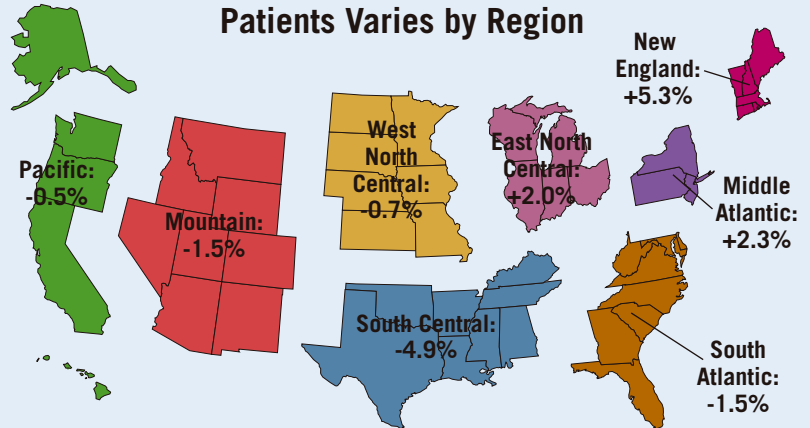
Vernon Smith, Ph.D., a former Medicaid director currently at consulting firm Health Management Associates, said part of the plateau for Medicaid plans may come from tight state budgets.

"States are in no position right now to undertake new quality initiatives," he said. "So the impetus really must come at the federal level, and the burden real-

ly falls to Congress and the federal agencies overseeing Medicare and Medicaid."

The data were incomplete because some health plans didn't submit data and because fee-for-service programs—such as Medicare—typically do not have quality tracking mechanisms, which was a limitation of the report, Ms. O'Kane noted. "We lack comprehensive data for 83% of Medicare beneficiaries, 75% of Medicaid beneficiaries, and 44% of commercially insured patients," she said. ■

Quality of Care for Cardiovascular Disease Patients Varies by Region



Note: Performance of commercial plans on Healthcare Effectiveness Data and Information Set measures relative to national average for care provided in 2008. Source: National Committee for Quality Assurance

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