NCQA: Health Quality Scores Plateaued in 2008

BY JOYCE FRIEDEN

WASHINGTON — After more than a decade of steady gains, health plans are seeing the plateauing of some quality improvement scores, 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 held to announce the results. "The status quo is still unacceptable," she added.

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 recorded improvement on a few measures. For example, on average, 79.1% of patients in commercial plans (up from 74.4% in 2006) were successfully monitored while they took certain medications such as diuretics.

And among Medicare Advantage plans, the percentage of acute myocardial infarction 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.

In addition, some areas of care 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.

Among Medicare Advantage plan members, no improvement was seen on measures assessing medication use in arthritis or screening for cervical cancer. Furthermore, the percentage of Medicare patients who had poor serum glucose control did not decline as hoped.

Measures with overall plan compliance less than 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 expenditures on those patients. Emulating those plans "is where the trend should be moving," she said.

Ms. O'Kane made the following recommendations for moving quality improvement forward:

► Create insurance exchanges and require plans to report quality and patient satisfaction data.

► Tie payment to performance.

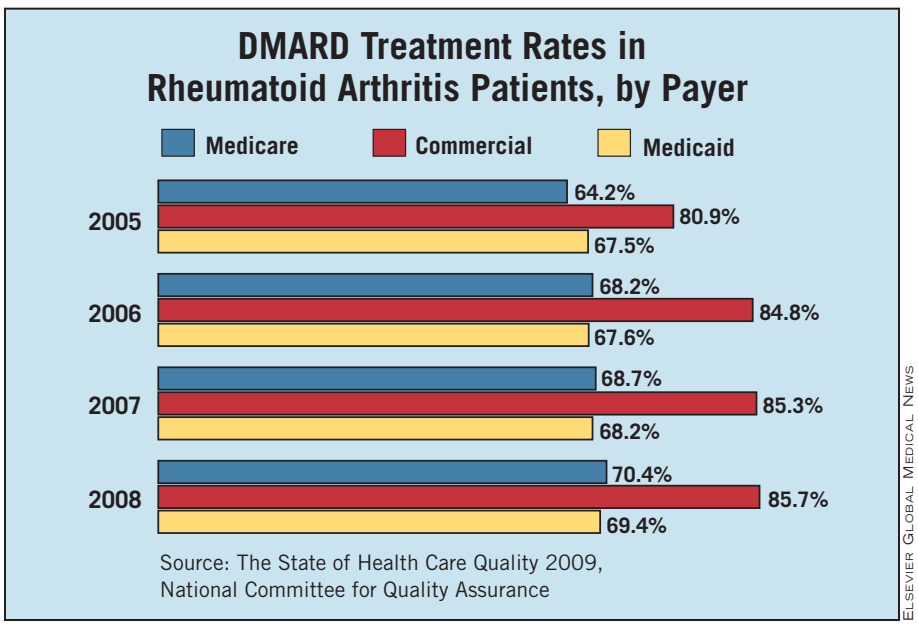
► Expand demonstrations of the patient-centered medical home, and increase payments for primary care.

► Provide funding for developing, maintaining, and updating quality measures.

► Introduce quality bonuses for Medicare Advantage plans.

► Invest in Medicaid measure development.

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. ■



EXPERT OPINION

A 5-Step Plan for EHR Adoption

BY CHRISTOPHER NOTTE, M.D., AND NEIL SKOLNIK, M.D.

If you have been thinking of taking the plunge and buying an electronic health record system, you've probably wondered how the change will affect office productivity. After all, the process of converting from paper records to an EHR can take a long time and become quite tedious. Often, subtle and unanticipated roadblocks to success develop along the way, leading to frustration for both patients and providers. That is why it helps to take a careful look at office workflow and plan ahead before making the leap.

Consider the following five-step plan to help maintain sanity and efficiency as you move forward with the conversion to an EHR:

► **Examine workflow from start to finish.** To some, this might seem obvious, but it is important to remember that patient care doesn't occur just in the exam room. It starts at the front desk, where appointments are made, phone calls are received, and patients are checked in to be seen. Next, the clinical staff takes over, triaging calls or getting patients into the exam rooms. At some point, labs might be drawn, immunizations could be administered, and testing may need to be performed. Typically, the process ends at checkout, but often referrals are issued and follow-up appointments are made.

When properly analyzed, even a simple patient visit is made up of a complicated series of events. Hopefully, these occur seamlessly, ensuring that the physician's and patient's schedule are respected. With the implementation of an electronic office, however, any of the aforementioned steps can become a roadblock to success if not carefully orchestrated. By nature, any EHR magnifies the interdependence of each role in the process. Therefore, every employee has a part to play to ensure that the algorithm is followed and office efficiency is maintained.

► **Take nothing for granted.** Even the smallest of office tasks can seem cumbersome when translated into the digital age. For example, consider how sticky notes are used in your office. In many cases, they are a critical communication tool among the staff, and they may or may not become a permanent part of a patient's record. Unfortunately, while it is easy to attach any small scrap of paper to a conventional chart, this is not possible with an EHR. Information must be passed along electronically, and even trivial messages are saved permanently inside cyberspace. Also, the process might take longer to perform, as it can be a lot quicker to jot down a note than enter it electronically. This is just a single reminder of establishing a new workflow that is practical and efficient.

► **Involve others in the process.** Consider involving staff members from each area of your office when you select an EHR. In addition to the care providers, this may include an office manager, a clinical staff member, a receptionist, and a billing or referral specialist. Each should be asked to individually examine and identify the critical steps in their daily routine. They should also be present to interview vendors and test the program, making sure to observe how their piece operates in any given software package.

► **Simulate the new daily routine.** Be sure to ask for a demonstration of all major office functions. Vendors often turn this into a sales pitch, exemplifying their most attractive features while glossing over their limitations. Suggest several hypothetical scenarios, from triaging phone calls to creating office notes, and be sure to keep them complicated. Let's face it: It is not typical for patients to present with only one concern, and the EHR should be able to accommodate that. It also should be able to expedite common nursing and administrative tasks and allow all users to manage several patients simultaneously.

► **Consider hiring an EHR consultant.** Employing the services of an EHR consultant can be incredibly helpful. It not only provides peace of mind but can save a tremendous amount of time and money. A good consultant will "interview" your practice, speaking to staff and analyzing workflow, to help you match your office's needs to the right EHR product. He or she can also help to create a timeline for implementation, and recommend hardware to maximize both your budget and efficiency. In the end, the cost of hiring a consultant will be insignificant compared with the long-term savings of making the right choice. ■

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