

NCQA Report: Health Care Quality on the Rise

Thousands more lives could be saved if the laggards did as well as the top performers in the database.

BY ALICIA AULT
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WASHINGTON — Thousands of lives are being saved each year as health plans and physicians more closely follow quality measures such as giving β -blockers after a heart attack, managing hypertension and hypercholesterolemia, and controlling hemoglobin A_{1c} levels, according to the latest report card from 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 anywhere from half a percent 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, said Ms. O’Kane. 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.

The report is based on data that is voluntarily submitted to the NCQA, which also accredits health plans. In 2006, 767 or-

ganizations—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 (HEDIS) Set.

Much of the data comes from claims, but some also comes from chart reviews. None of it is 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, said Ms. O’Kane. 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, and Medicare plans achieved increase only on 7 of 21 trendable measures.

Plans that publicly disclose NCQA-tracked quality measures perform anywhere from 0.5% to 16% better than plans that do not disclose their data.

Among the biggest successes was that 98% of commercial plans, 94% of Medicare, and 88% of Medicaid plans reported prescribing a β -blocker upon discharge after acute myocardial infarction. Over the last 6 years, β -blocker treatment has saved an estimated 4,400 to 5,600 lives, said Ms. O’Kane.

Given these high prescribing rates, the NCQA will no longer track this measure. Instead, the organization will collect data on how many patients still receive β -

blockers 6 months after discharge—currently, only about 74% in commercial plans and 70% for Medicare and Medicaid.

Childhood immunization rates have also reached all-time highs, at about 80%

for commercial plans and 73% for Medicaid plans for the recommended series of vaccinations.

There has been “stalling” in some of the older HEDIS measures, however, said Ms. O’Kane. Baseline screening for HbA_{1c} has plateaued at 88% in commercial plans and is down slightly for Medicare and Medicaid, at 87% and 78%, respectively. Cholesterol screening and control of total cholesterol is also trending flat or down. The NCQA has no explanation for the leveling off, said Ms. O’Kane.

Adherence to mental health measures—which are already abysmally low—has

also been flat for almost a decade. For instance, only 20% of commercial, 21% of Medicaid, and 11% of Medicare plans are meeting the benchmark of treating newly diagnosed depression patients with an antidepressant and following up with at least three visits within the 12-week acute treatment phase. These rates have stayed virtually the same since 1998.

Similarly, patients who have been hospitalized for a mental illness are not getting quality care, said Ms. O’Kane. Only 57% of patients in commercial, 37% of those in a Medicare, and 39% of those in a Medicaid plan had a follow-up within a week of hospitalization. Rates improved somewhat a month out, to 75%, 55%, and 58%. Studies have shown that follow-up care decreases the risk of repeat hospitalizations and improves adherence, according to the NCQA.

The low follow-up rates are “a national disgrace,” said Ms. O’Kane, adding that for anyone to be “out 30 days with no one checking on you is unacceptable.”

Several new HEDIS measures are in place for 2007, including tracking of potentially harmful drug-disease interactions in the elderly.

And, for the first time, health plans are being asked to report on their use of resources in treating various conditions. In 2007, they are diabetes, asthma, and low back pain. In 2008, chronic obstructive pulmonary disease, hypertension, and cardiovascular disease will be added. These conditions account for 60% of health care spending, said Ms. O’Kane. ■

Patients Desire Portals for Online Access to Records, Results

BY MICHELE G. SULLIVAN
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NEW ORLEANS — Rather than unlocking a Pandora’s box of nattering e-mails, an electronic patient portal that allows messaging and even access to test results can improve patient satisfaction and decrease patient visits.

“Many physicians think that this type of access is frightening,” Dr. Gretchen P. Purcell said at the annual clinical congress of the American College of Surgeons. “They think they’ll be barraged with messages, that patients will misinterpret their test results, and that physicians could even be held legally liable if they don’t respond in time to an urgent message.”

But health care providers, who are about 10 years behind the curve in the digital world, need to face up to the facts of the 21st century, said Dr. Purcell of the surgery department at the Children’s Hospital at Vanderbilt in Nashville, Tenn. “Patients are demanding the same kind of online access to their medical information as they have for all other aspects of their lives. Those health care institutions that do not have a patient portal now probably will within the next 5 years.”

Patient portals can be designed to suit the needs of different practices and to fulfill various functions. At a minimum, they allow patients to pay bills, schedule or change appointments, and request prescription refills. Other portals are more robust and give patients the ability to review medical records, view test results, and send messages to their health care provider, said Dr. Purcell, who is also with the biomedical informatics department at Vanderbilt Medical Center.

Among the most controversial topics are messaging and the ability to access test results, she said.

“Messaging is probably the function physicians fear the most. Many think it’s the equivalent of getting and sending personal e-mail, and this brings up all kinds of worries about security and privacy.”

E-mail and messaging, however, are not the same things. Messages don’t go to a personal e-mail account; instead, they go to a dedicated in-box. “This message box is routinely checked by an administrative assistant or nurse—someone who can often answer many of the questions, and who would involve the physician only when necessary—similar to phone call triage.”

There also are concerns that these electronic exchanges aren’t part of a patient’s documented record. “Some portals can make messaging part of the medical record, and some physicians have found ways to charge for this ‘online consultation,’” Dr. Purcell said.

It’s important to set clear expectations about response time and emergency issues. Most messaging systems tell patients that they may have to wait 2-3 business days for a personal reply and advise them to call 911 for a medical emergency.

It’s not unreasonable to assume that electronic communication could allow patients to bombard offices with questions and requests. Although data are still limited, the studies that are out there suggest just the opposite, Dr. Purcell said.

Two studies published in 2005 indicate that messaging increases patient satisfaction without any corresponding increase in workload.

The first study randomized 200 patients to secure messaging or usual care. Only 46% of the patients who were given access sent any messages at all; the average was just 1.5 messages per patient per year. And although messaging didn’t reduce the number of telephone calls

the office received, the number of office visits in the intervention group did go down (Int. J. Med. Inform. 2005;74:705-10).

The second study randomized 606 patients to a patient communication portal or to a Web site with general health information. Only 31% of the patients given access used the portal. The message box received only one message per day per 250 patients. Again, there was no difference in the number of office telephone calls between the groups, but the patients in the portal group reported better satisfaction with communication and overall care, even if they never used the portal (J. Med. Internet Res. 2005;7:e48).

The same study indicated that secure messaging probably would not overwhelm anyone during working hours, Dr. Purcell said. “Patients tended to use the portal during nonclinic hours—the most convenient time for them—with about 73% of messaging occurring from 5 p.m. until midnight.”

Patients may even be willing to pay for the added convenience of messaging, the authors concluded. Of 341 patients surveyed, 162 (48%) were willing to pay for online correspondence with their physician, with \$2 cited as the median payment they thought fair.

Patient access to test results is another area of clinician concern, she said. “Obtaining test results is probably the most commonly desired and most commonly used function of a patient portal, and one that makes physicians very nervous,” Dr. Purcell said.

Vanderbilt’s system (www.myhealthatvanderbilt.com) has three tiers of test results—two are available to patients online, “but some results, such as cancer pathology and HIV tests, and others that require intensive patient counseling, are never available through the portal.” ■