

Transparency in Health Care

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(Music) This is New Directions in Healthcare, the Commonwealth Fund's podcast, and today we're talking about transparency in medicine – sharing information about quality and cost with the public, payers, and healthcare professionals.

Consumers in this country usually know what they can expect to pay for products – and most understand that you get what you pay for, but when it comes to health care, that's not the case:

They generally don't know what a service is going to cost + until they get the bills.

Stuart Guterman, vice president for payment and system reform at the Commonwealth Fund, adds that costs can be puzzling even after you get the bill:

When you go into the hospital for instance and you have a gall bladder surgery, there is a whole list of charges that include the surgery, the services you received while you were in the hospital, and it's real hard for a patient to actually parse out what it is he or she is paying for.

Consumers might also assume that quality is a factor in medical bills, but Barbra Rabson, executive director of Massachusetts Health Quality Partners, a leading regional healthcare collaborative, says they're wrong:

You can get very good care, and it doesn't have to cost a lot, and that if you pay a lot for care, it doesn't necessarily mean it's the best care either.

Massachusetts Health Quality Partners or MHQP was established to help address this lack of information about the quality of care. The organization does statewide surveys of about 80,000 patients – to find out how satisfied they are with their family doctors or pediatricians:

And we also get information from health plans about clinical data about how well physicians manage chronic diseases and provide preventive care and how well they provide appropriate care for certain conditions.

By sharing that information with the media, employers, health care organizations and the public, Rabson believes MHQP has changed the way medical care is delivered in Massachusetts:

Three years ago in the best medical groups, 100% of the cardiovascular patients received a cholesterol screening within a year of being discharged from the hospital, and in other groups only 72% of patients received that same screening. Now, three years later, in the lowest-performing groups at least 83% of the patients receive that screening. Over the last six years that we've been reporting, all of the measures that can be tracked from year to year have improved.

She thinks sharing information about practices online creates a kind of competition for practitioners and a desire to compare notes with colleagues:

That is helpful not only because it motivates physicians to improve if they see maybe one of their colleagues is performing better than they are on certain things, but it also allows them to say, "Oh geez! This other practice is doing better than we are. I wonder what they're doing. Let's find out."

This kind of transparency could also help change the way hospitals and practices compensate physicians and other healthcare professionals – rewarding quality care. The Commonwealth Fund's Stuart Guterman says that's one concept promoted in healthcare reform legislation approved by Congress in 2010:

There's a provision in there that calls for Medicare to pay physicians more based on the quality of care that they provide – on a set of measures that they establish, and this value-based purchasing is very important, because it changes the emphasis of the current payment system which is paying for piecemeal – which basically rewards providers for providing more care – rewards them for providing more complicated care, more hi-tech care and more invasive care, but it doesn't provide them with rewards for providing better care or more appropriate care.

And how, exactly, will organizations evaluate *quality of care*? That, says Stuart Guterman, is an evolving science. In addition to patient surveys, physicians and hospitals may track outcomes and best practices:

For a heart attack patient, did the patient get a beta blocker within a certain amount of time of when they were admitted to the hospital, or of the heart attack patients that were treated at a given hospital, how many died in the hospital, how many died within 30 days of when they were discharged from the hospital? The

complicated thing about looking at outcomes is that of course you have to take into account the state of the patient coming in, but there are advances being made in how to measure that as well – what they call “risk adjustment.”

Many experts also think it’s time to make prices public. A recent Commonwealth Fund survey of opinion leaders in the field of healthcare showed more than 90 percent think it’s important for consumers to have information on clinical quality and price, and such information is essential for improving the nation’s healthcare system.

A majority in Congress apparently shared that view—and also supports transparency in health insurance purchasing. As a result, the health reform law directs the Department of Health and Human Services to collect and distribute data that could help consumers and promote affordable care. In July, HHS launched a new website called Healthcare.gov.

It is the first website that compiles in one place a comprehensive inventory of insurance options – both private health insurance plans and public programs like Medicaid and CHP, all in one place for consumers to check out. You basically answer a few simple questions, and it generates, thinking through about 3 billion scenarios literally, a customized list of health coverage options that may be right for you.

Todd Park, chief technology officer at HHS, says the site has already had nearly three and a half million hits. Visitors can do comparison shopping, learn about the rights they have under federal law and get information about insurance company policies that has never been published before:

The percentage of the time that the insurer actually denies applicants for that policy, and the percentage of the time that the insurer actually charges more than the sticker price.

Another section of the site – CompareCare – allows the public to evaluate hospitals, nursing homes, dialysis centers and home health providers. Park believes making this information public will improve service while driving prices down, and he hopes it will make the Department of Health and Human Services the NOAA of healthcare:

By NOAA I mean the National Oceanic and Atmospheric Administration, which essentially collects virtually all weather data in America and then publishes that

online -- downloadable, free of charge, for anyone to use, which is then turned into really useful products and services by a whole bunch of innovators outside NOAA, like the weather channel, weather.com, iPhone weather apps, nightly newscasts, etc.

Recently, he says, companies were invited to show off the products they'd already created using data from Healthcare.gov at a daylong meeting. One firm offers to partner with counties to create Web sites where residents can learn about local health problems and services. Another invites the public to play a game called Community Clash, in which individuals try to guess whether their city does better than a competing metropolis when it comes to various public health indicators – like smoking or obesity:

It sounds silly, but of the 20-something applications that got showcased that day overall, the longest line by far was for this Community Clash game.

Park points to the popular Facebook game Farmville and suggests games could be a way to better educate Americans about health:

In a world where Farmville can go from zero to 73 million users in less than two years, I submit to you that one of the most important public health figures in the 21st century is going to be the person that invents Healthville, to make it actually fun as opposed to like eating your spinach.

Barbra Rabson agrees. Education of patients is key, she says, so Massachusetts Health Quality Partners uses its website to teach:

To evaluate good care, you need to say, “Okay, well what is good care? What should I expect, and secondly, what can you do to make sure this happens?” And so on our website we have information both on the clinical side as well as the patient experience side + If you have diabetes, this is what should happen when you go to the physician’s office. And this is what you should be doing in terms of taking care of yourself and your diabetes. We don’t do enough of that in terms of working with patients – trying to not only educate but engage in a dialogue about “what is good care?” We really can’t assume people know what it is.

But once they do, they can play a stronger role in their own care, and that could lead to dramatic improvements in public health:

We're not going to meet our goals unless we have the engagement of patients as well as engagement of providers. We really need to include those who get care, deliver care and pay for care. We're just on the very beginning of going down this journey of engaging patients and the public about some of these healthcare issues, so we have a long way to go, but it's a really important journey.

You've been listening to New Directions in Healthcare, the Commonwealth Fund's podcast. I'm Sandy Hausman.