national partnership for women & families
Because actions speak louder than words.

Ensuring Quality Health Care in Health Reform

What Is "Quality" Health Care?

Put simply, it's the **right care**, at the **right time**, for the **right reason**. It's the care we all deserve—but, sadly, it's not the care we can count on in the United States today. Even for those of us fortunate enough to have insurance coverage, too often quality health care is elusive or even out of reach.

Health care reform discussions tend to focus on access to care and the skyrocketing cost of care—both important issues. But unfortunately, ***quality*** is a problem, too. Poor quality care causes serious harm, wastes precious resources, drives up costs and increases disparities. When all is said and done, what good is your insurance coverage if the care you receive isn't right for you? Thus, health reform provides an opportunity to ensure not only that people have access to affordable health care—but that health care is also high quality.

Unfortunately, it's hard to know about the quality of care you're getting. Today, a woman can get more information about the toaster oven or TV set she wants to buy than about her local OB/GYN, pediatrician or internist. There is enormous variation from community to community in the kind and amount of health care people get. Operations like tonsillectomies and hysterectomies are much more common in some areas than others—for no medical reason. Even worse, preventable medical errors—the wrong diagnosis, the wrong operation, the wrong medication—kill more than 180,000 Americans each year.[1]

For women and people of color, the quality problems are particularly striking. For example, women who are having heart attacks are 39 percent more likely to be incorrectly diagnosed than men,[2] and African American women are 36 percent more likely to die from breast cancer than white women.[3]

The Costs of Poor Quality Care

Not only does poor quality cause harm, it is also costly. It is estimated that 1/3 of health care spending is wasted due to poor quality care—either overuse, underuse, or misuse of health care services.[4] Overuse is providing health services for which the potential risks outweigh the benefits—prescribing antibiotics for the common cold, for example. Underuse is not getting patients the tests or treatment they need—evidenced by the fact that only 55 percent of female Medicare beneficiaries between the age of 52 and 69 had a biennial mammogram, despite breast cancer screening guidelines that advise women in this age range to undergo annual mammograms.[5,6] Medication errors are the biggest category of misuse—16 percent of consumers report that they or a family member were the victim of a medication error, with over 20 percent resulting in a serious problem.[7]

How Does Quality Care Fit Into Health Reform?

Fortunately, there is a growing emphasis on delivering better quality, more patient-centered care, and giving consumers information and tools to help them make better decisions and manage their

care more effectively. Using the information provided here, women's advocates can understand the "quality lingo" and advocate for *better* quality health care as part of any health reform plan.

Hospitals, doctors, and other health care professionals have talked about "quality" health care for decades—for example, hospitals have maintained Quality Assurance Committees and medical specialty societies and certifying boards seek to hold doctors to the highest standards. The last several years, however, have brought increasing pressure from health plans, health purchasers (big employers and federal health programs), and patients themselves to independently assess health care providers' performance and to hold them accountable for the care they provide. Beginning in October 2008, for example, Medicare will no longer reimburse hospitals for the treatment of certain conditions that could "reasonably have been prevented"—including falls, pressure ulcers, and infections that result from the improper use of catheters, among others—or for the occurrence of three "never events": objects left in the body during surgery, air embolisms and blood incompatibility.[8] Consumer and patient advocates are playing a progressively more important role in this work.

The Kind of Care Every Patient Deserves

In 1999, the influential Institute of Medicine released "To Err is Human," a report which focused on reducing avoidable errors.[9] Its shocking statistics generated extensive press coverage and launched a movement to improve the quality of care and reduce the tragic number of needless deaths and injuries. Today, preventable medical errors—the wrong diagnosis, the wrong operation, the wrong medication (or the right medication, in the wrong dose)—are the eighth leading cause of death in this country.[10] In American hospitals alone, healthcare-associated infections kill 99,000 people a year. Between 25 and 75 percent of those infections could have been prevented.[11] Many more suffer needlessly, are incapacitated or disabled.

Two years after the release of "To Err is Human," the Institute of Medicine (IOM) released "Crossing the Quality Chasm."[12] This report provided principles that have been widely adopted by policymakers, health care leaders, clinicians and consumer groups. Health care reform lingo now includes reference to "the IOM six"—the six aims for improving the healthcare system. Put simply, every patient deserves care that is:

1) Safe

2) Timely

3) Effective

4) Equitable

5) Efficient

6) Patient-centered

There are three key phrases to remember when thinking about health care reform efforts to address quality:

Measure—whether the right care is given in the right amount at the right time

Report—make the measurement scores available to both the providers who deliver the care and the individuals who receive care

Reward the right things—pay doctors, hospitals and health plans for quality care and good outcomes, and reduce pay for bad care and medical mistakes.

Measure

Health reform should ensure development of performance measures. There is a lot of emphasis today on developing "performance measures"—the yardstick against which we can evaluate how a provider, health plan or hospital is doing in providing some aspect of care. Why is this important? Because if you don't know you have a problem, you can't fix it. What gets measured gets improved! For example, in 1996, only about 62 percent of eligible heart attack patients received beta-blockers (a treatment that is universally recognized as appropriate care). Then health plans began to measure beta-blocker use and by 2003, the rate improved to 95 percent.[13]

Many performance measures have been developed that address care related to specific ailments, such as diabetes, heart disease or asthma. However, until now there has been little effort to develop performance measures relating to reproductive health, including maternity care—despite the great need. The National Partnership for Women & Families has begun a project to catalog existing measures of reproductive health quality, identify gaps, and stimulate development of new measures to fill those gaps. Women need better information when they make decisions about their reproductive health care. They deserve information that helps them decide what care to get and where to get it.[14]

Organizations Leading the Charge to Measure the Quality of Health Care

The National Quality Forum (NQF) is a not-for-profit membership organization that brings together consumers, employers, providers and other stakeholders to endorse national consensus standards for measuring the quality of health care. Some of the areas addressed by NQF standards include:

- Patient safety (medication errors and hospital-acquired infections)
- Ability of providers to communicate and organize care
- Immunizations
- Pain management
- Cancer care
- Asthma care
- Diabetes care
- Pregnancy, childbirth, and newborn care

There are many different types of groups and organizations developing measures of health care quality, including the Joint Commission (which accredits hospitals and other facilities), the National Committee for Quality Assurance (which accredits health plans and other organizations), and the American Medical Association, among others.

We know that measuring can improve care. Measuring *plus public reporting* works even better.

Report

Health reform should ensure public reporting of performance. Public reporting is an essential part of quality improvement. It can spur hospitals and other providers to improve the way they deliver care. It can also help families choose nursing homes that provide the best care for their loved ones, help patients select specialists that have the best patient outcomes, and help employees know which health plans provide the best value for their health care dollars. Consumers have a right to know about the quality of care they are getting, and need good comparative information to make wise choices about where to get their care.

Consumer Decision-Making and Consumer-Directed Health Care

All health insurance plans should aim to provide consumers with the right care, at the right time, for the right reason. Women should have as much information as possible about health care so that they can make wise decisions about the care that they (or their family members) receive. Such information availability is often called "transparency" in health care quality or costs.

Increased transparency in health care quality and costs is at the core of specific type of health insurance called Consumer-Directed Health Care, which is a combination of high-deductible health plans (HDHPs) and tax-free Health Savings Accounts (HSAs). Proponents of Consumer-Directed Health Care maintain that HSA/HDHP arrangements will encourage saving for future health care expenses and allow consumers more control over health care choices, presumably increasing the efficiency of the health care system and reducing the growth of health care costs.

Increased transparency, in and of itself, is a worthy goal. But, support for better-informed *Consumer Decision Making* must not be confused with support for *Consumer-Directed Health Care*. The mechanics of Consumer-Directed Health Care shift much of the risk of needing expensive care from employers and insurers to individuals and families. Financially-concerned HDHP/HSA enrollees might forgo necessary health care and those with higher-than-average medical expenditures—including women—may take on significant financial risk. Contrary to the claims of its supporters, Consumer-Directed Health Care is unlikely to result in a reduction in the uninsured or in America's overall health care costs. The "Health Savings Accounts and High-Deductible Health Plans: The Wrong Answer to Women's Health Care Needs" section of the *Reform Matters Toolkit* explores Consumer-Directed Health Care in more depth.

Reward the Right Things

Health reform can ensure that payment systems reward the right care. This is where the link between cost and quality comes in. Right now, our health care payment system often rewards the wrong things. We pay for procedures regardless of whether they are the right care for the patient. We provide more incentives for specialty care than we do for primary and preventive care—even though primary and preventive care can keep patients healthy and identify problems before they become so serious that specialist care is necessary. Think about it. We pay the same amount whether it is good care or bad care. Changing our payment system to reward the right things will not only improve the quality of care, but also help slow the skyrocketing costs. The federal government and some states are taking steps to make these kinds of changes, like refusing to pay for certain medical errors or hospital-acquired infections. These new payment policies are spurring hospitals and other providers to take the necessary steps to prevent such errors.

What Can Women's Advocates Do to Ensure Better Quality Care for Women and Their Families?

- When advocating for health care reform and improved access to care, look for ways to improve *quality* of care as well. Insist that quality measurement and public reporting provisions be included in any reform plan.
- Many states are now developing health care quality score cards. If your state is publishing this kind of information, make sure the consumer voice is part of that process so that the end result is meaningful and accessible to consumers.
- Raise your voice for better care—be active in efforts to encourage providers to measure and report on the quality of health care and reward the right behavior.
- Look for health care quality information when you make decisions about their care, or seek care for loved ones. Everyone should become a more informed health care consumer.

Lessons from the States:

Examples of Quality Improvement Initiatives in Three States

In **Minnesota**, consumer advocacy groups are working to increase public awareness and demand for quality health care information. As a result of that work:

- Advocates recommended measures for inclusion in Minnesota Community Measurement's 2007 Health Care Quality Report. This report provides comparative information on how well health care providers are doing in providing preventive care and treating certain chronic conditions. This is the first time advocacy groups weighed in and made recommendations about which measures would be most meaningful to their members and which measures would increase consumer use of the Quality Report.
- Advocates advised the state Department of Health about ways to make its Adverse Events Report more consumer-friendly. Adverse events include things like surgery on the wrong patient or body part, serious medication errors, and pressure ulcers. The legislatively mandated annual report discloses the number of adverse events that occur in each of Minnesota's hospitals. The first two reports, released in 2005 and 2006, were lengthy and included a great deal of clinical terminology; advocates suggested a number of ways to address these problems. In response, the state Department of Health created a consumer companion guide to the Adverse Events Report. The guide will make Adverse Events information more accessible to consumers who are making decisions about hospital care.

In **Pennsylvania**, hospitals' inpatient mortality rates plummeted from above the national average to well below the national average after implementation of hospital-specific public performance reports. The Pennsylvania Health Care Cost Containment Council (PHC4) has been operating for more than ten years and releases an annual report on hospital performance, including re-admission analyses. The Council estimates that publishing this information has resulted in 19,000 lives saved and $740 million in saved health care costs.

For more than ten years, the **Utah** Health Department has been issuing annual "report cards" on HMOs in its state for residents to use when making health plan decisions during open enrollment seasons. These report cards give the scores of each health plan on a wide range of measures, including preventive screenings, child and adolescent immunization rates, and consumer experience. The state also publishes reports on individual hospital performance on certain kinds of care, including maternity.

For further reading, see:

Consumer-Purchaser Disclosure Project (A group of leading employer, consumer, and labor organizations working to ensure access to publicly reported health care quality information), http://www.healthcaredisclosure.org (Last visited October 17, 2008)

Americans for Quality Health Care (A group of consumer organizations and advocates working to improve the quality and safety of health care), http://www.qualitycarenow.org (Last visited October 17, 2008)

The Alliance for Health Reform, *Quality of Care* (a listing of briefings, documents, and publications related to health reform and quality improvement), http://www.allhealth.org/issues.asp?wi=13 (Last visited November 12, 2008)

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7 The Commonwealth Fund, *New Study Estimates Eight Million American Families Experience a Serious or Medical Drug Error. Many Also Failed to Get Recommended Preventive Care or Treatment for Chronic Conditions* (Apr. 15, 2008).

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9 Linda T. Kohn et al., Institute of Medicine & Committee on Quality of Health Care in America, To Err Is Human: Building a Safer Health System, (2000).

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12 Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, (Mar. 2001).

13 National Committee for Quality Assurance , *The State of Health Care Quality, 2007* (2007), http://www.ncqa.org/Portals/0/Publications/Resource%20Library/SOHC/SOHC_07.pdf.

14 For more information about this project, visit the National Partnership for Women & Families website at www.nationalpartnership.org.

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