
Transparency

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Transparency: An Introduction

In August 2006, Secretary of Health and Human Services (HHS), Michael Leavitt, launched the Value-

Driven Healthcare Initiative. He stated, "Every American should have access to a full range of information about the quality and cost of their healthcare options." Value-driven healthcare is a concept for revitalizing the way healthcare is delivered. One of the key components of this initiative is a call for information transparency. As defined by HHS, "Transparency is a broad-scale initiative enabling consumers to compare the quality and price of health care services, so they can make informed choices among doctors and hospitals."

The Institute of Medicine Examines Information Transparency

The need for information transparency regarding healthcare has been recognized for some time. The Institute of Medicine (IOM)¹ provides unbiased, evidence-based, authoritative information and advice concerning health and science policy to leaders and policy makers in every sector of society.

Starting in 2001, the IOM called for greater information transparency. In its report, *Crossing the Quality Chasm*², it stressed that transparency should be a key element of any strategy to improve clinical quality and achieve better value in the healthcare system. The report stated, "A healthcare marketplace that empowers consumers to make informed choices based on both cost and quality will result in a healthcare system that offers improved value to consumers and encourages innovation and continued evolution."

The report continued, "The comprehensive approach being undertaken by the private sector to promote better assessments of performance will make it far easier to identify opportunities for quality improvement and result in valid and consistent measures of quality and efficiency that can be used to improve care throughout the healthcare system."

The IOM recommends that the federal government begin programs that parallel what is being done in the private sector to develop a uniform strategy to measure and report on physician and hospital performance within public programs.

They conclude, "Only by improving performance assessment and making the results of those assessments available to consumers in both the private and public sectors can we achieve system wide improvement."

Information is the key

When consumers consider a major purchase, most will spend time researching before they buy. For most consumer goods an astonishing amount of information is available online. A few minutes on the internet can provide a wide array of information from a variety of sources. With this breadth of information the consumer is able to establish the value for themselves and then act based on that value. The same application of information can be applied to healthcare, promoting the same results.

The positive effect transparency can have on healthcare is important to understand. A study by the *New England Journal of Medicine* reported in 2003 that only 55 percent of patients who visited doctors or hospitals received care that corresponded to the recognized best practices. A similar study published in fall 2007, found that children receive recommended healthcare procedures only 46 percent of the time when they see a doctor. Medical accidents, errors and poor quality care are the nation's third leading cause of death, just behind cancer and heart disease. It is believed that a transparent system will allow consumers to make educated decisions and influence the quality of care as well as the price. Thus if they can obtain information on performance and best practices they will demand better care.

Transparency: A Tool for Equality

¹ www.iom.edu / ² <http://www.iom.edu/CMS/8089.aspx>

A transparent system can also be invaluable in addressing healthcare disparities based on race or ethnicity. The report *Creating Equity Reports: a Guide for Hospitals*³, suggests that systems and processes could be developed to discover and address unnoticed disparities regarding race and ethnicity within an organization. Key to the success of these systems is the collection and sharing of information. A transparent system would help address this as every outcome, positive or negative, would be available as information.

Regardless of a patient's race or ethnicity, a good or bad patient outcome would affect the overall performance of an organization. This would allow an organization to discover and respond to disparities regarding race or ethnicity. It would also allow consumers to avoid organizations not performing best practices in relation to race or ethnicity.

Moving Ahead Based on Four Cornerstones

To develop the systems necessary to support information transparency, President Bush announced an Executive Order that all federal programs, including Medicare, the Veterans Affairs health system and the Federal Employees Health Benefit Program, must adhere to the four cornerstones established by Health and Human Services when purchasing healthcare.

The Executive Order is intended to ensure that healthcare programs administered or sponsored by the federal government build on collaborative efforts to promote the four cornerstones for healthcare improvement and become a foundation for the private healthcare sector. As outlined on the health and human services Web site⁴ the four cornerstones are:

1. Interoperable Health Information Technology (Health IT Standards):

Interoperable health information technology has the potential to create greater efficiency in healthcare delivery. Significant progress has been made to develop standards that enable health information systems to communicate and exchange data quickly and securely to protect patient privacy. Additional standards must be developed and all healthcare systems and products should meet these standards as they are acquired or upgraded.

2. Measure and Publish Quality Information (Quality Standards):

To make confident decisions about their healthcare providers and treatment options, consumers need quality of care information. Similarly, this information is important to providers who are interested in improving the quality of care they deliver.

Quality measurement should be based on measures that are developed through consensus-based processes involving all stakeholders. A few examples of organizations using this process include the Ambulatory Care Quality Alliance (AQA) (multi-stakeholder group focused on physician quality measurement) and the Hospital Quality Alliance.

3. Measure and Publish Price Information (Price Standards):

To make confident decisions about their healthcare providers and treatment options, consumers also need price information. Efforts are underway to develop uniform approaches to measuring and reporting price information for the benefit of consumers. In addition, strategies are being developed to measure the overall cost of services for common episodes of care and the treatment of common chronic diseases.

³ "Creating Equity Reports: A Guide for Hospitals" written by Robin M. Weinick, Katherine Flaherty, and Steffanie J. Bristol
The Disparities Solutions Center, Massachusetts General Hospital. <http://www.massgeneral.org/disparitiessolutions/resources.html>.

⁴ www.hhs.gov/valuedriven/fourcornerstones

4. Promote Quality and Efficiency of Care (Incentives):

All parties - providers, patients, insurance plans and payers - should participate in arrangements that reward both those who offer and those who purchase high-quality, competitively-priced healthcare. Such arrangements may include implementation of pay-for-performance methods of reimbursement for providers or the offering of consumer-directed health plan products, such as account-based plans for enrollees in employer-sponsored health benefit plans.

Better Quality Information Pilot Programs

To initiate fulfillment of the four cornerstones and move healthcare to a consumer driven system, the federal government is beginning with regional collaboratives. Six regional collaboratives were selected in 2007 by Health and Human Services to participate in Medicare's "Better Quality Information to Improve Care for Medicare Beneficiaries" or BQI.

The project as stated on the HHS Value Driven Web site⁵ is described in the following way, "These collaboratives are serving as demonstration sites to pioneer the pooling of private Medicare claims data to produce more accurate, comprehensive measures of service quality at the provider level. The result of these efforts will be used to provide performance information to both Medicare beneficiaries and providers, enabling more informed choices about covered services and improvement of care administered, respectively.

HHS BQI Regional Collaborative Locations:

- **California Cooperative Healthcare Reporting Initiative, San Francisco, CA** - Works to promote comparable quality measures, and create efficient data collection to reduce cost. www.cchri.org
- **Indiana Health Information Exchange, Indianapolis, IN** - Create a common, secure, electronic infrastructure to expand information sharing. www.ihie.com
- **Massachusetts Health Quality Partners, Boston, MA** - Promote valid, comparable measures to drive quality improvement. www.mhqp.org
- **Minnesota Community Measurement, Minneapolis, MN** - Reduce reporting expenses; and communicate findings in a fair, usable and reliable way. www.mnhealthcare.org
- **Arizona State University - Center for Health Information & Research (CHIR), Tempe, Arizona** - Clinical quality, the healthcare workforce, occupational illness and injury, medical malpractice, healthcare economics and disability. chir.asu.edu
- **Wisconsin Collaborative for Healthcare Quality, Madison, WI** - The Wisconsin Collaborative for Healthcare Quality is working to develop verifiable measures for public reporting.

These pilot projects will pave the way to move beyond Medicare and begin the development of information sharing for the healthcare market as a whole.

Pioneers of Value-Driven Health Care

Although the BQI projects develop the functional pieces of transparency, ultimately healthcare is provided locally. So to bring the focus to the local level, HHS is encouraging the growth of community-based, multi-stakeholder collaboratives that are working towards transparency. These collaboratives are seen as pioneers of value-driven health care. More than 100 of these community collaborations have been recognized and been given the Community Leader designation. This designation allows them to apply for Chartered Value Exchange (CVE) status. As defined by HHS a "Value Exchange" is a multi-stakeholder organization that has taken clear action in its community to convene industry stakeholders and advance the four cornerstones of value-driven health care.

⁵ www.hhs.gov/valuedriven

As a Charter Value Exchange these collaborative organizations will gain access to information from Medicare and Medicaid that gauges the quality of care physicians provide to patients. Combined with similar private-sector data a comprehensive consumer guide on the quality of care can become available.

As part of their status, CVEs participate in the Learning Network. The Learning Network sponsored by HHS' Agency for Healthcare Research and Quality, provides facilitated meetings both Web-based and face-to-face, as well as access to experts and an ongoing private Web-based knowledge management system. Members can:

- Share their experiences;
- Identify promising practices;
- Identify gaps where innovation is needed;
- Raise issues for national consensus-building organizations; and
- Provide an on-the-ground perspective to participate in setting national priorities for improvement.

As stated in the HHS announcement, "CVEs are being recognized for their ongoing commitment to build a health care system based on value in their communities and will continue to lead locally in efforts to implement best practices. As performance information becomes available, it could be used to encourage providers to improve quality; provide consumers with information on the cost and quality of services so they can make informed decisions; and promote effective public policies, payment policies, and consumer incentives that reward or foster better provider performance."

Northwest Initiatives

Puget Sound Health Alliance (PSHA)

A regional effort involving teamwork from employers, physicians, hospitals, health plans, patients, and others working to improve quality and efficiency while reducing the rate of health care cost increases across the five counties that comprise the Puget Sound region.

Quality Corporation (QCorp)

QCorp is an Oregon-based, non-profit organization with the goal of sharing information and best practices to identify strategic community based activities to improve health care. Another recognized "Chartered Value Data Exchange," this collaborative works to strengthen, not duplicate the work of other quality improvement organizations.

The Partnership for Value-Driven Health Care

Recognized "Chartered Value Data Exchange" seeks to enable data-sharing across Utah, based on value and to encourage quality care.

The Employers' Health Coalition of Idaho/ Idaho Collaborative for Health Quality

The Employers' Health Coalition of Idaho is a group of purchasers and payers throughout the Idaho community working toward improving the quality and affordability of health care. The group, in existence since 1984, recently voted to form the Idaho Collaborative for Health Quality, a 501(c)(3) organization with a broader-based representation of all community stakeholders including community advocacy groups, providers, purchasers and payers. The Idaho Collaborative for Health Quality hopes to achieve "Chartered Value Exchange" status.

The Private Sector Moves Towards Information Transparency

The private sector isn't waiting for the government to do all the work. The organization America's Health Insurance Plans (AHIP)⁶ is made up of both non-profit and for profit health insurers. In their report, *Setting a higher BAR*, these organizations evaluated information transparency and efforts to improve quality and safety in healthcare⁷. This report outlines policy initiatives and goals that AHIP deems crucial in moving to a more consumer -driven healthcare environment. In relation to transparency the AHIP report states Goal 2 as: *Improve clinical quality through better dissemination, transparency, and use of information on safety, effectiveness and performance.*

Suggested AHIP changes include:

- Streamline the way practitioners and patients retrieve information by creating a single entity for coordinating and making public available information on clinical best practices.
- The Department of Health and Human Services (HHS) to coordinate health services research conducted across Agency for Healthcare Research and Quality (AHRQ), National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and other federal agencies.
- HHS to create web-based retrieval of the latest medical studies.
- HHS should also create fact sheets for patients explaining the results and implications for patients and suggest how physician practices can adopt these findings.
- Health plans should disseminate available information on best practices to providers.
- Health plans should send alerts or timely information to providers regarding recalls or breakthroughs through electronic health records.
- Link providers to the newly-created HHS Web site and communicate patient-friendly information.
- Promote electronic personal health records.
- Provide information to patients highlighting the latest improvements in care so that patients with special needs can be made aware of the latest research on their health concerns.
- Coordinate research demonstrating the value of prevention and health improvement activities.

Transparency: Just the Beginning

As both private and public sectors work on developing systems and processes to address information transparency it is important for businesses and consumers to examine what is available. At this early stage of the process, information transparency is beginning to take place and health care providers are taking strides to increase information available to their clients. As subsequent efforts bare fruit, consumers and businesses that embrace the use of information will be in a better position to realize the benefits of a consumer driven health care system. Over time, the collection and dissemination of information, called transparency, will provide a beneficial result for everyone involved.

⁶ www.ahip.org / ⁷ <http://www.ahip.org/content/fileviewer.aspx?docid=19476&linkid=167556>