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Conn. Data-Sharing Project Tests Benefits Of Physician Reporting

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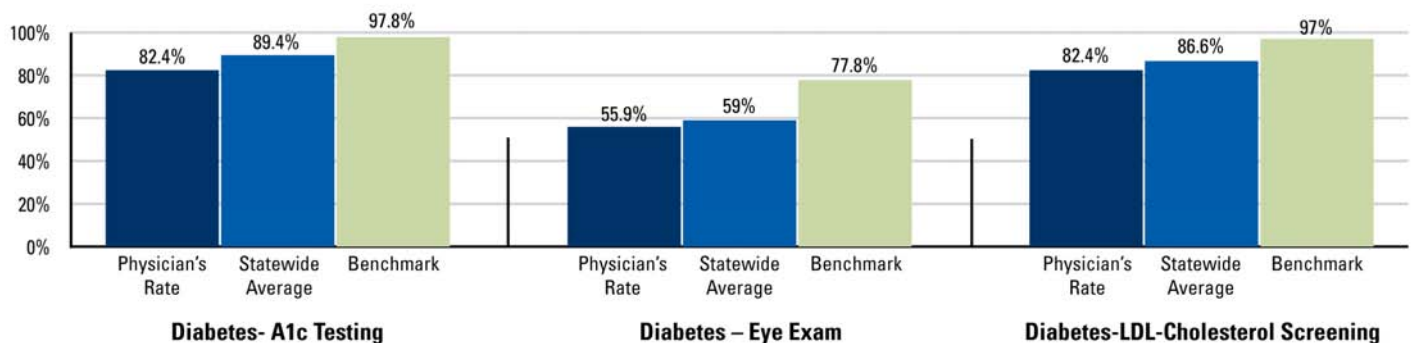
Health plans are intense competitors by nature, but a new initiative to improve the quality of healthcare in Connecticut has brought them to the table in rare fashion to aggregate and share members' claims data with physicians.

As a result of this historic data-sharing project with two of the state's leading provider organizations, an estimated 4,000 physicians throughout Connecticut can now track their progress in meeting national guidelines for tests and screenings for chronic conditions such as diabetes and coronary artery disease.

More than 400 physicians have viewed their performance reports online since eHealthConnecticut Inc. went live with the Connecticut Health Quality Cooperative (CHQC) in September, said Thomas Meehan, M.D., chief medical officer for Qualidigm, which is handling day-to-day operations of the cooperative.

"It's the first time [in Connecticut] that we've had the health plans sitting down at the same table with the physicians discussing how to measure quality and then sharing the data to accomplish that," Meehan said.

Table 3-1: Connecticut Health Quality Cooperative – Sample Physician Performance Report



Source: Connecticut Health Quality Cooperative

Qualidigm is Connecticut’s designated Medicare Quality Improvement Organization. As such, it has access to Medicare fee-for-service claims data under a contract with the Centers for Medicare & Medicaid Services. Qualidigm combined the Medicare data with the claims data the health plans already submit to the National Committee for Quality Assurance to judge how the plans are doing on meeting eight Healthcare Effectiveness Data Information Set (HEDIS) quality-care measures.

The aggregated data was then assembled and presented in a format that shows physicians how they perform in meeting nationally accepted standards for patient care in eight categories, including diabetes, coronary heart disease (CAD), preventive care, asthma and childhood respiratory infections.

Up until now, most physicians did not have a means to roll up the data to see how they’re doing across their entire patient population, Meehan said. “Most have paper-based charts that tell them how the patient sitting in front of them is doing, but until they have electronic medical records or electronic patient registries that will aggregate for them, they often don’t have any real idea how they’re doing across all their patients,” he said.

With the CHQC, physicians can track how they measure up against the benchmarks set by their peers in performing tests to assess control of blood sugar levels and annual eye exams for diabetes, cholesterol levels for diabetics and CAD patients; annual mammography tests and cervical cancer screenings and appropriate treatment for children with upper respiratory infections and pharyngitis.

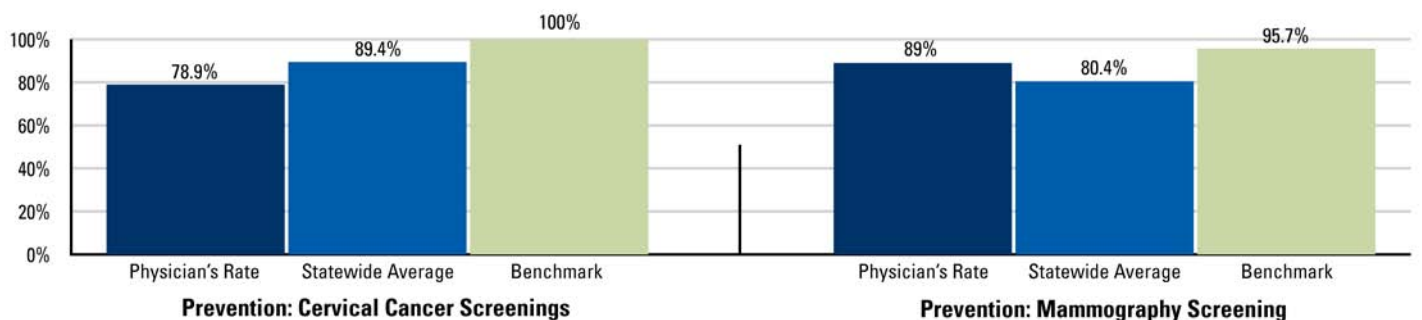
Chartered Value Exchange Considered Progressive Among Its Peers

Connecticut is one of two dozen organizations in states across the country designated as a Chartered Value Exchange (CVE) by the U.S. Department of Health and Human Services (DHHS). These collaborative organizations of multiple stakeholders are working to improve healthcare quality in their regions by adopting interoperable health information technology and collecting and reporting quality improvement information to providers and consumers.

Connecticut’s progress on this front is “pretty progressive and I think it’s probably an area that many other states would like to move to,” said Debra Draper, associate director for the Center for Studying Health Systems Change. The center has been monitoring such physician performance initiatives around the country.

“Data is power, and most physicians assume that they’re doing a really good job. Then [they] get data, which may be benchmarked against their peers, and it shows that they may be a low-performing physician. Well, it’s shocking to most,” she said, adding that it can motivate physicians to make improvements.

Table 3-2: Connecticut Health Quality Cooperative – Sample Physician Performance Report



Source: Connecticut Health Quality Cooperative

In a recent paper on the topic, Draper highlighted the difficulty in getting meaningful and accurate data on physician performance. That’s because health plans often use varying methodologies in assessing and reporting physician performance, and because practices typically include patients from many different

health plans. Consequently, an individual plan's assessment doesn't provide a complete picture of a practice's patient base. The insurers, which often use the information to set up narrow networks of high-performing physicians, are typically reluctant to share that information.

"It's very competitive. Plans don't want to share this information," she said. "I think the health plans see their high-performance networks as a product they develop and sell to try to differentiate themselves in the marketplace with employers and other purchasers."

Wide Cooperation From State's Major Carriers, Providers

The eHealthConnecticut project relies on cooperation from health plans—Aetna, Anthem Blue Cross and Blue Shield, ConnectiCare, Health Net and UnitedHealthcare—working in collaboration with the Connecticut State Medical Society, the separate Connecticut State Medical Society-IPA and Qualidigm.

Angelo Carrabba, M.D., chairman of the board of eHealthConnecticut, a practicing OBGYN and past president of the Medical Society, said the aggregation was very important to physicians, who in the past were getting feedback from a health plan that would represent only a very small sample of their patients with the diagnoses being tracked.

"I think doctors are positive about this as being a step in the right direction because they felt that these assessments are too siloed and really didn't represent a broad spectrum of how they truly practice day to day," he said.

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— Angelo Carrabba, M.D., Chairman, eHealthConnecticut

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Getting process steps approved by the national carriers in particular took more time than originally anticipated, Meehan said. They made it work by focusing on common HEDIS measures that plans were already submitting for NCQA accreditation and by focusing on a limited number of specialties, including pediatrics, internal medicine, obstetrics and gynecology, endocrinology, cardiology and family practice.

Project Coordinators Look To The Future For Improvements

The measures are process-oriented, tracking how many times tests are done, as opposed to outcomes measures that show the actual results of the tests. "Hopefully, as we expand into year two and look at other measures, we will get laboratory data that would allow us to report on those intermediate outcomes," Meehan said. The goal is to also expand into other specialties and share the results with consumers.

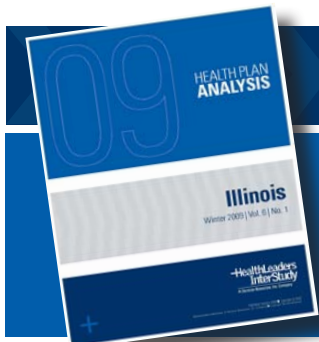
Proponents are also looking to make the data, which is from calendar year 2007, more robust. Physicians are bothered by the fact that the claims data is up to two years old, Carrabba said. "What we would like to see, when and if everybody is on electronic medical records, is to have this done periodically throughout the year to give a more current estimate of how they're doing."

eHealthConnecticut is also working on a statewide information exchange to foster physician adoption of medical record technology. "The vision is that a physician will have real-time access to data regarding labs, X-rays, reports and other documents related to the patient's care right in the physician's office," Meehan said. "In turn, this physician will be able to transmit data in real time to other healthcare providers—for example, an emergency department—who need it to treat the physician's patient."

At this point, the CHQC is not planning to use the data to develop a statewide pay-for-performance system, as California has.

Outlook

It's no small feat that Connecticut has gotten all its health plans to the table to pool their claims data and share it with physicians. It's a good start, but the data won't give physicians a complete and accurate picture until they get electronic medical records in place that will deliver a more up-to-date analysis of their patient care patterns. ■



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