

Standardized Quality Measures Begin and End with Greater Transparency

By David Lansky, PhD
*President and Chief Executive Officer
Pacific Business Group on Health*



In 1979, I began working for a heart surgeon in Oregon who happened to have been the co-inventor of the first successful artificial heart valve – which he had implanted in a patient in 1959. Dr. Albert Starr was remarkable in many ways, but most important to me was his passionate belief in the continuous improvement of medical care. He

believed that the state-of-the-art techniques he used in 1959 or 1979 would be regarded as antiquated or even foolish 20 or 50 years later. And he was committed to being among those who discovered the better way. So when he began implanting heart valves in 1959, and later performing bypass surgery, he committed himself to keeping track of every patient until he or she died, and of monitoring changes to their overall health and cardiac health every year. As a result, he built one of the world's largest databases on patient outcomes from heart surgery, and was able to publish the first studies of the long-term effectiveness of different heart implants and surgical techniques. He subjected himself to rigorous, continuous measurement of his patients' outcomes because he wanted to learn what worked and what didn't, and because he cared about whether his treatments helped his patients to live longer and healthier lives.

I have known many physicians with personal dedication similar to Dr.

Starr's. They have demonstrated that it is possible to measure the results of medical care in systematic ways, and in ways that matter to you and me as patients, and to the employers and government agencies who pay the bills. After I have heart surgery or a stent, will I feel less chest pain? Will I be able to climb stairs, play golf, and live a normal life? If I have a knee replacement, how likely is it that I will have a serious infection or dislocation of the new joint? Will I be able to walk or play tennis, will I feel less pain? If my child has asthma, will treatment help him play school sports, sleep through the night, and stay out of the emergency room? Which doctor in my town is better at helping my child achieve a normal life?

These are the outcomes American families and employers care about – improvements in quality of life, functioning, and longevity. Alas, we have been operating a measurement enterprise for over twenty years that leaves us unable today to make any of these essential judgments about

the quality of doctors, hospitals, or health care organizations.

There are many reasons to measure quality systematically. Of course one is Dr. Starr's: to help clinicians evaluate and improve the care they provide. But in today's environment, three other reasons are at least as important.

First, patients have a fundamental right to know whether they are likely to receive good care from a doctor or hospital they are considering. Increasingly, patients are bearing a large proportion of the costs of care, and must make decisions about where to seek care while weighing the likely benefits and costs of the services they are considering. We do the American people a disservice if we impose increasing costs on them with no information on quality.

Second, employers and other purchasers of care are committed to improving the value of the health care services they pay for. Our member organizations are experiencing annual increases in health care costs well above inflation. These increases are eroding their profitability and competitiveness and undercutting employee wages – and workers and companies do not appear to be receiving any increase in value for these extraordinary expenditures. In no other area of their business do our members incur ever-increasing

costs with no corresponding benefit. Our members are committed to identifying those providers most likely to achieve good results and using innovative contracting and benefit designs to assist patients in getting care from those providers. This is a fundamental and almost universal strategy of our member companies, but they are unable to execute it effectively without standardized, comparative quality information.

Finally, we have a well-documented national failure in accountability. Our society is spending upwards of \$2.8 trillion dollars every year on health care – and our federal government is responsible for \$750 billion of that. It is unconscionable that we have virtually no information to indicate if these dollars are well spent. Innumerable research studies from communities and institutions throughout the country suggest that much of this spending is unnecessary or even harmful. So the third reason to measure health care quality is to evaluate and improve the effectiveness and accountability of our health care system.

We have collectively failed to establish the infrastructure that would permit a robust health care marketplace to exist. Instead, the absence of useful quality information leaves the American people in an unacceptable situation,

where the only information to differentiate hospitals or clinics or doctors is their price tag. It's as if the SEC had mandated disclosure of the price of a security -- but nothing about the company itself or its financial performance -- and we expected investors to make smart choices. Each of us has critical decisions to make about our health care, and, collectively, those decisions will shape the long-term quality and affordability of our care. Let's make a commitment to giving every American the information they need.

David Lansky, PhD, is the President and Chief Executive Officer of the Pacific Business Group on Health (PBGH) and directs its efforts to improve the affordability and availability of high quality health care. Since 2008, David Lansky has led the coalition of 50 large employers and health care purchasers representing over three million Californians, including CalPERS, Wells Fargo, Intel, Safeway, Chevron, and the University of California. PBGH also collaborates with diverse stakeholders on national health care policy issues through the Consumer-Purchaser Alliance.

Visit the PBGH web site at www.pbgh.org.

Reprinted with permission from the California Healthcare News. To learn more about the California Healthcare News visit cahcnews.com.