Health Care Quality: New Jersey HMOs

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NCQA
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NCQA

- National health care quality oversight organization
- Measures and reports on health care quality
- Unites diverse groups around common goal: improving health care quality
What Should We Expect?

Health care organizations should:

- Be accountable for the care and service they deliver
- Have the infrastructure necessary to deliver high quality care and service
- Increase the likelihood of desired health outcomes consistent with current professional knowledge
What Do We Know About Health Care Quality?

• Quality can be measured
• Health care systems must be accountable for quality
• Measurement AND accountability drive improvement
• Consumers want and use information about health care quality
Accountability Is the Norm Among HMO and POS Plans...

Performance Data for 65% of HMO and POS Plans Are Publicly Available*

* These plans tend to be larger and cover 87% of all enrollees in such plans
...But in General, Accountability in Health Care is the Exception

Percent of Insured U.S. Population for Which Performance Data Are Available

- 28% Data Available
- 72% No data collected
- Fee for service, other types of coverage
- HMO and POS Plans
What is HEDIS?

The Health Plan Employer Data and Information Set:

- Process and outcomes measures
- Standardized member satisfaction survey - CAHPS® 3.0H
- Used by Commercial, Medicare, and Medicaid plans alike
- Allows plan-to-plan comparison
HEDIS Permits Comparison of Plans

- Broad set of measures assesses performance in key areas
- Precise specification of measures and auditing of results assures comparability
- Process in place to improve and expand on current measurement set
Chaos Gets Headlines... But It’s Not the Whole Story

H.M.O.'s For 200,000 Pulling Out of Medicare

September 10, 2002
By ROBERT PEAR

WASHINGTON, 200,000 elderly Medicare next year dropped by H.M.O.

Health Care's Soaring Cost Takes a Toll
Squeeze Hits Workers, Firms and Government

Estimate: 30% of health spending is wasted

Study: Uninsured Don't Get Needed Health Care
Delayed Diagnoses, Premature Deaths Result

The New York Times
August 11, 2002
Decade After Health Care Crisis, Soaring Costs Bring New Strains

Health Insurance Prognosis Is Poor
Survey of Employers Finds Premiums Rising, Coverage Shrinking

By Bill Brumberk
Washington Post Staff Writer
Friday, September 6, 2002, Page B5

The latest national survey of health insurance trends is drearily familiar:

Access to care shrinking systemwide: report
By: Julie Piotrowski

Not only Medicare beneficiaries but also insured older Americans are reporting long physician appointments and delayed or unreceived

Modern Healthcare

Report finds minorities get poorer health care
March 20, 2002 Posted: 11:59 AM EST (1659 GMT)

By Rea Blakey
CNN Medical Correspondent

WASHINGTON (CNN) -- White people in the United States are getting better, more aggressive health care than minorities, according to an Institute of Medicine report requested by Congress.

Health Insurers Are Seeking 20% Rate Rise

The New York Times

The latest national survey of health insurance trends is drearily familiar:

Not only Medicare beneficiaries but also insured older Americans are reporting long physician appointments and delayed or unreceived
## Success In the Midst of Chaos: Improvements: 1999 - 2001

<table>
<thead>
<tr>
<th>Measure</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox Vaccine</td>
<td>63.8</td>
<td>70.5</td>
<td>75.3</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>71.8</td>
<td>78.1</td>
<td>80.0</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>39.0</td>
<td>51.5</td>
<td>55.4</td>
</tr>
<tr>
<td>Cholesterol Management - Control</td>
<td>36.7</td>
<td>53.4</td>
<td>59.3</td>
</tr>
<tr>
<td>Diabetes Care - Lipid Control</td>
<td>36.7</td>
<td>44.3</td>
<td>49.8</td>
</tr>
<tr>
<td>Asthma Medication Use</td>
<td>57.7</td>
<td>62.6</td>
<td>65.6</td>
</tr>
</tbody>
</table>

Source: State of Health Care Quality: 2002, NCQA
Success In the Midst of Chaos: Improvement from Baseline

Source: State of Health Care Quality: 2002, NCQA
## The Accreditation/Performance Correlation: Regional Variations

<table>
<thead>
<tr>
<th>Measure</th>
<th>New England</th>
<th>South Atlantic</th>
<th>Mid-Atlantic</th>
<th>Pacific</th>
<th>Mountain</th>
<th>East North Central</th>
<th>West North Central</th>
<th>South Central</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunizations</td>
<td>80.3</td>
<td>74.0</td>
<td>76.8</td>
<td>68.0</td>
<td>63.8</td>
<td>70.5</td>
<td>64.5</td>
<td>56.4</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>60.6</td>
<td>56.0</td>
<td>56.7</td>
<td>54.9</td>
<td>53.8</td>
<td>56.7</td>
<td>52.9</td>
<td>47.9</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>93.8</td>
<td>88.0</td>
<td>88.3</td>
<td>86.7</td>
<td>84.7</td>
<td>83.6</td>
<td>80.7</td>
<td>77.6</td>
</tr>
<tr>
<td>% Accredited by NCQA</td>
<td>75.9</td>
<td>75.8</td>
<td>72.0</td>
<td>69.7</td>
<td>63.0</td>
<td>61.3</td>
<td>40.5</td>
<td>39.2</td>
</tr>
</tbody>
</table>

- **Highest performer** = highest red bar
- **Lowest performer** = lowest blue bar

Source: State of Health Care Quality: 2002, NCQA
Why Does Quality Improvement Matter?

Adverse Outcomes Prevented Due to Improvements to Date

<table>
<thead>
<tr>
<th>Measure</th>
<th>What Was Prevented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Blocker Treatment</td>
<td>10,000 deaths</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>10,500 heart attacks, strokes</td>
</tr>
<tr>
<td>Chicken Pox Vaccine</td>
<td>620,000 cases of chicken pox</td>
</tr>
</tbody>
</table>

Source: State of Health Care Quality: 2002, NCQA
But There Is Still Room for Improvement...

Estimate of Deaths Avoided If “Best Practice” Care Were Universal

U.S. Population

<table>
<thead>
<tr>
<th>Measure</th>
<th>Deaths Avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Blocker Treatment</td>
<td>1,200 per year</td>
</tr>
<tr>
<td>Cholesterol Control</td>
<td>4,700 per year</td>
</tr>
<tr>
<td>Diabetes - HbA1c Control</td>
<td>510 per year</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>914 per year</td>
</tr>
</tbody>
</table>

Current national averages for these measures estimated to be equal to the average non-accredited plan rate, 2002.

Source: State of Health Care Quality: 2002, NCQA
Improvement Would Also Help Minimize Sick Days

Annual Sick Days Prevented Among Working Population If “Best Practice” Care Were the Norm

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sick Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>4,200,000</td>
</tr>
<tr>
<td>Depression</td>
<td>8,900,000</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4,200,000</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3,700,000</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1,900,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,900,000</strong></td>
</tr>
</tbody>
</table>

Sick Wages, Savings = $2.6 Billion

Source: State of Health Care Quality: 2002, NCQA
New Jersey Performance

- New Jersey DHSS has been publicly reporting HMO performance since 1997
- **Good News**
  - New Jersey performance has been steadily improving
- **Bad News**
  - New Jersey health plan average remains consistently below national and regional means
Improving NJ Performance

New Jersey Health Plan Mean

<table>
<thead>
<tr>
<th>Year</th>
<th>Childhood Immunization</th>
<th>Breast Cancer Screening</th>
<th>Cervical Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>63</td>
<td>66</td>
<td>65</td>
</tr>
<tr>
<td>1999</td>
<td>66</td>
<td>65</td>
<td>67</td>
</tr>
<tr>
<td>2000</td>
<td>64</td>
<td>64</td>
<td>74</td>
</tr>
<tr>
<td>2001</td>
<td>70</td>
<td>71</td>
<td>78</td>
</tr>
</tbody>
</table>

Sources: NCQA & NJ Dept. of Health and Senior Services
Improving NJ Performance

New Jersey Health Plan Mean

- Check-Ups After Delivery
- Mental Illness Follow Up
- Beta Blocker Treatment

Sources: NCQA & NJ Dept. of Health and Senior Services
Improving NJ Performance

New Jersey Health Plan Mean

Sources: NCQA & NJ Dept. of Health and Senior Services
New Jersey vs Region/Nation

2001 Performance

Sources: NCQA & NJ Dept. of Health and Senior Services
New Jersey vs Region/Nation

2001 Performance

Check-Ups After Delivery: NJ 73, Mid Atlantic 78, Nation 77
Mental Illness Follow Up: NJ 70, Mid Atlantic 76, Nation 73
Beta Blocker Treatment: NJ 90, Mid Atlantic 94, Nation 92

Sources: NCQA & NJ Dept. of Health and Senior Services
New Jersey vs Region/Nation

2001 Performance

- Diabetes - Eye Exam: NJ 51, Mid Atlantic 57, Nation 52
- Diabetes - HbA1c Testing: NJ 78, Mid Atlantic 83, Nation 81
- Cholesterol - Level: NJ 62, Mid Atlantic 65, Nation 59

Sources: NCQA & NJ Dept. of Health and Senior Services
The Five Keys to Quality

• Measurement
• Reporting
• Information
• Systems
• Rewards
Quality Profiles™: Promoting Best Practices

- Joint NCQA/Pfizer project
- Showcases model quality improvement efforts
- Studies focus on key health issues: heart disease, diabetes, cancer, AIDS, access to care, service
- Profiles provide examples to help plans improve care and service
- www.QualityProfiles.org
Questions

• Web site: www.ncqa.org

• For technical questions about HEDIS, Accreditation: www.ncqa.org/main/support.htm

• Customer Support: (888) 275-7585