

# Quality Outcomes Reporting Optimizes Payment for Care

Implementing an EHR-EMR system helps reduce the “heavy lifting” of data collection and lets doctors do what they do best – improve the quality of patient care

**By:**

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Only 21.5 percent of the health care quality marketplace currently reports on its performance. This was noted in the National Committee for Quality Assurance (NCQA) annual report: "*The State of Healthcare Quality 2005.*"

In this white paper, Jewson Enterprises analyzes the positive trends and the threats identified in the NCQA report.

The NCQA emphasized the following:

**The Good News**

- Quality of care for many Americans continued to improve in 2004.
- Over the past decade, thousands of lives and billions of dollars have been saved through health plan performance measurement and reporting.

**The Bad News**

- Future gains from positive trends in quality of care improvement may be threatened by rising costs to leading employers, who are shifting workers into new types of health plans that are not accountable.
- Unexplained variation in clinical practice continues, contributing to critical "quality gaps."
- Most consumers do not yet have access to objective information which would help them make informed decisions about their care.

## **National Health Situation in 2004**

Health care quality for the 65 million Americans enrolled in accountable health plans improved substantially across all clinical indicators in 2004. On average, care improved regardless of payer, whether it was a private employer, Medicare, or state Medicaid agency, among health plans that actively measured and reported quality results (See Exhibits 1 through 3).

Exhibit 1. HEDIS Effectiveness of Care Measures Comparisons – Select Commercial Averages 2000-2004

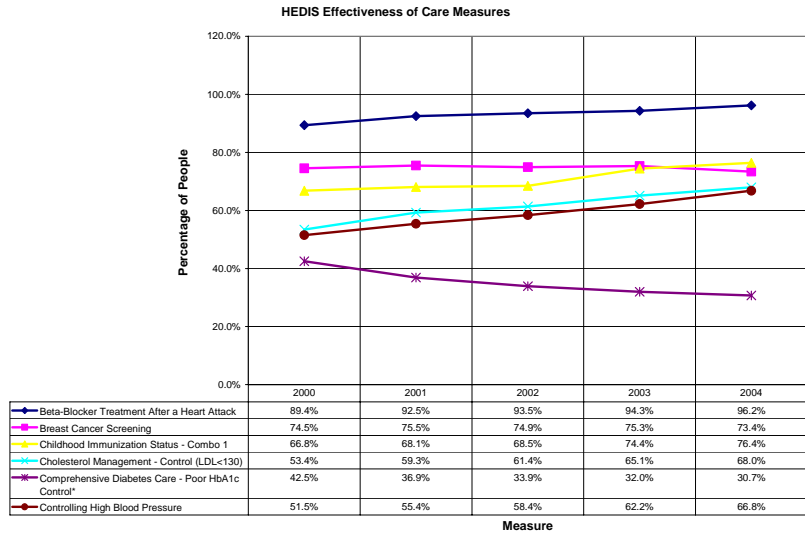
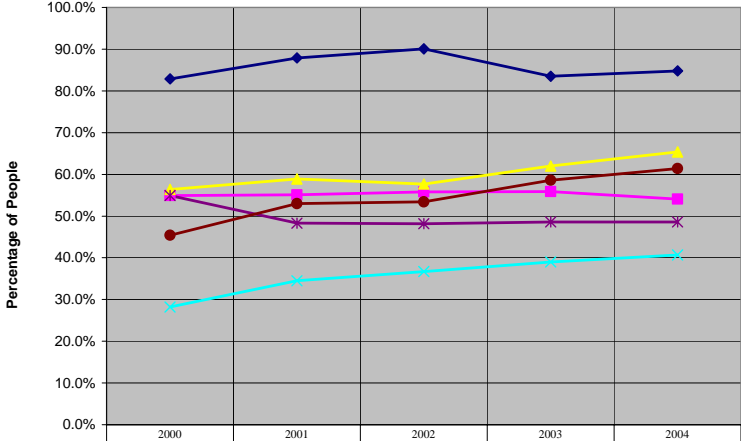


Exhibit 2. HEDIS Effectiveness of Care Measures Comparisons – Select Medicaid Averages 2000-2004

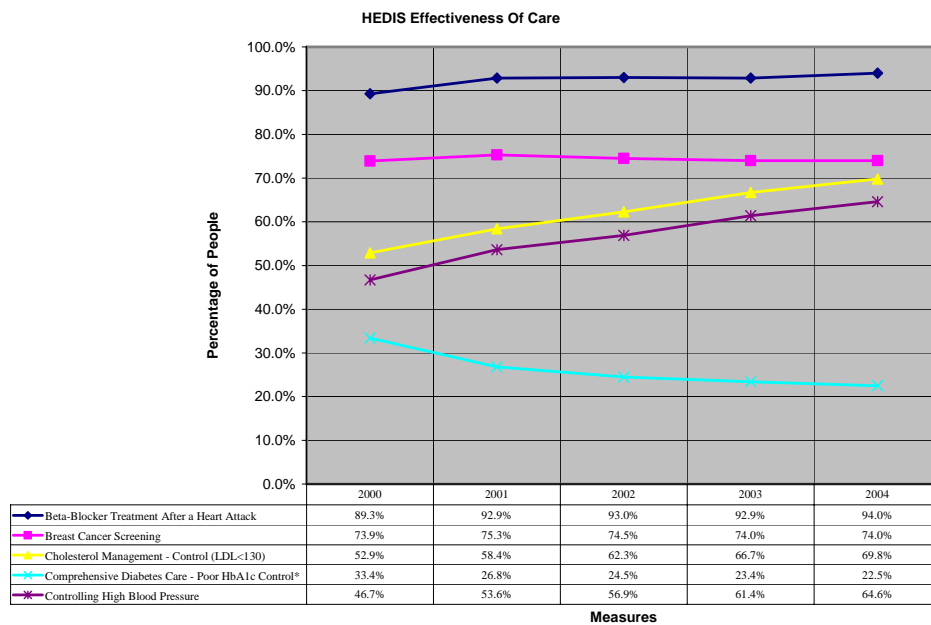
HEDIS Effectiveness of Care Measures



	2000	2001	2002	2003	2004
◆ Beta-Blocker Treatment After a Heart Attack	82.9%	87.9%	90.1%	83.5%	84.8%
◆ Breast Cancer Screening	54.9%	55.1%	55.8%	55.9%	54.1%
◆ Childhood Immunization Status - Combo 1	56.4%	58.9%	57.7%	62.0%	65.4%
◆ Cholesterol Management - Control (LDL<130)	28.2%	34.5%	36.7%	39.0%	40.7%
◆ Comprehensive Diabetes Care - Poor HbA1c Control*	54.9%	48.3%	48.2%	48.6%	48.6%
◆ Controlling High Blood Pressure	45.4%	53.0%	53.4%	58.6%	61.4%

Measures

Exhibit 3. HEDIS Effectiveness of Care Measures Comparisons – Select Medicare Averages 2000-2004



## Key Future Implications

Just how much of an effect does better information have on quality? According to a recent Kaiser Family Foundation report<sup>1</sup>, the majority of Americans rely on family and friends if they want help comparing the quality of different doctors, hospitals, or health plans. Relatively few seek objective information – for example, from online sources – presumably because not much is available. In general, people do not trust their employers to give them good information on health plans.

The NCQA and *U.S. News and World Report* produced a set of rankings of American health plans. Millions of Americans can consult these printed lists during open enrollment, and millions more will access them online. These health plan rankings support the NCQA’s goal of enhancing accountability by including information not only about health plans that measure and report their

<sup>1</sup> Kaiser Family Foundation, Agency for Healthcare Research and Quality, Harvard School of Public Health. National Survey on Consumer Experiences with Patient Safety and Quality Information. November 2004.

quality data, but also about health plans that do not. The NCQA expects to include PPOs and other types of plans in the future.

The NCQA currently publishes information about the quality of individual providers on its website at <http://www.ncqa.org/PhysicianQualityReports.htm>. This information comes from the NCQA's Physician Recognition Programs. The American Diabetes Association, the American Heart Association/American Stroke Association, and the NCQA offer programs that highlight doctors who provide diabetes, cardiac, and stroke care that are consistent with evidence-based standards. In addition, the NCQA recognizes practices that use clinical information and technology to improve patient care.

## **Quality Measures and Recognition**

### ***HEDIS Measures***

The Health Plan Employer Data and Information Set (HEDIS)<sup>2</sup> is a tool used by nearly all health plans to measure performance on important dimensions of care and service. Altogether, there are more than 60 different measures in HEDIS. Because HEDIS data are collected by such a large portion of the market, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of managed health care plans on an “apples-to-apples” basis. Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts.

HEDIS is designed to provide purchasers of care and consumers with the information they need to reliably compare the performance of managed health plans. The measures address a broad range of important health issues, including:

### ***CAHPS Member Satisfaction Measures***

CAHPS® measures members' experiences with their commercial and Medicaid organizations. It addresses areas such as the ability to obtain information from a health plan, the timeliness of services, and the speed and accuracy by which health plans process claims. Taken together, the CAHPS results offer an indication of how well health care organizations are meeting their members'

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<sup>2</sup> HEDIS and CAHPS descriptions courtesy of the NCQA: more information is available at [LINK](#).

expectations. The CAHPS 3.0H surveys were developed with the Agency for Healthcare Research and Quality (AHRQ), which began the CAHPS initiative.

## ***Comprehensive Diabetes Care***

Diabetes is the fifth leading cause of death from disease in the United States. About 14 million Americans have physician-diagnosed diabetes, and an additional 5.9 million Americans suffer from undiagnosed diabetes.<sup>3</sup> Much of the burden of illness and cost of diabetes treatment is attributed to potentially preventable long-term complications, such as heart disease, blindness, kidney disease, stroke, and even death.<sup>4</sup>

The Comprehensive Diabetes Care measures assess several important features of effective, multi-risk factor management of diabetes and its potential complications. The measures estimate the percentage of health plan members with type 1 and type 2 diabetes, who are 18 to 75 years old, and who, during the measurement year, have:

1. a hemoglobin A1c (HbA1c) test;
2. poorly controlled HbA1c (level greater than 9.0 percent; lower rates are better for this measure);
3. a serum cholesterol level (LDL-C) screening;
4. their cholesterol level (LDL-C) controlled to less than 130 mg/dL;
5. their cholesterol level (LDL-C) controlled to less than 100 mg/dL;
6. an eye exam; and
7. a screen for kidney disease (microalbuminuria test).

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<sup>3</sup> American Heart Association. Heart Disease and Stroke Statistics – 2005 Update 2005, American Heart Association.

<sup>4</sup> National Heart, Lung and Blood Institute, National Institutes of Health; Treating Hypertension in the Patient With Type 2 Diabetes; Statement by Claude Lenfant, M.D., former Director, National Heart, Lung and Blood Institute; May 30, 2002. [www.nlm.nih.gov/databases/alerts/type2.html](http://www.nlm.nih.gov/databases/alerts/type2.html).

## A Look at Quality Improvements

Physician organizations are faced with making medical information secure and available, instantly accessible, and duplicated off-site for disaster recovery; being reactive and proactive simultaneously; responding quickly to both opportunities and threats; and last but certainly not least, embracing the latest innovations while continuing to offer an old-fashioned personal touch.

To accomplish these juggling acts, physician's offices must ensure they're standing on a firm foundation: a well-designed, integrated, and secure data system. Most importantly, their pay will be determined by their system's quality outcome reporting capabilities.

Quality of care delivery by physicians is influenced by payer requirements. The U.S. Center for Medicare Services (CMS) was one of the first to offer pilot "pay-for-performance" contracts. Because Medicare represents more than 40 percent of health care payments in the U.S., and Medicare rates indirectly affect most other health plans' rates, its policies set the direction and tone for much of the U.S. market. Other payers, including several Blue Cross organizations and the Integrated Healthcare Association in California, have begun to offer contracts that offer increased reimbursement rates or end-of-year bonuses to practices that can prove they have provided high-quality care.

These early pay-for-performance contracts are based, to varying degrees, on quality-of-care and disease-management standards established by the NCQA, the Leapfrog Group, and Bridges to Excellence. All explicitly require the use of information technology to improve safety and ensure adherence to the highest standard of care.

Over the next few years, several market forces on physicians, patients, and payers will accelerate healthcare IT adoption and transform ambulatory medicine. These include:

- Automation of back-office procedures (e.g., billing, coordination of benefits, pre-authorizations, etc);
- Improvements in telemedicine systems;
- Increased access to information (for both providers and patients) via the Internet;
- Maturity and standardization of EHR systems, as buyers and sellers converge on a standard; and
- The creation of platforms for "outcome-driven medicine", including online databases to facilitate research.

The best way to prepare your healthcare organization for these changes is by having an IT system that is certified by national standards bodies, provides an integrated practice management and electronic medical record (EMR) solution, and easily interoperates with your partners' systems and devices. Currently, only one IT vendor (GE Healthcare) has accomplished a functionality certification in quality outcomes reporting. GE is also well on its way to achieving EHR system certification and interoperability.

## **Recognition & Certification Programs**

### ***Physicians***

The National Committee for Quality Assurance's Diabetes Physician Recognition Program (<http://www.ncqa.org/publications/dprppubs.htm>), cosponsored by the American Diabetes Association (ADA), is a voluntary program for individual physicians or physician groups that provide care to people with diabetes. Physicians in all settings can achieve NCQA recognition by submitting data that demonstrates they are providing quality diabetes care. The program assesses key measures that were carefully defined and tested for their relationship to improved care for people with diabetes. Program measures are consistent with National Diabetes Quality Improvement Alliance (NDQIA) measures (see [www.nationaldiabetesalliance.org](http://www.nationaldiabetesalliance.org)), but go beyond NDQIA by applying performance criteria to each measure.

In today's competitive health care marketplace, benchmarking data for physicians, groups, and plans is becoming very important to payers, purchasers, and consumers. By seeking NCQA recognition, physicians are able to review their practice pattern for diabetes care and determine if improvements are needed. In addition, the achievement of recognition demonstrates to colleagues, patients, and purchasers that a physician, group, plan, or system provides quality diabetes care. In some areas, recognized physicians are eligible for monetary rewards (see [www.bridgestoexcellence.org](http://www.bridgestoexcellence.org)).

If recognition is achieved, this status may be advertised within the guidelines established by NCQA and ADA. Recognized physicians and groups are publicized through health plan provider directories and on NCQA's website ([www.ncqa.org](http://www.ncqa.org)). Recognized physicians and groups also receive visibility through the ADA's popular website (over 1.0 million visitors per month in 2000) and the 1-800-DIABETES National Call Center (over 500 calls per month in 2000 seeking referral to a physician). Patients seeking a physician are only referred to NCQA-recognized physicians.

## ***Physician Recognition Software Certification***

NCQA Certification is a nationally recognized evaluation that managed care organizations (MCOs) and purchasers can use to assess physician organizations. NCQA Certification evaluates how well a physician's office manages its clinical and administrative systems in order to continuously improve health care for its members. Certification focuses on the physician office's role as a delegate, or agent, performing a function on behalf of Managed Care Organizations.

NCQA surveys are rigorous on- and off-site evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians analyzes the team's findings and determines certification based on the physician organization's performance compared to NCQA standards.

These standards – developed by a broad coalition representing consumers, employers, unions, health plans and Physician Organizations – are demanding. The NCQA has deliberately set high standards to encourage organizations to continuously enhance their quality.

NCQA standards fall into four categories:

1. Quality Improvement
2. Physician Credentials
3. Preventive Health Services
4. Utilization Management

## **Quality Outcomes Reporting: GE Centricity® Practice – Electronic Medical Record**

“Physicians participating in recognition and pay-for-performance programs need tools that can help compile and report clinical information quickly and accurately,” says Margaret E. O’Kane, NCQA President. “Physician Recognition Software Certification identifies systems that do just that. GE is to be commended for coming forward, and we encourage other software vendors to do the same.”

The Diabetes Physician Recognition Program (DPRP) is a voluntary program that recognizes physicians that provide high-quality diabetes care.

The NCQA has certified the first electronic health record (EHR) software shown to support doctors who wish to pursue the NCQA/American Diabetes Association Diabetes Physician Recognition Program (DPRP).

“Centricity Practice Electronic Medical Record helps reduce the ‘heavy lifting’ of data collection and lets doctors do what they do best—improve the quality of patient care,” said Vishal Wanchoo, president and CEO of GE Healthcare Integrated IT Solutions. “Achieving NCQA’s Physician Recognition Software Certification demonstrates GE’s commitment to addressing the biggest challenges in healthcare by developing transformational medical and information technologies.”

The Physician Recognition Software Certification program currently assesses EHR systems for their compatibility with the DPRP; however, it does not certify other areas of EHR performance, such as interoperability or security, and is not an audit of the validity of medical record data. In the future, the program may be expanded to include testing for compatibility with the NCQA/American Heart Association/American Stroke Association Heart/Stroke Recognition Program and NCQA’s Physician Practice Connections program.

## **Conclusions**

The NCQA Diabetes Physician Recognition Program, developed in conjunction with the American Diabetes Association, recognizes physicians who keep their patients’ blood sugar levels and blood pressure at acceptable levels and routinely perform eye and foot exams.

Implementation of an electronic medical records (EMR) system, such as the GE Centricity Practice – EMR that is certified by the NCQA to provide quality outcomes reporting, allows physicians to instantly view how their standard of care compares to NCQA guidelines, making monitoring, submission, and recognition an easy process.

GE’s Centricity Practice – EMR was rigorously evaluated to ensure that it could accurately report clinical results to physicians interested in applying for recognition under the DPRP. While use of NCQA-certified software is not mandatory, physicians and medical groups may find that using certified EHR software significantly streamlines the application process.

In addition, doctors who meet established performance thresholds are able to earn NCQA recognition. Advanced EMR/EHR software can substantially streamline the data gathering process and help physicians compute preliminary results for comparison to the thresholds for this recognition.



## SPONSORING ORGANIZATION

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