



## Tracking health care quality proves thorny job But state group's efforts yield hard-earned insights

By Guy Boulton of the Journal Sentinel

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In the early days of the Wisconsin Collaborative for Healthcare Quality, a group of 40 people met at least one hour a week by teleconference for nine months, working to develop their first quality measure.

The work that went into developing that one measure - in this case, a way to assess the quality of diabetes care - shows one of the challenges ahead in health care reform.

Widespread agreement exists across the political spectrum that the health care system needs to move toward paying doctors and hospitals for the quality rather than the quantity of care they provide. But that will mean coming up with an accepted way to measure and track health care quality.

The Wisconsin Collaborative, formed in 2003 by a group of large physician practices and health care systems, has been laying the foundation to do just that.

"They really are doing cutting-edge work, and they can help the rest of the country," said Anne Weiss, who oversees the Robert Wood Johnson Foundation's Aligning Forces for Quality program.

But the collaborative's work shows that developing accepted standards to measure health care quality is painstaking work.

The group, which includes most of the state's large hospital systems and physician practices, now tracks and publicly discloses about 25 measures of health care quality, such as how well a physician group keeps patients' high blood pressure under control.

"We are farther ahead than many parts of the country, but we still have a long way to go," said Christopher Queram, president and chief executive of the organization.

One of the reform proposals being considered by Congress is rewarding doctors and hospitals that provide the best quality care at the lowest cost. Yet no one really knows how to determine which doctors and hospitals are doing that.

"It's absolutely nuts that we don't have that," said John Toussaint, a physician and president of the ThedaCare Center for Healthcare Value.

Under the existing system, for example, doctors are paid for each office visit by a diabetic patient. But they are not paid for how well they keep the patient's blood sugar under control.

Health plans can track whether the patient was given a test to measure blood sugar. But they don't have a way of tracking whether the patient's blood sugar was within the accepted range. The Wisconsin Collaborative is one of the few organizations in the country tracking that level of information - and publicly disclosing it.

The collaborative, though, still has relatively few measures. And what sounds appealingly simple in the abstract - measuring and then paying for quality - can present one knotty problem after another in the day-to-day workings of doctors' offices and hospitals.

The collaborative, for example, set out to gather performance data on every patient for which a quality measure applied.

"That's a very complicated task," Toussaint said. "And the people who worked on that would be the first to admit they didn't nail it the first time."

### **Finding a good measure**

Even a seemingly simple measure - how quickly a patient can see a doctor - proved complicated.

The collaborative ultimately settled on tracking a clinic's third available appointment, a measure that eliminated the randomness of openings that occur because of canceled appointments.

Also, the group initially measured Monday through Friday appointments.

But that proved not to be a good measure of access because some practices were open on Saturday and Sunday.

Clearly, measuring the quality of health care can get complex quickly.

For example, the collaborative received a grant from the federal agency that oversees Medicare to compare five quality measures to two years of Medicare claims.

One of the goals was to test how to attribute a patient to a particular clinic, an essential step if Medicare is to pay doctors for quality. The project showed that it could be done, but not easily.

Even more difficult will be determining who provides efficient care. That's important because a doctor or hospital may provide high quality care, but at a much higher cost than his or her counterparts.

The Wisconsin Health Information Organization, an outgrowth of the Wisconsin Collaborative, is trying to do that. But that, too, has proven to be much more difficult and slower going than expected.

"It's a big job," said Weiss of the Robert Wood Johnson Foundation, which has supported some of the Wisconsin Collaborative's work. "But if we don't start, we aren't going to make the changes we need to make."

### **Seeing benefits**

The Wisconsin Collaborative's work is just one of many efforts nationally to track health care quality. Other states have similar organizations. And the Bush administration made providing patients with better information on health care quality a priority.

That said, the Wisconsin Collaborative's work already has yielded benefits. For one thing, it has prodded doctors throughout the state to do better.

When the collaborative began collecting and disclosing quality information, doctors and health systems quickly discovered that they often weren't as good as they had thought, said Betsy Clough, director of quality for clinics at Gundersen Lutheran in La Crosse.

They also learned that no single practice or health system was good at everything.

The result was that practices and health systems began learning from one another as they worked to do as well as the top performers on specific measures. Gundersen Lutheran, for instance, learned how to do a better job managing chronic disease. That in turn led to better care.

Extending quality measurements nationally probably will be a greater challenge than in Wisconsin, which is home to several large physician groups, such as Dean Clinic in Madison and Marshfield Clinic, that are closely aligned with hospitals, and to integrated health care systems that employ doctors.

That's not the norm in most parts of the country. As recently as 2005, roughly half of all office visits were made to practices with one or two physicians, according to the National Ambulatory Medical Care Survey.

Wisconsin's large practices and systems also have computer systems in place or well under way for electronic health records. That makes it easier to track information on quality.

Then there's the challenge of accepted national standards. A number of entities now put out quality rankings for hospitals, but the rankings can vary widely.

The same holds for health plans that are rating physicians.

"We just have a tremendous way to go," Queram said. "Everything we are doing today is laying the foundation."

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