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Consumer Advocacy Organizations and Chartered Value Exchanges: How the Two Can Support Each Other

A Presentation for Consumer Advocates

Health Care Concerns

- Variation in quality of care
- Access to care
- Affordability
- Navigation — e.g., selecting providers and coverage, understanding treatments and medications
- Disparities: economic, racial, cultural
- Cultural competency — e.g., providing health care effectively across cultures
- Care coordination
- Preventive care

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Other Feedback From Consumer Organizations?

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*Berry, Sandra H., Brown, Julie A., Spranca, Mark A. (October, 2001). *Consumers and Health Care: Quality Information: Need, Availability, Utility.* California HealthCare Foundation.*

What We Can Do to Improve Health Care… Together

- Why we are all here
- What we can do as Chartered Value Exchanges (CVEs)
- How we will help each other

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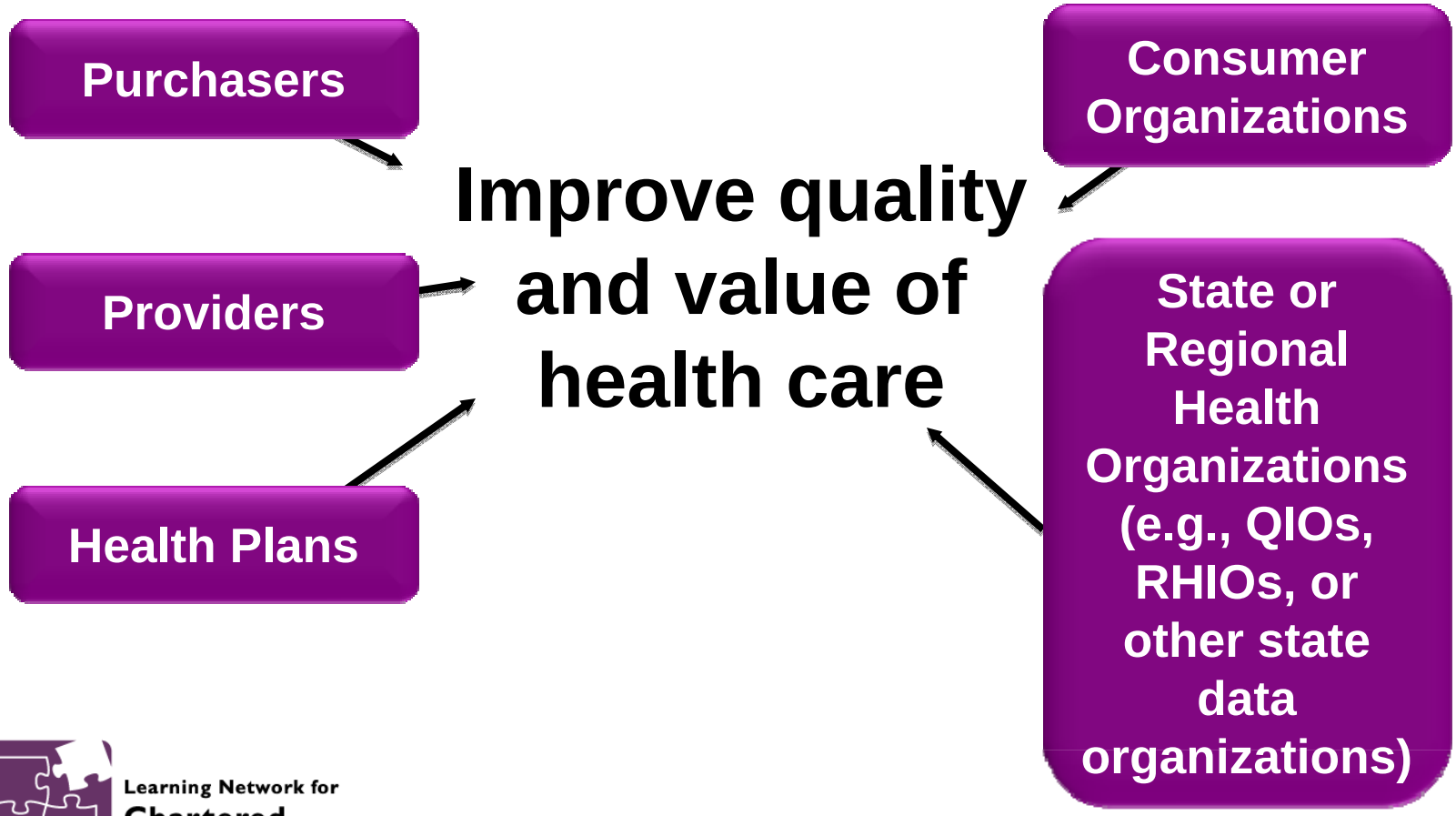
The Purpose of a Chartered Value Exchange



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We Are Not Alone

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What Is Quality?

The Right *Care*

At the Right *Time*

For the Right *Reason*

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Why Focus on Quality?

Quality of care in the U.S. is uneven:

- Risk of medical errors
- Patients receive only about 50% of recommended preventive, acute, and chronic care*
- Widespread variations and disparities in care
- Access limited by geography, health care coverage
- Patients not empowered: Lacking information and control

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**McGlynn, Elizabeth A., et. al. (June 26, 2003). "The Quality of Health Care Delivered to Adults in the United States," New England Journal of Medicine. Vol. 348. No. 26.*

Poor Quality Doesn't Discriminate

- Fully insured
  - Employer-sponsored health insurance
  - Medicare
  - Medicaid
  - Individually purchased health insurance
- Underinsured & uninsured

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In Human Terms

- In 2005, only 69.3% of diabetes patients age 40 and older received a retinal eye exam.

  Potential result: Blindness

- In 2005, only 75.2% of adult surgery patients on Medicare received antibiotics at the appropriate time.

  Potential result: Infection

- In 2004, only 62% of adults on Medicaid reported that their health care providers always communicated well.

  Potential result: Medication errors, poor self-care

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**Data from the Agency for Healthcare Research and Quality' s National Healthcare Quality Report available at:http://www.ahrq.gov/qual/qrdr07.htm#toc*

Community-Specific Information*

- In 2005, Idaho had worse than average rates of diabetes eye and foot exams.

Potential Result: Blindness and amputation

- In 2005, Idaho had worse than average blood cholesterol testing and recommended care in hospitals for heart failure.

Potential Result: Worse outcomes

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**Data from the Agency for Healthcare Research and Quality' s National Healthcare Quality Report available at: http://statesnapshots.ahrq.gov/snaps07/index.jsp*

What About Access?

Access opens the door to the health care system.

However, access to care does not guarantee good care.

Related considerations include:

- Timeliness of care
- Patient-centeredness of care

  Care that considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Care that makes the patient and their loved ones an integral part of the care team.

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The Payment System Does Not Reward Quality

- Pays the same for good & bad care
- Pays for do-overs to fix bad care
- Rewards volume vs. good outcomes: unnecessary/duplicative tests, procedures & medications
- Pays for poor quality: complications and re-admissions
- Rewards technology and specialty care vs. primary care, prevention, and coordination

Misaligned Priorities

Some insurance companies don't cover $100 annual foot exams for diabetic patients -- but will pay for a $13,000 amputation.

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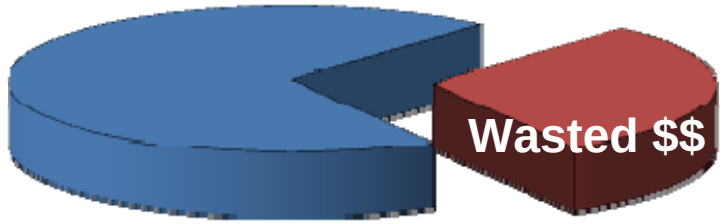
Jan Urbina, "Bad Blood: In the Treatment of Diabetes, Success Often Does Not Pay". The New York Times, January 11, 2006.

Poor Quality Wastes Money

Preventable medical errors surrounding surgeries were estimated to cost employers $1.5 billion a year in 2001-2002.*

Preventable hospital-acquired infections result in up to $6.7 billion in additional health care spending a year in 2002. **

Health Care Spending in the U.S.



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"New AHRQ Study Finds Surgical Errors Cost Nearly $1.5 Billion Annually," AHRQ Press Release, July 28, 2008. http://www.ahrq.gov/news/press/pr2008/surgerrpr.htm

*** N.Graves . "Economics and Preventing Hospital-acquired Infection," Emerg Infect Dis [serial online] April 2004 .http://www.cdc.gov/ncidod/EID/vol10no4/02-0754.htm*

It’s Not Just About Cost

Poor quality care takes a toll on patients – and their families – who may endure pain, suffering, disability, and sometimes death.

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What Would a Better Health Care System Look Like?

- Transparent: We know what we are getting.
- High quality: We are getting the right care when we need it.
- Affordable: We can afford to pay for the care we need.
- Connected: Patient health information is available to all treating providers and patients.

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What Are CVEs Doing?

- Measuring quality
- Reporting performance
- Rewarding high quality
- Empowering consumers

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What Gets *Measured* Improves

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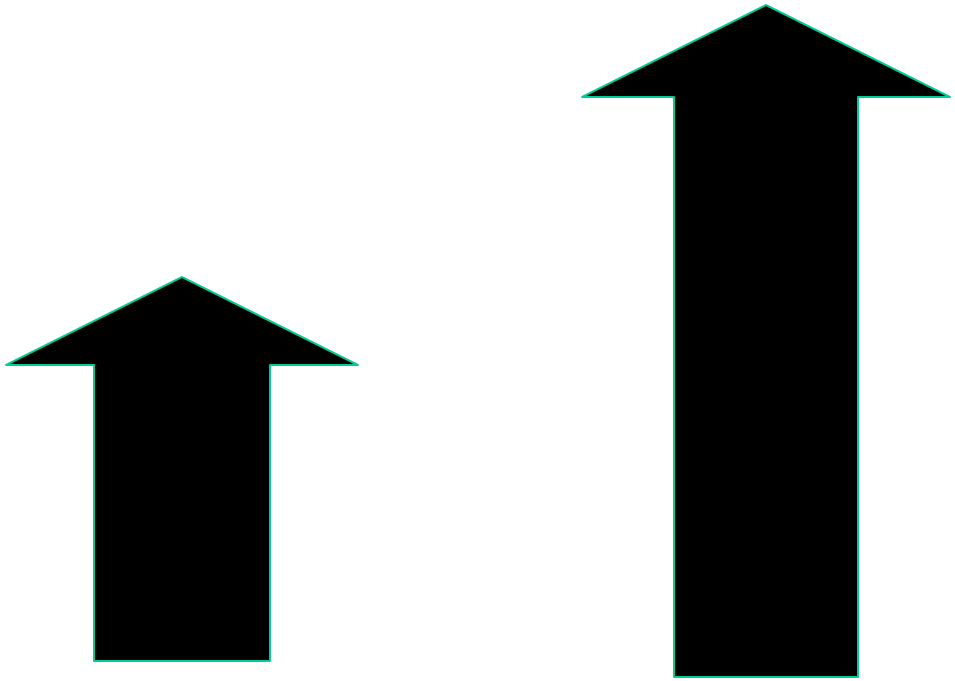
If You Measure AND *Report*…



Measure Only Measure & Report

Care improves even *more*!

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Change the Incentives: *Reward* Good Care

Transparency is necessary, but not sufficient.

- How can we encourage providers to improve?
- How can we reward those who perform best?
- What types of incentives will work with consumers?

We need to find answers to these questions.

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Empower Patients to Get Better Care

- Information: Help patients locate and use reliable information to help them select high-value health care providers.
- Communication: Teach patients how to communicate effectively with providers.
- Education: Encourage patients to take better care of themselves.

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Opportunities to Work Together…

- Participate in the CVE's multi-stakeholder group and provide consumer perspectives.
- Raise awareness of quality issues with the public.
- Provide input on the types of patient support tools that consumers need.
- Offer suggestions to improve public education materials, including public reports on quality.
- Recommend measures for inclusion in public reports.

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Your Involvement Is Important!

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What Can You Do?

And how will you

and the people you serve

benefit from the CVE?

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How We Can Help…

- Provide information on quality issues and how they affect your constituents/members.
- Enable participation in a national network of resources and advocacy contacts.
- Support your efforts to communicate with the public and policymakers about health care quality.
- Brainstorm specific action steps your constituents can take to improve quality in our community.
- Share tools such as AHRQ's public service announcements.

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AHRQ Resources & Tools

- Community-specific data

  http://statesnapshots.ahrq.gov/snaps07/index.jsp

  http://hcupnet.ahrq.gov/

- Question Builder for patients to enhance medical appointments

  www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx

- Public Service Announcements

  AHRQ's campaign with The Advertising Council uses a series of TV, radio, and print public service announcements:

  - http://www.ahrq.gov/questionsaretheanswer/
  - http://www.ahrq.gov/realmen/
  - (Spanish) http://www.ahrq.gov/superheroes/

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Thank you!

[Your Name, Position]

[Your Organization]

[Your Phone Number]

[Your E-mail Address]

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