



MASSACHUSETTS
HEALTH QUALITY PARTNERS
trusted information. quality insights.

Testimony of Barbra G. Rabson
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Concerning An Act Establishing the Connecticut Quality Partnership

HB 5539

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In the last few years there has been an increasing expectation that our health care system should be able to deliver better value - improved quality and reduced costs. There is also a growing agreement that regional multi-stakeholder coalitions can be an effective vehicle to facilitate improved value in the region through collaborative efforts that promote transparency of health care performance data, incentives and health information technology adoption.

My name is Barbra Rabson and I am the Executive Director of the Massachusetts Health Quality Partners, an organization founded to provide **trusted** performance information to hospitals, physicians and the public in order to improve the quality of health care for residents of Massachusetts.

The Massachusetts Health Quality Partners (MHQP), which brings together all the key health care stakeholders in MA, was established in 1995. Our members include:

- provider organizations (the MA Medical Society, the MA Hospital Association, and members of MHQP's Physician Council),
- health plans (Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Fallon Community Health Plan, Neighborhood Health Plan, Tufts Health Plan, Health New England and Neighborhood Health Plan)
- MA Executive Office of Health and Human Services
- Employers - Analogue Devices
- Consumers (Executive Directors of Health Care for All and New England Serve)
- Academics (Board Chair – Harris Berman MD from Tufts Medical School)

As a broad base coalition, collaboration is key to MHQP's success. There are a number of levels that MHQP collaborates on.

MHQP Aggregates Data Across our 6 member Health Plans

MHQP has over 4.5 million lives represented in our aggregated database. This is out of 6.2 million MA residents. **More data leads to greater validity** because the results are based on a greater number of cases, giving the result more statistical validity. When we report on a doctor's or medical group's performance, we report on that doctor's performance across all their patients that belong to any of these health plans, not just the 20% or so that have any single health plan.

The larger database also **allows us to report on more physicians and at a more granular level.** Methodological standards require that there be a minimum number of cases before we draw conclusions about a physician's or medical group's performance. If we measure how a physician

is caring for their diabetic patients for example, that physician must have enough Diabetic patients to draw a meaningful conclusion.

By aggregating the data, it is more like that a physician will have enough diabetics so that they can get a valid feedback report so more physicians will receive feedback about their performance.

Finally, because we aggregate the data across plans and report a single statewide report comparing physician performance, we **avoid “dueling scorecards” or conflicting/non-comparable data** where physicians and the public are given multiple reports of physician or hospital performance based on the population of each insurer or payer. When physicians get conflicting feedback reports they tend not to believe any of them, so that separate efforts are not productive.

In 2006, MHQP was selected by CMS to be one of six quality coalitions across the country to become a “Better Quality Information” (BQI) pilot. BQI pilots receive Medicare data to combine with aggregated Commercial health plan data, so MHQP will have an even more robust database. In 2008, MHQP in partnership with the Massachusetts eHealth Collaborative was one of 14 sites selected by Health and Human Services Secretary Michael Leavitt to become a Chartered Value Exchange (CVE). As a CVE, MHQP will receive technical assistance in its efforts to further transform the healthcare system to provide better value.

MHQP Involves Physicians and Hospitals in Measurement Process

The purpose of our performance feedback work is to change physician and hospital behavior in ways that will improve the quality of care provided. We all know it is extremely difficult to change behavior so we must do all we can to support that behavior change. **MHQP involves those being measured in the measurement process to increase the credibility, acceptance and actionability of end results.** The collaborative process takes longer on the front end, but the performance reports we produce are accepted. **MHQP’s success is based on the fact that we are a trusted source of performance data.** As one of our physician executives put it - “Do it with me, not to me”. MHQP always provides performance reports to physicians and hospitals prior to publicly reporting the information.

Engagement Among Members of Broad Based Collaborative

MHQP provides a forum to bring all of the stakeholders together to discuss how to improve the quality of health care. **By bringing the stakeholders together, each party gains a greater understanding of diverse views.** For example, physicians can share their views and concerns about making sure physicians are not hurt by unreliable performance measure side by side with employer and consumer views and concerns about the patients not having adequate information available to make informed health care choices.

MHQP’s Track Record for Public Release (MHQP’s website can be found at www.mhqp.org)

Hospital Level Performance of Patient Experiences in Acute Care Hospitals

-MHQP's first report was a statewide hospital survey of patient experiences (public release in 1998) led to every hospital in MA engaging in quality improvement activities and awareness about the importance of improving the patient experience, including the inclusion of patient experience score goals in hospital executive compensation.

Physician Organization and Medical Group Level Clinical Performance Measures for Preventive Care and Chronic Disease Management

-MHQP issues an annual report of primary care physician performance statewide on clinical HEDIS measures for preventive care and management of chronic diseases at the medical group level for 150 medical groups. These reports have led to statewide improvements on all measures (18 of 23 measures showed improvements at the statewide level.) We know that there is great variability among practices and many practices use MHQP reports internally to incentivize performance improvements among individual physicians. Most importantly, by publicly comparing the performance of medical groups, medical groups accelerated the adoption of electronic medical records once they saw where they needed to be in order to compete with highest performing groups (that did have electronic medical records.)

Practice Site Level of Patient Experiences with their Primary Care Physicians

-MHQP has also produced a statewide survey of patient experiences in the primary care physician office for nearly 400 practices (public release in 2006). This led to awareness of the importance of listening to patients about their experience of care. Since this annual report was released, anecdotally patients have reported their physicians have been more responsive to listening to patients and making sure there is better communication between patients and doctors. It is too early to know the full impact. In 2007 MHQP repeated the survey and added a survey of patient experiences with groups of specialists – OB/GYNs, cardiologists and orthopedics. This survey will be publicly release in 2008.

MHQP's experience mirrors that of the research that public release of performance information motivates hospitals and physicians to improve care and systems in order to be competitive and have a good reputation.

To conclude, MHQP is a regional quality coalition, a model for health care improvement that has been embraced by leading health care markets across the country. **There are over 50 regional quality coalitions across the country**, some statewide and others focused around single markets like Pittsburgh. There are regional coalitions in every New England State BUT Connecticut. Each coalition has a different catalyst, but for some reason Connecticut until now has not had that catalyst.

These coalitions are increasing in number and have recently been recognized by the federal government that sees the benefit of local health care reform efforts sponsored by a trusted, independent source. These coalitions have reduced hospital infection rates, implemented statewide electronic prescribing, demonstrated that statewide public reporting of quality performance information can improve the quality of healthcare for the residents and more. It's time for Connecticut to join the other regions of the country and embrace regional healthcare improvement.

Below are the names and websites of the regional coalitions from the other New England states, and a website for the Network for Regional Healthcare Improvement, a new organization working to spread and support regional coalitions.

New Hampshire Foundation for Healthy Communities
www.healthynh.com

Massachusetts Health Quality Partners
www.mhqp.org

Maine Health Management Coalition
www.mhmc.info

Rhode Island Quality Institute
www.riqi.org

Vermont Program for Quality in Healthcare
www.vpqhc.org

Network for Regional Healthcare Improvement
www.nrhi.org

If you have any questions, please contact me at 617-402-5015; email brabson@mhqp.org.
Thank you.