

FTR



Written Testimony of the  
 Connecticut Dermatology and Dermatologic Surgery Society  
 Connecticut ENT Society  
 Connecticut Society of Eye Physicians  
 Connecticut Urology Society  
 Supporting with Amendment

**HB 6557 AN ACT CONCERNING HEALTH CARE PROVIDER DATA REPORTED TO THE CENTERS OF MEDICARE & MEDICAID SERVICES' PHYSICIAN QUALITY REPORTING SYSTEM.**

On behalf of the physicians and physicians in training for the over 1000 physicians in the medical specialties of Dermatology, Ophthalmology, Otolaryngology and Urology, we would like to thank this committee for bringing this important issue of preventing insurers from mandatory sharing of providers' quality assurance information for public hearing. We offer supporting testimony with amendment on this issue.

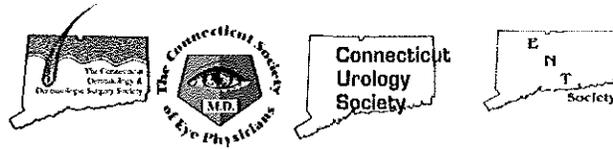
The physicians in Connecticut seek to work on the premise of fairness and improvement of our patients' health and wellness. The work environment for physicians has become increasingly challenging. For example, recent unilateral insurance contract alterations to mandate new products have been enforced without recourse except to wait until the end of the contract term to terminate participation with all the plans (take all or leave all). Penalties continue to be threatened, for example, in Meaningful Use where non-inclusion of demographic information such as race, ethnicity, language, and email addresses, (which many patients refuse to share with us) will lead to a penalty. The barrage of constraints and parameters forges on.

But enough is enough.

Quality is a buzzword. Quality reporting of healthcare delivery has taken a prominent role in defining health care providers. According to the National Center for Biotechnology Information (NCBI) in health care delivery, Quality Assurance (QA) focuses on guaranteeing and maintaining a high standard of the service provided in different health care systems. QA has emerged to help contain rising health care costs in the face of limited resources and to assure high quality patient care in a changing health care environment.

But quality measurement is a difficult thing, and needs to be done in a transparent and scientific manner. Too often insurers proprietary measures are flawed, biased, and based primarily on cost. Nationally developed parameters derived from outcomes and efficacy data using verifiable methods are being developed which will provide much better, more consistent and truly quality-based assessments. Efforts to harness "Big Data" are more likely to provide reliable measures, but are not generally used by insurers, as they measure the most efficacious care, and take into account disease severity and patient mix, and don't simply look at the cheapest care.

The assessment of quality by any insurer will be subject to these limitations in quality measurement. None of these measures are perfect. Physicians are being graded by their insurers, and held accountable for each of their actions. However, insurers should NOT be permitted to share their imperfect and imprecise data as this could easily lead to collusion and propagation of faulty assessments. And physicians should definitely NOT be burdened with a requirement to have to submit this less than perfect information to other companies. Let each company measure quality independently, using their own set of metrics, and not be influenced or contaminated by other insurers' findings.



As proponents of this proposed legislation we would like to offer the following amendment to clearly achieve the goal of this legislation: to prevent insurers from requiring providers to share confidential information on quality measures from other insurers and ensure that the quality assurance findings of a given insurance company do not unfairly influence other insurers' findings. It is unfortunate that insurers are seeking to gather this information from providers and include it in the contractual terms of their provider contracts. We hope this committee will consider the following amendment to address the issue:

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-472b of the general statutes is repealed and

2 the following is substituted in lieu thereof (Effective October 1, 2015):

3 [Notwithstanding the provisions of section 38a-472a, every medical

4 provider participating in a contract pursuant to said section shall be

5 responsible for his professional actions and related liability.] Each

6 insurer, health care center or other entity that provides health care

7 benefits shall not require a provider to share any confidential data received from any other insurer ~~shall maintain as confidential any data received or accessed by~~

~~8 such insurer, health care center or other entity, that is reported by an~~

~~9 eligible professional to the Centers of Medicare & Medicaid Services'~~

~~10 Physician Quality Reporting System and is not publicly available.~~

11 Sec. 2. Section 38a-472a of the general statutes is repealed and the

12 following is substituted in lieu thereof (Effective October 1, 2015):

The physicians of Connecticut wish to provide the highest quality of care to their patients, and do so on a daily basis. Medicine is being assaulted with increasing regulations and constraints. Please allow the physicians to continue to treat the citizens of Connecticut, and be evaluated by each of their carriers by the best quality instruments available to each insurer, without being tainted or influenced by the findings of other carriers and their assessment tools.

Thank you for your consideration