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BC/BS-Hospital Alliance Breaks New Ground

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Pennsylvania healthcare consumers have a new option to compare the quality of hospital care statewide—the result of a groundbreaking collaboration between the commonwealth's four Blue Cross Blue Shield plans and providers that could also smooth the process for pay-for-performance programs.

The Pennsylvania Health Care Quality Alliance debuted a Web site in March 2008—www.phcqa.org—that shows how 160 hospitals are performing on four categories of care: heart attacks, heart failure, pneumonia and infection prevention. Within each category, hospitals are rated on 22 measures that are culled from available public sources—including the Joint Commission, Centers for Medicare & Medicaid Services, and the Pennsylvania Health Care Cost Containment Council (PHC4).

Consumers can find out, for instance, what percentage of patients being seen for a heart attack were prescribed a beta blocker upon discharge, or the percentage of pneumonia patients who receive an antibiotic within eight hours of arrival to the hospital.

Individual hospital scores are compared against statewide and national averages.

Formed about 16 months ago, the alliance brought together the Blue plans—Highmark Inc., Independence Blue Cross, Blue Cross of Northeastern Pennsylvania and Capital BlueCross—along with The Hospital and Healthsystem Association (which represents more than 225 hospital and health systems across the state), several other hospital groups, and the Pennsylvania Medical Society. The Governor's Office on Health Care Reform and U.S. Department of Health and Human Services were also represented.

Using Existing Sources. The alliance didn't come up with any new measures, but instead combed through the universe of existing quality measures to find those that would be most actionable and would represent some of the most common—and costly—medical conditions treated in the hospital.

Erik Muther, executive director of the alliance, said it's the first hospital comparison tool in Pennsylvania to draw on multiple reporting sources for information.

"We're kind of like the Travelocity of Pennsylvania healthcare quality information," Muther said.

Consumers have multiple options for comparison, including CMS's Hospital Compare and a new nationwide rating from Consumer Reports. In addition, the PHC4, an independent state agency, has for years taken data reported by hospitals and compiled extensive reports comparing their progress on meeting evidence-based standards for 31 conditions.

"PHC4 is glad to see they [the alliance] are using some of

QUALITY MEASURES FOR FOUR CATEGORIES OF CARE*

Heart Attack

- Percent of patients with left ventricular systolic dysfunction (LVSD) prescribed an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) at hospital discharge.
- Percent of patients who received aspirin within 24 hours before or after hospital arrival.
- Percent of patients prescribed aspirin at hospital discharge.
- Percent of patients prescribed a beta blocker medication at hospital discharge.
- The number of deaths that occurred during the hospital admission in which the CABG/valve surgery was performed compared to the expected number of deaths. Information on whether the patient died during the hospital stay was provided by hospitals.
- Death rate of Medicare patients who were admitted to the hospital for heart attack and died within 30 days of hospital admission.
- Percent of patients receiving Percutaneous Coronary Intervention during the hospital stay within 90 minutes of arrival to the hospital.

Heart Failure

- Percent of patients with LVSD prescribed ACEI or ARB medication at hospital discharge.
- Percent of patients discharged home with written instructions or educational material addressing activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.
- Death rate of Medicare patients who were admitted to the hospital for heart failure and died within 30 days of hospital admission.
- Readmission for complication or infection (meaning re-hospitalization with a principal diagnosis of a complication or infection) that occurred within 30 days of the discharge date of the original hospitalization.

*This assumes the patient didn't have a health condition that precluded the recommended treatment.

Source: The Pennsylvania Health Care Quality Alliance

QUALITY MEASURES FOR FOUR CATEGORIES OF CARE (CONTINUED)*

Pneumonia Care

- Percent of patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics.
- Patients transferred or admitted to the ICU within 24 hours of hospital arrival, who had blood cultures performed within 24 hours prior to or 24 hours after hospital arrival.
- Percent of patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.
- Percent of immunocompetent patients with pneumonia who receive an initial antibiotic regimen that is consistent with current guidelines.
- Percent of immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines. Percent of immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines. Percent of pneumonia patients who receive an antibiotic within 8 hours of arrival to the hospital.
- Inpatients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

Infection Prevention

- Raw rate of bloodstream infections per 1,000 eligible cases.
- Percent of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time.
- Percent of Surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision.

*This assumes the patient didn't have a health condition that precluded the recommended treatment.

Source: The Pennsylvania Health Care Quality Alliance

our data on that site. We think it affirms the value of the data we provide," said PHC4 spokeswoman Stephanie Suran, who noted that the agency's Web site is more comprehensive than the alliance's.

But it's a good start out of the gate, and the alliance is promising new measures will be added, as long as the alliance continues to get funding to continue its efforts.

Ease Of Use. Alliance members tout the ease-of-use of their new site, as well as the fact that it represents a valuable consensus among healthcare partners who sometimes can be at odds about what data to use and how to interpret it when evaluating care delivery.

"The data in the site is not data that somebody could not get elsewhere. It's representing the fact that everyone who is participating here has agreed that we're going to use this information as the basis for how we measure quality in the hospital," Muther said.

Steven Udvarhelyi, M.D., chief medical officer for Philadelphia-based Independence Blue Cross, said the collaboration between the hospital community and the payors creates a level of buy-in missing in the current public reporting environment.

"We think the alliance Web site is much more approachable from a consumer standpoint than other ways to get this data," he said. "Because of the collaboration, what we don't have happening right now is people disagreeing about what are the measures, why were they selected and what are the results. We're getting behind improving the performance."

One feature of the alliance reporting system allows hospitals the chance to provide clarification or an explanation of their results. Before the information went live, out of the approximately 160 hospitals, only 10 submitted a formal comment and of those, all but one focused on the timeliness of the data as a primary concern, Muther said.

Hospitals On Board. In fact, the hospitals are so pleased with the result that many of them are providing links on their own Web sites to the PHCQA site, said Carolyn F. Scanlan, president and CEO of HAP. She said the hospital community was supportive because hospital and physician leaders were directly involved in working with clinical leaders at the health plans.

"The consensus of the hospitals has been they are pleased with how the data is used to inform the public. The individual hospitals themselves find it helpful for them to benchmark themselves against other hospitals. It's an easy site to do that, and all hospitals have the goal to continue to improve quality and patient safety," Scanlan said.

The resulting Web site is still a work in progress—a beta test site that will be honed through further development, Muther said. First, consumer feedback and outreach efforts will attempt to find out if the information is useful and if consumers are actually using it to pick their hospitals. Then more measures are being added gradually to the public reporting, including patient experience data from CMS and surgical care measures.

New Standard. The alliance will also be introducing an appropriateness-of-care standard that examines how often the hospital is giving all the appropriate evidence-based care that should be given to a patient with a given condition.

"This composite measure basically just says, how often did you give 100 percent of the care that you're supposed to be giving patients of that type," Muther said.

Udvarhelyi said it's important for the public to know which hospitals are doing a better job, not only with individual measures but with the total continuum of care recommended for a patient with a specific condition. That kind of reporting isn't tracked by the CMS, but the Pennsylvania hospitals will voluntarily release such data to the alliance.

"That's because of a level of trust and understanding that's developed as a part of the process," Udvarhelyi said.

Bonus Payments. While the Web site puts a public face on the alliance's efforts, one immediate value to the industry is the application to the pay-for-performance clauses that are appearing more and more in health plan contracts with network hospitals.

Alliance officials hope that eventually all the insurers in Pennsylvania—not just the Blue plans—will reach consensus

with hospitals on a set of standards on which to base their bonus incentive payments.

For instance, IBC includes P4P as a standard feature of hospital contract renewals. The latest iteration was developed before the alliance's Web site launched in March, Udvarhelyi said.

"Our current pay for performance program that we have implemented with most hospitals in our network is one that has a defined set of indicators and performance objectives," he said. "It allows for the hospital to have some flexibly in which of those standards areas they are going to focus on in a given year and rewards them for improved performance."

He said there is some overlap among the measures presented by the alliance and those IBC already includes in its P4P program, but as these programs evolve, the quality care benchmarks will be aligned over time.

"The actual amount of money that's put into a pay for performance program, regardless of what the measures are, is always a byproduct of individual hospital negations. But having agreement on the clinical and quality measures is a very helpful start to that dialog," he said.

A Reporting Goal. Another long-range goal of the alliance, said HAP's Scanlan is to eventually ease the reporting burden on hospitals and consolidate the information they now report to a variety of sources in a variety of formats.

"I think that is evolving now that we have come to consensus on this core," Scanlan said. "It hasn't absolutely happened yet, but that clearly is the next step."

While hospitals are required to report to PHC4 and CMS, they don't have to report information to health plans. But insurers ask for a variety of information to augment the claims data they get from hospitals, so they know the value they're getting for their money, the adequacy of provider networks and other things.

"We've had discussions about whether some of the internal reporting that we do now might be able to be stopped or replaced with something else. Those will be discussions that would take place over time," Udvarhelyi said. "But it's too early in the process for that right now."

Outlook. Considering the diverse interests of the multiple stakeholders involved in the Pennsylvania Health Care Quality Alliance, it's no small feat that they have pulled together a standard set of agreed-upon measures and have a Web site running in 16 months. The site is easy to navigate and presents yet another alternative for consumers—one that will become more valuable as measures are added. Even though only a relatively small percentage of health plan members choose their hospitals based on such comparisons, the information will be valuable as consumer-driven plans become more commonplace, or will at least inform consumers as to what they should be asking when they receive care at a hospital. ■