

The LEWIN GROUP

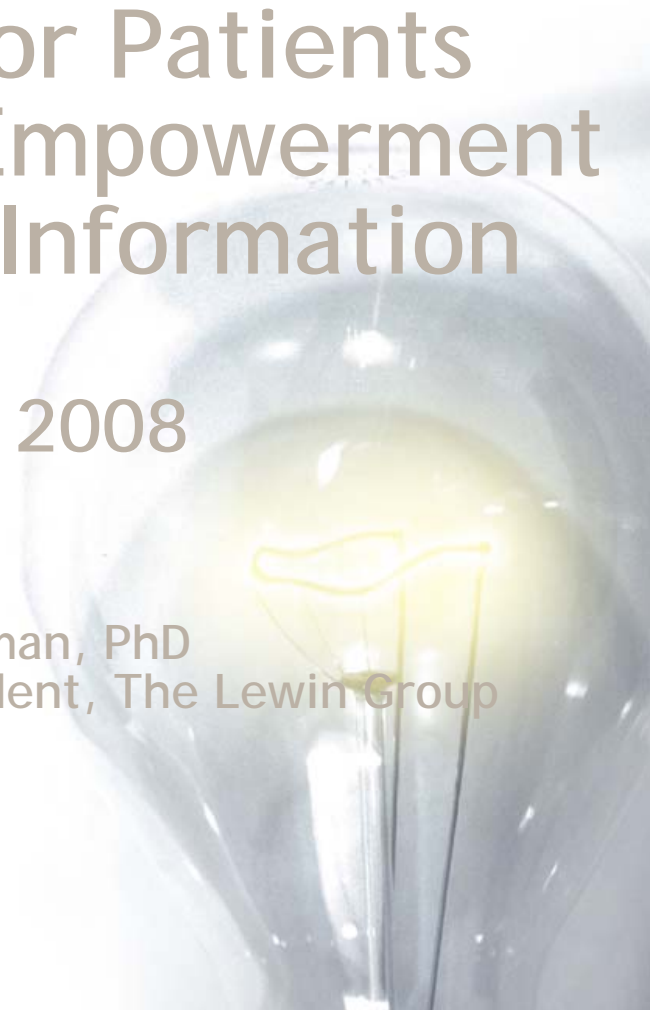
Doing the Right Things for Patients with Chronic Diseases: Empowerment through Quality of Care Information

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Project Background

- Growing awareness of poor and variable quality of care received by persons with chronic disease
- Increasing efforts to provide patients with quality of care information:
 - Driven by belief this information empowers patients
 - Driven by belief this information will spur improvements in care quality
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) commissioned The Lewin Group to:
 - Assess the impact of these public reporting efforts in Europe, North America and elsewhere
 - Identify factors necessary for existing and new scorecard efforts to succeed
 - Goal: Increase awareness of the value of these efforts and help improve the quality and patient-centeredness of care received by persons with chronic disease

Study Methods

- Literature Review: English language publications between the years of 2003 and 2007 that address public reporting/ quality scorecards
- Case Studies:
 - Interviews of leaders of public reporting initiatives in Europe and North America
 - Reviews of quality scorecards available on web sites and in print documents

Study Methods

- Breadth of Developed Case Studies

	Case Study	Country	Condition(s)	Status
Government	CMS Public Reporting	United States	CVD; Vaccines	Information available online since 2005
	NHS QOF	UK	CVD; Diabetes; Vaccines	First published in 2005
	Denmark Hospital Quality Rating System	Denmark	CVD; Checking on diabetes and vaccines	Information available to citizens for 18 months
	Performance Indicators in Sweden	Sweden	CVD; Diabetes; Vaccines	First indicator set published in 2006
Private	Health Consumer Powerhouse (Swedish Diabetes Index)	Sweden	Diabetes	First index published in 2006
	Employer-Sponsored, Payer-Led Quality Reporting	United States	CVD; Diabetes	Launched in US in 2005 and Puerto Rico in 2006
QI Focus	Aligning Forces for Quality	United States	Diabetes	Launched in 2007
	ICONS	Canada	CVD	5-year initiative that was launched in 1997
	Florida: A Healthy State	United States	CVD; Diabetes	5-year initiative that was launched in 2001
Measure	ACOVE	United States	CVD; Diabetes	Launched in 1998

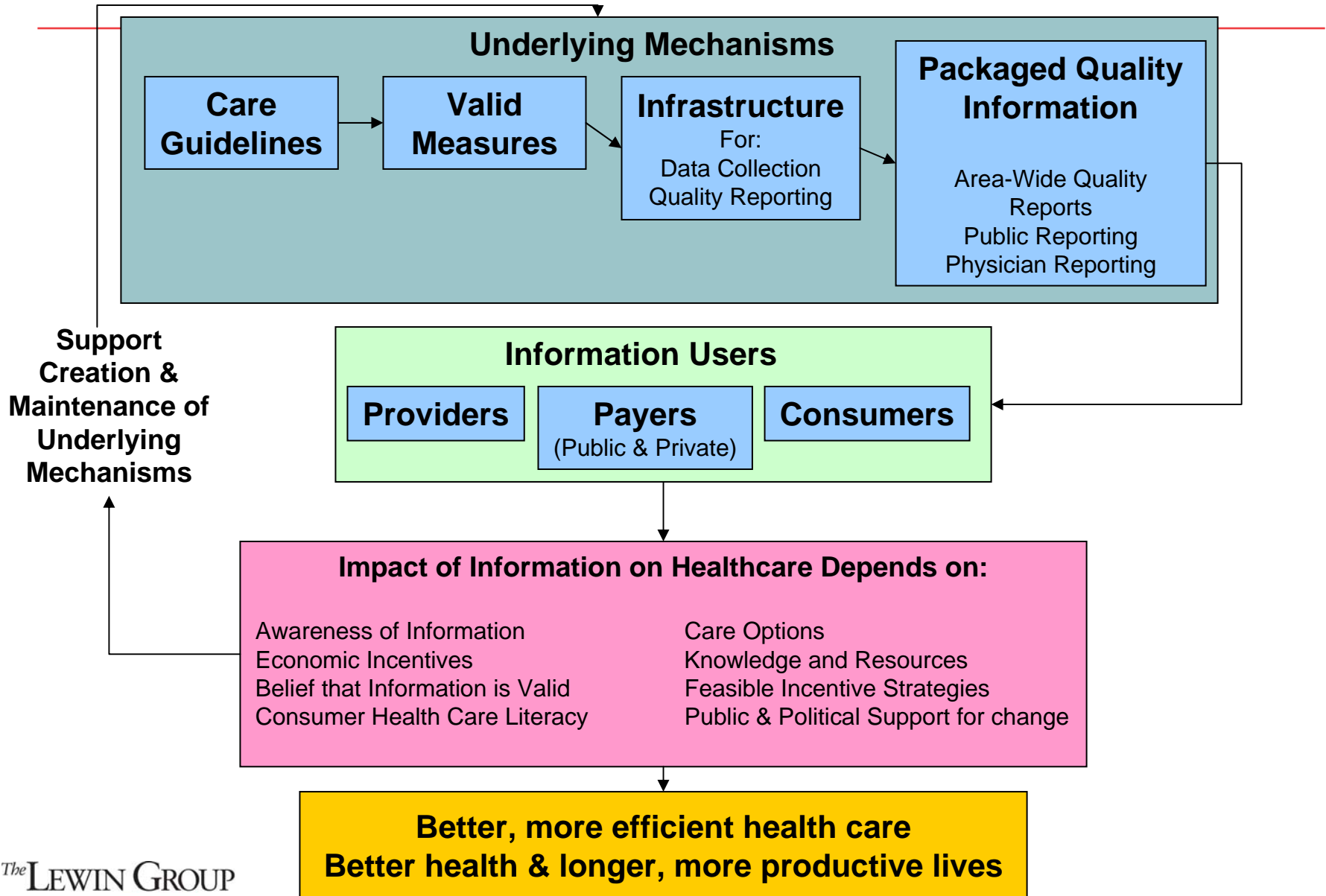
Major Findings

- Terms such as “public reporting” & “quality scorecard” have multiple meanings.

Operational Definition: A compilation of comparative quality information about one or more types of health care providers created for the use of consumers and designed to facilitate their ability to make more informed health care choices.

- Public reporting efforts are expanding
 - More measures, conditions, provider types
 - Spreading geographically: examples in 10+ countries
 - Funded by governments, philanthropies, insurers, provider groups
- Evidence of positive impact under specifiable conditions:
 - Consumer choice
 - Consumer awareness of the scorecard
 - Health literacy
 - Belief information is credible and comprehensive
- Success is dependent on multiple underlying factors

Model for How Health Care Quality Information Supports Improved Healthcare and Health



Underlying Mechanisms

Underlying Mechanism	Challenges
Care Guidelines	More development required in middle income countries
	Timely updates to reflect new evidence
Quality Measures	Less consensus in middle income countries
	Changes to reflect new evidence can confuse consumers
	Multiple operational definitions of measures undermine credibility and cause frustration
	Adaptations required for specific patient populations
Infrastructure for collecting and reporting	Varies greatly--some countries have multiple, fragmented systems; some lack usable infrastructure
	Patient confidentiality, data ownership & physician/hospital cooperation all pose challenges

Information Users of Scorecards

Information Users	Challenges
Consumers	Information preferences vary greatly
	Numerous relevant dimensions of care quality
	Variability in levels of health literacy
	Must perceive information as credible and timely
Providers	Want standardized information for entire patient population
	Have information preferences inconsistent with those of consumers
Purchasers (Government and private)	Struggle to collaborate pooling data or producing quality scorecards
	Risk undermining perceived objectivity of data
	Must ultimately perceive investments in quality scorecards make financial sense

Impact Dependencies

- Awareness of information
- Care options
- Economic incentives to use information
- Capacity to improve care quality
- Belief scorecard information is valid
- Feasible incentive strategies to encourage improvement
- Consumer health care literacy
- Public & political support for change

General Conclusions

- Improving scorecards is a higher priority than increasing the number of scorecards
- Raising consumer awareness requires greater emphasis
- Leveraging common infrastructure for multiple end users is key to financial viability
- Linking quality reporting with other drivers of improvement is promising
 - Incentives for consumers to select high quality & efficiency providers
 - Incentives to providers to improve the quality & efficiency of care they provide

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