Can Quality Measurement in Health Care Be Effectively Used By Antitrust Agencies?

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Can quality measurement be used effectively to evaluate mergers, acquisitions, clinical integration?

- Ten years ago:
  - Not very effectively
- Today:
  - Much more effectively
- But with many caveats
- Vital to think critically about the measures
- Evaluation of processes used to improve care is still important

Ten years ago

- relatively few quality measures
- lack of appropriate risk adjustment
- lack of data

Now:

- National Quality Forum has approved more than 700 measures
- there are measures for a variety of:
  - settings of care delivery
  - types of patients
  - physician specialties

Caveats

- measuring the performance of individual physicians
- difficult to adequately adjust for risk
- risk adjustment for SES
- quality vs. value
- time lag between organizational change and quality/value improvement
- use of appropriate analytic designs

Measuring the performance of individual physicians

- Small N problem for many specialties (including primary care)

Risk adjustment

- Risk adjustment for clinical factors (e.g. comorbidities) should be done
- But it is likely that there will still be unmeasured risk after risk adjustment
- Unmeasured risk may disproportionately affect providers that care for:
  - the most complex patients
  - the most socioeconomically disadvantaged patients

Risk adjustment for SES

- Generally not done
- But often should be done
- Is it easier to have low readmission rates and high mammography rates in:
  - the Oakland ghetto
  - or in Marin County?
- The National Quality Forum is moving toward recommending risk adjustment for SES for many measures

SES risk adjustment: outcomes and process measures

- Common assumption:
  - risk adjustment may be needed for outcome measures but not for process measures
  - but think about the mammography rate example
- If the measure – process or outcome – depends on the patient doing something, then SES risk adjustment should be used
  - for example, central line infections vs. readmissions

Quality vs. value

- should consider value, not just quality (and not just cost)
- does the organization provide a good quality/cost ratio?
- how to measure value?

Time lag

- there may be a delay between
  - organizational changes (e.g. development of a clinical integration program by an IPA) and
  - changes in quality/value
- disruption due to organizational change may cause quality/value to get worse before they get better

Analytic design

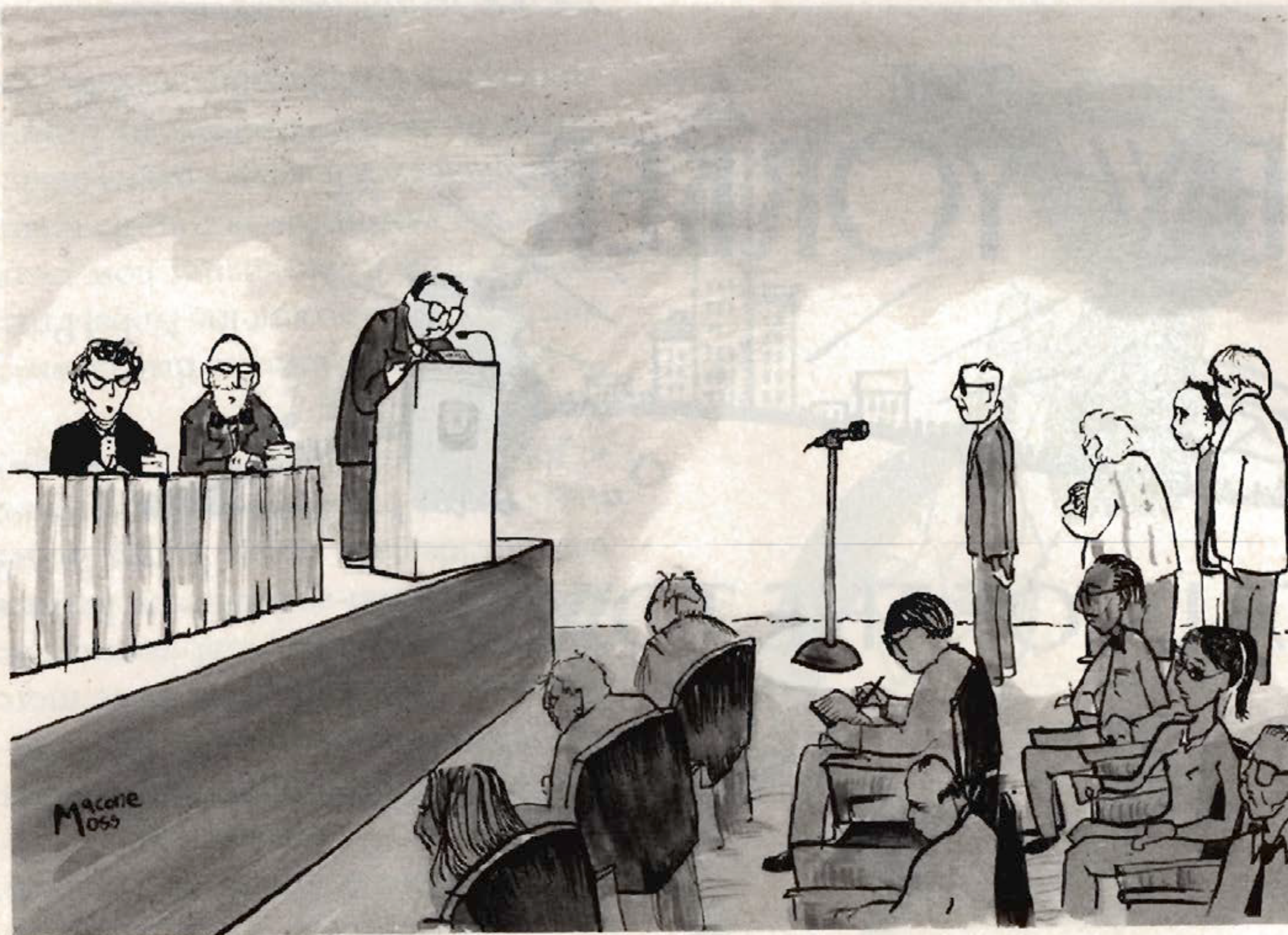
- Simple pre-post studies:
  - interesting at a first pass
  - better if compared to secular trends
- Difference in difference studies
  - is the change in quality in one organization greater than the change in quality in other organizations?
  - but to which organization(s) should the organization of interest be compared?

Conclusion (1)

- It’s worthwhile to try to evaluate quality
- But the available data may not be decisive
  - especially in the time frame an antitrust agency can practically use

Conclusion (2)

- Therefore, it will generally be worthwhile to take a careful look at the processes that the organization is using to improve quality.
  - are they plausibly likely to do so?
- This method has been used by the FTC in evaluating clinical integration programs.



"We'd now like to open the floor to shorter speeches disguised as questions."