

# Thoughts on measuring and quality of health care in 2014

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# Disclosures

- No commercial relationships
- Hired gun for public agencies developing, validating, refining quality measures
  - ✓ Agency for Healthcare Research and Quality
  - ✓ Centers for Medicare & Medicaid Services
  - ✓ Federal Trade Commission
  - ✓ Organization for Economic Co-operation and Development
  - ✓ California Office of the Patient Advocate, Office of Statewide Health Planning and Development

# The Sacramento Valley



## UC Davis again ranks top in the world for agriculture and forestry

February 26, 2014



For the second consecutive year, the University of California, Davis, ranks No. 1 in the world for teaching and research in the area of agriculture and forestry, according to rankings released today by QS World University Rankings.

The organization — which provides annual rankings in 29 other subject areas — also ranked UC Davis among the top 15 in environmental sciences and among the top 35 in civil and structural engineering.

"We are proud to receive these outstanding rankings because they reflect both the long-established and emerging strengths of our university," said UC Davis Chancellor Linda P.B. Katehi.



UC Davis' agricultural programs date back more than 100 years and cover a broad spectrum of disciplines.

# What is quality?

- **Institute of Medicine (1990):**

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

- **Brook and McGlynn (1991):**

“High quality care...produces positive changes, or slows the decline, in health; low quality care fails to prevent or accelerates a decline in a person’s health.”

- **Pauly (2004):**

“anything and everything about some good or service relevant to consumers’ (actual and perceived) well-being that is not measured by quantity” (or price).

# Institute of Medicine, 2010

Crosscutting Dimensions		Components of Quality Care	Type of Care		
			Preventive Care	Acute Treatment	Chronic condition management
E Q U I T Y	V A L U E	Effectiveness			
		Safety			
		Timeliness			
		Patient/family-centeredness			
		Access			
		Efficiency			
	Care Coordination				
	Health Systems Infrastructure Capabilities				

# Producing health care versus producing eggs



Center for

# Lessons from agriculture about comprehensive measurement: Iowa's inspection of Wright County Egg

## Iowa Department of Inspections & Appeals Egg Handler Inspection

**QUALITY EGG LLC #1 AMS - USDA ED00-0001264**

2731 265TH ST GALT 50101 Wright County

Routine Inspection on 4/15/2010, from 2:45 PM to 3:00 PM by DUDEN, D.  
SCOTT

Owner: J GLESSNER (515)832-3300

Person In Charge: TONY WASMUND  
(No)

**Inspection Summary** (IN=IN Compliance, OUT=Out of Compliance, NO=Not Observed, NA= Not Applicable C=critical, S=Critical & non-Critical)

### **Buildings, Storage & Processing Areas**

- 1) Building: good repair, clean, adequately vented *N/O*
- 2) Free from presence of birds, insects, rodents *N/O*
- 3) Adequate system/removal of refuse *N/O*
- 4) Floors of cleanable materials, floor drains provided *N/O*
- 5) Floors, walls and ceilings clean *N/O*
- 6) Plumbing and sewage disposal system adequate *N/O*
- 7) Hand Sink: convenient, hot/cold water, sanitary towels provided *N/O*
- 8) Storage and use of toxic items *N/O*
- 9) Storage of cartons and cases: clean and dry *N/O*

### **Shell Egg Washing, Grading and Packing Operations**

- 10) Adequate supply of potable water *N/O*
- 11) Current water test on file for private system, date tested *N/O*
- 12) Shell washer clean and sanitary condition *N/O*
- 13) Wash temperature 90 degrees F or above, rinse water 10 degrees warmer than wash water *N/O*

- 14) Sanitizer spray rinse at 50ppm to 200ppm of chlorine *N/O*
- 15) Egg drying equipment: clean and maintained *N/O*

### **Equipment**

- 16) Candling device, adequate *N/O*
- 17) Scales adequate to determine net weight *N/O*
- 18) Refrigeration units: 45 degrees F or below, clean, free of objectionable odors, good repair *N/O*
- 19) Thermometers: provided and accurate *N/O*
- 20) Transportation vehicles: refrigerated, clean and good repair *N/O*

### **Labeling and Packaging**

- 21) Loose-packed egg cases properly labeled: firm name/USDA Plant license or number *N/O*
- 22) New egg cartons for sales to retail food stores *N/O*
- 23) Labeling of egg cartons: grade/size/pack date/name/address/plant or license number *N/O*
- 24) Adequate records maintained *N/O*
- 25) Restricted/Inedible eggs properly handled *N/O*

### **Personnel**

- 26) Personnel in contact with shell eggs: good hygienic practices, clean clothes *N/O*
- 27) Demonstration of knowledge: candling, grading, weighing, washing and sanitation *N/O*

# Lessons from agriculture about comprehensive measurement: USDA "grader" inspection of shell egg plant

III. Cooler and Storage Areas									
A. Unprocessed egg coolers clean and free from odors and mold.	X								
B. Processed egg coolers clean and free from odors and mold.	X		U	U	U	S	S	S	
C. Packing and packaging storage areas clean and dry.		X	S	S	S	S	S	S	S
D. Chemical compound storage areas clean.		X	I	I	I	S	S	S	S
IV. Buildings, Premises, and Refuse Handling Areas									
A. Buildings in good repair.		X	S	S	S	S	S	S	S
B. Outside premises, shipping, and receiving areas clean, well maintained, and properly drained.		X	I	I	I	I	S	S	S
C. Outside premises free of trash, rubbish, weeds, and surplus equipment.		X	I	I	I	I	S	S	S
D. Refuse removed and stored in designated area that is maintained in a clean and sanitary manner.		X	I	I	I	I	S	S	S
E. Restrooms and lunchrooms clean and sanitary.		X	I	I	I	I	S	S	S
F. USDA grader's office and candling booth clean and sanitary.		X	I	I	I	I	S	S	S
G. Inspection of premises indicates rodent and pest control program is effective.		X	I	I	I	I	S	S	S
PLANT MANAGEMENT INITIALS			HA						

NY-74 (05-99)

Lessons from agriculture about comprehensive measurement:

# What did the inspectors miss?



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# What does the market need?

- Who are the decision makers?
  - ✓ Consumers, families
  - ✓ Physicians and other health professionals (agents)
  - ✓ Health insurance plans (payers)
  - ✓ Employers/unions and coalitions (purchasers)

# An efficient market



# An efficient market



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# A well-informed market

**RECOMMENDED** [What's this?](#)



[Rollover to zoom](#) [Expand](#)

Price range:  
**\$1,529.72 - \$1,799.00**

[Price & Shop](#)

**Summary:** This LG freestanding electric smoothtop range has the following:

- 4 surface cooking elements
- Among surface elements, 2 high-powered element(s).
- Warming element on cooktop
- One or more expandable cooktop elements.
- Convection oven mode.
- Double ovens.
- Touchpads for setting oven temperature.
- Touch controls instead of dials for cooktop settings.
- Oven has "steam clean" function for light cleaning.

[Own this Model?](#)  
[Write a review](#)

Type: Smoothtop, double oven (30-inch)



[Overview](#) [Ratings](#) [Brand Reliability](#) [User Reviews](#) [Specs](#) [Price & Shop](#)

## Ratings Report Card

The model report card shows the Ratings the model received for each of the tests our experts performed upon it. [Learn more](#)

[MORE INFO](#) ● ● ○ ◐ ●

EXCELLENT VERY GOOD GOOD FAIR POOR

<a href="#">Cooktop high</a>	●	<a href="#">Cooktop low</a>	●	<a href="#">Baking</a>	●
<a href="#">Broiling</a>	●	<a href="#">Oven capacity</a>	●	<a href="#">Self-cleaning</a>	●

**LG**  
LDE3037SB  
\$1,529.72 - \$1,799.00

### Recommended Models

**Maytag**  
MET8885XS  
\$1,574.10 - \$1,849.00

**Frigidaire**  
FGEF302TNF  
\$1,253.10 - \$1,449.00

**GE**  
Profile  
PS978STSS  
\$1300

You have chosen to compare:

LG LDE3037SB

[Compare](#)

[See all Models](#)

[Recommended Ratings](#)

# So what do we need to know?

- Accessibility (“how soon can I get it?”)
- Service quality (“does it do what I need? does it work? does it provide good service?”)
- Safety (“is it safe?”)
- Reliability (“how long will it last? what are the long-term outcomes?”)
- Value (“is it worth the money?”)

# What do we actually know?

- Accessibility (C) – but Yelp?
- Service quality (B)
- Safety (B) – mostly just hospitals, LTC
- Reliability (D)
- Value (D)

# What do the Feds tell us?

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital Compare Home

About Hospital Compare

About the Data

Resources

Help

Home → Hospital Results → Compare Hospitals

Share

## Compare Hospitals

Back to Results

Print All Information

General information

Survey of patients' experiences

Timely & effective care

Readmissions, complications & deaths

Use of medical imaging

Medicare payment

Number of Medicare patients

x  
SUTTER GENERAL HOSPITAL  
2801 L STREET  
SACRAMENTO, CA 95816  
(916) 733-8999

x  
MERCY GENERAL HOSPITAL  
4001 J ST  
SACRAMENTO, CA 95819  
(916) 453-4545

x  
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER  
2315 STOCKTON BOULEVARD  
SACRAMENTO, CA 95817  
(916) 734-2011

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# What do accreditors tell us?



SEARCH

ABOUT  
QUALITY CHECK

CERTIFIED  
ORGANIZATIONS

TAKE OUR  
SURVEY

QUALITY DATA  
DOWNLOAD

CONTACT US

HELP

## Quality Measure Set Comparison

PRINT

[Return to Search Results](#)

Reporting Period: July 2012 - June 2013

### Hospital

[Sutter Medical Center,  
Sacramento](#)  
Sacramento, CA

[Mercy General  
Hospital](#)  
Sacramento, CA

[University of California, Davis Medical  
Center \(UCDMC\)](#)  
Sacramento, CA

Remove



### National Quality Improvement Goals

[Heart Attack Care](#)



[Heart Failure Care](#)



[Hospital-Based Inpatient Psychiatric  
Services](#)



[Perinatal Care](#)



[Pneumonia Care](#)



**Surgical Care Improvement Project  
(SCIP)**

[SCIP - Infection Prevention](#)



[Blood Vessel Surgery](#)



[Colon/Large Intestine Surgery](#)



# What do states and coalitions tell us?



## Hospital Utilization, Quality, and Potentially Avoidable Stays

[Home](#) [Hospital Quality](#) [Utilization](#) [Avoidable Stays](#) [County Rates](#) [Resources](#)

### Hospital Quality

#### Ratings for the Public



*Find and compare hospitals* in your area.

Some hospitals provide better quality care than others. [Learn more.](#)

#### Detailed Quality Statistics



### Utilization

#### Inpatient Hospital Utilization



*Find and compare hospitals* by the number of patients they treat for different medical conditions and procedures.

### Avoidable Hospital Stays



*Map and compare counties* by rates of potentially avoidable hospital stays.

Compare cost savings from reducing avoidable stays.

### County Rates of Hospital Use



*Map and compare counties* by rates of inpatient medical conditions and procedures.



# What does Yelp tell us?



## 1. Sutter Memorial Hospital

★★★★☆ 32 reviews

Hospitals, Medical Centers

East Sacramento

5151 F St

Sacramento, CA 95819

(916) 454-3333



and evening hours so you can get a little comfort. The **hospital** is a huge dysfunctional machine. People that truly care will see to it that you are cared for appropriately and will remind...



## 2. Mercy General Hospital

★★★★☆ 39 reviews

Hospitals

East Sacramento

4001 J St

Sacramento, CA 95819

(916) 453-4545



to the **hospital** we sped. It was quite possibly the scariest experience we've had in the recent past. To see someone you love being kept alive with machines is not an ideal situation. I...



## 3. UC Davis Medical Center and Children's Hospital

★★★★☆ 35 reviews

Hospitals, Medical Centers

2315 Stockton Blvd

Sacramento, CA 95817

(916) 734-2011



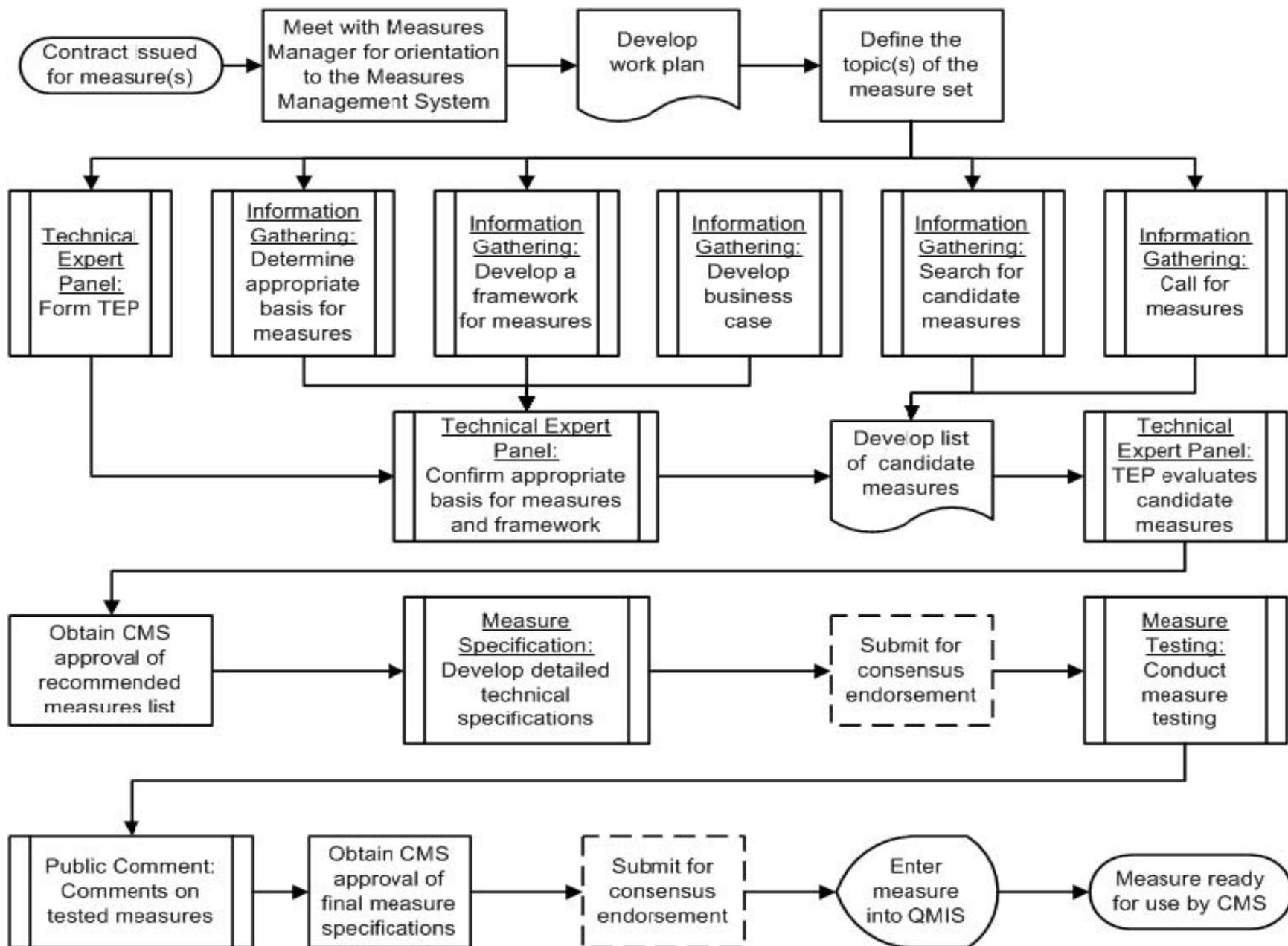
Okay. So I work here so my reviews will obviously be biased. First of all, someone mentioned that this **hospital** is depressing and colorless. Yes, there is some truth to that. However, the UCD...

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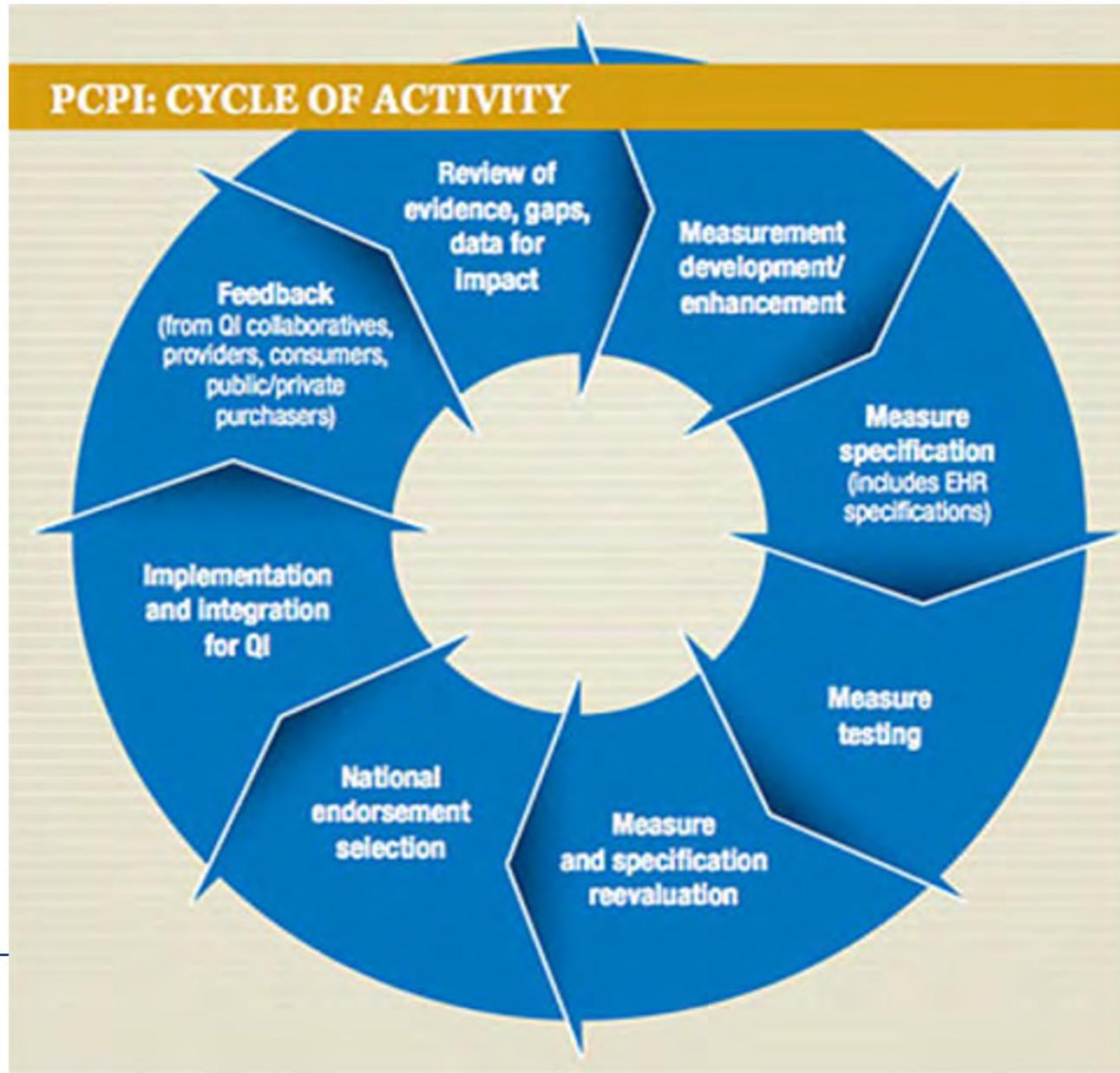
**UCDAVIS**

# What have we learned about quality measurement?

- Quality measures are hard to develop and validate; what's the gold standard?
  - ✓ Information bias (underreporting?)
  - ✓ Selection bias (who responds?)
  - ✓ Confounding bias (severity or risk)
- Quality measures are expensive to collect (except administrative data or crowdsourced)
- Quality does vary across providers
  - ✓ But not for all measures; gaps diminish over time
  - ✓ Quality is not a single construct
- Quality matters, but structural/process measures are weakly correlated with outcome measures



# Life cycle of measures: AMA/PCPI

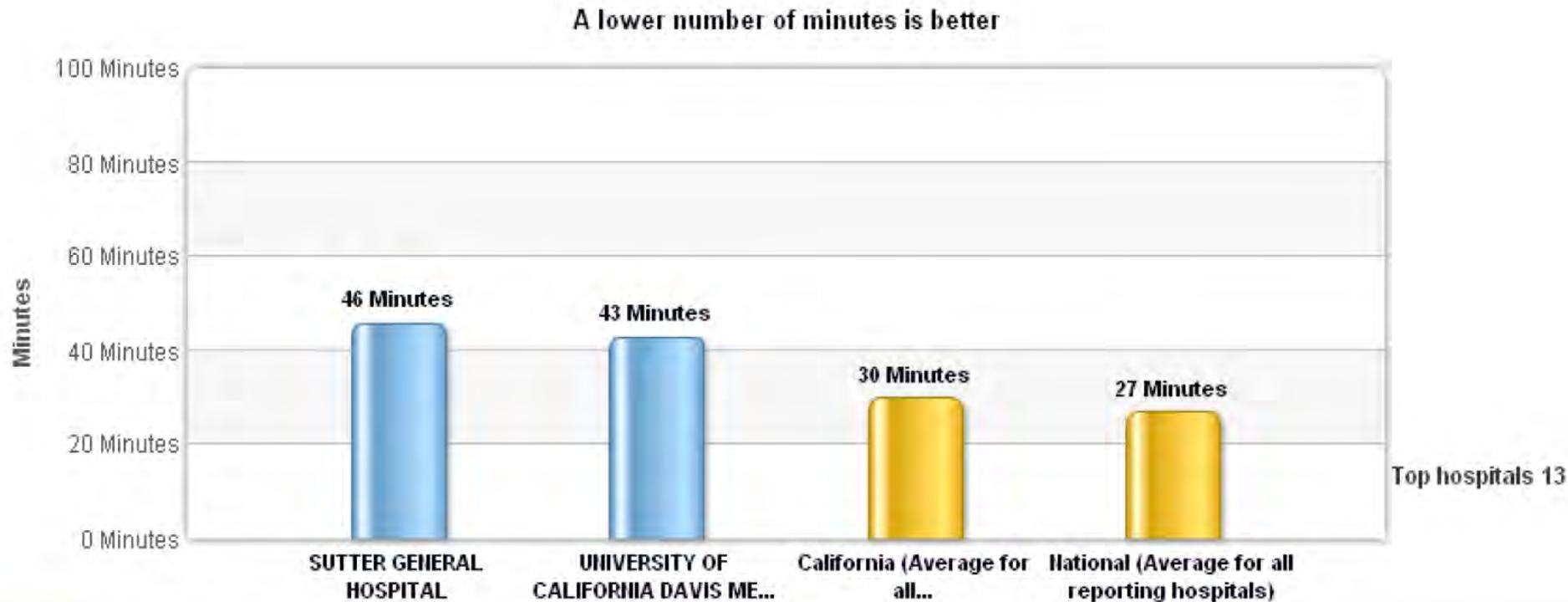


# Choosing an ED

Average time patients spent in the emergency department before they were seen by a healthcare professional

Why is this important?

Hide Graph



# Everything looks nice



1

UC DAVIS MEDICAL CENTER  
2315 STOCKTON BLVD  
SACRAMENTO, CA 95817  
916 734-9200  
FEL # 946036494W

FM2068-BLWH  
PAGE NO 1

TYPE OF BILL	DATE OF BILL	DATE OF Prev. BILL			
CYCLE	09/28/13				
DUTP.					

V	E	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
ROMANO		M	769	09/20/13		2273009

GUARANTOR NAME AND ADDRESS	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1515 26TH STREET SACRAMENTO, CA 95816	1	MCAL INCOMPLETE		N/A

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT	\$	
-------------------	----	--

But then  
comes  
the bill

SERVICE DATE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	INS. CO. NO. 1	INS. CO. 2	IN. CO. NO. 3	INS. CO. NO. 4	PATIENT AMOUNT
<b>DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS</b>								
09/20/13	82200999 001 PSYCH SOCIAL WKR	268FE						
09/20/13	82201005 001 PSYCH DIAG EVAL	268FE	675.00					675.00
09/20/13	74000738 001 USE OF E.R. LEVEL 4	266XO	7064.50					7064.50
09/20/13	74002502 001 EKG TRACING ONLY	266XO	371.00					371.00
09/20/13	70102975 001 AMPHETAMINE SCREEN,	264AI	241.00					241.00
09/20/13	70102983 001 BARBITURATES SCREEN	264AI	241.00					241.00
09/20/13	70102991 001 BENZODIAZEPINES SCR	264AI	241.00					241.00
09/20/13	70103007 001 COCAINE METABOLITE	264AI	241.00					241.00
09/20/13	70103015 001 OPIATES SCREEN, URI	264AI	241.00					241.00
09/20/13	70105556 001 SALICYLATE, BLOOD	264AI	237.00					237.00
09/20/13	70104047 001 ETHANOL, PLASMA	264AI	693.00					693.00
09/20/13	70109533 001 ACETAMINOPHEN	264AI	505.00					505.00
09/20/13	70112438 001 BASIC METABOLIC PAN	264AI	213.00					213.00
09/20/13	70206123 001 CBC AUTO + REFLEX M	264AI	173.00					173.00
<b>SUB-TOTAL OF CURR. CHARGES</b>			<b>11136.50</b>					<b>11136.50</b>

# What's changing post-ACA?

- New pay-for-reporting programs (long-term care hospitals, inpatient rehabilitation facilities, psychiatric and cancer hospitals, hospice)
- Value-based purchasing has started
  - ✓ PQRS 1% bonus turns to 2% penalty
  - ✓ Value Index with 1% payment adjustment
  - ✓ Hospital VBP 2% withhold (budget neutral)
  - ✓ Ambulatory Surgery Centers, SNFs, HHAs
- Up to 3% hospital penalty for excess readmissions
- Up to 1% hospital penalty for bottom quartile PSIs, CLABSI, CAUTI (hospital-acquired conditions)
- Voluntary bundled payment pilot (4 models)
- Value-based insurance designs in private sector

# What am I worried about?

- Reliable and valid quality measures will increasingly drive competition among plans and providers, but...
  - ✓ Increasing incentives to “game” measures through underreporting and risk selection (“unintended consequences”)
  - ✓ Increasing disparities affecting those “left out”
  - ✓ Continuing tension between cost of collection and value to providers, between measure performance and desired discrimination

# What am I worried about?

- Increased competition among plans in Federal and State marketplaces (but varies)
- Decreased competition among vertically and horizontally integrated providers
- Effects of consolidation on quality vary, but are often negative (versus effects on price)
- Very time-consuming to evaluate each prospective merger and to debunk quality claims that lack merit
- Impact of ICD-10 uncertain

# Takeaways

- Health care markets desperately need information about quality, but much more is available (to all stakeholders) than 10 years ago
- Many measures across multiple domains of performance are required, even if they are “rolled up” for presentation to consumers
- Gradual shift from structural and process measures to outcome measures must continue, with attention to risk and disparities
- Quality measurement is painful and costly (at least to do it right)
- Antitrust agencies must protect competition (or prices will increase with no quality benefit)