

National Committee for  
Quality Assurance

Testimony for the National Committee on  
Vital and Health Statistics Subcommittee  
on Privacy and Confidentiality

August 21, 2001

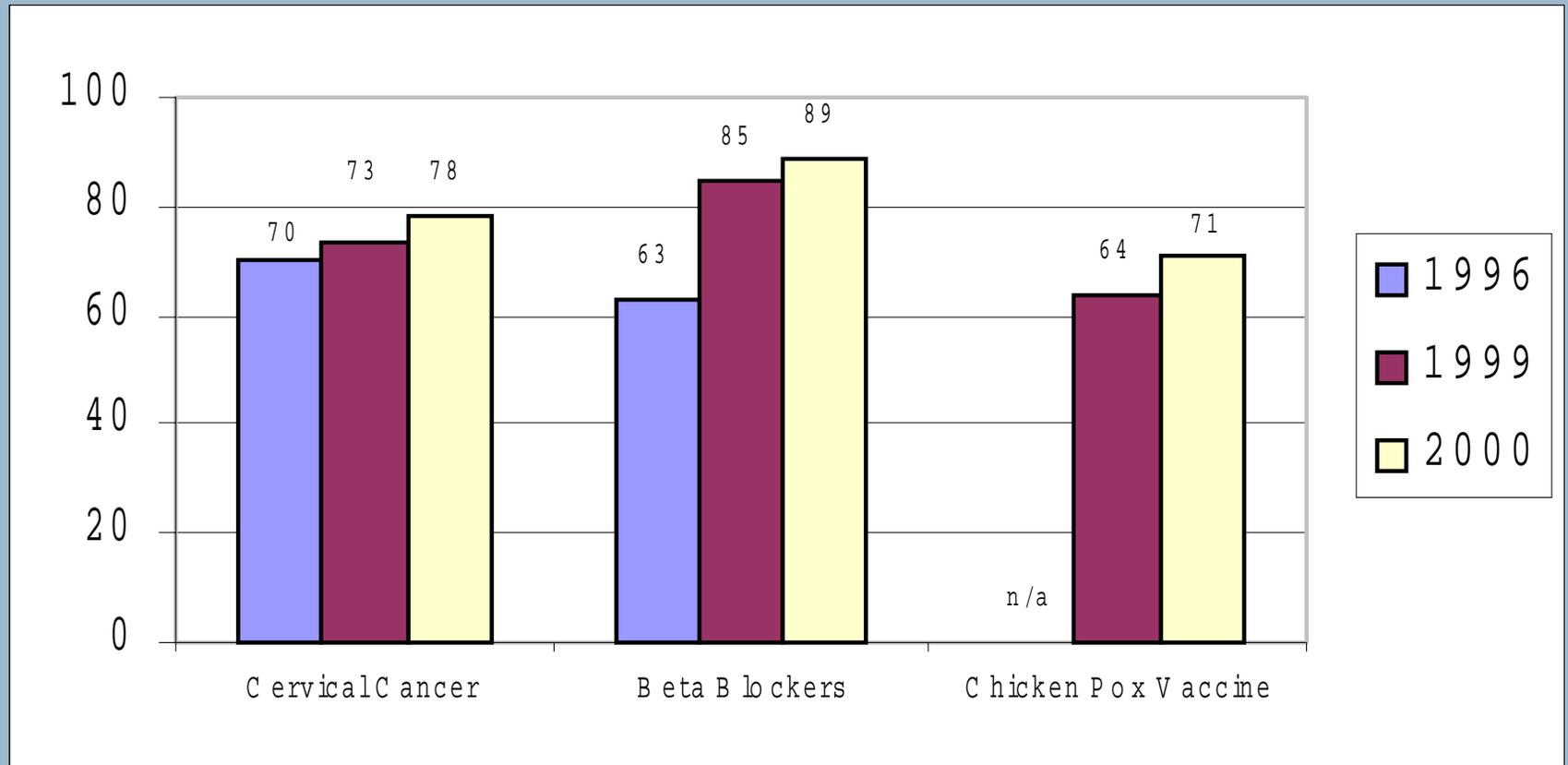
# Critical Health Plan Roles

The policy debate must recognize that health plans play critical roles:

- Prevention and disease management
- Quality assurance, quality improvement and patient safety
- Utilization management
- Performance measurement
- Private accreditation

# HEDIS<sup>(R)</sup> Improvement

## Selected HEDIS Rates: 1996, 1999-2000\*



# Information is Key

Information is the means by which integration of providers and plans can effectively be deployed to deliver high quality care.

Institute of Medicine Report, “Crossing the Quality Chasm”

# Medical Errors

It is estimated that medical errors contribute to the premature death of between 44,000 and 98,000 people a year in US hospitals.

Institute of Medicine Report, “To Err is Human”

# Impeding the Flow

Current preamble language and policy guidance impede the flow of information vital to health plans for health care operations.

“...one covered entity may not disclose protected health information for the operations of a second covered entity.”

# Provider Consent Sufficient

If consent is required, final regulation and policy guidance need to be revised to permit consent obtained at the provider level to be sufficient to permit disclosure of PHI to the health plan for its health care operations.

# Problems with Consent

Requiring written consent for TPO at the individual provider level may obstruct health plan access to information vital to support quality of care functions.

- Providers are already refusing access to PHI for HEDIS <sup>(R)</sup> data collection

# No Consent for TPO

NCQA recommends adoption of original provisions of the proposed rule which did not require consent for TPO.

- Support notice requirement for TPO