



National Committee On Vital And Health Statistics Workgroup on Quality

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Current Roles

- Medical Director, Provider Service Network
- Chair, Physicians Council, Massachusetts Health Quality Partners
- Assistant Clinical Professor, Tufts University Medical School



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Other Relevant Background

- Vice President for Product Management at McKesson Corporation
 - Oversaw data warehouse and quality measurement systems
- Responsible for IS development and deployment of data applications in current environment





Areas of Expertise

- Clinical data warehousing
- Risk adjustment
- Physician profiling
- Physician contracting
- Clinical quality improvement
- High cost case prediction
- Healthcare IT databases and systems



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Selected Laboratory Test Results

- Would drive efficiency and improvement in HEDIS measures and other quality measures
- Would allow more meaningful incentive payments under Pay For Performance contract models
- Would provide better data for internal quality improvement





Selected Laboratory Test Results

- Would improve accuracy of risk adjustment models
- Would aid in identification of high risk members in need of outreach
- Would greatly increase buy in of physicians to claims based measurement



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Selected Laboratory Test Results

- Would dramatically increase volume of data captured in claims based analytic systems
 - Current systems would need significant time to prepare for this
 - New analytic models would have to be built
- Gradual phase in of measures would be needed





Selected Laboratory Test Results

- Very high value
- Implementation cost significant
- Overall balance of value versus cost very favorable
- Length of phase in critical





Selected Vital Signs and Objective Data

- Collection for reporting will be burdensome
- Linkage to claims submission problematic
- Questions about reliability





Selected Vital Signs and Objective Data

- ? defer until clinical care IT systems improve
- Immediate value probably in inpatient evaluation of selected procedures or care paths
- Would provide valuable benchmark information
- Value/cost equation not overly favorable at this time





Discharge Diagnosis Modifier/Flag For “Present at Admission”

- Would assist in risk stratification of cases
 - Would improve current quality assessment efforts
 - Would support more accurate measurement of quality from claims databases
 - Would support more accurate assessments under pay for performance contract models





Discharge Diagnosis Modifier/Flag For “Present at Admission”

- Would require changes to hospital coding patterns
- Overall cost to institutions to implement probably low
- Value moderate/cost low – overall equation positive





Operating Physician Identifier Code

- Would dramatically improve ability to monitor and profile individual surgeons by outside agencies or payers
 - Of little value for internal quality improvement
- Adequate sample sizes and risk adjustment will be needed for appropriate use
 - Claims based risk adjustment not currently adequate to support this





Operating Physician Identifier Code

- Improved outcomes reporting also needed for appropriate use
- Would allow tiering of individual surgeons under pay for performance models
 - High bar for statistical validity
 - ? Surgeon versus institution effect
- Would broaden informed audience for evaluating surgical quality





Operating Physician Identifier Code

- ? More productive to focus first on more accurate and extensive measurement of institutions
- Cost low, potential for misuse significant



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Both Dates and Times for Admissions & Procedures

- Accuracy concerns
- Utility probably limited to selected interventions with outcomes clearly tied to rapidity of interventions
- Evaluation would require collection of confounding variables
 - No models currently exist





Episode Start and End Dates For Global Procedures

- Useful for evaluation of very selected episodes
- Utility less broad based than other measures
- ? Probable accuracy





Functional Status Codes

- Analytic models already exist
- Large scale collection contingent on EHR adoption
 - Would require standards for assessment protocols in electronic record systems
- Likely out of scope in near term

