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What Constitutes High-Quality Health Care to Consumers?

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An elderly patient gingerly walks the halls of a hospital in London. He's joined by his son and two grandchildren. With one hand he pushes his IV; his other grasps the back of his hospital gown.

Notwithstanding tie-strings, the backless gown tests the modesty not just of this proper Englishman but of most hospital patients.

England's Design Council engaged Ben de Lisi, famous for his red-carpet designer clothing for Kate Winslet and other stars, to craft a gown that would provide patients with more modesty and comfort yet still give physicians "entrance points" for examinations and treatments. The Design Council showcases de Lisi's gown this month. Patients in National Health System hospitals across England will don the new frock by early 2011.

This consumer initiative reflects a notable trend this year and, I believe, for some years to come: While early efforts at qualitative provider transparency for "value-based" care will be academically and clinically oriented, providers and plans will learn that consumers drive their own definitions of quality, and those definitions will be simple and understandable to laypeople.

Put differently, we will see value-based strategies both in benefit plan design and in provider reimbursement models. These strategies will be informed by esteemed academicians such as Michael Chernew, PhD, of Harvard

Medical School, and Mark Fendrick, MD, of the University of Michigan, and by organizations such as the Center for Health Value Innovation in St. Louis. Value-based solutions will reduce unwarranted variations in the delivery of care and remove financial barriers to consumers in managing chronic conditions to help prevent more expensive, acute episodes. The importance of value-based designs to improving U.S. health care in years to come cannot be overstated.

Even so, consumers will advocate entirely different, lay definitions of quality health care, and providers and plans would be wise to embrace these mostly nonclinical metrics. So, in addition to more modest hospital gowns, what constitutes high-quality health care in the minds of consumers?

- easy access to physician or health care services: making appointments, waiting times, telephonic accessibility;
- outstanding communication skills: listening, treating the patient as a partner in decision-making, taking care to explain things clearly, making eye contact;
- outstanding personality and demeanor: compassionate, humane, and caring; supportive and understanding; trustworthy; concerned about the patient's family;
- outstanding medical care: willing to advocate to others on the patient's behalf; technically competent; clinically thorough; taking time to discuss diagnoses, treatment options, and their costs; keeping a running record of the patient's care by multiple providers;

- outstanding follow-up, referrals, and care continuity: following through on a plan of care, calling to check on patient's recovery, discussing test results, encouraging second opinions;
- outstanding facilities: comfortable, convenient; a hospitable, accommodating space; easy parking; clear signage; and
- outstanding office staff: welcoming; answering or returning calls in a timely fashion; efficient, sparing the patient redundant paperwork; able to tell the patient how much an office visit or treatment will cost under the individual's benefit plan.

This list of consumer metrics was distilled from a study by researchers at Wake Forest University's School of Medicine.¹ The exhaustive study included 5,030 responses to an online patient satisfaction survey, capturing patient ratings of U.S. primary care physicians and practices as well as narrative commentary about health care experiences, likes and dislikes.

Some providers have taken note.

Led by Thomas Shehab, MD, and Larry Adler, MD, a 15-physician gastroenterology practice in Ann Arbor, Mich., has invested in an electronic medical record that speeds communication with primary care physicians, benefitting both the referring physicians and the patients. The practice's ambulatory surgical facility has been paperless from day one, and a new Web portal meets the demand of patients for more convenience in scheduling and rescheduling appointments, refilling prescriptions, and completing forms electronically prior to office visits.²

Health care payers, too, are leveraging information technology to meet consumer-defined measures of quality care. Blue Cross Blue Shield of Tennessee, PacificSource Health Plans, and others are implementing combinations of Web-based member-centric applications, including:

- payer-based personal health records, controlled by the consumer, that automatically populate and update with clinical information across the multiple physicians that an

individual sees, providing a complete view of the patient's health;

- benefit cost modelers that enable the consumer to compare the costs of different health plans he or she may be considering;
- member service software that gives the consumer access to current information — and quick responses to routine questions — about eligibility and claim status as well as benefit summaries;
- health management software that enables the consumer to review information about his or her health activity, surf multimedia health libraries, and share information with care managers, providers, and family members;
- treatment cost tools that deliver accurate, real-time calculations of treatment costs and out-of-pocket liability, as well as benefit summaries, helping the consumer make more informed health care decisions; and
- member benefit profiles that give the consumer a comprehensive view of his or her health care utilization, remaining benefits and information about past claims transactions, fund balances, and transaction history across multiple accounts.

Providence Health Plan is among several payer organizations that have used information technology to become not just consumer-centric but, more broadly, constituent-centric.

For providers, employers, consumers, and insurance brokers alike, the Oregon-based health plan launched online billing, enrollment, and customer service applications. For providers, it implemented an application that delivers real-time patient financial liability calculations at the point of service. For consumers, Providence installed a system that provides accurate, real-time, and personalized treatment cost information prior to care and a Web portal that shares secure, up-to-date information about one's claims, eligibility, and benefits.

"We've been smart about our member portal, and as we've seen our adoption grow, we've added new features and tools," says Tracy Pierson, director of project management at Providence. "The portal supports our company messaging that we give our members peace of mind."

Peace of mind for consumers and a point of differentiation for Providence. ■

Endnotes:

1. Anderson, Roger, Ph.D., Barbara, Angela, M.S., Feldman, Steven, M.D., Ph.D., Wake Forest University School of Medicine, Dept. of Social Sciences and Health Policy, "What Patients Want: A Content Analysis of Key Qualities That Influence Patient Satisfaction," *Medical Practice Management*, March/April 2007.

2. Shehab, M.D., and Adler, Larry, M.D., "The Quest for Service Excellence — One Group's Journey," *Physician Executive Journal*, American College of Physician Executives, July/August 2009.

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