

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-public-health-policy/leading-the-movement-toward-healthcare-ratings/3094/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Leading the Movement Toward Healthcare Ratings

PUBLIC HEALTH POLICY IN AMERICA

Our presidential election is only days away, 48 million people in America are uninsured and healthcare costs are rising to two to three times faster than our nation's GDP. Where will America's healthcare system be in 5 years?

Welcome to ReachMD's monthly series focus on public health policy. This month we explore the many questions facing healthcare today.

So, you are having difficulty getting people on board for the quality improvement movement?

Welcome to the Clinicians Roundtable on ReachMD XM 157, the channel for medical professionals. I am Bruce Japsen, the healthcare reporter for The Chicago Tribune and with me today is Dr. Samantha Collier, she is the Chief Medical Office of HealthGrades, one of the nation's largest independent healthcare ratings companies. HealthGrades provides ratings, and profiles of hospitals, nursing homes, physicians, and even prescription drugs in an effort to help millions of consumers with their healthcare choices. HealthGrades provides comparative quality outcomes on almost 5000 hospitals and receives about 50 million annual paid views. Dr. Collier has been HealthGrades Vice President of Medical Affairs since 2002. In addition, she works at the hospitalist at Kindred Hospital in Denver, Colorado, providing weekend coverage for the critical care team requiring intensive care management of 15 to 20 patients in a long-term acute care center. She joins us today from HealthGrades Offices in Denver, Colorado.

Mr. BRUCE JAPSEN:

Dr. Samantha Collier, welcome to ReachMD XM 157, the channel for medical professionals.

Dr. COLLIER:

Thank you.

Mr. BRUCE JAPSEN:

Well, it's great to have you today because I have written about and I know it's the business of HealthGrades to provide quality information and even though you guys have been doing this for over a decade, there are still some challenges aren't there with getting various organizations on board with the quality improvement and if you could tell us about this, because let's face it, the trends are forcing quality to become a top priority for hospitals, but I know, you know the physicians buy in, and it's still a little bit of a challenge isn't it to get everybody on board?

Dr. COLLIER:

We wouldn't have a business at HealthGrades if helping hospitals improved quality, if there wasn't a challenge, I think you know specific to physicians, the biggest challenge is frankly accepting The Bell Curve, I think all physicians will admit that there is an enormous opportunity to improve the quality of care across medicine, not just in hospitals, but across everything that we do. Interestingly, in my experience and I think that's studied and written by others is that it's just never that physician, you know, it's always someone else and so kind of passing the buck that we acknowledge there is a problem, it's just not my problem, so I think first and foremost we just have to face the brutal fact that it is statistically improbable for all of us to be at the top of The Bell Curve, but you will not meet a physician, who says yep! I am probably in the middle or bottom. So, I think the challenge #1 is we don't have a good mechanism of providing performance feedback to physician so they don't know how they do relative to their peers and their studies that show once they do then they typically go through various stages of grieving, you know denial, anger, and so forth, and so those are the steps you have to go through to get physicians to buy in. They have to face the brutal facts and they have to stop denying that there is no opportunity for them to improve and that they want to do better; they have to have the will and the desire and the moral clarity to do so.

Mr. BRUCE JAPSEN:

If you think about it, really I mean, I wouldn't think that a lot of the medical care providers that are being rated would want to be a part of I mean the problem is, or the good news for consumers, and even providers, quite frankly, is that if you are into the ratings game I mean and you have information and you are providing and being forthright with information, you should probably be transparent about it because we are seeing the government and we are seeing large employers pretty much demand this, aren't we?

Dr. COLLIER:

Well, I would think that that is certainly how some physicians are approaching that, but I would say they are definitely in the minority. I think most physicians right now are still in this denial phase that you know somehow there are going to be insulated from exactly what you described. I think in the very near future patients are going to be able to access our performance and that's going to our mortality rates or complications rates, how many we do, how long we have been doing it, what other patients think of us, our bedside manner, and you know again we have two choices, we can sit back and cross our arms and say, you know this isn't fair and fight it or we can lead it, and I see that the majority of us are choosing not to lead it largely because it's a big thing to tackle, about saying 'yeah! I am willing to put my mistakes out there to the public' and I think that's where we are getting hung up right now, as what are the right measurements to report because patients do die and patients do get complications that have nothing to do with the physician, has nothing to do with the hospitalization, how do you adequately risk adjust that so that you are not defaming in some way the reputation of a physician or a hospital, but that's really the challenge right now, but is has forged ahead and every single payer, employer, major healthcare stakeholder is absolutely invested and interested in getting information specific on physician. So the wise physician would be a proactively engaged in not only knowing where they are now, but how do I improve.

Mr. BRUCE JAPSEN:

If you think about it, when considering HealthGrades has been rating hospitals for over a decade, there might be some fear as to what you guys might find out about a physician, what are some of the quality differences among hospitals that HealthGrades has found in its studies?

Dr. COLLIER:

Well, some of the largest differences we have seen in a recent report released earlier this year was, for example, in the cardiac areas in hospitals that you know like in bypass surgery there could be roughly a 70% lower risk of dying in the hospital after you know adjusting for patient factors between the top performing hospitals and the worst performing hospitals. So, that translated for us, we could have potentially saved several hundred thousand Medicare lives in the 3 years that we studied. So these differences are big, and a lot of that variation that we find on our quality improvement side where we work directly with physicians, hospital administrators, we get inside the medical records, we talk to nurses and so forth, a lot of that variation does have to do with physicians, it is not solely their own accountability, but certainly a lot of it can be impacted by physicians.

Mr. BRUCE JAPSEN:

Dr. Collier if you could tell us what is the outlook for hospital quality improvement among the nation's hospitals, and have you noticed since HealthGrades has been doing this, are hospitals getting better?

Dr. COLLIER:

Our studies as well as others have found that hospital care quality of care is getting better and that's good news. We are seeing death rates decline across a wide array of procedures and conditions, just as other studies. I think that what might be a little bit unsettling though is that it's not improving as fast as it needs to have improved. Back in the late 90s and early 2000 when the Crossing the Quality Chasm report came out from the Institute of Medicine that we needed to make a 50% improvement in the 5 years. We did not achieve that accomplishment, we are not close to that accomplishment and it's been almost 10 years now. So we really need to get past some of the barriers that are holding us back and need to accelerate this. The second point from our research has shown, as well as others, that there are hospitals, there are physician groups, there are physicians that are figuring this out and they are really leading the pack as far as improving quality, and we need to understand what they are doing differently and why, and try you know to impart those best practices on the rest of medicine.

BRUCE JAPSEN:

Well, on that you bring up an interesting point because it seems to me if you turn on the television, you know open up a newspaper, you can see various advertising; hospitals are increasingly marketing themselves based on quality and they may be using information from HealthGrades or others in this effort and is this a good thing for people because I have certainly heard of because are definitely on the show, but just see other people getting into this and you kind of wonder is some of this a good thing or is it confusing to consumers or where would be headed for this.

Dr. COLLIER:

I think any type of quality transparency in general, assuming that you know it's credible and done well is a good thing for consumers. I think transparency, you know we live in the United States of America where most of us spend significantly more time researching the purchase of a computer, automobile, even microwave, and spend zero time searching for where to get a bypass surgery or whether you know this physician is board certified or not, and I think there is a couple of reasons for that; the latter we assume that our hospitals or physicians or medical community that quality is implicit you know in everything that we do and that quality is all the same, but it's not and I think patients or consumers are increasingly understanding that will all the media attention that's been focussed on, as well as national attention with the Department of Health and Human Services and so forth. Second is that I think that the hospital marketing of their quality is also a good idea because it gives their consumers some validation that you are coming to a pretty good hospital. Again, assuming it's credible and so forth, patients are not making you know an end all, be all decision, they are looking for validators and that may just be one of them.

BRUCE JAPSEN:

You bring up an excellent point too because the consumers are looking for more of this type of information. Are you finding since HealthGrades has been around in the hospital quality improvement, are you guys linking with payers, or payers coming to you, employers coming to you? I know that employers are clearly seeing their healthcare costs rise, but often times you hear when I do stories; they don't know where to go. People want to make sure there are going to the site with the best information. Are payers and employers coming to you?

Dr. COLLIER:

Payers and employers were coming to us, also the pharmaceutical industry, the device industry. Payers use our information slightly differently than employers and pharma and so forth, but in essence, everybody wants to know who the top quality performers are, and they also want to know who the worst quality performers are. Right now where we are is not so much, I don't even want an average one, but I want to make sure I stay away from the worst one. For your physician audience or other clinicians, do you know what your performance is and how sure of you, and why aren't you making it transparent then? Don't wait for someone else to put that information out there, you should be talking to your patients proactively about how many you do, what your complication rates are and how that stacks up to what the best benchmarks are and don't wait around for someone else to dictate what this is, but that's why HealthGrades gets into this because others have not risen to that challenge. As challenging as it is, there is a huge demand for this type of information.

Mr. BRUCE JAPSEN:

Well, Dr. Samantha Collier, you have certainly given our listeners a lot to think about in the healthcare quality movement. It started with hospitals, it's moving on to nursing homes, doctors, and prescriptions, drugs. The company is HealthGrades and their web site is www.healthgrades.com. Our guest has been Dr. Samantha Collier. I am Bruce Japsen, the healthcare reporter for The Chicago Tribune. You have been listening to the Clinicians Roundtable on ReachMD XM 157, the channel for medical professionals.

To listen to our on-demand library, visit us at www.reachmd.com, register with promo code radio and received 6 months free streaming for your home or office. If you have comments or suggestions, call us at AAA-MD-XM-157 and I would like to thank you today for listening.

You have been listening to Public Health Policy in America, a special ReachMD XM 157 interview series with our nation's top top leaders in public health. This month ReachMD XM 157 will be discussing the many issues challenging public health policy in America. For a complete schedule of guests and programming information, visit us at www.reachmd.com.