COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

DATA BRIEF

HEALTH CARE OPINION LEADERS' VIEWS ON THE QUALITY AND SAFETY OF HEALTH CARE IN THE UNITED STATES

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ABSTRACT: The 11th Commonwealth Fund Health Care Opinion Leaders Survey asked a diverse group of experts for their perspective on ways to improve the quality and safety of health care in the U.S. Survey participants agreed that the current health system is not achieving and is not designed to foster high quality. Responses indicate strong support for greater government leadership; creation of a new public–private entity to coordinate quality improvement efforts and set a national quality agenda; changes in the way providers are paid; greater integration of providers; and reforms to promote medical homes. Favored strategies for improvement include accelerating the adoption of health information technology, public reporting of providers' performance on quality-of-care measures, financial incentives for improved care, and stronger regulatory oversight. Opinion leaders' Survey responses closely align with the principles put forward by the Commonwealth Fund's Commission on a High Performance Health System.

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HEALTH CARE OPINION LEADERS' VIEWS ON THE QUALITY AND SAFETY OF HEALTH CARE IN THE UNITED STATES

There is ample evidence of significant gaps in the quality and safety of the nation's health care. In 2003, McGlynn and colleagues published a landmark study showing that American adults receive the appropriate health care just 55 percent of the time.[1] A recent national scorecard released by The Commonwealth Fund Commission on a High Performance Health System gave the U.S. health system an overall quality score of 71 out of a possible 100 when comparing the nation's average performance against key benchmarks set either within the United States or abroad.[2]

The Health Care Opinion Leaders Survey

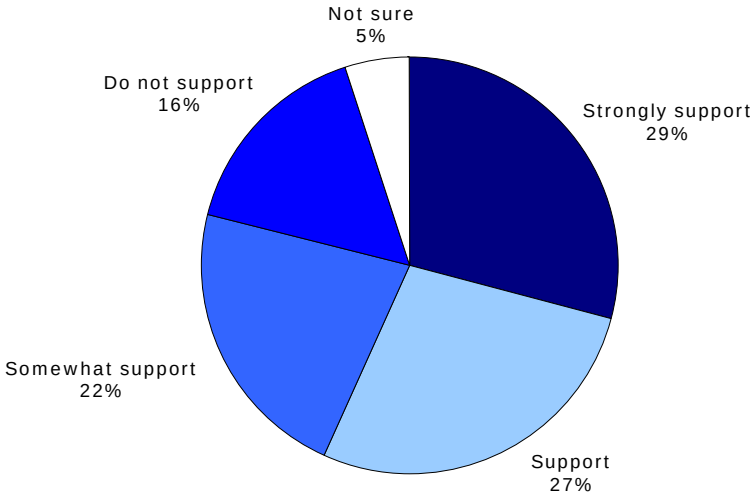
The Commonwealth Fund and *Modern Healthcare* magazine recently commissioned Harris Interactive to solicit the perspectives of health care opinion leaders on various strategies to improve the quality and safety of U.S. health care. The 214 individuals who took part in the survey—the 11th in a continuing series of surveys assessing the views of experts on key health policy issues—represented the fields of academia and research; health care delivery; business, insurance, and other health industries; and government, labor, and advocacy groups. Their responses, which are discussed below, closely align with the principles set forth by the Commission on a High Performance Health System, whose mission is to promote greater access, quality, and efficiency across the U.S. health care system. Among other things, the Commission has called for organizing the care system to ensure better access and coordination, rewarding quality and efficiency, and expanding the use of health information technology and data exchange.

A National Quality Agenda

To be sure, there are numerous activities taking place in the U.S. to measure and improve the quality of care. Unlike other countries, however, the U.S. lacks a single national entity charged with coordinating all of these efforts and setting a quality improvement agenda for the nation. More than half (56%) of the experts who participated in the latest Health Care Opinion Leaders Survey supported or strongly supported the creation of a new public–private agency to coordinate efforts around quality and set a national quality agenda (Figure 1). Only 16 percent said they do not support creation of such an entity.

Figure 1. Health Care Opinion Leaders Agree on the Need for a Public–Private Entity to Coordinate Quality

"Do you support the creation of a new public–private entity that would coordinate quality efforts and set a national quality agenda?"



Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

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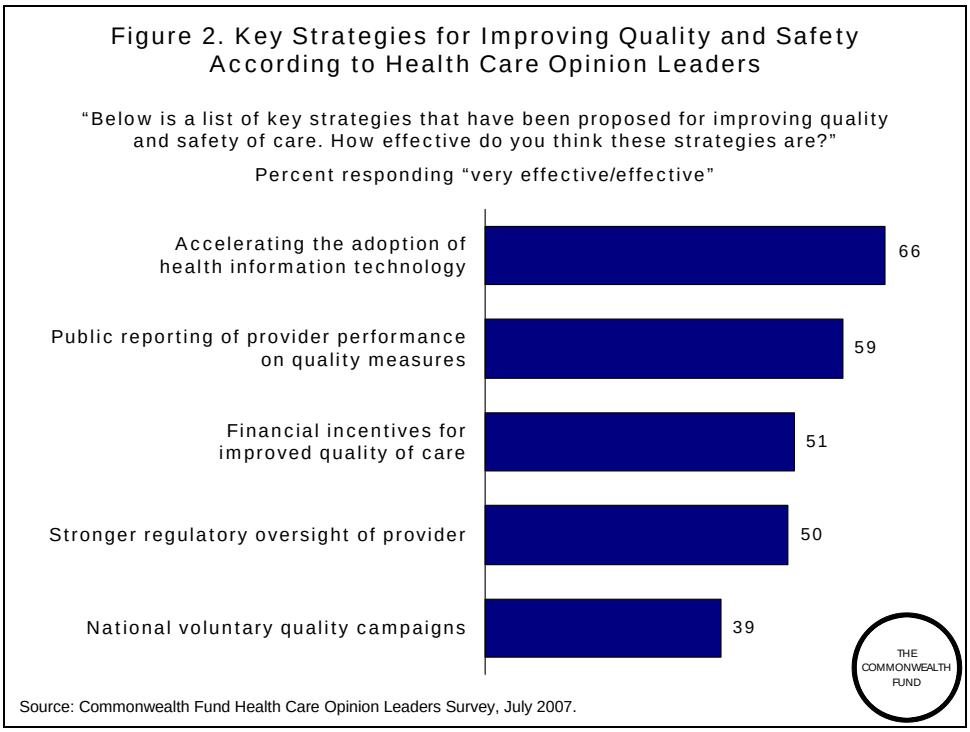
Key Strategies to Improve Quality and Safety

Surveyed experts thought a number of strategies are effective or very effective in improving health care quality and safety (Figure 2). These include:

- accelerating the adoption of health information technology (66%);
- public reporting of provider performance on quality measures (59%);
- financial incentives for improved quality of care, such as pay-for-performance (51%); and
- stronger regulatory oversight of providers (50%).



Views on the effectiveness of voluntary quality campaigns were mixed. The majority of experts working in the health care delivery sector (52%) thought campaigns such as the Institute for Healthcare Improvement's 100,000 Lives Campaign have been effective, though academic experts were less convinced (33%) (Table 2).

Agreement on Need for Fundamental Payment Reform

In the U.S., fee-for-service is the predominant method of paying for health care services. By its very nature, fee-for-service payment rewards providers for the quantity of services they provide, without regard to the appropriateness, quality, or efficiency of that care. The "pay-for-performance" programs that have been steadily gaining currency among purchasers of care reflect an attempt to align payment with the quality and efficiency of care delivered. These programs typically offer a bonus payment, on top of the fee-for-service payment, for high-quality care as measured by performance indicators. In the Health Care Opinion Leaders Survey, 44 percent of respondents said they support or strongly support the expansion of pay-for-performance programs, with support higher among business leaders (62%) than among academic experts (41%) (Table 3b).

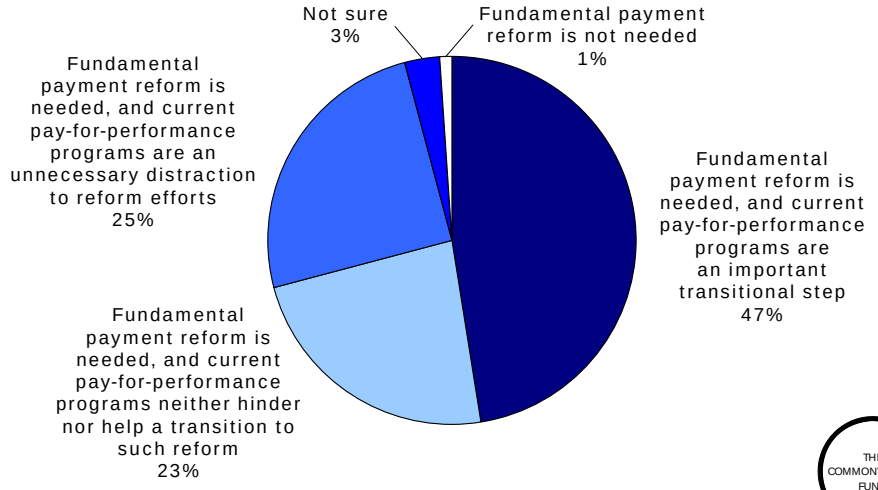
Since most pay-for-performance programs are based on a fee-for-service structure, they are relatively ineffective, however, in promoting care coordination and efficiency.[3] Some policy experts have therefore argued that more fundamental payment reform is essential.

One idea is to move away from payment based solely on discrete face-to-face clinical encounters and toward "bundled payment" mechanisms, such as payment for episodes of care.

Based on their selection of statements from a list of choices, 95 percent of surveyed health care opinion leaders feel that fundamental payment reform is needed (Figure 3). Only one percent believe it is not necessary. Close to half (47%) of respondents believe that while fundamental reform is needed, the pay-for-performance programs currently in place represent an important transitional step, whereas one-quarter (25%) believe that current pay-for-performance programs are an unnecessary distraction to reform efforts.

Figure 3. Ninety-Five Percent of Health Care Opinion Leaders Agree that Fundamental Payment Reform Is Needed

"Some have argued that aside from the current pay-for-performance programs, more fundamental payment reform is critical to achieve needed gains in quality and efficiency. Which of the following statements best reflects your beliefs on this issue?"

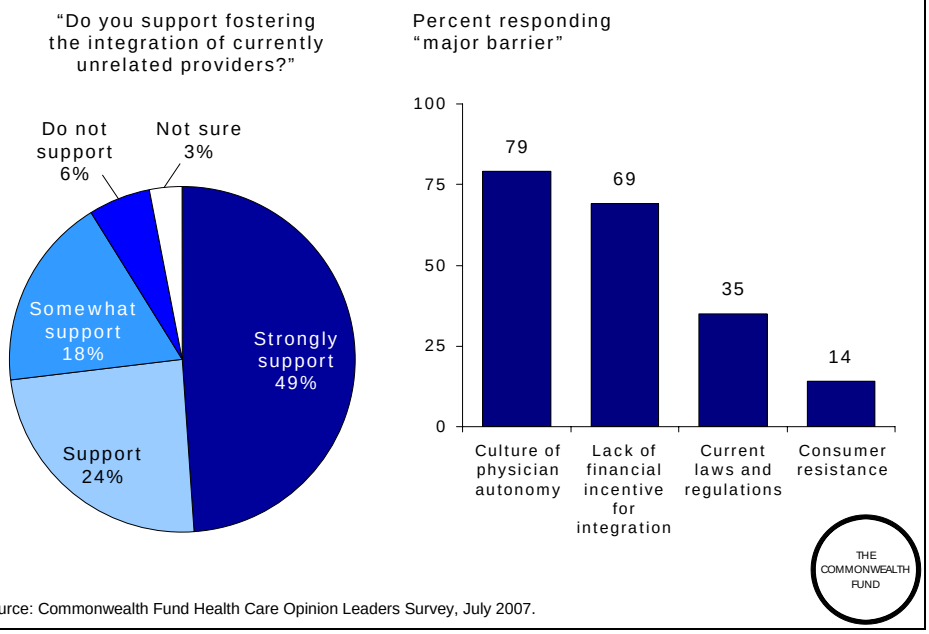


Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Integrated Delivery Systems

Approximately half of U.S. physicians deliver care in solo or small practices.[4] The Commission on a High Performance Health System believes that a much greater degree of provider organization is critical to achieving improvements in quality and efficiency. Health care opinion leaders agree: nearly three-fourths (73%) said they support efforts to foster the integration of individual providers, with half indicating they strongly support such efforts (Figure 4).

Figure 4. Three-Fourths of Health Care Opinion Leaders Support Fostering Integrated Delivery Systems



Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Potentially, there are many barriers to integrating providers. When health care opinion leaders were asked which of these might pose a major barrier, a large majority (79%) cited the culture of physician autonomy, followed by a lack of financial incentives for integration (69%) and current laws and regulations (35%). Few (14%), however, thought consumer resistance would be a major barrier (Figure 4).

Promoting Medical Homes

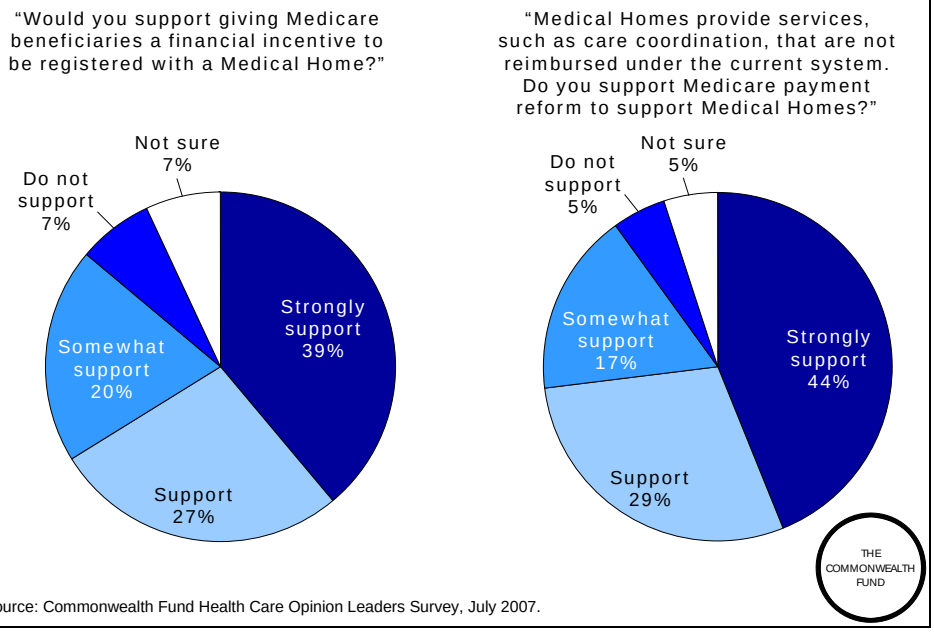
The Commission believes the nation needs to work toward achieving a health system in which people have superb access to care; patients are engaged in their own care; clinical information systems support the delivery of high-quality care, practice-based learning, and quality improvement; coordinated care is provided by teams of providers; and information on quality is publicly available. Having a medical home is an important step toward creating such a patient-centered health care system.[5]

Having a medical home is much more than just a having a regular place to go for health care. A medical home is where patients have convenient, timely access to well-organized care, and where providers actively engage their patients in care management and decision-making. A recent Commonwealth Fund study found that when adults have health insurance coverage and a medical home, racial and ethnic disparities in access and quality are reduced or even eliminated.[6]

As part of the survey, health care opinion leaders were asked a series of questions about the role of the medical home in caring for Medicare beneficiaries, including ways to

expand the availability of medical homes. Two-thirds of respondents said they support or strongly support giving Medicare beneficiaries a financial incentive, such as a reduction in Part B premiums, to register with a medical home (Figure 5). And nearly three-quarters (73%) of health care opinion leaders support reform of Medicare payment policy to encourage medical homes—currently, the provision of patient-centered services, such as care coordination, are not reimbursed by Medicare.

Figure 5. Health Care Opinion Leaders Call for Medicare Reform to Support Medical Homes



Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Accelerating the Adoption of Health Information Technology

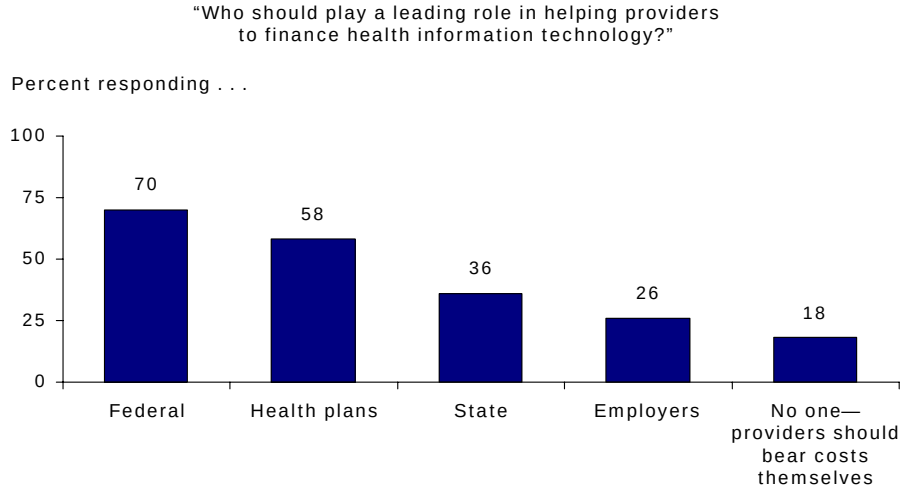
Health care opinion leaders see health information technology (HIT) as the most promising vehicle for improving quality and safety. Advanced health information systems that provide clinicians with decision-support tools and enable them to assess and monitor care can improve patient outcomes and foster more innovative, efficient use of resources.[7] But at present, only 19 percent of U.S. primary care doctors have advanced information capacity in their practice, compared with more than 80 percent of primary care doctors in both the United Kingdom and the Netherlands.[8]

One of the challenges to widespread adoption of HIT is the cost of implementation and ongoing operations. In many cases, health care providers, who incur most of the costs of implementing HIT systems, do not receive most of the financial benefits that can be realized from less duplication of services, for example, or better management of chronic diseases. These benefits typically accrue to payers. Research also

shows that large group practices are much more likely to use electronic health records than solo or small practices, which often lack the infrastructure and resources necessary to implement HIT.[9]

Health care opinion leaders were asked what type of assistance, if any, should be given to providers to help finance HIT. Seven of 10 opinion leaders surveyed said the federal government should play a leading role in assisting providers with HIT financing (Figure 6). Further, a majority (59%) of health care opinion leaders believe that to help providers pay for the technology, pay-for-performance bonuses should be linked to use of HIT (Figure 7).

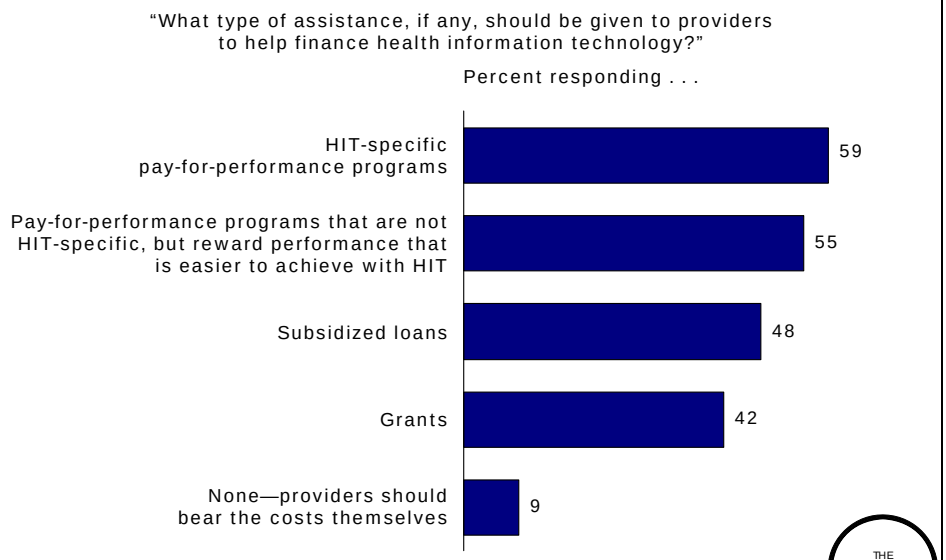
Figure 6. Health Care Opinion Leaders Call for a Strong Federal Role in Health Information Technology Financing



Note: Bars do not sum to 100% because survey respondents were asked to choose all answers that apply.

Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Figure 7. Health Care Opinion Leaders Strongly Support Financial Incentives for Health Information Technology



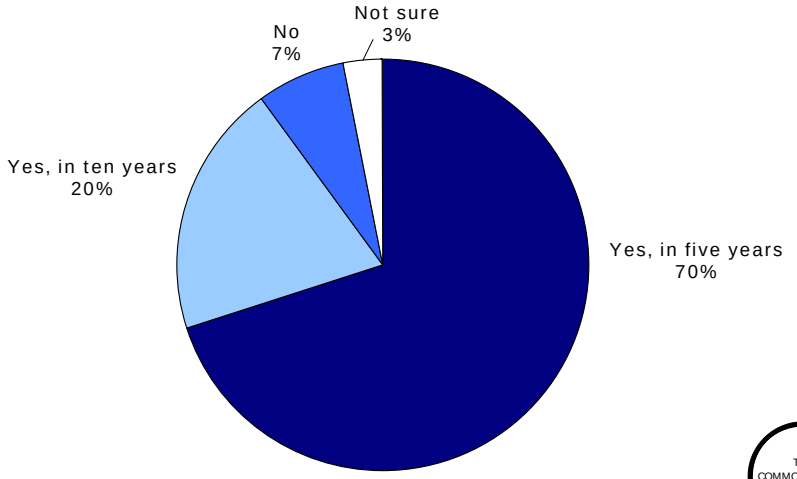
Note: Bars do not sum to 100% because survey respondents were asked to choose all answers that apply.

Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

As the nation's largest purchaser of health care services, the Medicare program wields significant influence over all aspects of health care, including quality, efficiency, value, and accountability. With this in mind, health care opinion leaders were asked if they think Medicare should require the use of electronic health records for all providers participating in the program. Nine of 10 respondents said yes, agreeing that Medicare should requiring the use of electronic medical records for all providers participating in Medicare, in either the next five or 10 years (Figure 8).

Figure 8. Ninety Percent of Health Care Opinion Leaders Call for Medicare Mandating Use of Electronic Health Records

"Should Medicare require the use of electronic medical records for all providers participating in Medicare?"



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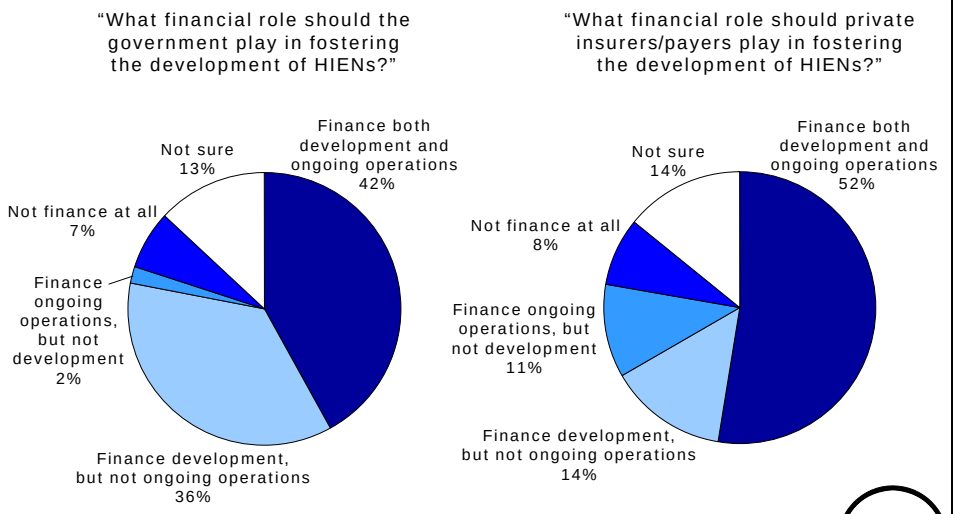
Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Physician practices can optimize investments in HIT by tapping into networks to exchange patient information across providers and provider settings. Although many health information exchange networks (HIENs) are emerging, almost none have established a business model for sustained operations. Health care opinion leaders were asked what financial roles the government and private insurer or payers should play in fostering development of HIENs. Two of five respondents (42%) said that the government should help finance both the development and ongoing operations of HIENs (Figure 9). Moreover, half of respondents (52%) said that private insurers/payers should help finance both the development and maintenance of the networks. Only 7 percent of respondents think the government should not help finance HIENs at all, and only 8 percent think private insurers/payers should not help finance HIENs at all.

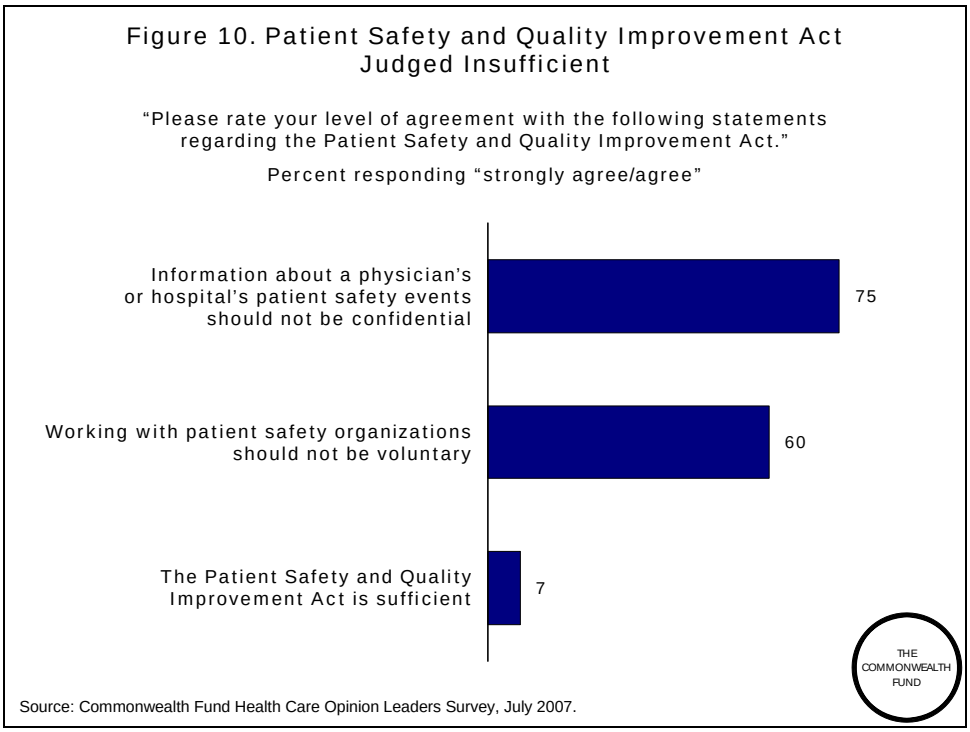
Figure 9. Most Health Care Opinion Leaders Support a Financial Role for Government and Private Insurers in Development and Operation of Health Information Exchange Networks (HIENs)



Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Patient Safety

Improving quality of care also means improving the *safety* of care. In 2005, Congress passed the Patient Safety and Quality Improvement Act, which calls for a new system of voluntary and confidential reporting of "patient safety events"—actions that adversely affect patients. These events would be reported to patient safety organizations, which would analyze the data and help providers implement measures to improve patient safety. To an overwhelming degree, health care leaders are skeptical of the efficacy of the legislation: only 7 percent think that the act as currently written is sufficient to improve patient safety (Figure 10). Seventy-five percent of survey respondents believe that reporting to patient safety organizations should not be voluntary, and 60 percent believe that information about patient safety events should not be confidential. However, respondents who are engaged in health care delivery were the least likely to be comfortable with mandatory participation in patient safety organizations (55%) and public reporting of patient safety events (31%) (Table 10).

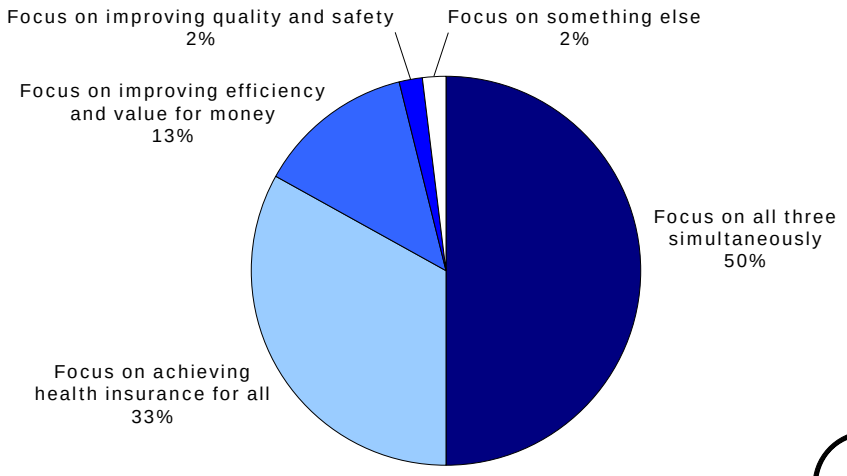


Health Reform Proposals: Simultaneous Focus on Coverage, Quality, and Efficiency

Health care opinion leaders agree that the quality and safety of health care in the United States needs improvement. When asked what the priorities of Congress and the next president should be regarding health care reform, one-half agreed there should be simultaneous efforts on three fronts: extending health insurance to all, improving quality, and improving efficiency or value (Figure 11). A third of health care opinion leaders (33%) would focus first on health insurance for all. Opinion leaders from the fields of academia and health care delivery were more comfortable than business leaders with moving first on achieving health insurance for all (Table 11).

Figure 11. Half of Opinion Leaders Think Health Care Reform Should Address Coverage, Quality, and Efficiency Simultaneously

"As presidential candidates and Congress are working on health care reform, which of the following should be their primary focus?"



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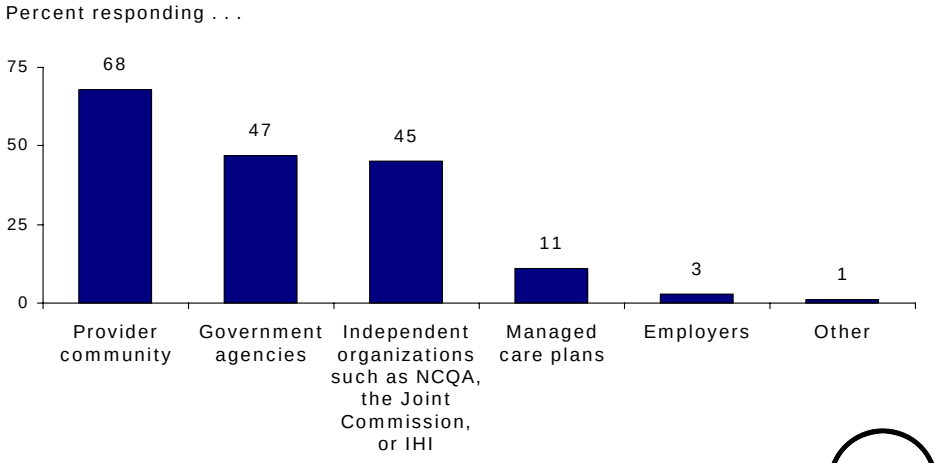
Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

Most respondents, however, believe that the health profession should assume responsibility for ensuring quality and safety. More than two-thirds (68%) think that the provider community should be principally responsible for improving the quality and safety of the health care system, followed by the government (47%) and independent organizations (45%), such as the Joint Commission, the National Committee for Quality Assurance, or the Institute for Healthcare Improvement (Figure 12). Four of five health care delivery leaders agreed that the provider community should be primarily responsible (Table 12).

Figure 12. Health Care Opinion Leaders: Views on Responsibility for Improving Quality and Safety of Health Care

"Who should be primarily responsible for improving the quality and safety of care delivered in the United States?"



Note: Bars do not sum to 100% because survey respondents were asked to choose two options.

Source: Commonwealth Fund Health Care Opinion Leaders Survey, July 2007.

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Moving Toward a High Performance Health System

With ever-increasing numbers of uninsured Americans, rapidly rising health care costs, and concerns about the quality of care, more and more Americans see a health system in crisis. In confronting these problems, the Commonwealth Fund Commission on a High Performance Health System has developed a set of keys to higher performance:

- Extend health insurance to all.
- Pursue excellence in the provision of safe, effective, and efficient care.
- Organize the care system to ensure coordinated and accessible care for all.
- Increase transparency and reward quality and efficiency.
- Expand the use of information technology and exchange.
- Develop the health care workforce necessary to foster patient-centered primary care.
- Encourage leadership and collaboration among public and private stakeholders.

In particular, the Commission seeks to identify policies and practices that would simultaneously contribute to better access, improved quality, and greater efficiency. The quality and safety strategies strongly supported by health care opinion leaders—expanded

use of health information technology and access to medical homes, an integrated delivery system, and payment reform—would help accomplish all three goals simultaneously.

The responses to this survey closely align with the principles laid out by the Commission and with the views of the general public.[10] They indicate a growing recognition that access to care, quality of care, and the costs of care are interrelated, and that it is difficult—if not impossible—to fix one area without addressing the others. There is strong support for change both in payment and in organization of care, as well as a surprising level of support for government intervention in critical areas.

Health care opinion leaders view the upcoming election and the current climate in Washington as an opportunity to achieve significant change within our health care system. Hopefully, our nations' leaders will seize this opportunity to give all Americans the high-performing health care system they deserve.

METHODOLOGY

The Commonwealth Fund Health Care Opinion Leaders Survey was conducted online by Harris Interactive between June 4, 2007, and July 1, 2007. The survey was administered via e-mail to a panel of 1,467 opinion leaders in health policy and innovators in health care delivery and finance. The final sample included 214 respondents from various industries, including 94 individuals from academic or research institutions; 58 from the health delivery sector; 71 from business, insurance, or other health care industries; and 29 government, labor, or consumer advocacy representatives. Typically, samples of this size are associated with a sampling error of +/– 6.7 percent. However, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated. The sample was developed by The Commonwealth Fund, *Modern Healthcare* magazine, and Harris Interactive. Data from this survey were not weighted.

See Appendix A for full methodology.

ABOUT THE AUTHORS

Katherine K. Shea is research associate to the Fund's president, having until recently served as program associate for the Fund's Child Development and Preventive Care program and the Patient-Centered Primary Care Initiative. Prior to joining the Fund, she worked as a session assistant at Memorial Sloan-Kettering Cancer Center in an ambulatory hematology clinic. As an undergraduate, she completed internships with the Museum of Modern Art and the Guggenheim Museum. She holds a B.A. in art history from Columbia University and is currently pursuing an M.P.H. in health policy at Columbia's Mailman School of Public Health.

Anthony Shih, M.D., M.P.H., joined The Commonwealth Fund in 2006 as the senior program officer overseeing the Fund's Program on Quality Improvement and Efficiency. Dr. Shih came from IPRO, an independent not-for-profit health care quality improvement organization (QIO), where he held a variety of positions since 2001, most recently as Vice President, Quality Improvement and Medical Director, Managed Care. In this position, he developed and managed large-scale quality improvement projects for the Medicare population and designed quality measures and quality improvement studies for Medicaid managed care markets. Previously, Dr. Shih was the assistant medical director for a community-based mental health clinic in Northern California serving immigrant and refugee populations. He is board-certified in public health and preventive medicine, and has expertise in epidemiology, health services research, and in the principles and practice of health care quality improvement. Dr. Shih holds a B.A. in economics from Amherst College, an M.D. from the New York University School of Medicine, and an M.P.H. from Columbia University Mailman School of Public Health.

Karen Davis, Ph.D., president of The Commonwealth Fund, is a nationally recognized economist with a distinguished career in public policy and research. In recognition of her work, she received the 2006 AcademyHealth Distinguished Investigator Award. Before joining the Fund, she served as chairman of the Department of Health Policy and Management at The Johns Hopkins Bloomberg School of Public Health, where she also held an appointment as professor of economics. She served as deputy assistant secretary for health policy in the Department of Health and Human Services from 1977 to 1980 and was the first woman to head a U.S. Public Health Service agency. A native of Oklahoma, she received her doctoral degree in economics from Rice University, which recognized her achievements with a Distinguished Alumna Award in 1991. Ms. Davis has published a number of significant books, monographs, and articles on health and social policy issues, including the landmark books Health Care Cost Containment; Medicare Policy; National

Health Insurance: Benefits, Costs, and Consequences; and Health and the War on Poverty.

ACKNOWLEDGMENTS

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