

Jeff Bernhard:

Hi, I'm Jeff Bernhard, Senior Vice President of Commercial Markets at Highmark. Welcome to Hitting a Higher Mark. In this podcast, we will explore topics that are transforming how healthcare is delivered and paid for. Today, we will be specifically discussing quality data in the healthcare industry. We have two special guests here today with me to expand on this very important healthcare topic. First, we have Diane Gilworth, who is the Senior Vice President of Clinical Services at Highmark Health. We also have Dr. Sri Chalikonda, Chief Medical Operations Officer at Allegheny Health Network. Welcome, and thank you both for joining us. Let's get started on today's topic.

Jeff Bernhard:

Diane, let's start with you. I think we all value quality when it comes to seeking care, whether it be for a simple wellness checkup or a more serious medical visit. What are some of the common ways quality is measured in the healthcare industry?

Diane Gilworth:

Well, first of all, Jeff, thanks for inviting me to this important forum. I think quality is one of the things that we all want in healthcare, right? The problem with quality is that it's really hard to measure and hard to help others understand what quality is. We know it when we see it, but it's hard to measure. So as a result, there are really three fundamental ways that we measure quality.

Diane Gilworth:

There are structural metrics like whether or not a provider uses an electronic medical record, whether or not they're board-certified and what their patient-provider ratio looks like. There are process metrics that we use. Things like hemoglobin A1C for measurement in diabetes, mammograms for breast cancer, colonoscopy for colon cancer, those kinds of things. And then finally everyone thinks about outcomes. Outcomes tend to be what we think about as the gold standard for measuring quality. Things like infection rates, readmissions, mortality, patient experiences are also a kind of outcome.

Diane Gilworth:

So I think as you'll come to learn, the quality is multidimensional and it's one of the reasons that we use multiple things to measure quality. In most cases, when we combine the structural, the process metrics and the outcome metrics, we get to a place where we understand that a provider is providing quality processes and typically that is linked to better health and better healthcare experience.

Jeff Bernhard:

Thanks, Diane. Sri, you and I've talked about this extensively before, and can you give us an example about how this might apply kind of in the real world or a real medical health system or a hospital system?

Sri Chalikonda:

Sure, be happy to and thanks for having me, Jeff. So this really gets complicated, but let's take a real world example of where sometimes it's subtle, as far as the difference. If you take two orthopedic surgeons and they each do 2500 hips a year and they both have great outcomes in that, six months later, or however long out you want to measure, their patients are pain free, off any pain medication, can resume activities. You would say both of those providers are really high quality.

Sri Chalikonda:

If you then compare them at the episodic level, so per procedure, let's say, and one of the surgeons does that same hip replacement with maybe a lower cost implant or in a lower cost setting, you might say that the one that does the same outcomes with the lower cost is the higher value provider, while the other one is a lower value provider. That's sort of version 1.0. Where we really need to go and how we really need to look at it as quality is some additional things. So for example, if you take those two same orthopedic surgeons, each one of them sees 3000 patients. And the one that does it at the lower cost operates on all 3000 while the other one that does it at the higher cost is able to manage 500 of those 3000 with alternative therapies, physical therapy, injections, what have you. And six months later, his 3000 patients have the same outcome as the other 3000 patients that had surgery.

Sri Chalikonda:

Now you start looking at the appropriateness and that's where you really start seeing as a group, as a network, you'd say, to take you to the next level, we really have to look at that surgeon and how they treated the whole patient, not just the cost of the episode or the cost of the care, but value for that for us as an organization, whether you're a provider or a payer or a patient is going to that doctor that only operates on those patients that really benefit from surgery and being able to manage those other patients non-operatively. So that's really what we need to get to as a group and looking at value, quality, cost in the whole spectrum of care.

Jeff Bernhard:

Yeah, that makes sense. And I think the relationship between quality and value is very complex and also quality and cost. Sometimes it's an inverse relationship. So sometimes the lower the quality, the higher the cost and vice versa. And I know at Highmark, we are continuing to try to find ways to create problems, to look at the care holistically for all the variables that you articulated and trying to make it simple and easy for consumers of healthcare, to understand and be able to make the right decision.

Jeff Bernhard:

So, Diane, do you have anything to add about the complex relationship between quality and value as it relates to what we just spoke about?

Diane Gilworth:

Well, I think you both have hit on some very important points. The truth of the matter is that the studies show that there is no consistency between the quality of healthcare and the cost of healthcare. It is not like most consumer goods where a patient or a consumer can go out to a particular website and understand cost as it relates to quality. We just aren't there yet. We are in the process of exposing more and more cost data to patients through healthcare apps. Many health insurance companies are now putting this information into the hands of consumers. That in addition to quality metrics that is available to consumers, I think is a combination that we will begin to use in the future with more efficacy and understanding. But I think today the truth of the matter is a higher cost provider could very well be delivering lower quality care.

Jeff Bernhard:

Yeah. That's very interesting. So Sri, being a leader, a physician at a hospital system and a specialist at a hospital system, what type of opportunities do you see that exist for your patients when choosing a

specialist for the particular care or a hospital for the particular care and what type of data do you think we can put in their fingertips to make their decisions easier?

Sri Chalikonda:

Yeah, that's a great question. And we struggle with this as doctors every day in that the data that's out there is often hospital-based, it doesn't look at individual physician rankings. So going to a hospital that is ranked very highly, whether it's a national ranking from a newspaper or magazine or national quality index is important, but it doesn't tell you about the individual physician taking care of you. As a physician, we know what factors into high quality doctors, and that's how we refer and that's how we get referrals as specialists. So it is very complicated, but I think the newer tools that we're utilizing helps individuals and other physicians identify doctors within specialties that give the highest quality. And then you marry that to the hospital data and you can really help drive patients to the right providers.

Jeff Bernhard:

I know in the Highmark footprint, we are creating something called blended health to be able to work arm in arm, hand in hand, payers and providers together to produce the best possible outcome experience and reduce spend for the overall patient. So I know that's well under way, and there's a lot to be talked about. That's probably on another podcast.

Jeff Bernhard:

So Diane, last question for you, there's more data available now than ever with the internet for the public. So given the fact that we can find out about quality with consumer reports, for cars or stereos or whatever have you, from an electronic perspective, where do consumers go to learn about quality and healthcare?

Diane Gilworth:

Yeah, that's a really important and good question. And unfortunately we don't yet have one tool that would give a patient or a consumer the information, the comprehensive information that they need about quality and cost. And it's largely because of the way that we measure quality and the metrics that I discussed earlier. So there are a few publicly available sites, like NCQA and AHRQ that consumers can go to, to begin their search about quality.

Jeff Bernhard:

It's obvious to me that all three of us are aligned around quality and what's needed in the healthcare industry. So I thank you both for joining me in this episode. This topic is absolutely critical these days, because all of us are facing obviously a crisis in healthcare where it continues to be unaffordable for not just individuals and seniors, but also employers. And it's obvious to me that even though, Diane, you're a nurse, Sri, you're a specialist and a surgeon, and I'm an executive with a healthcare company, we all share the same belief and that is the need to do better for the people that we serve in our communities. Whether you're a doctor, whether you're a health plan executive, whether you're a nurse, or whether you're just someone caring in the public, we need to do better. And we definitely will. So it sounds like work is definitely underway with both Highmark and Allegheny Health.

Jeff Bernhard:

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So, that ends our episode. I'm Jeff Bernhard. And I want to thank you for listening to Hitting a Higher Mark.