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Letters to the Editor

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Letters to the Editor

Dear Dr. Nash,

I liked your article in the Health Policy Newsletter about the Leapfrog group. I couldn't agree more that we've focused too much on cost containment and too little on quality. I also agree that it is important for purchasers to select and reward plans and providers based on quality of care. I think this is obvious to people when they buy cars (e.g., everyone looks in the consumer reports ratings), but not health care.

There is one aspect that makes this "market strategy" difficult. Purchasers usually select insurance plans for their beneficiaries, and pay the plans for the services. Therefore, purchasers may be able to leverage plans to improve quality. The problem is that health plans do not provide quality care (or poor quality care). Rather, physicians and other health professionals do.

Therefore, in order to change behavior, it is the physicians that have to be selected and rewarded based on their performance. When there is a clear distinction between plans because of different provider panels, I can see how this would work: health plans would pay physicians for higher quality care, and purchasers would pay the plans more when their physicians perform better. However, in markets like ours (i.e., Delaware), where almost all physicians participate in almost all health plans, that may not work. That's because physicians participate in many different plans. So having Aetna reward him for increased rates of cholesterol screening means very little when it is only 5-10 of his patients. Even if Aetna's reward does succeed in improving rates, it will likely translate into better rates across all of his patients. Therefore Aetna could be paying for higher quality, but it really leads to higher quality across all plans. So Aetna does not gain any competitive advantage, and has little incentive to continue to pay for this higher quality.

James M. Gill, MD, MPH
Director, Health Services Research
Department of Family and Community Medicine
Christiana Care Health System

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Dear Dr. Nash,

Thanks for your interesting article. I read it, thought about it, and visited the Leapfrog Web site. I think it's interesting that the group seems to focus on patient safety. Clearly this is a critical issue. But I'd focus more on the quality or value aspects of purchased healthcare.

Here the big purchasers could circumvent the MCOs. I believe NCQAdoes a modest job of focusing plans on quality, but I'm struck by the high percentage of energy spent on writing good compliance statements, having good meeting minutes, and other window-dressing. And NCQA's interrater reliability problems are legendary. Worse, I know that perfectly average plans get commendable ratings.

I believe big-business purchasers could do a lot to improve quality, safety, and value- and I hope they do it. The Leapfrog Group has some good ideas. My guess is it will take people who understand healthcare and can avoid the special interests of providers, health plans, and company budgets while they build employee demand for value.

Anthony Heath, PhD

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Dear Dr. Nash,

Your editorial in the December 2000 issue about the concept of leapfrogging and the Leapfrog Group resonated with my concerns. Some recent attempts to cooperate with managed care organizations, to improve the outcomes of drug therapy, had suggested to me that they were really unable to manage care, merely the cost of care. The logical next step would be an appeal to their customers, the real players.

Prof. Charles D. Hepler
College of Pharmacy, University of Florida
Director, DuBow Family Center for Research in Pharmaceutical Care

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Dear Dr. Nash,

I always enjoy seeing the Health Policy Newsletter and in the December 2000 issue I especially appreciated the Leapfrogging Quality editorial. Quality is a most important topic, and I am very pleased to see employers take a pro-active approach in pushing quality concerns. Please continue with the informative and well-written editorial pieces.

Will Wright, MD
Medical Director
Med Michigan Health Network

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Dear Dr. Nash:

I read with great interest your editorial on "Leapfrogging Quality" published in the December issue of the Jefferson Health Policy Newsletter. I have been fascinated and frustrated by the desperately slow pace of technological innovation and adaptation of the medical "business". I have also been impressed with your leadership in the area of study of medical utilization and efficiency.

As a family physician and medical director of a primary care practice in Pottstown, PA I have significant operational responsibilities. The practice is owned by a hospital system. The operational inefficiency I have encountered here and in previous practice experience is the result of internal as well as external factors. Whatever the cause of the waste, it is unconscionable to me that we continue to tolerate it at a time when hospitals, medical practices and insurance companies are all financially suffering. Even more frustrating is the extent to which the inefficiency of the system creates a burden on some of our most needy citizens. The high cost of medications and insurance to a large portion of our population restricts their access to and quality of care.

The effort to take a "leap" forward and to concentrate great minds and leaders (which are not necessarily mutually exclusive) to the task of bringing medicine into the 21st century is critically important. This effort has the potential to be a watershed event in the evolution of medical care delivery in the U.S. Best of luck in this courageous effort.

Charles L Buttz, MD, MBA
Medical Director
Coventry Family Care
Pottstown PA

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