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From the Editor
Just the FACCTS

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From the Editor

Just the FACCTS

As providers of healthcare, do we ever ask ourselves questions such as, Can we articulate the goals of the US health care system? Is there any way to tell if the one trillion dollars we are spending annually is helping us to reach those goals? and Are Americans getting care that meets their physical, emotional, and spiritual needs? These are daunting questions. Previously in these pages (May 1996, Vol. 9, No. 2), I described how certain major national organizations are dividing up the quality of care pie. Those organizations were the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Committee on Quality Assurance (NCQA), and the American Medical Association (AMA).

Now I would like to report to you about the work of a different kind of group, a not-for-profit coalition of purchasers and consumer organizations representing 70 million Americans known as the Foundation for Accountability or FACCT. (1) Headquartered in Portland, Oregon, FACCT grew out of the failure of legislative healthcare reform. According to the leadership of FACCT, their mission is to equip consumers to evaluate the quality of care they are receiving, and to make "apples to apples" comparisons among healthcare providers and services. With the right information presented in the right way, the marketplace can work.

I believe in the mission of FACCT, and I support the work of David Lansky, PhD, its first president. In my view, the best way to provide direction to healthcare organizations is to hold them accountable for meeting the needs of those they serve. By regarding performance measures as one device for focusing people's thinking on what the health system should achieve, we can reward those organizations which best achieve those objectives. In a word, reward those willing and able to be accountable.

How does FACCT carry out this important mission? FACCT works on a two-tiered system of quality measurement. The first tier works at the population level. Key population wide measures are created to help answer such questions as How well does the health system provide services to both ill and healthy individuals for whom it is responsible? The second tier works at the specific condition. In other words, how effectively does the health system provide care for a population level that is ill, at risk for an illness, or that shares a common health event or stage of life (i.e., pregnancy)?

FACCT looks at quality through the eyes of populations of people, patients, coalition members who pay for care, and individual consumers. FACCT then creates specific performance measures that reflect the most common aspects of a patient's experience of health, illness, and the receipt of health services, with a particular focus on results. We know as providers that patients are interested in such questions as, Will I live productively? How much discomfort or pain is expected? and When can I resume my day-to-day activities? It is hoped that FACCT will provide us with validated, reproducible answers to these questions that will enable us to hold all aspects of our healthcare system accountable.

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The next layer of detail relates to three broad categories for actual reporting, including: steps to good care, satisfaction, and results. For example, how effectively and appropriately is the health system delivering important screening services? Are customers satisfied with these services? Note the clear consumer focus throughout all of FACCT's activities. Some providers may bristle at the notion that information ought to be delivered to consumers as a priority. My own view is consistent with FACCT. Accountability is the way to move the market place in the appropriate direction.

How does FACCT select the conditions chosen for reporting by the systems described above? The criteria FACCT uses include prevalence of the disease and cost of the disease. FACCT is also interested in the opportunity to improve care. In other words, can we help providers to develop better treatment methods and services or would it be largely a waste of resources? Other criteria include consumer interest. Is this condition of general interest to the public at large? And finally, criteria include opportunity to effect outcomes and opportunity to improve decision making by persons affected with this condition. Recently FACCT turned its considerable analytic attention to diabetes, breast cancer, and major depression. National panels of experts empowered by FACCT have evaluated key tools to help the public better understand these important conditions. FACCT then takes these tools and makes them available to employers and large purchasers of care.

With these tools in hand, here are some of the byproducts of FACCT's work. Several trend-setting national business coalitions have begun efforts to launch quality measurement projects using FACCT measures. The United States Office of Personnel Management, which runs the federal employee health benefits program, is moving ahead in using FACCT measures. The National HMO Purchasing Coalition, which represents nine Fortune 100 companies, is committed to using FACCT measures to gather data from health plans. Finally, the Healthcare Financing Administration (HCFA), which, of course, runs Medicare, has given the RAND Corporation two million dollars to examine issues related to implementing FACCT measures and to get a pilot project underway in as many as 10 markets across the country.

Regrettably, the voice of our patients is sometimes lost in the cacophony of voices about how quality ought to be measured and improved. Ultimately, we are all patients at one time or another. As a result, I feel privileged to be a member of the Board of Trustees of FACCT and will continue to keep you updated about their admirable work. Public accountability is the essence of true professionalism. As always, I am interested in your views.

--David B. Nash, MD, MBA, Editor

Reference

1. Accountability Action, The Foundation for Accountability, Portland, OR: Vol. 1, No. 1, 1996.