



The Louisiana Health Care Quality Forum is one of 24 HHS regional health improvement collaboratives designated by HHS as Chartered Value Exchanges (CVEs). Regional health improvement collaboratives bring together consumers, providers, payers and health plans to work together to lead regional efforts to educate consumers about quality and value in health care and improve health care at the local level.

As part of an effort organized on behalf of regional health improvement collaboratives, this document reports the results of a survey designed to provide feedback to federal policy makers. The survey results report the views of our key stakeholders about how regional collaboratives can assist national efforts to improve quality and reduce costs. This information is intended for use by Obama Administration as a guide in setting health policy.

This survey was administered on-line from January 12-19. Thirty-one responses were received. A follow up conference call with stakeholders to gain feedback on major themes in the survey responses was held January 27<sup>th</sup>. The questions asked and major themes of respondents are presented as follows.

Excerpt from survey respondent:

*"The Louisiana and other Quality Forums are "grass-root" organizations that are uniquely able to bridge quality and value issues with local community needs. The Quality Forum draws representation from across the spectrum of peoples and interests across our State. It provides voice across ideologies, economic realities, and different community assets. Most of all, the Quality Forums have momentum around critical issues that require significant work to transform health services delivery and it's financing. We all share the major goals of access for all, effective quality care, and value for public and private invested dollars. Quality Forums do not own a specific solution or economic perspective, rather they are a dynamic platform to achieve critical analysis, buy-in, and sustainable performance. Quality Forum representatives have great reach to inform consumers that they serve, as advocates, providers, insurers, and government. In Louisiana through regional health improvement collaboratives (including the Quality Forum), we have demonstrated measurable results in advancing an electronic health record, the medical home system of care, and insuring children. Quality Forums will be an important asset to the incoming Federal Administration to accelerate its work to improve the health of the nation with sustainable economic policy."*

**January, 2009**

## Question #1:

**How can regional health improvement collaboratives like the Quality Forum and other CVEs assist consumers in choosing high quality health care providers?**

### Publishing meaningful information on provide performance and quality indicators

- Develop score card of quality indicators and patient satisfaction
- Providing meaningful information to help consumers make decisions- not just numbers but explanations
- Act as a neutral entity in health care that provides vetted facts about quality and providers' scorecard based on agreed upon quality standards.
- Provide comparative information on a risk adjusted basis that contrasts performance of providers at all levels

### Consumer Education

- Educate the public on how to assess quality providers
- Campaign focused on changing the consumer attitudes and promoting collaborative partnership between patient and provider

### Other

- By strengthening the medical home and publicizing the importance of a medical home to patients.
- Targeted assistance to local rural providers since many patients have limited areas for care

## Question #2

**How can the Quality Forum and other CVEs help consumers learn what preventive care they need most and get the care they need?**

### Impact Policy

- Promotion of a policy framework that is "patient-centered"
- Raise awareness of the value of clinical preventive health care and social preventive health initiatives. Prevention is a policy area that creates a "win-win" for all involved.

### Public Education

- Major marketing campaign with educational products that identifying risk factors of certain conditions, the prevalence of those condition, and the importance of preventive care.
- Educational products must be culturally and demographically relevant so as to ensure preventive care methods are reasonable and accessible to individuals in that community
- Educate patients and caregivers how to better navigate the system and make decisions
- Work with all stakeholders in coordinating effective ways to communicate with consumers.

### Support practices

- Electronic tracking of the preventive indicators
- Reimbursement for prevention services, disease management and other educational programs

### Consumer incentives

- Zero co-pays for preventive care and generous allowance against deductibles.
- Incentives to do the right thing(i.e. exercise, eat the right foods) and disincentives when they do bad things(i.e. Medicaid penalties such as reduced benefits)

### **Question #3**

**How should the federal government invest in a national health information technology systems to best coordinate care, measure quality, reduce medical errors, and save dollars? -What are some specific recommendations increasing provider adoption of EHRs? -What federal policy, legal or funding initiatives are needed to support information exchange safely and securely between states? -How can federal policy support long term sustainability of regional health information exchanges?**

### Role for CVEs

- Ensure that Health IT is not being viewed in isolation of the other key areas of service delivery and financing that must be redesigned.
- Generate the social capital required for collaboration in sensitive areas such as patient privacy and confidentiality and provider market share.
- Lead a systems approach to guide interrelated investments to simultaneously stimulate adoption of standards, technology, training, and other shared services for a regional health information exchange.
- Broker a series of grants, loans, and tax-credits to incentivize rapid adoption by providers and organizations that have made the necessary preparations.

### Support of EHR adoption by providers

- Provide incentives based on level of utilization of EHR, improved coordinated care, and quality measurement, not just use of EHR as a replacement for a paper record
- Provide more technical support for EHR and interoperability development.
- Provide tax incentives to providers and payers for adoption.
- Target financial incentives and grants to primary care practices and small and rural/urban providers
- Early adopters should be rewarded and assisted to upgrade their products as needed.
- The federal govt. should work with vendors to reduce the cost of the program development.
- Reduce the fear associate with a standardized system by demonstrating the improvement in quality.

## Federal Initiatives

- National standards are needed to guide state level adoption of information exchange and interoperability
- Certification Commission for Healthcare Information Technology (CCHIT) standards is vital to establish a common set of technological specifications and a shared vocabulary for essential standardization.
- Privacy and security standards should be addressed
- Support of construction of health information exchange networks

## **Question # 4**

**What are some national strategies to reward health providers that provide high quality care and coordinated care? -How should the health care system be redesigned to incent improved quality, increased efficiency and provide accountability for outcomes? -How can the payment system be reformed to align incentives to accomplish the above? -How can primary care practices be supported to transform into high performing patient-centered medical homes? -How can CVEs help implement national programs locally to reward providers that provide high quality care and coordinated care?**

## CVEs as convener

- Lead process Involving clinicians in setting the community standard of care and designing incentives that align clinical outcomes with system efficiencies.
- Maintain focus on the patient and the intended outcome of services
- Promote adoption of EHRs and other HIT by physicians at various stages of adoption, including provision of technical assistance and training, brokering of grants and subsidies
- Public recognition of high quality providers
- Promotion of holistic healthy communities approach

## Payment Reform

- Redesign healthcare system to incentivize providers that provide high quality, coordinated care and disease management through reimbursement.
- Standards and guidelines for quality and coordinated care should be established and consistent.
- Outcome-based reporting should be required.
- Incentives for consumer to engage a medical home and to stay regimented with care and wellness program.
- Enhanced reimbursement for achieving NCQA guidelines
- Increase payments for primary care.
- Reimbursement should support team-based approach
- Consider reimbursement for hospital and specialty care being packaged as a global capitation.

### Provider information and training

- Increase education in the areas of disease prevention
- Training on using quality metrics to guide care delivery
- Track availability of specialists for timely referral by primary care physicians

### **Question #5**

**How can CVEs assist in collecting and reporting hospital and provider health care cost and quality data at the local level? -How should the need for uniformity in measures and reporting be balanced by the need for local flexibility? -How can local reporting and improvement efforts be supported by national policy and funding?**

CVEs set uniform reporting standards ; analyze and report data

- Work with local providers and stakeholders to develop standard reporting measurements; leveraging nationally available standards, getting agreement on ranges or actual measures, building on smaller set of measures and increasing over time
- Cost data should be included
- Measures should be translated into scorecards for public consumption, allowing for quality and value comparisons.
- locally collected data can achieve uniformity as it is aggregated for national reporting
- Costly process requiring financial support through grants other funding
- Consider mandates to report data

### **Question #6**

**What other national policy issue must be addressed to reform health care?**

- Support primary care through increased reimbursement and increase number of primary care physicians
- Cover the Uninsured
- Payment Reform as presented in response to question #4

**The following sections provide actual answers by respondents to the Town Hall questions:**

**1) Briefly, from your own experience, what do you perceive is the biggest problem in the health system?**

- Fragmentation in services delivery.
- Lack of transparency on health care cost and drivers of cost Lack of transparency on provider performance Lack of consumer understanding / engagement on their responsibility on health, wellness and chronic care Cost shifting of public POS delivery model of care to private insurance premiums
- Lack of personal primary care
- Procedure based encourages overutilization
- The lack of individual responsibility for our own health (obesity, tobacco use, inactivity and other poor habits that make us less healthy).
- Overburdened providers are a huge problem. Lack of consumer involvement and education is a problem. Limited access to quality care for many. Costly ER visits for untreated conditions such as anxiety and depression.
- Availability of all types of physician specialties and hospitals close to home and transportation to those that are not close to home.
- The way we finance healthcare - fee-for-service production model is unsustainable.
- People don't believe it is a right.
- Too much technology
- Lack of access to primary/preventive care and the disconnect of physical care from behavioral health
- It is uncoordinated and duplicative
- A certain segment of the general public refuses to take any initiative or responsibility for their own healthcare. They participate in no preventative care unless forced, wait for problems to become acute, then clog ERs that have to take all comers.
- Discoordination of care
- The cost of medicines and the need for good, proven evidence-based treatment options
- Poor value for cost incurred
- Current managed care system is neither providing appropriate care for their patients or paying physicians appropriate financial rewards for doing good work. Further modification of the current system must be done to care of the problem.
- Access to quality, affordable health care. All participants need "skin" in the game.
- uncontrolled costs
- Payment model encourages greater utilization and, indeed, it encourages over utilization.
- Over pricing for medications and specialty care. PCPs generally are good about access and fair market pricing but they only handle general disease conditions. We have many more specialist and general practitioner but they are harder to access mainly because they cost so much for their expertise. Medication cost is just outrageous. And now we have laws that will keep us from buying the medications from other countries where they are cheaper. It seems like a no win situation.
- Rewarding procedure oriented practices. Fewer and fewer people are going into primary care because of this difference. This skewing of manpower makes it harder and harder to convince

new students to enter primary care specialties. It amounts to a quality of life determination in the long run and who can blame them?

- Educating the public on 1-) The value of preventive care, and 2-) the importance of regular care
- Far too much chronic illness/cost due to a system that ignored wellness/preventive health as a primary focus.
- Too many entities financially benefitting from the doctor/patient relationship besides the doctor and patient. All of the risk is still on the MD. Health system is too complex for the average lay person to navigate.
- Cost
- Increasing government regulation in the health care industry.
- Fragmented care and reimbursement

## **2) How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?**

- Access the limited info on the internet and ask for personal recommendations.
- Unfortunately, everyone chooses a doctor more often than not, by reference from friends. A hospital is chosen for the most part by the doctor, based on his/her admitting privileges. There are no reliable sources of information to rate physicians, consistently, today. Public policy should definitely promote quality care providers.
- Recommendations of other health professionals. Board certification. Community reputation.
- Other healthcare professional referral
- I will ask a friend, relative or other trusted source to recommend a health care professional.
- I choose my doctor by going through my HMO, which documents the doctor's affiliations, certifications, and primary focus. I select a hospital oftentimes by word of mouth of those treated in the ER. If customer service was poor, I can't trust that hospital to provide my care. Television commercials that share personal vignettes are also good, yet not always reliable.
- Availability of a physician and type of practice and type of problem presented to me.
- I work a lot in healthcare. I ask healthcare professionals for provider recommendations. we need standardized report cards that are meaningful, simple and understandable
- Word of mouth. Get rid of peer review and make specific evidence based guidelines to define quality.
- I am a doctor
- I have a choice of plans through my employer and know the physicians on the panel. All plans must have free access to a health screen and health education
- There needs to be a ranking system as opposed to the present word-of-mouth system
- Scrub personal referrals against the preferred provider lists.
- Reputation and what others say about them and availability
- Word of mouth in professional community-- transparency is best solution here
- There is no easy way to choose at this time. The practice or the hospital that encourages prevention and provides cost effective treatment should be in the list of quality providers.
- Networking...talking to providers.
- MD: Word of mouth, proximity; hospital compare.
- Public reporting of quality

- I am a nurse. I trust my care to providers that I know and respect. Those that I have worked with. I am the same with hospitals. I have worked on the quality improvement committee for all the hospitals where I have worked. I also look for providers and hospitals that have national accreditations like JCAHO because I know that they are held to a higher standard of care and keep up-to-date with the changes in healthcare. I am not sure how public policy should promote quality healthcare providers. I do not think that money alone will do the job. There will still be those providers that will do a poor job because there will be people who will be so poor that they will pay what little money they have to get any care at all, good or bad.
- Word of mouth is more important than any advertising or list of doctors. It is how the doctor treats people that makes the difference. In today's medical world patients demand access to whomever they want to see and that means by-passing Medical Homes when they have a problem and it easier to see a specialist. It only makes common sense to feel this way and with the abundance of specialists in every specialty it is the preferred way for most patients.
- Credentials, when I can find them, 2-) recommendations from colleagues, friends, etc. 3-) informing the public as to who the quality providers are.
- Word of mouth based on other's experiences.
- Convenience.
- Proximity and personal relationships.
- Recommendations from physicians and nurses

**3) Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?**

13 “no” responses- see accompanying comments with those responses:

- Single payor system. Payment for necessary primary care. Encourage patients to ask what this or that test or procedure will do to improve current situation.
- If we would focus on maintaining health and addressing behavioral health barriers, we'd need a lot less focus on the high cost, high tech, end of life expenses
- Create public plan alternative
- Providers need to be more aware of total costs facing consumers- Not only is care not coordinated but billing is also uncoordinated and unintelligible.
- But I feel for others. Preventative care is the key. Exercise and diet would eliminate much of what most people ail from.

6 “yes” responses- see accompanying comments with those responses:

- Because the costs are too high. But, the cost of care will go down only when we as individuals have more say (via our own purchasing power) when we make a health care decisions.
- I have had family members that have been under-insured, but unaware at the time of illness. Medical costs are excessive. Unsure of the policy that's needed.
- Universal health coverage. Coverage for pre-existing illnesses. No out of network.
- Make it easier to use tax-free dollars to pay for medical care, such as getting rid of the need to guess healthcare expenses in advance for flexible spending accounts
- The illness and hospitalization was unexpected. The hospital would not work with me on delaying the payments and ultimately sent me to collections which then placed it on my credit

report. The ripple effect of this lasted for 7 years. Unable to buy a better automobile so I could get to a better paying job so I could pay off my debt sooner.

- They shouldn't. It's my problem. I'll address it.

Other responses:

- Access for all to basic health care coverage that includes full primary and preventive care.
- Paying medical bills is a responsibility. Medical debt could be scaled based on the individual's economic means. Policy makers should help create a framework for providers to equitably be credited for absorbing UCC.
- Be more open to payment plans and problems associated with meeting these goals. Have assistance programs at all hospitals; not just at the hospitals who accept indigent and Medicaid patients
- The problem of the uninsured must be addressed; insureds and providers are being forced to support the uninsureds
- Have always had insurance, the expense of which is significant even for a physician. There is no more "professional courtesy". HSAs are good ideas and offering affordable options at different phases of life.
- Hospitals bills are always high as many uninsured patients do not pay their bill, patients who have insurance land up paying most of the time.
- Spend more time investigating and doing something about insurance company payment methods. Today United Health has been fined \$60 million for underpayment of medical bills. This is not new and has been going on every since insurance companies became the predominant method for paying for medical care. They are just as greedy and manipulative as Wall St. Way too much time and money is spent in doctors' offices trying to collect agreed upon payments.

**4) In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?**

21 "yes" responses- see accompanying comments with those responses:

- This would help patients. Also Medicare HMO help elderly that they do not have to pay for a secondary insurance.
- We need to decouple health insurance from employment
- I'd prefer the insurance exchange, properly designed.
- A very cost efficient insurance exchange
- All of these methods could work. Again, do something to increase the primary care population and participation. One of the problems facing the Massachusetts experiment is a lack of primary care physicians.
- I have already done this. Due to my experience above when I got back on my feet I realized I needed additional insurance or coverage so I invested in a small disability plan. At least that would help to cover some cost that the employer-based coverage did not cover.

3 "no" responses

Other Responses:

- Option to purchase other plans would work as long as those insurance-exchange or public plans follow the same rules. Plans need to compete on price and services, but no one should be allowed to cherry-pick the healthy.
- Unsure
- Underwriting will always be an issue. There needs to be a critical mass necessary to spread exposure.
- Slippery slope to single payer system. Medicare is near bankrupt as it is, and has needed major reform for years. Shifting private insured to a Medicare model would exacerbate the ongoing cost shifting from private plans to providers
- It depends on how the insurance exchange is structured.

**5) Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?**

17 "yes" responses- see accompanying comments with those responses:

- But 99% of those employed do NOT know the true cost of employer provided health coverage. Nor do those same employees know the cost of their own diseases to the employer (e.g. smoking, obesity, diabetes etc)
- Employers need to be very involved as health care alters their financial viability.
- Should only be part of payment process. Individuals must be aware and responsible for choices
- I do know how much I pay for health insurance and I know how much my employer pays. It's very expensive and costs each year continue to increase. I don't know if it's fair to increase costs based on age, such as childbearing age rather than on health status and life style. For instance, whether the consumer smokes or not. Employers should be key players in the reforming health care system. However, efforts should be made to ensure the process is fair and balanced and not merely based on an employer perspective.
- \$900 a month for me and family
- Promote health screening and ensure behavioral health component is available
- Large employers should still have a substantial role
- Employers should use the economies of scale to benefit their employees.
- 4K/year
- It's outrageous-- minimize employer role through greater portability of health insurance
- Providing affordable coverage to employees. Help to highlight quality providers.
- Employers should be heavily involved in the design of reform. They generally want to help their employees, but the system needs to allow a reasonable value for their contribution. Costs are escalating unchecked to prohibitive levels for large and small companies currently. Perhaps incentives for wellness programs need to be expanded to help stem their costs.
- Employer's should pay a significant amount of their employee's premium, but also incentivize that employee to maintain wellness, thus saving in company expenses over time.
- The employer should have a major role in its reform, as it is the prime payer.
- Whatever allows them to continue to be in business and be profitable.

1 "no" response- see accompanying comment with this response:

- No I don't. Important and of value to its workforce

Other responses:

- Have found BCBSLA sensible in annual price increases.
- Employers have a big role today. They are burdened today primarily due to cost shifting. A form of universal coverage is needed, and should coexist with employer-sponsored plans. However, government should not be the sole provider of insurance coverage.
- Even with employer-based coverage, the "pain" of paying for the care has been removed from the consumer. Just like buying a car or a shirt or a bottle of milk, consumers need to have the responsibility of paying. The unintended consequence of employer-based care, gov-paid for care, etc. is that individuals do not have a "pocketbook" experience when shopping for care.
- Obama's plan to let employer-based coverage continue, but supplement it with other options is a good idea.
- I know what I pay. Employers should report their shares to employees.
- Too much. They have a vested interest in the health of their employees. They should desire universal coverage.
- Health care should adopt the retirement plan model of an employer defined contribution plan to allow employee to own their health policy and to go the market place to purchase a health policy that suits their needs. One size doesn't fit all.
- It is about a 60/40 split with the employer paying the larger amount. The employer's role should be to promote wellness among their employees in order to keep healthcare cost down for everyone. Perhaps the employer should take a small portion of everyone's pay to hire a provider that all the employees and their families could use as their PCP at no additional cost.
- Employers are having enough problems staying in business. It won't be helpful to insist they shoulder a large share of the costs. It will just lead to a leaner workforce.
- Allowed but not required to participate along with employees.

**6) Have you gotten the prevention services you should have? If not, how can public policy help?**

18 "yes" responses- see accompanying comments with those responses:

- BCBSLA plan.
- Because I am aware of them and can pay for them,
- There is a great need to educate people to take responsibility of using prevention strategies to maintain their own health
- But it is a mutual undertaking. It should be available
- Educate, reduce barriers (long times for appointments), and create incentives to engage in prevention.
- But I am a physician. Make it harder for patients to avoid or opt out of vaccinations, etc.
- Education of the public as to the importance and availability.

3 "no" responses- see accompanying comments with those responses:

- Not always... That's my fault. I should be penalized through my insurance premium. Public policy cannot help.

- Major emphasis of Medical homes concept. Maybe we should put a "fat tax" on our system to motivate people to be health conscious. We discount insurance premiums for non-smokers, so let's do the same for trim, active folks.

Other responses:

- In some ways, yes. But not nearly enough. There has never been public policy that required preventive care as part of a quality improvement in health care. As with immunization and mammograms, if there was a law that required preventives services, consumers would have it.
- Our clinic has been providing diabetes education according to our capability since 2000. If public policy and funding are available for those it will be helpful.
- Payments should be directed to prevention services.
- public education on cost effective preventive services
- I do an annual check-up every year between Jan and Mar. This is scheduled by my insurance company and most of the preventive care services are covered at no additional cost. I think public policy should be that every person should receive prevention services annually for free. Then it would be up to each person to stay healthy for which the government would reward them with a tax cut or monetary incentive.



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