You can almost hear the famous crooner belting out the lyrics about how he “did it his way.” This song always comes to mind when I think about the nearly inexplicable differences in the quality of clinical care across the nation. I am always on the lookout for pithy papers and short summaries that add to my armamentarium about the evils of unexplained clinical variations. I was not disappointed to find some new ammunition from an unusual source, namely, the Alliance of Community Health Plans (ACHP).

The Alliance, according to its own printed material,1 brings together a select group of innovative, not-for-profit or provider-sponsored health plans and provider organizations focused on improving healthcare quality in the United States. ACHP offers member plans a forum for learning, innovation, and advocacy that allows them to promote the highest standards of healthcare quality and health improvement in their communities and nationally. Translation: the ACHP is an advocacy organization, based in Washington, DC, that represents a select group of managed care organizations that do not issue stock, that do not worry about the corporate jet, and that generally have a stellar reputation. Therefore, when ACHP members talk, I am ready to listen.

Last year, the ACHP published a White Paper on variations in health care.1 I was curious about what a group of high-brow, publicly sensitive, not-for-profit managed care organizations had to say about one of my favorite topics in health services research. The ACHP report did not disappoint me. The 20-page paper is tightly organized and well written. It is akin to a master’s-level, thesis-type summary of the critical issues of puzzling variations with comprehensive references and a nice overview of the key issues. Of course, it contains a bit of bias toward managed care, but most readers will probably agree with the principal conclusions.

As an example, the report notes that, in the aggregate, the NCQA [National Committee for Quality Assurance] estimated that more than 57,000 deaths would have been avoided if all Americans had received the level of care that enrollees received at the performance levels of the top 10 percent of health plans.1

This ought not to be news to readers of P&T, of course, but putting it in those terms creates a stark reality, indeed. Other take-home messages from the report on variation include the following:

1. On average, Americans receive recommended health care only about half the time.
2. Substantial variation in care occurs across the board for medical conditions, geographical areas, and physician practices; no one is immune.
3. Medicare spending is twice as high in some regions as others, and additional spending does not promote lower mortality rates, better functional status, or even higher patient satisfaction.
4. We could save nearly 41 million sick days if all Americans received the level of medical care provided to enrollees in the top 10% of health plans, as previously noted.

Decrying the situation is one thing. Does the ACHP have any recommendations worth noting?

Happily, I found that the report did offer some solid suggestions. I will quickly enumerate them here. The ACHP called for the following:

1. Adopting population-based approaches to coordinate care, allocating resources, and addressing workforce concerns such as chronic care improvement programs in Medicare. We have covered these topics in this space before.
2. Enhancing public reporting of standardized performance measures by health plans and health care providers to increase information available to consumers. Clearly, the age of accountability is upon us.
3. Promoting payment systems that reward efficiency, quality, and value, such as pay-for-performance initiatives. I personally believe that so-called value-based purchasing will be the future watchword.
4. Disseminating information about the quality of clinical care to patients and other consumers, promoting Web-based medical technologies, and expanding self-management tools to increase patient engagement. I would call these actions disease management, but the ACHP’s language works fine, too.
5. Finally, promotion of online electronic medical record systems and decision-support tools for health care providers to improve medical decision-making. I can only say to number 5, Amen!

I hope that all P&T committee members are regularly engaged in conversations confronting the “I did it my way” phenomenon of the unexplained variations in clinical care. The ACHP, as a constituent organization, has done us a great service by organizing this White Paper and broadly disseminating the tools and techniques necessary to overcome this important challenge.

In a nutshell, I think you could save yourself the trouble of reading all of the articles cited in the references in the White Paper and just read the paper itself; it is an excellent summary. You could make copies and bring them to your colleagues on your P&T committee. If you would like to learn more about ACHP, you can visit its Web site, www.achp.org.

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REFERENCE


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