Robert Wood Johnson Foundation

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Studying Maine's Pathways to Excellence Program

Improving the impact of public performance reports and the quality of primary care

SUMMARY

More than half of Maine's 400-plus primary care practices participate in Pathways to Excellence (PTE), a voluntary system for reporting on health care quality. The Maine Health Management Coalition—a nonprofit organization of employers, hospitals, health plans and doctors—developed the PTE reports and has publicly posted them on its website since 2004.

The system is designed to promote value-based health care purchasing and spur providers to improve the quality of care. Researchers at the University of Southern Maine conducted a qualitative and a quantitative study of the impact of the PTE reports on health care practice and quality, using information on both filers and nonfilers from 2004 to 2007.

The project was part of a Robert Wood Johnson Foundation (RWJF) initiative, *Targeted Solicitation on Quality Improvement and Performance Measurement*, a 2008 initiative to provide up to $7.5 million for research to improve health care quality in targeted regions.

Key Findings

Project staff reported the following key findings to RWJF:

- Practices that filed PTE reports had higher scores on each of six indicators of health care quality than those that did not file.
- The quality scores of all practices—reporting and nonreporting—improved an average of 3.5 percent during the study period. Scores improved more among reporting practices, but the difference was not statistically significant.
- Collecting information for PTE reports had a dramatic impact on most participating practices. For example, the reporting process spurred those practices to:
  - Improve their chronic illness and preventive care, such as by starting disease registries and contacting patients who have not received care for long periods.

- Participate in quality improvement initiatives, such as learning collaboratives and training.
- Use quality benchmarks and outcomes to motivate patients to improve their self-care.
- Improve their health care procedures, work flow and technology.
- Sharpen their administrative practices and documentation of care.

Funding

RWJF supported this project with a grant of $183,294 from December 2008 to March 2010 as part of a $6.2 million initiative, *Targeted Solicitation on Quality Improvement and Performance Measurement,* which ran from July 2008 through July 2015. See the Program Results Report on projects related to performance measurement and its effect on disparities in quality of care. Other projects in the initiative are covered in separate Program Results Reports.

CONTEXT

Despite significant amounts of time and money invested in publicly reporting on the performance of health care providers, surprisingly little is known about whether and how they use such reports to improve the quality of care. This project—part of RWJF's *Targeted Solicitation on Quality Improvement and Performance Measurement*—aimed to help close that gap.

The RWJF initiative works to make information on health care quality and costs public, to ensure high-quality, equitable and patient-centered care in targeted regions by 2015. It will include 30 research and demonstration projects on public reporting and 30 on engaging consumers to improve the quality of care.

THE PROJECT

More than half of Maine's 400-plus primary care practices participate in Pathways to Excellence (PTE), a voluntary system for reporting on health care quality. The Maine Health Management Coalition—a nonprofit organization of employers, hospitals, health plans and doctors—developed the PTE reports and has publicly posted them on its website since 2004.

The system is designed to promote value-based health care purchasing and spur providers to improve the quality of care. Researchers at the Cutler Institute for Health and Social Policy studied the impact of the reports on health care practice and quality, using information on both filers and non-filers from 2004 to 2007.

The Cutler Institute, formerly the Institute for Health Policy, is part of the Edmund S. Muskie School of Public Service at the University of Southern Maine.

The Study

The study included both quantitative and qualitative arms. For the quantitative arm, the researchers tapped two sources of information on 375 to 400 practices encompassing some 900 primary care providers:

- The Pathways to Excellence database, which included information submitted voluntarily by Maine primary care practices on office structures, health care processes and health care outcomes.
- A statewide all-payer claims database of the Maine Health Data Organization (now Onpoint Health Data), which included claims, or billing information, from commercial payers from 2003 to 2007.

The researchers used this information to analyze the performance of primary care practices based on six quality indicators from the Health Plan Employer Data and Information Set (HEDIS). Developed by the National Committee for Quality Assurance, a Washington-based nonprofit that works to improve health care quality, these indicators were:

- The percentage of diabetes patients whose hemoglobin levels were tested.
- The percentage of diabetes patients whose low-density lipoprotein (LDL) levels were tested.
- The percentage of diabetes patients who received an annual retina exam.
- The percentage of patients with cardiovascular disease whose LDL levels were tested.
- The percentage of asthma patients who received appropriate medications.
- The percentage of adolescents who participated in well-child visits.

For the qualitative study, researchers interviewed 21 leaders from 14 primary care practices by phone from summer 2009 to spring 2010. The practices ranged from single-physician and small-group practices, to stand-alone clinics, to large health care systems. The researchers asked respondents about their awareness of the PTE reports, and whether and how they used them to improve the quality of care.

FINDINGS

Project staff reported the following findings to RWJF:

Quantitative Study

- **Practices filing PTE reports differed significantly from those that did not file reports. The** former were more likely to belong to a physician hospital organization, to have six or more physicians and to be in an urban core rather than a small town or rural area. These larger practices relied on resources such as electronic medical records and disease registries to help them complete the reports.

  Smaller, more isolated practices often lacked the resources to report on or improve quality. However, some of these practices used technology such as Palm Pilots to collect and use information on health care quality.

- **Practices that filed PTE reports had higher scores on each of the six quality indicators than those that did not file, and the difference was statistically significant.**

- **The quality scores of all practices—reporting and nonreporting—improved an average of 3.5 percent during the study period.** Scores improved more among reporting practices, but the difference was not statistically significant.

Qualitative Study

- **Practices that reported on their performance found that doing so broadened their understanding of national quality standards, revealed gaps in their care and highlighted areas for improvement.**

- **Collecting information for PTE reports had a positive impact on most participating practices.** For example, the reporting process spurred these practices to:

  — Improve chronic illness and preventive care, such as by starting disease registries and contacting patients who have not received care for long periods.

  — Participate in quality improvement initiatives, such as learning collaboratives and training.

  — Use quality benchmarks and outcomes to motivate patients to improve their self-care.

  — Improve health care procedures, work flow and technology.

  — Sharpen administrative practices and documentation of care.

- **Some practices used the PTE reports to motivate or recruit staff and build their health care teams.** Several leaders regarded the reports as validating the quality and value of their work, and as a source of pride, recognition and enhanced reputation.
- **Few, if any, patients were aware of the PTE reports or the Maine Health Management Coalition website that posts them, according to the primary care providers.** However, patients are more aware of the quality rating of their provider if their employer creates financial incentives to use high-quality practices.
- **Some large health care systems used information in the reports to negotiate contracts and bonuses with providers.**

Limitations

- The Maine Health Information Center database did not include Medicare patients.
- The study samples were large enough to assess the quality of practices, not the quality of care provided by individual physicians.

Conclusions

According to the researchers, the Maine Health Management Coalition needs to educate providers on the role of quality indicators in improving health care, and the public on the use of such indicators to select high-quality providers. The coalition also needs to involve smaller and more isolated practices in quality improvement initiatives.

LESSONS LEARNED

1. **When seeking interviewees, rely on people the interviewees know to make the initial contact.** Lisa Letourneau, M.D., executive director of Quality Counts, a regional health care collaborative, first asked primary care practices to participate in the interviews, opening doors for project staff. (Project Director Payne)
2. **In a qualitative study, encourage interviewees to go beyond the questions asked.** (Project Director Payne)

AFTERWARD

Project staff planned to send qualitative findings from the study to participating practices, and to give feedback on the PTE program to the Maine Health Management Coalition. The researchers are preparing two journal articles on the study.

Prepared by: Paul Jablow
Reviewed by: Sandra Hackman and Marian Bass
Program Officer: Claire B. Gibbons
RWJF Team: Quality/Equality
