

# Health Care Quality and Consumerism

*American health care consumers deserve improved quality, technology and transparency*

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With more than one half of all Americans reporting that they are dissatisfied with the quality of their health care, and the alarming fact that medical errors are the eighth leading cause of death in the United States, policymakers must turn their attention to improving the quality of health care in the U.S.

Wasteful, inefficient and improper health care is contributing astronomical sums to the overall cost of U.S. health care, and the best way to take a collective step backward from the cliff is to engage consumers in their own health care. Engaging those consumers requires some important changes, though. Wise decision making requires accurate and abundant information that will help consumers evaluate the options and make their own best decision.

## **PAY FOR PERFORMANCE**

Insurers should reimburse providers based upon actual health outcomes and standards, rather than procedures. The Centers for Medicare and Medicaid Services (CMS) already has begun this process through decreases in physician reimbursements to providers that don't adhere to certain standards. Evidence-based indicators and protocols should be developed to help insurers, employers, and individuals hold providers accountable. These protocols, if followed, also could provide a level of provider defense against malpractice claims.

## **HEALTH INFORMATION TECHNOLOGY**

Through digital prescription writing, individual electronic medical records, and universal physician IDs, technology can reduce unnecessary procedures, reduce medical errors, increase efficiency, and improve the quality of care. This data also can form the basis for publicly-available health information about each health care provider, helping patients make informed choices. The implementation of electronic patient records played a significant role in the seismic shift in the Veterans Health Administration from being a highly criticized system to being one of the best around today-receiving a 67 percent rating for overall quality as compared with the 51 percent ranking for a sampling of non-government health care providers in a recent report from the Annals of Internal Medicine.

## **AVAILABILITY OF INFORMATION**

Small businesses are particularly disadvantaged when it comes to being able to access information. While large businesses that self-insure conduct quality studies and compile provider information, small businesses are at the mercy of their insurance carrier to provide them with such data. Little to no provider information with regards to cost or quality is made widely available. CMS should serve as a role model by compiling provider information and quality rankings, and making them publicly available. Increased information flow to consumers will ensure better decision making and improve the long-term health status of Americans by empowering them as a partner in their own health.

## **PRICE TRANSPARENCY**

The current U.S. health care structure of a third-party-payer exacerbates the increasing costs and further removes the consumer from making decisions about his/her health care. With the increased usage of Health Savings Accounts (HSAs), consumers need more information-especially regarding price. Few insurance companies compile a common-sense pricing list, and even fewer make available a procedure price list. CMS has made progress in increasing the use of electronic price posting for certain procedures under Medicare, but there is more to be done. Transparency in pricing will make great strides toward creating informed, engaged health care consumers.