

The Governor's Initiative to Improve Health Care: Taking Measure of Medical Care in North Carolina

Charles Willson, MD

Most physicians I know are working longer hours and seeing more patients each day in order to meet the increasing demand for services and to make financial ends meet. We are practicing, as we were trained, to evaluate and treat each patient as an individual with unique complexities and needs. Much of the time, we deliver care that is timely, effective, and highly valued by our patients.

After the last patient of the day has been seen and the billing and paperwork is complete, we often put our feet up on the desk and read our journals and newspapers. Then we hear the drum beats of critics who say that medical care in America is not accessible to all Americans, often falls short of best practice, and sometimes is unsafe. Certainly, with our citizens' health status measuring below many third world countries and our per capita health care spending almost double that of the next most costly country (Switzerland), the question of value is most appropriate.

Payers for medical services, employers, insurers, and government are talking about mandating physician reporting of quality measures and outcomes of their care. There is talk of practice profiles, community ratings, and "pay for performance." Implementing best guidelines and generating these reports will require new office resources. Having practiced in a busy pediatric office for 19 years, often seeing more than 40 patients a day, I know how difficult it is to change how we care for patients. My analogy is that changing office processes while seeing your patients is like trying to change your pants while riding a bicycle.

As a leader of the North Carolina Medical Society, I have been privileged to participate in discussions at many venues of how we can improve and document the quality of care we physicians in North Carolina are delivering every day. I am

totally committed to the proposition that it is no longer enough to say that our quality is good because we are well-trained, dedicated, and hardworking. However, I see a bicycle wreck coming down the road if physicians are required to report their compliance with best practices to each payer, in different formats and measuring different parameters.

Why not build on the data reporting primary care physicians

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already do for Community Care of North Carolina, our unique and highly successful case management program for NC Medicaid? Let's develop a system where one report on a care initiative meets the requirements of all insurers in North Carolina (and hopefully the federal Centers for Medicaid and Medicare Services)? Let's give our physicians the knowledge and resources necessary to measure the care they deliver to certain populations of patients within their practices. To meet this vision, a group of stakeholders, led by Governor Mike Easley, has developed a new initiative aimed at improving the quality of health care delivered to all North Carolinians.

For nearly two years, leaders from North Carolina government (the Governor's office), health care providers (the NC Medical Society, the NC Hospital Association), organizations helping practices document and improve their quality (NC Area Health Educators Centers Program, Community Care of North Carolina, the Improving Performance in Practice program), and

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insurers (Blue Cross and Blue Shield of North Carolina, the NC State Health Plan, Medicaid) have been meeting to see if we could agree on an approach that would support practice-based physicians in the implementation and measurement of best practices and produce data reports that would be accepted by the payers' *quality* programs. Generous funding from a variety of organizations, including Blue Cross and Blue Shield of North Carolina, NC Medicaid, the NC Health and Wellness Trust Fund, the Center for Health Care Strategies, and the National Governors Associations, has enabled this group to develop the plan and infrastructure necessary for this ambitious objective.

Fortunately, through a grant from the Robert Wood Johnson Foundation, the Improving Performance in Practice (IPIP) program in the Department of Family Medicine at the University of North Carolina at Chapel Hill School of Medicine has been rolled out to selected practices in eastern and western North Carolina. Using agreed upon best practices and hands-on office system analysis by field agents, IPIP provides a model for how this initiative might be implemented throughout our state without disruption of patient care or financial hardship to the practices.

In October 2006, the North Carolina Medical Society House of Delegates adopted a series of recommendations on quality reporting that parallels the American Medical

Association policy on pay for performance. These programs must be voluntary, evidence-based, nonpunitive, and transparent and must provide the financial and technological resources needed to support them. A group of physicians in the state of Washington has sued an insurer for using quality data to unfairly channel patients to certain practices. We need safeguards that ensure the data generated by the initiative will not be used by insurers to direct patients to practices based on lower cost rather than higher quality.

As medical historians write about the crisis we face today in American health care, I believe that the act of measuring our processes and outcomes will be seen as the pivotal change that led to a safer, higher quality, and more affordable health care system. Every physician I know wants to practice the highest quality of care, but time and financial resources are limiting barriers. The first step is to measure what we do today. With that knowledge, we can integrate a continuous quality improvement culture within our practices.

In North Carolina, I believe that we are uniquely positioned to develop an honest statewide quality of care reporting program that will be the model for our country. By participating, North Carolina physicians will not only be measuring our care, we will be taking measure of our profession. The result will support my opinion that our physicians truly are the best in the world. **NCMJ**

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