

## Group calls for action on health care quality

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The National Priorities Partnership is calling on all employers, health insurers, medical professionals, labor and government organizations and other interested parties to commit to a core list of six objectives its members believe will improve the quality of health care and lower costs within the next three to five years.

The six goals focus on improvements in patient and family engagement, population health, patient safety, care coordination, palliative and end-of-life care and overuse or misuse of health care resources.

The partnership, which includes 28 groups that collaborated on this initial set of principles, also plans to enlist other powerful organizations to persuade lawmakers and President-elect Barack Obama to include the priorities in any health reform proposal they put forward in the next Congress.

The partnership, which was convened by the National Quality Forum earlier this year, already has received inquiries from Republicans and Democrats in the House and the Senate, according to Janet Corrigan, president and chief executive officer of the Washington-based NQF.

Helen Darling, president of the National Business Group on Health and a member of the partnership, said that the initiative started out of the realization that "all of us are individuals making demands on the health care system to improve and produce better results. What we've all come to realize is that the priorities aren't the same for each individual member. So we all got together to create a uniform list of priorities."

"There's nothing in here that we don't already have. We're just going to push them harder," she said.

The 28 members of the partnership gathered Nov. 17 in Washington to sign a pledge to promote those objectives through such methods as changes in health benefit design and payment or incorporating them into provider performance measures.

"This is a document that represents the collective leadership of the health care community coming together and agreeing that these have got to be the national goals and priorities," said Andrew Webber, president and CEO of the National Business Coalition on Health and a member of the partnership. "It will organize our thinking and hopefully our action on key goals and priorities."

Insurers and self-insured employers participating in the partnership have agreed to include

coverage for palliative and end-of-life care in their health benefit plans to encourage its use by individuals facing life-limiting illnesses, according to Ms. Corrigan.

Unfortunately, "benefit design often doesn't support this," Ms. Darling said.

"We are spending much more money at the end of life than is necessary," Mr. Webber said.

But palliative care, such as home hospice, can reduce the cost of treating an individual in the last stages of terminal illness by as much as 45% through reduced utilization of expensive intensive care units, emergency room visits and nursing homes, according to a report the partnership released at its Nov. 17 meeting.

Ms. Darling said the NBGH already has begun working on several initiatives closely aligned with the partnership's priority list.

The NBGH's National Leadership Committee of Employer and Health Plan Solutions is in the process of implementing a policy of nonpayment for so-called "never events" or hospital-acquired conditions, such as infections, that meets the partnership's patient safety goals.

Another NBGH committee is working on changing payment policies to support primary care, boosting compensation for doctors who serve as "medical homes" by coordinating the patient care.

To promote patient and family engagement in health care decision-making, the NBGH has developed a toolkit in coordination with the California Healthcare Foundation that is designed to help patients and their families better understand evidence-based medical protocols. The toolkit is publicly accessible on the organization's Web site at [www.wbgh.org](http://www.wbgh.org).

"Employees need to have this information at the time they're making (health care) decisions," Ms. Darling said.

NBGH's National Committee on Evidence-Based Benefit Design is focusing on the issue of overuse, targeting such areas as lumbar spine MRIs, the frequency of which has risen nearly 87% since 1999, according to Thomson Reuters, which conducted an analysis of the cost and use of medical procedures that, according to the partnership, may be administered unnecessarily.

The NBCH is in the process of incorporating the partnership's six priorities into its eValue8 tool, which is used by employers to review health plans as part of the request for proposal process.

"We will ask every health plan to tell us what they are doing to advance these priorities and goals," Mr. Webber said.

The responses are expected to be completed in early 2009 so employers can use them in benefits planning beginning in 2010, he said.

## **NATIONAL PRIORITIES PARTNERSHIP GOALS**

1. Engage patients and families in managing their health and making decisions about their care.
2. Improve the health of the population.
3. Improve the safety and reliability of America's health care system.
4. Ensure patients receive well-coordinated care within and across all health care organizations, settings and levels of care.
5. Guarantee appropriate and compassionate care for patients with life-limiting illnesses.
6. Eliminate overuse while ensuring the delivery of appropriate care.

Source: National Priorities Partnership/National Quality Forum

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