FTC ROUNDTABLE ON THE COMPETITIVE SIGNIFICANCE OF HEALTHCARE PROVIDER QUALITY INFORMATION

October 30, 2008 Federal Trade Commission 600 Pennsylvania Avenue, NW, Washington, DC 20580 Room HQ 432

9:00 – 9:15 Introductory Remarks: FTC Chairman William Kovacic

9:15 – 12:45 Consumer, Physician, Employer, and Insurer Quality Information Needs

Moderators: Michael Wroblewski and Patricia Schultheiss, Attorneys, FTC, Bureau of Competition, Office of Policy and Coordination

Roundtable Participants:

- Michael S. Barr, MD, MBA, Vice President, Practice Advocacy and Improvement, American College of Physicians
- Clyde M. Chumbley, II, MD, MBA, Vice Chairman, Wisconsin Collaborative for Healthcare Quality; President & CEO, ProHealth Care Medical Associates
- Elysa P. Ferrara, Director, National Provider Quality Performance Programs, Aetna
- Nancy Foster, Vice President, Quality and Patient Safety, Policy, American Hospital Association
- Jack Fowler, PhD, President, Foundation for Informed Decision Making
- Ardis Dee Hoven, MD, Member, Board of Trustees, American Medical Association
- Vincent E. Kerr, MD, President, Care Solutions and Chief Medical Officer, National Accounts, UnitedHealthcare
- Peter V. Lee, JD, Executive Director for National Health Policy, Pacific Business Group on Health
- Kristin Madison, JD, PhD, Professor, University of Pennsylvania Law School
- Markus H. Meier, JD, MPA, Assistant Director, FTC, Bureau of Competition, Health Care Services and Products Division
- Beth Nash, MD, Manager, Partner & Product Development, Consumers Union
- Barbra Rabson, Executive Director, Massachusetts Health Quality Partners
- Andrew Webber, President & CEO, National Business Coalition on Health

Objective: To identify those attributes of health care quality that different purchasers (*e.g.*, consumers, employers, insurers, and physicians) need, and must use, to enable quality-based competition among providers and treatment options. The discussion will be a needs assessment by purchaser type to determine how quality information affects, and can affect, purchaser selection of health care providers and treatments.

9:15 – 9:25 Consumer Information Needs Presentation, Dr. Clyde Chumbley, Vice-Chairman, Wisconsin Collaborative for Healthcare Quality

9:25 – 9:35 Consumer/Physician Information Needs Presentation, Barbra Rabson, Executive Director, Massachusetts Health Quality Partners

9:35 – 11:00 Participant Discussion

Consumer Discussion Topics: The participants will discuss consumer health care information needs, regardless of the consumers' insurance status. The panelists will discuss the type and scope of health care provider quality and performance information (*e.g.*, types of measures, scope of differences, etc.) that consumers need to select providers; the comparative effectiveness of treatments by medical condition to assist consumers with evaluating and selecting their treatment options; and the presentation and format issues involved with communicating quality information directly to consumers.

Physician Discussion Topics: The participants will discuss the quality information physicians need about specialists and hospitals as they care for their patients. Panelists also will discuss the comparative effectiveness information of treatments needed to provide high quality care.

11:00 – 11:15 Break

11:15 – 11:25 Employer Information Needs Presentation, Peter V. Lee, Executive Director for National Health Policy, Pacific Business Group on Health

11:25 – 11:35 Insurer Information Needs Presentation, Dr. Vincent Kerr, President, Care Solutions and Chief Medical Officer, National Accounts, UnitedHealthcare

11:35 – 12:45 Participant Discussion

Employer Discussion Topics: As part of employment-based insurance coverage, employers have implemented a variety of strategies to help consumers use quality and performance information to select providers and treatments. The participants will discuss the quality information employers need to assist employees with using quality information to select providers and treatments. Panelists also will discuss the information employers need to assess the quality of insurers' provider networks and plan coverage.

Insurer Discussion Topics: The participants will discuss the quality information insurers use to make decisions about which providers to include in their networks or quality-based service tiers. They also will discuss insurance plan benefit design strategies to incentivize consumers to select providers based on differences in quality or performance. The discussion also will focus on insurers' need for information about the comparative effectiveness of treatments to help determine plan design and coverage.

12:45 – 1:45 Lunch

1:45 – 3:00 Barriers to Quality-Based Competition Among Providers and Treatments

Moderators: Michael Wroblewski, Patricia Schultheiss, and James Cooper, Deputy Director, FTC, Office of Policy Planning

Roundtable Participants:

- All of the morning participants
- Janet M. Corrigan, PhD, MBA, President & CEO, National Quality Forum
- Irene Fraser, PhD, Director of the Center for Delivery, Organization, and Markets (CDOM), Agency for Healthcare Research and Quality (AHRQ)
- Paul B. Ginsburg, PhD, President, Center for Studying Health System Change
- Karen Milgate, MPP, Director, Office of Policy, Centers for Medicare and Medicaid Services (CMS)
- John M. Richardson, MPP, Principal Policy Analyst, Medicare Payment Advisory Commission
- Richard Sorian, Vice President, Public Policy and External Relations, National Committee for Quality Assurance

Objective: To identify the most significant barriers to competition based on provider quality and the comparative effectiveness of treatments.

1:45 – 2:00 Presentation, Barriers to Quality-Based Competition, Dr. Irene Fraser, Director of the CDOM, AHRQ

2:00 – 3:00 Discussion

Discussion Topics: The participants will discuss the most significant barriers to enhancing the competitive significance of health care quality information. Discussion will address the barriers to measuring, collecting, reporting, and using health care quality information that makes a difference to consumers, employers, insurers, and physicians as they select among providers and treatment options. These barriers include the lack of awareness about quality differences among providers and treatments; measurement science, risk adjustment, and data quality issues; the limits of direct-to-consumer quality reporting; and the lack of symmetry between the provision of high-quality services and provider reimbursement policies (*e.g.*, pay-for-performance and issues related to concerns that improvements in quality can reduce reimbursement because fewer procedures or hospitalizations are needed).

3:00 - 3:15 Break

3:15 – 4:45 Policies to Facilitate Quality Information Measuring, Collecting, and Reporting

3:15 – 3:30 – Medicare Quality Information Initiatives, Karen Milgate, Director, Office of Policy, CMS

3:30 - 4:45 - Discussion Moderators: Michael Wroblewski and Patricia Schultheiss

Roundtable Participants: All of the morning and afternoon participants

Objective: To identify the pros and cons of policies that could be used to enhance the competitive significance of health care quality information.

Discussion Topics: The participants will discuss the policies necessary to measure, collect, and report quality information to enhance its competitive significance. Discussion will include how to enable transparency of results information by medical conditions over the complete cycle of care, policies state and federal payers can take to enhance quality information reporting, and ways to enhance the development of information about the comparative effectiveness of different treatments for the same medical condition. Panelists also will be asked to discuss their priorities for short-term and long-term policies to help reduce or lessen existing barriers (regardless of whether the policy actions might be federal, state, private, or public/private collaborations).