

Transparency and Disclosure: The Route to Accountability



Introduction

Public disclosure of comparative information on health care quality, safety and cost is gaining momentum as a priority for system reform. Several reporting initiatives indicate that public disclosure of provider performance is resulting in clinical quality improvements.¹ The lack of price transparency—shielding consumers from the true cost of health care—is an oft-cited reason behind the current cost crisis.

This issue brief reviews hospital reporting initiatives designed for consumer use and discusses how employers can encourage greater transparency and disclosure in health care.

The terms *transparency* and *disclosure* are commonly used as shorthand for the public reporting of information on the relative price, quality, safety and efficiency of health care, as well as for the availability of other information that may impact care decisions, such as financial agreements between plans and providers, and clinical guidelines for treatment.

In theory, public reporting of hospital performance is straightforward. But the reality has been complicated, controversial and slow-moving. A 1972 amendment to the Social Security Act created professional standards review organizations (PSROs) to review for Medicare the medical necessity and appropriateness of care. Now, more than thirty years later, hospitals are just beginning to generate their own care quality data for Medicare's Quality Improvement Organizations (QIOs), the latest evolution of PSROs.

With a push from the Leapfrog Group and others advocating greater disclosure of hospital information, the number of efforts educating consumers about variability in quality is growing; so, too, is interest in making more widely available information that's already been collected for regulatory and accrediting organizations.

Why Encourage Transparency?

Several high-profile reports in recent years have drawn attention to serious quality problems in our health care system.² The reports conclude that although some health care is exemplary, the average consumer cannot assume they are receiving good care. The 2001 Institute of Medicine (IOM) report, *Crossing The Quality Chasm*, identified transparency as one of ten principles for health system redesign and “the route to accountability in health care.”³ The report recommendation is as follows:

“The system [should] make available to patients and their families information that enables them to make informed decisions when selecting a health plan, hospital, or clinical practice, or when choosing among alternative treatments. This should include information describing the system’s performance on safety, evidence-based practice, and patient satisfaction.”⁴

In a 1999 article for the *Columbia Law Review*, William Sage presented four justifications for mandatory disclosure laws in health care⁵:

- To enable group and individual purchasers to reward high performance in a competitive market;
- To inform consumers about the policies and practices of their agents (employers, health plans, doctors) that may affect their care;
- To inform providers and plans about how their performance compares with that of others so that they can improve performance; and
- To inform the public and its representatives about the performance and equity of health care.

In the longest-running program of its kind, public reporting on provider performance in New York resulted in dramatic clinical quality improvement. Established in 1989, the New York State Cardiac Surgery Reporting Initiative was the first statewide program to make public annually provider-specific outcomes for cardiac surgery. By 1992, risk-adjusted mortality had dropped 41 percent statewide, giving New York the lowest risk-adjusted mortality in the nation.⁶ Subsequent analyses showed that the mortality rate continued to be lower than other states through 1999.⁷

Beginning with John Wennberg’s work more than two decades ago, numerous studies indicate that giving consumers information on the relative cost and outcomes of treatment options results in more efficient and appropriate care choices and in higher patient satisfaction.⁸ One example is recent research on the Shared Decision-Making program showing that 23 to 40 percent of patients using the program chose less invasive treatment options for significant medical decisions.⁹ Revascularization surgery was reduced by 23 percent, while herniated disc surgery was reduced by 30 percent.

On the care system level, employers of the Buyers Health Care Action Group in Minnesota provided employees with patient satisfaction and severity-adjusted provider efficiency measures. They also linked employee premiums to the efficiency of providers. In 1997, 70 percent of plan members used the most costly medical groups in the community. By 2001, the number had dropped to 20 percent.¹⁰

The IOM estimates overuse, misuse and under-use of health services result in waste that may be as high as 30 percent of total health care expenditures. Using transparency and disclosure to improve clinical quality and directing consumers to the most efficient providers could result in significant savings nationally.

Hospital Reporting Initiatives

Hospital report cards designed for consumers are relatively new, even though regulatory and accrediting bodies have collected hospital data for years, and the first major comparative reports, the “HCFA Hospital Mortality Reports,” were introduced in 1986.¹¹ A new urgency for public reporting of hospital performance was brought to light in a 1999 IOM report on patient safety. In *To Err is Human: Building a Safer Health System*, the IOM reported that up to 98,000 Americans die each year in hospitals from preventable medical errors.¹²

On the heels of the IOM report, the Leapfrog Group was established to reduce medical errors and improve health care value beginning with hospital care. As a consortium of more than 130 large private and public health care purchasers, Leapfrog encourages patient safety in three hospital practice areas: computer physician order entry; evidence-based hospital referral; and ICU physician staffing.¹³ By emphasizing communications between employer

Consumer/Purchaser Disclosure Project

The Consumer/Purchaser Disclosure Project is a group of more than 30 consumer, labor and purchaser organizations working together to achieve the following goal:

“By January 1, 2007, Americans will be able to select hospitals, physicians, integrated delivery systems, and treatments based on public reporting of nationally standardized measures for clinical quality, patient experience, equity, and efficiency.”

The project will complete its work in the following five phases:

1. Represent consumer and purchaser interests by initiating efforts to define measurement sets;
2. Identify and submit measures for consideration and adoption;
3. Assess the results of measurement definition;
4. Promote dissemination and use of measures by consumers and purchasers;
5. Evaluate and improve the measures.

The Washington Business Group on Health and several of its members participate in the project funded by the California HealthCare Foundation and the Robert Wood Johnson Foundation. The Consumer/Purchaser Disclosure Project is hosted by the Leapfrog Group.

and employee as a necessary step in changing consumer awareness and behavior, the Leapfrog effort has stimulated consumer knowledge of care quality variability and interest in hospital performance.

Hospital report cards include publications such as the magazines *Consumer Reports* and *Health Pages*, state and employer coalition-sponsored reports, online reports and searchable databases. Report card information sources include volume data, risk-adjusted mortality rates on specific conditions and procedures, hospital discharge data, accreditation review scores, and physician, hospital and patient surveys. Some report cards are national in scope. Others are state or regionally based. Some are released annually while others are issued periodically. Many report cards are free to users. Some charge a fee to search their database. And a few are vendor turnkey solutions hosted by the plan sponsor for a monthly member fee.

See Table 1 for information on selected hospital report cards.

Even as their numbers increase, hospital report cards, particularly those reflecting outcomes information, remain controversial. Validation studies have raised issues such as a wide variation in performance among hospitals with the same rating and disagreements about how to measure quality. A common limitation of current report cards is the absence of additional quality information important to consumers such as error rates, nurse staffing ratios and adequacy of pain relief.¹⁴ In addition, report cards vary in their ease of use and relevance to consumers. Some experts still question whether consumers have the interest, knowledge and wherewithal to use report cards effectively.

Momentum is Building for Public Information

Despite the problems, supporters of public reporting argue that some information, however imperfect, is better than none, and public sentiment seems to be on their side. Several recent developments advancing transparency, disclosure and greater consumer awareness about quality and cost variations include the following:

Standards for disclosure. The National Quality Forum (NQF) was created in 1999 to develop and implement a national strategy for health care quality measurement and reporting. The NQF is developing a standard set of hospital performance measures for public reporting. In January 2003, NQF announced eight new hospital measures to be added to the 31 measures approved last October. The eight new measures allow for comparisons among acute care hospitals in cardiac care and patient safety.¹⁵ The Centers for Medicare and Medicaid Services (CMS), a supporter of NQF, will likely adopt the standards for reporting to beneficiaries. The effort is important because several studies have suggested that the negative attitudes and distrust among hospitals participating in public reporting efforts could be mitigated by having a national set of evidence-based performance standards set forth by a credible entity.¹⁶

Price transparency. Price transparency is a fundamental component of consumer-driven health plans with personal care accounts such as Definity. Addressing a 2001 Employee Benefits Research Institute policy forum on consumer-driven plans, Bill Reindl, regional vice president for sales at Definity said, “Price transparency is critical to the success of this plan. Our members are actively looking at both costs and treatment alternatives, and they’re using the information to make economic decisions.”¹⁷

Price transparency is also a component of the tiered hospital plan model. Although criticized after its introduction in 2002 for basing tiers solely on cost, the model encourages consumers to think about spending when making health care decisions. By the start of 2003, tiered hospital plans introduced quality measures, including Leapfrog Group standards, satisfaction data and other performance indicators, thus countering early criticism about cost-based tiers. Tiered networks, introduced in 2003, also use price transparency combined with quality data to aid consumer decision-making.

Physician-level reporting. Internet-based tools such as DoctorQuality and Best Doctors are growing in popularity. They assist consumers in choosing a physician and a hospital based on quality and preference indicators. In another example, the Diabetes Provider Recognition Program, cosponsored by NCQA and the American Diabetes Association, identifies physicians who deliver superior diabetes care. A new program created by GE, UPS, P&G, Verizon, Ford Motor Co. and CMS will pay physicians a bonus of up to ten percent above their regular payments if they implement specific treatment processes that improve quality for patients with diabetes.

Disclosure of treatment guidelines and financial arrangements. In a landmark public disclosure decision in January 2003, Kaiser Permanente and consumer groups agreed that Kaiser Permanente would publish the clinical guidelines developed by its physicians and provide information on its physician compensation structure.¹⁸ Many consumer advocates and others supporting evidence-based medicine believe the move sets a new standard for transparency and disclosure that will have a ripple effect throughout the industry.

Medicare QIOs. The Center for Medicare Services’ Quality Improvement Organizations (QIOs) analyze data and work with provider and professional communities to make system improvements that boost quality. Currently, QIOs are not required to publicly report their data. However, “CMS plans to have the QIOs conduct pilot studies around data collection and public reporting to inform a national strategy for public reporting by hospitals.”¹⁹ Under their current contracts, QIOs will also put more emphasis on beneficiary outreach with hotlines to answer questions about beneficiary rights, quality of care and preventive services.²⁰

Critical Elements to Adoption

In his review of the New York State Cardiac Surgery Reporting Initiative, Mark Chassin presents six critical elements for successful hospital reporting programs:

- Required reporting from all hospitals;
- Regular audits to verify quality data;
- Analysis and public reporting by a neutral, respected third party;
- Close oversight by an advisory group of recognized clinical leaders;
- A commitment to studying and publishing reports on the impact of the system; and
- Continuous pressure on poor and mediocre performers to improve.

National Committee for Quality Assurance (NCQA)

NCQA is a private, not-for-profit organization dedicated to assessing and reporting on the quality of health plans. Its efforts are organized around two activities, accreditation and performance measurement. In 1992, NCQA took over responsibility for the management and evolution of the Health Plan Data and Information Set (HEDIS®), a performance measurement tool used by health plans to collect data about the quality of care and service they provide. HEDIS consists of a set of standardized performance measures that tell how well health plans perform in key areas: quality of care, access to care and member satisfaction with the health plan and doctors. NCQA's most recent State of Health Care Quality Report shows that those plans that measure and report on care quality are the best performers. ("New Report Shows that Despite Health Care System's Ills, Quality of Care has Improved," *NCQA News*, September 18, 2002, www.ncqa.org/Communications/News)

Robert Galvin and Elizabeth McGlynn in *Medical Care* discuss the slow adoption of health care performance measures, and recommend the following steps to speed their widespread use²²:

- Raise public awareness;
- Redesign measures and reports so that they are directed to what consumers want to know;
- Make the delivery of information timely;
- Require public reporting;
- Develop and implement systems to reward quality; and
- Court leaders actively.

Numerous experts note the general lack of public demand for quality and cost information. David Lansky, president of the Foundation for Accountability (FACCT), writing in *Health Affairs*, points to the need for expanded public awareness and a demand for safe, evidence-based care.²³ He argues a less complacent public might encourage private purchasers and regulatory agencies to “become more stringent in their regulatory or contractual handling of quality issues.”²⁴

The Consumer Health Quality Group, an interdisciplinary group of health care activists and researchers, argues public reporting will not improve health care quality and efficiency unless the following occurs²⁵:

- Consumers are convinced that quality problems are real and consequential and that quality can be improved;
- Purchasers and policymakers make sure quality reporting is standardized and universal;
- Consumers are given quality information that is relevant, easy to understand and use;
- The dissemination of quality information is improved;
- Purchasers reward quality improvements; and
- Providers create the information and organizational infrastructure to achieve them.

Employer Actions Drive Transparency and Disclosure

Educate employees about health care variability and the utility of performance reporting.

Employers are uniquely positioned to encourage consumer demand for safe, efficient, evidence-based health care by providing employees access to quality information and incentives for selecting the best providers. Benefits experts recommend that employers develop a comprehensive communications strategy that includes communicating difficult messages about cost and quality, and provides employees with comparative performance information and decision-support tools. Employers may also need to educate employees on how to interpret publicly reported information and the use of decision-support tools.

For more information, see the WBGH Institute on Health Care Costs and Solutions communications tool kit, “Communicating Difficult Messages: Health Care Cost-Sharing and Emerging Plan Models,” developed by Jean Schauer, Senior Communication Consultant, Watson Wyatt Worldwide.

Require disclosure in provider contracts.

Employers can require by contract the reporting of performance information and otherwise encourage hospital participation in reporting efforts such as the Leapfrog Group survey. WBGH supports a standardized approach to hospital reporting, using the NQF performance measures and Leapfrog patient safety standards. In addition, hospitals should be required to post standardized performance information on their web sites.

Reward performance.

Galvin and McGlynn argue rewarding performance is important to supplying the capital for those providers who want to improve quality and efficiency. WBGH and its members support efforts nationwide to revise reimbursement schemes linking provider payment and quality care. Among the efforts is Leapfrog's creation of customizable incentive and reward models for purchasers to recognize a hospital's progress in the area of safety practices.

WBGH members can visit Solutions Online at www.wbgh.org for more information on pay-for-performance initiatives.

Support public policy initiatives calling for transparency and public reporting.

WBGH recommends employers promote a legislative requirement that new federal health care outlays, such as a Medicare outpatient prescription drug benefit, include mandatory public disclosure of performance information. Disclosure of performance information can also be made a condition of participation in Medicare and Medicaid.

Conclusion

Public reporting on the relative cost and quality of health care is rapidly becoming a priority for system reform. Hospital reporting programs have the potential to improve clinical quality and help consumers make more efficient choices. Employers can encourage greater disclosure of performance information and consumer demand for quality improvements by educating employees about health care variability and the utility of performance reporting, setting disclosure requirements in provider contracts, revising reimbursement schemes to reward performance, and supporting public policy initiatives calling for transparency and public reporting.

Selected Hospital Reporting Initiatives

Sources used to develop this table include: "America's Best Hospitals," US News and World Report 2002; "Hospital Report Cards and Consumer Health Information," Missouri Hospital Association, 2002; "Employers' Efforts to Measure and Improve Hospital Quality: Determinants of Success," *Health Affairs*, March/April 2003; and WBGH members.

| Report Card | Content | Information Sources | Comments |
|---|--|---|---|
| Alliance for Quality Health Care (NY) www.myhealthfinder.com | Rates hospitals in NY on 25 inpatient hospital procedures and conditions. 3-star rating scale. Free. 2002 report card released 11/02. | 2001 data from 550,000 inpatient cases adjusted for severity. Hospital volume and mortality data, and presence of certain procedures. 1-star indicates mortality higher than statewide average, 2-star indicates average mortality rate, and 3-star indicates a mortality rate below average. | The site provides information to users about how to interpret information. Patients are advised to use data as a starting point for discussion with their physician. |
| America's Best Hospitals: US News and World Report www.usnews.com | Ranks 205 hospitals nationwide in 17 specialties. Each specialty's 50 highest scoring hospitals are listed with a US News index score. Free. | Methodology developed at University of Chicago in 1993. Physician survey, Medicare records, AHA survey. | Score for 13 of 17 specialties based on reputation (physician survey), Medicaid mortality data and other care-related factors like palliative care. 4 specialties ranked solely on reputation. One of the very few report cards that shows nurse staffing ratios. |
| CA Report on Coronary Artery Bypass Graft Surgery www.oshpd.state.ca.us | Comparative data on bypass surgery risk-adjusted outcomes. Free. | Hospital discharge data. Volume and mortality information on bypass surgery for 79 hospitals that do the procedure. Mortality information on 398 hospitals admitting heart attack patients. | Procedures and results presented in 40-page report. Printed versions available. Graphs may be difficult for some to understand. |
| Cardiac Care in VA www.vhi.org | Volume information for 39 diagnostic groups. Mortality data for a few cardiac procedures also available. Information is free. Customized reports, including financial information, are available for a fee. | Hospital discharge data. | Site also contains information on HMOs, nursing facilities, physicians and retirement centers. VHI also creates special reports for employers, researchers, consultants and health care providers. |
| Cardiac Surgery in NY www.health.state.ny.us/nysdoh/healthinfo/index.htm | Volume and mortality information on each of the 32 hospitals approved to provide coronary artery bypass surgery in New York State. Free. | Hospital discharge data. | Site also provides physician profiles and information on health plans, nursing homes, consumer complaints and links to related sites. Online and paper reports available. |
| Guide to Hospitals: Consumers' Checkbook www.checkbook.org | 4500 hospitals rated on 10 medical conditions and 2 types of surgery. Adverse outcome information for 7 types of surgeries. Free online for Consumers' Checkbook subscribers. Printed reports for subscribers and non-subscribers for a fee. | Medicare data, physician and consumer surveys, mortality data, accreditation scores. | Report includes other information, such as number of beds and residents, and affiliation with medical school. |
| Health Grades, Inc. www.healthgrades.com | Rates more than 5000 hospitals on 25 common procedures and diagnoses. Based on volume and mortality data. 5-star rating scale. Obstetrics data available from 18 states, including complication rates. Basic information is free. Comprehensive reports for a fee. | Medicare data, hospital discharge data for obstetrics, Leapfrog survey data. | Searchable database. Leapfrog reports also available, along with information on health plans, physicians, nursing homes and home health care services. |

| Report Card | Content | Information Sources | Comments |
|--|--|--|--|
| Hospital Care Buyers Guide (IL) www.state.il.us/agency/hcccc/ ConsumerReports.htm#hcbg | Volume information for specific conditions. Regional reports. Free. | Hospital discharge data. | Maintained by the Illinois Health Care Cost Containment Council. |
| Hospital Performance Reports (PA) www.phc4.org | Volume, mortality, length-of-stay, readmission and complication information for 28 common medical procedures and treatments. More detailed reports available on cardiac bypass surgery, heart attack care, and C-section rates. Free. | Hospital discharge data. | Searchable features. Regional reports also available. Patients are advised to use the reports with their physicians to make decisions. |
| Hospital Profile Consumer Guide www.hospitalprofiles.org | Volume and patient satisfaction information for 12 –15 conditions and procedures in the following regions: Atlanta, Buffalo, Cleveland, Indianapolis, southeast Michigan. 3-star rating scale. Free. | Medicare and hospital discharge data, patient surveys. | Searchable site features. Information on how to use the profiles. |
| Indicators of Inpatient Care in Texas Hospitals www.thic.state.tx.us | Volume and mortality information for 25 procedures and conditions. Free. | Hospital discharge data. | Information on how to use the site and interpret results. Site also has HMO information. |
| JCAHO Quality Check www.jcaho.org | Summaries of hospital surveys and ratings compared to national norms. Free. | JCAHO reviews. | Searchable site features. Public reporting will contain more information meaningful to consumers in 2004. |
| Leapfrog Group Hospital Survey www.leapfroggroup.org | Comparative 6-level rating on progress implementing Leapfrogs' 3 safety practices: CPOE, ICU staffing and volume. Free. | Voluntary hospital survey. | Searchable site features. Majority of information is from the following regions: Atlanta, Georgia; California; east Tennessee; Minnesota; Seattle/Tacoma, Washington; St. Louis, MO. However, by the end of 2002, 70 percent of Americans could get Leapfrog patient safety information on hospitals in their area. Several employer coalitions sponsor report cards using Leapfrog survey data. |
| Patients' Evaluation of Performance in California www.healthscope.org | Ratings of care quality in 113 hospitals based on patient opinions. 3-star rating scale. Free. | Patient surveys. | Site also has information on medical groups and health plans. Links to related sites. |
| Quality Counts (WI) www.qualitycounts.org | Quality ratings based on clinical quality measures such as mistakes, complications and death after surgery at 24 hospitals contracting with the Employer Health Care Alliance Cooperative. Includes information on surgery, non-surgery, hip/knee replacement, cardiac and maternity care. | Hospital discharge data. | Customized and PDF report versions. Maintained by Employer Health Care Alliance Cooperative. Includes information on how to interpret the quality information. Site also includes Leapfrog results. |
| Subimo www.subimo.org | Information on 4970 hospitals for more than 50 conditions, hospital reputation, safety standards, and basic hospital information. Plan sponsors contract for Subimo services. | MedPAR and state public data sets, the AHA, the National Research Corporation, the Leapfrog group, Ingenix, PBGH, California HealthCare Foundation, hospital survey. | Searchable site features. Customized reports based on patient preferences. Site provides information about how to interpret the data and other issues to consider when seeking health care. |

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About The Institute on Health Care Costs and Solutions

The Institute on Health Care Costs and Solutions, an initiative of the Washington Business Group on Health (WBGH), was established in November 2001. Its mission is to provide an intense focus on finding effective solutions to the high cost of health care benefits confronting large employers. This series of Issue Briefs, succinct summaries of issues facing the purchaser community, is part of that effort. Appearing on a bimonthly basis, briefs both explore factors involved in rising costs and propose strategies for addressing these problems. The Issue Briefs series is one of many ways that the Institute is identifying and disseminating best practices and innovative ideas for managing costs and improving quality.

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