

What Would Be Required To Make Health Care Reform Sustainable

- Make the Colorado Health Institute the repository of data for quality improvement on the practice and hospital level. No one gets better at a game without a being able to see the scoreboard. Voluntarily or by statute, we need all-payer data to get a large enough sample size to draw statistically significant conclusions about provider performance. All primary care providers statewide, then, would be sent a report card regularly on their standing relative to the rest of the providers in the state, and relative to the 90th percentile of performance nationwide.
- Create a public-private partnership to create uniform reward mechanisms for Pay for Performance. This could be like Bridges to Excellence, where the rewards are keyed to NCQA recognition, or the Integrated Health Association in California, where health plans have compromised with one another to reward certain measures in a similar way. It could be like neither of them in that it could be a collection of both public and private organizations, e.g., Medicaid, health plans, and foundations. The idea is that one creates unified incentives in the form of bonus pools to drive investment in infrastructure for primary care, which will form the backbone of the reformed delivery system. To continue the sports analogy, some people play for the recognition of being a champion, and some play for the money. The motivation is less important than making clear that there are multiple rewards for re-engineering.
- Create enough capacity to provide coaches to every primary care practice in the state to re-engineer their core processes. Some people are self-taught, but most need some regular feedback and encouragement to change. Think about weight loss or other behavioral modification. Currently there are multiple mechanisms to do this work (CFMC, PHP, CCGC, RMHP/Mesa County IPA) but our offerings are slightly different and participation is purely voluntary. If we are truly to “bend the trend” and make reform sustainable, we’ll need to change the way PCPs practice. Caution: many will say they can do this work, and few actually can. Ask to see what methods they use, and how they engender the leadership and cultural changes necessary to succeed.
- Provide regulatory relief for underserved areas of the state to grant NPs and other midlevels the power to be independent primary care providers. The return of PCPs to rural areas will require payment reform on a massive scale. The rate of change will be insufficient to answer the need in real time. A high percentage of what needs to be done, including almost all preventative care, can be done by nurse practitioners with broad authority to provide primary care.
- Indemnify CORHIO and LHIOs from litigation so long as they follow privacy rules. The increased efficiency and safety we all want, and that is key to most of the reform efforts proposed, will fail if entities that are transferring information perceive increased liability from having done so. The Santa Barbara Project just recently dissolved, partially because entities perceived too much legal liability in centralizing their data.