# The Search for Quality Care

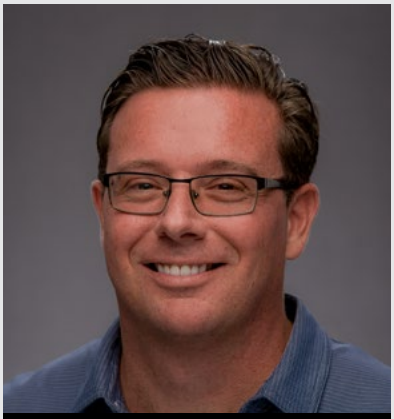
*In the age of price transparency, more self-insured employers are trying to steer health plan members to top performers*

Written By Bruce Shutan

All medical doctors have M.D. at the end of their names, but how can self-insured health plan participants determine who is good and who is bad when there's a dearth of data on quality of care, especially for serious illnesses or procedures?

"Our philosophy always has been that if you find the best providers, even if you pay more for them overall, your costs are going to be lower because your outcomes are going to be better," says Phil LeFevre, vice president of business development for Denniston Data Inc. (DDI). "However, when you get to the price transparency data, you find sometimes you don't actually have to pay more for them because there's no correlation between quality and price for the negotiated rates by the PPOs."

Brooks Goodison, president and principal partner of the Diversified Group, describes the hard part about assessing quality as being that so much of it is subjective, and legions of people do their own Internet searching. He says another issue to consider is that a perfectly good physician could have abysmal online reviews because of bedside manner or other factors that stray from gathering empirical evidence.


Phil LeFevre

## COMPOSITE RANKINGS SCORE

One serious challenge in healthcare is the absence of a metric that indicates whether something actually went well. "We know if it went poorly with adverse events," LeFevre says. "But how do we know whether somebody's recovery from a knee replacement was good and the surgery was done well? What the literature led us to is that practice makes perfect in healthcare, just like it does in everything else." In other words, volume experience is the best proxy for quality.

With this in mind, DDI developed a composite ranking score that measures doctor performance relative to the experience of their peers. The data and assumptions are then back-tested against adverse events such as mortality, readmission and reoperation.

While many health plans were accustomed to ranking doctors based on adverse events, they were not risk-adjusting the data. LeFevre says it's reasonable to expect that those who treat a higher-risk population, lower socioeconomic status, higher comorbidities, confounding factors and chronic health issues are going to have higher adverse events.

A review of the medical literature, however, will provide meaningful insight for the giant cohort of doctors whose adverse events are low and similar to those of their peers. DDI conducts a comprehensive review of PubMed, which comprises more than 38 million citations for biomedical literature from MEDLINE, life science journals and online books. Another key component is to examine what constitutes good outcomes in healthcare, including speeding up a patient's return to work.

"The transparency and coverage data that we bring in for smart scoring is massive," LeFevre says, noting that the data set contains hundreds of billions of lines of information. "When we create a composite ranking score for a doctor, it's okay if that takes time because then it sits in our application where the end user can find it."

What would make the process more efficient is to calculate a smart score that measures quality, which is fixed based on annual scores, against the dynamic price that is changing from month to month in published machine-readable files (MRF). The biggest challenge is "being able to manage the size and complexity of these files and have real-time responses across hundreds of billions of lines of data," he says.

## MATCH, MEASURE AND MONITOR

The overarching goal is to match, measure and monitor patient-doctor relationships to ensure access to the highest quality of care that provides value to all key stakeholders, observes Jaqueline Oliveira-Cella, CEO and founder of wellBe Consulting.

For example, providers who won't prescribe a GLP-1 for weight loss without also holding their patients accountable for committing to lifestyle changes involving exercise, nutrition and behavior therapy will be a good match. Those who write such scripts in a vacuum without such guardrails will be a poor match.


Jaqueline Oliveira-Cella

The next step is measuring metrics that matter, including anything from hospital readmission rates, surgical site infection rates and risk-adjusted mortality to presenteeism and workplace safety. "When you use that mix between claims and outcomes, as opposed to online reviews, you are actually

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1 Based on medical record review of 573 patients, from multiple employers, referred into the Mayo Clinic Complex Care Program in 2024.

2 American Health Policy Institute (AHPI); High Cost Claimants: Private vs. Public Sector Approaches

providing something of value," she says.

Finally, there's a need to continue monitoring and refining this formula, finding ways to keep improving processes and embracing new technologies. The tricky part with employee benefits is achieving accountability through performance guarantees or other strategies, she suggests. A related issue is holding point-solution providers accountable for showing their worth year after year rather than simply making promises to deliver evidence-based care.

## TECH TOOLS AND DATABASES

When it comes to leveraging advanced technology to help identify high-quality providers, Oliveira-Cella cites as an example IBM Watson Health, which offers AI-powered solutions to help improve patient care, drug discovery and overall healthcare operations. She also has seen strong metrics from Quantros, whose quality division was acquired by Healthcare Bluebook in 2021 and is the nation's largest healthcare quality-cost database, as well as Embold Health, which specializes in price transparency.

Other helpful resources for raising the bar on providing quality measures that she cites include the National Committee for Quality Assurance and a free public resource from the Centers for Medicare & Medicaid Services called Care Compare.

In addition, there's the Agency for Healthcare Research and Quality, National Quality Forum, The Joint Commission and Utilization Review Accreditation Commission.

Diversified Group uses a service that scrubs and scours through MRFs for cost data, along with a proprietary tool that the vendor uses to categorize quality.

"It'll rank order the cost of each provider as part of a pro score," Goodison reports. "It does a reasonably good job of presenting the data in a way where the member has some indications of cost and quality combined. So, it's not like you're just encouraging them to go to the lowest cost provider without any cost metrics associated with it."

The difficult part is deciphering just how reliable the data is from cumbersome MRFs, whose format has drawn collective groans across the industry. Members who use this tool can be rewarded with cash or gift cards for making choices that are advantageous to the plan, while employers also can set up cost-sharing arrangements to steer covered lives to high-quality, low-cost providers. Another program Diversified Group is investigating is Helm Health, which offers employers variable copay options.

*Brooks Goodison*

While Goodison sees a growing number of brokers and consultants easily captivated by bright, shiny and glittery point solutions, execution and results are key. "I see so many programs that people want that are just slapped on, and then at the end of the year, the only thing they have to show for it is the money they paid, but not a lot of results," he observes.

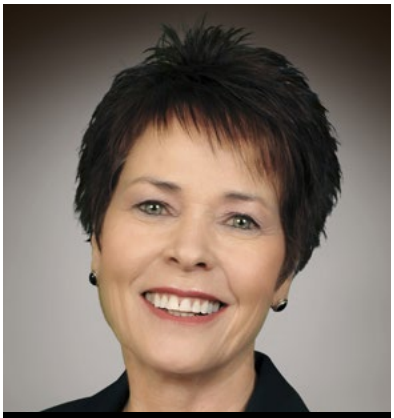
Goodison is concerned about so-called healthcare deserts where people have little or no access to primary care, mental health, hospitals or pharmacies for various reasons. One could be that they involve rural areas with tiny populations. In other cases, doctors in the network directory may not be accepting new patients, or comorbidity factors may complicate treatment.

Both such scenarios happened to a 70-year-old plan participant from a client in northwest Massachusetts who was considered a valuable employee with seniority. The trouble was that he was reluctant to ask for assistance and was in chronic knee pain.

Diversified Group turned to UCM Digital Health, whose solution avoided barriers of entry for this gentleman, who was eventually prescribed medication to lower his blood pressure enough so that an orthopedic surgeon was able to take care of his knee.

## LEVERAGING VENDOR PARTNERSHIPS

Finding quality doctors is top of mind for Julie Mueller, CEO and principal of Custom Design Benefits. She recently did a town hall-style presentation on this topic to consider for the TPA's roughly 35,000 health plan members. "We do all the pre-auth, case management and population health management in-house and have nurses on staff, so we see this as an extension of that service," she explains, noting that it would be built right into their benefits package.



*Julie Mueller*

Having already addressed the unit cost structure with reference-based pricing (RBP) for 13 years, Custom Design Benefits was ready to examine the other piece of the equation, which is ensuring that health plan members schedule visits with providers who have the best clinical outcomes.

Her hope is to find the right software system to help health plan members find the best doctors in their area. In the meantime, Mueller has spoken about this to all of her major vendor partners, some of whom already have components of the approach in place but haven't taken it yet to an app model that patients could access or a website that could integrate into other service lines.

Two of those players whose solutions could be combined to help steer members to higher-quality providers include Zelis and Payer Compass. The latter company, which Zelis acquired in 2022, offers red, green and yellow quality ratings of providers who are accepting RBP.

"We're just trying to bring some true data to the table," Mueller explains, noting the lack of reliable individual physician data and adding that "we're not quite there yet." ■

*Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 35 years.*