Commentary:
"Improving Quality and Safety of Healthcare Delivery From the Payer's Perspective"

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Founded by the Business Roundtable, the Leapfrog Group is a consortium of more than 165 Fortune 500 companies and other large private and public sector health care purchasers. Together, these organizations are trying to trigger a "giant leap forward" in the safety, quality and affordability of healthcare. The Group has two principal strategies for achieving this. First, Leapfrog supports informed health care decisions by those who use and pay for health care. Second, the Group promotes high-value health care through the use of incentives and rewards. On behalf of 35 million Americans for whom its members buy health benefits, Leapfrog aims to use its more than $64 billion in annual health care expenditures as leverage to convince the health care system to share standard measurements of performance fully and openly with both health professionals and the public and to create an environment that is far more conducive to reengineering how health care is delivered.

The impetus for Leapfrog's formation was growing employer awareness of the tandem occurrence of rapidly increasing health care costs, accompanied by wide variations in health care delivery and outcomes for patients. Data suggest that patients with common and serious chronic conditions obtain care consistent with current evidence bases only 55% of the time.[1] Moreover, 30 cents of every health care dollar may be wasted through overuse, under utilization, or misuse of health care services.[2] It is a truism today that the speed at which advances are made on the laboratory bench is not matched by the speed at which the practice of medicine evolves to reflect the latest evidence that we have well in hand today. Improving patient safety and health care quality is a key focus for all stakeholders in health care and is clearly an essential responsibility of physicians.

Optimal health care outcomes can only be achieved when the best scientific evidence is fully incorporated into clinical practices. Based on strong evidence that they can make an important difference in the clinical care of patients, Leapfrog promotes specific initiatives, or "leaps." When Leapfrog began, employers, acknowledging that they were not steeped in health services research, went to leading quality improvement experts looking for the equivalent of anti-lock brakes, seat belts and airbags for the health care system. We found several practices that could both improve outcomes significantly and be easily understood by the average patient when choosing among hospitals or physicians. We focused first on inpatient computer physician order entry, physician staffing in intensive care units, and evidence-based hospital referral for several high-risk surgeries and conditions. Our initial leaps won approval from the multiple stakeholders asked to endorse measures of performance through the National Quality Forum (NQF). We have since added an additional safety and quality index that includes 27 other practices endorsed by the NQF.

Just by highlighting their importance, Leapfrog's efforts have sparked movement within hospitals to adopt these practices. But Leapfrog also asks hospitals to report their progress toward implementing these practices through an online voluntary survey whose results Leapfrog posts publicly on its Web site and disseminates broadly to its members, their employees, major health plans and the media. Such a survey was revolutionary when we launched it in 2001, creating unprecedented access to hospital-specific information for consumers. Now other organizations are following suit, creating many initiatives to generate greater transparency in health care by collecting further information both from hospitals and physicians.

While our "leaps" have focused initially on changes in the way hospitals deliver care, the role of clinicians is vitally important. We certainly understand that in hospitals where you practice, your support in implementing change is central. You may be willing to re-examine your work flow and incorporate key safety features, like ordering prescriptions via computer, if you believe such changes will improve care for your patients. Similarly, you may want to refer your patients to hospitals that base their care on evidence amassed by credible health services research. Leapfrog and others provide information primarily about structural characteristics associated with better safety and quality to assist you to make these improvements. One day, your referral decisions may be able to reflect real-time data about hospitals' complication and mortality rates, adjusted for severity of illness among those they treat – employers and patients are also eager for such information. As a reader of the BMJ's *Clinical Evidence*, you are obviously committed to exploring how evidence-based medicine can be at the core of your practice, and we applaud your efforts.

Such goals do not, and should not, apply only to hospital settings. Many of the employers participating in Leapfrog created a parallel effort called Bridges to Excellence (BTE) to assess and reward evidence-based medicine in the physician office setting. Physicians in particular markets are encouraged to participate in the BTE reward program. For this, physician performance is assessed for adherence to practice guidelines for patients with diabetes, cardiovascular disease, stroke, and other conditions for which reasonably validated principles of care exist.

BTE is also not the only quality-based incentive and reward program. Leapfrog now hosts a compendium of incentive and reward programs on its Web site (www.leapfroggroup.org). There we catalogue efforts across the country that use both financial and non-financial incentives and rewards to motivate quality improvement. Of the 88 programs we currently list, 50 target physicians. The good news is that purchasers and payers are beginning to pay more for improvements in the quality of care you provide. But that accompanies increased scrutiny of whether you adhere to evidence-based guidelines.

CMS under Dr. Mark McClellan's leadership has launched demonstration programs that link physician payments to adherence to evidenced-based guidelines and delivery of better care to patients with chronic conditions. Recent statements by Dr. McClellan clearly indicate that CMS wants physician income to be based increasingly on clinical performance.

However, if further progress is to be achieved, we recognize that physicians must become more actively involved. In your own practices, you can make leaps of your own just by incorporating the clinical evidence outlined in the accompanying publication by the BMJ. Implicit in it is an enormous challenge. Can we get to a point when careful and unbiased investigators examine your practices and those of your peers and find that at least 95% of the time you provide care to your patients that is based on good evidence for what works, and what does not?

But it is not just researchers and employers who will scrutinize your practice routines. As you well know, patients can review clinical guidelines on the Internet, and many of you are getting used to patients who bring in a pile of printouts from the Web and query you about the care you provide. Their goal is to have you embrace this new world and to invite discussions about guidelines. They want increasingly to understand why you follow them, or why, in their particular circumstance, you suggest taking another tack. Members of The Leapfrog Group are actively providing their employees with information and new health benefit design choices based on identification of high quality care. Obviously, an informed patient-physician relationship is essential for optimal decision making. But how can you best do that when time is vanishing and "productivity" has become part of the daily rhetoric? How can you best educate before and after the office visit or hospital stay? Can electronic communication help? Can team care overcome time constraints without breaking the bank?

We all agree that health care in the U.S. is far from perfect as it suffers from multiple stresses and growing discontent among all stakeholders. It has proven extraordinarily difficult to come up with practical solutions. Yet there are some early roadmaps that can help improve care significantly in the short-term. Basing the care you deliver on carefully considered evidence is one of these. In that respect, the book that this note accompanies may prove truly helpful.

We at The Leapfrog Group recognize and appreciate the work you do on behalf of our employees. We look forward to presenting and discussing our strategies with you in the days to come. For more information on The Leapfrog Group, please visit www.leapfroggroup.org.

References

1) McGlynn, EA et al. (June 26, 2003) "The Quality of Health Care Delivered to Adults in the United States," *New England Journal of Medicine.* 348:2635-2645

2) "Reducing the Cost of Poor Quality Health Care Through Responsible Purchasing Leadership,"(2003) Report issued by the Midwest Business Group on Health in collaboration with The Juran Institute, Inc. and the Severyn Group, Inc. http://www.mbgh.org/costquality.html

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