

## Attorney General Abbot Keynotes TAHP's Statewide Health Care Conference

Texas Attorney General Greg Abbott headlined an impressive list of Texas government leaders and health care experts participating in the 2007 Texas Managed Care Conference held October 16-18. The annual meeting is the largest of its kind in the state and this year's event marked the 20<sup>th</sup> anniversary of the creation of the Texas Association of Health Plans—the conference host. In his keynote address, Attorney General Abbott announced that his office was exploring ways to help reduce the number of uninsured Texas children by ensuring that health care coverage is obtained for kids with medical support orders in place. Senator Kip Averitt, Senator Kyle Janek, Representative Garnet Coleman, and Representative Larry Taylor also addressed leading health care issues that are confronting the state. Additionally, more than two dozen health care experts from around the country presented updates and offered insight into a range of key health care topics including Douglas McCarthy of the Commonwealth Fund. In his presentation, McCarthy provided results from a state scorecard on health system performance which evaluated states on 32 indicators grouped in categories that include access, quality, avoidable hospital use and costs, equity, and healthy lives. According to the report, Texas ranked 49<sup>th</sup> among the states and the District of Columbia. A copy of the full report may be viewed at [www.cmwf.org](http://www.cmwf.org).

## Retail Health Clinics Providing Convenience and Cost Effective Alternative for Consumers

According to the managed care publication Coverage, the growth in retail health clinics is increasing access to care, reducing costs, and eliminating the more expensive emergency room visits that have increased in recent years. The concept was initially designed to provide consumers with quick, convenient access to care for emergent but non-life-threatening situations. While most of the clinics are located in commercial drug stores more are emerging in other retail outlets as well as airports. A Harris Interactive survey conducted in March of 2007 for the Wall Street Journal Health Industry Edition indicated 90 percent of consumers using retail health clinics stated they were satisfied with the quality of care, while 83 percent expressed satisfaction with the staff. For the most part, the clinics are staffed by nurse practitioners and physician assistants who incorporate physician oversight. The use of electronic health records and real time claims submission are among the features that make the clinics appealing and convenient. The clinics have also been an attractive alternative for low-income individuals to receive basic preventive care and low-level acute services. Initial concerns that the clinics might adversely affect a patient's pursuit of ongoing medical care with a primary care physician have not been substantiated. While welcoming additional consumer options some health plans that contract with the clinics make clear that the facilities should not replace an ongoing relationship with a physician. In the meantime, Texans are likely to see more such clinics popping up in their neighborhood retail outlets.

## Health Quiz

1. Consumers using retail health clinics are expressing low satisfaction with the care they receive.  
  
(a) True  
(b) False
2. While retail health clinics provide convenient access to care, the services they provide are typically more expensive than care received at an emergency room.  
  
(a) True  
(b) False
3. Through "Pay for Performance" initiatives, physicians and hospitals are provided economic incentives for positive patient outcomes.  
  
(a) True  
(b) False
4. "Pay for Performance" is also known as:  
  
(a) WellPay  
(b) \$ for Health  
(c) P4P  
(d) None of the above
5. A recent study indicated a "Pay for Performance" initiative had increased the quality of care delivered and extended the lives of patients receiving treatment at participating hospitals.  
  
(a) True  
(b) False



## Study Finds Pay for Performance is Extending Lives, Improving Quality of Health Care

According to the results of a Health Quality Incentive Demonstration (HQID) project, pay for performance measures are not only improving the quality of health care delivered at participating hospitals, but are also extending the lives of those being treated. The study, conducted by the Centers for Medicare and Medicaid Services (CMS) and the Premier, Inc. health care alliance, involves more than 260 hospitals across the nation and is intended to determine if economic incentives to hospitals are effective in improving the quality of inpatient care.

Based on the data collected, the initiative improved overall quality of care by 11.8 percent in two years as a result of the delivery of 30 national standards and widely accepted care measures to patients in five clinical areas. The report states that the improvements in quality of care saved 1,284 acute myocardial infarction (heart attack) patients. Additionally, patients received 150,000 additional recommended evidence-based clinical quality measures such as smoking cessation, discharge instructions, and pneumococcal vaccination. As a result of their performance, CMS is awarding incentive payments of \$8.7 million to 115 top-performing hospitals.

During the two year period, the average composite quality scores, a combination of clinical quality measures and outcome measures, improved significantly in all five clinical focus areas from which the measurements were made. The scores improved:

- From 87.5 percent to 94.4 percent for patients suffering an acute myocardial infarction (heart attack)
- From 84.8 percent to 93.8 percent for patients with coronary artery bypass graft
- From 64.5 percent to 82.4 percent for patients with heart failure
- From 69.3 percent to 85.8 percent for patients with pneumonia
- From 84.6 percent to 93.4 percent for patients with hip and knee replacement

Congress has mandated that Medicare develop a plan to implement “value-based purchasing” which links payment to quality of care and other outcomes beginning in FY 2009. The HQID project is a test of one value-based purchasing model.

## SCHIP Funding Drama Continues in Washington

Negotiations over reauthorization funding for the SCHIP program continue in the nation’s Capitol. Democrats and Republicans remain locked in discussions in an effort to develop a compromise package that might garner the needed votes to override President Bush’s veto of additional funding for the popular children’s health insurance program. The original measure, which proposed a \$35 billion expansion of the program, passed the House of Representatives by a vote of 265-159. On September 27th the Senate voted to concur with the proposal with a 67-29 vote. Forty-three governors have also voiced their support for the measure. As passed, the proposal would have added 3.8 million more children to the program. President Bush vetoed the measure expressing his concern with the cost and the possibility that it might lead some families to enroll in the government program rather than maintain private coverage. The president has proposed a \$5 billion increase for the program and has stated that he will work with Congressional leaders to find additional funding. On October 18th the House of Representatives failed to override the president’s veto, falling nine votes short of the two-thirds majority needed. An additional override attempt in the House is anticipated. The Senate passed the original proposal by a greater than two-thirds majority.

Trivia answers: 1. b (False) 2. b (False) 3. a (True) 4. c (P4P) 5. a (True)

## Birthdays

### November

4 – Rep. Lois Kolkhorst  
5 – Rep. Terri Hodge  
9 – Rep. Tony Goolsby  
9 – Rep. Tracy King  
11 – Sen. Eliot Shapleigh  
13 – Rep. Patricia Harless  
16 – Rep. Jessica Farrar  
19 – Rep. Fred Hill  
20 – Sen. Jeff Wentworth  
25 – Sen. Glen Hegar  
25 – Sen. Robert Nichols  
26 – Rep. Jim McReynolds  
29 – Rep. Edmund Kuempel