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Massachusetts Health Quality Partners Issues 2009 Report on Quality of Care
Five years of physician performance data places Massachusetts in the forefront of quality reporting

Boston, Mass. – Massachusetts Health Quality Partners (MHQP) today released the organization's fifth annual *Quality Insights: Clinical Quality in Primary Care* report, comparing the performance of 150 medical groups across the state. The results are available at mhqp.org, where consumers can compare how well medical groups perform in meeting national standards for providing preventive care, helping patients manage chronic conditions such as diabetes, and avoiding the overuse of certain medications and tests. MHQP was recently chosen by the Massachusetts Health Care Quality and Cost Council to develop a three- year plan for the public reporting of comparative health care quality and cost information for the Commonwealth.

“We have seen statewide improvements in physician performance over the five years that MHQP has been measuring and publicly releasing comparative performance reports,” said Barbra Rabson, executive director of MHQP. “We know that physician leaders take these reports seriously and use them to target internal improvement efforts. We are greatly heartened by the improvements statewide, but there is still far too much variation in performance among medical groups across the state.”

For the eight clinical measures that can be trended from 2003 to 2007, MHQP results show that statewide performance has improved for all eight, with chlamydia screening, teen well-child visits, and blood sugar testing for people with diabetes showing the greatest improvements. This year's report found that, overall, Massachusetts physicians performed better than the national average on 28 of 30 quality-of-care measures reported by MHQP, and above the national 90th percentile on 14 of 30 measures.

The 72 medical practices that comprise the Pediatric Physicians' Organization at Children's Hospital (PPOC) are one example of how physician organizations have used MHQP data to focus on areas of greatest need and identify variation and best practices within an organization, according to Dr. Greg Young, who is PPOC's president and CEO.

“It's very important to the physicians that the *Quality Insights* reports are being managed through a process that involves all the stakeholders,” Young explained. “MHQP is seen as impartial, with no agenda other than improving quality, which helps increase physicians' acceptance and their engagement in improvement initiatives.”

At Young's practice, Longwood Pediatrics, a recent focus has been on improving follow-up care for children who are prescribed medications for Attention Deficit Hyperactivity Disorder (ADHD).

“The MHQP data points out that there is a real gap between where we are and where we want to be,” Young said. “Once the group agreed that the measure was valid and important to the care of patients with ADHD, we collaborated with the full-time licensed clinical social worker in our office to work with kids receiving medications – and their families – and we changed several of our standard office practices to ensure the scheduling of follow-up visits.”

Progress measured on managing chronic disease risk factors

This year's MHQP report includes seven statewide measures that indicate how well certain clinical factors related to patients' chronic conditions are being managed. Performance on six of these outcome measures improved over the past year, including these significant increases:

- The rate for cardiovascular patients who had their cholesterol levels under control rose from 61 percent to 68 percent.
- The rate at which patients with diabetes controlled their blood sugar (HbA1c) rose from 42 percent to 49 percent.

It is important to continue to improve on these outcomes measures because when patients and physicians manage chronic diseases effectively, patients stay healthier, and these conditions become less expensive to manage.

Large variations in performance indicate opportunities for improvement

Despite the overall high level of clinical quality among primary care physicians, MHQP has consistently found that there are large differences in performance among medical groups in all parts of the state. For example, the statewide rate for colorectal cancer screening is 69 percent, but the variation in this measure among medical groups ranges from 42 percent to 89 percent.

“The highest-performing physician groups have achieved standards of care that should be available to every patient of every physician in Massachusetts,” said Rabson. “That's why we encourage medical groups to use our reports to focus on the best opportunities for improvement and we encourage consumers to use the tools on our website to compare the performance of groups in areas of clinical quality that are most important to them.”

The *Quality Insights* report is based on widely accepted standards developed by the National Committee for Quality Assurance (NCQA) to assess the quality of care delivered to members of health insurance plans nationally, and uses performance data for commercially insured patients covered by Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan.

About MHQP

Massachusetts Health Quality Partners is an independent, not-for-profit organization established in 1995 by a group of Massachusetts health care leaders who identified the importance of using valid, comparable quality measures as a way to drive improvement. Its membership reflects a broad-based coalition of physicians, hospitals, health plans, purchasers, consumers, government agencies and academics working together to promote improvement in the quality of health care services in Massachusetts. MHQP provides reliable information to help physicians improve the quality of care they provide their patients, and help consumers take an active role in making informed decisions about their health care.

Additional Points of Interest: Measures of Quality and Overuse

- MHQP continues to present measures that health care leaders can use to monitor overuse or misuse of resources that may bear on health care costs as well as quality. Five of the new measures in this year's report focus on the safe and appropriate use of medications, including diuretics, anticonvulsants, ACE inhibitors/ARBs, AD/HD prescriptions for children, and antibiotics for adults with acute bronchitis. Previously reported measures include the appropriate use of asthma medications for children and adults, the management of prescription drugs for the treatment of depression, and avoiding the inappropriate prescribing of antibiotics for the treatment of upper respiratory infections in children.
- Appropriate use of antibiotics to treat acute bronchitis in adults is one area where improvements are needed, with a statewide performance rate of 19% compared to the national average of 25%. Higher rates indicate better performance. While there is some controversy over the nationally developed calculation standards for this measure, overall, physicians agree that antibiotic overuse is an area where improvement is needed and can be accomplished. Working to improve this measure presents an opportunity for educating consumers about antibiotic use both in the physician's office as well as in a broad public health campaign.
- MA physicians continue to do very well with appropriate antibiotic use for childhood colds, coughs and upper respiratory infections--92% of the time they do NOT prescribe antibiotics when they are not necessary. However, variation across groups for the measure was 39 points, with the lowest rate 61% and the highest 100%.

To view statewide results for these measures or view comparative results across medical groups, visit www.mhqp.org.