

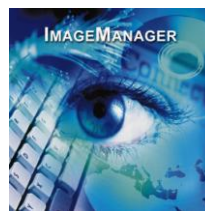


Optimizing your Eye Care Practice for a New Era of Information Technology & Value-Driven Health Care

Series, Part 4: The Eye of the Storm - Transparency



the Optometric EHR



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The Eye of the Storm - Transparency is Part 4 of a series, a sequel to our *White Paper for Optometry: Pay-for-Performance & Value Driven Health Care*. It is our purpose throughout the series to elaborate on the essential understandings and actions for optometrists in the face of health care and eye care reform. Our white paper, cited above, and available at http://www.odprofessional.com/must_read.htm concluded with the following:

The Eye of the Storm

“We began by stating that health care reform is upon us like a storm in the night... Predictability does little to lessen the severity of a storm, but our preparations can make a significant difference to the impact we feel. What impact will the storm of health care change bring for you?

... The final section will summarize some key concepts and provide several clear, achievable action steps. **Here, in “the eye of the storm”, we bring it all down to a single big idea.**

Value-driven health care is, naturally, about driving value— value for payers, value for practitioners and value for patients. **Transparency ... is the window through which consumers, your patients, will assess the value they perceive in the services you offer.** Transparency reports will emerge but your patients’ assessments will ... [be] seen in their choice to remain in your care or to seek services elsewhere.

Our core idea, our storm test, therefore, is this: in everything you do to prepare for value-driven health care, see your practice through the eyes of your patients. Think Transparency.”

In this article ...

Therefore, we present the following topics for your further consideration:

- Transparency: your new favorite word!
 - Understanding transparency
 - Evolving transparency
 - Eye care involvement in transparency
- Transparency Today: U.S. News & World Report
 - The heart of transparency
 - Time counts!
 - The power of reporting
- Optometry in the eye of the storm
 - A call to action for optometry
 - A call to action for the individual optometrist
- The last word

Transparency: your new favorite word!

Transparency is about to become the most important word in your health care vocabulary. Most of us have heard the term yet remain unclear about its implications. Our purpose herein is to create greater industry awareness of a critical concept in this new era of value-driven health care. Understanding transparency will help you incorporate elements into every practice-growth decision you make from today forward.

Understanding transparency

The term *transparency* refers to the process of assessing the cost and quality of care delivered. It applies to every provider and it's all about reporting those results to the public for patient use in selecting their health care providers.

Each step in the process can be complex. One, we will see an assessment of the *quality* of care each provider delivers, measured as best-practice *outcomes*, arising from studies and research in evidence-based medicine. Two, there will be an accurate assessment of the *cost* of providing best-practice care, i.e. cost measures. Three, accurate means of reporting this information will be established within the medical and regulatory communities. And, four, there will be accurate methods developed to make this information available to the public.

With this multi-step process still being set in motion, one may easily assume the implementation time will be very long, or that, in fact, it may never occur. Not so, however. Let's consider a fundamental premise with the power to change not only our perception of transparency but also how we need to respond in light of it: **the overall process of transparency is designed to change public perception – the perception of how the quality and cost of *their* health care should affect *their* decisions about purchasing health care.**

We may well associate any attempt to inform the public about the cost of care with a sort of self-serving advertising. However, transparency is all about changing public perception into a consensus opinion that “the *best* providers of health care make visible to the public the quality of their outcomes and the cost associated with that care.” This fast-approaching change in public perception should be affecting every planning decision you make for your office right now.

Evolving transparency

Previous articles in this series have described the major shift in health care reimbursement already under way in the United States based on transparency – your care compared to the quality and cost from your competitors. Let us now consider the continuum through which transparency is likely to evolve. Where is transparency in its unfolding development today?

The process of educating the public on how to select health care providers based on quality outcomes and cost has already begun. This step in the overall process is not complicated. The public already understands the principles involved, and there is tremendous benefit to leading health care providers to make the public aware.

Many eye care providers have difficulty seeing any benefit in getting involved in the process, perhaps seeing it as a passing trend that will have no significant impact. Others see an opportunity that has never been available before and are rapidly adopting the technologies needed to participate fully in the process. Your choice at this point is either to be part of the process while adoption is voluntary (and you reap the early benefits for your practice) or to wait until participation is forced (and you must incorporate the necessary technologies late in the game).

Eye care involvement in transparency

If the current shift in reimbursement confuses you, it is understandable from the vantage point of an eye care provider. Were we talking only about eye care, the process would not be in motion today. However, optometrists have fought to become an integral part of the medical community. We have achieved that end. Now, PQRI and pay-for-performance are directed at all aspects of health care. The basic principles of value-driven health care will be developed to apply to every area of medicine. Our job is to understand the process and determine how to make it work best within eye care.

In the process of moving to value-driven health care, with transparency the eye of the storm, eye care immediately moves to front stage. Cataract surgery is the most common surgical procedure paid for by insurances. It is an ironic twist that even though eye care is not the origin of change, it has become an immediate target of interest and must now help lead the change process.

Transparency Today: U.S. News & World Report

Imagine buying a car that you think is unique, one-of-a-kind. You bring it home and realize that in your neighborhood there are already a dozen cars exactly the same make and color as the one you just purchased. Transparency in health care is like that. What's new to you may seem to be a rare discovery, far from everyone else's world. In reality, there are many signs in your own community and even more on the broader scale; you just need to know what to look for.

A most obvious national effort at transparency was found in the July 23–30, 2007 issue of U.S. News & World Report. It carried a feature article, "America's Best Hospitals". The main and accompanying articles are a course in applied transparency! This news magazine has been grading hospitals for many years. The important change in this year's issue is the obvious transformation from simply reporting statistics to now training and educating the reader. In this case, it is all about selecting a hospital with proven quality of care through participation in a voluntary program that includes reporting outcomes. There is a host of lessons in these articles worth looking at. Consider the opening statement of the lead article (emphasis ours):

"If your hospital is listed on the pages that follow, congratulations. That means it has been recognized for success in using Get With The Guidelines™, an award-winning, in-hospital quality-

improvement program from the American Heart Association and American Stroke Association. Why should that matter to you? Because **Get With The Guidelines** is designed to improve **patient outcomes** and saves lives by **promoting evidence-based treatment** for patients with coronary artery disease (CAD), heart failure (HF) and stroke (S). Good reason to make sure your hospital is one of more than 1,400 turning guidelines into lifelines. Learn more at americanheart.org/getwiththeguidelines.

The heart of transparency

The body of this article goes to the heart of transparency. It specifically tells patients what questions to ask and what outcomes to expect at the highest level of cardiac surgery. It makes a big point of giving exact answers to specific questions and encourages the patient to be comfortable saying, “I need to go somewhere else” when the questions are not answered in the way the article asserts they should be. This article, primarily focused on cardiac care, educates patients about best practices in heart surgery, tells the patients the exact questions to ask, gives comparison statistics and empowers the patient to feel comfortable going elsewhere if the answers given are not appropriate.

Time counts!

Ratings reveal another lesson. Hospitals were rated into gold, silver and bronze categories. All the hospitals rated had to attain compliance of 85% in all categories. The difference was in the *length of time* the facility had maintained the standard. Gold meant over two years, silver over one year, and bronze more than three months. The moral of this story? Time counts. Early adopters of the standards are rated higher than those that started later. Think of the facilities that are not on the list because the program started on a voluntary basis and they decided to wait! They can never catch up to the early adopters.

The power of reporting: Johns Hopkins #1

Lastly, this article demonstrates the power of reporting quality to the public. 36 hospitals first met the standards, and received a gold rating. This prompted 118 more hospitals to meet the guidelines the next year, which enabled them to receive the silver rating. This group in turn prompted another 168 hospitals to get involved for the bronze status. It is obvious that once ratings are reported to the public, it creates pressure on other providers also to meet the standards now important in the public eye.

The value of receiving these ratings is demonstrated by how the highly rated hospitals are utilizing them. Johns Hopkins in Baltimore received the highest rating in the country. When you walk through the hospital, copies of the article are posted everywhere and the front cover of U.S. News & World Report is visible almost anywhere in the hospital. Every piece of patient literature highlights the rating. Further, there is an obvious effort to make sure *every* patient realizes the difference in the care at Johns Hopkins as compared to unrated facilities.

Consider this issue from the standpoint of another local hospital that provides similar services but decided not to participate in the quality-reporting program. Think of the implications for them and the business decisions they are forced to make at this point. The irony is that they *may* be providing an equivalent level of care, but decided not to report what they were doing. Now they not only must get all the mechanisms in place to report their outcomes but, after doing so, can still never catch up. At best, they will always have complied for a shorter period.

The power of reporting: Guthrie Clinic & other top institutions

It would be past the scope of this paper to analyze each of the institutions rated, but it is a safe bet to think that most of the institutions would like to follow the lead of Johns Hopkins. Let's consider how the #1 rating was being used in Johns Hopkins' public relations programs then compare an institution rated at a lower level.

As mentioned, copies of the U.S. News & World Report ratings are posted everywhere at Johns Hopkins. More important, public *relations* have turned into public *education* on why the ratings are so important to each patient. Johns Hopkins is applying the core tenets of transparency! Public Relations is teaching the public how to evaluate the care they receive based on reported outcomes, and empowering the public to understand how to choose Johns Hopkins as their health care provider, based on that information.

Interestingly, the other institution we looked at, Guthrie Clinic in Sayre, PA, which was rated in the top 100 hospitals, is using its rating just as aggressively. Their rating and the fact that they are among the nation's top 100 hospitals is, of course, posted on billboards, on every vehicle the institution owns, and in every piece of literature utilized in marketing and public relations. Guthrie Clinic is also actively using this information to educate its public further on the importance of selecting their health care providers based on published outcomes.

<p>Christy Stephenson, President and CEO, Robert Wood Johnson University– Hamilton, Hamilton, N.J., recipient of the Malcolm Baldrige National Quality Award</p>	<p><i>“Participating in voluntary initiatives such as Get With The Guidelines gives us a lead on cutting-edge quality initiatives that bring in the latest evidence-based guidelines for the care and overall treatment of our patients. And by partnering with our physicians in implementing these initiatives, we improve our healthcare outcomes.”</i></p>
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The point is that once these rating systems are in place there is so much benefit to the institution and its practitioners that transparency is pursued immediately and aggressively. It doesn't take government regulation or involvement to make the process work. Eventually, legislation will endorse the process and formalize it but, essentially, it will only serve to accentuate an existing message to the public: consider quality and cost information in selecting your health care providers.

Optometry in the eye of the storm

While the article in U.S. News & World Report emphasizes cardiac care, it also goes on to rate a number of specialties. Ophthalmology lands in a category with less intensive evaluation, but is rated nevertheless, showing the top 17 ophthalmology practices in the country. We can reasonably expect the same response to the ophthalmology ratings as observed in hospitals. Furthermore, it is entirely conceivable that the nation's top optometry practices will appear on the national stage. We might well conclude that the stage is already set as Johns Hopkins and the Cleveland Clinic spotlight three of the four 2007 PQRI eye care pathologies: http://health.usnews.com/usnews/health/eye_vision/eye_center.htm

In less than two years, the now-recognized Get With The Guidelines rating system for hospitals has yielded, for almost every American, a first-choice hospital within a reasonable geographic distance. It is a safe assumption that most of these hospitals are currently promoting their services using these ratings. These hospitals are also educating the public about the importance of selecting health care providers based on the quality outcomes. That is transparency! It has taken root in most communities across the country, led by these hospitals through a completely voluntary program.

What we can expect to see as first steps in eye care is a growing list of rated ophthalmology practices, increasing just as dramatically as the hospital list. We will see those practices using their ratings to educate the public on the importance of selecting their eye care providers based on eye care outcomes. Statistically, we are only a few years away from every American having a nationally recognized first-choice eye care provider within a reasonable distance. These individual ophthalmology or optometry practices will use the information just as aggressively as the hospitals to attract patients and further the process of transparency.

At the same time, the public will continue to learn more about the importance of selecting all health care providers based on reported outcomes and their associated ratings. You can be sure that insurance companies will be teaching their patrons to look at these ratings. Some will offer incentives to select providers that have reported their outcomes and been favorably rated. From the public's standpoint, once this type of information is available, why would anyone intentionally select a health care institution or provider that has not met the quality standards that other providers have met? If a highly rated practice can be accessed nearby, only the under-informed would forego a lower premium from their insurance company to remain with an unrated or poorly rated provider.

A call to action for optometry

Every optometrist and every optometry organization must recognize that transparency is here to stay and is evolving rapidly. We must also recognize that Washington is not the driving force behind transparency. Market forces are driving transparency. Washington is simply responding to what is already rolling out across the country. Optometry organizations must not be lulled into thinking that participating in what emanates from Washington, a responsive versus visionary process, following versus leading, is sufficient to represent the best interests of our profession. Yes, we must be at the table in Washington but that alone is too little. Washington

is not developing the measurable best-practice outcomes for optometry. They are selecting outcomes from industry organizations that have already developed what they believe is best to evaluate the care they provide.

Simply participating in the federal-level process in Washington places optometry in a subservient position, responding to what other organizations have proposed. Optometry organizations need to understand the whole process of transparency and put in place through our own mechanisms the best outcome measures, cost measures and reporting methods for optometry. This must happen before other industry organizations not representing the best interests of optometry get so powerful that their recommendations become the default mandate for optometry. We have already seen such an example in PQRI. Optometry as an organization did not get involved in that process until after the formal recommendations had been made to CMS. Organized optometry still has time to affect our destiny in this process, but the time is short and the action required great.

A call to action for the individual optometrist

Transparency is soon to have a dramatic effect on the way patients select their health care providers. Positioning your office so you are the one they select should be affecting every long-term planning decision you make right now in your office. While the evolution of transparency and other elements of value-driven healthcare is complex and uncertain, you can be doing three certain things now:

First, value-driven health care is based on identifying what consistently amounts to best practices in delivering care. You should be re-thinking best practices and aggressively incorporating the best evidence-based practices into your everyday care right now.

Second, the process assumes you have electronic health information that will allow you to track and report your quality outcomes. That is impossible to do without utilizing an EHR for your patient records. Get about the business of selecting a solution that will work for you.

Third, time matters! The longer you wait to initiate the necessary technologies and processes in your practice, the further behind you will fall. Other professions and offices, maybe your competitors, are getting ready right now. If you wait until other practices in your community are reporting ratings to the public, remember *Get With The Guidelines*. Think of the work you will need to do and the lag time for you to be able to compete with that. If you wait to select and implement EHRs in your practice, remember you will need to demonstrate that you are utilizing best practices consistently and are capable of reporting on those practices. If you wait for Washington to mandate the process or for the effect of transparency in your local community to force you to move ahead, you will be building in a minimum 2-3 year lag behind your local early-adopter competitors. Plus, the early adopters will have already identified the new opportunities provided by these technologies. They will have had time to dominate those new services, making it even more difficult for you to move ahead.

The last word

Transparency is unfolding rapidly. Optometry is faced with a number of challenges that rival any our profession has ever seen. Strong leadership must represent our profession. Supporting our professional organizations is critical to provide strength and active participation at all levels.

As individual providers, we need to understand the forerunners to transparency and develop strategies for our own practices. These days hold some of the most important decisions of our careers.

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