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The Quality and Cost of Medical Care in America

Lack of Data of Medical Outcomes: Threat to Public Health

By Sherwood Ross
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Information about the quality and cost of medical care "is preeminently *un*available" not only to patients but even to doctors, specialists and insurers, so that all concerned parties literally are "flying blind," a noted legal authority warns.

"Doctors, clinics, hospitals, etc. are not required to assess the quality of the care they are providing," including the outcomes of that care, "or whether they are providing it less expensively or more expensively than other providers," writes Lawrence Velvel in an essay, "The Urgent Need For Information On The Results (i.e. The Outcomes) of Medical Care."

People "don't really know" whether one cancer or heart center is doing a better job than another or "whether a given surgeon is a disaster who loses a disproportionate number of patients..." Velvel writes in his book "An Enemy of The People"(Doukathsan).

This might not matter if all doctors, hospitals, and clinics provided roughly equal care but "differences in quality and results are staggering," Velvel says, quoting the findings of two Harvard business school professors that have studied the issue. They are Elizabeth Teisberg and Michael Porter, co-authors of "Redefining Health Care" from Harvard Business School Publishing.

Teisberg and Porter believe extensive statistics must be kept so that doctors can refer patients to the better caretakers. By so doing, the business professors say, they will also be referring patients to the less expensive providers "because their quality will in part reflect experience and, in various ways, consequent efficiency," Velvel points out.

"Sometimes less expensive is better," he writes, because "less expensive can reflect experience...can reflect better ways of doing things, and can reflect avoidance of wasteful, useless, but expensive treatments."

Presently, at most hospitals, a patient with, for example, a spinal injury case is seen by doctors from different departments–radiologists, surgeons, anesthesiologists, orthopedics specialists, etc. But Porter and Teisberg contend a hospital should incorporate the various specialists into one department dedicated exclusively to spinal injuries.

"This will give all of them more experience with and knowledge of the relevant kind of medical problem—spinal problems," Velvel writes, and "will foster communication among the different specialists and thereby lead to better treatments, will create a body of knowledge...about what treatments do or don't work, (and) will encourage desirable experimentation to discover better methods."

The business professors believe hospitals are best off selecting their specialty departments rather than attempting to staff a specialty department for every medical condition, thus eliminating "the horrendous cost of purchasing very expensive machines."

"The competition in medicine," Velvel continues, will, according to Porter and Teisberg, "provide both the best and least expensive care at the 'medical condition' level—the best and least expensive care for spinal problems, kidney problems, heart problems, etc."

"Hospitals or clinics which provide the best care at the least cost," Velvel goes on to say, "will get the most business and, *very* importantly, other doctors and institutions will begin using (will find it competitively necessary to use) the practices which the successful ones have shown are the best to date."

However, for true competition to exist, it is critical for information to be available to the public on quality and cost. "Otherwise people are buying blind, are buying high cost items because advertising has persuaded them," Velvel writes. And by making statistics on outcomes available, "inferior" providers will either have to emulate the successful providers or find themselves out of business.

Velvel says in the past medicine has often resisted quality comparisons "because doctors don't want to be shown up" or because such statistics might prove misleading if hospitals that take on the most serious cases are judged besides hospitals that won't. But Teisberg and Porter say it is now possible to produce "risk adjusted" figures on outcomes, adding that some medical institutions are already doing this.

Velvel concludes, "If we want to improve the situation in the field of health care, it is essential…to vastly improve the amount of information that is publicly available about outcomes and costs."

Institutions that, according to "Redefining Health Care," are already analyzing medical results, include the following:

Best Doctors, Inc., Boston (617) 426-3666

Preferred Global Health, Boston, (617) 369-7900

Institute For Healthcare Improvement, Cambridge, (617) 301-4800

National Quality Forum, Washington, D.C. (202) 783-1300

The Leapfrog Group, Washington, D.C. (202) 292-6713

Pinnacle Care International, Baltimore (1-866) 752-1712

The National Committee For Quality Assurance, Washington (202) 955-3500

Wisconsin Collaborative for Healthcare Quality, Madison (608) 250-1233

United Resource Networks, Golden Valley, MN , (1-800) 847-2050

Alpha-1 Foundation, Miami, (305) 567-9888

Pacific Business Group On Health, San Francisco (415) 281-8660

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