HEALTH CARE INFORMATION IN CALIFORNIA: WHO COLLECTS IT? WHO NEEDS IT?

Christina Bethell, Ph.D.
Center for Health and Public Policy Studies, University of California, Berkeley

Why Is Health Care Information Important and to Whom?

According to a report by the California Health Policy and Data Advisory Commission, Improving Health Information for the Benefit of All Californians, the State of California must have effective systems to collect and evaluate health care information in order to achieve its mandate to protect the health of Californians. The collection and dissemination of health care information can serve many audiences and purposes, with the ultimate goal of improving the health of consumers and the quality of the health care delivery system.

Examples of the types of health care information that are used for quality measurement and improvement include encounter data from hospitals and providers, consumer health plan satisfaction survey results, and financial and administrative data from health plans and provider organizations. A range of entities are currently involved in collecting and disseminating this information, including federal and state government agencies, foundations, universities, and private quality oversight organizations. Audiences for this information include consumers, purchasers, providers, regulators, and health care organizations such as hospitals, health plans, and medical groups. The provision and public availability of health care data can help consumers make informed choices of health care providers, plans, and treatments; help purchasers better determine value; assist consumers make informed choices of health care providers, plans, and treatments; help purchasers better determine value; and promote accountability within the managed care industry.

Questions to Explore at This Roundtable

♦ What information do consumers and purchasers need to help them make decisions about obtaining health care services and health insurance?
♦ What information do regulators need to help them monitor and ensure the quality of care being delivered throughout the state?
♦ How can health care information be communicated so that it can be used effectively by consumers and purchasers? Do report cards work?
♦ How have other states implemented health care information collection and dissemination initiatives?
♦ What health care information activities are currently being implemented in California? What information is not being collected that should be?
♦ Who should bear the cost of these activities, and how can a balance be achieved between the desire for new information and the cost of collecting it?
♦ What role should the state play in the collection, coordination, standardization, and dissemination of health care information?

The Purpose of This Roundtable

The purpose of this Roundtable is to report on and discuss the availability and the need for comprehensive and timely health care information to support policy development, government oversight, and consumer education regarding California’s public health, health care, and managed care systems.

The Roundtable Panel

Christina Bethell, Ph.D.
Director of Accountability Measurement
Foundation for Accountability

Donna Campbell
Deputy Secretary, Senior Policy Advisor
Business, Transportation, & Housing Agency

Judith Hibbard, Dr.P.H.
Professor of Health Policy
University of Oregon

Clark E. Kerr
President
21st Century Consumer

Denise Love
Executive Director
National Association of Health Data Organizations

John Schneider, M.A.
Director of Research
California Association of Health Plans

Lauren Vela, M.B.A.
Senior Manager for Data and Information
Pacific Business Group on Health

Nationwide efforts to collect and disseminate health care information have produced sophisticated and powerful tools to measure health plan and hospital performance and user-friendly report cards that provide consumers and purchasers with information on health plan quality. Providing a comprehensive review of the efforts currently underway is not possible here, but some of the more prominent private-sector activities are highlighted below.

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to assessing and reporting on the quality of managed care plans. NCQA has accredited managed care organizations since 1991, and also manages the evolution of a major performance measurement tool for managed care known as the Health Plan Employer Data and Information Set (HEDIS), a set of standardized measures used to compare health plans. HEDIS also includes a consumer survey, based on the Consumer Assessment of Health Plans Study (CAHPS) instrument developed by the Agency for Health Care Policy and Research.

The National Association of Health Data Organizations (NAHDO) is a membership organization of the public and pri-
vate sector health information industry dedicated to improv-
ing health care through the collection, analysis, dissemination, public availability, and use of health care data. NAHDNO works to strengthen the nation’s health information system, expand health systems development, and shape responsible health in-
formation policies.

The Foundation for Accountability (FACCT) is a nonprofit organization that creates tools to help people understand and use quality information; develops consumer-focused quality measures; supports public education about health care quality; supports efforts to gather and provide this information; and encourages health policy to empower and inform consumers.

The National Forum for Health Care Quality Measurement and Reporting (National Quality Forum or NQF) is a new private, nonprofit entity that will develop a comprehensive quality measurement and public reporting strategy that addresses priorities for quality measurement consistent with national aims for quality improvement in health care. NQF was created in response to a recommendation made by the President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Who Is Now Collecting and Disseminating Health Care Information in California?

Health care information collection and dissemination initiatives are currently being undertaken by numerous private and public sector organizations in California. The Pacific Business Group on Health (PBGH) is a nonprofit coalition of employers dedicated to improving the quality of health care while moderating costs. PBGH has developed a consumer education website called California Consumer HealthScope, which provides information on a wide range of health care topics including report cards of health plans, physician groups, and hospital quality; preventive care guidelines; and member satisfaction survey results.

Information in HealthScope on health plan preventive and chronic care measures is collected through the California Co-

operative Healthcare Reporting Initiative (CCHRI). CCHRI is a collaborative effort among California health care purchasers, plans, and providers to produce comparable and validated health plan performance information.

CALINX (California Information Exchange) began in 1996 as a broadly-based effort among California businesses, physicians, health plans, hospitals, and health care systems. Objectives of CALINX include improving the completeness and accuracy of health information; promoting the adoption of data standards and implementation of electronic data interchange (EDI); and encouraging stakeholders to share the information needed to make good health care decisions, monitor patient populations, and support value-based purchasing.

In 1995, The California Wellness Foundation funded the Health Insurance Program (HIPP), a five-year project of the University of California, Berkeley, and UCLA. Through HIPP, UC Berkeley conducts annual surveys of all health plans and purchasing groups in California to produce an annual report for policy-makers and the public on The State of Health Insur-
ance in California. The report provides information on insured and uninsured populations, health plan products, and em-
ployer-sponsored health benefits.

The California Legislature appropriated $2 million in the fiscal year 1999-2000 state budget for the California Health Inter-
view Survey, to be conducted annually by UCLA in collabora-
tion with the California Department of Health Services (DHS) and the Public Health Institute. This survey will collect information from Californians about a broad range of health issues, including their health status and access to care.

In the public sector, the Office of Statewide Health Planning and Development (OSHPD) is involved in a range of planning activities and support services that address key issues of access, cost, and quality of health care for Californians. OSHPD’s Healthcare Information Division acts as a data broker by collecting data from California’s licensed health facilities and making them available to the public in a variety of electronic and printed formats.

The California Health Policy and Data Advisory Commission (CHPDAC) advises OSHPD in setting and changing policy for both health facilities data reporting and health planning. CHPDAC is involved in reviewing state-specific data needs and health planning issues related to health care facilities; promoting access to health care data; and exploring the addition of health information to better meet the needs of consumers, purchasers, providers, and policy-makers.

What Role Could the California Department of Managed Care Play in Health Care Information Initiatives?

On July 1, 2000 California’s new Department of Managed Care (DMC) will assume regulatory oversight of the managed care industry from the Health Plan Division of the Department of Corporations (DOC). The DOC has been responsible for licensing and regulating health care service plans in California. Its activities included conducting periodic medical surveys and financial examinations of health plans and reviewing complaints against health plans. However, many have been critical of the DOC for failing to provide consumers with report cards on health plan performance, and for limited data collection, analysis, and reporting activities to support its regulatory and oversight functions.

AB 78 (Gallegos) created the DMC and, within it, the Office of Patient Advocate. Specific objectives of the office will be to develop educational and informational guides for consumers, to render advice and assistance to health plan enrollees, and to compile and disseminate an annual quality of care report card. These responsibilities raise the issues of what information should be collected in California, who should pay to collect it, and how it should be disseminated to consumers, policy-makers, and other stakeholders.

This California Health Policy Roundtable is supported by the Henry J. Kaiser Family Foundation, and presented by:

Center for Health and Public Policy Studies
Helen Schaufller, Ph.D. - Juliette Cubanski, MPP, MPH
140 Warren Hall #7360 - Berkeley, CA - 94720-7360
Phone (510) 643-1675 - Fax (510) 643-2340
E-mail: chpps@uclink.berkeley.edu
Internet: http://chpps.berkeley.edu

California Center for Health Improvement
Karen Bodenhorn, RN, MPH - Lee Kemper, MPA
1321 Garden Highway, #210 - Sacramento, CA - 95833
Phone (916) 646-2149 - Fax (916) 646-2151
E-mail: policymatters@cchi.org
Internet: www.cchi.org