

Report: Half of patients get bad care

Study finds gap in quality of health coverage

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WASHINGTON (AP) -- Requiring doctors and hospitals to report publicly on their performance and tying their pay to the results would dramatically reduce avoidable deaths and costs attributable to poor medical care, says a new report from an organization that works to improve health care quality.

Wild variations in medical care led to 79,000 avoidable deaths and \$1.8 billion in additional medical costs last year, the private National Committee for Quality Assurance said in its annual report released Wednesday.

The report described a substantial gap in quality between the best providers and the national average for treating a range of common conditions that would not be tolerated in almost any other sector of the U.S. economy. For example, failure to control high blood pressure resulted in up to 26,000 deaths last year that could have been avoided with competent medical care, the report said.

The differences in health care quality persist even as health insurance premiums have risen by more than 10 percent annually for the past four years. "This report underscores that all too often we are not getting good value for that money," said Peter V. Lee, president and chief executive of the Pacific Business Group on Health, a coalition of businesses that provide health insurance to 3 million people.

On the other hand, the report found that health insurance plans that publicly report their performance showed marked improvement in most areas, including cholesterol management, diabetes care, breast cancer screening and flu shots for adults.

Better control of blood pressure will lead to 2,500 fewer fatal heart attacks in 2004, the report said. Health plans also did a better job of reducing cholesterol levels among patients with diabetes, it said.

But those plans cover only about a quarter of the U.S. population, about 69 million people.

"The data we have tell a great story, health care quality is improving consistently and dramatically," said Margaret E. O'Kane, NCQA's president. "Why don't we have performance data for the other 75 percent of the U.S. health care system?"

Last year's Medicare prescription drug law took a step in this direction by linking a small portion of Medicare payments to hospitals' willingness to submit quality data and conducting trial runs that tie pay to performance for some health care providers.

One notable exception to the upward trend in quality was treatment of mental illness, which showed no improvement over 2002.

"Patients get the correct care only about 50 percent of the time," the report said.

Harvard Pilgrim Health Care of Massachusetts was the top-rated health plan for both clinical care and member satisfaction, the report said.