



## US: Better reporting means better healthcare

***Diabetes is a major problem affecting some 24 million people in the US, but the care they receive from managed care organisations is very variable across the country. Data from the National Committee for Quality Assurance shows that the quality of healthcare is significantly better from healthcare organisations which observe accredited standards, and from those allowing publication of their results.***

***This illustrates the link between improving the care received by people with diabetes and the Changing Diabetes® Barometer initiative's steps to encourage constructive competition through improving the reporting and transparency of diabetes outcomes.***

The scale of diabetes in the US means that significant improvements in diagnosing and treatment will be needed to make a real difference. The Changing Diabetes® Barometer's call for measuring, sharing and improving is echoed in the US by a key finding of the National Committee for Quality Assurance's (NCQA) 2007 report<sup>i</sup>, which reveals wide variation in patient outcomes and calls for universal reporting on the quality of healthcare.

The NCQA received reports of healthcare quality for 2006 from over 600 commercial health maintenance organisations (HMOs) and point-of-service plans, Medicaid plans and Medicare Advantage plans; covering a total of 76.4 million American people.

Against a target of achieving HbA1c (the indicator of blood glucose control and a key indicator of future risk of complications) of below 7%, poor control is defined as HbA1c greater than 9%. The proportion of US patients with poor HbA1c control, reported in the NCQA report, ranges from 27.3% for Medicare patients, 29.6% for patients of commercial health plans, to 48.7% for Medicaid.

### Diabetes in the US:

- 24 million have diabetes
- One third of these have not been diagnosed

The results, covering many medical conditions as well as diabetes, showed that accredited health plans (which are subject to regular and extensive checks against quality standards) achieve consistently higher quality care than those which do not undergo review. In the same way, health plans



which allow their quality performance data to be published routinely return better results than those that do not.

**The message is clear – being prepared to publish focuses people’s minds on improving performance.**

<i>% of people with diabetes..</i>	<i>Commercial</i>	<i>Medicare</i>	<i>Medicaid</i>
Given HbA1c Test	87.5	87.2	78.0
Difference between top 10% and bottom 10% of health plans	11.1	15.4	12.5
In Poor HbA1c Control (>9%)	29.6	27.3	48.7
Difference between top 10% and bottom 10% of health plans	21.0	32.9	37.5
In Good HbA1c Control (<7%)	41.8	45.9	30.2
Difference between top 10% and bottom 10% of health plans	14.6	27.9	26.0

**The state of healthcare quality 2007**  
National Committee for Quality Assurance, Washington DC

The US, with its large range of healthcare organisations, each with its own procedures, presents a fascinating picture in the context of the Changing Diabetes® Barometer.

Of the reports received by the NCQA the table above shows percentages of people with diabetes receiving an HbA1c test and average percentages of patients achieving good control (HbA1c lower than 7%), or in poor control (HbA1c greater than 9%).

The NCQA reports wide variation in the performance of the many managed-care organisations and health plans across the US. The gap between the top 10% of scores for each measure and the bottom 10% is as wide as 37.5 points.

**In relation to control of HbA1c alone, it estimates that unexplained variations in care resulted in up to 15,900 avoidable deaths in 2006 and between 1.3 – 1.7 billion US dollars wasted in avoidable hospital costs<sup>i</sup>.**

Differences in performance are of crucial importance to US employers, which finance healthcare provision for over 60% of insured Americans. Healthcare premiums have almost doubled since the year 2000, which is a major concern to corporations as well as to individuals. This rise excludes an increasing number of people from access to health insurance but, in



addition, the NCQA estimates that **variations in diabetes care between the various care organisations cost US employers almost 11 million avoidable sick days in 2006, with lost productivity of 1.7 billion dollars.**

Wider provision and publication of quality-accredited data should enable employers to make more informed choices of healthcare provider.

**More than that, it will encourage healthcare providers to examine the practices they could adopt or change, to enhance their own care.**

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<sup>i</sup> The state of healthcare quality 2007, National Committee for Quality Assurance, Washington, D.C.