

Value Driven Healthcare in Action: A Four-Pronged Approach to Meet Consumer Transparency, Quality and Access Demands

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I'm speaking with Mark Xistris, Director of Provider Relations and Health Information for The Alliance. Mark is presenting at HIN's audio conference on, "Value Driven Healthcare in Action: A Four-Pronged Approach to Meet Consumer Transparency, Quality and Access Demands". Thanks for joining me today Mark.

MARK XISTRIS, DIRECTOR OF PROVIDER RELATIONS AND HEALTH INFORMATION FOR THE ALLIANCE: You're welcome. Thanks for having me.

PATRICIA DONOVAN: To begin with, when determining quality ratings for providers how much weight should be given to patient satisfaction ratings?

MARK XISTRIS: I think, until they can be evidenced to be linked to outcomes, very little. I think patient experience or patient satisfaction ratings can actually do more harm than good. It can train patients to be looking at that as a way of determining who to select as their provider. Again we really try to focus on outcomes and we try to use measures that are, if they are process measures they are strong evidence to indicate that they are correlated to outcomes.

PATRICIA DONOVAN: I see. Thanks Mark. There seems to be a reluctance too on the health care industries part to provide cost information for procedures and so on. But that data is crucial if there is going to be true transparency in health care pricing. What are some of the concerns around releasing this information and what do consumers need to know in order to correctly interpret pricing information that they may find on a hospital website for example?

MARK XISTRIS: Well both on the purchaser and provider side the negotiated rate can be a source of competitive advantage, and people I think are reluctant to share that. It can put them in a disadvantage in future negotiations for a variety of reasons. Sometimes the ability to actually share that information is limited by the contract itself. It says that the terms cannot be shared. We as an organization have taken a position that we contract in a manner that will allow us to share cost or contracted rate information. When patients use this information they need to make certain their getting beyond bill charges and getting into the actual contracted cost. And they need to understand that on two levels. One, what's the actual cost to them based on the benefit plan design. But also what's the cost, what's the resource consumption to their employer and to the system overall. While their cost is reflected in the plan design, they also have to be cognizant of the total amount of health care resources they're utilizing when they make their decisions.

PATRICIA DONOVAN: I see. Thank you Mark. And finally how has your organizations recent designation as a community leader by the U.S. Department of Human Health and Services changed or expanded The Alliance's goals?

MARK XISTRIS: It really hasn't. It's validated our efforts over the last 15 years. We were founded on purchase cost and quality to purchase based on value. So the efforts that we've undertaken over the last 15 years, it's great to have the federal government on our side now and also being interested in being a value based purchaser. I think one other side benefit is it lends credibility to our organizations mission, if the federal government is behind it and says it's a good thing, there's sometimes kind of abstract ideas and goals we have seem more real.

PATRICIA DONOVAN: I see. Well thank you very much Mark. Those are all the questions that I have today Mark. I want to thank you for being with us. And we're looking forward to hearing more from you during the audio conference.