Aid for consumers
Data helps health-care decisions
By Jill Arnold Special to the Democrat-Gazette
Posted: May 1, 2015 at 1:58 a.m.

While the nation watched the Arkansas Legislature grapple with the Religious Freedom Restoration Act last month, one noteworthy bill slipped through to the governor's desk without an ounce of fanfare and was signed into law on April 8.

Senate Bill 956 (now Act 1233), if successfully implemented, is poised to dramatically change the way we as consumers shop for hospitals and providers. Potentially placing Arkansas ahead of many other states in efforts to make the health-care system transparent to not just policymakers but to researchers and consumers, the Arkansas Healthcare Transparency Initiative of 2015 will hopefully make data-driven decisions the norm in our state.

This initiative is part of the growing global trend of opening up data sets to the public, which is paving the way for practical innovation in health care.

In 2013, Centers for Medicare and Medicaid Services made a catalog of online public-use files available to the public. While not terribly user-friendly for the individual consumer visiting cms.gov, the publication of these data resulted in the creation of countless websites and apps for the public. Arkansas can benefit from their successful and unsuccessful attempts to bridge the gap between a robust public data set and a usable product for consumers to make informed decisions about their health care and health-care-related expenditures.

Fortunately for us, there are few arguments against opening up data besides ensuring that individuals' privacy is appropriately protected. The cost of creating usable public data depends entirely on implementation, as does the creation of an equitable means of engaging consumers of varied socioeconomic levels, education levels and with different linguistic backgrounds. Historically hospitals and health systems with something to hide are the ones most virulently opposing the publication of their average charges, procedure utilization rates, and quality and safety measures.

Can the Arkansas Healthcare Transparency Initiative save us money? Over the last decade, many attempts have been made to calculate how much money is wasted in the U.S. every year in avoidable health-care costs, with most figures in excess of $200 billion. If consumers and employers could "shop" for the lowest-price health care with access to quality measures to compare hospitals, ambulatory centers and providers, that introduction of more consumer choice into the marketplace might be enough to create competitive pricing.

Can the initiative help us find better quality care? The Dartmouth Institute for Health Policy and Clinical Practice has long summarized its decades of research with the tag line "Geography is destiny." There is an unexplained variation in rates of surgical procedures from hospital to hospital or region to region that cannot be attributed to patient characteristics.

For example, a 2013 study published in Health Affairs found a ten-fold variation in cesarean delivery rates in U.S. hospitals, ranging from 7.1 percent to 69.9 percent, which was attributable only to the differences in the ways that doctors practice, and not patient characteristics. Choosing a hospital based in part on quality and safety measures is the first step in consumers making an informed decision about their own health care.
A search of the Arkansas 90th General Assembly website shows that 28 bills filed this year contain the word "transparency," a number that has risen every session and which hopefully indicates a collective desire for accountability.

Successful implementation of health-care data transparency in Arkansas has the potential to illuminate cost differentials in health care, thereby allowing consumers more power in regulating the market—democratizing health care to an extent. Yet for such a system to work, consumers ultimately need to participate in comparing prices of plans, estimated charges of hospital stays, costs of medications, as well as checking infection and procedure rates in the same way we might shop for the lowest prices on food and household goods.

If Arkansans are willing to use the tools provided via the Arkansas Healthcare Transparency Initiative of 2015, the state might see economic and public health improvements that have evaded the state for a long time.

----------v----------

Jill Arnold of Bentonville is a consumer advocate, founder of CesareanRates.com, and works as a consultant to Consumer Reports on maternity care topics and cesarean rate reporting in the United States.

Editorial on 05/01/2015