

Wagner Remarks 3/15/07

“I am honored and more than a bit overwhelmed to receive this award from an organization that has contributed so much to improving the quality of American healthcare. Thank you very much. NCQA has played a critical role in advancing the chronic care improvement agenda and the visibility of our work. This award recognizes the efforts of our team at Group Health in Seattle, and the Group Health leaders, clinical staff and enrollees who taught us so much and allowed us to try out our crazy ideas in their clinics.

I must also give heartfelt thanks to the Robert Wood Johnson Foundation. First, their reports and programs highlighted:

- the dramatic increase in the number of Americans with one or more chronic illnesses;
- the enormous proportion of healthcare costs consumed by their care;
- the increasing ability of treatment for most major chronic illnesses to prolong life and reduce pain and suffering;
- And the sad reality that only half of Americans were receiving effective treatment.

Second, the Foundation’s support for a national program, Improving Chronic Illness Care, gave us a platform and the resources to see whether redesigning care around the needs of people with chronic conditions was feasible, acceptable to clinicians, and would improve the care of their patients. Nine years later, I think the answers are yes on all counts, but with much more to learn.

Our program’s focus was on safety net providers because of the high prevalence of chronic illness and its complications among their clients, especially the uninsured. Working with many community health centers, public hospital clinics, Veterans hospitals, and other safety net organizations has convinced us that these organizations may be among the best that American medicine has to offer. Recent evidence has demonstrated substantial improvements in care in federally funded community health centers and VA’s, often exceeding the quality of the private sector. So-called socialized medicine should be considered a model, not a threat.

Our focus has always been on primary care because that’s where the vast majority of chronic illness care takes place. It is also the aspect of medical care where the greatest improvements in health are possible. Dramatic

reductions in deaths from chronic illnesses like heart disease and stroke are primarily the result of more effective treatment of high blood pressure, diabetes, and elevated cholesterol in the office or clinic. Studies of Medicare recipients convincingly demonstrate that states with higher numbers of primary care physicians per capita have higher quality care and lower Medicare spending. But primary care, in the words of the American College of Physicians, is “on the verge of collapse”, and this represents an urgent and serious challenge to the health of the chronically ill; one that is receiving inadequate attention. Falling numbers of primary care physicians and trainees, greater demands from our aging population, mounting paperwork, and reimbursement rates a fraction of other specialties, have forced primary care physicians to spend less time with patients. The quality of their care and work life has suffered. Tom Bodenheimer, in his recent New England Journal piece, suggests that “a covenant is needed between those who pay for health care and those who deliver primary care. Primary care must improve itself, and, in return, payers must invest in primary care”.

Primary care can improve itself, and, in albeit limited ways, is beginning to. But efforts to date have been limited to the larger, most motivated practices. To reach the majority of patients, we will need integrated programs of performance measurement, infrastructure (IT) development, quality improvement, and payment reform. Exciting experiments underway in several states and municipalities may be our best hope. They are regional, not national, in funding and focus. Often initiated or supported by governmental leaders, the active involvement of private sector stakeholders is critical. The quality of care of our chronically ill family members and neighbors may well rest on their success.

Thank you very much for this honor, and for NCQA’s leadership in American healthcare.”