



# Governing healthcare through performance measurement in Massachusetts and the Netherlands<sup>☆</sup>



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## ABSTRACT

Massachusetts and the Netherlands have implemented comprehensive health reforms, which have heightened the importance of performance measurement. The performance measures addressing access to health care and patient experience are similar in the two jurisdictions, but measures of processes and outcomes of care differ considerably. In both jurisdictions, the use of health outcomes to compare the quality of health care organizations is limited, and specific information about costs is lacking. New legislation in both jurisdictions led to the establishment of public agencies to monitor the quality of care, similar mandates to make the performance of health care providers transparent, and to establish a shared responsibility of providers, consumers and insurers to improve the quality of health care.

In Massachusetts a statewide mandatory quality measure set was established to monitor the quality of care. The Netherlands is stimulating development of performance measures by providers based on a mandatory framework for developing such measures. Both jurisdictions are expanding the use of patient-reported outcomes to support patient care, quality improvement, and performance comparisons with the aim of explicitly linking performance to new payment incentives.

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## 1. Introduction

Massachusetts and the Netherlands each implemented system-wide health reforms in 2006 [1,2]. With a population of 6.5 million, Massachusetts' reforms in 2006 achieved near-universal insurance coverage through increased public insurance for low-income residents and increased private coverage for middle and higher-income residents [2]. In August 2012 a law was enacted to reduce the growth in health care costs while also improving health care quality. Under supervision of a Health Policy Commission and informed by a new Center for Health Information and Analysis, Massachusetts is poised to address these challenges with a variety of performance measures [3]. As Massachusetts implements the blueprint that guides the new national health care reform in the United States, many eyes are focused on its efforts to improve quality and contain costs.

The reforms in the Netherlands, with 16.7 million residents, moved from a predominantly public insurance system with universal coverage toward a regulated privatized market system. In the beginning of 2012 the Minister of Healthcare announced the establishment of the Dutch Quality Institute to coordinate the monitoring of quality, accessibility and affordability of health care in the Netherlands.

A key component of the reforms in both jurisdictions has been the establishment of regulated competitive insurance markets, which include a marketplace (called an “exchange” in the United States) where individuals and employers can compare and purchase health insurance plans. In addition, the reforms aim to establish regulated competitive markets for health insurance purchasing and health care provision. Regulated competition assumes that if these markets work properly, they will improve the quality of care and contain costs through increased efficiency [4].

The reforms increase the importance of performance measurement and reporting to support consumers in making informed decisions and to provide leverage for insurers as competitive purchasers. It offers comparative information to health care providers, enabling them to benchmark their performance relative to other providers. The goals of performance measurement in this context are twofold: to promote accountability to the public and to improve the performance of the health system [5]. In this article we compare performance measurement in the health care systems of Massachusetts and the Netherlands. Our aim is to use this comparison to derive lessons about the challenges of using performance measurement to improve quality and to discuss three main avenues for addressing these challenges. First we describe the governance in both jurisdictions for monitoring the performance of the health care system. Second, we compare the availability of performance measures in Massachusetts and the Netherlands: what measures are available, by whom they are developed, collected and presented, and for what purposes. We limit our comparisons to publicly accessible performance measures in both jurisdictions. Third, we compare existing evidence on the actual use of quality measures in Massachusetts and the Netherlands for choosing providers

and health plans, and for performance-based contracting.

## 2. Comparative framework

Performance measurement and reporting can occur at different levels and have different purposes, with consequences for the choice of measures and how they are collected and presented [6]. Health system performance can be used at several levels that reflect differing interactions between participants in the health care system. Clinicians may use quality measures to assess individual interactions with patients and for quality improvement within their organizations. Comparisons of the performance of health care providers can inform health insurers as they implement performance-based contracting, and public reporting can support patients and consumers in choosing health plans and providers. Taken together, performance measures enable government to monitor the quality of the health care system as a whole. Fig. 1 summarizes the different purposes of quality measurement within health care systems across multiple participants. In comparing the two jurisdictions we assessed the roles of these participants in collecting and using performance information related to health care. We then analyzed similarities and differences in the approaches of Massachusetts and the Netherlands.

The comparisons were informed by a targeted literature search in PubMed and Google Scholar to find both peer-reviewed and non peer-reviewed publications. We used a wide-angle approach using combinations of the following search terms: performance measures, quality indicators, accreditation, certification, pay for performance, payment, incentive, quality, consumer decision making, patient decision making, consumer choice, patient choice, Massachusetts, and the Netherlands. In addition, we used policy documents, websites and information from key-informants in both jurisdictions.

## 3. Governance of health care system performance

Performance information is essential for the regulatory role of government to monitor the overall quality of the health care system. Specifically, monitoring can assure a level playing field to guide market competition among health plans and among health care organizations [7]. The governments in Massachusetts and the Netherlands established public agencies to stimulate more timely and comprehensive monitoring of safety, quality, and effectiveness of healthcare, and to allow for linking these aspects to monitoring of the costs of care.

Based on its health reform law in 2012, Massachusetts has created a new Health Policy Commission to monitor reform of the health care deliveries and payment systems in Massachusetts and to develop policy to reduce overall cost growth while improving the quality of patient care. The newly established Center for Health Information and Analysis will report on health care quality and cost on behalf of the Health Policy Commission. The law includes the mandate for a Statewide Quality Advisory Committee (SQAC) to recommend a standard quality measure set for public

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