



Advancing Measurement & Reporting Across the Nation: An Update on the Patient Charter

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INTRODUCTION

Consumers want and need meaningful information about their doctors and other health care providers so they can make more informed decisions about the care they receive. While health plans and other groups are increasingly seeking to meet this demand, some clinicians have been concerned that efforts to measure and report on their performance runs the risk of misleading patients and not providing an accurate picture of care. [The Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs](#) represents a national effort to advance the collection and reporting of physician performance information that will help consumers in their pursuit of getting the right care at the right time, while giving clinicians the comfort that public reporting rests on a solid foundation. What follows is a summary of how the Patient Charter is being adopted and used to improve physician reporting programs.

The Patient Charter is a comprehensive set of principles supported by leading consumer, labor and employer organizations that guides how health plans and other groups measure doctors' performance and report the information to consumers. It is endorsed by leading physician groups and health insurers and embraced by a growing number of others who rate doctors. All have played a critical role in developing the Patient Charter. The Patient Charter enables consumers and physicians to have confidence that they can understand, trust and contribute to how health plans rate doctors' performance by ensuring that:

- Consumers have information on both quality and cost, with adequate guidance about how to use the information and on any limitations in the data.
- Measurement is based on sound national standards and methodology.
- Both consumers and physicians have input into the measurement process and how results are reported.
- Measurement and reporting are transparent processes both consumers and physicians can understand.
- Physicians have adequate notice and opportunity to correct any errors, so that there will be no surprises.
- Physicians have information that helps them improve the quality of care they provide.

The Patient Charter also seeks to strike a balance between standardization and innovation. It was developed with the recognition that there is no established formula for rating physicians and that the art of performance measurement is continuously evolving.

HISTORY

The Patient Charter arose in response to concerns expressed by some clinicians that health plans' physician rating initiatives lacked methodological rigor and transparency, and favored "low-cost" physicians, rather than considering both quality and costs. These concerns were highlighted in New York in 2007, when New York Attorney General Andrew Cuomo investigated the accuracy of the physician rating programs of major health plans. Ultimately, the Attorney General reached agreements with each of the major health plans in New York to address these concerns. The Consumer-Purchaser Disclosure Project led an effort to ensure that these agreements recognized both the need of consumers to have better information and the importance to all stakeholders of assuring the accuracy and validity of public reporting.

Recognizing concerns around physician rating systems that would surface in other parts of the country, the Consumer-Purchaser Disclosure Project convened leading consumer, labor and employer groups to work with physician organizations and national health plans to create consistent, national principles for physician performance reporting programs. The resulting Patient Charter was launched in April 2008, garnering widespread endorsement and support.



THE PATIENT CHARTER IN ACTION

National health plans have adopted the Patient Charter and are implementing its principles in their physician performance reporting programs. Likewise, local community efforts have used the Patient Charter as a framework for their efforts to better measure and report on physician performance.

NATIONAL ADOPTION OF THE PATIENT CHARTER

Since it was launched, national and regional health plans that cover millions of Americans have committed to implement the Patient Charter. By this commitment, these health plans – Aetna, Blue Shield of California, Cigna, and UnitedHealthcare – not only agree to follow the principles of the Patient Charter, but also agree to have their practices reviewed by an independent entity and to have that review made publicly available.

In October 2008, the Consumer-Purchaser Disclosure Project designated NCQA's Physician Hospital Quality certification program as the approved vehicle to meet this standard. Because most health plans update their physician reporting programs on an annual basis, there is a phasing in of health plans making changes to their program to make them fully "compliant" with the Patient Charter. More information on where these health plans are in obtaining formal review for adherence to the Patient Charter is available [here](#).

LOCAL ADOPTION AND USE OF THE PATIENT CHARTER

The Patient Charter is not limited to use by health plans. There are a range of other sponsors of physician measurement and reporting initiatives that can use these principles to provide assurance to consumers and physicians that their measures are valid and well developed. Non-health plan groups such as the Chicago Health Quality Information Forum, the Maryland State legislature and the Wisconsin Health Information Organization have incorporated the Patient Charter into their work.

These three groups have demonstrated that the value of the Patient Charter is not just in the principles it reflects, but also in its ability to:

- Facilitate the development of the common ground and statements of shared values critical to obtaining commitment from a range of key stakeholders;
- Provide a framework on which to build a measurement and reporting roadmap;
- Present a way to certify health plan adherence to acceptable physician performance measurement and reporting; and
- Serve as a barometer of a local community's openness to public reporting of provider performance.

Their experiences also provide insight into some of the challenges that can arise in the course of implementing the Patient Charter.

Chicago: Bringing Multi-stakeholder Groups Together While Addressing Health Plan-Related Challenges

The Chicago Health Quality Information Forum (CHQIF) is a multi-disciplinary, health care stakeholder council representing providers, purchasers, health plans and patients. It serves as a trusted, neutral vehicle for convening the Chicago health care community to share information and initiate projects that improve the quality of medical care by providing credible hospital and physician performance information to providers and consumers. CHQIF was originally convened by the Midwest Business Group on Health, one of the nation's leading non-profit coalitions of private and public employers, which continues to help facilitate its efforts.

CHQIF has used the Patient Charter as a tool in its efforts to craft a consensus among health plans operating in Illinois on developing a common approach for physician report cards. Part of the impetus was to remove the need for the Illinois State legislature to create formal guidelines for the measurement and reporting of physician performance data.

The physician community has been actively involved in the planning efforts. Representatives from family

physicians, pediatricians and the American Medical Association have been engaged in and expressed support for CHQIF's efforts.

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There are varying levels of support for the Patient Charter among the area's major health plans. Three of the region's larger health plans ([UnitedHealthcare](#), [Cigna](#) and [Aetna](#)) are national endorsers of the Patient Charter.¹ The other key health plans in the region are Humana and Blue Cross Blue Shield of Illinois (BCBSIL),¹ which represents approximately 63 percent of the Illinois health insurance market. CHQIF is awaiting feedback from Humana.

BCBSIL, while expressing support for the concepts in the Patient Charter, is concerned that adopting the Patient Charter could require it to dismantle well- designed and well-received quality improvement programs. Its HMO products generally have well-established quality improvement processes, as medical groups receive additional reimbursement and bonuses for meeting specific quality-based parameters. BCBSIL is concerned that it may need to not only revise existing quality improvement initiatives, but also create new contracts with medical groups to conform to Patient Charter principles. In addition, BCBSIL is concerned about the implications of adoption with regard to its programs in other states, as it recently expanded into three other states and seeks to be consistent in how it approaches performance measurement across all four of its markets.

CHQIF's experiences provide insight into how the Patient Charter can be used to facilitate consensus among key stakeholders in measuring and reporting physician performance by providing common ground and a nationally agreed upon set of standards. At the same time, this also points to the challenges that can arise for health plans that want to work toward adoption of the Patient Charter but have already-established measurement and reporting initiatives.

¹ Blue Cross Blue Shield of Illinois is a division of the Health Care Service Corporation and a WellPoint Inc. subsidiary

Maryland: Using the Patient Charter to Frame Legislation on Measurement and Reporting Standards

While the driving force behind the Patient Charter was to promote national standards to avoid the need for variable state regulatory or legislative actions, many states have looked to the Patient Charter as a framework for legislation.

Maryland recently passed legislation that establishes standards for public reporting of physician performance data. In May 2009, Governor Martin O'Malley signed [House Bill 585/Senate Bill 661](#) into law. The legislation, effective January 2010, prohibits carriers (i.e., insurers, HMOs, nonprofit health service plans and any health benefit plans) from using a physician rating system unless it is certified by a state-approved ratings examiner. Carriers must contract with and pay for state-designated ratings examiners to review their physician rating systems. Approved physician rating systems must meet certain requirements, such as:

- Use of quality of performance and cost efficiency measurement categories;
- Provision of a transparent process for establishing the rating system; and
- Provision of an avenue for feedback from providers and consumers alike and a fair appeals process.

The process that led to the creation of the legislation began with an executive order from Governor O'Malley to develop the Task Force on Health Care Access and Reimbursement. The task force was charged with examining a variety of issues related to health care access and provider reimbursement and presenting findings and recommendations to the legislature. Task force members included, among others, state representatives, the dominant health plan in the market, and the state medical society.

Task force members recognized the importance of linking reimbursement to performance to improve quality of care. They became interested in developing guidelines for health plan physician rankings while watching the New York dispute over how health plans handled physician rankings. In Maryland, while physician ranking programs were beginning to evolve, their growth was slowed by strong physician opposition.

Task force members saw the New York Attorney General's agreements as a vehicle to speed adoption of physician rating systems in Maryland. They believed that if the New York agreements were altered to address Maryland's needs, providers and consumers would be protected through the institution of transparency requirements and external review. Task force health plan and provider representatives supported this strategy. Providers viewed this as an opportunity to set the standards for rating systems before they became more prevalent within the state. Health plan representatives believed that such an agreement would clear the path for physician rating programs under consideration.

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- *Ben Steffen, director of the Center for Information, Services and Analysis at the Maryland Health Care Commission*

The task force presented its [recommendations](#) on developing an oversight process for health plan physician ratings to the state legislature. With the support of health plans and provider organizations, the state legislature adopted many of the recommendations. While the task force based its work on the New York agreements, the legislature also sought to harmonize its efforts with the Patient Charter.

The legislation builds on the Patient Charter and the work of the Consumer-Purchaser Disclosure Project in its identification of an acceptable rating examiner as “an entity that has a physician performance rating certification program approved after August 1, 2008 by a national consortium of employer, consumer, and labor organizations working toward a common goal to ensure that all Americans have access to publicly reported health care performance information.” Recognizing that rating systems are still in their infancy, legislators also shaped the legislation such that it gives the “consortium” authority to continue to refine standards for physician rating systems through the Patient Charter.

The Disclosure Project also supplied the task force and the drafters of the legislation with an external review process by approving the use of NCQA's Physician Hospital and Quality program to review health plan adherence to the Patient Charter. Ben Steffen, director of the Center for Information, Services and Analysis at the Maryland Health Care Commission and Task force member, noted "if the framework had not been developed [for accreditation], I doubt we would have been as successful. Happily, we can point to the national organization that has taken the steps so that we don't have to develop an accreditation system."



Wisconsin: Using the Patient Charter as a Framework for Collecting Standardized Data

The Wisconsin Health Information Organization (WHIO) was created in 2005 to improve the quality, safety and efficiency of health care in Wisconsin. It was founded by health plan, employer and provider organizations to create a multi-payer health care claims database to track and analyze episodes of care that can be used to measure quality and utilization of Wisconsin health care.

When the Patient Charter was released, WHIO member organizations were in the midst of intense discussions on the "permitted uses" of WHIO data. There were significant concerns around how different parties would use the generated data. Providers, in particular, were apprehensive that health plans, purchasers and business coalitions would use data that had not been validated for activities such as network tiering, provider profiling at the individual practitioner level, excluding physicians from networks, etc. Addressing this concern was of paramount importance because provider support was critical due to the general need for broad support, but also because a number of regional health plans, which are important sources of the administrative data used for developing the performance measures, are owned in part by providers.

At this key juncture, the Patient Charter "had an important role to play," said Chris Queram, president and CEO of the Wisconsin Collaborative for Healthcare Quality (WCHQ). The Patient Charter provided needed common ground; it represented the perspectives of providers, health plans, consumers and purchasers. Key provider groups such as WCHQ, the Wisconsin Hospital Association and the Wisconsin Medical Society found that the Patient Charter spoke to their data use concerns. They expressed a willingness to move forward on the data use agreement if data used for business purposes conformed to the data-related methodological and technical guidelines developed by the external reviewer to meet the requirements of the Patient Charter (e.g., confidence intervals, sample sizes, and reporting cost and quality together). Stakeholders agreed to this plan of action, believing that it was better to be less prescriptive on the uses of data – so as to not stifle innovation – and more prescriptive on the methodological and technical guidelines that set an acceptable threshold for the quality of physician performance measurement and evaluation data.

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Rather than adopt the Patient Charter as a whole, the WHIO stakeholders chose to adopt certain concepts from the Patient Charter. The primary reason for this approach was due to concerns expressed by the health plan community. Health plans, particularly local health plans, were hesitant to adopt the full Patient Charter in Wisconsin, where they believed the long history of providers and local health plans collaborating successfully in performance measurement and reporting meant that there was less need for explicit guidelines. In addition, provider-sponsored local health plans did not see the need for full adoption as they did not expect to implement all of the activities outlined in the Patient Charter, such as public reporting of provider performance data. Another plan was concerned that the Patient Charter would limit its ability to be innovative while others were concerned about the cost of obtaining official certification of their adherence to Patient Charter principles.

The Consumer-Purchaser Disclosure Project is an initiative that is improving health care quality and affordability by advancing public reporting of provider performance information so it can be used for improvement, consumer choice, and as part of payment reform. The Project is a collaboration of leading national and local employer, consumer, and labor organizations whose shared vision is for Americans to be able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency. The Disclosure Project is funded by the Robert Wood Johnson Foundation along with support from participating organizations. For more information contact questions@healthcaredisclosure.org or visit our website at <http://healthcaredisclosure.org/>.