 » Steven Findlay and David Lansky

Numbers to crunch

Better public data needed to help patients compare and choose physicians

In the fading hours of 2010, Medicare launched Physician Compare, a website required by the health reform law. The initial site (medicare.gov/find-a-doctor) offers limited information for now and isn't user-friendly. Even so, the move helps kick-start two core elements of health reform: giving consumers more information and reinventing the doctor-patient relationship.

If all goes well, consumers will soon be able to routinely consult detailed information on the Internet about doctors before choosing one. They'll glance at the basics—where the doctor went to school, office location, board certification, her research and who funded it. They'll then check the ratings by hundreds (and eventually thousands) of a doctor's patients. Finally, consumers will compare physicians' scores on a "dashboard" of 20 or so clinical and outcomes measures.

That's the vision that emerges from the three pages of the Patient Protection and Affordable Care Act that authorize Physician Compare. But it's also the vision embodied in other sections of the law, many initiatives now under way, and it's certainly the vision harbored in the hearts of healthcare leaders, payers and consumer activists. Namely, collect accurate data; give doctors reliable feedback about their performance; reward those who perform well; sensitize consumers to variations in the quality of care; and let consumers choose on the basis of accurate, easy-to-understand comparative information.

This is a vision, however, that gives physicians heartburn, almost as much as the managed-care wars of the 1990s. They bridle at the increased scrutiny and contentious debate and even litigation has escalated. After complaints from doctors' groups, in 2008, New York's then-attorney general, Andrew Cuomo, now the state's governor, pressed Cigna HealthCare to stop "tiering" doctors based on financial metrics alone. Cigna agreed and other insurers in New York, and then nationwide, agreed to stop using financial measures alone to rate or tier doctors.

Since then, however, state medical societies have sued, or threatened to, in Massachusetts, California, Connecticut and Texas—alleging physician quality measurement initiatives were based on inaccurate or misleading data. The American Medical Association, joined by 47 state medical societies, sent an open letter in July to the health insurance industry alleging widespread "unscientific methodologies and calculations" in physician ratings. In January, the Minnesota Medical Association asked the state's second largest health plan, Medica, to delay the rollout of a rating of 9,400 doctors, saying the initiative was unfair to doctors and prone to errors.

Consumers deserve more and better information on providers

Physicians' groups last year also pressed the federal government hard to scale back the initial phase of the Medicare electronic health record adoption program.

The tension created by these push-backs stalled progress but didn't stop it. The EHR adoption program launched Jan. 1, and several thousand doctors have already signed up. Many insurers and employer groups are profiling doctors. Consumers Union, the publisher of *Consumer Reports*, joined forces with the Society of Thoracic Surgeons last year to post ratings of 221 cardiac surgery programs nationwide. And even the AMA-led Physician Consortium for Performance Improvement has generated dozens of quality measures that are in wide use.

With the federal government now poised to gather and publish physician-level data, here are some steps needed to move ahead:

- Implement measures that matter to consumers. Patients need information and data on doctors that is understandable and actionable. The National Quality Forum, the multistakeholder entity that endorses measures, must move faster to approve new ones that matter to people, not just healthcare experts.
- Standardize measures and collection methods. Today, it's possible for a physician to be rated poorly by one insurer and highly by another. That's frustrating for everyone. There's an urgent need to standardize and harmonize measures and collection so physicians are not flummoxed by a dozen or more measurement platforms. The trick is to harmonize while preserving flexibility so measures and collection can evolve and improve. Innovation must be promoted.
- Aggregate data across multiple payers. Data is statistically iffy, and even meaningless, unless there is enough of it. Aggregation of health outcomes data across multiple payers and insurers, private and public, simply must occur to achieve the numbers required to permit robust assessments of quality and performance at the individual physician level.
- Pull data from EHRs as soon as possible. One in four doctors is now using a basic EHR system, and 1 in 10 has a "fully functional" system. Many of the latter group are affiliated with HMOs and integrated systems. In 2011, all such health plans and systems should test the extraction of data for full public reporting.

As for Physician Compare, the initial site needs an overhaul. It should in 2011 become a vehicle for public education about physician quality, just as its sister site, healthcare.gov, helps people navigate the world of private and public health insurance.

There's no stopping the debate over the health reform law. But there should be broad agreement that consumers deserve more and better information on the providers in whose hands they put their lives. «

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Physician Compare Site Could Be 'Game Changer,' but Challenges Remain

by David Lansky and Steven Findlay

On Dec. 30, 2010, the Obama administration launched **Physician Compare**, a website that will eventually include data gleaned from the Medicare meaningful use incentive program and that has the potential to dramatically change the way Americans choose their doctors.

Imagine comparison shopping for a doctor based on patient reviews, a set of easily comprehended measures of quality and other criteria. It's one of the Holy Grails of a truly patient-centered system!

The health reform law required HHS to launch the site by Jan 1. For now, it's mainly an updated directory of doctors and other health care providers nationwide -- 932,000 in all -- who accept Medicare beneficiaries. It's searchable by ZIP code, city, state and medical specialty. Doctors who are participating in Medicare's Physician Quality Reporting System have a mention of that in their profile. Those participating in Medicare's electronic prescribing initiative will have that added to their profiles this year.

The long-term plan is to add information to the site over time, with the reform law pushing the government to post the first patient assessments and measures of clinical care quality by 2015.

In our view, Physician Compare is very much a companion to the electronic health record and meaningful use initiative. Both will evolve over many years, separately but inexorably tied together. The ultimate goal is to have a consumer-friendly, easy-to-navigate site that contains a robust set of *meaningful* clinical and patient assessment measures that fairly assess physician quality of care, drive physicians to improve and permit consumers to make choices based on their individual needs.

But getting there from where we are today will be no small task. Here are some major challenges:

- ***Consumers want data on individual doctors.*** Physician groups raise legitimate concerns about the statistical robustness of some clinical measures as applied to individual doctors rather than the group practice level. The numbers on some measures will simply be too low to allow for valid results. This issue needs immediate attention, and we are confident ways will be found to work around the "low numbers" problem. Indeed, development in this area is active, including assessment of when EHR-derived data will be ready for prime time.
- ***HHS needs to move aggressively to require measures that matter to patients.*** The meaningful use measures developed for phase 1 (2011) of the EHR incentive program and those being developed for phase 2 (2013) are focused on areas poorly measured in the past but of great importance to most Americans: patient safety; care coordination; patient and family engagement; appropriate treatment; and efficiency. The new measures all tilt towards outcomes and away from process measures. CMS -- which is administering the Physician Compare site and the EHR incentive program -- needs to build on this work to offer consumers an easily understood "dashboard" of measures. The agency needs to push to make that dashboard a uniform way to assess quality of care in different settings, including the new experiments launched under the Center for Medicare and Medicaid Innovation and other provisions of the Affordable Care Act. Perfect measures don't exist. So, the perfect must not be the enemy of the good. A fair process that involves the participation of the physician community must be put in place. However, that community and its trade organizations cannot be permitted to undermine the development of meaningful measures -- or stall Physician Compare -- based on endless arguments about methodological soundness, the validity of measures and risk adjustment. We recommend a posting of an initial dashboard of measures in 2014.
- ***Health care delivery -- and its measurement -- isn't static.*** While Congress designed the EHR incentive program around the notion of a "certified EHR," the emerging reality is that health care is often delivered,