

**Proposed Criteria for Physician Performance Reporting**

(Working Version October 19, 2007)

Consumers and Purchasers support clear standards that foster transparency and accountability in health plan's physician performance reporting programs. Support for such standards is premised on the belief that consumers should have meaningful and valid information that enables them to assess and make informed decisions about their physicians and the care they receive. The proposed criteria below are based on the widely endorsed Guidelines for Measurement of Provider Performance (<http://healthcaresdisclosure.org/docs/files/MeasurementGuidelines09-2006.pdf>) and initial discussions among leading consumer, labor, and purchaser organizations.

**Key Criteria**

- ★ Measures and Methodology should be transparent.
  - Both consumers and physicians should understand the basis upon which performance is measured.
  - Consumers should be informed about any limitations of the data.
  - Examples of elements that should be available include data used, how physicians' patients are identified, measure specifications and methodologies, minimum observations, definitions of statistical standards, and how episodes are defined.
- ★ Those being measured should have the opportunity to provide input in measurement systems, not be "surprised", and have opportunities to correct errors.
  - Physicians should be solicited to provide input on the program.
  - Reasonable effort should be made to give physicians prior notice before information is publicly released.
  - There should be a clearly defined process for physicians to request review or correction of results that are inaccurate within a reasonable time frame.
  - Those being measured should not micro-manage or control the process.
- ★ Measures should be based on national standards to the greatest extent possible.
  - Measures should be based on national standards and the primary source should be those that have NQF endorsement.
  - The secondary source of measures should be AQA and accreditors.
  - Supplemental measures can be used if they address needs for which national standards do not yet exist or require data that a physician has not submitted, and if they reasonably adhere to NQF criteria.
  - When non-NQF measures are used, it should be with the understanding that they will be replaced by NQF-endorsed measures as they become available.
  - When possible, measurement sponsors should seek coordinated data collection to minimize the burden on physicians and increase the consistency and quality of information available to consumers.
- ★ Measures should be meaningful to consumers and reflect a robust dashboard of performance.
  - Measures should encompass the six aims of the Institute of Medicine (safe, timely, effective, efficient, equitable, patient-centered), to the extent possible.
  - The program/measures should be applicable to the broad scope of physicians in network.
  - Performance reporting should include both quality and cost/efficiency information whenever possible.
  - Consumers/consumer organizations should be solicited to provide input on the program.

The above criteria should enhance the usefulness and validity of information made available to consumers, encourage ongoing improvements in the measures and measurement processes used to develop this information, and ultimately help drive improvements in the quality and efficiency of care provided to consumers.