

## **Health care groups assign ratings to doctors**

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Have you ever treated yourself to a four-star restaurant? Seen a four-star movie?

You may soon be able to choose a doctor using the same sort of system.

Angie's List has begun rating doctors alongside its roster of plumbers and electricians. The parent of Anthem Blue Cross and Blue Shield has hired Zagat Survey so patients can rate their doctors. UnitedHealthcare analyzes insurance claims to give stars to physicians it ranks highly for quality and efficiency.

All are examples of a growing trend to assign ratings to doctors based on how they interact with patients, the quality of care they provide and how wisely they use health care dollars.

"It marks a culture change in health care," said Peter Lee, executive director for national health policy at the Pacific Business Group on Health.

"There's been a mythology that because they are smart -- which they all are -- that they are all doing the right things all the time," he said.

Some doctors contend that the ratings are flawed and that health insurers are more concerned about cost than quality. Ratings also have sparked lawsuits in Massachusetts, Washington and other states and were criticized by the attorney general of New York last year.

But it appears the ratings are here to stay, and many doctors just want to ensure they are fair and accurate.

"In the long run, it's going to be a plus for patients," said Brent Field, medical director of Aurora Advanced Healthcare. "We just need to learn how to do it fairly and meaningfully."

For certain, consumers want more information when choosing their doctors.

"The truth is, most people make these decisions in the blind," said Debra Ness, president of the National Partnership for Women & Families, an educational and advocacy organization.

Ness -- who is on the boards of two organizations involved in developing standards for measuring and reporting health care quality -- has had friends ask her to recommend a doctor. "I find myself challenged to answer the question," she said.

**Health care dollars**

Doctors control as much as 90% of health care spending. Yet how they practice medicine can vary wildly -- in the type and amount of drugs they prescribe; how many tests they order; how quickly they refer patients to other doctors.

The General Accountability Office last year estimated that if 5% to 10% of the people covered by Medicare switched to the most efficient physicians, the federal program would have saved \$5 billion to \$14 billion in 2007.

Researchers at Dartmouth Medical School have estimated that as much as 30% of medical spending does nothing to improve health. And researchers at Rand Health have estimated that one-third or more of the procedures performed in the United States are of questionable benefit.

"That's billions of dollars that's being wasted while millions of people are going uninsured," Ness said.

For doctors, more is at stake than their reputations.

Health insurance companies are using ratings to set up health plans that encourage patients to use doctors who provide cost-effective, quality care.

Humana Inc. has designed a plan for the Business Health Care Group, a coalition of area companies, that excludes some doctors in southeastern Wisconsin -- though it includes all doctors who work for health care systems in the plan's network.

In January, UnitedHealthcare introduced a health plan for employers with two to 99 employees that has higher co-pays when someone sees a specialist not ranked highly for quality and efficiency.

The ratings, in short, can threaten doctors' incomes and their relationships with patients.

"It does raise some anxiety," said John Brill, an associate professor of family medicine at the University of Wisconsin School of Medicine and Public Health and a former president of the Wisconsin Academy of Family Physicians.

UnitedHealthcare gave Brill stars for both quality and efficiency. He doesn't know why.

"To me, the issue is, what are they looking at?" Brill said. "Are they comparing apples to apples? Where are they getting the data?"

### **How they rate**

He's not the only doctor mystified by the ratings.

Brad Fedderly, also a former president of Wisconsin Academy of Family Physicians, got one star for quality from UnitedHealthcare while the doctor he practices with got stars for both quality and efficiency.

"We can't figure out why, because we both do the same thing," said Fedderly, who is with the Wheaton Franciscan Medical Group.

Health insurance companies have said the ratings are based on established guidelines from organizations such as the National Quality Forum and professional societies such as the American Board of Internal Medicine and the American College of Cardiology.

The companies then use software to analyze claims to determine whether doctors adhere to the guidelines while providing care at a cost in line with their peers.

Insurance claims can't track every quality measure. There is no way to know, for example, whether a patient who has had a heart attack is taking aspirin. But claims will show whether the patient is taking a beta blocker, a prescription drug that reduces the heart's workload.

"It isn't just who spends the least amount of money," said Bruce Weiss, an internist and UnitedHealthcare's medical director for Wisconsin. "It's who spends money appropriately."

Health insurance companies contend the software has gotten better in recent years. And the Government Accountability Office and the Institute of Medicine, among others, have recommended that Medicare use ratings to reform the way it pays doctors. Still, no one contends it's flawless.

"The complexity of efficiency measures is huge," said Bruce Kruger, executive vice president of the Medical Society of Milwaukee County.

The medical society formed a group this summer that includes Humana and UnitedHealthcare to work out issues in the ratings.

### **Agreeing on the basics**

Humana and other health insurance companies offer appeal processes for physicians who want to challenge their ratings.

In addition, many of the country's largest health insurers, physician groups and consumer, employer and labor groups reached a national agreement last spring on basic principles for how health plans rate doctors and report the information to consumers.

"It is important that if we put that kind of information out there, we do it right," said Ness of the National Partnership for Women & Families, one of the groups involved in the agreement.

That should lessen the concern that doctors will get different ratings from different health plans. It also could encourage health insurers to work together.

That's happening with the Wisconsin Health Information Organization, which includes the state's largest health insurers. They have agreed to pool their claims data and are working with the state, the Wisconsin Medical Society, the Wisconsin Hospital

Association and employers to determine which doctors and hospitals provide the best care at the lowest cost.

That has proven harder than expected. But then, the effort to rate doctors on quality and efficiency is more complicated than consumer-rating services such as Angie's List and RateMDs .com. There's not much doctors can do about those, even though they bring their own concerns.

"People who have an ax to grind are a lot more likely to comment," said Brill, the associate professor at the UW medical school. "It feels like something that you have no control over."

But he has accepted that more information is available to judge physicians and that people will use it.

"You can't just say that my patients love me and expect that to be fine," he said.

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