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Uniform Doctor Ratings Sought

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A consortium of competing interests on Tuesday unveiled the first nationwide effort to improve and standardize doctor-rating programs, which have been a source of contention and frustration in the health-care system.

The initiative aims to streamline aspects of health-insurer programs that guide patients by rating doctors -- using a star-ranking system, for example, or identifying "high performance" practitioners. An important goal is to inject greater transparency and consistency into performance measures, so all measurement information will be publicly available.

HOW GOOD IS MY DOCTOR?

Some examples of physician-performance measures developed by the National Committee for Quality Assurance:

- **Osteoporosis:** The percentage of female patients aged 65 and older who reported receiving a bone-density test to check for osteoporosis
- **Flu shots:** Percentage of patients age 50-64 who report having received an influenza vaccination during the past flu season
- **Foot exam for diabetics:** Percentage of adult patients with diabetes who received a foot exam
- **Pneumonia vaccination status:** The percentage of patients 65 and older who ever received a pneumococcal vaccination

Participating insurers agree to have their rating system vetted by an independent reviewer, a provision that appealed to employers. Among other things, the review will check to make sure the health plans have an appeals system for doctors to challenge their ranking. And those insurers agree to use quality and cost -- not just on the bottom line -- to rate doctors.

So, a pediatrician might be evaluated on the percentage of patients given a battery of vaccines by their second birthday. A primary-care doctor might be assessed on chronic-illness management for conditions such as asthma, and what type of prescriptions are dispensed.

The effort is backed by some of the largest U.S. health insurers, employers, patient groups and physician organizations, including **Aetna Inc.**, **UnitedHealthcare**, **Cigna Corp.**, **General Electric Co.**, **General Motors Corp.**, **AARP** and the **AFL-CIO**. Several physician groups, including the **American College of Surgeons** and the **American College of Cardiologists**, also support the initiative.

Employers, insurers and patients argue that such rating information helps contain costs and improve outcomes. But doctors have chafed at being measured by what they describe as a hodgepodge of systems that lack any oversight and consistency -- and some health-care experts say they have a point.

"I think the current measures for physician care provide a very limited snapshot of what physicians do," said Robert Berenson, a senior fellow at the Urban Institute who works on health-care issues. "Too many eggs are put into the performance-measurement basket."

But health-care advocates say that performance ratings are here to stay and that the more urgent questions center on how to balance assessing quality and cost. Existing systems shed little or no light on how or why doctors receive particular ratings, which often are based on the number and cost of tests and procedures they administer. So patients don't know why a particular doctor may have an unfavorable ranking, while the doctor doesn't know how he might earn a better one. Some doctors have even sued insurers over the ratings, alleging libel, unfair trade practices and breach of contract.

With the rating criteria now readily available, "Doctors can see what they're being judged on," said Peter V.

Lee, co-chairman of the initiative, which is spearheaded by the Consumer-Purchaser Disclosure Project and received funding from the Robert Wood Johnson Foundation.

The initiative pushes insurers to use national standards -- such as those endorsed by the nonprofit National Quality Forum -- whenever possible to ease the burdens of patients and employers when they change insurers, and creates checks and balances to encourage insurers to comply.

"Right now, it's very hard for consumers to get very good information about the quality or performance of the health-care system," said Debra Ness, president of the National Partnership for Women and Families, and co-chairwoman of the initiative. "For example, you can find out more about an appliance or a car you want to buy than you can about a doctor or surgeon."

The current lack of transparency has raised concerns that ratings were used to drive patients to the cheapest doctors -- one of the allegations recently lodged by New York Attorney General Andrew Cuomo, who pressured insurers to comply with statewide standards.

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