

# Physician Performance Measurement and Reporting: Moving to a Common National Framework

Audio-Conference: The Patient Charter for Physician Performance Measurement and Reporting  
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# Consumer-Purchaser Disclosure Project: Uniting the “End-Users” of the Market to Advance Transparency

- Coalition of consumer, labor, and employer organizations advocating for full “dashboard” of comparative performance information
- Comparative information will drive quality and efficiency improvements by allowing:
  - Consumers to use valid performance information to choose providers and treatments
  - Purchasers and plans to build performance expectations into their contracts, benefit designs and payments
  - Providers to act on their desire to improve, supported with better information.
- Funded by The Robert Wood Johnson Foundation along with support from participating organizations

# Participating Organizations\*

- 3M
- AARP
- AFL-CIO
- American Benefits Council
- American Hospice Foundation
- AT&T
- Bank of America
- Buyers Health Care Action Group
- Carlson Companies
- Center for Medical Consumers
- Childbirth Connection
- Consumer Coalition for Quality Healthcare
- Consumers' CHECKBOOK
- Consumers Union
- Employer Health Care Alliance Coop.
- Ford Motor Company
- General Electric
- General Motors
- HR Policy Association
- IBM
- Maine Health Management Coalition
- March of Dimes
- Massachusetts Group Insurance Commission
- Midwest Business Group on Health
- Motorola
- National Association of Manufactures
- National Breast Cancer Coalition
- National Business Coalition on Health
- National Business Group on Health
- National Citizen's Coal. for Nursing Home Reform
- National Coalition for Cancer Survivorship
- National Partnership for Women & Families
- National Small Business Association
- Niagara Health Quality Coalition
- Pacific Business Group on Health
- SEIU
- The Leapfrog Group
- US Chamber of Commerce
- Verizon
- Walt Disney Parks and Resorts
- Xerox

\*Not an exhaustive list



# National Context: Huge Growth in Physician Reporting

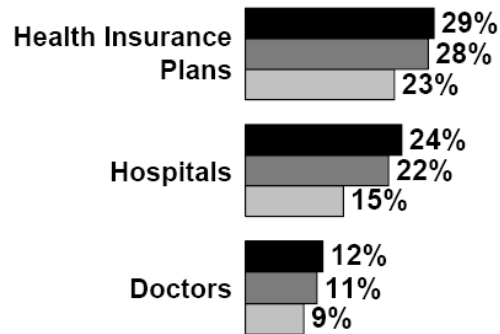
- **Health Plans** – Responding to employer and consumer demand:
  - Every major national plan and many regional plans operating physician reporting/tiering programs
  - Most programs based on administrative data
  - No consistency across programs; different measures, communications, specialties measured and applications
- **Wild-West of the Internet**
  - Yelp, DoctorScorecard, RateMDs.com, and on, and on...
- **Local and National Collaboratives**
  - Aligning Forces for Quality
  - Better Quality Initiatives
  - Chartered Value Exchanges
  - Care Focused Purchasing
  - AHIP Multi-plan project

# What's the data say...

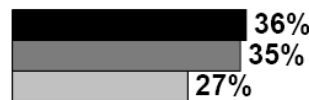
## Exposure To And Use Of Quality Information

■ 2006   ■ 2004   ■ 2000

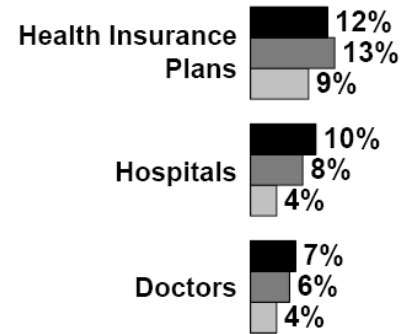
Percent who say they saw information in the past year comparing quality among...



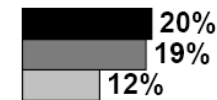
Percent who say they saw information on ANY of the above...



Percent who say they saw quality information in the past year and used it to make health care decisions...



Percent who say they saw and used information on ANY of the above...



Sources: Kaiser Family Foundation/Agency for Healthcare Research and Quality *2006 Update on Consumers' Views of Patient Safety and Quality Information* (conducted August 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7-September 5, 2004); KFF/AHRQ: *National Survey on Americans as Health Care Consumers: An Update on The Role of Quality Information* (conducted July 31-Oct. 13, 2000)

# Millions of Americans using “quality” information to inform their choices:

**Saw information on quality among...**

**Used the information in making a decision...**

**% and Number of all Americans**

**Health Plans 29%**

**12% 26 Million**

**Hospitals 24%**


**10% 22 Million**

**Physicians 12%**


**7 % 16 Million**

Source: Kaiser Family Foundation et al., *National Survey on Consumers' Experiences*, 2006

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#### 1 Reviews



**Marcia W.**  
Reviews  
Written: 194

 01/25/2006

"Dr. Herman is a good Dr. He really does his best to care for you as a Dr. should. You know, listen to you, talk to you as a person not as a lesser being, talk to you in terms you can understand, plain English. We all know the Latin term for anything sounds very good and professional, but really, when it comes to health, lets just speak a language that is in your best interest.

He is thorough, and to the point. I would give him 5 stars, but because he takes the time to talk with each patient he tends to run REALLY late often, and that can be frustrating when you work. He will always return your call, he works very late, I've had him phone me on a Friday night at 9 or so.


He takes care of you. THE most important thing. If you have medical needs he will address them.

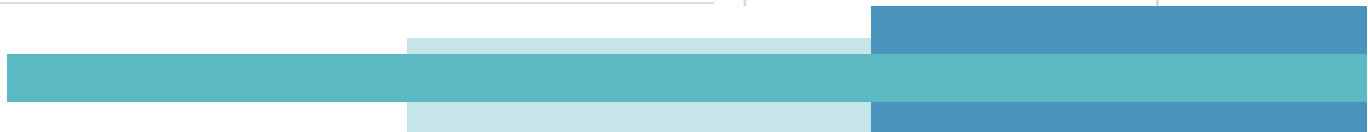
He is a safe port in the Kaiser Storm."

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#### List Matches


**Well Wishes**  
*where to go when you aren't well*

 **Marcia W.**  
sleep when you're dead



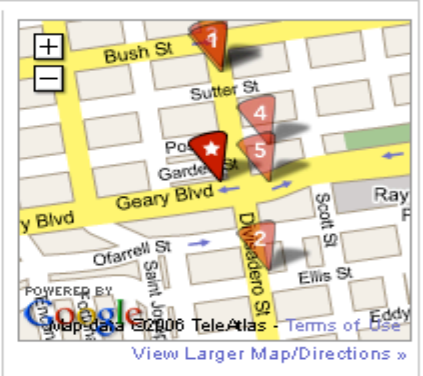
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## Transparency and Performance Reporting: Essential to Improving Quality and Affordability

Publicly reported performance information will drive quality and efficiency improvements by:

- Helping providers to act on their desire to improve, supported with better information.
- Giving consumers valid performance information to use when choose providers and treatments
- Supporting purchasers and plans build performance expectations into their contracts, benefit designs and payments

National standardization **and** local innovation are both essential:

- Standardization provides: comparability across markets; credibility; reduces reporting burden
  - Innovation provides: stream of new measures to complete dashboard
- 

## Performance Measurement: Through Consumers' & Purchasers' Eyes

- Scope and pace of measure development and implementation too narrow and slow
- Pressing sense of urgency
  - Real consumer/patient choices being made with little real information
  - High costs resulting in more uninsured and often “value-blind” benefit designs and purchasing strategies
- Robust performance dashboard essential
  - Consumer engagement requires relevant and adequate information
  - Plan designs, payment systems and networks must recognize quality and efficiency
- Performance information must be valid and readily available: don't let perfection be the enemy of the public good

# The Current Measurement Dashboard: Making Progress, but Endorsed ≠ Collected

Measure Type	Measure Set	Hospital NQF Endorsed Measures	Physician NQF-Endorsed Measures
Safety	NQF Safe Practices (Leapfrog) Infections/errors AHRQ Patient Safety Indicators Nursing Indicators	✓✓✓	✓
Timeliness Process	Wide set of conditions	✓✓	✓
Effectiveness-Outcomes	Mortality, morbidity, functional health status	✓✓	✓
Cost-Efficiency	Resource use Cost to payers Multiple time frames	∅	∅
Equity	Measures for population subgroups	✓	✓
Patient Centeredness	CG-CAHPS/H-CAHPS	✓✓✓	✓✓✓

**Key:** ∅ = no measurement set; ✓ = minimal measure set; ✓  
✓ = partial measure set; ✓✓✓ = robust measure set

# Concerns About Measurement – Through the Eyes of (some) Belabored Doctors

## Methodologies are Unsound and Hidden in “Black Boxes”


- Inadequacy of admin data
- Attribution – individual versus group
- Level of certainty for tier or top identify “better” doctors
- Need for multi-plan data aggregation

# Concerns About Measurement – Through the Eyes of (some) Belabored Doctors

## Health Plans as the Agents of Evil:

- Potential confusion and “deception”
- Financial motivation of plans
- Benefit design driving consumers to “cheaper” physicians

## **Potential Legal Morass: Spurred by Real Concerns by Physicians to Measurement**

- Legal Actions (Washington, settled; Connecticut, in process)
  - Attorney General Interest (action in New York, interest by others)
  - Legislation and regulation (Colorado, Illinois, New York)
- 

## **A Better Response to Promote National Consistency**

### ***“Patient Charter for Health Plan Physician Performance Measurement, Reporting and Tiering”***

#### **Core elements:**

- Sponsored by consumer, labor and purchaser organizations
- Health plans should agree to adhere to the *Criteria for Physician Performance Measurement, Reporting and Tiering Programs*
- Health plans should retain independent external review the plan’s physician performance measurement, reporting, and tiering activities

#### **Benefits:**


- Promote the consistency and efficiency of such programs
- Ensure transparency and fairness
- Make physician information more accessible and easier to understand for consumers



## ***“Patient Charter for Health Plan Physician Performance Measurement, Reporting and Tiering”***

- All elements/methodologies should be publicly disclosed
- Many elements should meet “minimum” standards and be compared to national benchmarks (Criteria that follow with “\*”).
- National benchmarks/standards should be set by an independent review organization.
- Standards must strike an appropriate balance between assuring validity of measurement and providing patients with needed information.

## **Criteria for Physician Performance Measurement, Reporting and Tiering Programs**

1. Measures should be meaningful to consumers and reflect a diverse array of physician clinical activities.
  2. Those being measured should be actively involved.
  3. Measures and methodology should be transparent and valid.
  4. Measures should be based on national standards to the greatest extent possible.
- 

## Criteria 1: Measures should be meaningful to consumers

- Measures should be directed at the six aims of the IOM
- Measures should reflect consumers' health needs in the areas of both primary care and specialist care
- Performance reporting should include both quality and cost<sup>1</sup> information \*
- Disclosure of scores, weighting or formulas when combining measures
- Consumers/consumer organizations should be solicited to provide input on the program\*
- Process for resolving consumer complaints\*
- Include context and guidance for consumers on how to consider other factors in choosing a physician

<sup>1</sup> These criteria do not apply to pure cost comparison or shopping tools that estimate costs for specific procedures or treatments, so long as it is made clear to the public that such tools and information are based solely on cost or price.

## Criteria 2: Active Involvement of Physicians

- Physicians/physician organizations should provide input on the program\*
- Physicians should be given notice before information is publicly released\*
- Process must allow physicians chance to challenge results\*

## Criteria 3: Methodology Should Be Transparent and Valid

- Information on the comparative performance of physicians should be accessible and understandable to all users
- Factors that might limit the usefulness of results should be public
- Measures and methodology should be publicly available and assessed against national standards where appropriate.\* Examples:
  - How physicians' patients are identified
  - Measure specifications and methodologies including risk and severity adjustment,
  - Minimum observations, statistical standards utilized,
  - How episodes are defined
- Rationale and methodologies supporting the reporting at physician, practice site or group level must be clearly articulated
- Work collaboratively to aggregate data whenever feasible to maximize its consistency, accuracy, and use
- Regular evaluation to assess the program's effectiveness and any unintended consequences

## Criteria 4: Measures Should be Based on National Standards Or Build Toward New Standards

- Measures should be based on national standards, endorsed by the National Quality Forum\*
- When non-NQF measures are used they should be replaced by equivalent NQF-endorsed measures as they become available\*
- Where NQF endorsed measures do not exist, the next level of measures used should be those endorsed by the AQA or national accrediting organizations such as NCQA or The Joint Commission \*
- Supplemental measures can be used if: \*
  - Address needs for which national standards do not yet exist or for which existing national standard measure requirements are unreasonably burdensome on physicians or program sponsors, and
  - Adhere to the NQF measure criteria (importance, scientific acceptability, feasibility and usability)

## **Patient Charter Launched April 1<sup>st</sup> (no joke)**

### **Endorsed by Leading Consumer, Labor, and Purchaser Organizations**

- AARP, AFL-CIO, National Partnership for Women & Families, the Leapfrog Group, Pacific Business Group on Health, National Business Coalition on Health

### **Supported by Major Physician Organizations**

- American Medical Association, American Association for Family Physicians, American College of Cardiology, American College of Physicians, American College of Surgeons

### **Adopted by Health Plans**

- Aetna, Cigna, UnitedHealthcare, WellPoint, and American Association of Health Plans

## Patient Charter: Implementation

- The Disclosure Project will be selecting standard setting organizations with whom health plans can contract to fulfill the obligations of the Patient Charter
  - NCQA's Physician Hospital Quality standards have been updated to accommodate Patient Charter requirements and have gone through public comment. The updated PHQ was released on June 30, 2008; the Disclosure Project will complete its review by July 31<sup>st</sup>.
  - URAC's Health Plan and Health Network standards have been updated to accommodate Patient Charter requirements. They have gone through public comment and need to be field testes.
- Recognition of health plans that commit to and complete the Patient Charter will be regularly updated and publicly available on the Disclosure website
- Disclosure will continue to recruit the support of stakeholders

## Patient Charter for Transparency: What Can Communities Do?

- Sponsor local events to “launch” with consumer, employer, provider, plan groups in your state
- Ask/encourage health plans to sign on
- Public branding in enrollment of plans signed on
- Employers can build into RFPs and contracting terms expectations that plans endorse Patient Charter
- Adhere to the principles articulated in the Patient Charter
- Use this information to focus legislation or litigation in areas of true need

# About The Disclosure Project

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 Project is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

For more information <http://healthcaredisclosure.org/>

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