

Panel: Physicians' Perspectives on Performance Measurement
February 16, 2007, 8.45am – 10:00am
Moderator: Mark D. Smith, MD, MBA

1. How does quality and performance measurement in acute care specialties, such as surgical sub-specialties, differ from quality and performance measurement in primary and preventive care specialties? What should the process be for developing more measures for surgical and interventional care?
2. For some measures, the best-in-class performance may be considerably less than 100%. Should targets focus only on performance or include improvement, and how can they be set fairly for providers with very different patient populations?
3. Oncology is an area in which receiving good vs. poor care can have life-saving implications. It is also an area of exploding costs. Is it possible to develop performance measures in oncology? If so, what should they focus on and who should develop them?
4. How can clinically relevant subjective patient outcomes such as quality of life be measured and analyzed efficiently?
5. Does the purpose for which measures are developed have anything to do with how the measures look? How do different perspectives on quality (such as patient safety, public accountability, quality improvement, or licensure) affect the nature of measures?
6. Since payers and insurers have led the call for performance measures, do they have a role in funding and/or organizing their development?