

# **Challenges on the Ground in Performance Measurement**

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**Pacific Business Group on Health**

**IHA Pay for Performance Summit**  
**February 28, 2008**

# 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
  - Better Quality Initiatives
  - Chartered Value Exchanges (soon?)
  - Care Focused Purchasing
  - AHIP Multi-plan project

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*Message From Dr. Peggy Newcomer, D.O.*

I'm a Family Practice physician who emphasizes nutrition, preventive, and holistic health in my practice.

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"thorough, caring, and understandable 'doctor speak'; these are the things that have impressed me the most about Dr. Newcomer. You can get in when you need her, she'll address your issue and get you out the door, on time. She makes feeling bad a whole lot better."

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"with the risk of being redundant, i just wanted to say that dr. newcomer is definitely my new gp. i was a little weary when i went into her office, since its a lot of sports medicine and chiro stuff (was i in the wrong place?), but i'm so glad went. she talked to me like i had a brain and seemed really interested in what i had to say. amazing! who knew medical care could be so pleasant?! she gets



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Now take Yelp to go!  


# Health Plans Use of Efficiency Profiling of Physicians

- Educating physicians to foster more efficient care;
- Consumer tools – designating physicians meeting efficiency and quality standards in their physician directories;
- Tiering physicians and giving incentives to enrollees to choose better performers;
- Providing bonuses (or penalties) based on efficiency and quality standards; and
- Excluding inefficient physicians from the network.

**GAO, Testimony, Subcommittee on Health, Committee on Energy and Commerce, House of Representatives, March 6, 2007**

# 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

# Consumer & Purchaser Perspectives on 7 Key Measurement Issues

- 1) Legitimacy of consumer & purchaser opinion on “good science”
  - ***Your opinion is equally valid!***
- 2) Immediate vs. delayed public reporting of performance
  - ***Using less precise measures now is better than waiting for more precise measures later. Don't let perfection be the enemy of the greater good.***
- 3) Outcome vs. process measures
  - ***Outcomes are the ultimate measures of quality of care and spending.***

# Consumer & Purchaser Perspectives on 7 Key Measurement Issues (cont.)

- 4) Cross-cutting vs. condition specific measures
  - ***Both are essential!***
- 5) Individual physician vs. group measurement
  - ***We need both!***
- 6) Quality vs. cost-efficiency
  - ***Both are needed to understand value.***
- 7) Electronic data vs. paper medical record to generate performance measurement
  - ***Electronic data sources are the most feasible near-term path. Need to move to fully electronic collection.***

Access pocket guide at: <http://healthcaredisclosure.org/docs/files/PocketGuideOct2007.pdf>

# Concerns About Measurement and Tiering – 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 and Tiering – Through the Eyes of Some Belabored Doctors

## Health Plans as 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

## Proposed “*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, and
- Make physician information more accessible and easier to understand for consumers.

# A Better Response to Promote National Consistency

## **Proposed “*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.
- Benchmarks 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.

# Back to the Wild West of the Internet: RateMDs.com



## DOCTORS

In: **California**

If this is the wrong state, [click here](#).

-  Good quality rating
-  Average quality rating
-  Poor quality rating

[Investigate doctors at state medical board](#)

### Rating Categories

RateMDs.com's three ratings categories (1=worst, 5=best):

**Punctuality** - How long does your doctor make you wait? Is he usually on time for your appointments?

**Helpfulness** - This category rates the doctor's helpfulness and approachability. Is the doctor approachable and nice? Is he rude, arrogant, or just plain mean? How's his bedside manner?















**Knowledge** - This is the most important of the three categories, at least to many people. Did his prescribed treatment help you? How well does the doctor understand your symptoms? How clear is the doctor in explaining his diagnosis?

**Overall Quality** - The Overall Quality rating is the average of a doctor's Helpfulness and Knowledge ratings, and is what determines the type of "smiley face" the doctor receives.

Caveat emptor: "...always take the ratings with a grain of salt. Remember, we have no way of knowing who is doing the rating - the doctor, other doctors, patients, dogs, cats, etc."



Doctors ordered by Last Name.  
(Click a column heading to change ordering)

	Name	Sex	Specialty	City	Last Rated	# of Ratings	Overall Quality
 	<a href="#">Caballero, Hector</a>	M		<a href="#">Westlake Village</a>	7/31/06	1	5.0
 	<a href="#">Caballero, Nora</a>	F	<a href="#">Dentistry</a>	<a href="#">Huntington Beach</a>	2/18/06	3	2.2
 	<a href="#">Cabanag, Orestes</a>	M	<a href="#">Family / General</a>	<a href="#">Sonora</a>	7/21/05	1	5.0
 	<a href="#">Cabanas, Carol L.</a>	F	<a href="#">Dentistry</a>	<a href="#">Union City</a>	9/22/06	1	5.0
 	<a href="#">Cabaniss, Patricia</a>	F	<a href="#">Obstetrics / Gynecology</a>	<a href="#">Ukiah</a>	7/28/07	2	2.0
 	<a href="#">Cabebe, Emily</a>	F	<a href="#">Internal Medicine</a>	<a href="#">Santa Clara</a>	2/5/08	2	3.0
 	<a href="#">Cabebe, Franklin</a>	M	<a href="#">Internal Medicine</a>	<a href="#">Glendora</a>	10/4/05	1	5.0

# To Learn More...

**[www.pbgh.org](http://www.pbgh.org)** - an overview of PBGH programs and initiatives

**[www.calquality.org](http://www.calquality.org)** - an overview of the California Quality Collaborative (CQC) with resources for providers

**[www.cchri.org](http://www.cchri.org)** – an overview of the California Cooperative Healthcare Reporting Initiative (CCHRI)

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