

STATE REPORT CARD *on Transparency of Physician Quality Information*

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Introduction

In its seminal publications on the Quality of Health Care in America, the Institute of Medicine called for the measurement and reporting of physician quality. That was in 1999 and 2000. Since then much work has been done in the private and public sectors to establish measures for various conditions and procedures, using the American Medical Association's Physician Consortium for Performance Improvement and the National Quality Forum's processes for measure development and endorsement. Many payers, including Medicare, require various forms of quality of care reporting, and use these measures to "rate" physicians or trigger supplemental payments.

And yet, finding information on the quality of physicians remains elusive for most consumers. While Medicare has a public web site that contains information on physicians, it is completely void of any data on the quality of care delivered. That's all the more surprising since physicians have been reporting a basket of quality measures to Medicare for several years.

There are commercial websites that provide some information on the quality of physician care, but there's often a fee to pay for the full report, and the objectivity of the data on those sites has been questioned by many researchers.

To respond in part to this paucity of publicly available, objective and trustworthy information, the Robert Wood Johnson Foundation launched an ambitious effort

several years ago whereby certain communities would agree on a set of quality measures that would be systematically collected, reported and monitored. The Aligning Forces For Quality (AF4Q) effort has, to-date, remained one of the few bright spots across the U.S. in providing transparent quality information to consumers. Similarly, large employers and some health plans embarked on a comprehensive effort to recognize and reward clinicians and physician practices that could demonstrate they were delivering good quality care, especially for patients with chronic conditions. Bridges To Excellence (BTE) remains the country's largest and broadest effort to highlight and reward clinicians for quality care.

The data collected and displayed by AF4Q and BTE remain the only widespread sources of publically available information on the quality of clinicians. And this State by State Scorecard highlights the extent to which there are still huge gaps in these data. Similarly to the State Scorecard on Price Transparency that we co-published with Catalyst for Payment Reform earlier this year, this Scorecard shows that the vast majority of States in the US get a failing grade in Quality Transparency.

Close to 15 years after the IOM's Crossing The Quality Chasm, we have no idea, for the most part, on the quality of care delivered by the majority of clinicians in the U.S. That's not just shameful, it puts patients at risk every day, and we hope that highlighting States that have made a conscious effort to provide these data to consumers will encourage others to embark on similar efforts.

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Fair, Evidence-based Solutions. Real and Lasting Change.

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METHODOLOGY OF REVIEW AND GRADING

Health Care Incentives Improvement Institute (HCI³) conducted a review of the transparency of quality information on physicians in each state. The review produced a report card, which assigns each state a grade based upon the number of physicians and other health care professionals for whom quality information is publicly reported. The report card also accounts for the scope of measures reported and the ease of accessibility of the information.

HCI³ leveraged the Robert Wood Johnson Foundation's national directory for comparing health care quality.¹ The directory lists web-based resources and programs available to patients in each state and is designed to help those patients find information on the cost and quality of health care provided in their communities. The directory served as a starting point for further review and refinement based on the following criteria:

- Does the resource or program provide information on physician quality free of charge?
- Is the information disseminated by an independent and reputable third party?
- Is the information specific to primary care physicians or specialists?
- Is the information current, from 2010 or later?

If any reporting program did not meet all of the criteria defined above, it was excluded from the analysis. Of note, the report card does not include quality information publicly reported by health plans as consumer research indicates that patients distrust quality information coming from their insurance providers². The report card also excludes hospital quality information, as the focus of this research is on individual physicians and supporting health care professionals, such as nurse practitioners and physician assistants.

The research revealed considerable variation in the number of physicians for whom quality information is publicly available in each state and the robustness of that information, as well as variation in the level of public access to the information. With these elements in mind, HCI³ established the following scoring criteria in order to arrive at a grade for each state:

Scope of transparent quality information

- Percentage of physicians and supporting health care professionals in each state with publicly available quality information

Scope of measures

- Outcome
- Process
- Patient Experience

Accessibility of Information

- Can a consumer find the information?
- Can a consumer understand the information?
- Can a consumer use the information?

HCI³ identified programs in 15 states with publicly reported quality information on physicians. We contacted each program to obtain a total count of physicians for whom quality information is publicly available. Most programs responded to the request. For the programs that did not respond, HCI³ was able to find the appropriate information on the program's website or impute the total count of physicians using the National Provider Identifier (NPI) database.

The scope of three of the four programs for which numerators were imputed included all physicians of a specific specialty in the state (e.g. Primary Care, Cardiology, OB/GYN).

The fourth program included an explicit percentage of all Primary Care Physicians in a particular city and so HCI³ was able to derive the count using the NPI database. HCI³ also incorporated physicians and other health care professionals with a Bridges To Excellence (BTE) Recognition, either in a chronic care program or a Patient Centered Medical Home program.

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¹ <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/09/national-directory.html>

² J Alexander, et al. Consumer Trust in Sources of Physician Quality Information. *Med Care Res Rev*, 2011. <http://mcr.sagepub.com/content/68/4/421>

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After receiving or imputing the total count of physicians in each program and incorporating physicians with BTE recognitions, we calculated the percentage of total physicians in each state for whom the information is available. The denominator for this measure, the total number of licensed physicians in each state, was calculated using the NPI database. We excluded specific specialties within the NPI database from the denominator of this measure. A list of excluded specialties can be found in Appendix A. Please note that not all licensed physicians see patients. Additionally, publicly available information related to physicians' malpractice and disciplinary history was not accounted for in this report. State-specific numerators and denominators were shared with the 15 states with publicly reported physician quality information in advance of the release of this report for confirmation or correction.

We also incorporated a score for the mix of measures that were included in a public report, such as outcome, process and patient experience. Out of the total measures publicly reported in each program, the proportion of intermediate outcome measures and process measures was calculated. Intermediate outcome measures were weighted more heavily as they provide more meaningful information to the health care consumer. If a program reported patient experience of care results publicly, the state received the maximum number of points available via the scoring criteria; the breadth of the measures reported via the patient experience survey was not evaluated.

Lastly, we analyzed the accessibility of the publicly reported information in each state because it is paramount that health care consumers can not only find the information, but can digest it in order to make meaningful decisions about their care. The first pathway consisted of a standard Google search using the phrase "information on quality of doctors in STATE NAME/CITY NAME." If the web-based resource or program appeared on the first page of the Google search, it was allocated the maximum number of points available via the scoring criteria detailed in Table 1.

However, if the program did not appear on the first page of the Google search, it was not allocated any points. HCI³ evaluated, in a completely subjective manner, whether a health care consumer would be able to understand the information presented and whether it was useful. If the information presented was found to be both understandable and useful, the program received the maximum number of points available via the scoring criteria; otherwise, it received no points.

Since no state publicly reports quality information on all physicians, according to the criteria set forth in this report card, we graded on a curve to acknowledge those states with the most widespread public reporting initiatives. We also allocated additional points to states based on the type of measures reported, with the highest number of points assigned to outcome measures and the ease of accessibility of the information.

Table 1. Scoring Criteria

CATEGORY	MEASURE	POINTS
Scope of Transparent Quality Information	Percentage of Clinicians with Transparent Quality Information	65
Scope of Measures	Intermediate Outcome	10
	Process	5
	Patient Experience	5
Accessibility of Information	Can you find it?	5
	Can you understand it?	5
	Is it useful?	5
Total		100

Table 2. Grading Thresholds

GRADE	RANGE
A	61-100
B	51-60
C	41-50
D	31-40
F	0-30

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Research Limitations

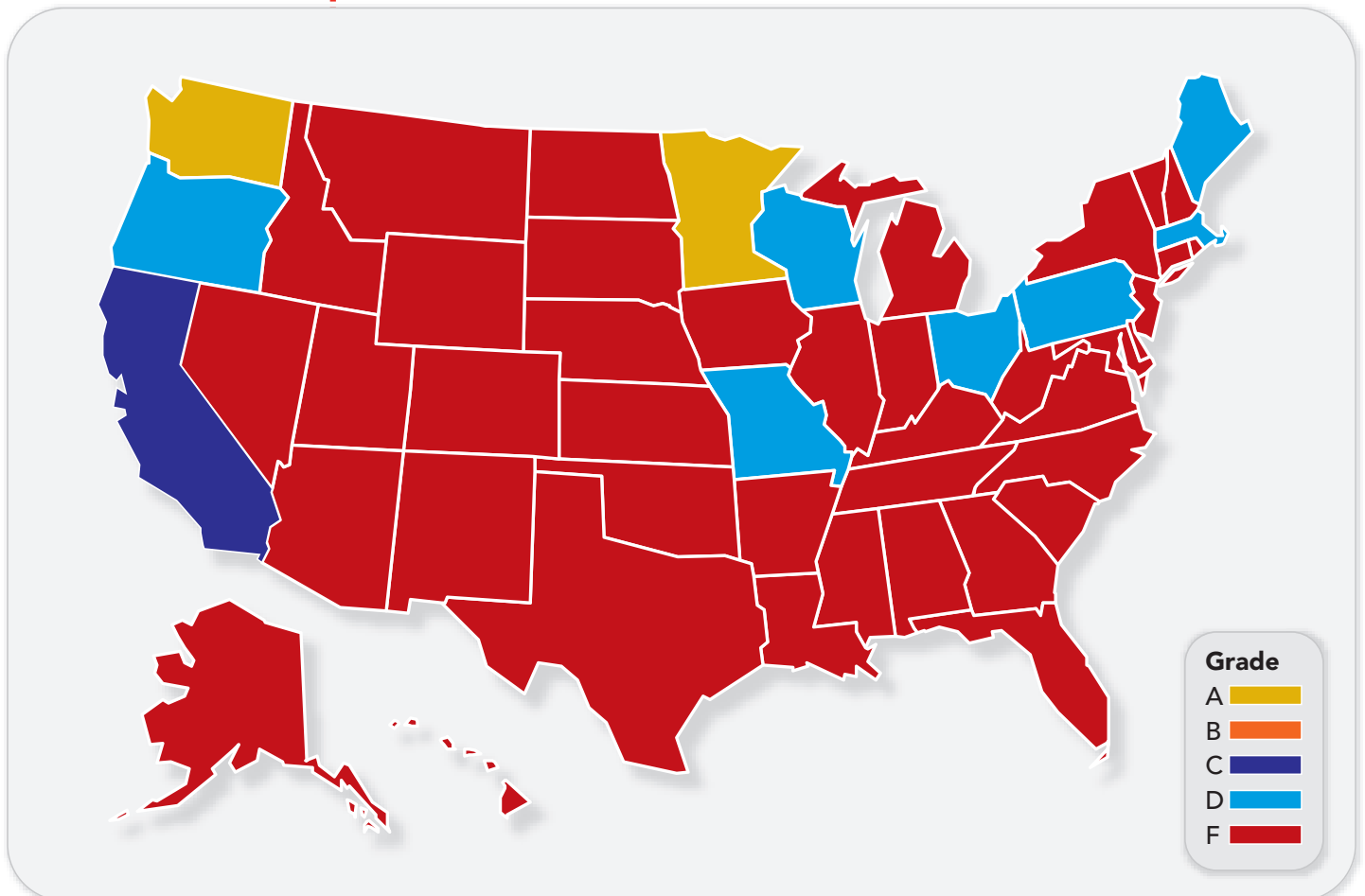
As noted on page 3, not all program directors responded with the information needed to calculate the appropriate numerator: the total number of physicians in each state with publicly available quality information. As such, the numerators for Illinois, Minnesota and Washington were derived by HCI³ using information about the geographic scope of each program and participation of physicians by specialty, which was available via the program website. The numerators for these states are estimates and have not been confirmed.

Additionally, since HCI³ did not have access to the NPIs for each physician for whom quality information is publicly available, there was no way to systematically de-duplicate physicians who participate in both a community public reporting program and Bridges To Excellence. To avoid underrepresenting the total number of physicians with transparent quality information, we counted these two efforts separately. As such, there may be double counting of physicians who participate in both efforts resulting in an overrepresentation of physicians with publicly available quality information for the 15 states with public reporting initiatives included in this analysis.

HCI³ intends to update this state report card annually.

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on Physician Quality Transparency



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SCORING AND GRADES BY STATE

State	Percentage of Clinicians with Transparent Quality Information	Scope of Measures Reported Accessibility of Information			Can you find it?	Can you understand it?	Is it useful?	Final Score	Final Grade
	Total	Intermediate Outcome	Process	Patient Experience of Care					
AK	4%	0%	0%	0	0	0	0	3	F
AL	3%	0%	0%	0	0	0	0	2	F
AR	3%	0%	0%	0	0	0	0	2	F
AZ	2%	0%	0%	0	0	0	0	1	F
CA	38%	24%	76%	1	0	1	1	46	C
CO	7%	0%	0%	0	0	0	0	5	F
CT	6%	0%	0%	0	0	0	0	4	F
DC	2%	0%	0%	0	0	0	0	2	F
DE	1%	0%	0%	0	0	0	0	1	F
FL	2%	0%	0%	0	0	0	0	1	F
GA	3%	0%	0%	0	0	0	0	2	F
HI	5%	0%	0%	0	0	0	0	4	F
IA	4%	0%	0%	0	0	0	0	3	F
ID	2%	0%	0%	0	0	0	0	1	F
IL	4%	0%	100%	0	0	1	1	18	F
IN	2%	0%	0%	0	0	0	0	1	F
KS	3%	0%	0%	0	0	0	0	2	F
KY	2%	0%	0%	0	0	0	0	1	F
LA	3%	0%	0%	0	0	0	0	2	F
MA	22%	16%	84%	1	1	1	1	40	D
MD	3%	0%	0%	0	0	0	0	2	F
ME	25%	65%	35%	0	1	1	1	39	D
MI	10%	12%	88%	1	0	1	1	27	F
MN	66%	27%	73%	1	1	1	1	69	A
MO	10%	17%	83%	1	1	1	1	32	D
MS	1%	0%	0%	0	0	0	0	1	F
MT	4%	0%	0%	0	0	0	0	2	F
NC	9%	0%	0%	0	0	0	0	6	F
ND	0%	0%	0%	0	0	0	0	0	F
NE	3%	0%	0%	0	0	0	0	2	F
NH	9%	0%	0%	0	0	0	0	6	F
NJ	2%	0%	0%	0	0	0	0	1	F
NM	8%	40%	60%	0	1	1	1	27	F
NV	3%	0%	0%	0	0	0	0	2	F
NY	9%	100%	0%	0	0	0	0	16	F
OH	8%	28%	72%	1	1	1	1	31	D
OK	2%	0%	0%	0	0	0	0	1	F
OR	30%	0%	100%	0	1	1	1	39	D
PA	6%	62%	38%	1	1	1	1	32	D
RI	8%	0%	0%	0	0	0	0	5	F
SC	4%	0%	0%	0	0	0	0	2	F
SD	0%	0%	0%	0	0	0	0	0	F
TN	9%	23%	77%	1	0	1	1	27	F
TX	3%	0%	0%	0	0	0	0	2	F
UT	0%	0%	0%	0	0	0	0	0	F
VA	3%	0%	0%	0	0	0	0	2	F
VT	26%	0%	0%	0	0	0	0	17	F
WA	55%	0%	100%	1	1	1	1	61	A
WI	26%	38%	63%	0	0	1	1	34	D
WV	3%	0%	0%	0	0	0	0	2	F
WY	1%	0%	0%	0	0	0	0	0	F

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QUALITY PROGRAM INFORMATION

State	Program/Resource	Description	Link
CA	California Office of the Patient Advocate	Provides star ratings of medical groups across several clinical domains, such as Asthma Care, Diabetes Care, Heart Care, Screening for Cancers, Screening for Chlamydia, Back Pain Care, Bronchitis	Mobile App: http://www.opa.ca.gov/Pages/MobileApplications.aspx . Webpage: http://reportcard.opa.ca.gov/rc2013/medicalgroupcounty.aspx
CA	Aligning Forces Humboldt - Quality Care Reports	Provides a comparison of medical group performance to an average across such domains as Preventive Care, Diabetes Care, Cardiovascular Conditions, and Patient Experience	http://www.aligningforceshumboldt.org/find_quality_care.php
CA	Office of Statewide Health Planning and Development	Reports mortality rates of heart-bypass surgery for all California cardiac surgeons	http://www.oshpd.ca.gov/HID/Products/Clinical_Data/CABG/10Breakdown.html
IL	Quality Quest for Health of IL	Provides individual clinician scores for Colonoscopy Care	http://www.qualityquest.org/quality-reports/
MA	MHQP Experience of Care Survey	Statewide Patient Experience of Care Survey Results Across Primary Care Practices	http://c354183.r83.cf1.rackcdn.com/MHQP%20Consumer%20Reports%20Insert%202012.pdf
MA	Quality Insights: Clinical Quality in Primary Care	Provides star ratings of medical groups across several domains, such as Pediatric Medications and Testing, Adult Diagnostic and Preventive Care, Depression, Asthma, Diabetes, Heart Disease, Women's Health	http://www.mhqp.org/quality/whatisquality.asp?nav=030000
ME	Get Better Maine	Compares good/better/best ratings of practices across Diabetes, Heart Disease, Hypertension, and Patient Experience domains	http://www.getbettermaine.org
MI	Greater Detroit Area Health Council: My Care Compare	Compares the performance of medical groups across several domains: Antibiotic Use, Asthma, Back Care, Cancer Screening, Child and Adolescent Health Care, Diabetes, Heart Disease, Patient Experience	http://www.mycarecompare.org
MN	Minnesota Healthscores	Compares the performance of practices across several domains: Asthma, Colorectal Cancer, Depression, Diabetes, Vascular Disease	http://www.mnhealthscores.org
MO	Quality Health Together	Compares the performance of practices across several domains: Asthma, Children's Health, Depression, Diabetes, Women's Health, Patient Experience	http://www.qualityhealthtogether.org/find_quality_care.php

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QUALITY PROGRAM INFORMATION

State	Program/Resource	Description	Link
NM	Medical Group Snapshot	Compares the performance of practices across several domains: Breast Cancer Screening, Cervical Cancer Screening, Diabetes Care, LDL Testing, Asthma Medications	http://www.abqhealthcarequality.org/reporting/medicalgroups/
NY	NY State DoH: Cardiovascular Disease Data and Statistics	Compares mortality rates for surgeons performing PCI and CABG procedures	http://www.health.ny.gov/statistics/diseases/cardiovascular/
OH	Better Health, Greater Cleveland: Community Checkup Report	Compares the performance of practices across several domains: Diabetes, High Blood Pressure, Heart Failure	http://www.betterhealthcleveland.org/Community-Health-Checkup.aspx
OH	Your Health Matters	Compares the performance of primary care practices across several domains: Diabetes, Cardiovascular Disease, Colon Cancer Screening, Patient Experience	http://yourhealthmatters.org
OR	Partner for Quality Care: Information for a Healthy Oregon	Compares the performance of practices across several domains: Women's Health, Children's Health, Diabetes Care, Asthma Care, Heart Disease Care, Low Back Pain Care, Using Antibiotics	http://www.partnerforqualitycare.org
PA	South Central PA: Community Checkup Report	Compares the performance of primary care practices across several domains: Diabetes, Heart Disease, Patient Experience	http://www.aligning4healthpa.org/community-checkup.aspx
PA	Pennsylvania Health Care Cost Containment Council	Reports the volume of cases, mortality and 30 day readmission rates for individual cardiac surgeons performing CABG procedures	http://www.phc4.org/reports/cabg/
TN	Health Care Quality Matters	Compares the performance of practices across several domains: Diabetes, Heart Disease, Women's Health, Children's Health, Patient Experience	http://healthcarequalitymatters.org/?p=fqc
WA	Puget Sound Alliance: Community Checkup	Compares the performance of medical groups across several domains: Diabetes, Heart Disease, Asthma, COPD, Patient Experience	http://www.wacommunitycheckup.org/?p=viewreports&orgname=all&county=All+Counties
WI	Wisconsin Collaborative for Healthcare Quality: Wisconsin Health Reports & WCHQ website reports	Compares the performance of medical groups across several domains: Diabetes, Heart Disease, Patient Experience, Pneumonia, Cardiac Surgery, Women's Health, Cardiovascular Specialty Care	http://www.wisconsinhealthreports.org ; http://www.wchq.org/reporting/

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APPENDIX A

List of Excluded Specialties from NPI Database

Physician/Anesthesiology	Mass Immunizer Roster Biller
Speech Language Pathologist	Radiation Therapy Center
Physician/Hospice and Palliative Care	Slide Preparation Facility
Oral Surgery (Dentist only)	Licensed Clinical Social Worker
Physician/Pathology	Physician/Maxillofacial Surgery
Physician/Diagnostic Radiology	Physician/Neuropsychiatry
Anesthesiology Assistant	All Other Suppliers
Physician/Nuclear Medicine	Unknown Supplier/Provider Specialty
Certified Registered Nurse Anesthetist (CRNA)	Advance Diagnostic Imaging
Mammography Center	Optician
Independent Diagnostic Testing Facility (IDTF)	Physician/Gynecological Oncology
Ambulatory Surgical Center	Physician/Undefined Physician type
Medical Supply Company with Orthotist	Hospital-General
Medical Supply Company with Prosthetist	Hospital-Acute Care
Medical Supply Company with Orthotist-Prosthetist	Hospital-Children's (PPS excluded)
Other Medical Supply Company	Hospital-Long-Term (PPS excluded)
Individual Certified Orthotist	Hospital-Psychiatric (PPS excluded)
Individual Certified Prosthetist	Hospital-Rehabilitation (PPS excluded)
Individual Certified Prosthetist-Orthotist	Hospital-Short-Term (General and Specialty)
Medical Supply Company with Pharmacist	Hospital-Swing Bed Approved
Ambulance Service Provider	Hospital-Psychiatric Unit
Public Health or Welfare Agency	Hospital-Rehabilitation Unit
Voluntary Health or Charitable Agency	Hospital-Specialty Hospital (cardiac, orthopedic, surgical)
Portable X-Ray Supplier	Critical Access Hospital
Audiologist	Skilled Nursing Facility
Physical Therapist in Private Practice	Intermediate Care Nursing Facility
Occupational Therapist in Private Practice	Other Nursing Facility
Clinical Laboratory	Home Health Agency
Clinic or Group Practice	Home Health Agency (Subunit)
Registered Dietitian or Nutrition Professional	Pharmacy
Physician/Pain Management	