



Robert Wood Johnson Foundation

Communicating with Physicians about Performance Measurement

Communications research conducted on behalf of the Robert Wood Johnson Foundation

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Background

Despite medical technology and scientific advances, health care in America remains fraught with uneven and often poor quality – especially in the treatment of chronic diseases affecting millions of Americans, like diabetes, asthma and heart failure. Although we know many of the best practices to improve the quality of treatment, formidable barriers prevent these practices from taking hold and transforming care across the country.

The result is that, across America, there are dangerous gaps between the health care that people should receive and the care they actually receive. From Puget Sound to Pennsylvania and everywhere in-between, the quality of the health care varies widely – with both good and bad care being delivered in hospitals and doctors’ offices in every community.

The federal Agency for Healthcare Research and Quality defines quality care as “doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.” Quality health care is care that: 1) works, 2) is safe, and 3) is tailored for patients.

The Robert Wood Johnson Foundation (RWJF) is leading a transformation in the quality of care provided to people in communities nationwide. Aligning Forces for Quality (AF4Q) is RWJF’s signature effort to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national reform. In 17 Aligning Forces regions, people who get care, give care and pay for care are working to rebuild health care systems, so they work better for everyone involved. The program intends to drive change in local health care markets that will result in measureable improvements by 2015.

Since Aligning Forces kicked off in 2006, it has essentially defined the field of regional quality improvement. When Aligning Forces began, the idea of diverse local stakeholders linking approaches to enhance quality was novel. Since then, the program’s emphasis on 1) engaging consumers, 2) measuring the performance of providers and reporting it publicly, and 3) improving the quality and equality of care being delivered has taken hold.

About this Research

In the fall of 2008, RWJF sponsored research to explore messages to use to engage physicians in the concept of measuring and publicly reporting data on their performance. RWJF recognized that educating providers about ways to improve care – including increased adherence to known standards – is an instrumental part of health care transformation. Thus, RWJF sponsored research on how best to begin talking with physicians about measuring and reporting data on their performance.

The goal was to identify messages that were most likely to engage physicians to consider becoming early adopters of – and advocates for – performance measurement and public reporting.

It is important to note that the purpose of the research was solely to identify and test messages for communications purposes. It was not conducted to identify what aspects of performance measurement

were supported or disputed or to gather insights into how to design different performance measurement or physician reimbursement systems.

Since its release in early 2009, AF4Q community teams have used the research to assist in efforts to engage their local physicians in health care performance measurement and public reporting initiatives.

The Research Approach

Numerous market research firms were vetted to identify experts with a robust familiarity with health quality issues, including transparency; a proven record of conducting research with physicians; and experience developing messages on complex, sometimes controversial health care issues.

Three firms were engaged to jointly develop and implement a qualitative and quantitative approach. The process included:

1. Telephone Interviews with Quality Improvement ‘Champions’

As a first step, nine recognized champions of health care quality improvement provided objective insight into how to best communicate about transparency to physicians. They shared their perceptions of physician barriers to performance measurement and reporting, and provided concepts for messages to test to address these barriers.

2. Telephone Interviews with ‘Early Adopter’ Physicians

Interviews were then conducted with physicians who have proactively implemented some performance measurement in their own practices and/or have been open to quality measurement within their own practices. Reasons for supporting performance measurement were discussed, as well as reactions to potential message concepts.

3. Telephone Interviews with Leaders in AF4Q Communities

In each of the 14 AF4Q communities, an interview was held with the person who is spearheading the local effort to educate fellow physicians about performance measurement and public reporting. These local leaders helped refine message concepts and offered insights into how their local physicians react to discussions about transparency. They shared messages that they think are working in their community.

4. Telephone Interviews with Other Physicians in AF4Q Communities

A set of core messages were then tested with a small sample of 11 physicians practicing in AF4Q communities. These were physicians who were not yet engaged in AF4Q, but who were recommended by the local AF4Q community team as receptive to quality improvement initiatives.

5. One-on-One Focus Groups with Physicians to Test the Language Used in the Survey Instrument

A survey instrument was developed to test potential messages with physicians, but before this survey was used in the field, it was tested in a series of one-on-one focus groups with physicians. This helped to refine the language used in the survey to ensure that physicians clearly understood the meaning of both the questions and the messages.

6. Nationwide Online Survey of Physicians

An online, nationwide survey of approximately 800 physicians was conducted to quantify their reaction to the messages. Conducting the research online rather than by phone allowed participants ample time to digest and evaluate the messages and arguments in a more thorough manner than they likely could via phone interviews.

7. Final Messages

Based on the results to the qualitative and quantitative research outlined above, the research consultants enlisted by the Foundation developed a set of tested, core messages to aid in communicating with physicians about performance measurement and public reporting (PM/PR) – including responses to some of the most vocal concerns physicians expressed about PM/PR practices.

Tested Messages to Use with Physicians

Key Findings

Based on research conducted in the fall of 2008 by the Robert Wood Johnson Foundation, one can draw the following conclusions about communicating with physicians on performance measurement and public reporting:

- **Acknowledging that some first-generation measurement and reporting efforts were flawed creates an opening, and reduces the risk of physicians immediately tuning out.** Communicating about ‘new’ efforts that include physicians’ input and address their concerns facilitates more comfort with performance measurement and reporting efforts.
- **A majority of physicians (88 percent) are very or somewhat familiar with the concept of performance measurement.**
- **Those who are most familiar with performance measurement are most likely to strongly support it and more likely to support releasing data to the public.** Additionally, they are most likely to be very interested in being involved in the development of the effort. This is a positive finding, suggesting that the more physicians become familiar, the more likely they will be to support performance measurement.
- **Nearly seven in 10 physicians (68 percent) lean in support of performance measurement as a way to improve care.** There is still hesitation – only 17 percent strongly support performance measurement – but a majority leaning in favor provides openings. Physicians most likely to support performance measurement include those who see fewer than 75 patients per week, and those in large, multi-specialty practices (which tend to have more than six physicians).
- **Physicians tend to oppose public reporting,** however: 45 percent oppose, 35 percent lean in support, and 20 percent neither support nor oppose. Those most likely to support public reporting include Asian physicians and those in large, multi-specialty practices.
- **In releasing data to the public, physicians place the most trust in professional medical associations, followed by a local team that includes physicians and national, non-partisan foundations.**
- **Throughout the research process, the top message themes for eliciting support among physicians emphasize two positive outcomes of performance measurement in their own practice:**
 - being able to assess their own care; and
 - increasing learning opportunities.
- **Nearly one in two physicians (47 percent) says their top concern – from a list of five – is a belief that measurement tools cannot account for things outside of their control, such as ‘patient compliance’ and health status.** A message that underscores the consumer component

of performance measurement efforts, such as education on disease management, makes many physicians in the survey feel more comfortable with these efforts.

- **Other concerns include not knowing who is designing the tools, and the perception that collecting data will become an extra burden.** Messages that reflect local physicians' involvement in design and continuing medical education about how to use and act on information lessens these worries.
- **Segmentation analysis on these data shows very few demographic differences among physicians** across data including gender, age and years in practice.
 - **Based on the message research, key targets** for PM/PR communications are those in large, multi-specialty practices. These physicians are more likely than those in smaller and solo practices to be favorable toward both performance measurement and reporting on a number of variables.
 - **Additionally, Asian physicians and those already very familiar with performance measurement** are most likely to say they are very interested in getting involved in efforts.
- While the 2007 RWJF-sponsored consumer research regarding health care quality shows that consumers respond best to messages centering on the doctor-patient relationship, 2008 data suggest this concept is not as effective among physicians.
- Another message concept that falls flat among physicians elevates objective, scientific performance measurement data over subjective websites (e.g., Angie's List) based on non-scientific sources.

Tips for Communicating about Performance Measurement and Public Reporting

1. Acknowledge existing perceptions.

Message concepts that tested well include:

- In the past, some systems that collected data on the quality of health care were flawed. To improve quality in [COMMUNITY], we need your help to design a system that is fair, inclusive, and gets it right.
- We understand the frustration of doctors who feel squeezed by today's payment system, pressured to see more patients, and frustrated by growing administrative requirements. We want to work toward a system that rewards doctors for getting patients the high-quality care they need – care that is known to improve health and reduce unnecessary risks.

2. Offer key reasons to support performance measurement and public reporting.

Message concepts that tested well include:

- In every community, both good and bad care is being provided in hospitals and doctors' offices. If we can all agree on a reliable, comprehensive, and accurate way to measure physician performance, that's a worthwhile goal.

- Many physicians look for new ways to improve their skills and provide better quality care and sharing performance data across providers often generates conversations about proven techniques that improve care.
- Performance measurement data can help physicians assess what is working in their own practice. Most physicians don't have accurate, complete data on the care provided in their practice. Without measurement, it is hard to know if the steps they are taking are as effective as they want them to be.
- We think performance measurement could benefit physicians like you. It could result in identifying ways to improve the quality of care across your entire practice. It could also help you assess the quality and effectiveness of the care that you provide and how it compares to evidence-based standards of care.

3. Demonstrate that providers' concerns are understood and offer a response.

Measuring things outside physician control

Concern: Some physicians say that the measurement tool and data will not account for things outside of their control, like the health status and compliance of the patient, or if the patient is receiving care from other physicians outside their practice.

Response that tested well:

The efforts now underway in many communities, including [COMMUNITY], emphasize improving patient compliance, instead of just focusing on physicians. These efforts include educating patients to better manage their disease and to take more responsibility for improving their health.

Concerns about who is designing the measurement tool

Concern: Some physicians have concerns that they don't know who is designing the measurement tools.

Response that tested well:

In [COMMUNITY], local physicians are included in the team that designs the measurement system, to help ensure that it's fair, inclusive, flexible, and actually measuring the right things.

Concerns that collecting and analyzing data would be an added burden for physicians

Concern: Some physicians say that collecting and acting on data would be an extra burden on them.

Response that tested well:

In some communities, efforts to implement performance measurement involve aggregating data from various health plans to give physicians a simpler, comprehensive picture of their care. While reviewing and acting on the data requires extra attention from physicians, the added effort will lead to better care for your patients. Our effort in [COMMUNITY] also includes quality improvement training (continuing medical education) about how to use and act on the performance information to help you make practice improvements.

4. Ask physicians to become engaged.

Message concepts that tested well include:

- We need you to help shape this process, so that it's comprehensive and measures the right things.
- The nation's leading medical societies – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many other specialty societies – are actively engaged in discussions about the benefits of performance measurement, because they recognize its inevitability and want to shape it.
- You could be part of a team that designs the performance measurement system in [COMMUNITY] instead of leaving it only to administrators, actuaries, and politicians.

Specific Language that Tested Well in Explaining PM/PR Efforts to Physicians:

We understand the frustration of doctors who feel squeezed by today's payment system, pressured to see more patients, and aggravated by growing administrative requirements. That's why we want to work toward a system that rewards doctors for getting patients the high-quality care they need – care that is known to improve health and reduce unnecessary risks.

We believe that publicly reported information about physician group performance is critical for improvement. We know that in the past, some of the systems that collected and reported data on the quality of health care were flawed. To improve quality, we need local physicians to help design a system that is fair, inclusive, and gets it right.

We know that in every community, both good and bad care is being provided in hospitals and doctors' offices. If we can all agree on a reliable, comprehensive, and accurate way to measure physician performance, that's a worthwhile goal. We believe that as performance measures are developed, they must be:

- Completely clear (transparent) in methodology
- Specific about the data used to develop the measures and any limitations presented by the data
- Inclusive of physicians from the beginning

Physicians are always looking for ways to improve their skills and provide better quality care. We believe performance measurement and public reporting could be beneficial for physicians in our region. It could result in ways to improve the quality of care across entire practices. It could also help doctors assess the quality and effectiveness of the care that they provide and how it compares to evidence-based standards of care.

Our efforts also help patients to understand how to better manage their disease and to take more responsibility for improving their health, instead of just focusing on physicians.

Our work includes help for doctors – continuing medical education and quality improvement training – so that they better understand their performance data and more easily identify possible improvements to their practice.

Having local physicians on the team that designs the measurement system is at the heart of our effort. Their involvement helps ensure that it's fair, inclusive, flexible, and actually measuring the right things.

Messages Regarding Payment

RWJF does not support any specific proposal for reforming health care payment. Messages about potential payment reforms that may coincide with performance measurement and/or demonstrable improvements in quality were not tested as part of this research. Although no messages about payment were tested, the Foundation certainly supports rewarding quality care and offers the following messages:

- **Our payment system should reward providers for giving patients the right care at the right time in the right way.**
- **Our health care system generally pays providers for the number of treatments and procedures they provide and pays more for using expensive technology or surgical interventions.**
- **Public and private payers – health plans, Medicaid, and Medicare – should use common measures to assess provider performance.**
- **Providers who deliver high-quality, cost-effective care or who improve significantly should be rewarded.**
- **Providers should be fairly compensated for preventive care, time spent coaching patients and coordinating care for those with chronic conditions.**

Interviews With Quality Improvement ‘Champions’

The message research experts engaged by RWJF conducted one-on-one telephone interviews with physician leaders on the Foundation’s behalf. Interviewees included leadership representatives from the following organizations:

- Agency for Healthcare Research & Quality
- American Academy of Family Physicians
- American College of Surgeons
- American Medical Association
- Institute for Health Care Delivery Research
- Institute for Healthcare Improvement
- Kaiser Health Plan & Hospital
- National Hispanic Medical Association

Questions/Topics Explored:

- What do you believe are the key factors that continue to drive physician resistance to quality measurement, transparency, and public reporting?
- In communicating with physicians about quality measurement and reporting – what works, what doesn’t?
- What messages resonate with physicians around quality? What should be avoided?

Key Findings:

Quality improvement champions speculated that physicians practicing in communities nationwide would raise numerous concerns and questions in response to discussions of measurement and public reporting. Among the insights they offered:

- There is a **lack of a culture around quality measurement and reporting** in the physician’s world that harkens back to medical school training. Although this may be a generational issue, it is a culture that won’t die quickly according to those interviewed.
 - There was no conscious teaching/training of the resident to go back and ask “*how are we doing with certain patients...?*”
 - Traditionally, physician quality was based on the medical school one attended, being board-certified, one’s hospital affiliation, etc. This has certainly been true for patients.
 - Physicians are their own boss...“*nobody tells me what to do.*”

- **Issues around the data used are probably the single greatest concern** that physicians have around measurement, transparency, and reporting, and for good reason according to the physician champions interviewed. Some of the reasons cited for concerns about data include:
 - A “third party” collects data and is not transparent as to how the data is collected. It is difficult for doctors to trust data when they don’t understand the methodology of data collection.
 - The data collected often isn’t timely, nor does it provide feedback that actually helps physicians improve care.
 - Many feel that what is being studied is what is easy to measure, **instead of what is important to know**. It is not value-added. It isn’t linked to processes that help anticipate problems or prevent them.
 - They question **whether measures as selected by some third party have any clinical relevance**, or were they simply easy to extract from claims data or from administrative data?
 - Doctors are being held accountable for some things they can’t do anything about because **of the system within which they work**. For example, patients may be seen by multiple physicians whose treatment may impact outcomes.
 - **Much of the reporting data has a very negative tone to it**. Physicians believe that the purpose of measurement and reporting seems to be to reward and punish. (i.e., “*We want to see if you’re doing well. We want to catch you. We are going to find out if you are really as good as you think you are.*”)

Although the individuals interviewed were identified as ‘champions’ of quality improvement efforts, even they expressed skepticism about the public reporting aspect of such efforts.

- **Public reporting of physician quality outcomes is met with strong resistance by many physicians**, with much of the concern coming from issues around the data itself and how it is being used by those entities collecting the data (i.e. health plans).
- At this juncture in the quality measurement and reporting of outcomes, quality improvement champions believe **there can be much greater buy-in if reports on measures are at the practice (rather than individual) level**, with the individual physician within the practice knowing how he/she fared in comparison with peers. Also, they believe data should be aggregated across health plans in order to make the data more valid.
- These physicians are also **quite skeptical, even cynical about how the public or if the public uses measures that are currently reported**. Several interviewees cited studies that showed no evidence that patients are using the health care information the way they do *Consumer Reports’* evaluations of automobiles and appliances, for example. As a result, the champions interviewed were doubtful that having such information available to patients is necessarily going to lead to consumers making more informed choices about their health care or if it even really helped patients make more informed choices. However, several mentioned measures that were critical for physicians to receive patient feedback, such as the patient’s understanding of a care plan, understanding management of a chronic disease, and medication management.

The conclusion of the interviews focused on how best to communicate with physicians in a manner that

would best alleviate some of their greatest concerns.

- As the previous section indicates, data is a serious concern with physicians. Several of those interviewed stated that indeed **there are problems with data collection in many areas, and some of these concerns should be addressed openly with physicians.** This in turn can be a strong argument for encouraging physicians to be partners in developing quality indicators, the validity of measurement, and can add value to the physician's practice.
 - One of the key themes from those interviewed is that one of the credible ways to talk about this topic is **not necessarily in the context of measurement, but in an environment of improvement and knowledge and learning.**
 - Measurement should be done and talked about in a way that **offers insight into whether physician practices are effective or not,** not how many mistakes a doctor made.
 - It was suggested that one approach to use in communicating about the issue of public reporting that physicians may view in a positive light is what one calls the **“professionalism tie-in”** – the notion that most doctors want their patients to think they are good doctors. If patients don't think they are, then the doctors need to know. Thus the reporting can be a tool for doctors to realize how they are perceived.

With these interviews completed, the researchers began to identify the most common concerns/issues raised by physicians and developed a slate of possible message concepts to best address them.

Interviews with ‘Early Adopters’ of Performance Measurement

Researchers identified a handful of physicians who could be considered ‘early adopters’ of quality improvement efforts. Four physicians representing three private practices were interviewed via telephone.

Questions/Topics Explored:

- Implementing a quality measurement system in a practice:
 - How was a system developed?
 - How was it communicated among physicians in the practice?
 - What are some of the challenges in implementing quality measurement within a private physician practice?
 - Has it changed your practice of medicine in any way?
 - Has your relationship with your patients changed?

Key Findings:

The interviewees shared insight about their involvement in quality improvement initiatives, and consequently, what they would recommend to others implementing similar efforts.

- For all of the physicians interviewed, **quality implementation has been gradual and usually linked either to a specific initiative and/or changes in the medical practice world that would require the collection of more clinical information** on patients.
 - Examples mentioned included pay-for-performance and increasing pressure from health plans to provide outcome measures.
 - Several interviewees became involved in local initiatives and programs that targeted very specific patient populations who were to be followed, such as a community-wide chronic care initiative, or the establishment of patient registries related to certain diagnosis, such as diabetes. Most of the practices interviewed have not developed quality measurement systems beyond initiatives similar to those mentioned, although one physician has been using a few of the quality modules developed by a professional medical association.
- Each of the practices represented had **electronic patient medical records which contributed greatly to the ease of collecting, organizing, and evaluating the data.** There was strong agreement that the absence of good information technology in one’s practice increases the burden for physicians to generate their own performance metrics.
- Physicians interviewed agreed that having **access to process and/or outcome data has led to being better informed** about factors such as disease management and patient compliance, often leading to changes in the way they practice and/or how they interact with patients.

- The issues of time and money were raised by each physician. **Although staff may be involved in quality improvement initiatives, the greatest burden falls on the physician.** Physicians are not paid for the time spent with patients (directly or indirectly), but by the volume of patients they see. Thus, time spent on quality-related activities is viewed by some as revenue lost.

Message Review:

Researchers spent a portion of the interviews raising seven key issues which resulted from the earlier round of interviews with quality improvement champions, and exploring the early adopters’ thoughts on a draft series of message themes/concepts that attempted to address them.

Issue 1: Physicians see performance measurement as threatening and about weeding out bad doctors. However, if it improves their care for patients, they are interested.

Potential message theme:

Physicians are always looking for new ways to improve their skills and provide better quality care to their patients...performance measurement is really about improving the care you give to your patient – learning from others, seeing what is working, and implementing proven approaches and techniques.

Issue 2: Physicians believe there are many factors beyond their control that affect quality measurements – from problems within the system of care to co-morbid conditions and environmental factors of their patients. Measurements do not take these factors into account – they aren’t risk-adjusted for variation.

Potential message theme:

Performance measurement enables physicians to take control of the care they provide – it offers better information, tools, techniques, and methods that doctors can use – and puts quality information into the hands of the very person most able to make a difference in a patient’s care.

Issue 3: Performance measurement misses the intangibles, measures the wrong things, and/or only measures the factors easy to measure because actuaries design measures, not doctors.

Potential message theme:

This is an opportunity for physicians to play a part in helping define and measure quality care. Who better than doctors themselves to help identify what it means to offer quality care – be a part of the process to set measures in your community, etc.?

Response to the messages of these first three themes – improving care, ensuring reliable data, and making physicians part of the process in developing measurement – was generally positive.

Issue 4: Reporting is all about problems – not about improvement or what is working well.

Potential message theme:

The emphasis in public reporting should be on identifying effective practices and what works well – approaches and methods that improve quality and enhance the doctor-patient relationship – which is exactly the kind of information doctors want.

Respondents said that they do not think this is the philosophy behind public reporting and are not sure if it should be. Instead, they believed it is what improving care is about, whether there is reporting or not.

Issue 5: Doctors are competitive and want to know what colleagues are doing if they are having better outcomes in a particular clinical area.

Potential message theme:

Improvement occurs when physicians are aware of best practices to ensure that they are providing the best care to their patients.

Respondents want to be able to constructively look at what they can do to improve patient care.

Issue 6: There is a belief that patients won’t use this information – that it is not the kind of information patients are looking for when seeking a doctor.

Potential message theme:

Physicians need to help their patients understand what these measures mean and how they relate to improving their health care. It is also important that they listen to patients and learn what is important to them in the physician-patient relationship.

Respondents expressed that ‘okay’ measurements are done in a way that can help physician work with patients in improving their health status.

Issue 7: Doctors oppose public reporting on the individual vs. the practice level. They believe the measures are often not valid and carry a negative tone.

Potential message theme:

If there is to be public reporting, it’s better for physicians to be part of efforts to shape how data is generated and reported in their communities, than not to be involved.

Early adopters expressed that what’s reported must be fair and in patients’ best interest. They do not believe that individual physician measurements or markers are in the patients’ best interest. And they question whether or not the “clinical” factors really resonate.

Interviews with Aligning Forces Leaders

Researchers conducted a series of one-on-one telephone interviews with designed leaders in each of the Aligning Forces for Quality (AF4Q) communities supported by RWJF.

Topics Explored:

- Messages these leaders use with local physicians to convince them of the value of quality measurement and public reporting.
- Community leaders' reactions to six themes that emerged from earlier interviews regarding measurement and reporting, including:
 - "It's all about looking for bad doctors." (It's all a negative focus).
 - "It leads to cookbook medicine."
 - "The data collection is flawed."
 - "It leads to competition."
 - "Reporting of data should be done at the practice rather than individual level."
 - "The data should not be reported publicly."

Messages Used by AF4Q Leaders:

Improving the quality of patient care through measurement is by far the message that the Aligning Forces leaders find the most effective in 'selling' performance measurement to physicians. Language they've found helpful includes:

"...patients deserve top medical care and that there is something seriously broken in primary care and most of the measures are primary care measures. If we can fix that, and also fix patient care at the same time, everybody wins."

"Do this for yourself and for your patients."

"You can't improve if you don't measure."

"The issue is, do you care about quality of patient care? We think we can identify measures that the community of physicians has agreed are important measures to report. You would be able to identify ways in which your clinical practice can improve with the kinds of measures that warrant improvement. And, we are all learning together and sharing in the spirit of quality improvement, not trying to find the bad apple."

AF4Q leaders mentioned also that placing emphasis on measurement and providing information to physicians only (as opposed to public reporting) can also be more palatable to doctors.

Responses to Message Themes:

In general, messages that emphasize improved patient care, knowledge and learning resonated best. Telling physicians "it's the right thing to do," or "because we have to" has been used in too many situations, and comes across as an 'easy out' to explain why measurement must be done.

- **“It’s all negative.”** Leaders stated that they often tried to turn this thinking around and to emphasize the learning aspect of measurement instead of judgment.
- **The “cookbook medicine” theme** did not resonate much at all. Several of the physician leaders stated that this seems to be less of an issue than it used to be, and whether they measure or not in their own practice, most physicians are accepting of evidence-based standards of care.
- **“The data collection is flawed.”** Most interviewed were in agreement that in fact, there are problems with much of the data being used in performance measurement. One needs to acknowledge this upfront, stating there needs to be a lot of work to get it right, and that doctors need to be involved in this effort.
- **“It leads to competition.”** While acknowledging that it is a natural tendency for physicians to be competitive, a number of interviewees did not think this was necessarily the best way to encourage quality measurement. Most of the respondents believed that comparisons should be made with evidence-based standards of care, not necessarily to other physicians. With more and more emphasis on a team approach, the focus is on helping one another improve, not competing with each other.
- The issue of **reporting at the individual versus the practice level** evoked some of the strongest reactions of any of the themes discussed. As far as most of those interviewed are concerned, there are currently no good, convincing messages at this point around reporting at the individual level. Instead, the focus needs to be working to get the data right. While some of those interviewed acknowledged that eventually the data may be sound enough to release publicly at the individual physician level, they overwhelmingly state that practice level reporting with the practice having access to individual physician data is what is most effective now and where the level of reporting should remain.
- **“The data should not be reported publicly.”** This is an issue with which many of the AF4Q sites are currently grasping – how to report the data, what to report, and to whom. Some are still trying to work out the messages in their own minds. Several had a strong sense of what function a Web site with quality data should play in improving health care quality in the community. Most respondents, however, are concerned that the data is not at the point where it will be useful to consumers, although recognizing that it is a goal to be achieved.

In addition to responses to the message themes, the research team gleaned several other insights from these fruitful discussions, including:

- **There was discomfort around ‘absolutes’** – we can all agree, no one can do a better job than doctors, good and bad care, the most important component of quality care...” There were several places in the messages where physicians were concerned that the entire onus to ‘fix’ the problem is on the physicians’ back. For one, they say, this needs to be a team effort, and two, given how doctors are already feeling overburdened, telling them they have to fix it, or develop it, whatever, will really create pushback.
- **Many view quality measurement and reporting, and public reporting as two very different issues.** Some AF4Q communities are just beginning to share quality data with those physicians who have been reporting; some have posted data on their own (i.e., a coalition) Web sites, but most are still trying to decide how and what to report to the general public.

- **The issue of burden, particularly in terms of time and cost, came up repeatedly** during the interviews. For many primary care physicians, the time it takes to undertake measurement – which in turn, is time away from seeing patients (and therefore lost income) – begs the question, “What is the value-added here?”

Interviews with Local Physicians

The local AF4Q leaders interviewed were then asked to provide the names of several local physicians who could be contacted and interviewed. In total, physicians from 11 of the 14 communities were interviewed and asked to respond to proposed messages aimed at addressing the concerns/issues raised in the six identified message themes.

From this exercise, six key learnings emerged that would shape the final, qualitative phase of the research, including:

1. **Using competition as a motivator doesn't really work.** Learning what works and learning from each other should not be placed in the context of competition. The concern should not be in comparison to others, but in comparison to evidence-based standards of care.
2. **The purpose of quality measurement should be to improve patient care,** not to 'catch the bad guys.' Putting measurement in the context of learning and improvement resonates strongly.
3. It is important to acknowledge that often **the data used in quality measurement can be flawed.**
4. Trying to sell the value of **reporting at the individual physician level is a huge negative.** Time and again, those interviewed responded negatively to reporting at the individual level unless it was done only within a practice – with the data made available only to the physicians within that practice.
5. There may be **significant value in initially separating the concepts of performance measurement and public reporting** and first 'selling' physicians on performance measurement. This should be explored further with a larger number of respondents in the quantitative research, but such a separation may lead to greater acceptance on the part of physicians.
6. **Physicians don't like or respond well to absolutes.** Messages containing phrases such as, "we all agree," "every physician knows," and "no one can do a better job than doctors" did not test well. In fact, every physician interviewed was turned off by such a phrase in at least one of the messages containing such statements.

Message Themes Explored:

The message themes and potential responses to address each that were explored with the local physicians appear below.

1. **"It's All Negative."** Some physicians see performance measurement as threatening, about punishing doctors without sufficient evidence. Others think reporting is all about problems, not about what is working well.

Messages to test:

- A. Physicians are always looking for new ways to improve their skills and provide better quality care. It's our hope that over time, performance measurement can enable you to take better care of your patients – learning from others, seeing what is working in your own practice, and implementing proven approaches and techniques.

- B. Physicians are the people most able to change the quality of health care in America. As a practicing physician, you know what produces the highest-quality outcomes. Over time, performance measurement can help you quantify the success of your efforts so that you can see for yourself what works and share best practices with other physicians.
 - C. Performance measurement should focus on tracking success and coming up with ways to emulate it. We need to measure adherence to the things that improve quality and enhance the doctor-patient relationship – which is exactly the kind of information doctors want.
 - D. Most doctors go into medicine because they are curious, like to learn, and are passionate about healing people. Having comprehensive data on the care you deliver, based on valid measures of quality, can help high-achieving doctors learn more about the best strategies for care.
2. **“It Leads to Cookbook Medicine.”** Some physicians feel powerless when it comes to performance measurement – they fear measures will be imposed on them and limit their ability to call the shots about what is best for their own patients. They worry that it’s all part of ‘cookbook medicine.’

Messages to test:

- A. Performance measurement can help doctors take more control over the specific care they provide. Over time, it can offer better information to doctors about what does and doesn’t work, so that doctors can decide for themselves which tools, techniques, and methods most effectively treat their patients.
 - B. You know what’s best for your patients, and have taken strides to ensure that high-quality care is delivered across your practice. But most physicians don’t have accurate, complete data on the quality of the care provided in their practice. Without measuring results, you don’t know if the steps you are taking are as effective as you think.
 - C. At the end of the day, the most important component of quality care is a good relationship between doctors and patients. Too much ‘cookbook medicine’ drives a wedge in those relationships. Performance measurement can be useful for letting physicians know how they fare, and then determining if adjustments are needed or not.
 - D. Doctors need leeway to determine the best care for their patients, because no two patients are alike, but there are readily accepted, evidence-based guidelines that show what that care should include. Performance measurement can give you information to identify what procedures in your practice are working – and which aren’t – to be sure that all of your patients always receive the right care for them.
3. **“Data Collection is Flawed.”** Some doctors say that performance measurement misses the intangibles that go into the overall quality of patient care, including the health status and compliance of the patient. It measures many of the wrong things. Actuaries design this stuff, not doctors, and it’s not fair to gauge performance from these data.

Messages to test:

- A. Some methods traditionally used to collect and report data on the quality of health care are flawed. To improve quality, we need the help of doctors like you in this community to design a system for use locally that is fair, inclusive, and gets it right.

- B. Employers and Medicare are both demanding that the health care they pay for must produce measurable results. It's inevitable that the performance of local physicians will increasingly be gauged against national measures. Since doctors know the most about care, you need to be on the inside of shaping this process so that it's fair and looks at the right things.
- C. The current health care system is so flawed that change is inevitable. This is an opportunity for physicians to play a part in helping to define quality care. No one can do a better job than doctors like you to identify what it means. We need you to join with other leading doctors and be part of the process to measure and improve care in the community.
- D. We can all agree that the health care system has many problems, and that the overall quality of patient care isn't what it should be. Measuring physician performance is one good way to identify what is and isn't working, and publicly reporting the results has been shown to speed up the pace of adopting needed changes that help patients. It won't solve all the problems of the health care system tomorrow, but it's a responsible step we can take together. If we can design a data collection and reporting system that is comprehensive, meaningful, and valid – one that recognizes what results individual physicians can and cannot control – we must do it.
- E. Every physician knows there are different ways to measure care and different sources of data to look at, much of it contradictory. There are so many different players involved that the requests for physicians to report their data has become increasingly burdensome for the practice and often meaningless for improving patient care. We need to streamline the process and get everyone who collects data on the same page to aggregate their results, so that we get a comprehensive and accurate look at trends that we can act upon.
- F. We're not promising that what we're working on will not be without flaws, but it will sure be a lot better if everyone gets involved. If doctors don't lead the effort to design and adhere to a performance measurement system to lift the quality of American health care, MBAs and politicians will.
- G. Some of the nation's leading medical groups – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many specialty societies – are at the table because they recognize the inevitability of performance measurement and want to shape it.
- H. Some of the nation's leading medical groups – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many specialty societies – are at the table because they recognize the importance of performance measurement and want to support it.
- I. Some of the nation's leading medical groups – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many specialty societies – are at the table because they recognize the inevitability and importance of performance measurement and want to support it.

4. **“It Leads to Competition.”** We know that many doctors are competitive. They want to know how they stack up against colleagues, but because they are competitive, they might not want their colleagues to know how they actually fare.

Messages to test:

- A. Performance measurement is supposed to help you identify what’s working for you and your colleagues with your patients and from others, so you can learn from each other and apply the best practices. In our community, efforts to help implement performance reporting will also include continuing medical education about how to use and act on the information to make improvements in your practice to improve care.
 - B. In every community, both good and bad care is being provided in hospitals and doctors’ offices. While your practice probably provides the best in recommended care, don’t you want to know how you stack up against the doctor down the street? Or how the doctors you refer your patients to fare? Over time, performance measurement can provide the concrete information you need to know how the quality of your care compares to others.
5. **“Individual or Practice-Level Data?”** Doctors strongly oppose public reporting on the individual level, and fear that group-level data is the tip of the iceberg.

Messages to test:

- A. We believe that only performance measurement that provides physicians with a complete look at the quality of their care provided through all private and public health plans should be used for reporting on a doctor’s individual performance. Anything other than this provides an incomplete picture of care.
 - B. We know that physicians have nothing to hide. If we can all agree on a reliable, comprehensive, accurate way to measure an individual physician’s performance, that’s a worthwhile goal. For now, we’re focused on how to get started, and that probably begins with practice-level data.
6. **“It Shouldn’t Be Reported Publicly.”** Doctors don’t think this information should be reported to the general public. They say that their patients won’t really understand or use this information – that it is useless and does not inform the public.

Messages to test:

- A. There are already plenty of Web sites for patients to report their experiences with different doctors and impressions of the local health care system. Wouldn’t it be better to have a reliable way to generate this information using data from hundreds of patients, based on real results, and a site that provides accurate information about what it means, rather than have a handful of people logging onto Angie’s List and subjectively smearing the quality of your care?
- B. Right now people can get publicly reported data on the quality of care in your area from places like the Rand Corporation, Dartmouth Medical School, and the federal government – all showing big cracks in the health care delivery system. We have to do something about it. If local doctors don’t step up and design a system to accurately measure and report on the quality of care in your area, people from outside will.

- C. Patients look to their doctors for most of their information on health care. Making data available about the quality of care you provide gives you a tool to use with your patients to talk about their role in improving their health and the regular care they need. Ultimately, it can be a resource that leads to a stronger doctor-patient relationship.

National Online Physician Survey

To build upon the qualitative research findings detailed in previous pages, a quantitative national survey of approximately 800 physicians was conducted. The purpose of the survey was to test and identify the most effective messages for engaging physicians in performance measurement and reporting.

Methods

A survey questionnaire was drafted based on insights gleaned from the qualitative research. The instrument was then tested in one-on-one interviews among eight physicians in Maryland to assess the comprehension of questions and response categories, and gauge overall reactions to the instrument. Slight edits were made to the questionnaire based on results from these interviews.

The survey was administered through Harris Interactive's online physician panel. Harris Interactive built and maintains their physician panel primarily from the American Medical Association's (AMA) database, leasing the AMA master file. Panelists are recruited for the panel primarily through postal mail letters inviting physicians to take a short online registration survey. Physicians are not provided with an incentive to join the panel, however, each survey does offer a cash incentive upon completion.

The survey was conducted November 17–24, 2008, among n=800 physicians drawn randomly from Harris' physician panel. Survey respondents included 600 primary care physicians, 100 OB/GYN physicians, and 100 pediatricians. The margin of sampling error is +3.5 percentage points. Data are unweighted.

Sample Characteristics of Respondents

		%
Are you...?	Male	76
	Female	24
In what year were you born?	18–24	0
	25–34	5
	35–44	37
	45–54	32
	55–60	18
	60+	8
What is your primary medical specialty?	Family Practice	32
	OB/GYN	13
	Pediatrician	13
	General Practice	7
	Internal Medicine	35
	Other	0

		%
How would you describe your office or clinic?	Solo practice	25
	Single-specialty partnership or group (2+)	46
	Multi-specialty partnership or group (2+)	29
Do you consider yourself...?	White	69
	Black	1
	Asian or Pacific Islander	8
	Native American or Alaskan Native	1
	Mixed Race	1
	Some other race	1
	Hispanic	2
	African-American	1
	First Nation/Native Canadian	0
	South Asian	4
	Chinese	3
	Korean	0
	Japanese	0
	Other Southeast Asian	1
	Filipino	1
	Arab/West Asian	1
	Don't Know/Refuse to Answer	6
What state do live in? (Recoded into four Census regions)	Northeast	28
	Midwest	22
	South	30
	West	21

Summary

The survey reveals several openings for communicating to physicians in ways that mitigate their fears of performance measurement and reporting, and that can potentially *engage* physicians in these efforts.

One key to communications – underscored by both the qualitative and quantitative data – is reframing performance measurement and reporting by acknowledging flaws in previous efforts. Beyond framing, survey findings show clear direction for messages – particularly drawing connections between performance measurement and potential benefits that physicians rate highly in the survey. Additionally, key messages in the survey work to quell physicians' biggest concerns about performance measurement and reporting.

Overall, the survey findings suggest that physicians are becoming more supportive of performance measurement as it becomes more prevalent, although many are still wary of public reporting.

Key Tables

The following tables provide survey data from key sections of the questionnaire:

- Support for Performance Measurement and Public Reporting
- Reasons to Support Performance Measurement
- Top Benefits of Performance Measurement in Own Practice
- Concerns about Performance Measurement
- Messages in Response to Concerns
- Engaging Physicians in Development
- Messenger

Support for Performance Measurement and Public Reporting

Q8. Would you support or oppose performance measurement as a way to improve quality of care in your own community? Q9. Would you support or oppose reporting performance measurement data to the public, in addition to physicians and other providers in the community? Use 1 to 7 scale: 1 means strongly oppose; 7 means strongly support. $n=800$

	Performance Measurement 1-7 scale	Public Reporting 1-7 scale
Mean rating	4.9	3.7
7 “strongly support”	17%	7%
6	26	15
5	25	13
4 “neither support nor oppose”	13	20
3	8	13
2	7	15
1 “strongly oppose”	5	18

Reasons to Support Performance Measurement

Q12-18. First, here are some potential benefits of performance measurement. Please rate each of the following potential benefits on a scale of 1 to 7 where 1 means the potential benefit is not at all a reason for you personally to support performance measurement, and 7 is a strong reason for you personally to support performance measurement. $n=800$

	Mean	Rate 5-7 “reason to support PM”
In every community, both good and bad care is being provided in hospitals and doctors’ offices. If we can all agree on a reliable, comprehensive, and accurate way to measure an individual physician’s performance, that’s a worthwhile goal.	4.9	66%

	Mean	Rate 5-7 “reason to support PM”
Many physicians look for new ways to improve their skills and provide better quality care. Sharing data from performance measurement across providers can increase knowledge about proven techniques that improve care.	4.9	67%
Performance measurement data can help you assess what is working in your own practice. Most physicians don’t have accurate, complete data on the care provided in their practice. Without measurement, it is hard to know if the steps you are taking are as effective as you want them to be.	4.9	66%
As performance measurement becomes more widely used, many believe that physicians who score well will be rewarded financially with higher reimbursement from insurers and government.	4.5	58%
When you refer a patient to another physician, performance measurement data could be helpful in your referral decisions.	4.5	53%
Over time, performance measurement can provide concrete information on how the quality of your care compares to others.	4.5	56%
Patients look to their doctors for most of their information on health care. Making data available about the quality of care you provide gives you a tool to use with your patients to talk about their role in improving their health and the regular care they need. Ultimately, it can be a resource that leads to a stronger doctor-patient relationship.	4.3	52%

Top Benefits of Performance Measurement in Own Practice

Q39. Please choose the top reason that you believe performance measurement and reporting could be beneficial to your practice in your opinion. Q40. What is a second reason performance measurement and reporting could be beneficial to your practice? $n=800$

	#1 Benefit	#2 Benefit
It could result in learning opportunities that will improve the quality of care in my own practice	33%	25%
It could help me assess the quality and effectiveness of the care I provide	31	30
It could educate me on evidence-based standards of care	11	22
It could minimize the burden of improving quality of care on my own	6	9
It could strengthen my relationship with my patients	3	8

Concerns about Performance Measurement

Q19-23 Below are some statements about performance measurement. For each statement, please indicate on a scale of 1 to 7, where 1 means this would not be a personal concern for you, and 7 would be a top concern about performance measurement. $n=800$

	Mean	Rate 7 “top concern”
The measurement tool and data will not account for things outside of my control, like the health status and compliance of the patient, or if the patient is receiving care from other physicians outside my practice.	5.8	47%
I do not know who is designing the measurement tools.	5.4	35%
Collecting data would be an extra burden on me.	5.3	31%
My ability to exercise my own judgment when treating a patient would be limited.	4.8	21%
I do not want to be compared to other physicians in my community.	3.3	5%

Messages in Responses to Concerns

Q24-29 Many first generation methods of performance measurement are flawed. Below are features of some new performance efforts currently emerging in communities around the country. Please indicate the degree to which each of these new features makes you feel more comfortable with performance measurement, where 1 does not make you feel comfortable, and 7 does make you feel more comfortable about performance measurement. $n=800$

	Mean	Rate 5-7 “makes me more comfortable about PM”
The efforts now underway in many communities place a large emphasis on improving patient compliance by educating patients to better manage their disease and to take more responsibility for improving their health, instead of just focusing on physicians.	5.1	73%
Local physicians are being included in the team that designs the measurement system, to help ensure that it's fair, inclusive, flexible, and actually measuring the right things.	5.0	68%
Efforts to implement performance measurement increasingly include continuing medical education about how to use and act on the information and make improvements to your practice.	4.8	66%
Most performance measurement systems now being designed to provide a comprehensive look at physician performance by compiling medical claims data from many sources, rather than an incomplete snapshot of care provided to just a few patients.	4.4	55%

	Mean	Rate 5-7 “makes me more comfortable about PM”
Right now, people can get publicly reported data on the quality of care from nonscientific sources. These subjective Web sites will have less credibility if there is a system that reports data from hundreds of patients, based on real results.	4.3	52%
The efforts underway in many communities do not require physicians to collect any new data – they compile physicians’ existing medical claims data to give a comprehensive picture, which takes less time for you to review.	4.2	49%

Engaging Physicians in PM Development Efforts

Q31-33 Here are reasons some physicians have become involved in this effort in other communities. Please indicate on a scale of 1 to 7 how much of a reason each would be for you to get involved in a similar effort in your community, where 1 is not at all a reason for you to get involved, and 7 is a major reason for you to get involved. $n=800$

	Mean	Rate 7 “major reason to get involved in PM effort”
You could be part of a team that designs the performance measurement system instead of leaving it to administrators, actuaries and politicians	5.5	35%
You could help shape this process so that it’s comprehensive and measures the right things	5.5	30%
This is an opportunity for physicians like you to help change health care quality in your community and the country. It won’t solve all problems, but physicians can work with others to help design a data collection and reporting system that is fair, inclusive and gets it right	5.3	26%
Q34-38 Following are some statements about the prevalence of performance measurement and public reporting. Does each make you more or less likely to get involved? Please rate each statement using the scale below. (<i>Asked half of the sample, $n=400$</i>)	Somewhat	Much
The nation’s leading medical groups – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many other specialty societies – are at the table because they recognize the inevitability of performance measurement and want to shape it	57%	20%

	Mean	Rate 7 “major reason to get involved in PM effort”
The nation’s leading medical groups – American Medical Association, American Academy of Family Physicians, American College of Surgeons, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and many other specialty societies – are at the table because they recognize the inevitability and importance of performance measurement and want to shape and support it	56%	19%
Employers and Medicare are applying pressure to see that the health care they pay for is producing measurable results <i>n=800</i>	50%	14%
The increasing costs of health care and changes in the entire system will create increased consumer demand for performance measurement and reporting	46%	13%
The increasing costs of health care and changes in the entire system will create increased government demand for performance measurement and reporting	46%	12%

Messengers

Q41 If your community decided to participate in performance measurement and reporting, who would you trust to release the results to the public? Please rate each statement using the scale below. *Asked half of the sample, n=400*

	% Trust a great deal
Leading national medical groups/associations (e.g., AMA, AAFP, ACS, ACOG, AAP)	29%
A local team of physicians, hospital administrators, consumers, and others who are part of the performance measurement effort	25%
State medical or specialty societies	21%
Physicians in communities with performance measurement and reporting in place	20%
National, nonpartisan healthcare foundations	16%
Patients/consumers	5%
Hospital administrators	3%
Government	3%
Health insurers	3%

Appendix A

Communicating With Physicians About Performance Measurement & Public Reporting

December 2008

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Ongoing Message Research

- 2007 Research—
Talking about quality and *AF4Q* with the public
- 2008 Research—
Talking with physicians about performance measurement and public reporting

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Goals

- To identify key perceptions (positive and negative) physicians have about performance measurement and public reporting
- To test concepts for talking with physicians about public measurement (PM) / public reporting (PR)
- To craft and share PM/PR messages with *AF4Q* leadership teams and others that research shows are persuasive with physicians

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Research Process

- Review existing research
- Interviews with national physician leaders
- Interviews with leaders in *AF4Q* communities
 - Interviews with practicing physicians
- One-on-one instrument testing interviews
- Quantitative survey with 800 physicians

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Interviews with National Physician Leaders

- Agency for Healthcare Research & Quality
- American Academy of Family Physicians
- American College of Surgeons
- American Medical Association
- Institute for Health Care Delivery Research
- Institute for Healthcare Improvement
- Kaiser Health Plan & Hospital
- National Hispanic Medical Association

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Interviews with National Physician Leaders

- Lack of culture around PM/PR
- Physicians have concerns about:
 - Quality of data collection
 - Being assessed on factors beyond their control
 - Measurement leading to lack of autonomy
 - Measurement, reporting used for 'gotcha!'
 - Usefulness of public reporting

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Common Themes that Arose

- It's all 'negative' (i.e., positioned as being about what doctors are doing wrong, rather than what they are doing right).
- It leads to 'cookbook medicine.'
- The data are flawed.
- It leads to competition among physicians.
- It's another burden.
- Practice-level or individual-level?
- It shouldn't be reported publicly.

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Interviews with National Physician Leaders

Leaders told us to explore messages about:

1. PM as a tool for enhancing knowledge
2. Altruism of the medical professional
3. Competitive nature of doctors
4. Inevitability of PM
5. 'Cutting-edge' physicians leading the way
6. Data being (a) practice-level and (b) aggregated across health plans

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Reactions to Message Concepts

Conversation starters ...

- Previous PM efforts have been flawed
- Doctors need leeway to determine best care
- Without measurement, best care is unknown
- PM can be used to improve skills
- It's inevitable
- Local physicians need to help design PM system
- Consumer engagement and quality improvement (medical education) should be part of the effort

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Reactions to Message Concepts

Conversation roadblocks ...

- Appealing to altruism of doctors
- Appealing to competitive nature of physicians
- Appealing to 'better relationship' with patients
- Highlighting benefits of aggregated data
- Measurement data on individual physicians
- Publicly reporting data

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National Online Quantitative Survey

- National survey of n= 800 physicians using Harris Interactive
 - N = 600 PCPs
 - N = 100 OBGYN
 - N = 100 Pediatricians
- Fielded November 17 – 24, 2008

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Contextual Attitudes

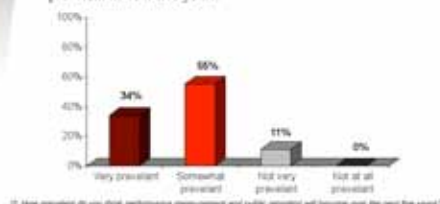
- **Becoming harder to provide quality of care:** Nearly three in four (72%) say it has become **harder** to provide high quality care in the past five years.
- **Most familiar with performance measurement:** Nearly nine in ten physicians are familiar with concept of "performance measurement" (34% very; 55% somewhat).
- **Many already participate in some form of performance measurement:** Half (50%) says private insurers are engaged in performance measurement in their community; 35% say the same about Medicare.

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Contextual Attitudes (cont.)

Performance Measurement Inevitable

- Most (89%) see performance measurement and reporting becoming more prevalent in next five years.



10. How prevalent do you think performance measurement and public reporting will become over the next five years?

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Current Attitudes Toward Performance Measurement & Performance Reporting

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Majority Lean in Support of Performance Measurement

- Majority (68%) of physicians lean toward supporting performance measurement (rate 5-7).
- 20% lean toward opposition (1-3).

1 to 7 Scale	"Performance Measurement"
Mean rating	4.9
7 "strongly support"	17%
6	26
5	25
4 "neither support nor oppose"	13
3	8
2	7
1 "strongly oppose"	5

Q: Would you support or oppose performance measurement as a way to improve quality of care in your own community?

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But, Physicians Oppose Public Reporting

There is a clear division between support for performance measurement and public reporting. Physicians are twice as likely to support measurement than reporting -- (68% vs. 35%).

1 to 7 Scale	"Performance Measurement"	"Public Reporting"
Mean rating	4.8	3.7
7 "strongly support"	17%	7%
6	26	15
5	25	13
4 "neither support nor oppose"	13	20
3	8	13
2	7	15
1 "strongly oppose"	5	18

Q: Would you support or oppose measuring performance measurement data to the public, in addition to physicians and other providers in the community?

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Messages

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Top Messages to Support Performance Measurement

- In every community, both **good and bad** care is being provided in hospitals and doctors' offices. If **we can all agree on a reliable, comprehensive, and accurate way** to measure an individual physician's performance, that's a worthwhile goal.
- Many physicians look for new ways to improve their skills and provide better quality care. Sharing data from performance measurement across providers can **increase knowledge about proven techniques** that improve care.
- Performance measurement data can **help you assess what is working in your own practice**. Most physicians don't have accurate, complete data on the care provided in their practice. Without measurement, it is hard to know if the steps you are taking are as effective as you want them to be.

Q: Would you support or oppose performance measurement as a way to improve quality of care in your own community?

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Biggest Benefits For Own Practice

- It could help me assess the quality and effectiveness of the care I provide (30%)
- It could result in learning opportunities that will improve the quality of care in my own practice (25%)
- It could educate me on evidence-based standards of care (22%)

Q: Please choose the **top** reason that you believe performance measurement and reporting could be beneficial to your practice in your opinion.

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Physicians' Concerns

% of top concerns

- The measurement tool and data will not account for **things outside of my control**, like the health status and compliance of the patient, or if the patient is receiving care from other physicians outside my practice. 47%
- I do not know **who is designing** the measurement tools. 35%
- Collecting data would be an **extra burden** on me. 31%
- My ability to exercise **my own judgment** when treating a patient would be limited. 21%
- I do not want to be **compared to other physicians** in my community. 5%

Q: For each statement, please indicate on a scale of 1 to 7, where 1 means this would not be a personal concern for you, and 7 would be a top concern about performance measurement.

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Message Responses to Top Concerns

- The efforts now underway in many communities place a large emphasis on **improving patient compliance** by educating patients to better manage their disease and to take more responsibility for improving their health, instead of just focusing on physicians.
- Local physicians are being included** in the team that designs the measurement system, to help ensure that it's fair, inclusive, flexible, and actually measuring the right things.
- Efforts to implement performance measurement increasingly include **continuing medical education** about how to use and act on the information and make improvements to your practice.

Q: Please indicate the degree to which each of these new features makes you feel more comfortable with performance measurement, where 1 (does not) make you feel comfortable, and 7 does make you feel more comfortable about performance measurement.

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Messengers for Releasing Data to Public

Most Trusted	Least Trusted
<ul style="list-style-type: none"> Leading national medical groups/associations (29% (not "a good deal") A local group of physicians, hospital administrators, consumers, and others who are part of the performance measurement effort (25%) State medical or specialty societies (21%) Physicians in communities with performance measurement and reporting in place (20%) National, nonpartisan healthcare foundations (18%) 	<ul style="list-style-type: none"> Patients / communities (9%) Hospital administrators (9%) Government (7%) Health insurers (7%)

Q: If your community decided to participate in performance measurement and reporting, who would you **trust to release data** to the public?

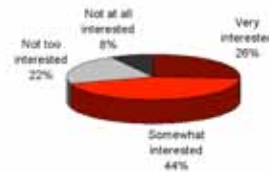
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Engaging Physicians in Development

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Interest in Getting Involved

- Majority (70%) express some interest in being involved in the development of a performance measurement effort.



Of the physicians who responded, 68% expressed some interest in being involved in the development of a performance measurement effort, while 32% expressed no interest.

Summary

Top Reasons to Get Involved

- You could be part of a team that designs the performance measurement system instead of leaving it to administrators, actuaries and politicians
- You could help shape this process so that it's comprehensive and measures the right things
- The nation's leading medical groups – AMA, AAFP, ACP, ACS, ACOG, AAP and many other specialty societies – are at the table because they recognize the inevitability of performance measurement and want to shape it

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Openings

- Physicians are familiar with performance measurement, and a majority leans in support of it as a way to improve care.
- Physicians see how performance measurement could benefit their own practice by assessing their own care, facilitating learning opportunities, and ultimately improving quality care.
- Physicians view consumer engagement and medical education as welcome components of a performance measurement package.
- Distinguishing that some performance measurement systems are flawed facilitates support of this 'new' performance measurement system that has their input.

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Challenges

- The biggest concern physicians have about performance measurement is the perception that measurement tools cannot account for things outside their physicians' control – like patient compliance and health status. Messages should focus on consumer engagement and education efforts to help alleviate this concern.
- Other concerns include not knowing who is designing the tools, and that collecting data will become an extra burden. Messages that reflect local physicians' involvement in design and continuing medical education about how to use and act on information can lessen these worries.
- A majority still opposes public reporting. Messaging should ease into this, and focus on the role of professional medical associations who are already involved in performance measurement and reporting efforts.
- In reporting data, physicians place the most trust in professional medical associations, followed by a local team of physicians, administrators, consumers et al. working on the effort, and national non-partisan foundations.

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