



## Reform in Action: Can Measuring Physician Performance Improve Health Care Quality? Insights from *Aligning Forces for Quality*

- The 2010 federal health reform law requires the Centers for Medicare and Medicaid Services to develop a website by 2013 that Americans can use to find and compare physicians in their communities.
- The *Aligning Forces for Quality* initiative demonstrates how public reports like Physician Compare are helping improve the quality of health care.

**Overview:** The Patient Protection and Affordable Care Act of 2010 (“the health care reform law”) required the Centers for Medicare and Medicaid Services (CMS) to expand its Physician Directory tool. CMS launched [Physician Compare](#) in December 2010 to offer Americans a national directory where they can find information on physicians, including address, contact information, medical specialty and gender. The website also provides information on whether doctors have foreign language proficiencies, if they accept Medicare patients, and where they completed their degrees and training.

By 2013, CMS will further expand Physician Compare to include information about the quality of physicians’ care, as it does now with hospitals on its Hospital Compare tool. Launched in 2005, [Hospital Compare](#) allows patients to find information on the quality of care hospitals provide, such as whether patients received recommended tests and treatment, how much certain procedures cost, how patients rated their experiences in the hospital, and whether patients had to return to for more treatment. Both tools aim to provide reliable information to help patients make better informed choices about their care.

In every community across America, both good and bad health care is being delivered in doctors' offices and hospitals. Bad care causes medical errors and poor outcomes and wastes resources and money. That's why it is important for patients, physicians, hospitals, and insurers to have access to accurate, objective information on the quality and cost of health care. Patients can use regional public reporting websites similar to Physician Compare to know if their health care provider delivers high-quality health care by making sure patients get the right tests or providing the right treatment at the right time. Health care providers can use these tools to identify areas for quality improvement, and those who pay for care can learn about the value of the care they are purchasing.

# 10,000

more patients with diabetes received recommended care in 2009 than in 2007, according to physician performance data compiled and released by Minnesota Community Measurement.

**Aligning Forces for Quality** (AF4Q) is the Robert Wood Johnson Foundation’s signature effort to lift the overall quality of health care in 16 targeted communities, as well as reduce racial and ethnic disparities and provide tested local models that help propel national reform.

## ***Aligning Forces for Quality Case Study: The Impact of Regional Public Reporting***

The alliances in 16 communities across America participating in the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) initiative have been pioneers in collecting and publicly reporting data on the care provided by local physicians and hospitals. These organizations also engage those who give care, receive care and pay for care to work together to use this information to improve the community's health and health care. For instance, patients and physicians alike can use these reports to learn about what tests and treatments are recommended in providing high-quality care and how well their doctors and patients are doing. After the Oregon Health Care Quality Corporation, the leader of the AF4Q alliance in Oregon, began reporting on whether women were screened for chlamydia, physicians in the area took note. "Providers just didn't realize that it was a U.S. Preventive Services Task Force recommendation," said Susan Clack, M.D., of the Pacific Medical Group. "I did two screenings that I would have never done before and both were positive for chlamydia. So it actually did change my practice."

The Fairview Rosemont Clinic in Rosemont, Minn., also learned firsthand how public reporting touches patients' lives when the clinic's nurses began calling female patients who did not receive recommended Pap, breast and colon screenings. The clinic aimed to improve its scores in reports published by Minnesota Community Measurement (MNCM), which leads the AF4Q effort in Minnesota. Jean Shanley and Amanda Franco were among the women who received these reminders, and because of the nurse's calls and subsequent screening, both learned they had cancer early enough to get successful treatment.

MNCM's public report similarly spurred the Ellsworth Medical Clinic in Ellsworth, Wis., to involve its entire staff in providing better care for patients. After learning in MNCM's 2009 report that only 47 percent of the clinic's patients received the recommended care for vascular disease, the clinic empowered its lab technicians to check for missing tests in physicians' orders. The clinic's receptionist began contacting patients about needed visits or screenings, and encouraged the diabetes educator to follow up with patients to ensure they were following their treatment plans. In 2010, 68 percent of patients at the Ellsworth Medical Clinic received Optimal Vascular Care, a 20 percent improvement, which gave the clinic the highest rating of all 433 clinics in MNCM's 2010 report.

AF4Q alliances attribute major improvements in processes of care to the catalytic power of public reports. MNCM found that nearly 10,000 more patients with diabetes received recommended care in 2009 than in 2007. The Wisconsin Collaborative for Healthcare Quality (WCHQ), which leads the AF4Q effort in Wisconsin, also saw significant improvement across the 567 health care practice sites that participate in its public reports. A forthcoming study from the Commonwealth Fund found compelling evidence that public reporting led to improved performance in Wisconsin. Organizations that participate in WCHQ's public reporting initiative outperformed non-member peers in Wisconsin, nearby states and the rest of the United States. According to the study, in 2007, 62.3 percent of patients with diabetes who received care at participating practices got the recommended blood sugar tests, eye exams and lipids tests, compared to 58.1 percent of patients with diabetes who received care in other practices in Wisconsin.

### **What's Next**

Measuring and reporting on the performance of doctors and hospitals is here to stay, as part of the movement for a more transparent health care system. In coming years, Physician Compare will expand its information on physicians, including whether doctors provide recommended care to patients, or if they voluntarily participate in national programs that encourage prescribing medications electronically.

The Robert Wood Johnson Foundation's *Compare Health Care Quality: A National Directory* lists 197 community-based public reports on health care quality, including 49 reports with information on outpatient care. This number will continue to grow, as CMS recently proposed a rule that would allow organizations to obtain access to its quality and cost data to create localized reports on health care quality.

For organizations looking to develop public reports on their own, some best practices learned through AF4Q include:

- Involve physicians from the very beginning and give them a chance to help select measures and review their data
- Make quality improvement tools and resources easy to access
- Report on conditions or diseases most relevant to their community
- Develop an established process for adding conditions and metrics to existing reports
- Include all stakeholders in the development of reports, including physicians, patients and insurers
- Involve information technology professionals from the start to help identify future technical problems in promoting public reports and facilitate subsequent quality improvement efforts

For more lessons learned on public reporting:

- [Physician Buy-in Brief](#)
- [What to Report Brief](#).

For more information, visit [www.rwjf.org/qualityequality/af4q](http://www.rwjf.org/qualityequality/af4q).

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