



Getting Beyond Anecdotes About Quality Docs

Creating a partnership between regional health alliances and *Consumer Reports* to publish ratings of physician groups

SUMMARY

Magazines and websites usually base their lists of top doctors on little more than anecdotes. From 2011 through 2013, [Consumers Union](#), publisher of *Consumer Reports*, worked with three regional alliances that promote health care quality to analyze and publish credible ratings of groups of physicians.

The alliances—[Massachusetts Health Quality Partners \(MHQP\)](#), [Minnesota Community Measurement](#), and the [Wisconsin Collaborative for Healthcare Quality \(WCHQ\)](#)—are among 16 participating in *Aligning Forces for Quality*, a national program of the Robert Wood Johnson Foundation (RWJF). The program aims to improve health care in targeted regions, reduce racial and ethnic disparities, and provide models for national health care reform. In each region, alliances of physicians, hospitals, health plans, employers, and consumers guide those efforts.

Key Results

Project staff cited these key results in a report to RWJF and an interview for this report:

- In 2012 and 2013, *Consumer Reports* published ratings of groups of physicians in each region, focusing on arenas each had chosen, such as patients' experiences with physicians, and the record of physician groups in screening for cancer and controlling chronic diseases such as diabetes.
- In March 2013, *Consumer Reports* published a national article on which types of cancer screening consumers should get and which they should avoid. The article revealed wide variations in testing for colon cancer—one of the most effective screens—among medical practices in Massachusetts, Minnesota, and Wisconsin.
- Consumers Union and the regional alliances used multiple formats to disseminate the reports to employers, consumer organizations, health plans, state agencies, and pharmacies.

See the [Bibliography](#) for details.

Funding

RWJF supported this project from November 2011 through June 2013 with a grant of \$796,963 to Consumers Union.

CONTEXT

Alliances participating in *Aligning Forces for Quality* produce reports rating local groups of physicians to help consumers, employers, and insurers choose high-quality providers and insurance plans. However, the reports are costly to produce, and have not attracted the hoped-for attention amid an overwhelming amount of information online.

By working with Consumers Union, alliances in Massachusetts, Minnesota, and Wisconsin hoped to develop a financially self-sustaining approach to producing the ratings, distribute them more widely, expand their memberships, raise revenues to promote their goals, and create a model for other alliances.

RWJF's Interest in This Area

RWJF launched *Aligning Forces for Quality* in 2006. It is the Foundation'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. The 16 geographically, demographically, and economically diverse regions account for 12.5 percent of the U.S. population.

The alliances must publish information comparing providers on their quality of care, help them improve that quality, engage consumers in making informed decisions, experiment with changes to payment systems, and reduce disparities in care. For an analysis of the important role of both individual consumers and representatives of consumer groups in these efforts, see an [article](#) in *Health Affairs*.¹

THE PROJECT

Each alliance gathered information on its chosen topic from physician groups in its region, using measures the alliance developed. Statisticians, medical staff, and journalists at Consumers Union then worked with the alliances and local stakeholders, including consumers and physician groups, to analyze the information, turn it into ratings, and agree on how to present it. In return for their commitment to provide information, participating practices could review the ratings and accompanying commentary before publication.

¹ Mende S and Roseman D. "The Aligning Forces for Quality Experience: Lessons on Getting Consumers Involved in Health Care Improvements, *Health Affairs*, June 2013. Available at www.rwjf.org/en/research-publications/find-rwjf-research/2013/06/the-aligning-forces-for-quality-experience.html.

Staff at Consumers Union developed a plan for disseminating the reports, which each alliance then customized for its region. Consultants hired by the alliances, the *Aligning Forces for Quality* program office at George Washington University School of Public Health and Health Services, and RWJF also provided marketing expertise. John Santa MD, MPH, director of the [Consumer Reports Health Ratings Center](#), directed the project.

RESULTS

Project staff cited these results in a report to RWJF and an interview for this report:

- **Consumer Reports published inserts rating groups of physicians in each of the three regions.**
 - A 24-page [insert](#), distributed to Massachusetts subscribers with the July 2012 issue, rated 329 practices that cared mainly for adults and 158 practices that saw mainly children. The ratings examined how well physicians explained health information, how well they listened, and how familiar they were with patients' medical histories, as well as patients' experiences with office staff.
 - A 32-page [insert](#) distributed to Minnesota subscribers with the October 2012 issue rated 552 physician practices on their ability to help patients achieve key targets in managing diabetes and cardiovascular disease. Measures included blood pressure levels, cholesterol levels, and, for diabetes patients, blood sugar levels.
 - A 20-page [insert](#) distributed to Wisconsin subscribers with the February 2013 issue reported on how well 19 of the state's large medical groups screened for cancer, cared for people 60 and older, and treated people with heart disease. The 19 medical groups serve nearly half the state's patient population and represent 60 percent of the state's primary care physicians.
- **In March 2013, Consumer Reports published an [article](#)² on which types of cancer screening consumers should get and which they should avoid.** The article revealed wide variations in testing for colon cancer—one of the most effective screens—among medical practices in Massachusetts, Minnesota, and Wisconsin. For example, some practices in Minnesota screened only 15 percent of their patients for colon cancer, while others screened 97 percent. The article—one of the most highly read in the magazine's history—attracted significant attention in other media, including a 15-minute segment on the *Dr. Oz Show*.
- **Consumers Union and the regional alliances used multiple formats to disseminate the ratings to employers, consumer organizations, health plans, state agencies, and pharmacies.** For example, Consumers Union and the alliances posted

² "Save Your Life: Cancer Screening is Oversold. Know the Tests to Get—and Those to Skip." *Consumer Report* March 2013. Available online at <http://consumerhealthchoices.org/wp-content/uploads/2013/08/CRCancerScreeningMarch2013.pdf>.

reports on their websites and used direct mail and email to alert members, and produced one- and two-page summaries and Spanish-language versions.

Traffic on Minnesota Community Measurement's [HealthScores](#) website rose fivefold after the alliance posted the ratings, and the Massachusetts and Wisconsin alliances reported similar increases. The ratings received coverage in regional and national media, including the *Boston Globe* and *Boston Business Journal*, the Associated Press and *USA Today*, the *Minneapolis Star Tribune* and Minnesota Public Radio, and the *Milwaukee Journal Sentinel* and *Central Wisconsin Business*.

Project Director Santa made presentations to the American Academy of Orthopedic Surgeons, the Council for Medical Specialty Societies, the Physician Consortium for Performance Improvement, and the Institute for Clinical Systems Improvement, among other organizations. CEOs of the alliances also gave presentations on the project to regional and national audiences.

- **Readership surveys indicated substantial consumer interest in the ratings:**
 - Readership for these issues of *Consumer Reports* was higher than usual, and 80 percent of readers looked at the inserts. Newsstand sales rose 61 percent to 110 percent.
 - Half of consumers who read the inserts said they would share the information with family and friends, and 20 percent said they would speak to their doctor about the ratings.
 - Some 39 percent of readers of the Massachusetts insert said they would change their behavior as a result.

The project showed that “credible, robust information can be collected around physician performance and reported to consumers in a way that will attract their interest, change their behavior, and improve their satisfaction with the health care system,” said Santa. The project also “suggested sustainable business strategies for gathering and presenting this information.”

LESSONS LEARNED

1. **Enlisting providers in rating health care quality requires delicate negotiations—especially around identifying poor performers.** “In every region, the biggest challenge was how to report on poor performers,” noted Project Director Santa. Staff at “*Consumer Reports* tended to be more assertive, while the alliances tended to be more conservative. And in every case, we found a middle ground.”

“Minnesota, for example, is home to prestigious provider groups such as the Mayo Clinic, which scores well above average. However, some of the clinic’s practices are not performing as well, as the insert in *Consumer Reports* pointed out. To his credit, the clinic’s representative said, ‘Listen, we know we’ve got work to do. Even at the

Mayo Clinic, there's variation in performance. We've taken on some rural clinics that need work. We're comfortable that you publish this.”

Santa noted in his final report to RWJF: “Frequent and intense communication” between providers and analysts is essential. “Both sides must be flexible.”

2. **When disseminating health care ratings, get marketing help.** Leaders at the alliances recognized that marketing the ratings required expertise they did not have. “One of the CEOs told me, ‘John, you need to realize, we don’t have any marketing resources,’” said Santa. And *Consumer Reports* has traditionally targeted individual subscribers rather than employers and health plans.

“We did not plan and implement with the degree of difficulty in mind,” Santa says. “We were most successful in Minnesota, where a consultant experienced in marketing and sales was involved early in the process and had influence throughout. Marketing input should be present from the outset.”

3. **Enlisting national outlets in publicizing health care ratings poses challenges.** Consumers Union is contacting online companies that rate consumer goods and services about adding credible reports on health care providers. However, to make that effort financially viable, such companies would need ratings for 10 to 20 large markets, according to Santa. The websites would also probably include advertising—a new approach for the nonprofit alliances and Consumers Union.

AFTERWARD

Building on lessons learned from the work in Massachusetts, Consumers Union and the Pacific Business Group on Health (and a successor organization, the California Healthcare Performance Information System) are presenting results of patient surveys on their experiences with 170 physician groups that serve almost 90 percent of California’s commercially insured population. *Consumer Reports* plans to publish the resulting ratings in 2014.

RWJF made a \$1.3 million grant³ to MN Community Measurement to lead the development and release of regional reports on key aspects of physician performance in up to 10 markets, including Massachusetts and Wisconsin, as well as develop a business strategy for online patient-generated commentary about their experiences with their physicians’ practices.

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