QUALITY AND CONSUMER INFORMATION: PHYSICIANS

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OVERVIEW

- Accountability for Quality: The Real "Revolution" in Health Care
- Why Physicians? Why Not Physicians?
- Essential elements in effective public disclosure of quality information
- What should we measure and report?
- Implications

THE REAL REVOLUTION

- Not managed care
- Not the emergence of the purchasers who recognize their clout in the market
- Not “for profit” medicine
- Not consolidation/integration of ownership
- Not (yet) evidence based medicine

THE REAL REVOLUTION

- Rather, the idea that health care, and physicians, have to be accountable for the quality and value of their work
  - Not just to each other
  - Not just to those who pay the bills
  - Not just to their individual patients
  - But to the public and society at large

THE REAL REVOLUTION

- The causes of this revolution
  - "Question authority"
  - Quality variations are significant; the "floor" and maybe even the "ceiling" is too low
  - We spend so much to get often mediocre results
  - We know a lot more about how to define and measure quality

THE REAL REVOLUTION

- The response of physicians: Shaped by their perception of lost autonomy, lost public influence and lost income
  - Anger, resistance, denial
  - Unwillingness to accept lay definitions of quality or patient reports on their experience
  - Concerns (sometimes grounded) about validity of measures and the costs of measurement

THE REAL REVOLUTION

- Also shaped by their continuing desire to heal, cure, help and "be scientific"
  - Distress at their current situation, especially the decline in the quality of their relationships with patients
  - In some, desire to find better measures to replace worse measures
  - In others, making a commitment to quality improvement

WHY PHYSICIANS?

- Why should the quality/performance of physicians be measured and publicly disclosed?
  - People believe it's physicians who control quality
  - People have more control over physician choice than over plan or hospital choice
  - Physicians' own self-definition as the "captain of the team"

WHY NOT PHYSICIANS?

- Substantive reasons
  - In today's medicine, physicians have only partial control over quality
    - The role of the "system"
    - The role of the individual and society
  - It is sometimes difficult to identify a meaningful link between a physician and a patient

WHY NOT PHYSICIANS?

- Technical reasons
  - Reliable sampling
  - Privacy concerns
  - Challenges of risk-adjustment
  - The cost of data collection
  - The cost of really effective reporting and dissemination
  - The lack of efficient information infrastructure

ESSENTIAL ELEMENTS

- In spite of problems, more and more people believe that physician quality can and should be measured
- More and more institutions are committing resources to that end
- It is going to happen – the question is not whether but rather when and how well and at what price

ESSENTIAL ELEMENTS

- To drive quality improvement through public disclosure:
  - We must convince people that quality problems are real and quality can be better
  - Quality reporting must be standardized and universal
  - What we report must be relevant to and valued by the people we think should act upon it

ESSENTIAL ELEMENTS

- To drive quality improvement through public disclosure:
  - Reports must be easy to understand and use
  - Reports must be effectively disseminated and promoted
  - Purchasers have to reward quality improvements and caring for the sickest
  - Providers have to create the informational and organizational infrastructure for improvement

ESSENTIAL ELEMENTS

- It is easy to do this badly and the price is high:
  - No one uses the information for choice or improvement
  - People lose even more trust in health care
  - We continue to waste money
  - Those with the greatest needs continue to be “avoided” unless they can pay their own way

WHAT TO MEASURE & REPORT

- Patient experiences
- Technical quality
- Cost

WHAT TO MEASURE & REPORT

- Patient experiences
  - Access
  - Communication and interactions with physicians and others
  - Responsiveness to and understanding of issues that are not purely “biomedical”
  - Delivery of services (e.g. screening, immunizations) that are evidence-based

WHAT TO MEASURE & REPORT

- Technical quality
  - Structure: certification; affiliations; staffing; languages spoken, hours, etc.
  - Processes: known to have significant effects on outcomes
  - Outcomes: cure, chronic condition management, functional status, psycho-social
  - Note: No jargon – tell people why measures like this are important!

WHAT TO MEASURE & REPORT

- Which patients? A non-trivial issue
  - Random sample of all patients?
  - Those who are high users?
  - Those who have used services recently?
  - Those with particular conditions?
  - These are apparently “technical” issues that have significant implications for whether people will find the data compelling

WHAT TO MEASURE & REPORT

- Economic issues
  - Cost/Price is often forgotten, but with growth of "consumer driven health plans" could be critical
  - Cost/Price are especially critical for more "procedure-driven" specialties
  - Financial incentives
    - Murky territory -- we only assume, we have little evidence to demonstrate, the effects of financial incentives on physician behaviors

IMPLICATIONS

- The public, on both an individual and societal level, has a right to valid, reliable, relevant and usable comparative information about the quality and cost (i.e. value) of physicians
- This can help individuals make choices that help them achieve better health outcomes personally

IMPLICATIONS

- Public disclosure can also create external incentives (push) for quality and value improvements in the market as a whole
- However, in health care too much is at stake to leave the fate of “consumers” strictly in the hands of the “market”

IMPLICATIONS

- People, especially the most vulnerable people, need protection as well as information; regulation and advocacy as well as market intervention
- Patients are the least powerful stakeholder in health care; they are unlikely to be successful, by themselves, at making the whole system better

FINAL THOUGHTS

- The heart of medicine is the relationship between the physician and the patient
- This relationship needs to be one of trust, respect and integrity (i.e. one that embodies the concept of professionalism)
- Public disclosure of comparative quality information needs to be done in a manner which re-invigorates that relationship in a way that does not require either party to give up their autonomy