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Compare and Contrast

When doctors are given a public report card, the resulting competition can serve patients well

By ANNA WILDE MATHEWS

Every month, doctors from the 14 clinics of HealthEast Care System around St. Paul get together to talk about their work. They focus on specific measures for each physician's patient group, such as blood-sugar and cholesterol numbers for people with diabetes. Then the doctors ask themselves how they—and their patients—can do better.

It's the type of data-driven approach that many in the health field hope will mark the future of medicine.

But something far more traditional is also driving these discussions: an annual public report card that tells patients, insurers and fellow physicians exactly how HealthEast and other Minnesota clinics are doing.

"Physicians are very competitive people," says Linda Walling, medical director for clinical informatics at HealthEast clinics, which started the meetings last year as part of an effort to be in the top quarter of the state's medical groups on all major quality gauges of the report cards.

The reports come from a Minneapolis-based nonprofit called MN Community Measurement, which started publishing health-care results for the state's medical groups in 2004. It was an early example of a model now proliferating around the U.S., in which local and regional health-care providers and insurers cooperate to make performance data public. In Minnesota, the state legislature recently passed a law requiring all medical practices to participate in the ratings system starting in 2010.

"They're definitely at the forefront," says Judith Hibbard, a senior researcher at the University of Oregon who has studied public-reporting efforts. Her research has found that public reporting motivates health-care providers to work harder on improving care, largely because of concern about their reputation. Minnesota doctors say that seeing other practices perform better showed them how they could improve by emulating tactics working elsewhere. Often, these involved using electronic medical records and other tools to better track the care that patients were getting.

The Robert Wood Johnson Foundation is funding a \$300 million effort that includes 15 regional and local programs that involve community-based, collaborative reporting; MN Community Measurement was one of the early grantees. In all, there are more than 50 regional health-improvement collaboratives in the U.S., according to the Network for Regional Healthcare Improvement, a Pittsburgh-based association of the nonprofits.

The Minnesota project got its start when major nonprofit health plans in the state decided to examine the care being given to diabetic patients. At first, they privately pooled their own organizations' patient data and information from medical charts, tallying percentages of patients who met targets for blood pressure, blood sugar and "bad" cholesterol, what share were nonsmokers and how many took a daily aspirin.

Surprising Results

The first published findings, in 2004, didn't paint a pretty picture. Only around 4% of the diabetes patients achieved the targets for all five measures. Measures of other types of care included that year were more encouraging. Gail Amundson, who helped lead efforts to get MN Community Measurement off the ground as a former official with HealthPartners, a Bloomington, Minn.-based health plan and care provider, says many groups were "very surprised" at the low diabetes results and soon started working to improve them.

Ellsworth Medical Clinic, a two-doctor family practice in Ellsworth, Wis., that is part of a larger medical group, started out with just 8% of its diabetes patients achieving all five goals. Then, in 2005, the clinic started a new patient-tracking system that monitored the MN Community Measurement gauges and others. Before, they hadn't formally kept such tallies in an easy-to-check digital form, though doctors would urge patients to get appropriate care.

A physician's assistant started checking on each patient every three months. Those who hadn't come in for their testing would get a reminder in the mail; this year, the clinic added a care coordinator to make reminder calls and help diabetes patients resolve problems. "We were getting measured, and we knew we had to improve our performance," says Chris Tashjian, one of the Ellsworth doctors, who says the practice now has more than 30% of its diabetes patients meeting all five goals.

'Competitive Market'

At Quello Clinic, a 30-doctor family practice in the Minneapolis area that has since merged with a bigger physician group, the doctors on the governing board took notice when Terry Murray, the director of quality management and a member of an advisory board for MN Community Measurement, showed them the initial ratings for their practice on the MN Community Measurement Web site. The clinic's measures were good but weren't at the top, and that bothered the doctors, she says.

Partly as a result of the measures, she says, some doctors let nurses take a bigger role in tracking patients. The nurses would make sure blood-sugar tests were done before doctor visits, for instance. Some doctors also started letting nurses call patients back in if the physicians forgot to order tests during a visit.

Doctors say MN Community Measurement forces health plans, medical groups and employers to focus on a common set of goals. The organization has done a "very good job of listening to physician concerns" about the quality measures, says Bruce McCarthy, chief medical officer of Allina Medical Clinic, a 700-doctor group that is part of the Minneapolis-based nonprofit Allina Hospitals & Clinics. For example, MN Community Measurement lets the medical groups vet their results before publishing. A few years ago, it agreed to suppress some chlamydia screening results after some groups pointed out that a billing quirk meant their tests often didn't show up in the count. Afterwards the groups changed their billing codes.

More recently, the Mayo Clinic in Rochester, Minn., raised concerns that its results may be skewed downward because it gets many more complicated cases referred by other practices. Mark Nyman, an internal-medicine doctor at the Rochester clinic who is also on the MN Community Measurement board, says the two parties are working to resolve the issue.

Over the years, MN Community Measurement has been able to point to some statewide improvements on the measures it tracks. The share of patients statewide that achieved the tough five-measure diabetes standard was 13% in 2008, more than triple the rate from 2004. The share of diabetic patients meeting the goal for "bad" cholesterol jumped to 50% from 36%. The share of diabetic patients taking a daily aspirin rose to 78% from 68%.

This year, the nonprofit also added a new depression standard and reported results from its first survey of patients, asking questions about quality of care, including how well doctors communicated and how courteous the office staff was.

Recently, the group started offering pricing information about certain medical care, a move that has generated some controversy among doctors.

Doctors See Limits

Doctors say there are limits to what public reporting can accomplish. For one thing, the Web site got just 140,000 visits last year, though the number has risen steadily. "I've never had a patient say, 'The reason I came to see you is because I saw you on this Web site,' " says William Davis, a family physician in Winona, Minn.

Brent Elert, executive regional medical director at Fairview Medical Group, says the public reporting is a "good motivator," and his clinic in Bloomington, Minn., has worked hard to achieve top results. Still, he says, "There's always concern about cookbook medicine. ... You still have to treat the individual patient, not [just do] what makes your numbers look best."

For example, he says, some patients may have side effects from a blood-pressure medication, so a doctor might reduce the dose or use a less-powerful drug even if it means the person doesn't achieve the target blood-pressure level.

HealthEast's Dr. Walling, who serves on an advisory board for MN Community Measurement, says she's seen a few examples of a troubling phenomenon: doctors "firing" patients who don't work to improve their results. "It's a concern," she says.

Jim Chase, president of MN Community Measurement, says his organization is "trying to find ways to get consumers to use the data," including adding measures and encouraging employers to share the ratings with workers.

Still, he says, "You have to do what's best for the individual patient." He adds that the nonprofit works to make sure doctors are measured on goals they themselves consider valid.

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