

Health Care Providers Should Publish Physician Ratings

BY ASHISH K. JHA, MD

Early efforts to publish performance data about doctors and hospitals usually required a strong external force, such as pressure from a state department of health. But that's changing. Some leading health care systems are now publishing ratings of their physicians on their own websites, not just ceding that activity to consumer outlets. This development may seem small, but if the trend grows, it will drive improvements in the quality of care. To envision that potential transformation, you first have to understand some of the origins of physician and hospital ratings.

In 2005, the Centers for Medicare and Medicaid Services (CMS) launched Hospital Compare, which publicized data on hospitals' compliance with process-of-care metrics (for instance, whether a patient with pneumonia received the correct type of antibiotic, according to the medical evidence). The CMS system now also reports clinical outcomes, infection and rehospitalization rates, and other data. But all the evidence suggests that consumers are not using that information to make health care choices, mainly because the reports are hard to digest and often don't convey information that matters to patients.

Given the limitations of public reporting, several companies have jumped into the ratings business. U.S. News & World Report has long been publishing its America's best hospitals list, and experienced consumer outlets such as Yelp, Consumer Reports, Leapfrog, and Healthgrades now offer up user-friendly ratings of physicians and hospitals. It's tough to gauge how extensively consumers use this information, but the number of outlets that rate physicians by name is clearly growing. Even if providers and policymakers resist the trend, the market is making it happen.

A few leading health systems have seen the light. Boston's Beth Israel Deaconess Medical Center, for instance, has started posting a whole host of quality data online. Other hospital systems, such as North Shore-LIJ Medical Group and UPMC, have followed suit by publishing physician ratings, both good and bad, on their websites. So far, most of this data is modest in scope (such as patients' ratings and written reviews of physicians), but the growing trend toward providers' publishing their own ratings is likely to transform health care in four important ways.

1. Providers will build trust by empowering patients to shape the quality of care. Patients deserve information about how well hospitals and doctors perform — and they know it. With nearly 40 million Americans now in some type of high-deductible health plan, patients are demanding data on quality of care, including how effectively physicians and hospitals communicate with them. By starting to share their own performance data (good and bad), hospitals are building a loyal patient base. When hospitals openly admit their strengths and weaknesses, patients are far more likely to trust other information they get from those hospitals and to stay engaged because they know that they, as patients, are influencing quality.

2. Providers will get to define the terms of transparency. So far, providers have been playing catch-up and are at the mercy of other ratings programs, such as Yelp and ProPublica. When a provider complains about the methodology those outlets use, it comes across as disingenuous. If a provider posts its own performance data, it has more credibility to criticize others' information. It also gets to decide what data is most important — and to share it prominently. And if the data highlights deficiencies, the provider has

the chance to address them right out of the box. For example, if a particular physician's care is rated as poor, a hospital can post that data alongside an action plan that shows what steps are being taken to improve the situation.

3. Physician culture will change. When everyone — physicians, patients, institutions, and the press — is privy to data on performance, physicians will develop a greater sense of accountability to deliver high-quality care. For example, if a physician sees that many people rate him as not spending enough time explaining the benefits and side effects of medications, he might take more care in conveying that information to future patients. Regardless of how much patients use the published ratings data, peer pressure among physicians will make poor performance harder to justify — to themselves, their colleagues, and their institutions.

4. Providers' own data will affect how other ratings outlets operate. When consumers see that providers are publishing their own ratings — and in great detail — they will ask themselves: Why use Yelp when the hospital itself gives me more? Why use ProPublica if the hospital reports its own surgical complication rates? These efforts by providers will spur other ratings venues to identify metrics that are not currently measured and reported. In effect, each ratings outlet will try to outdo the other by publishing the information that matters most to patients. In turn, if a provider sees that it is being outdone by consumer-oriented competitors, it will have an incentive to improve its own reporting.

The culture of transparency in health care is getting stronger, prompted in part by patients' growing financial contributions to their own care and the easy availability of information online. Therefore, the era of performance data that is hard to find, difficult to understand, and not meaningful to patients is likely to come to an end. Is wholesale change inevitable? Maybe not. But given the broader trends in the health care industry, I believe that it's the start of an era in which patients' access to information on providers' performance will encourage hospitals and doctors

to deliver high-value care efficiently. If that change comes to pass, I'd rate it as one worth celebrating.

Disclosure: Dr. Jha serves on the advisory board for Amino, a start-up company that uses billing data from doctors and hospitals to build profiles of physicians for consumers.

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While many stakeholders see the potential for improved collaboration, the misaligned incentives of many healthcare systems make the prospects for integration a significant challenge. Repeated tests, recurring readmissions, and an incomplete picture of a patient's overall health are often the result. By working together to manage patient care holistically, the healthcare industry can improve clinical and financial outcomes.

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- Collaborating with IBM Watson to identify better care management for diabetes patients by using the patient's own data,
- Working with hospitals to allow quicker patient discharges by giving doctors and nurses the ability to monitor patient care and progress remotely,
- Partnering with hospitals to manage their cath labs for better patient throughput and outcomes, and
- Working on-site at hospitals to drive improvements in efficiency, quality, clinical outcomes, and patient experience, all within an outcomes-based payment model.

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