

Report Card

State Report Card on Transparency of Physician Quality Information

François de Brantes, MS, MBA

Introduction

When American consumers purchase just about anything—books, electronics, even vacations—they can count on finding quality ratings online, as objective measures or subjective reviews. But when they are getting ready to see a physician or other clinician, reliable quality information can be hard to find, even though it's vitally important. Needing care is a vulnerable position for a patient, and the quality of that care is highly consequential and sometimes hard for individuals to predict. That's why clinically sound, objective data on health care providers is for crucial patients.

This State Report Card on Transparency of Physician Quality Information, now in its fourth year of publication, assesses the breadth and substance of clinician quality information available in each state. Patients, advocates, payers, and clinicians who value quality transparency can use this report not only to understand where there are transparency deficits across the country, but also to identify the high performing states whose transparency models can be emulated or adapted.

We're keen to offer this report and those examples of well-executed transparency, for most states need improvement. This year, only California, Maine, and Minnesota earned As, and more than half of states scored Fs.

The low scores are particularly disappointing this year because in many ways the health care sector is in a quality-data boom time. As major payers—Medicare, Medicaid, and commercial insurance plans—migrate toward paying physicians for performance instead of volume of care, they're requiring providers to collect and report more and more quality information. Consumers deserve access to quality insights, too. HCI³ will continue to advocate—and offer real-world tools—for opening up clear, accessible quality information to the people most affected by it: patients themselves. It is in that spirit that we offer this year's State Report Card on Transparency of Physician Quality.

What Strong Quality-Transparency Resources Look Like

Meaningful physician quality transparency tools for patients have a number of things in common, and are the foundation of this Report Card's scoring.

Independent and Impartial: Research has revealed that health care consumers are skeptical of quality information that comes from a source that has a financial or other interest in the information, and sometimes will view it as an advertising pitch instead of consumer-education information.¹ A best practice is to have transparency tools provided by objective, independent third parties.

Freely Available: Transparency tools—usually websites—can do the most good for the most people when they are available without requiring a membership or charge.

Timely Data: Quality data that's old may no longer be accurate. Transparency tools need to be populated with timely information on clinician quality, preferably not older than two years.

Data Available on Many Physicians: The key value in providing quality information on physicians is in equipping consumers to make choices. Transparency tools can't deliver that value if too few physicians are included in the ratings.

Meaningful Quality Measures: Outcome measures—those that assess the impact of health care on health—are considered the most direct appraisals of health care quality.² These can be difficult to measure, and can be paired with process measures—assessments of care delivered—and with patients' own surveys of their experience of care.

¹ Best Practices in Public Reporting No. 2: Maximizing Consumer Understanding of Public Comparative Quality Reports: Effective Use of Explanatory Information.
<https://archive.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/pubrptguide2/pubrptguide2.html>

² A Framework for Evaluating Quality Transparency Initiatives in Health Care.
<https://aspe.hhs.gov/basic-report/framework-evaluating-quality-transparency-initiatives-health-care>

Findable and Understandable for Consumers: A consumer needs to find the information online and interpret it easily. Quality transparency websites should come up quickly in internet searches, and the reporting should be geared to consumers who may not have much health care knowledge, or much time or interest for combing through and interpreting data. As a National Institutes of Health publication describes, “transparency means much more than access to data on quality. Effective quality reporting needs to reflect different consumer abilities to understand and use information.”³

Our Scoring: We distill these best practices into our scoring rubric and apply it to each state.

CATEGORY	MEASURE	POINTS
SCOPE OF TRANSPARENT QUALITY INFORMATION	Percentage of Clinicians with Transparent Quality Information Measures number of physicians rated in qualifying ⁴ quality-transparency tools, divided by the number of physicians in the state, and assigns points proportionally. ⁵	65
	SCOPE OF MEASURES	
SCOPE OF MEASURES	Intermediate Outcome Assigns available points in proportion to the share of tool's measures that are intermediate outcome measures.	10
	Process Assigns available points in proportion to share of tool's measures that are process measures.	5
	Patient Experience Assigns all points if a tool includes measures based on patients' experiences of care.	5
ACCESSIBILITY OF INFORMATION	Can You Find It? Assigns all points if a qualifying tool comes up on the first page of Google results after entering relevant search terms.	5
	Can You Understand It? A subjective measure assigning all points if the authors find the tool's information understandable.	5
	Is It Useful? A subjective measure assigning all points if the authors find the tool's information useful.	5
TOTAL		100

Grading Thresholds

GRADE	RANGE
A	60-100
B	50-59
C	40-49
D	30-39
F	0-29

³ The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary. <https://www.ncbi.nlm.nih.gov/books/NBK53921/>

⁴ Qualifying quality tools, for the purpose of this report card, are websites that display physician quality, and that meet three key standards: they are published by an independent, impartial organization; they are freely available to consumers; and they are populated with recent data (from 2013 or more recently). Tools failing to meet any of these standards are not scored for this report.

⁵ The number of physicians is the sum of the number covered in qualifying state-based quality-transparency tools, plus the number of physicians holding recognitions for chronic care under the Bridges to Excellence Program, and as Patient-Centered Medical Homes under NCQA. Some double-counting is unavoidable. Additional methodology notes are laid out in a previous edition of this report card: <http://www.hci3.org/wp-content/uploads/files/files/IssueBrief-Dec2013.pdf>

The Grades

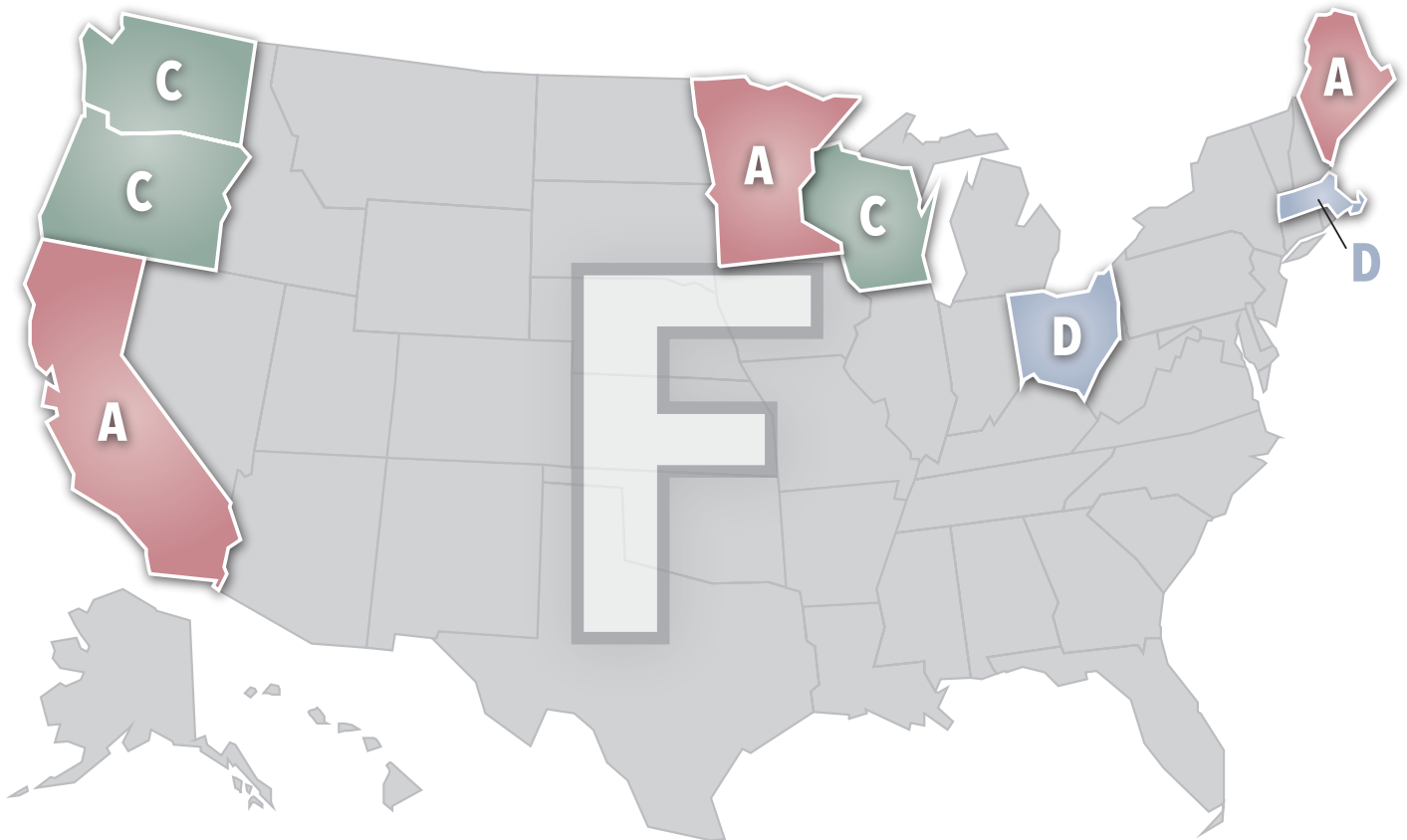
“Scope of quality information” carries great weight in our scoring. As a result only states with quality–transparency tools that meet our three key standards—*independent and impartial, freely available to consumers, and display timely data*—have enough physicians with quality ratings and can rise above a score of F on this report card. In 2016, these states are:

STATE	GRADE	QUALITY TRANSPARENCY TOOL(S) IN THE STATE	NOTES AND DETAILS
CA	A	http://www.opa.ca.gov/Pages/ReportCard.aspx Office of the Patient Advocate	98 percent of physicians are represented across California’s tool and two other recognition programs
MA	D	http://www.healthcarecompassma.org/ Massachusetts Health Quality Partners	Massachusetts’ score dropped from a C last year. A drop in the total number of physicians rated across the state-level tool and two other recognition programs put downward pressure on the score
ME	A	http://www.getbettermaine.org Maine Health Management Coalition	86 percent of physicians are represented across Maine’s tool and two other recognition programs
MN	A	http://www.mnhealthscores.org Minnesota Community Measurement	95 percent of physicians are represented across Minnesota’s tool and two other recognition programs
OH	D	http://www.betterhealthpartnership.org/data_center/practice_compare.asp Better Health Partnership http://yourhealthmatters.org Your Health Matters http://www.ourhealthcarequality.org Healthcare Collaborative of Greater Columbus	Ohio has three quality transparency tools that score well on scope of measures and accessibility of information. The sites are regionally focused in different areas of the state, and as a result the low total number of physicians rated puts downward pressure on the state’s overall score
OR	C	http://www.q-corp.org/compare-your-care Oregon Health Care Quality Corporation	Oregon’s score held steady from last year, but could rise by adding some intermediate process measures to its scope of measures
WA	C	http://www.wacommunitycheckup.org Puget Sound Alliance	Washington’s score dropped from an A last year. A drop in the total number of physicians rated across the state-level tool and two other recognition programs put downward pressure on the score
WI	C	http://www.wchq.org/reporting Wisconsin Collaborative for Healthcare Quality http://www.myhealthwi.org Wisconsin Health Information Organization	Wisconsin’s score held steady from last year, but could rise by adding more intermediate process measures to its scope of measures, and include more physicians among its ratings

States with Failing Grades

STATE	GRADE	QUALITY TRANSPARENCY TOOL(S) ⁶ IN THE STATE, IF ANY	NOTES AND DETAILS
AK	F	none	
AL	F	none	
AR	F	none	
AZ	F	none	
CO	F	none	
CT	F	none	
DC	F	none	
DE	F	none	
FL	F	none	
GA	F	none	
HI	F	none	
IA	F	none	
ID	F	none	

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States with Failing Grades, Continued from page 5

STATE	GRADE	QUALITY TRANSPARENCY TOOL(S) ⁶ IN THE STATE, IF ANY	NOTES AND DETAILS
IL	F	http://www.qualityquest.org/quality-reports Quality Quest for Health of Illinois	The state's quality transparency tool includes too few physicians to bring the state above an F grade
IN	F	none	
KS	F	none	
KY	F	none	
LA	F	none	
MD	F	none	
MI	F	http://www.mycarecompare.org Greater Detroit Area Health Council	The state's quality transparency tool includes too few physicians to bring the state above an F grade
MO	F	none	http://www.qualityhealthtogether.org , a Missouri website scored last year, has become healthykc.org, but could not be scored because the age of the quality data (from 2012) does not meet our standard for timeliness
MS	F	none	
MT	F	none	
NC	F	none	
ND	F	none	
NE	F	none	
NH	F	none	
NJ	F	none	
NM	F	none	http://www.nmhealthcarequality.org , a New Mexico website scored last year, is no longer updated and was offline at press time
NV	F	none	
NY	F	none	
PA	F	none	
PR	F	none	
RI	F	none	
SC	F	none	
SD	F	none	
TN	F	none	http://www.healthcarequalitymatters.org , a Tennessee website scored last year is no longer functional online
TX	F	none	
VA	F	none	
VT	F	none	
WV	F	none	
WY	F	none	

⁶ Tools included in this category are websites that display physician quality, and that meet three key standards: they are published by an independent, impartial organization; they are freely available to consumers; and they are populated with recent data (from 2013 or more recently). Tools failing to meet any of these standards are not scored for this report.

The Next Step: Combining Quality and Price Transparency

Over the past four years, HCI³ has published separate state report cards on quality transparency and price transparency. Experts in providing usable, meaningful health data to consumers—notably Dr. Judith Hibbard of the University Oregon—are clear that health care information is best conveyed by presenting price and quality information *together*.⁷ Recognizing the importance of this approach, next year HCI³ intends to combine the two report cards, and assess states' success—or room for improvement—in offering transparency on both these important areas.

We're ready to grade states this way because there now is a strong body of research demonstrating that consumer information can be successfully conveyed using this combined approach, and how to do it.

As Dr. Hibbard described in a recent HCI³ issue brief,



Consumers need to see that they don't have to pay top dollar to get good quality. The way the data is presented can highlight this important point for consumers. For example, by presenting price information within quality tiers or presenting quality information within cost tiers, either way will show consumers that there is variation in both cost and quality and that higher quality and price are not necessarily linked. Simply showing price and quality side by side is also a good solution.⁸

We'll be watching states' efforts to implement this more sophisticated style of health care transparency, and will be ready to reward excellence with high scores in our next scorecard. ■

⁷ Hibbard JH. Best Practices to Maximize Consumer Use of Transparency Tools. http://www.hci3.org/wp-content/uploads/2016/08/Transparency_BestPractices_IssueBrief.pdf

⁸ Hibbard JH. Best Practices to Maximize Consumer Use of Transparency Tools. Page 3. http://www.hci3.org/wp-content/uploads/2016/08/Transparency_BestPractices_IssueBrief.pdf