Transcript Details
This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:
https://reachmd.com/programs/focus-on-public-health-policy/the-business-of-physician-rankings/3322/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

The Business of Physician Rankings

PHYSICIAN RANKING SYSTEMS

What is CMS is a GAT and NGs list have in common. That is right, there are all actively developing physician ranking systems. Welcome to the Clinicians Round Table, I am your host Dr. Larry Kaskel, joining me today is Dr. Sam Nussbaum, Executive Vice President in Clinical Health Policy and Chief Medical Officer for Well Point Incorporated.

DR. LARRY KASKEL:

Dr. Nussbaum welcome to the show.

DR. NUSSBAUM:

Thank you Larry it is a pleasure to be with you.

DR. LARRY KASKEL:

What has happened in the physician ranking business. It seems to be a very popular field.

DR. NUSSBAUM:

Larry, so many of us as physicians have devoted our careers to professionalism to learning to absolutely giving the very best care that we can to our patients, and by large we all believe that we are giving exceptional care. Yet sometimes, the data does not support that. If we look at the work of Rand Corporation of Beth McGlynn and our colleagues, most of us get required evidence based high quality care just little bit more than half the time. So, there are so many opportunities that we have to improve the care that we give to our patient's to improve the quality of that care to improve the evidence basis and reduce the gaps in care whether it is providing better preventive services or care in accord with the best scientific knowledge. At the same time that we work to achieve that as your question rightly drives there is increasing focus on what is the care experience. What is it like when you visit the physician in his or her office. What is the level of trust that you have in that doctor, the communication skills. What is his or her availability and what is the office environment like and that is the subjective set of issues impacting care, and I think most of us increasingly, particularly a generation of patients, who are very engaged in share decision making with their doctors, who want to be very much apart of their clinical solutions for health improvement. It is those patients that are demanding more and more an approach to what the care experiences like and that is really what we have to do is advance both the fields of performance and quality measurement, as well as improving the care experience.

DR. LARRY KASKEL:

Sam, lets assume for a moment that I am a brilliant diagnostician, but I work in a quite dingy office

because it is owned by the local hospital that employs me and I get dinged on a survey because my office is a dump and my staff is, you know, are employes of a hospital and I am being punished because of things I cannot control.

DR. NUSSBAUM:

The good news also is that hospitals have recognized the office practice environment and in my past life that I had a very big health system in St. Louis. We absolutely wanted that office practice environment to be one that was a good place for care that was one where the staff was very attentive to patients' needs. Having said that I think you are right there are times when some people would look at the lets say the physical environment and mistake that for the caring the environment of compassion. Yet, when we look at this GATS survey one that we have developed a Well Point with the GATS, there are 4 areas that you get rated and I think the physician would score high and trust on communication unavailability and perhaps score little bit less high on the environment, but there still can be ways.

DR. LARRY KASKEL:

Is it rated? Are the different components rated?

DR. NUSSBAUM:

There is a maximum of 30 points that 1 can achieve in each of the 4 areas and then you get probably a more important percent. The percent recommending the physician and so that is an overall rating, but they are not rated per se except that I think the trust communication and office responsiveness together represent 75% of the score versus the very specific issues of office environment and then of course we talked about office environment it goes beyond the carpeting, the magazines, but you know we would probably all be well served to do things a little bit differently. For example, you know, rather than magazines to have computers where people could do some learning while they are perhaps waiting to be seen hopefully even better than that not have long waits at all, but use that office visit as a very

exciting learning environment.

DR. LARRY KASKEL:

I have always learned in business that historically you get what you pay for and the doctors that are providing exceptional service, many of them in my area have got _____ because they feel they are providing excellent care and they want to be paid for it whereas you are asking every doctor now to provide exceptional service when he may or may not be able to do it financially and we are only getting $45 for a 15-minute visit. It is very hard to give incredible service and keep high-quality employees employed.

DR. NUSSBAUM:

We all have to do a far better job in recognizing and rewarding the very difficult work of being on front lines of care and that is why companies like Well Point, CMS there are peer companies actually are developing different reimbursement model, so that if there is better clinical quality doctors get paid more for example in California or Anthem Blue Cross of California plan pays primary care physicians up to 12% to 14% more for getting better preventive care, better care for individuals with diabetes or asthma, more effective drug therapies. In addition, as we look at newer models for care one that is very exciting to me and others of us is what term the advanced primary care, the patient centered medical home. We are exploring this model where we pay physicians not only fee for service, but we pay performance a bonus on top of that and we pay a management say for the very important responsibility of coordinating care, so we have defined ways, I agree that better reward care than just the traditional fee for service episode based model of care.

DR. LARRY KASKEL:

If you have just tuned in you're listening to the Clinicians Roundtable on ReachMD XM 157. I am your host Dr. Larry Kaskel. My guest today is Dr. Sam Nussbaum, who is the Chief Medical Officer for Well

Point Incorporated and we are talking about physician ranking systems.

DR. LARRY KASKEL:

Sam, have you seen any evolution of the ranking systems in the last 6 months.

DR. NUSSBAUM:

This is really an emerging field and specifically we piloted our program in California in Connecticut in Ohio to learn from the experience. Learn what comments would be, whether they would be appropriate. Whether they guide physicians. By the end of this year our program with GATS is to have physicians basically view the comments and further guide some development of this model. With fascinating and probably the best information we can get to be responsive to your _____ question, it is a survey that the California Healthcare Foundation did and they looked at 2004 and 2007, and what's interesting is that you actually survey consumers, the number of consumers that saw ratings about their physician went from 14% to 22%, who looked at considering making a change based on the ratings went from 2% to 5% and actually made a change went from 1% to 2% and those are very, very small numbers and we do know that this physicians rating is in its infancy, but from this work you can see that while a very small number of patients are involved in both rating and reading the ratings that number is moving up and if the tools get better. As there is more confidence, as they become better informed in terms of how we present this data, I think more we will use it. If you think about, Larry, today healthcare is one of the most, if not the most widely used suite of services and information that is used on the internet and so much of that is a result of the exceptional content that is being provided by professional organization such as Cancer Society, American Diabetes Association, as well as private companies like Web MD.

DR. LARRY KASKEL:

Sam, will physicians have any sort of recourse or a platform to respond if some of the patient's ratings are incorrect or unfair. I mean you know if I get a <_____> that's wrong, I can contest it. So, what

systems are in placed for the doctor.

DR. NUSSBAUM:

The good news is that that our early experience indicates that 88% of the reviews recommend the physician, so it appears that the viewpoint of velocity going in by patients is to be very constructive and positive about their physicians, because physicians are generally and I think this is good, you know, highly respected by their patient's, but they are safe guards. I will give an example of safeguard working with New York's Attorney General Cuomo, we the Health Plan, the AMA, and others in Business Community have come up with the series of principles on how physician should be profiled on clinical quality and clinical quality as we said earlier is different in the perception of what the office experience was. So, it is more objective and subjective, but there is performance measurement. We have agreed to use measures developed by the national quality form that have been generally support and approved by professional organizations be their cardiologist or endocrinologist and I believe that is one of the key safeguards that exists both for physicians and for patients.

DR. LARRY KASKEL:

Will a physician be able to go on and check his own ratings and follow question as to his ratings or we say we call benchmarks do they change hourly, daily, weekly, if the doctor is busy and sees an enormous load of patients, who actually go on web site and put data in.

DR. NUSSBAUM:

One important safeguard is that we are not providing any of this information publically until we have at least 10 comments. So as more and more people begin to use this information, the specific for domains of evaluation will become accumulative and we will have greater and greater statistical validity. What we are going to do though is also are going to display comments and those comments will be displayed in order of the most recent for so, I think it would be very similar to the web tools that all of us are used to looking out whether it is restaurants or hotels or what other experience have been with companies. I think though that this is a unique survey tool and we are all going to learn from these ratings that are unique to the physician experience and we are going to build on this that is why we

personally chose to work with the GATS rather than creating our own survey instrument because the GATS has been respected as an industry leader and we will believe that will also afford some sense of confidence because everyone wants this to be a valuable asset in how someone, who may be new to a community could select a doctor, could select a pediatrician or internist for themselves or could select a specialist. So, we really believe this is a pilot program. We continue this elicit and actively engage physicians and get their feed back and suggestions for improvement fact. What are the interesting themes for me has been when I have shared this with physicians while some have been concerned about the adequacy of the information that is statistical validity, we have had may physicians who have embraced this and said that this will allow their skills, their compassion, their dedication and devotion to the patients to be highlighted in a way that they could not otherwise do.

DR. LARRY KASKEL:

In that note I would like to thank our guest, Dr. Sam Nussbaum of Well Point Inc. for talking a little about the new ranking systems and making me and hopefully many of the physicians listening a little more comfortable with it. Sam thanks for coming on this show.

DR. NUSSBAUM:

I have enjoyed our discussion, I hope that if we find opportunities for improvement that your listeners and physicians feel comfortable e-mailing me, calling us, we want to be better at this and really support physicians in there very important work in caring for patients.

DR. LARRY KASKEL:

Sam thanks again.

I am Dr. Larry Kaskel and you have been listening to the Clinicians Roundtable on ReachMD XM 157. To comment or listen to our full library of on demand podcasts, please visit us at reachmd.com. If you register with the promo code radio, you will receive 6 months free of screening ReachMD for home or work. You can also reach us by phone now with your comments and suggestions at (888 MD XM 157). Thanks for listening.