Today’s Objectives

✓ Provide brief background on MHQP as important context for reporting efforts
✓ Describe MHQP’s approach to developing patient experience reports for physicians and consumers
✓ Describe stakeholder perspectives and decision points around key reporting issues
The Headlines from October, 1994…

The Boston Globe

High hospital death rates
Study finds 10 facilities with above-average mortality

High Death Rates Noted At 10 Hospitals In State

...Led to the Creation of MHQP in 1995

- **Provider Organizations**
  - MA Hospital Association
  - MA Medical Society
  - 2 MHQP Physician Council representatives

- **Government Agencies**
  - MA EOHHS
  - CMS Region 1

- **Employers**
  - Analogue Devices

- **Health Plans**
  - Blue Cross Blue Shield of Massachusetts
  - Fallon Community Health Plan
  - Harvard Pilgrim Health Care
  - Health New England
  - Tufts Health Plan

- **Consumers**
  - Exec. Director HCFA
  - Exec. Director NE Serve

- **Academic**
  - Harris Berman, MD, Board Chair
The MHQP 2005 Statewide Patient Experience Survey

- Survey field period, July-Sept. 2005
- Funded by MHQP health plan members
- Focus on primary care practice sites
  - 497 practices
  - 92% of registered primary care physicians
- 50 item instrument covering 8 domains
- Internal release of results to physician practices in November 2005
- Public release of results March 9, 2006

MHQP’s Goal

➢ To be the trusted source of actionable health care quality information for health plans, physicians and consumers that will result in improved quality of care for MA residents
Achieving the Goal: A Process Built on MHQP Collaborative Mission

- Expert team
- Health Plan Workgroup
- Plan/Physician Communication Workgroup
- MHQP Physician Council
- MA Medical Society
- MHQP Board of Directors
- Consumer Focus Groups

Setting the Stage for Public Reporting: Engaging Physicians

“A voice at the table is huge”

“Physicians know all their concerns are not going to be met, but to be able to raise what is really important and have it taken seriously and used to modify the process is worth everything.”

Karen Boudreau, MD
Valley Medical Group
MHQP Physician Council Member
Setting the Stage for Public Reporting: Key Issues for Physicians

- **What measures get reported**
  - Criteria for reporting measures publicly
  - Use of “super” composites to rate overall performance
  - Level of detail presented to consumers—composites vs. item level

- **How measures get reported**
  - Absolute vs. relative scoring
  - Use of “subjective” performance labels—Excellent, Good, etc.
  - Determining performance categories
  - Minimizing the risk of misclassification
  - Recognizing high achievers

- Setting the context for the user

<table>
<thead>
<tr>
<th>Summary Measures</th>
<th>Score</th>
<th>Mean Score</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Doctor/Patient Interaction</td>
<td>60 70 80 90 100</td>
<td>82.0</td>
<td>B</td>
</tr>
<tr>
<td>Communication</td>
<td>▲</td>
<td>62.0</td>
<td>B</td>
</tr>
<tr>
<td>Integration of Care</td>
<td>▲</td>
<td>95.0</td>
<td>A</td>
</tr>
<tr>
<td>Knowledge of Patient</td>
<td>▲</td>
<td>68.0</td>
<td>A</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>▲</td>
<td>50.0</td>
<td>A</td>
</tr>
<tr>
<td>Organizational/Structural Features of Care</td>
<td>60 70 80 90 100</td>
<td>80.0</td>
<td>A</td>
</tr>
<tr>
<td>Organizational Access</td>
<td>▲</td>
<td>80.0</td>
<td>A</td>
</tr>
<tr>
<td>Visit-Based Continuity</td>
<td>▼</td>
<td>60.0</td>
<td>A</td>
</tr>
<tr>
<td>Office Staff</td>
<td>▲</td>
<td>62.0</td>
<td>A</td>
</tr>
<tr>
<td>Global Rating</td>
<td>60 70 80 90 100</td>
<td>70.0</td>
<td>C</td>
</tr>
</tbody>
</table>

**Reliability Legend**

- A = Site level reliability >= .70. Available sample for this measure meets or exceeds reliability standards required for public reporting.
- B = Site level reliability between .50 and .69. Available sample for this measure is slightly less than optimal. Your practice’s performance relative to the site average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
- C = Site level reliability between .34 and .49. Available sample size for this measure is less than optimal. Your practice’s performance relative to the site average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
- D = Site level reliability < .34. Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.
Gaining Consumer Perspectives:
MHQP Focus Groups

- Partnership with Harvard-CAHPS Reporting Team
- 6 focus groups conducted across MA
- Profile of participants:
  - High/low health care users
  - Access to/use of internet
  - Mix of race/ethnicity, education, age, gender
Consumer Perspectives: Focus Group Feedback On...

• Labeling measure composites
• Providing item level detail
• Describing how care is delivered in MA and where the MHQP data fits
• Creating trust for the user
  – Transparency about project funding, methods
  – Endorsement from the physician/health care community--AMA, MMS or State Health Department

Consumer Perspectives: Focus Group Feedback On...

• Using quality information
  – Picking a new doctor
  – Evaluating a current doctor
  – Recommending a doctor for family and friends
  – Seeing how the doctors in their area were performing overall

• Useful information to support use of the performance data
  – Useful tools to help pick a doctor
  – Information about the doctor and the practice
  – Links to other websites
Consumer Perspectives: Focus Group Feedback On…

- Talking about quality with doctors
  - Skeptical
  - Worried
    “Wouldn’t have any effect or worse, might be negative”

- Benefits of the information
  - Information = Empowerment
    “Having options and the ability to make a choice when finding a doctor”
    “Taking charge of my health because now I can make decisions based on information that I didn’t have before”
  - Improving the quality of care
    “I would hope they [doctors] would use this as feedback to improve their practices”

Integrating Stakeholder Perspectives

“We must be willing to learn the lesson that cooperation may imply compromise, but if it brings a world advance it is a gain for each individual nation”.

Eleanor Roosevelt (1884 – 1962)

“All government -- indeed, every human benefit and enjoyment, every virtue and every prudent act -- is founded on compromise and barter”.

Edmund Burke (1729 - 1797)
Key Decisions for Public Reports

- Search Approaches:
  - search by Physician Name
  - proximity search using region or zip code
  - Search from list of practice sites, medical groups
- Front-end presentation of how care is delivered and context for report
- Umbrella categories for measures but no data roll-up
Key Decisions for Public Reporting

- 4 categories of relative performance
  - ½ star “buffer zones” rounded to next performance category for public reporting
- Criteria for including a measure
  - 50% of practices needed “A” level reliability for measure to be included
  - A practice needed 3 eligible measures to be included
- No “subjective” labels attached to performance
- Drill down to item level results
- Measure specific messages about quality
### Doctors' Office Summary: Care From Personal Doctors

<table>
<thead>
<tr>
<th>Doctors' Office</th>
<th>How Well Doctors Communicate with Patients</th>
<th>How Well Doctors Coordinate Care</th>
<th>How Well Doctors Know Their Patients</th>
<th>How Well Doctors Give Preventive Care and Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aton Medical Associates (Pediatrics)</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
</tr>
<tr>
<td>Harvard Vanguard Medical Practice - Concord Milbridge (Pediatrics)</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
</tr>
</tbody>
</table>

Click on a doctor's office to view results on all measures.

Select Category: [Care from Personal Doctors]

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### Explanation Of The Star Ratings...

The star rating for each measure tells you how a doctor's office compares to all the other doctor's offices in the state that were part of the MHQP survey.

- Doctor's offices with 4 stars (★★★★☆) did better than at least 85% of the doctor's offices in this survey.
- Doctor's offices with 3 stars (★★★☆☆) did better than at least 50% of the doctor's offices in this survey.
- Doctor's offices with 2 stars (★★☆☆☆) did better than at least 15% of the doctor's offices in this survey.
- Doctor's offices with 1 star (★☆☆☆☆) did less well than at least 85% of the doctor's offices in this survey.
- The symbol [☆☆☆☆☆] is displayed when MHQP does not have enough data to report this measure. This is usually because not enough patients answered the survey questions for this measure. Having too little data to report for a doctor's office does not mean that the quality of care delivered by that doctor's office is either good or bad.
Care From Personal Doctors:
How Well Doctors Know Their Patients

Action Medical Associates (Pediatrics)
\[ \text{Go To Medical Group's Website} \]

In the last 12 months, how often did your child's doctor seem to know all the important information about your child's medical history?

<table>
<thead>
<tr>
<th>responses</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1%</td>
</tr>
<tr>
<td>Almost Never</td>
<td>1%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4%</td>
</tr>
<tr>
<td>Usually</td>
<td>6%</td>
</tr>
<tr>
<td>Almost Always</td>
<td>22%</td>
</tr>
<tr>
<td>Always</td>
<td>66%</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
</tr>
</tbody>
</table>

How would you rate your child's doctor's knowledge about your child as a person (special abilities, concerns, fears)?

<table>
<thead>
<tr>
<th>responses</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Poor</td>
<td>1%</td>
</tr>
<tr>
<td>Poor</td>
<td>1%</td>
</tr>
<tr>
<td>Fair</td>
<td>4%</td>
</tr>
<tr>
<td>Good</td>
<td>15%</td>
</tr>
<tr>
<td>Very Good</td>
<td>28%</td>
</tr>
<tr>
<td>Excellent</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
<td>144</td>
</tr>
</tbody>
</table>

Ways Your Doctor Can Help...

- Learn about your medical history and current health problems. The first time a doctor sees you as a new patient, he or she should ask about your medical history and that of close relatives. In future visits, the doctor should update the your medical history with information about current health problems and concerns.
- Have a record-keeping system that makes it easy to find your health information. A doctor's office can have systems that make it easy to find your past and present health information. This is needed whether doctors meet with you in the office, talk by phone, or consult with specialists about your treatment and care.
- Learn about what matters to you. This includes knowing your values and beliefs about treatments, care, and desired results. The doctor should take extra time to learn this information when meeting with you for the first time. When making decisions about treatment choices, your doctor should talk with you about the benefits (how treatments can help) and risks (problems that can happen) of each treatment.

Ways You Can Help...

- Give your doctor complete and accurate information. This includes current health problems as well as medical history (medications, surgery, and illnesses). The doctor may also want to know about the medical history of your close family members. Make a list of important information you want to discuss before you see a doctor for the first time.
- Talk about what is important to you—even if the doctor does not ask. This includes religious beliefs or other values you have about treatments and care.
- Discuss benefits and risks before you make a treatment choice. Many times, there is more than one way to treat an illness or health problem. Talk with your doctor and learn as much as you want to know about the benefits (how treatments can help) and risks (problems that can happen) of each treatment choice.
One More Stakeholder: The Media

What the headlines could have been...

The Headlines from March 9, 2006
The Headlines from March 9, 2006

Worcester Telegram & Gazette

Physicians draw healthy scrutiny

For more information about MHQP...

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