

**Physicians as Information Intermediaries  
for Patient Hospital Decision Making:**

**A Report on Interviews with National Physician  
and Other Health Professional Organizations**

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*Prepared by:*  
*Carol Cronin*  
*Senior Technical Advisor*  
*Delmarva Foundation*  
*Easton, MD*

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## **EXECUTIVE SUMMARY**

### **Introduction**

On April 1, 2005, the Centers for Medicare and Medicaid Services (CMS), and their private sector collaborators, launched “Hospital Compare”—a consumer website providing comparative quality information on hospitals nationwide. The site is one of a growing number of decision making resources available to consumers as they become more informed and engaged in their health care. Research also indicates the importance of other information intermediaries in patients' decisions about hospitals. Indeed, many of the online hospital websites urge their viewers to “talk with their doctor or other health professional” about the site's performance information. This report examines medical leaders' attitudes towards public reporting and their views on how much health professionals know in the context of interacting with their patients in an informed manner. It also proposes strategies for helping physicians help their patients with hospital performance information.

The report first reviews survey and focus group research on consumer and physician hospital decision making. It then reports on the results of 38 interviews with senior staff in, primarily, national organizations dealing with physicians or other health professionals.

### **Research on Consumer and Physician Hospital Decision Making**

A variety of public surveys and focus groups have indicated the actual or perceived importance of physicians, nurses and other health professionals, along with family and friends, in providing information about the quality of hospitals in a community. For example, a recent national survey found that 65% of respondents were “very likely” to ask their doctor, nurse or other health professional if they wanted to find information comparing the quality of different doctors, hospitals or health plans (Kaiser Family Foundation et al, 2004). While other factors such as reputation, insurance coverage, perceived quality of care, patient experience and proximity are also factors, most of the surveys and focus groups found that physicians and other health professionals are often cited as an important source of information or recommendations regarding hospitals. The surveys also show a growing public awareness of the Internet as a decision resource and some indication that information on hospital quality is influencing patient choices. On the other hand, surveys in states with hospital report cards and physician focus groups and interviews indicated that physicians did not find hospital performance reports useful in their referral patterns or in their conversations with patients - though there was some indication of their receptivity to being information intermediaries.

### **Results of Interviews with National Physician and Other Health Profession Leaders**

Phone interviews were held with 38 senior staff or Board members in 26 physicians, other health professional, or quality oriented organizations between in January and March 2005. The interviews covered the following topics:

- Organizational activities and views regarding physician-patient communication and quality performance reporting.
- Reactions to the concept of physicians as information intermediaries for patients regarding hospital decision making.
- Strategies to help physicians and other health professionals understand and use hospital performance information with their patients.

Eighteen out of 26 of the organizations were involved in some type of health care quality activity including the development, collection or dissemination of quality measures. A smaller number were involved in an activity that related specifically to hospitals. Others were involved in training or certification of physicians and health professionals-including an emphasis on interpersonal and communication skills with patients.

To gauge the relative importance of issues related to hospital performance, interviewees were asked what they thought were the most important issues around patient communication. Key topics raised by more than one respondent included:

- Many physicians lack effective communication skills
- Concerns about public reporting to consumers (in general)
- Patient language and cultural issues
- Patient self-management issues
- The impact of electronic medical records (EMRs) on the physician-patient relationship

The respondents generally thought that the current hospital decision making process is largely driven by where physicians have admitting privileges, and therefore where they have personal experience. They speculated that patients who brought in performance information would put their physician in an “awkward” position and that the physician “would torpedo” the information. This is consistent with the respondents’ perceptions of physicians’ and other health professionals’ general reactions and attitudes towards public reporting which can be characterized as:

- Negative: “Report cards are a bad word in the physician community...”
- Unaware: “Short of a hospital losing their accreditation deemed status, this type of information doesn't get a lot of attention”
- Not relevant: “I am practicing state-of-the-art medicine and there is nothing to indicate otherwise”
- Too much to attend to: The many performance reporting efforts underway create too much environmental “noise” and the tendency to “turn it all off”
- Concerns about the measures and the measurement process

#### **Reaction to Idea of Physician/Other Health Professionals as Information Intermediaries**

While some interviewees were generally positive towards the idea of targeting physicians as information intermediaries for their patients with regard to hospital decision making, almost all raised concerns, and one respondent thought it was a bad approach. The reasons why more than one respondent felt it would be difficult fell into the following categories:

- **No time in physician encounters:** The increased emphasis on productivity and competing priorities has increased physician sensitivity to time pressures.
- **Conflict of interest:** Given a physician's affiliation with certain hospitals in a community, there is an inherent conflict of interest when physicians discuss hospital performance with their patients.
- **Lack of “connection” with the data:** Physicians won't see the connection between hospital performance and their own actions and therefore will not pay attention to it. Also, it is hard to apply general information to any specific patient.

There were factors that the respondents thought would both increase physician awareness of performance reporting — and increase receptivity and acceptance of their role as information intermediary. These included the increasing interest in pay-for-performance, the use of performance information in hospital marketing programs, the increasingly widespread availability of information and more patients asking about hospital performance. In addition, one respondent noted that “there is a growing group of physicians that are really skilled in communicating with patients. It is only a matter of time before quality becomes part of these conversations.” On the other hand, others felt that there needed to be other entities playing this role including “independent third party” non-profit and state organizations (either instead of, or in addition to, physicians and other health professionals as information intermediaries).

## **Strategies for Helping Physicians/Other Health Professionals Help Patients with Hospital Performance Information**

There were many types of strategies offered by respondents with regard to how to help physicians and other health professionals become hospital performance information intermediaries for their patients including creating and disseminating information that is:

- Credible and easily accessible to physicians and other health professionals
- Includes “upfront” input from the target audience (i.e., physicians or other health professionals)
- Recognizes the needs of various and particular audiences
- Incorporates information into existing physician/health professional oriented activities such as training, certification or continuing education

Physician specialty societies were the most frequently mentioned type of organization that respondents felt were best positioned to deliver information to physicians about hospital quality and serving as a patient information intermediary. Other organizations mentioned two to four times included JCAHO, CMS, Quality Improvement Organizations (QIOs), NCQA, physician champions within a community or organization and the Institute for Healthcare Improvement. Suggested materials should be useful, practical and easily assimilated into practice such as self-learning packets, tool-kits, primers or modules. Communication channels could include written publications, the Internet, presentations, and the “bully pulpit” that physician leaders could use to increase the visibility of these issues.

## **Conclusion**

Conversations with leaders at 26 national organizations revealed mixed views about the role of physicians and other health professionals as patient information intermediaries with regard to hospital decision making - and the difficulty of helping them in that role. Respondents were generally favorable about the role, though they raised numerous challenges. At the same time, consumer research indicates the importance of physicians and other health professionals in hospital decision making. In addition, as several respondents noted, physicians should have a professional obligation to help patients navigate, not only evidence-based clinical decisions, but also decisions about where to receive care based on the best available information.

A range of strategies could be considered — from simply expanding the reach of existing communication efforts about hospital performance (i.e., press releases, fact sheets, FAQs, etc.) to include national, state and local health professional organizations — to a more robust approach that proactively reaches out to national health professional organizations to “translate” and disseminate information to their members.

The conversations with interviewees raised several intriguing ideas and unanswered questions such as:

- What would consumers/patients find most helpful from their physician/other health professional regarding hospital information?
- How are these issues perceived by “front line” health professionals?
- Should strategies focus solely on hospital performance? Or on other types of performance information such as nursing homes, home health, etc.
- What are the particular needs and ethical issues of low literate, non-English speaking patients with regard to hospital decision making and the role of information intermediaries?
- How could one build hospital performance decision support into EMRs?
- Are there liability issues if physicians/other health professionals don't use available information?

While the challenges of helping health professionals help patients with hospital decisions can not be underestimated — particularly related to an environment where hospital measurement quickly becomes entwined with physician measurement and conflict-of-interest issues are real — it appears that performance information will increasingly be available to the public. Patients now, and in the future may well want to converse with their health care-givers about which hospital best meets their needs based on available information, rather than simply where they're told to go.

## **I. INTRODUCTION**

On April 1, 2005, the Centers for Medicare and Medicaid Services (CMS) and their private sector collaborators in the Hospital Quality Alliance launched “Hospital Compare”. The web site helps consumers and their families and friends compare the quality of care in hospitals nationwide in order to make more informed decisions about their health. It also encourages hospitals to improve the quality of care they provide. “Hospital Compare” joins a number of other comparative performance sites sponsored by CMS and other public and private organizations that provide information on managed care plans, home health agencies, nursing homes, dialysis facilities and medical groups.

Public reporting of comparative information about health care organizations and professionals has increased substantially over the last ten years — in part as a result of the growing commitment to quality measurement and the availability of measures. At the same time, the traditional role of the patient as a “passive” health care participant is shifting. Patients are becoming more informed and engaged in shared decision making with their physician and other health professionals. Public reporting of hospital and other information is predicated, in part, on an informed patient who takes a more active role in decisions about whether and what care to receive, when to receive it, and how and where to receive it. These health care decisions, however, are often made in the context of conversations and interactions with a wide variety of others — including family and friends, physicians, nurses and other health professionals, the media, employers, health insurers and the Internet. Each of these entities can serve as an information intermediary by helping patients frame, interpret, understand and apply health care information to their particular health circumstance.

Comparative hospital performance reports have been publicly available since the late 1980s. The number of reports targeting consumers has steadily increased throughout the 1990s with the advent of the Internet and the increased development of quality metrics. According to a recent survey of 51 online hospital performance websites, there are now several national web sites like Hospital Compare available, comparative sites in at least 20 states, and many other non-profit and commercial sites (Shearer and Cronin, 2005). They feature a variety of information including clinical information (both process and outcome), descriptive information (number of beds, services), patient experience, patient safety and utilization measures. The sites often include contextual information for their consumer audience including glossaries, checklists, frequently-asked questions and other information. The majority of sites (over 70%) include some reference that users should talk with their doctor or other health professional about the hospital performance information on the site. One site reviewed in 2005 indicated that physicians could use hospital performance information to help them determine which hospitals best meet their patients’ needs.

Research with consumers indicates the relevance of this reference to “talking with one’s doctor” about health care decision making. As further detailed below, a variety of surveys and focus groups has consistently found the importance of physicians in patients’ decisions about hospitals.

Given the stated importance of physicians and other health professionals in their patients’ choice of hospitals, the questions addressed by this paper are: how much do physicians know about hospital performance reporting in order to answer their patients’ questions in an informed manner? If patient’s followed the advice of the hospital performance web sites and “asked their physician” about the comparative hospital information on the site, what would be their physician's response? Would they know about the sites? What do they know? How do they know about them?

To help answer these questions, interviews were conducted between January and March 2005 with leaders in 26, primarily national, organizations dealing with physicians or other health professionals. In total, 38 senior staff in these organizations were interviewed for approximately one hour (two staff in one organization submitted their answers to the questions in writing). Whenever possible, the report includes the actual words in quotes that were used by the interviewees to convey their views on these topics.

The balance of this paper is organized around the following main sections:

- II. Research on Consumer and Physician Hospital Decision Making
- III. Results of Interviews with National Physician and Other Health Professional Organizational Leaders
- IV. Strategies for Helping Physicians Help Patients with Hospital Performance Information
- V. Conclusion

Appendix A includes the list of interviewees and their organizational affiliation. Appendix B includes the list of questions.

## **II. RESEARCH ON CONSUMER AND PHYSICIAN HOSPITAL DECISION MAKING**

A number of consumer surveys and focus groups have been conducted in the last ten years that have examined health information sources, perceived indicators of hospital quality and use of quality information in health care decision making. Another set of surveys and focus groups have been conducted with physicians — particularly in states with hospital public reporting — asking about their use of hospital quality reports in referral decisions or discussions with their patients.

### **Surveys on Hospital Decision Making**

A recent Kaiser Family Foundation/Agency for Healthcare Research and Quality/Harvard School of Public Health survey (2004) found that 65% of respondents were “very likely” to ask their doctor, nurse or other health professional if they wanted to find information comparing the quality of different doctors, hospitals or health plans (this was the same number who would ask friends, family members or co-workers). On the other hand, the survey indicates a growing public awareness of quality information, with 22% of respondents indicating that they had seen information comparing hospital quality in the last year, compared to 15% in 2000. In addition, respondents in 2004 were more likely to say that they would prefer a highly rated hospital compared to a familiar one. Thirty-three percent said they would prefer a hospital that is rated higher in 2004 compared to 25% in 1996, while 61% said they would prefer a familiar hospital in 2004 compared to 72% in 1996.

A telephone survey conducted in November 2004 found that 95 million American adults (or 8 in 10 online adults) used the internet to find health information (Fox, 2005). The category of information termed “looking for information about a particular doctor or hospital” saw a significant increase in popularity between 2002 and 2004. Twenty-eight percent of internet users said they had done this type of online search, up from 21% in 2002. Internet users with college degrees reported the most significant jump — 42% of these highly educated users indicated that they had looked for a particular doctor or hospital in 2004 — compared to 27% in 2002.

Another online survey of 5000 adults in the fall of 2003 by Forrester Research (2004) commissioned by HealthShare Technology (a provider of health decision support tools) found that the number of consumers who used the internet to research hospital quality had increased from 3% in April 2002 to 11% in October 2003. When asked to rank the most important factors related to hospital quality, respondents indicated:

- Whether the hospital has high complication rates (80%)
- Whether the patients were satisfied with their care (79%)
- How many patients were treated for my condition (68%)

Seventeen percent of respondents in this study considered changing hospitals based on the quality information they received, and 10% reported that they actually did change hospitals.

A survey conducted by the *Wall Street Journal* and Harris Interactive (2003) about indicators of hospital quality found that those surveyed ranked a good reputation (55%), a friendly, helpful and efficient staff (45%) and recommendations from a doctor you trust (41%) as the three most important indicators of the quality of medical care they expect from a hospital. When thinking about the last time “you or someone close to you actually chose a hospital”, however, the list of important factors changed. The following were the top three factors in making their last hospital choice:

- It accepts my insurance coverage (32%)
- A recommendation from a doctor you trust (29%)
- It has a very good reputation (24%)

A telephone survey of 1000 consumers conducted in the summer of 2002 found that 65% of consumers believed they knew the hospital in their area that provided the best quality of care and 84% had a hospital they preferred for their household’s medical care (Community Image, 2003). Among those consumers who identified themselves as having a hospital they preferred to go to, the main reason for that preference was quality of care (41.9%), with proximity (23.4%), tradition (11.7%) and Dr.’s recommendation (6.7%) ranked next. Asked about their main source of information about hospitals, most respondents cited friends and relatives (31.1%), with family physician cited second (17.2%). Relatively few consumers (2%) sought out information on local hospitals on the Internet.

In research conducted with more than 500 health care consumers in 2000, Voluntary Hospitals of America (2000) found that primary care physicians were cited most often (28%) as the “primary source for health information”, with family and friends second at 13% . When asked where they would most likely look for information about the quality of local hospital care, 29% indicated the Internet, 26% indicated their doctor's office, 17% indicated their health plan, 9% indicated the library or newspapers, and 5% indicated a hospital or an employer. Finally, consumers were asked to indicate how important a variety of characteristics are when selecting a hospital. “Preferred physician affiliated with hospital” was ranked fifth in terms of an overall positive score and was preceded by:

- Reputation for clinical quality (chosen first with 93% rating as important or very important)
- Reputation leader in treatment area important to me (92%)
- Previous experience in clinical quality (90%)
- Range of facilities and services (86%)
- Preferred physician affiliated with hospital (85%)

Finally, four projects looked at the impact of performance information in three states (New York, Pennsylvania and Wisconsin) where hospital report cards have been available. The different research projects looked both at consumer recall or use of the hospital performance information, the impact of public information on hospital quality improvement activities and, physicians' use of performance information with their patients.

The Alliance, a large employer purchasing cooperative in Madison, WI, sponsored a public report on the quality and safety of 24 hospitals in south central Wisconsin in 2001. The report was widely distributed through the newspaper and sent to employee's homes and included easy-to-use depictions of hospital relative performance. A recent paper (*Hibbard, Stockard and Tusler, 2005*) assessed hospital performance in the two years following the release of the report, along with the long term effect on hospital reputation. In comparing different groups of hospitals throughout the state, the researchers found that hospitals in the Alliance report were more likely to show significant performance improvement in obstetric care (the only area in which notable variation occurred in the 2001 report) compared to two other hospital groups in the state. While there was no impact on market share (away from low rated hospitals towards higher rated hospitals), a community sample surveyed two years after the report release found that 6% remembered seeing it and 14% were exposed in some way (saw the report, heard about it from someone else or read about it in the paper). Ten percent of those exposed reported using it to recommend or choose a hospital in the two years after the report and almost half of those had talked to others about the report in the last two years. Only a few, however, spoke with their doctor about the report. Finally, respondents who had been exposed to the hospital information were more likely to correctly name a highly rated hospital (and even more often able to name a poorly performing hospital) suggesting that consumers exposed to public reports were more likely than other consumers to have accurate perceptions of the relative quality of hospitals — and that those perceptions persisted for at least two years after the report's release.

A telephone survey of English and Spanish speaking residents was conducted in the state of New York where hospital and physician surgical outcome data has been available since the early 1990s (Boscarino and Adams, 2004). The survey, conducted in September 2002 and in March 2003, found that the top three sources of information about hospitals were the newspaper (15.6%), TV (15.5%) and word of mouth (12.3%). "From (other) doctors/health care professionals" was relatively low on the list at 2.0%. On the other hand, when asked how likely they would be to use a particular source of information about the quality of doctors or hospitals, the highest rating was given to "Doctors, nurse or other health professional" as a source (59.7%), followed closely by "Friends, family, co-workers" (58.9%).

Another telephone survey conducted in 1996 in Pennsylvania focused in particular on patients who had undergone Coronary Artery Bypass Graft (CABG) during the previous year (Schneider and Epstein, 1998). The survey investigated the awareness and use of a statewide consumer guide that provided information about hospitals that perform cardiac surgery. Of the 474 respondents, 20% were aware of the consumer guide, but only 12% knew about it before surgery. Less than 1% knew the correct rating of their surgeon or hospital and reported that it had a moderate or major impact on their selection of provider.

Other research in Pennsylvania by the same authors involved sampling cardiologists and cardiac surgeons in the state to find out their views on the guide (Schneider and Epstein 1996). That survey found that the majority of both groups surveyed (66% of the cardiologists and 57% of the cardiac surgeons) did not discuss the guide with any of their patients. Less than 10% of the total group discussed the guide with more than 10% of their patients. Eighty-seven percent responded that the guide had a minimal or no influence on their referral, with only 2% responding that it had

a “significant impact”. The cardiologists believed that their recommendation was generally the key factor in patients' decision making. Thirty-nine percent of the cardiologists reported that no patient rejected their initial referral recommendation. Another 56% reported that between 1% and 10% of patients did not follow their initial recommendation for referral.

A survey of cardiologists in New York found somewhat similar results with reference to public reporting about hospital and surgeon CABG outcomes in that state (Hannan, Stone, et al, 1997). While the respondents found that the information was not difficult to comprehend, they were much more equivocal about the value of the report for making referrals. Eighty-four percent of the respondents rated the report to be between “not at all useful” and “somewhat useful”. Sixty-two percent indicated that the information did “not at all” affect their choice when referring patients to cardiac surgeons, while 78% said they did not “routinely discuss” the report with prospective CABG surgery patients.

### **Focus Groups on Hospital Decision Making**

A series of focus groups and interviews were conducted by CMS to better understand various perspectives on hospital decision making (Barents Group, 2002). Focus groups of Medicare beneficiaries found that most participants, while receptive to the idea of hospital performance reporting, would ultimately go to the hospital where their doctor told them to go, regardless of what reports showed. A separate series of four focus groups with cardiologists and pulmonary specialists found that they viewed hospital performance reports as “marketing tools for hospital boards” and did not reference them when deciding where to admit patients. The report concluded with recommendations that CMS develop strategies that recognize doctors as mediators of quality information for people with Medicare and that help doctors engage in discussions with their patients about hospital quality.

More recent CMS research with consumers about hospital performance information that ultimately would appear on Hospital Compare indicated additional issues of concern to consumers with regard to hospital decision making (Smith, Lin and Cronin, 2003). Most thought they had little choice of hospitals due to their location and insurance and managed care restrictions. Again, those that said they would use comparative hospital information often indicated that they would discuss the information with their doctor and continue to seek out recommendations from family and friends.

Finally, RTI conducted a series of interviews with 25 physicians in three states that included two scenarios of a physician-patient interaction in which the patient questions a referral based on a public report of hospital quality information (Bernard, Barr et al, 2004). The study identified several issues in the physician referral decision and the possible use of quality data by physicians:

- Although a number of factors influence hospital referrals, the physicians interviewed would not change their referral decisions solely on public reports. Rather, they relied on the quality of services the hospital provides, the preferences of their patients and the expertise of the referral physician.
- In responding to the patient scenarios, physicians expressed a willingness to discuss the hospital quality report. They would react by reassuring their patients about the care they would receive and by giving and requesting information.

- Interviewed physicians saw themselves as information intermediaries for their patients about public reports and, in general, would not want their staff to explain reports to their patients.

### **Summary**

A variety of public surveys and focus groups have indicated the actual or perceived importance of physicians, nurses and other health professionals, along with family and friends, in providing information about the quality of hospitals in a community. While other factors such as reputation, insurance coverage, perceived quality of care, patient experience and proximity are also factors, most of the surveys and focus groups found that physicians and other health professionals are often cited as an important source of information or recommendations regarding hospitals. The surveys also seem to show a growing public awareness of the Internet as a decision resource and some indication that information on hospital quality is influencing patient knowledge and choices. On the other hand, surveys in states with hospital report cards and physician focus groups and interviews indicated that physicians did not find hospital performance reports useful in their referral patterns or in their conversations with patients — though there was some indication of their receptivity to being information intermediaries. Hospitals, however, did seem to respond to public reporting by improving their performance.

## **III. RESULTS OF INTERVIEWS WITH NATIONAL PHYSICIAN and OTHER HEALTH PROFESSIONAL ORGANIZATIONAL LEADERS**

### **Introduction**

To help assess the state-of-the-art with reference to activities surrounding physicians and other health professionals' knowledge and use of hospital performance information with their patients, phone interviews were conducted with leaders in 26, primarily national, organizations between January and March 2005. The interviews covered the following topics:

- Organizational activities and views regarding physician-patient communications and quality performance reporting.
- Reactions to the concept of physicians as information intermediaries for patients regarding hospital decision making.
- Strategies to help physicians and other health professionals understand and use hospital performance information with their patients

Organizations were chosen based on their knowledge of quality of care, patient education, physician-patient communication or shared decision making — with a particular emphasis on those that target physicians and other health professionals. In addition, given the number of heart care measures in the recently launched Hospital Compare web site, organizations addressing heart care were also targeted.

The organizations interviewed were of the following types:

- National physician organizations - primary care/general (8)
- National organizations involved with physician-patient communication issues (5)
- National health professional organizations other than physicians (nurses, nurse practitioners, case managers, health educators) (4)

- National physician/health professional organizations involved with heart care (3)
- National organizations involved with quality (QIO assoc., IHI) (2)
- Other organizations involved with quality (The Commonwealth Fund, Kaiser Permanente, Stoeckle Center for Primary Care Innovation, Rochester, NY IPA) (4)

Ten organizations had more than one staff member participate in the interview, either by participating in a joint interview, or in two-three separate interviews. A total of 38 interviews were conducted across the 26 organizations (with two interviewees submitting their answers in writing). The interviewees were senior staff or Board members at their organizations, with 14 of them in the role of CEO, President or Executive Director and 23 serving as senior staff in the organizations' quality area. There was also one interviewee with the title of Director of Communications. The oral interviews generally lasted one hour, interviewees were provided the questions in advance, two researchers participated in almost every call and summaries were prepared of each call for later analysis.

### **Involvement in Quality & Patient Education/Shared Decision-making**

The organizations were involved in a wide range of activities related to quality of care and patient education/communication or shared decision making. Some, such as the American College of Cardiology, the American Nurses Association or Kaiser Permanente were involved in the development, dissemination and collection of quality measures for physicians or other health care entities. Others, such as the American Board of Internal Medicine or the Accreditation Council for Graduate Medical Education, were involved in the training or certification of physicians — including competencies around quality and patient communication. Still others were primarily professional organizations dedicated to providing information for their members across a wide range of topics (family practitioners, nurse practitioners, health educators). Finally, several of the organizations specialized in training physicians in the area of physician-patient communication (such as the Bayer Institute for Health Care Communication), while others conducted research in these areas (Northwestern University Program in Communication in Medicine).

There were only a few organizations interviewed that currently provide consumer information either directly to patients or to physicians for direct use with their patients. These include the following:

- **American Academy of Family Practice** sponsors a consumer website ([www.familydoctor.org](http://www.familydoctor.org)) that provides a variety of disease and condition information for the entire family. The site also includes a review section of websites in particular content areas.
- **American College of Physicians (ACP)** sponsors a website for patients ([www.doctorsforadults.com](http://www.doctorsforadults.com)) that describes the various types of internal medicine specialties. The **ACP Foundation** is also participating in an Information Rx project that involves working with the National Library of Medicine to help physicians “prescribe” credible information to patients ([http://foundation.acponline.org/healthcom/info\\_rx.htm](http://foundation.acponline.org/healthcom/info_rx.htm)).
- **American Heart Association** sponsors a very comprehensive web site for consumers ([www.americanheart.org](http://www.americanheart.org)) that includes a range of heart health information and tools.

- **Medical Group Management Association (MGMA)** has launched a Patient Education Center ([www.patienteducationcenter.org](http://www.patienteducationcenter.org)) which is a multimedia information service for medical group practices and their patients produced for MGMA by Physician's Weekly.

The content of the materials on these sites are primarily about clinical topics such as diseases and conditions. The ABIM site does include information about the role and training of internists and the American Heart Association includes links to a sister site, the American Stroke Association that links to the Heart/Stroke Recognized Physician program listing physicians who meet specific performance criteria in their treatment of stroke patients. (<http://www.strokeassociation.org/presenter.jhtml?identifier=3030089>).

Several of the interviewees noted the growing importance of communication skills with patients in the training, certification and maintenance of certification and continuing education of physicians. The focus on physician-patient communication relates to the ability of physicians to engage in true shared decision making with their patients on all aspects of care — including decisions about where to receive care. Specifically mentioned were the following activities:

**Accreditation Council for Graduate Medical Education (ACGME)** evaluates and accredits medical residency programs in the United States. ACGME has endorsed six competency areas for residency programs, one of which is interpersonal and communication skills. As indicated on the ACGME website:

“Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group (<http://www.acgme.org/outcome/comp/compFull.asp#4>)”

**American Board of Internal Medicine (ABIM)** assesses competency in a number of areas in order to certify physicians who practice internal medicine. One of the six components of clinical competence is interpersonal and communication skills. ABIM has also developed a program for the maintenance of certification by practicing physicians that must be completed every 10 years. Part of this program involves an assessment by a physician's peers and patients through a questionnaire distributed to at least 30 physician peers and 50 patients. The patient survey includes the following questions:

- How is this doctor at discussing options with you; asking your opinion; offering choices and letting you help decide what to do; asking what you think before telling you what to do? (poor to excellent response categories)
- How is this doctor at encouraging you to ask questions; answering them clearly; never avoiding your questions or lecturing you?

Other specialty boards that belong to the American Board of Medical Specialties (ABMS) — the umbrella organization for 24 medical specialty boards — have similar certification and maintenance of certification requirements with reference to the six competency areas.

### **Most Important Issue(s) — Physician-Patient Communication**

To gauge the relative importance of issues related to hospital performance reporting compared to other issues affecting physician-patient communication, interviewees were asked **what they thought were the most important issues around patient communication or patient education?** The following topics were identified by more than one respondent in descending order of frequency:

**Many physicians lack effective communication skills** — This was mentioned most often as the most important issue affecting the physician-patient relationship. Getting health professionals to “listen and engage” with their patients was often viewed as needed. Respondents noted that traditionally, there was little skills training in this area, and often little time for effective communication in the patient encounter. Assuring that patients can act on information from their doctor by using understandable language — not “jargon” — was also mentioned by several interviewees. The need for “translators” of information by other health professionals (such as nurses) was a result of these problems.

Others commented on more specific aspects of the communication between physicians and patients. One noted the importance of “truth-telling — (physicians) learn to discern the truth and tell the truth. It is the only way to build trust with the patient”. Another noted the importance of “follow-through” — learning whether patients actually do what physicians expect them to do. Another view came from a respondent who felt the focus of physician-patient communication should change from focusing on “doing something right” to “whether it should be done at all”. The importance of shared decision making or collaborative care was noted by several respondents.

**Public reporting issues** were mentioned second most often by the respondents — though their comments focused more generally on consumer understanding of public reports and the content of the reports themselves, rather than the role of physicians or other health professionals as information intermediaries for patients. Several of the respondents indicated the importance of providing clear messages for the public about the content and meaning of performance reports. They said that the “average” consumer would not understand currently available public reports — in part, because the number of measures creates a burden on their usefulness. Another noted the diversity of consumers viewing these reports, from those that are — data hungry — to those that are passive. Finally, several interviewees noted the importance of public reporting at the local, or community, level rather than the national level. It is in local communities where care is actually delivered, that patients will engage on content about performance, according to one respondent.

Others raised issues about measures themselves found in public reports including that:

- They must be relevant to consumers
- They must be current
- They must be reliable and actually measure quality
- They must be parsimonious so don't create burden on consumers

**Language and cultural issues** were mentioned by more than one respondent as an important issue in patient communication or patient education. The diversity of languages and cultures in this country, and the resulting problems of health disparities, were cited as some of the most important issues affecting the physician-patient relationship. Additionally, poor health literacy was mentioned as a significant issue.

**Patient self-management/Patient self-care** was mentioned by more than one respondent as an important issue in physician-patient communication. It was noted that patients often need help in learning how to participate in their own care — though it was also mentioned that some patients may not be capable of doing so.

**The emerging use of electronic medical records (EMRs)** was also mentioned by more than one respondent. EMRs can become “powerful tools if physicians learn how to turn the screen” for their patients, stated one interviewee.

Other important issues around physician-patient communication mentioned by at least one respondent included:

- **The importance of a team approach in health care**
- **Providing access to information throughout the health care continuum of care (from preventive care through acute care to long term care)**
- **The ethical issues embedded in managed care (not covering certain types of treatment, etc.)**
- **The fragmentation of the health care system and its effect on physician and patients**
- **Patient satisfaction/Patient experience of care**
- **Including patients in the actual care design process**
- **Communicating with physicians about specific issues such as patient safety, lifestyle changes**
- **Lack of accessibility of some patients to the Internet**

It is important to note that, while issues around public reporting in general were raised, none of the interviewees volunteered that physicians as information intermediaries with regard to hospital performance information (or any kind of quality information) was a highly important patient communication or patient education issue.

### **Health Care and Hospital Quality Activities**

Almost 70% of the organizations interviewed (18 out of 26) were involved in some type of health care quality activity. Quality measurement, improvement, and reporting were therefore activities that were generally familiar to them. These activities included developing and disseminating performance metrics, quality incentive programs, collecting and benchmarking quality data, conducting research about quality, training and assessing quality, providing educational and learning opportunities about quality, funding quality initiatives, and communicating about

quality. A smaller number, (10 out of 26) mentioned some type of quality activity that related specifically to hospitals.

Most of the respondents who discussed the topic stated that they thought their members were interested in report cards for hospitals or other health facilities and organizations — though many offered barriers and challenges to their usefulness as further detailed below. Only a few organizations had communicated with their members about hospital performance information at all and those communications dealt primarily with initiatives other than the Hospital Quality Alliance and Hospital Compare. Only one organization was certain that they had communicated about the Hospital Quality Alliance activity and a few thought that they might have (though these conversations did occur prior to the launch of Hospital Compare). No organizations interviewed, however, had given any attention in any forum to how to help their physician constituents (or other health professional members) use hospital performance information with their patients.

### **Current Hospital Decision Making Process**

Many respondents discussed their views on how physicians currently decide what hospitals to send their patients to, and what would happen if patients brought in hospital performance reports.

Several respondents indicated their view that patients are sent to hospitals where physicians have admitting privileges. The physician's view of that hospital is shaped by their personal experience and their patient's experience there. As one respondent noted, this experience often isn't based on frequent exposure because “many physicians don't spend a lot of time in a hospital — it often isn't on their day-to-day radar screen”. Decisions about hospitals for their patients are not based on any data that the physician accesses, but rather on “prejudice and perception”. Referrals are made to “my nice friend at XYZ hospital”.

Discussion with several interviewees raised the question of what would happen now if a patient brought a hospital's performance reports to their doctors' office and asked about it. First, none of the respondents thought the physician would know anything about the information — the patient bringing it into their office would be the first time they would have seen it. Two respondents used the word “awkward” to characterize the position a physician might be in if the hospital report indicated poor performance on the part of a hospital with which they are affiliated. Other responses they thought physicians would have in this situation included the following:

- “Don't worry about the data, I'll take care of you”
- What a physician would think to themselves: “I hope I'm not in the paper”
- The physician “would torpedo” the report
- The physician would “rationalize and demean the data”

### **Overall Reaction/Attitudes Towards Public Reporting**

There were a variety of respondent reactions to public reporting of health care information ranging from negative or concerned — to unaware — to irrelevant:

**Negative physician reaction** — Several respondents indicated that physicians have a negative reaction to public reporting in general. “Report cards are a bad word in the physician community — you may need to change the lexicon” was the comment of one interviewee. Another respondent noted that performance reporting is “scary” for physicians.

**Not aware of hospital public reports** — As indicated in other sections of this report, several respondents thought that physicians had no awareness of the availability of hospital public reports. “Short of a hospital losing their accreditation deemed status, this type of information doesn’t get a lot of attention”, noted one interviewee. Several respondents offered their thoughts on why — indicating that the information hasn’t left the hospital CEO’s or quality staff’s office.

**Not relevant to physicians** — Another noted reaction — specifically to hospital report cards — was the lack of perceived relevance to practicing physicians. Several noted the distance between a hospital performance report and their own performance actions or decisions. As one indicated “I’m practicing state-of-the-art medicine and there is nothing to indicate otherwise”.

**Too much competing “noise” in the environment** — Several respondents noted that there are multiple performance measurement activities underway around physicians—both in the hospital and physician worlds. For those physicians who are aware of these activities, this lack of alignment leads to frustration and the tendency to “turn it all off”.

**Concerns with the measures or measurement process** — Several interviewees who were more knowledgeable about quality, raised problems with hospital performance measures in general, or about the process of measurement. They felt that current hospital measures were not outcome oriented, were not patient oriented, did not reflect current practice because of the time lag in reporting, were not reliable, didn’t adequately address the “small numbers” issue or had other unspecified methodological problems that might favor one type of hospital (academic) over another. Other comments particularly addressed attribution, or “locus of control”, issues between hospitals and physicians. “In terms of measuring performance in a particular area, what should be attributed to a Dr.? And what should be attributed to the organization?” Finally, the “check-off” nature of current measures make them feel more like “requirements” rather than something that physicians might truly want to engage in, according to one respondent.

**Conflicts with overall quality improvement**—One respondent indicated that public reporting can conflict with internal quality improvement activities. They noted that organizations end up worrying about “perceived perfection” rather than “pursuing perfection”. Another indicated that, particularly in some smaller towns or cities, there is an inclination for physicians to be reluctant to discriminate between hospitals, “because we need ALL of the hospitals to be functioning well”.

It is interesting to note that during many of the interviews, it was difficult for the respondents to differentiate between hospital performance reporting and physician performance reporting when responding to the questions. This may be an indicator of the current environment in which the increased discussion of physician measurement tends to dominate the overall topic of measurement — at least for this set of interviewees. This finding is important in terms of thinking about crafting strategies and approaches in this area.

### **Reaction to Idea of Physicians as Information Intermediaries**

While some interviewees were generally positive towards the idea of a strategy that targeted physicians as information intermediaries for their patients with regard to hospital decision making, almost all raised concerns about it, and one respondent thought it was a bad approach.

Positive comments centered on the notion that serving as an information intermediary on this topic was an appropriate role for a physician. It was noted that physicians are the “most trusted” on these types of issues and that providing information on hospital performance was part of their “professional” duty to patients. One person noted that many physicians are already “informally”

playing the advisor role on “where to go” in the context of “curbside consults” where “friends and family ask me where I should go for something”. Finally, several physician and non-physician interviewees noted that this type of information is also already being provided by other members of the health care team such as nurses, nurse practitioners, case managers and others.

Almost all of the respondents, however, raised concerns about how difficult it will be to engage physicians in the role of information intermediary on hospital performance. Phrases used to describe their reaction included:

- “An uphill battle.”
- “There are a lot of forces working against this.”
- “It will be difficult to do.”
- “This is a big job.”
- “Will take a lot of consciousness-raising.”
- “...will be met with resistance...”
- “The only thing working for this is physician altruism.”

The reasons why respondents felt this approach would be difficult fell into the following categories (listed in order of how often they were mentioned with the first two mentioned most often):

**No time in physician encounters:** Many respondents noted that there was no time in an already very busy physician-patient encounter to add a discussion about hospital performance information. Some noted the increased emphasis on “productivity” and competing priorities had increased physician sensitivity to time pressure. Several noted that they don't have time now “to do what is clinically important” so adding one more thing would be very difficult. One respondent indicated “I would be shot if I added one more thing” to what physicians need to do.

**Conflict of interest:** Given physician’s affiliation with certain hospitals in a community, several respondents noted there is an inherent conflict of interest when physicians discuss hospital performance with their patients. Several noted that there are financial relationships between physicians and hospitals that would impede their impartiality — and in fact, as previously noted — may affect their interpretation of information about that hospital (demeaning the data). On the other hand, one respondent noted that hospital affiliation could be a motivator for physician action — “there might be incentives for the physician to either focus on hospital improvement or leave”. Finally, another respondent noted what he thought might be sensitivity around “kickback” issues, where physicians would be reluctant to refer patients to a facility where they have a financial interest because of legal consequences. Several respondents noted the larger ethical dilemma raised by this topic — that physicians are reluctant to say anything bad about their colleagues. One noted that this attitude is a problem for the whole process of peer review. Another respondent put it more bluntly: “Hospital performance reports have so many problems because no one wants to hear the truth economically or clinically”.

**Lack of “connection” with the data:** Several interviewees noted that physicians won’t see the connection between hospital performance and accountability and their own actions and therefore will not pay attention to it. As one respondent noted, “Doctors aren’t good at attaching themselves to externally generated data.” They also don’t see any connection between hospital performance in general and the needs of a particular patient in their practice. “Aggregate data about hospitals won’t be used by a physician to advise patients, because they don’t know how it will apply to any given patient” according to one respondent.

Other factors affecting the difficulty of physicians as information intermediaries around hospital reports mentioned at least once included:

- **Payment:** There is no real payment incentive for this type of discussion and “many economic forces are working against it”, according to one respondent. They went on to add that in their view, “Doctors are losing money for doing the right thing.”
- **Overall negative environment around public reporting:** As previously mentioned, many physicians have a negative attitude towards public reporting in general which will make it difficult to find hospital performance reports useful.
- **Lack of hospital choice:** The lack of more than one hospital in many communities was mentioned as a factor working against the use of this type of information in physician-patient discussions. Also, as previously mentioned, the view that ALL hospitals in a community need to work effectively would make a physician reluctant to judge one hospital against another according to one respondent.
- **Poor physician communication skills:** Given that many physicians are not good communicators or educators, one respondent wondered whether this was an appropriate role for physicians — as well as whether they would have the “desire” to discuss hospital performance with their patients.

### **Other Information Intermediaries May be More Appropriate**

One respondent felt strongly that physicians should not serve as hospital information intermediaries and strategies in this area should not be pursued. For a combination of reasons mentioned above including lack of time, desire, knowledge, and burden, this respondent thought the function of information intermediary should be placed outside the physician's office. They, and others who generally supported the physician role, specifically thought that some type of “independent third-party” non-profit or state organization would be better suited to this role. Two respondents noted that a “Consumer Reports-like” entity would be the ideal source for patients.

Other respondents thought that other staff within the physician office or on the health care team would be more appropriate in this role — with some noting, as previously discussed, that these professionals already play this role for patients. Nurses and nurse practitioners were particularly mentioned for this role. One respondent suggested that physicians could provide information in their office such as posters, or other materials which would bring the information to the attention of their patients, without the physician having to raise the topic.

Finally, one respondent thought that employers were the appropriate entity to provide this type of information (and in fact were doing it now), and another mentioned that health plans served in this role.

## **Factors That Will Increase Physician Awareness of Performance Reporting and Their Role as Patient Information Intermediaries**

While many of those interviewed did not perceive performance reporting in general and hospital reporting specifically as being on physicians' "radar screen", they also indicated several reasons why they thought that this is changing, and will continue to change. These include:

**Pay-for-performance** — Five respondents noted that the growing focus on "pay-for-performance" will increase the visibility of public reporting for physicians. This will impact physicians in several ways: When health plans start to tie their payment to performance, interest in quality reporting will increase according to one respondent. Another anticipated that pay-for-performance schemes used by health plans might begin to affect physician's hospital referral patterns. Another noted that hospitals will begin exerting pressure on their physicians to comply with guidelines in response to pay-for-performance plans.

**Marketing/Dramatic Event** — Respondents mentioned two other scenarios where physicians might become more aware of hospital public reports: 1) If something dramatic and bad happens in their community, such as a hospital losing its accreditation, or deemed status with the Medicare program. 2) If hospital marketing programs began to use very good performance in highly visible public marketing campaigns. The more extreme and public nature of either very good or very bad performance might increase physician awareness of hospital performance.

**Patients asking about hospital performance** — As previously indicated, respondents thought that physicians would not know about hospital performance reports if they were brought in by their patients. At the same time, "if patients start bringing them in, they (doctors) will become more aware of them". Another respondent thought that patients "will drive physician interest" in hospital reporting.

### **Other Factors:**

- **"Trickle" down from hospitals** — Several interviewees noted that as hospitals begin to reach out more to physicians about their organizational performance, there will be a "trickle down" effect in terms of physician awareness.
- **Malpractice concerns** — One respondent indicated that malpractice or litigation concerns might increase the relevance of hospital reporting to physicians if a physician was consistently referring patients to lower quality hospitals.
- **Privileges at multiple hospitals** — One interviewee noted that physicians who have privileges at more than one hospital are more likely to pay attention to hospital performance reporting, given their ability to choose between hospitals.

In addition, despite their current reservations about the role of physicians as information intermediaries, several respondents noted trends that they felt will result in greater receptivity and acceptance of this role in the future. One thought that future physicians, and specifically residents, will want to learn more about these issues as "it will be part of the world they are joining". Another noted that "there is a growing group of physicians that are really skilled in communicating with patients. It is only a matter of time before quality becomes part of these conversations." Others anticipated that as this information becomes more widely available, it will

in fact become part of the physician referral process — particularly as hospitals begin to compete more openly on the basis of their measured quality. One respondent stated this view in the following way: “We are transitioning from an era of autonomy to an era of data.” Finally, another respondent indicated that some of the perceived barriers to physician-patient communication will prove to be a myth, because “not every patient will want to discuss this with their doctor.”

### **Summary**

In summary, conversations with 38 organizational leaders about the topics of health care quality, physician-patient communication and physicians and other health professionals as patient hospital quality information intermediaries yielded mixed findings. The issue of serving as an information intermediary was not volunteered at all as an important issue in physician-patient communication. At the same time, many of the top issues raised by the respondents are related to this role — such as poor physician communication skills, skepticism about public reporting to consumers and patient language and cultural issues.

While many of the organizations were involved in a variety of quality activities, hospital quality was not on the agenda of many of the organizations. Only a few of the physician and health professional organizations were very knowledgeable about the Hospital Quality Alliance, and none had communicated with their constituency about it in the context of helping them become information intermediaries for their patients. The respondents were generally negative about public reporting, though many indicated that they felt it will increase in importance to physicians in the future because of pay-for-performance activities, more visible media coverage of public reports and patients questions about them.

Respondents were generally positive about the idea of physicians and other health professionals as hospital quality information intermediaries for patients, though they described it as a difficult role for them to assume—and one respondent thought it was not an appropriate role. Many concerns were raised, such as time and conflict-of-interest and some indicated that hospital quality information would probably be dismissed by physicians if a patient brought it to their attention today. Again, many however, thought that trends indicated that there would be greater receptivity and acceptance of this role in the future.

## **IV. STRATEGIES FOR HELPING PHYSICIANS HELP PATIENTS WITH HOSPITAL PERFORMANCE INFORMATION**

There were many types of strategies offered by respondents with regard to how to help physicians become hospital performance information intermediaries for their patients. Comments tended to cluster into the following categories:

- The content and availability of the information about hospital performance measures;
- The process for developing materials for physicians in this area;
- The audience for these materials;
- Incorporating material into existing physician programs;
- Who should deliver this type of information;
- What types of materials might be used; and
- How the materials could be disseminated.

### **Information Content/Availability**

Several respondents noted that the degree to which information will be used by physicians to help patients with hospital decisions will depend on the physician's ability to understand and trust the hospital report measures. The words used by various interviewees to describe the characteristics of trusted measures included: “robust”, “comprehensive”, “multi-factorial”, “patient-centered”, “valid” and “reliable.” One respondent also noted the importance of having more hospital measures in order to be really useful in differentiating performance.

Respondents also noted other characteristics of performance information that would make it most useful to physicians including information that was:

- “Easily at their disposal.”
- “In one place where they can go.”
- Simple.
- Interesting.
- Useful — allows physicians to use the data for themselves.
- Has benchmarks.

More than one respondent thought this type of information would need to be “translated” or “interpreted” specifically for a physician audience in order to make it useful and relevant.

Finally, two cautions about hospital performance information were raised by respondents that would impede their use by physicians. One indicated that hospital performance information must not be used punitively. As indicated above, another indicated that performance measures need to be aligned across all types of projects in order to engage physicians.

Some respondents thought that the issues of physicians as information intermediaries should be part of an overall strategy to improve physician-patient communication and shared decision making. Two respondents noted that discussions about hospital performance should become part of the “contract” between physicians and patients, while another noted that this type of information could be built into physician and patient “expectations” regarding their care.

Other respondents mentioned that they thought performance information about hospitals needed to be placed in a larger context. One noted that hospitals, in fact, were part of a larger continuum of care — so these issues needed be addressed more broadly across other health care entities. Another respondent mentioned that in their own organization, issues around quality measurement and improvement were dealt with across multiple types of providers and settings.

Finally, one respondent made the suggestion that the content of information for physicians about their role as hospital information intermediaries should be driven by research with consumers and patients about what they, patients, think doctors should be telling them about the hospitals to which they refer.

### **Process for Developing Materials for Physicians**

A theme echoed by many of those interviewed was the importance of including physicians and other health professionals “up front” if materials were going to be developed in this area. Respondents suggested that focus groups be held with physicians about what would be useful, as well as then testing materials through pilot tests. The specific input of health educators, who are

trained in how to create health educational materials for a variety of audiences, was also suggested. Another respondent suggested finding and giving visibility to “early adopters” in this area who could serve as models for other physicians in terms of showing how this can be done. One respondent noted that, from their experience, if one can engage physicians themselves in this type of effort, “they then become the drivers of it.”

### **Audience**

As previously indicated, most respondents did assume that physicians would be an appropriate audience for materials about hospital performance reports targeting them as patient information intermediaries. Some noted segments of the physician audience that may be particularly hard to reach with this type of information — community physicians in areas where physicians aren't well integrated into their hospital and solo practitioners.

As previously indicated, some also thought that other health professionals such as nurses, others in the office (even the receptionist or other administrative staff) might also be targeted for information to help patients with hospital decision making. Others thought that this information is best available completely outside of the physician's office. It was noted that different messages will need to be used with different audiences.

### **Incorporate Information into Existing Activities**

Respondents indicated that a particularly effective approach to providing information for physicians as patient information intermediaries is to include content relevant to this task into existing and ongoing activities that already target educating physicians. The following specific activities were mentioned for future physicians:

- Medical school curriculum
- Residency training
- Initial certification

For currently practicing physicians, the following were mentioned:

- Maintenance of certification
- Continuing medical education
- Other types of elective training to improve practice

In addition, one respondent noted the importance of building this information into currently existing health education programs — particularly those within hospitals, and particularly those that utilize a “train-the-trainer” approach.

### **Best Organizations to Deliver Information**

Respondents were specifically asked what organizations are best positioned to deliver this type of information to physicians. By far, the most frequently mentioned type of organization was physician specialty societies — with one person specifically mentioning the American Board of Medical Specialties (the umbrella organization of specialty societies). Other organizations that were mentioned two to four times included the following:

- JCAHO
- Centers for Medicare and Medicaid Services (CMS) (though one respondent indicated that they might not be perceived well)
- Quality Improvement Organizations (QIOs)
- NCQA
- Physician champions within a community or organization
- Institute for Health Care Improvement (IHI)

Others that were mentioned at least once included:

- Hospitals
- Health plans
- State/county medical societies
- American Hospital Association
- Third party community organizations
- State licensing organizations
- Peer reviewed literature
- Website sponsors (who provide the hospital performance reports)

### **Types of Materials**

Respondents had several ideas regarding the types of educational materials that might be developed to provide information to physicians to help their patients with hospital performance information. These included:

- Self-learning packets
- Templates
- Scripts that might be used if a patient asks, or if a physician wants to proactively bring up the topic
- Tool-kits
- Primers
- Modules

What most of these materials have in common is a focus on being useful, practical, and easily assimilated into practice.

## **Communication Channels**

Respondents were asked about the communication channels their organizations use to disseminate information to their physician and health professional members. Almost all of the organizations had some type of written publication that went to all of their members such as quarterly, monthly, bi-weekly, or weekly journals, newspapers, or newsletters which could be used to feature information about hospital quality and the role of being an information intermediary for patients.

Repondents also noted that using the Internet would be a wise strategy for reaching physicians and other health professionals on these topics. Many of the organizations maintain and use e-mails, list-servs, or members-only sections of their website that could incorporate information on these topics or increase the awareness of the types of tools mentioned above. Hospital intranets were specifically mentioned by one respondent.

Presenting information at conferences, workshops, symposium, chapter meetings and incorporating information into the dissemination channels for continuing education and practice improvement were also mentioned. The inclusion of hospital performance information into electronic medical records, which are increasingly being used by physicians, was mentioned by one interviewee.

Finally, a few respondents noted that physician organizations and their leaders could use their “bully pulpit” role to increase the visibility of these issues within their constituencies. Another talked about the possibility of a “road show” that brought this information in a systematic way to physician groups in various venues nationwide. Finally, one interviewee suggested a “physician detailing” approach that borrowed from strategies pharmaceutical companies currently use with reference to visits with doctors about drug products.

## **Summary:**

Respondents offered a range of ideas regarding how best to provide information to physicians and other health professionals regarding their role as hospital quality information intermediaries for patients. Developing tools and materials that are credible, simple to use and designed specifically for a physician or health professional were all suggested. Including the target audience (physicians or health professionals) up front in the development of useful and practical materials — and incorporating any materials developed into existing and ongoing distribution activities were themes echoed by many. Physician specialty societies were the most frequently mentioned organization best positioned to deliver this information.

## **V. CONCLUSION**

Conversations with leaders in 26 national physician and other health professional organizations revealed mixed views about the role of physicians and other health professionals as patient information intermediaries regarding hospital decision making — and the difficulty of helping them in that role. While respondents were generally favorable about the role, they raised numerous challenges to engaging physicians on this issue. At the same time, survey research and focus groups with patients indicate the importance of physicians and other health professionals in hospital decision making. The number and visibility of online hospital performance reports will most likely increase in the future as states consider new laws, purchasers and health plans provide information to their employees and members and non-profit and proprietary efforts evolve. These

websites, and other resources, will most likely continue to urge consumers to “talk with their physician or other trusted health professional” about the performance information they convey. Given their current and anticipated continued importance in patients' hospital choice, strategies that help physicians and other health professionals become aware of, informed about, and engaged with hospital performance information should be pursued. Emphasizing a physician's professional obligation to help patients navigate, not only clinical decisions based on the best available evidence, but also decisions about where to receive care based on the best available information, will increasingly become important.

A range of strategies could be considered. At a minimum, simply expanding the reach of existing communication efforts about hospital performance (i.e., press releases, fact sheets, questions and answers, etc.) to include national, state, and local physician and other health professional organizations who then, in turn, could include the information in their distribution channels is one strategy to consider. A more robust approach could include proactive outreach to national physician and other health professional groups through meetings, committees or taskforces, in order to gain insight into how existing materials and efforts might be altered to appeal to, and be used by, their physician and health professional constituencies with their patients. The “translated” materials could then be built into their organizational dissemination channels in a more tailored fashion. Groups that specialize in physician-patient communication and health education might be particularly helpful in providing guidance on “translating” materials.

However, simply sending material to inform physicians and other health professionals, while an important first step, may not be enough. Other approaches to more actively engage physicians and other health professionals could include state or regional pilot test(s) overseen by a partnership between one or two specialty societies and/or health professional associations (such as the American College of Physicians or their Foundation, the American Academy of Family Physicians, or the American Nurses Association) and one or more QIOs. Again, pilots should include the target audience (practicing physicians and other health professionals) in the design of the project and might build on existing patient-oriented activities such as the American College of Physicians' Information Rx project or the patient education activities of MGMA or the American Academy of Family Practice. Physician office practices willing to serve as laboratories might also be considered for the pilot. Other stakeholders in a state or region might also be involved — including business coalitions, health insurers/managed care organizations, hospital associations, consumer groups, and other sponsors of hospital performance information. The pilot(s) could be carefully documented for replication in other areas.

The challenges of working with physician and other health professional organizations on the topic of performance reporting can not be underestimated and should be addressed directly. At best, respondents expressed ambivalence about public reporting in general, and often mentioned the negativity of their constituencies. Discussions about hospital performance measurement- even in the context of helping patients-often became entangled in concerns about individual physician and other health professional measurement. The perceived lack of alignment of measurement activities across multiple settings may be most obvious and aggravating to the individual physician seeing patients with all types of insurance, possibly from different states and with admitting privileges at multiple institutions. Bringing coherence to these activities by coordinating both macro (what is being measured) and micro (how specifically is it being measured) approaches across settings and organizations would most likely increase physicians' attention to these issues.

Hospital conflict-of-interest issues raised by respondents will also continue to be a factor when thinking about physicians as patient information intermediaries. This argues for strategies that, in

addition to helping physicians become more aware of hospital performance information, also include supporting other, independent, sources of information for patients and their families such as public interest websites and organizations.

Future research could focus on several intriguing ideas and unanswered questions raised in the interviews with leaders in 26 national physician and other health professional organizations:

- Research with consumers/patients on what they would find most helpful from physicians/other health professionals regarding hospital information.
- Research with more “front-line doctors and health professionals” regarding their views on being patient information intermediaries with regard to hospital performance information.
- Insight into whether strategies targeting physicians/other health professionals as patient information intermediaries should focus solely on hospital performance — or expand to include information about other types of organizations (such as nursing homes, home health agencies, and other physicians) and/or more generic information about quality measurement in general.
- Research on the particular needs of low literate, non-English speaking and culturally different patients with regard to issues of hospital decision making and the role of physician/other health professional information intermediaries.
- Identifying possible opportunities for hospital performance decision-support that may be part of the emerging development of electronic medical records for health professionals and personal health records for patients.
- Research on the potential for malpractice or other liability if physicians are not using performance information in their hospital referral decisions

Information about hospitals and other health organizations and professionals is increasingly available to the public — bringing a level of transparency to health care that has never been seen before. Access to health performance reports on the Internet, in newspapers or on TV and other media has begun to change the balance of information between patients and their families and their health caregivers. It also makes clearer to all that quality varies. Savvy consumers now have access to a variety of public, non-profit and proprietary websites that provide information on the hospitals in their community — and their region and nationwide. Hospital marketing efforts and health plan hospital network design may expand the “geography” of where a patient thinks about going. Over time, this may change the interaction between physician and patients from a simple assumption that one “will just go to this hospital”, to a conversation about which hospital might best meet the patient's needs based on available information.

It is not clear, however, that helping patients understand and navigate this information is “on the radar screen” yet of physicians and other health professionals, according to the national respondents in this research. Indeed many respondents thought that patients bringing information into the office would be the first time many physicians would become aware of it. Given the continued public availability of performance information, developing proactive approaches that provide useful information to physicians to help them help their patients appears to be a worthwhile strategy to consider.

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## **APPENDIX A**

### **List of Interviewees**

#### **I. NATIONAL PHYSICIAN ORGANIZATIONS-PRIMARY CARE/GENERAL (8)**

##### **American Academy of Family Physicians**

Bruce Bagley, MD  
Medical Director for Quality Improvement

##### **American Board of Internal Medicine (ABIM)**

Cary Sennett, MD - Senior Vice President of Research and Develop  
Leslie Goode - Director of Communication

##### **ABIM Foundation**

Dan Wolfson  
President

##### **Accreditation Council for Graduate Medical Education**

David Leach, MD - Executive Director  
Susan Swing - Director of Research

##### **American College of Physicians**

John Tooker, MD  
CEO

##### **American College of Physicians Foundation**

Jean Krause  
President

##### **American Medical Group Association**

Julie Sanderson-Austin  
Director of Quality Management and Research

##### **Medical Group Management Association**

Bill Jessee, MD  
President and CEO

#### **NATIONAL PHYSICIAN PATIENT COMMUNICATION ORGANIZATIONS (5)**

##### **American Academy on Physician and Patient**

Beth Lown, MD- Immediate Past President  
Tony Suchman, MD-President

##### **Bayer Institute for Health Care Communication**

Michael Goldstein, MD  
Associate Director

##### **Foundation for Informed Medical Decision Making**

Jack Fowler  
President

**Macy Initiative in Health Professional Communication**

Ted Parran, MD  
Case Western Reserve Medical School

**Northwestern University Program in Communication and Medicine**

Greg Makoul  
Director

**NATIONAL NURSE/OTHER HEALTH PROFESSIONAL ORGANIZATIONS (4)**

**American College of Nurse Practitioners**

Ken Miller  
President-Elect

**American Nurses Association**

Rita Munley-Gallagher-Senior Policy Fellow  
Pat Rowell-Senior Policy Fellow

**Case Management Society of America**

Jeanne Boling  
Executive Director

**Health Care Education Association**

Kathy McGuinn, Director, Quality & Education, George Washington University Hospital  
Sandra Cornett, Director - AHEC Health Literacy Program, The Ohio State University  
Yvonne Brookes, Clinical Learning Supervisor - Patient Education Liaison Organizational Learning, Baptist Health South Florida  
(All are members of the Board)

**NATIONAL CARDIOLOGY/HEART CARE ORGANIZATIONS (3)**

**Alliance of Cardiovascular Professionals**

Jeff Doucette  
President - Alliance of Cardiovascular Professionals  
Duke University

**American College of Cardiology**

Tony Hermann - Director-National Cardiovascular Data Registry  
Kathleen Hewitt - Senior Director for Quality Services  
Kristi Mitchell - Director of Research and Innovation

**American Heart Association**

Dennis Milne - Vice President, Patient Education  
Warren Skea - Quality Improvement National Director

**National Health Care Quality Organizations (2)**

**American Health Quality Association**

David Schulke  
Executive Vice President

**Institute for Healthcare Improvement**

Andrea Kabcenell-Executive Director-Pursuing Perfection

Pat Rutherford-Vice President- Innovation and Content Division

**Other Organizations involved with Quality (4)**

**Commonwealth Fund**

Steve Schoenbaum, MD-Executive Vice President for Programs

Ann-Marie Audet-Asst. Vice President

**Kaiser Permanente**

Alide Chase-Senior Vice President for Quality and Service

Mary Ritner-Director of Quality

**Rochester (NY) Individual Practice Association (RIPA)**

Howard Beckman, MD

Medical Director

**Stoekle Center for Primary Care Innovation**

Susan Edgman-Levitan

Executive Director

## **APPENDIX B**

### **Questions for National Health Professional Organizations**

1-10-05

1) Does your organization work in the area of patient communication/patient education/shared decision making? What type of work is conducted (i.e., committees, taskforces, reports, research etc)?

- What do you think are the most important issues around patient communication/patient education?
- How does your organization communicate with your members/constituencies on these issues? What communication vehicles are used? How effective are they?

2) Is your organization involved in tracking, measuring, reporting on quality of care?

- Does any of that work relate to hospital performance quality measurement or improvement?

3) Is there any organizational interest in, or attention to, report cards for hospitals or other health facilities and organizations? What types of activities/interest?

4) Has your organization communicated with its constituencies/members about hospital public reporting/report cards? How was that done (what communication vehicles were used)?

5) Was there any attention given in these communications to how to help patients use hospital performance information in making decisions about hospital care (i.e., how to help physicians and other health professionals in their role as patient information intermediaries)?

6) Do you think your members/constituency would be interested in learning more about hospital performance public reporting?

- How do you think they might use information about hospital performance reporting?

7) What types of approaches/information do you think would be most useful to physicians/other health professionals to help them answer questions patients might have about hospital performance information they see?

- Who should that information come from?
- What should the main messages be?

8) Are there any other groups or individuals that have looked at this issue that would be good talk to?