

## DEPARTMENT OF HEALTH POLICY FORUM

# Assessing Physician Performance: Challenges and Opportunities

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As the nation's health care landscape is changing towards an increased focus on value and accountability, quality measures are no longer used solely to measure health plan performance. Quality measures are also used to evaluate the quality of care at the individual provider level and the provider group level (i.e. group practice of physicians). Various aspects of patient care processes and outcomes are evaluated based on a multitude of standardized performance measures used by stakeholders. In his presentation, Louis H. Diamond, MD, VP and Medical Director of Thompson Reuters, reviewed the current state and national trends in performance measurement and improvement. Dr. Diamond outlined the many challenges and opportunities encountered in assessing physician performance, and offered his vision and recommendations for the future.

Recent trends in assessment of physician performance include the development of programs that utilize various "types" or domains of measures, such as structure, process, outcome, appropriateness, and patient experience. Derived from clinical care guidelines, these measures have been developed by various stakeholders. Frequent measure developers include The American Medical Association Physician Consortium for Performance Improvement (AMA PCPI), The Centers for Medicare and Medicaid Services (CMS), and The National Council for Quality Assurance (NCQA). Once endorsed by The National Quality Forum (NQF), these measures may be included in pay for performance, Maintenance of Certification, and performance-based programs for re-licensure.

Utilizing quality measures for assessment of provider performance naturally creates both challenges and controversies. Multiple questions and concerns remain regarding technical aspects of data collection, physician attribution and accountability, co-morbid conditions, changing scientific evidence, and impact of patient preference and behavior.

Opportunities for improvement include enhancing information collected through quality measures with information from patient registries, electronic medical records, and laboratory data. Merging various health plan data with CMS data will provide physicians with information about the entire practice.

Dr. Diamond offered several recommendations in his vision for improvement of the current chaotic “measurement system.” Nationally, the focus should be on determining priorities and creating a coordination of efforts to improve care and contain costs. From these coordinated efforts, a new accountability system for physicians and other health-care providers could evolve. Dr. Diamond concluded his presentation by emphasizing the need for funding of health care research. Quality management and improvement depends on the integration of a robust cycle of evidence, measurement development, and evaluation into the provider workflow.