

## PQI Works, But Not How You Think

In their new, interdisciplinary paper, “What Influences the Awareness of Physician Quality Information? Implications for Medicare,” the School of Public Health’s Jon Christianson and MILI’s Michael Finch join three co-authors to explore what Medicare patients with chronic illnesses actually know about measures of their healthcare providers’ work—if they know about it at all. Christianson says, “This paper is motivated by the generally low level of awareness of healthcare performance information among the general population.”

The authors used random telephone sampling of patients 65 and older with a known chronic health condition. After removing those with missing data, the resulting sample of 2,770 patients was asked two key questions: “In the past twelve months, do you remember seeing any information comparing different doctors, hospitals, or health plans?” If yes, the second question was “Did you see any information comparing the quality among different doctors in the past twelve months?”

Regardless of socioeconomic and demographic subgroups, the authors found just 13% of chronically ill, older patients remembered seeing information comparing doctors. Of course, the authors are quick to point out that there are variables that raise the likelihood that a given patient knows about PQI measures (Physician Quality Information), including age, race, education, and self-reported health status. Engagement with the Internet and distrust in the healthcare system also affect patients’ awareness of the PQI measures. Still, that 13% remains consistent with the general population’s knowledge of doctor measures.

Why are these numbers important? The authors say reporting of measures of quality of care and positive healthcare outcomes attached to specific doctors and facilities grew in the early 1990s, but has only recently become widespread. Legislation and the support of foundations and a variety of advocacy groups have increased the availability of provider performance information. Nonetheless, as the old saying goes, you can lead a horse to water, but you can’t make it drink. That is, governments and institutions can release information, but without context and urgency, patients may pay little attention.

### About

*Exchange*, a publication from the Medical Industry Leadership Institute, features dialogue on medical industry research and application. The content is a summary of research from both academia and the medical industry, followed by commentary on the importance of the research and its application. Topics highlighted in the *Exchange* span all sectors of the medical industry and include commentary from leaders in the field, as well as researchers from the University of Minnesota and other academic institutions.

***“The information seems effective, but more so in encouraging better performance among doctors than in informing patients.”***

“Community health care coalitions and other organizations have invested a lot of time and money,” Finch tells us, “into providing information to the general population about the quality of care... but people seem woefully unaware that this information exists. Going forward, Medicare needs to learn from their experience and think carefully about how to reach out to beneficiaries.”

All this has implications for the soon-to-launch Medicare Physician Compare website. First, Medicare cannot control variables like higher educational attainment—those patients above 65 years old are unlikely to gain an advanced degree, and, even if they did, it wouldn’t sway their awareness of PQI very much. This means Medicare’s efforts must be broad-based, addressing all beneficiaries (even though it’s been established that many Medicare recipients don’t yet understand the program, let alone PQI). Realism is important.

This leads to a second point: Medicare will need to establish what it is trying to accomplish with the release of PQI data. This type of information can be effective, but more so in encouraging better performance among doctors than in informing patients in their selection of providers. ■

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### Commentary

## PQI in the Public Eye

by *Michael P. McGrail, MD*



The investigation by Jon Christianson, Mike Finch, and colleagues highlights an important opportunity to improve the overall impact of physician quality information (PQI). As stated by Jon Christianson, the disappointingly low awareness of PQI among elderly patients with chronic

medical conditions is, according to the National Institutes for Health, consistent with the general population. It's also consistent with the pervasive disconnect of the U.S. population from most healthcare-related information. For example, the Journal of Health Economics reports more than 50% of people lack health literacy and most fail to understand important specifics of their health plan coverage. Even when they're discharged from the hospital, up to 90% of hospital patients cannot name the doctor who was in charge of their care.

PQI, then, should be a uniformly "good thing," but such reporting is not without controversy. Particularly in its early years, physicians worried about empirical methodology, inconsistency of same market results, inadequate numbers, potential disproportionate representation by dissatisfied patients, the relevance of specific measures, and the potential impact on their livelihood. Further, could accommodating patients lead to unnecessary diagnostics or overtreatment? The Wall Street Journal even went so far as to wonder if the "watchfulness" of PQI reporting decreased already-low professional satisfaction among doctors.

Regardless, as Finch notes here, community healthcare coalitions and other organizations have made significant investments in and improvements to PQI measures, lending credibility, reliability, and relevance. Perhaps more optimistic physicians than those I mention above

even advocate for public reporting so as to highlight their excellence and commitment to continuous improvement, Health Affairs has reported.

Minnesota and Wisconsin now benefit from such reporting in which groups analyze and report clinical quality and patient performance data. Their comprehensive, one-stop info sources help patients, providers, insurers, and even device manufacturers make more informed choices and improve care. The dissemination of these measures has been correlated with improvements in measures regarding diabetes, vascular care, childhood immunizations, and cancer screening. The metrics have also been adopted by the National Quality Forum and become the basis for both local and national Pay for Performance programs.

In some ways it seems as if the environment is well poised for the next stage of PQI impact. The Pew Research project recently reported that 72% of Internet users looked online for general health information each year. Further, health news, including the demonstrated fallibility of the U.S. healthcare system in the first phases of the Ebola crisis, has meant heightened awareness and sensitivity to the variability of care. The media and the public want more and better quality reporting. Finally, Accountable Care Organizations will emphasize healthcare excellence and keep PQI in the public eye.

Within this evolving landscape, there is an opportunity for Medicare to weigh in with strong signals about the availability and importance of physician and health system quality information. This would be a powerful catalyst to improve the health of the Medicare population and the experience and affordability of the care they receive. A shift from seeing healthcare as a commodity to an investment worthy of inquiry will reveal how critical quality of care is for the well-being of individuals and communities. ■