

DOCTOR'S DIGEST PODCAST



The Patient as Decision-Maker

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With the advent of consumer-driven healthcare, or CDHC, your patients may now find themselves in the unique position of making a lot more of their own medical decisions than in the past. The questions then arise: how prepared are patients to assume this responsibility? And how can they get the information they need to help them choose healthcare?

One thing patients definitely want to know more about is medical cost. A survey showed that 84 percent of consumers wanted healthcare prices to be published; 70 percent said that, if they did have cost information, they'd shop around for the best prices. But they find cost information pretty hard to come by. Of those who were using CDHC insurance plans, fewer than 16 percent said they had access to information about cost and the quality of their healthcare providers and hospitals. That is not surprising, since physicians themselves often don't have that information, either, which makes it hard to help patients who ask about ways to control their costs.

However, cost is only part of the patients' decision-making process. They also want to know that their healthcare professionals are providing quality care. That turns out to be even more difficult to measure than cost. The Government Accounting Office reviewed the decision-support tools from five CDHC insurance providers and found that there was only very limited cost-and-quality information available about specific physicians and hospitals. Most of the companies provided average rates for physicians and hospitals but did not provide specific rates for individual physicians and individual hospitals. Some claim that antitrust laws and health-plan contracts limit the insurance companies' ability to provide that kind of information.

Part of the problem in providing quality ratings is that there is a wide range of opinions about how quality should be rated. In fact, there is a lack of consensus across the insurance industry over what constitutes ideal quality measures and what methods should be used to obtain data. Some rating methods emphasize process, and others emphasize outcomes. For example, those that emphasize process may look at whether a particular physician follows the accepted standard of care, such as monitoring A1c levels for patients with diabetes. Those that emphasize outcomes are more likely to focus on whether that doctor's patients have been able to avoid complications from diabetes. Some have argued that looking at this kind of outcome data is likely to penalize physicians who are willing to take on the really tough cases, since the overall outcomes from tough cases are likely to be less favorable.

A growing number of healthcare organizations are now measuring patient satisfaction. But research suggests that patient satisfaction alone is not an accurate gauge of a physician's true quality of care. One study looked at patient satisfaction ratings and determined whether the doctors being rated had met quality-of-care standards for 22 medical conditions. The study found that patient satisfaction did not correlate well with how doctors had met quality-of-care standards. Instead, patients tended to rate their doctors on the basis of their communication skills.

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The American Medical Association has taken a firm stand on the issue. AMA is committed to the goal of empowering patients to become more informed purchasers of healthcare. But it is concerned that a lack of oversight has led insurance companies to come up with unfair evaluations of individual physicians. It points out that these evaluations can be skewed in a number of ways: by the use of economic criteria, by insufficient sampling of patient cases, by questionable quality measures, and by poor adjustments for risk. The resulting distortions in the ratings can mislead patients and erode their trust in their physicians.

A possible solution would be a nationwide standard for evaluating physicians. Andrew Cuomo, Attorney General of the state of New York, initiated a probe into how insurance companies measure and disclose physician ratings. As a result of that probe, he was able to gain agreement from some major insurance companies to help guard against inaccurate, biased, or unfair information about physicians. These companies agreed to use nationally accepted standards when rating physicians, and to hire an independent group to monitor the rating systems. These changes will affect physician-ranking systems all over the country and may result in a national standard for rating physicians.

But as some observers have noted, the more things have changed, the more they remain the same. No matter what kind of information patients may be able to access in choosing healthcare, what they seem to want most is still the same thing: a meaningful engagement with their own physician.

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