



NEWS RELEASE

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New Study: Most Doctors Not Actively Working to Improve Their Practices; Few Adopt New Technologies, Especially in Solo and Small Group Practices *Doctors Say Lack of Quality Improvement Tools Affects Coordination of Care and Patient Safety*

New York, NY, May 10, 2005—A majority of physicians are not actively engaged in quality improvement practices, and are reluctant to share information about the quality of the care they provide with the general public, according to findings from a national survey published today in *Health Affairs* by Commonwealth Fund researchers. Further, a majority of physicians observed instances where appropriate, quality care for patients was compromised due to lack of coordination and failure to transfer information.

The survey of over 1,800 physicians reveals that use of electronic medical records (EMRs) is surprisingly limited: one-fourth report using an EMR routinely or occasionally. In addition, only one-third of physicians are involved in efforts to redesign systems to improve care, and just one-third have access to any data about the quality of their own clinical performance.

Seven of ten physicians said information about individual physicians' clinical performance should be shared with leaders of the health systems at which they work (71%). However, physicians are less willing to share such information with patients or the public. Just over half (55%) say patients should have access to quality data about their own doctors, and only three of ten physicians (29%) say the general public should have access to quality data on physicians.

The authors conclude that physicians' adoption of measures, tools, and methods necessary to improve quality is moving at a slow pace, and is not where it should be to achieve a high performance health care system, which depends on seamless transfer of information among clinicians, health care managers, and patients, and on the capacity to engage in assessing and improving care when it is needed.

"The American public expects manufacturers of products such as automobiles to know what the quality of their products is, to be providing information about quality and safety to the public, either directly or through the government, and to be continually engaged in improving their products," said

PHYSICIANS' WILLINGNESS TO SHARE QUALITY-OF-CARE DATA		
Willingness to Share Data With:	Yes, Definitely/ Probably	No, Definitely/ Probably Not
Medical Leadership	71%	27%
Physicians' Own Patients	55%	44%
General Public	29%	69%

**Source: The Commonwealth Fund National Survey of
Physicians and Quality of Care**

Commonwealth Fund Executive Vice President Stephen C. Schoenbaum, M.D., a co-author of the article. “In that context it is shocking that doctors don't know what the quality of their care is compared to their peers, are very reluctant to make such information available to their patients and the public, and are not continually engaged in major efforts to improve care.”

A companion chartpack from the Commonwealth Fund released today points to a deep divide between physicians in solo or small practices, who are least likely to have access to tools and to be involved in quality improvement—and those who practice in large groups, who are more likely to have access to quality information, be involved in quality improvement, and have confidence in these efforts. Barriers to adopting quality improvement methods and tools include cost, lack of time, and lack of training. But beliefs and attitudes that come from the way physicians are professionalized, or values integral to the culture of organizations may also play a role.

“Unfortunately, most solo practitioners and small group practices simply don’t have a quality infrastructure in place, and find themselves facing significant financial barriers to adopting information technologies and systems needed for quality improvement,” said Anne-Marie Audet, M.D., lead author of the *Health Affairs* article and assistant vice president at the Commonwealth Fund. “Since nearly three-quarters of physicians in this country are in solo or small group practice settings, it is critical that those designing quality improvement tools and incentives take this fact into consideration. We have done best to date in designing tools and solutions for large groups of doctors or for those who practice in networks of care, or hospitals, but much remains to be done to foster adoption of quality improvement by the individual physician.”

Quality is not a factor in most physicians’ compensation, which is still determined primarily by productivity. A majority (58%) of physicians cite productivity as a major factor determining their compensation or income. A small proportion say measures of clinical care (8%), patient surveys (8%), or quality bonuses or incentive payments (4%) are major factors in their compensation.

Physicians Identify Potential for Medical Mistakes

The most common quality problem physicians say they encounter is related to care coordination. Nearly three-quarters of physicians (72%) report instances when a patient’s medical records, test results, or other relevant information was not available at the time of the patient’s visit. A startling finding is that fifteen percent of physicians say they often or sometimes observed patients with positive test results which were not properly followed up.

In addition:

- One-third of physicians often or sometimes found that tests or procedures needed to be repeated because the results were either unavailable or unable to be interpreted.
- One in four (26%) often or sometimes found that a patient experienced problems after leaving the hospital because his or her physician did not receive timely, necessary information from the hospital.

- Eleven percent said that they often or sometimes observed patients receiving the wrong drug or wrong dose.
- Twenty-eight percent said they often or sometimes felt the patient's care was compromised due to conflicting information from multiple health care professionals.

Practices Ill-Equipped to Provide Physicians with Patient Data

Eighty-five percent of physicians find it difficult or impossible to generate lists of their patients by lab results or current drugs prescribed, making it more difficult to follow-up with high-risk patients, the authors say. Only eighteen percent of physicians have data on their patients' outcomes.

Physicians were asked their opinion about methods to improve the quality of care they are providing. The top three strategies they cited as most effective include increased time with patients (52 %), better patient access to preventive care (41%), and improved teamwork and communication among health care professionals (35%). One-third of physicians said their patients are more likely to ask them about the quality of their care than two years ago.

About half of physicians (51%) believe that providing the best quality care often or sometimes leads to decreased revenue. Those in small groups or solo practices are more likely to agree with this statement.

One in four physicians cited external sources such as health plans and insurers as supplying their quality-of-care data, and the most common type of data is from patient surveys. Only thirteen percent said they generated their own performance measures, which suggests that physician practices have not internalized these activities and made them part of their work flow, the authors say.

Physicians Not Satisfied with Referral Process

Physicians cite difficulties in using quality data when they make referrals for their patients. Nearly two-thirds (64%) say they rarely or never have access to performance information when they refer their patients for specialized care. One-third of physicians say they have trouble getting referral information in a timely manner.

The survey was conducted between March 2003 and May 2003. The *Health Affairs* article, "Measure, Learn, and Improve: Physicians' Involvement in Quality Improvement," highlights physicians' involvement in quality improvement efforts, and is available at www.healthaffairs.org. The Commonwealth Fund chartpack provides greater detail on information technology, coordination of care, strategies and incentives to improve quality of care, and implications for policy and practice, and can be accessed at www.cmwf.org.

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