



NEWS RELEASE

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For further information, contact:
Dana Safran or Melissa McPherson Sweeney,
Tufts-NEMC: (617) 636-0200
Mary Mahon, The Commonwealth Fund:
(212) 606-3853 or (917) 225-2314
Andrea Daitz, RWJF: (609) 627-5937

Patient Surveys Found to Provide Valid Data On Individual Physician Quality

Study Is First Step to Getting Useful Information About Physicians to Patients

**Massachusetts Demonstration Project Has National Implications
for Patient Measures of Quality**

New York City, January 12, 2006—A major Massachusetts research study has demonstrated the feasibility and value of measuring the quality of care provided by individual physicians and their office practices by asking their patients. With information obtained from a relatively small number of patients of individual physicians, the researchers found highly reliable and stable information about both the quality of doctor-patient interactions and about the functioning of the doctor's office.

As national interest in measuring and reporting on the quality of health care providers—particularly of individual doctors—is increasing, this first large-scale study demonstrates the validity of patients' reports of the quality of their doctors' care.

In the statewide demonstration study of physicians in the five leading commercial health plans and Medicaid in Massachusetts, researchers at Tufts-New England Medical Center (NEMC) and Massachusetts Health Quality Partners (MHQP) found that while individual physicians vary substantially from one another on measures such as communication quality, accessibility, and coordination of care, reports by 45 patients of individual physicians are highly consistent and reliable sources of data.

The findings are reported in "[Measuring Patients' Experiences with Individual Primary Care Physicians: Results of a Statewide Demonstration Project](#)," by lead author Dana Gelb Safran, ScD, director of the Health Institute at Tufts-NEMC and colleagues, published in the January issue of the *Journal of General Internal Medicine*. The research was supported by The Commonwealth Fund and the Robert Wood Johnson Foundation (RWJF).

"These findings reveal that among a modest-size sample of a physician's patients, it is possible to obtain a snapshot of what it is like to be a patient of that physician that appears to hold true from patient to patient," said Dr. Safran. "The study points to patients' reports as an effective tool that can be used more widely to improve quality of care."

The patient surveys were completed by phone and mail between May and August 2002 by a statewide sample of nearly 13,000 adult patients of 215 generalist physicians at 67 practices, with an average of 58 completed questionnaires per physician. Patients assessed their health care experiences on 11 measures reflecting both quality of interactions—such as how often the doctor explained things in a way that was easy to understand, or treated the patient with

respect—as well as organizational features of care such as coordinating care with specialists. The results revealed differences among physicians on several key dimensions, with average performance scores across the physician population in the study spanning more than 20 points out of 100.

“These findings underscore that patients’ perspectives of their physicians’ care can provide valuable information for consumers seeking the best health care, as well as targets for health plans and individual physicians to increase patient-centeredness and improve quality of care,” said Anne-Marie Audet, M.D., Commonwealth Fund vice president for Quality Improvement and Efficiency Programs.

“We know people consider the opinions of friends and family when they need to choose a physician,” said John Lumpkin, M.D., senior vice president and director of the Health Care Group at RWJF. “That approach is a little haphazard, but so far, it’s been difficult to obtain valid and reliable patient assessments of the quality of care individual physicians provide. These results are important because they can help us establish a system that gives people information they can depend on when choosing a health care provider.”

Physician-level quality measurement has previously been fragmented, Safran noted, with each individual health plan or medical group taking its own approach and reporting back to physicians on only a small fraction of the physician's overall patient population. In this demonstration project, the participating health plans and Medicaid collaborated so that physicians would receive information representing a broad and representative cross-section of their patients.

Safran added that with initial questions about the feasibility and value of this area of measurement resolved, the results of this study have fed numerous related initiatives nationwide that are continuing to develop and use a survey-based approach to measuring patients' experiences with individual physicians and their practices.

In Massachusetts, MHQP continued its collaboration with payers and medical groups to move forward in 2005 with a full, statewide survey of patients from all primary care practices in Massachusetts with 3 or more physicians. The practices received their results in November 2005, and MHQP will report practice site-level results on its website (www.mhqp.org) in early 2006. There will be no public reporting of individual physician results in this round. “Research partnerships such as this are a critical step in allowing MHQP to provide the most valid and reliable health care quality performance information to both physicians and health care consumers,” said Melinda Karp, MHQP's Director of Programs and project director for the Patient Experience Survey Project.

The Commonwealth Fund is a private foundation that supports independent research on health and social issues and makes grants to improve health care policy and practice.