



Publicly Reported Quality-of-Care Measures Influenced Wisconsin Physician Groups to Improve Performance

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Synopsis

An initiative in Wisconsin to publicly report information about quality of care led to improved performance by physician groups in many areas, including cholesterol control and breast cancer screening. Physician groups indicated they were able to act on some, but not all, of the quality measures reported, forcing them to prioritize their efforts.

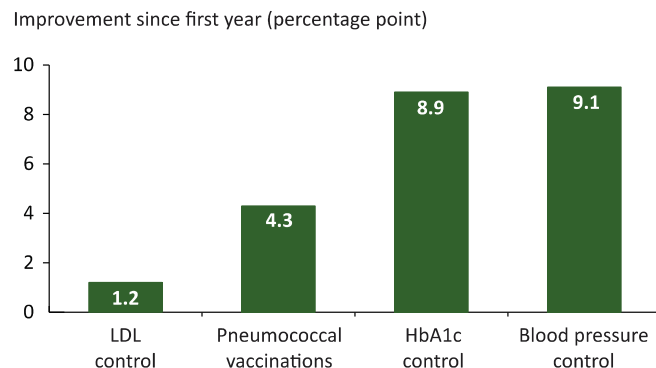
The Issue

Making information public about how physicians and hospitals perform on certain quality-of-care measures—like controlling hemoglobin levels in diabetes patients or screening for breast cancer—has become increasingly common. Little is known, however, about the effect publicly reported performance data has on quality improvement activity among physicians or physician groups. This Commonwealth Fund–supported study published in *Health Affairs* analyzed the effect of publicly reported ambulatory care measures for a voluntary consortium of physician groups known as the Wisconsin Collaborative for Healthcare Quality. Physician groups were also surveyed about the collaborative’s measures and their own quality improvement activities.

Key Findings

- For the collaborative as a whole, there was improvement on each of 14 measures, ranging from a low of 1.2 percentage points for LDL cholesterol control in patients with heart disease to a high of 17.3 percentage points for monitoring kidney function in patients with diabetes.

Improvement on Selected Ambulatory Care Measures by Members of the Wisconsin Collaborative for Healthcare Quality, 2004–2009



Notes: HbA1c = Hemoglobin A1c; LDL = low-density lipoprotein cholesterol.
Source: Adapted from G. C. Lamb, M. A. Smith, W. B. Weeks et al., “Publicly Reported Quality-of-Care Measures Influenced Wisconsin Physician Groups to Improve Performance,” *Health Affairs*, March 2013 32(3):TK–TK.

- Physician groups that were initially ranked the lowest compared with their counterparts improved at a greater rate, while the higher-performing groups changed less.
- Fifteen of the 17 groups that responded to the survey reported giving priority to at least one quality improvement measure in response to public reporting.
- Over time, the number of quality improvement interventions implemented by care sites increased. For diabetes, the mean number of interventions rose from 5.0 in 2003 to 8.7 in 2008. For hypertension, the number rose from 1.7 in 2006 to 3.9 in 2008. The most common interventions were adopting clinical guidelines and patient reminder systems.
- Providers in the collaborative outperformed the comparison groups—Wisconsin providers outside the collaborative, providers in the nearby states of Iowa and South Dakota, and providers in the rest of the United States—in measures of hemoglobin testing and LDL cholesterol testing for patients with diabetes and breast cancer screening.

Addressing the Problem

The researchers note that the collaborative’s members performed no better than the comparison groups on eye exams for patients with diabetes—a measure that was not publicly reported by the collaborative. At the same time, members performed much better on the publicly reported diabetes care measures, leading the researchers to deduce that public reporting influenced performance. “In essence, public reporting creates a milieu in which practices compete for external recognition and strive to avoid the negative aspect of publicly being identified at the bottom of the list,” the authors conclude.

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About the Study

The study focused on the Wisconsin Collaborative for Healthcare Quality’s reporting of performance on ambulatory care measures during 2004–2009. Researchers used a three-pronged approach: 1) analyzing the performance of the collaborative participants over time, 2) surveying the participants about the collaborative’s measures and whether improvement projects had been undertaken in response to reporting, and 3) comparing the patients in the collaborative to control populations in Wisconsin, Iowa, South Dakota, and across the United States.

The Bottom Line

Public reporting of quality-of-care measures led to higher performance among physician groups participating in a voluntary quality improvement collaborative.

Citation

G. C. Lamb, M. A. Smith, W. B. Weeks et al., “Publicly Reported Quality-of-Care Measures Influenced Wisconsin Physician Groups to Improve Performance,” *Health Affairs*, March 2013 32(3):536–43.