

HEALTH

SPECIAL
REPORT FOR
RESIDENTS
OF GREATER
DETROIT



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS
**Ratings of
13 Primary
Care Doctor
Groups**



HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Health-care Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



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or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

they all relate to important, widespread health problems and because how well physicians perform in those measures may provide some indication of their overall quality of care," says Jim Chase, president of MN Community Measurement, the Minnesota organization that has been collecting and reporting data on physician performance since 2003.

Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Southeast Michigan FIRST STEPS TO DOCTOR RATINGS

Michigan doctors are taking some important steps in measuring and reporting their performance, though their efforts are still in the early stages.

For example, only doctors in the southeastern

part of Michigan—including Detroit, as well as in Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne counties—are now participating.

In addition, the information gathered is not for individual doctors or even groups of doctors who practice together in the same office. Instead, the Ratings are of much larger networks, called "physician organizations." Thirteen of those large organizations now share their data with Consumer

Reports, ranging in size from 63 primary care doctors to 588.

But many people in the area may not be familiar with the names of those physician organizations, acknowledges Steven Grant, M.D., chairman of the board of the Greater Detroit Area Health Council (GDAHCC), the nonprofit organization in the area that is gathering and reporting data on physician performance.

So the first step is for patients to ask their doctor which group he

belongs to, then check the Ratings on the next page to see how the group performs. "At this point, we're not ready to help people choose a specific doctor or doctor's office, but we are heading there," he says.

In the meantime, the Ratings show that the quality of care from these large groups varies.

For example, one group, Integrated Health Associates, earned a top score in all three measures. And two groups, U of M Faculty Group

Practice and Huron Valley Physicians Association, scored high in two.

In addition, the Ratings are meant to spur more groups to report their data—and to help them provide better care to patients.

"The more a practice knows about how it compares to others, the more it can see where it can improve," says Lisa Mason, vice president of program partnerships at GDAHCC. "We hope this will encourage groups to move to the next level."

WHAT'S BEHIND THE RATINGS?

These Ratings include information on 13 physician organizations—groups ranging in size from a few dozen to several hundred doctors—that work in southeast Michigan. The Ratings are published in conjunction with the Greater Detroit Area Health Council, a non-profit organization that works with doctors, hospitals, insurers, patients, and others to ensure high-quality, affordable healthcare.

What Are the Groups Rated On?

Physician organizations are rated on three measures:

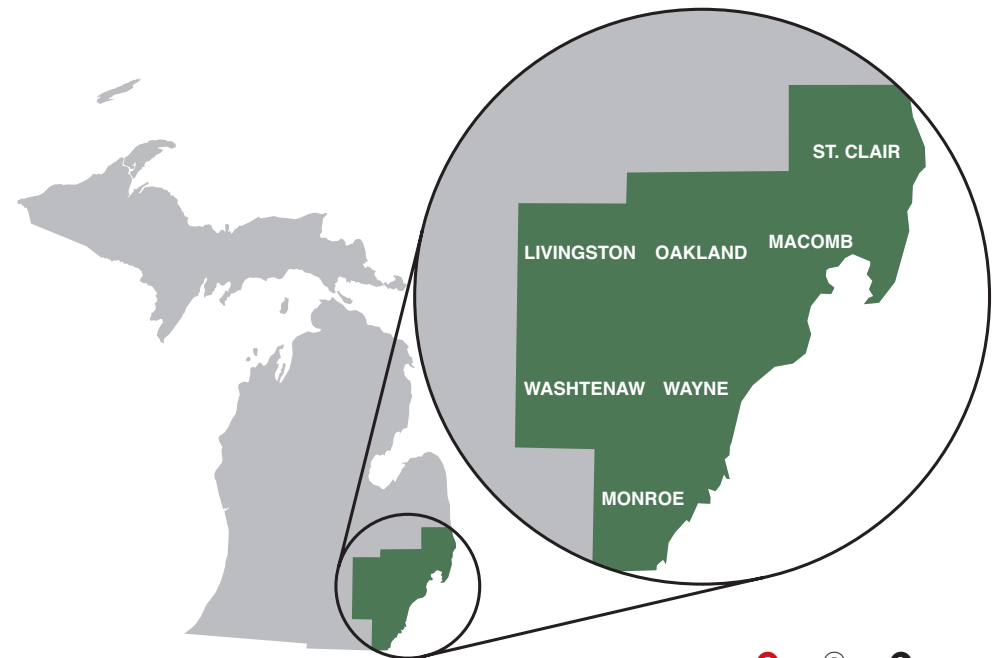
1. Colon Cancer Screening is based on percentage of patients ages 51 to 75 who are appropriately screened for colorectal cancer.
2. Diabetes Care is based on the percentage of diabetes patients properly screened for retinal disease, a common and serious complication of diabetes.
3. High Cholesterol is based on the percentage of patients with cardiovascular disease who filled at least one prescription for a cholesterol-lowering statin drug during the measurement period.

How Are the Scores Determined?

The Ratings are divided into three categories, with 3 being better. Ratings are based on comparison with the regional averages for each measure. Top-rated clinics are better than the regional average; those in the middle are slightly above or below the regional average, and those at the bottom are worse than the regional average.

How Should I Use the Ratings?

Many people don't know the name of their doctor's physician organization, so if you're unsure, call the office and ask. Then check the Ratings to see how the group compares. Because the Ratings are for



groups, not individual physicians or practices, ask your doctor how he performs on these measures. That may help you compare practices even if you don't need to be screened for colon cancer, or don't have diabetes or high cholesterol, because how well a group performs on those measures may provide some indication of how well it provides care overall.

Where Can I Learn More?

The website for the Greater Detroit Area Health Council, at mycarecompare.org, has more information on these and other measures, such as how well the physician organizations care for children or patients with asthma or back pain. In addition, the website has information for one group—McLaren Physician Partners—that chose not to publish its Ratings in this insert. That group scored below average in all three of the measures.

3 ← 2 ← 1
Higher Performance ← Lower Performance

| NAME | COLON CANCER SCREENING | DIABETES CARE | HIGH CHOLESTEROL |
|-------------------------------------|------------------------|---------------|------------------|
| Accountable Healthcare Alliance | 2 | 2 | 3 |
| DMC PHO | 1 | 2 | 2 |
| Greater Macomb PHO | 2 | 2 | 2 |
| Henry Ford Medical Group | 2 | 2 | 3 |
| Huron Valley Physicians Association | 2 | 3 | 3 |
| Integrated Health Associates (IHA) | 3 | 3 | 3 |
| Medical Network One | 2 | 2 | 2 |
| Oakland Physician Network Services | 2 | 2 | 2 |
| Oakland Southfield Physicians | 2 | 2 | 2 |
| Olympia Medical Services PLLC | 2 | 2 | 2 |
| The Physician Alliance | 2 | 2 | 2 |
| U of M Faculty Group Practice | 3 | 3 | 2 |
| United Physicians | 2 | 2 | 2 |

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