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Boldly measuring performance in health care

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This is an exciting, some might say intimidating, time to practice medicine. As physicians today, we have an unprecedented opportunity to change the way we practice, to provide our patients with the best possible care and the best possible outcomes.

The last few years have been challenging for doctors. Some have suggested that we do not provide our patients with the best possible care and that this care is far more expensive than it needs to be.

The Institute of Medicine¹ reported that 49,000-98,000 patients die each year due to preventable medical errors. A Rand Institute Study² found that patients receive the recommended medical treatment only about half of the time. Analysis of Dartmouth Atlas data³ shows an 8-fold variation in spine surgery rates for back pain patients in different areas of the country.

How should we respond to these unsettling observations about our medical system? Will we ignore these observations? Will we be defensive, trying to explain away the numbers with questions about sampling errors and confounding variables?

It is clear that the appropriate answers for us are to accept and embrace the concept of collecting

patient data, analyzing that data and then adjusting practice patterns based on what we learn from the analysis.

This is what we must do. The practice of medicine and patient care are all about collecting and analyzing data to treat our patients. Why then have we not collected data on our practice patterns, analyzed this data and used this knowledge to address variations in treatment patterns?

One of the reasons we have not addressed these issues is that many physicians do not have the tools to do this analysis. The Commonwealth Fund⁴ surveyed physicians and found that only 27% of physicians in the United States have routine or occasional access to an electronic medical record. Only a third of physicians have access to quality data about their own clinical performance.

Not only do we need to find the means to look at our practice patterns, but we need to be willing to make this information available to our patients. Currently, according to the Commonwealth Fund survey, 70% of physicians do not believe that the public should have access to physician quality of care data.

It is time to accept the challenge. We need to assume the responsibility for transition to electronic record systems, accept the analysis of our data and our practice patterns,

and make changes to practice patterns, as appropriate, according to the data.

The time for change is now. The variation in treatment patterns that have been tolerated, and even encouraged in the past, are not likely to lead American medicine into the 21st century. Data collection, analysis, and performance measurement will be the pillars of change in the next decade. Physicians must embrace the need for change and willingly support its implementation.

This issue of the *Wisconsin Medical Journal* examines many of the state and national efforts currently underway to address the issue of improved health care quality. One state effort, Governor Doyle's eHealth Initiative,⁵ has the goals that every Wisconsin resident be covered by an electronic medical record and that an electronic system information exchange between health care entities be developed. Wisconsin is ahead of the nation in electronic medical systems, but substantial investment will still be necessary to achieve the Governor's goal. Physicians need to be a part of this initiative. We need to investigate the opportunities available for acquiring or joining an electronic information system and for entering into an exchange that encourages the sharing of patient care information at the point of delivery of service.

Data collection in hospitals is al-

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ready a mature process, started by the Wisconsin Board of Healthcare Information and now very ably advanced by the Wisconsin Hospital Association.⁶ Systems currently under operation are Checkpoint, which compares safety and quality measures in hospitals and Pricepoint, which provides hospital charge data.

The Wisconsin Health Information Organization plans to collect insurance claims information to provide general information related to physician office visits. The data will be analyzed to form a picture of a physician's practice, which can be compared to others.

The Wisconsin Collaborative for Healthcare Quality is another organization that will collect data to generate best practices that can be shared with all physicians in Wisconsin to help eliminate variation in situations where we have good, evidence-based reasons to follow specific guidelines in medical care. Variation may still be necessary in some situations and would need to be documented.

Physician performance measures are being developed from multiple sources. This process is being driven by the Centers for Medicare and Medicaid Services, insurance companies, patients, and physicians. Physician initia-

tives include the AMA Physician Consortium for Performance Improvement and numerous initiatives being developed through physician specialty societies. Physicians must be involved in the process of developing these measures to assure that they are valid, significant, and reasonable. We must also build a consensus on the measures to prevent a potential bureaucratic nightmare of multiple standards for each measure.

The key for us, as physicians, is to begin the process of computerization of our medical records, if we have not yet done this. The state of Wisconsin and Metastar will be of help in the planning process. Metastar is offering physician practices assistance through the Doctor's Office Quality-Information Technology (DOQ-IT) project, a national initiative promoting the adoption of electronic health records and information technology in physician offices. Wisconsin will develop resources through the eHealth Initiative.

The Wisconsin Medical Society is actively involved in these initiatives. Our role, as physicians, is to embrace the idea of data collection and practice measurement, while continuing to make sure the process is fair and directed toward improving patient care.

Looking within and doing any kind of self-assessment can be a little unsettling. But until we get over the discomfort, we won't fully realize how good we are and how good we can become as healers. During this process of change, we must not lose sight of our ultimate goal, which is to provide the best possible care for all of our patients.

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