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 Medicine reported that 49,000-98,000 patients die each year due to preventable medical errors. A Rand Institute Study found that patients receive the recommended medical treatment only about half of the time. Analysis of Dartmouth Atlas data 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 Fund 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, 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-
ready a mature process, started by
the Wisconsin Board of Healthcare
Information and now very ably ad-
vanced by the Wisconsin Hospital
Association. Systems currently
under operation are Checkpoint,
which compares safety and qual-
ity measures in hospitals and
Pricepoint, which provides hospital
charge data.

The Wisconsin Health Infor-
mation Organization plans to col-
lect 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 varia-
tion in situations where we have
good, evidence-based reasons to
follow specific guidelines in medi-
cal care. Variation may still be nec-
essary in some situations and would
need to be documented.

Physician performance mea-
sures 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 ini-
tiatives 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 computer-
ization 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 prac-
tices assistance through the Doctor’s
Office Quality–Information Tech-
nology (DOQ-IT) project, a na-
tional initiative promoting the
adoption of electronic health re-
cords and information technology
in physician offices. Wisconsin
will develop resources through the
eHealth Initiative.

The Wisconsin Medical Society
is actively involved in these initia-
tives. Our role, as physicians, is to
embrace the idea of data collection
and practice measurement, while
continuing to make sure the pro-
cess is fair and directed toward im-
proving patient care.

Looking within and doing any
kind of self-assessment can be a lit-
tle unsettling. But until we get over
the discomfort, we won’t fully real-
ize 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 pos-
sible care for all of our patients.

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The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The Wisconsin Medical Journal (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the Wisconsin Medical Journal. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the Wisconsin Medical Journal nor the Society take responsibility. The Wisconsin Medical Journal is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the Wisconsin Medical Journal at 866.442.3800 or e-mail wmj@wismed.org.

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