

# WORKING P A P E R

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## Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons

### Final Report

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## EXECUTIVE SUMMARY

Interest in the performance of individual physicians as a driver for improving the quality and efficiency with which health care is delivered is increasing, and so, too, is the capability to assess that performance. Activities to measure, report, and improve physician performance are being undertaken by a wide variety of stakeholders in the health care system, including medical groups, professional medical societies, purchasers/employers, private sector companies, health plans, and the federal government. The efforts aimed at reporting performance data to individual physicians vary in terms of objectives, but they often share the underlying goal of making physicians aware of their performance and encouraging improvement in specific aspects of care delivery – such as clinical quality, patient experience, patient safety, and resource use – when performance is lacking.

Physician-level performance measurement and feedback are relatively new, and the experiences that organizations have had in measuring performance and providing feedback to individual physicians are fairly limited. Moreover, the lessons learned are often considered proprietary or have not been published. In consequence, important lessons learned in applied settings often remain unknown to other organizations with an interest in using physician performance results to change physician behavior.

This report describes a RAND Corporation study whose goal was to gather and synthesize lessons being learned about individual physician performance feedback. As part of this study, telephone interviews were conducted in November and December 2005 with 12 key informants from a purposive sample (drawn from across the country) of seven medical groups, four health plans, and one health care quality coalition. All respondents were known to have produced individual physician feedback reports in the ambulatory care setting. In addition, a literature scan was carried out to find information that may be relevant to the content and format of individual physician-level feedback reports, as well as to the process used to develop and disseminate them.

### Key Findings

Overall, we found that very few physician-level “report cards” currently in use have been formally tested or evaluated. Therefore, our findings represent the distilled experiences and suggestions of the organizations we interviewed that are currently engaged in providing performance feedback to individual physicians. We have also taken into account key themes that emerged on this topic from our literature scan.

*What information should be presented?* The interests and goals of the report sponsor – which vary by sponsor – are what drive report content. Report sponsors should be honest and direct about why the information is being presented (e.g., for information only, to reduce costs, to improve quality). Where goals may conflict (e.g., improving clinical quality may not save money), sponsors should discuss the possible conflict and how it relates to any actions they would like the intended audience to take. Once a sponsor’s goals are clearly established, the challenge is to determine how best to communicate the performance information so that physicians will be likely to use it.

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Both the respondents and the literature stressed that peer comparisons are important in performance reports if the goal is to change physician behavior, the reason being that physicians report that they are motivated by such comparative information. The inclusion of actionable items and clear steps that a physician can take is also important. For example, some interview respondents said they present information (such as a list of specific patients due for care) in an appendix, companion report, or registry to provide the physician with guidance on specific ways to improve his or her performance (e.g., contacting patients on the list who are due for a mammogram). Additionally, it is important that any performance benchmarks or thresholds included in reports be set at achievable levels so as not to be perceived as unreasonable and thus ignored. Finally, the respondents indicated two other significant concerns – the accuracy and timeliness of the measures and data used to score physician performance – both of which fell outside the scope of our study, which did not address data management or specific performance measures.

*How should reports be formatted to stimulate use?* There is no definitive guidance on how best to format feedback reports for physicians: the empirical literature in this area is limited, and entities that have produced such reports typically have not formally tested the options and/or disseminated their findings. Consistent with the literatures on cognitive science and consumer reporting that we reviewed, the respondent organizations suggest that physician reports be designed to provide a readily understandable snapshot of performance (i.e., that data be presented in a manner that enables quick and accurate interpretation). Examples of formats that may be suitable for achieving this end are

- Rank-ordering of peers and/or indicators by scores so that high and low scores are obvious
- Strategic use of typography (e.g., font style and size) to highlight important information
- Use of adequate white space so the report is not visually cluttered.

The respondent organizations are employing many of these strategies and believe they are effective. However, because minimal formal testing of layout and graphics has been carried out with physician audiences, the comparative effectiveness of the approaches in communicating performance information to this audience is unknown.

*What is the best medium for sharing feedback information with physicians?* Producers of physician-level reports have used a variety of media: printed hard copies; electronic static copies; and flexible, interactive web-based versions. Consistent with the literature we reviewed, these producers noted that interactive web formats allow users to tailor information to their preferred level of detail and are especially appropriate for presenting increasingly specific levels of data (i.e., “drill down” information). Web-based formats are also valued because they permit frequent information updates without associated printing and distribution costs. However, it was noted that many physicians do not have convenient access to the Internet, are resistant to using this medium, and/or may not be accustomed to accessing information this way on a routine basis. Many of the physician-level report producers advised that an assessment be

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conducted to determine the type(s) of media preferred by the target audience and/or that reports be prepared in a variety of media to accommodate the audience's different preferences and capabilities.

*What process should be used to involve individual physicians in the design and sharing of feedback reports?* According to many of the respondent organizations and the reviewed literature on physician behavior change, an interactive, transparent, honest, and respectful reporting process is critical to the success of a physician-focused reporting endeavor, especially if behavior change is a key goal. Our respondents expressed a strong belief that physicians should be involved early and often in feedback-report development and implementation in order to build their ownership of the process and the end product and to ensure that the report reflects their needs and interests. Many respondents also advised that physicians be given the opportunity to question data presented in the feedback reports and to make changes to errors uncovered before the information is released to others. As in the literature, those involved in physician-level reporting activities cautioned that the passive provision of information alone is not sufficient to bring about behavior change. The approaches they have found to be more effective are multi-faceted, such as interactive educational sessions coupled with the use of local opinion leaders/physician champions and/or feedback reports. Although the optimal approach for sharing information is not known, passive sharing of information is not likely to lead to physician behavior change. Based on our interviews, the process used to feed information back to individual physicians appears to be a key determinant in achieving behavior change.

## Conclusion and Areas for Future Research

Reporting on performance at the individual physician level is a relatively new activity in the United States but is expected to become more common as policymakers continue to push for improvements in quality of health care and reductions in the growth of health care expenditures. Little is known about how best to communicate performance information to physicians to promote changes in behavior that will lead to improvements in quality and more-effective use of resources. Although we gleaned important guidance on these issues from our interviews and literature scan, many questions remain. Organizations seeking to report performance data to individual physicians would benefit from greater sharing of methods by experienced organizations, well-executed evaluations of the impact of reporting efforts, and the transfer of knowledge when both successful and unsuccessful strategies are identified.

In particular, those trying to produce effective feedback reports for individual physicians need answers to the following questions:

- In the areas of clinical care, patient experience, efficiency, and safety, which performance metrics and what unit of analysis (e.g., patient vs. population, individual measures vs. composites) are the most actionable for physicians and the most likely to lead to behavior change?
- Which reports are more compelling and effective: consolidated reports or those that deal with a single issue?

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- What are the most effective formats to use in individual physician feedback reports? For example, what types of media are the most appropriate for ensuring that physicians are able to access information? Which types of graphical displays are the most effective for promoting understanding?
- What combination of engagement and feedback is the most effective for achieving physician behavior change?
- What are the key barriers inhibiting the use of performance reports by individual physicians, and how might these barriers be overcome?