

Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs: Ensuring Transparency, Fairness and Independent Review

Background and Implementation Issues

Leading consumer, labor and employer organizations – including AARP, the National Partnership for Women and Families, AFL-CIO, the Leapfrog Group, Pacific Business Group on Health and the National Business Coalition on Health – endorse the *Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs* (the “*Patient Charter*”) because they share the conviction that publicly reporting physician performance is integral to improving the health and health care of Americans. These organizations believe that independent review of the design and implementation of programs developed by health plans to inform consumers will ensure transparency, fairness and promote the continued strengthening of measurement programs to meet the needs of patients. They also believe the *Patient Charter* strikes a balance between standardization and innovation.

- **Goals of the Patient Charter:** The *Patient Charter* is endorsed by leading consumer, labor and employer organizations based on their conviction that public reporting of physician performance is integral to improving the health and health care of Americans. Support for the *Patient Charter* by consumer and purchaser organizations is premised on the belief that consumers should have meaningful and valid information to make informed decisions about their physicians and the care they receive. The endorsing organizations believe that independent review of the design and implementation of health plan programs that evaluate and rate physicians for consumers, coupled with full public disclosure of performance results will (a) promote the consistency, efficiency and fairness of such programs, and (b) make physician information more accessible and easier for consumers to understand. Ultimately, the endorsers hope that the adoption of the *Patient Charter* will encourage improvements in the quality and efficiency of care provided to patients.
- **Reinforcing the Physician Charter:** The *Patient Charter* complements the Physician Charter which has been adopted by many leading physician organizations. The Physician Charter details core principles of professionalism and addresses physicians’ responsibility to “actively participate in the development of better measures of quality of care and the application of quality measures to assess routinely the performance of all individuals, institutions, and systems responsible for health care delivery.” Physician performance should be periodically assessed and patients should have results that they can rely on readily available. Information on the Physician Charter can be found at http://www.abimfoundation.org/professionalism/pdf_charter/ABIM_Charter_Ins.pdf.
- **Role of Endorsing Organizations:** Endorsing organizations will promote health plan adoption of the *Patient Charter* and encourage use of the *Criteria for Performance Measurement*. Through the Consumer-Purchaser Disclosure Project, the endorsing organizations will take steps to: (1) ensure that independent reviewer(s) adhere to the *Criteria for Physician Performance Measurement, Reporting and Tiering Programs*; (2) assure that processes and standards developed by independent review organizations strike an appropriate balance between assuring validity of measurement and providing patients with needed information; and (3) publicly report which health plans adopt the *Patient Charter*.

- **Role of Health Plans:** Health plans that adopt the *Patient Charter* agree to abide by the *Criteria for Physician Performance Measurement, Reporting and Tiering* and have their programs for consumers assessed against these criteria by an independent review organization.
- **Transparency and Comparison to National Standards:** All elements in the *Criteria for Physician Performance Measurement, Reporting and Tiering Programs* should be publicly disclosed as part of the assessment conducted by an independent reviewer. For many elements, a health plan's practices should be assessed against "minimum" standards and compared to national benchmarks. The *Criteria* do not identify specific standards -- these should be set by independent review organizations with nationally recognized expertise in the development, assessment and implementation of processes to assess performance. The endorsers believe that the measurement of physician performance is evolving. Therefore, standards must be flexible and allow for innovation.
- **Independent Review and the Development of National Standards:** The endorsers of the *Patient Charter* believe that public comment on the standards and processes for ensuring compliance with the *Criteria for Physician Performance Measurement* is important. Any participating independent review organization is expected to develop standards with multi-stakeholder input, provide an opportunity for input through a public comment process, and conduct field testing of the standards with multiple organizations. Reviewers should be independent and have demonstrated capacity/experience in the content areas addressed by the standards. Reviewers should also fully disclose their scoring and review methodologies, including the type of documentation and sampling methodology required.
- **Timing and Implementation:** The endorsers expect the health plans that adopt the *Patient Charter* to complete the independent review in a timely manner. Health plans are expected to engage the independent reviewer within three months of pledging to comply with the Charter and to have the review conducted within six months of that engagement. Material changes in the health plan's program should be publicly disclosed with a description by the health plan of how the changes abide by the *Criteria*. In addition, the health plan should have its public reporting programs on physician performance subjected to external review no less than every three years. Since some measurement programs are already in place, the independent review process should provide a mechanism to conduct an "interim" or "provisional" review. The provisional review would encompass all of the methodologies and processes that existing programs use. This should be followed by a review of identified elements that need to be subsequently assessed against national standards. The follow-up review should occur as soon as possible, but no later than twelve months after completion of the initial review.
- **Development of the Criteria:** The *Criteria for Physician Performance Measurement, Reporting and Tiering Programs* are based on the widely endorsed Guidelines for Measurement of Provider Performance, sponsored by the Consumer-Purchaser Disclosure Project, a group of leading employer, consumer, and labor organizations working to ensure that all Americans have access to publicly reported health care performance information. The *Patient Charter*, the *Criteria for Physician Performance Measurement* and the preceding Guidelines were all forged with collaborative input from leading consumer, labor and purchaser organizations, as well as leading organizations representing the physician community and health plans. Information on the Guidelines for Measurement of Provider Performance can be found at <http://healthcaaredisclosure.org/docs/files/MeasurementGuidelines09-2006.pdf>.

- **Reporting on Physician Cost and Quality:** The *Criteria for Physician Performance Measurement, Reporting and Tiering Programs* require that physician measurement, reporting and tiering programs for consumers that include cost efficiency should also include quality. The *Patient Charter* and the *Criteria* do not apply to pure cost comparison or shopping tools.
- **Application of the Criteria beyond Health Plans:** The endorsing organizations believe that the *Criteria for Physician Performance Measurement, Reporting and Tiering Programs* should apply to all sponsors of publicly reported physician performance programs.