



PROFESSIONAL ISSUES

Washington state doctors lead their own quality appraisal


The program will link quality assessments with patient information, allowing physicians to follow up on care.

By [Kevin B. O'Reilly](#), AMNews staff. Sept. 24, 2007.

Fresh from its battle against a local health plan's performance-based network, the Washington State Medical Assn. is close to issuing confidential reports that will allow physician members to examine how their quality measures up against their peers and best practice.

The Physician led Quality Improvement Program, or QUIP, is scheduled to deliver its first quarterly report in November. The report will include patient-identified pharmacy and claims data from public and private payers and will measure physician performance on clinical metrics for diabetes, cardiology, antibiotic use, depression, preventive care and asthma.

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"What drove home the need to do this was the inaccuracies inherent in claims-made data," said W. Hugh Maloney Jr., MD, WSMA president. By tying the claims data to specific patients, physicians can check their office records to see if there are valid reasons why guideline-based care wasn't delivered. More important, Dr. Maloney said, the information becomes

"actionable" for physicians.

"My vision is that as a general internist, if I had a list of 10 patients who have not had something done, I can put a tickler in each file to do it next time they come in, or send out a notice asking them to make an appointment," Dr. Maloney said.

The reports also are intended to give physicians a way to double-check a health plan's quality ratings and give them "ammunition" when contesting inaccurate performance rankings, he added.

The \$1 million program comes on the heels of the association's recent settlement with Regence BlueShield that gives physicians greater involvement in designing a new tiered network based on quality and cost ratings. The state medical association, along with the

AMA/State Medical Societies Litigation Center and six individual doctors, sued Regence in September 2006 to halt its Select Network, arguing that the payer's plan was based on faulty claims data.

QUIP is funded by a grant from the Physicians' Foundation for Health Systems Excellence, established in 2004 as part of a settlement in an anti-racketeering class-action lawsuit between Aetna Inc., physicians and medical societies.

The WSMA should be lauded for being "proactive" on performance reporting, said Bruce Bagley, MD, the American Academy of Family Physicians' medical director for quality improvement. He said it is sensible for a physician organization to keep doctors' quality scores out of public view.

"There is a lot of physician distrust of the claims information and how it will be used, and just to get things going, you may need to do it this way," Dr. Bagley pointed out. "Ultimately, it needs to be public."

He added that QUIP misses an opportunity by relying exclusively on claims data. "To get physicians engaged, we need them to analyze their own data," Dr. Bagley said. "This should move from a passive to an active program."

A WSMA spokeswoman said the association did not want the new initiative to increase physicians' administrative burden.

The AMA has extensive policy supporting quality improvement initiatives and opposing health plans' use of inaccurate data in tiered networks and pay-for-performance plans.

In a separate but similar project in Washington, a coalition of employers, patients, health plans, hospitals and physicians called the Puget Sound Health Alliance is slated to issue a report by the end of this year measuring quality at the clinic system level. Sixteen clinics representing 85 practice locations that care for more than 900,000 patients have volunteered to have their performance disclosed publicly, a spokeswoman for the alliance said.

The WSMA has worked with the alliance on the project, while forging ahead with its own initiative.

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ADDITIONAL INFORMATION:

What is being assessed

The Washington State Medical Assn.'s Physician led Quality Improvement Program uses 22 metrics that were developed by leading quality improvement organizations and are used widely.

Diabetes: HbA1c testing; eye exam; LDL-C screening; neuropathy monitoring

Cardiology: Annual LDL-C screening for patients with heart conditions; use of lipid-lowering medication in coronary artery disease patients; six-month persistence of beta-blocker treatment after heart attack

Inappropriate antibiotic use: Suitable treatment for children with upper respiratory infections; suitable treatment for children with pharyngitis; other inappropriate antibiotic prescribing

Depression: Effective acute phase treatment; effective continuation phase treatment; optimal practitioner contacts

Prevention: Breast cancer screening; colorectal cancer screening; cervical cancer screening; adolescent immunization; childhood immunization status

Asthma: Appropriate medication use for patients with asthma

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