

Insurers grade MDs; methods get mixed reviews

AG's model attempts to align standards

By CLAUDE SOLNIK

Health insurers are rolling out systems designed to rank doctors, providing a way for consumers to make choices and raising concerns among physicians regarding accuracy and fairness.

"There's a trend, bringing measurements into play with regard to physician costs, outcomes and quality," said Scott Bradley, vice president of employee benefits at Cook, Hall & Hyde, an insurance brokerage in East Hampton. "Insurance carriers, consumers and employers want the ability to access the best quality care at the most competitive price."

But David Schimel, managing agent for North Shore Physicians Organization in Port Washington, representing physicians with admitting privileges at various Long Island hospitals, said programs often give partial information at best.

"It's not automatically bad. But to do it right takes time, effort, resources," Schimel said. "And if you don't want to spend the time, the effort or the resources, it can only end up bad. It ends up being incomplete, superficial and misleading."

Attorney General Andrew M. Cuomo weighed in last year by getting insurers to agree to disclose their methodology and follow certain guidelines, quelling some concerns.

Cuomo's model requires insurers to disclose all aspects of their rankings and have an oversight monitor, known as a ratings examiner. Companies use established national standards to measure quality and cost efficiency, including risk adjustment and valid sampling.

Insurers must guarantee that doctors' rankings aren't



based solely on cost and identify the extent to which rankings are based on cost. They also must provide a process for consumers to register complaints about the system and for doctors unsatisfied with rankings to appeal.

UnitedHealthcare, CIGNA Healthcare, Aetna, Empire Blue Cross Blue Shield and Group Health Inc./Health Insurance Plan of Greater New York said they'd craft programs consistent with the attorney general's system.

"Until Cuomo addressed the standard, I don't believe the ratings had an impact in the consumer market," said Bradley, who added the American Medical Association must endorse programs for them to succeed.

Dr. Nancy H. Nielsen, president-elect of the American Medical Association, said insurers without oversight often created misleading programs damaging doctors and patients.

"Efforts among health insurers to profile physicians must be aligned on the primary goal of promoting quality patient care," Nielsen said. "This goal can be potentially corrupted when physician measurement is skewed by the financial interest of a health insurer."

Nielsen said systems rolled out in other states sometimes caused "confusion and apprehension" and he welcomed Cuomo's standards.

“Getting it right is a process,” Bradley said. “I think the standards Cuomo established for rating physicians will become the standard by which other states establish their rating criteria.”

UnitedHealth lets patients compare both physicians and hospitals with ratings based on major complication rates, mortality rates and patient safety processes. Doctors and facilities are rated one to three stars with three stars as the highest quality rating. Relative cost is indicated along with dollar ranges for procedures.

The North Shore Physicians Group found that 53 percent of specialists included in the rating systems of United-Healthcare, Aetna and Cigna got widely divergent ratings.

“Each one has its own methodology, its own claims data that represents a small slice of the doctors’ practice,” Schimel said. “And each has its own way of categorizing quality and what they call cost efficiency.”

Under the Cuomo model, physicians must challenge invalid data, which Schimel said puts an additional burden on them. “It is impractical and costly for physicians to be responsible for correcting errors in payer information,” Schimel said.

Bradley thinks ratings will catch on, but that it’s important that, as the Hippocratic Oath says, they do no damage. “I think it will evolve to be fair and useful,” Bradley said. “The ratings will happen. They want to be able to report those ratings in a manner that is fair and provide objective information to the public.”

Schimel believes Cuomo’s standards are better, but there’s room for improvement. “I think he took a major step forward,” Schimel said. “But there’s a lot more to be done.” ■

ZAGAT SURVEY

Medical menu

What Zagat Survey did for restaurants it’s now trying to do for physicians: letting patients rate doctors based on their experience through a deal with a major insurer.

Manhattan-based Zagat has created physician ratings for Indianapolis-based WellPoint, parent of Empire Blue Cross Blue Shield in New York. WellPoint customers in much of the nation have access to the ratings, while Empire customers don’t. WellPoint is evaluating whether to out roll the system in New York.

WellPoint chief executive Angela F. Braly said the Zagat approach provides useful data and empowers patients, and lets her firm use “Zagat’s methodology to benefit the health-care industry.”

Braly said this helps WellPoint “harness the power of the nearly 35 million members in its health plan subsidiaries to share and learn from their experiences with their doctors.”

Nina Zagat, co-founder and co-chair of Zagat Survey said her firm’s “surveys put consumers in touch with the people they trust the most – other consumers.

“With this tool, WellPoint is helping to give consumers the power to make smart decisions about selecting doctors based on other people’s experiences,” Zagat said.

Zagat uses online surveys to let patients rate and comment on their experience with physicians, creating what WellPoint describes as a peer-to-peer network among health-care consumers. Ratings will only be posted on a scale of zero to four after 10 consumers provide information.

The Zagat survey lets patients grade doctors on trust, communication, availability and office environment, and provides a comments section.

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