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National Standards to Rank Physicians Planned

By [REED ABELSON](#)

Doctors and health insurers called a tentative truce Tuesday in their long-standing dispute over how health plans rank physicians' efforts in taking care of patients.

The [parties said on Tuesday](#) that they would develop a national set of standards to measure physician performance.

While insurers increasingly have been measuring doctors' performance through public report cards or designating tiers of physicians that try to steer people to certain doctors, so far such rating efforts have been controversial. Doctors complain that the health plans have focused too much on cost, without regard to the quality of care physicians actually provide, and that rankings are often inaccurate.

Last year, the New York attorney general started an investigation into some of the plan's rankings, eventually reaching an agreement with several major insurers on how they would proceed in rating physicians. Officials in other states are also looking closely at the issue.

"There has been a hodgepodge of measures that patients don't know if they can rely on and doctors certainly don't trust," said Peter V. Lee, the executive director for health policy of the Pacific Business Group on Health, a San Francisco-based association of employers that offer health coverage, which helped push for the agreement.

The agreement to develop a national set of standards represents a significant compromise between major physician groups, including the [American Medical Association](#) and the American College of Surgeons, and the nation's health insurers, including [Aetna](#) and UnitedHealth. The pact has also been endorsed by the insurance trade group, America's Health Insurance Plans. Insurers say they will abide by these standards and rank doctors on the basis of both the cost and quality of care they provide to their patients.

Besides agreeing to various standards for grading physicians, the insurers say they will allow independent parties to review their rankings.

"Physician report cards will not be based on cost alone," said Dr. Nancy Nielsen, the president-elect of the American Medical Association, who described some earlier attempts by insurers as "inaccurate and misleading."

“We think this goes a long way to resolve some of the concerns,” she said.

The standards are also being supported by employers as well as labor and consumer groups, which led the efforts to resolve the differences between doctors and health plans on how to publicize physician rankings.

“Consumers and patients are desperate for information to make better decisions and better choices,” said Debra Ness, the president of the National Partnership for Women and Families, one of the consumer groups active in supporting the effort. Insurers like Aetna say they will move quickly to adopt whatever standards are eventually agreed upon. “We’re making changes right now to be able to comply,” Aetna’s chief medical officer, Dr. Troyen A. Brennan, said.

While the standards under discussion are largely in line with how Aetna already ranks doctors, he said, the company welcomed “the input of a national organization into what we are doing.”

He said the pact had the additional advantage of simplifying matters for doctors who are now faced with a dizzying array of grading systems from different insurers. “Uniformity will really help them,” Dr. Brennan said.

Dr. Nielsen, of the medical association, said the pact also potentially ends a conflict between insurers and doctors that has prevented development of standard criteria by which patients can choose their doctors.

“It is perhaps a first step to get beyond the finger pointing in the health care system,” Dr. Nielsen said.

Mr. Lee agreed. “We’re moving into a new era of reform,” he said. “We’re all better off if doctors, health plans and patients aren’t at each other’s throats.”

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