

Blue Shield has announced it will employ the California Physician Performance Initiative (CPPI)'s Measurement and Reporting Program data to launch a Physician Quality Recognition (PQR) program on June 1, 2010. Patients covered under Blue Shield plans will be able to view network physician listings that include physician quality designations for a set of eight CPPI criteria scored in 2009. Some physicians have been designated as higher quality performing physicians for selective preventive screening and chronic care measures as a result of these scorings.

The PQR program and the CPPI program from which it is derived have received considerable criticism from physician groups, including CAFP, for using unreliable and misleading data. CAFP continues its efforts to work with these programs to improve their data accuracy strategies. If a patient requests information about either program, we want members to be prepared, although we do not advise drawing patients' attention to the programs because of the underlying problems with the data. The following is a list of potential questions from patients and suggested responses.

What do you think of quality reporting programs like Blue Shield's PQR program?

I would like to see quality reporting programs like Blue Shield's improve the physician-patient relationship and the quality of patient care. In order for patients to obtain value from the quality reporting programs, however, the programs must present accurate data. I do not believe the Blue Shield PQR program provides an accurate picture of physician quality. Some thoughtful guiding principles on reporting programs are available. One is provided by the American Academy of Family Physicians and can be found online (<http://www.aafp.org/online/en/home/policy/policies/p/phyperfrptg.html>). The Blue Shield program is not consistent with AAFP's principles.

What are your concerns about the accuracy of the Blue Shield program?

The Blue Shield program has the potential to mislead patients. Many consider the data used by Blue Shield to be inaccurate. The program did not sufficiently take physicians' and researchers' recommendations into account; the data do not provide adequate information on patient outcomes.

What makes the data inaccurate?

Many problems exist with the data on which the Blue Shield program relies. One is that it relies on claims data from insurers rather than patient records. That is, the claim I submit for the services I provide to you, rather than the information in your medical record, is the basis for the data on quality. Claims data provide limited information about the care you receive or the reasons why the care that is the focus of a quality measure might not be appropriate for you.

Why would Blue Shield use inaccurate claims data?

It is much more easily accessible than records in patient charts.

Were physicians given an opportunity to make corrections to their data?

The corrections process offered was flawed. It placed an enormous administrative burden on physicians and then did not give us sufficient time to make the corrections. Physicians reported

devoting as much as thirty hours for the purpose of correcting their data. This is time that all physicians would prefer to devote to patient care. Some physicians chose not to correct their data in favor of caring for their patients. Some physicians reported not being able to make corrections within the specified period of time. Guiding principles on reporting programs suggest that physicians be given sufficient time to make corrections. For example, the AAFP suggests giving physicians 90 days. The Blue Shield program did not give physicians this kind of time.

Are there efforts to improve the Blue Shield and CPPI programs?

Some physician groups discontinued working with Blue Shield and CPPI because of ongoing concerns about the validity of their data and their failure to respond to earlier criticisms. Other groups, including my own professional organization, the California Academy of Family Physicians continue to work with CPPI and Blue Shield because of our strong interest in getting accurate information to patients. At this time, however, I do not advise that patients rely on the Blue Shield reporting program.