Introduction
Interest in measuring the performance of individual physicians as a tool for improving the quality and efficiency of the health care system is increasing. Efforts to quantify, report, and improve physician performance are being undertaken by a wide variety of actors in the health care system, including medical groups, professional medical societies, health plans, purchasers/employers, and the federal government. The efforts aimed at reporting performance data to individual physicians vary in terms of objectives, but they often share the underlying goal of making physicians aware of their performance and encouraging improvement in specific aspects of care delivery—such as clinical quality, patient experience, patient safety, and resource use.

The idea of performance measurement and feedback for physicians is relatively new, and the experiences of organizations that have adopted it are fairly limited. Moreover, the lessons learned are often considered proprietary or have not been published. As a result, important information often remains unavailable to other organizations with an interest in using performance results to change physician behavior.

This publication summarizes a RAND Health study whose goal was to gather and synthesize practical guidance about performance reporting for individual physicians. As part of the study, telephone interviews were conducted in November and December 2005 with 12 key informants from a nationwide sample of seven medical groups, four health plans, and one health care quality coalition. All respondents were known to have produced physician feedback reports in the ambulatory care setting. In addition, a literature scan was carried out to find information that may be relevant to the content and format of individual feedback reports, as well as to the process used to develop and disseminate them.

Key Findings
Overall, the study found that very few physician-level “report cards” now in use have been formally tested or evaluated. Therefore, these findings represent the distilled experiences and suggestions of the organizations interviewed. This summary also takes into account key themes that emerged on this topic from the literature scan.

What information should be presented? The interests and goals of the organization sponsoring a physician performance report—which typically vary by sponsor—are what drive a report’s content. Sponsors should be honest and direct about why the information is being presented (e.g., for information only, to reduce costs, to improve quality). Where goals may conflict (improving clinical quality, for example, may not save money), sponsors should discuss the possible conflict and how it relates to any actions they would like the intended audience to take.
Once a sponsor’s goals are clearly established, the challenge is to determine how best to communicate the performance information so that physicians will be likely to use it. Both the interview respondents and the literature stressed that peer comparisons are important if the goal is to change physician behavior, because physicians report that they are motivated by such comparative information.

The inclusion of actionable items and clear steps that a physician can take is also important. For example, some interview respondents said they present information (such as a list of specific patients due for care) in an appendix, companion report, or registry to provide the physician with guidance on specific ways to improve his or her performance (e.g., contacting patients on the list who are due for a mammogram). Additionally, it is important that any performance benchmarks or thresholds included in reports be set at achievable levels so as not to be dismissed as unreasonable.

Finally, the respondents indicated two other significant concerns: the accuracy and timeliness of the measures and data used to score physician performance. However both fell outside the scope of the study, which did not address data management or specific performance measures.

**How should reports be formatted to encourage use?**

There is no definitive guidance on how best to format feedback reports for physicians: the empirical literature in this area is limited, and entities that have produced such reports typically have not formally tested the options or disseminated their findings. Consistent with the literature on cognitive science and consumer reporting reviewed for the study, the respondent organizations suggest that physician reports be designed to provide a readily understandable snapshot of performance (i.e., presenting the data in a manner that enables quick and accurate interpretation).

Examples of formats that may be suitable for achieving this end include:

- The ranking of peers and performance indicators by scores so that high and low outcomes are obvious;
- Strategic use of typography (i.e., font style and size) to highlight important information; and
- Use of adequate white space so the report is not visually cluttered.

The respondent organizations are employing many of these strategies and believe they work well. However, because minimal formal testing of layout and graphics has been carried out with physician audiences, the comparative effectiveness of such approaches in communicating performance information is not known.

**What is the best medium for sharing feedback information with physicians?** Producers of physician-level reports have used a variety of media: printed hard copies; electronic static copies; and flexible, interactive Web-based versions. Consistent with the literature we reviewed, these producers noted that interactive Web formats allow users to tailor information to their preferred level of detail and are especially appropriate for presenting increasingly specific levels of data (i.e., “drill down” information). Web-based formats are also valued because they permit frequent information updates without printing and distribution costs. However, it was noted that many physicians do not have convenient access to the Internet; are resistant to the medium; and may not be accustomed to accessing information via the Web. Many of the physician-level report producers advised that an assessment be conducted to determine the type(s) of media preferred by the target audience and that reports be prepared in a variety of media to accommodate different preferences and capabilities.
What process should be used to involve individual physicians in the design and sharing of feedback reports? According to both the literature on physician behavior change and many of the respondent organizations, an interactive, transparent, honest, and respectful reporting process is vital to the success of a physician-focused reporting system, especially if the goal is behavior change. Respondents expressed a strong belief that physicians should be involved early and often in feedback report development and implementation in order to ensure that the result reflects their needs and interests. Many respondents also advised that physicians be given the opportunity to question data in the feedback reports and to address any errors before the information is released to others.

Echoing the literature on the subject, those involved in physician-level reporting activities cautioned that the passive distribution of information alone is not sufficient to bring about behavior change. More effective are multi-faceted approaches, such as those that include interactive educational sessions coupled with the use of local opinion leaders or physician champions, as well as feedback reports. Although the optimal approach for sharing information is not known, the process used to feed information back to individual physicians appears to be a key determinant in achieving behavior change.

**Conclusion**

Reporting on performance at the individual physician level is a relatively new activity in the United States, but is expected to become more common as policymakers continue to push for improvements in health care quality and curbs on health care costs. Given how much remains to be learned about performance reporting, organizations seeking to make use of such data would benefit from greater sharing of methods by experienced organizations, well-executed evaluations of their reporting efforts, and the transfer of knowledge when both successful and unsuccessful strategies are identified.

In particular, those trying to produce effective feedback reports for individual physicians need answers to the following questions:

- In the areas of clinical care, patient experience, efficiency, and safety, which performance measures and what unit of analysis (e.g., patient vs. population, individual measures vs. composites) are both most useful for physicians and most likely to lead to behavior change?
- Which reports are more compelling and effective: consolidated reports or those that deal with a single issue?
- What are the most effective formats to use in individual physician feedback reports? For example, what types of media are the most appropriate for ensuring that physicians are able to access information? Which types of data displays are the most effective for promoting understanding?
- What combination of engagement and feedback is the most effective for achieving physician behavior change?
- What are the key barriers inhibiting the use of performance reports by individual physicians, and how might these barriers be overcome?

A comprehensive presentation of this work may be found in the RAND report: *Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons*. This report is available at: [www.rand.org/pubs/](http://www.rand.org/pubs/).

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