



Data, analysis, perspectives | No. 3, 2018

Public Reporting on medical practices

Open data policy establishes greater transparency for patients

- **Low transparency:** Germany is behind with respect to public reporting. The data exist, but are not published or made available for use
- **Easier search for physicians:** Improved guidance for patients would be possible right away without any additional effort if more of the existing data were to be made accessible
- **Public reporting:** Structure and procedure data from routine documentation and billing should be used for public reporting
- **Open data policy:** United Kingdom and other countries show how gaps in transparency can be overcome with consistent policy
- **Patient surveys:** Patient experience with physicians and treatment outcomes should be systematically used as an additional important source of information

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The awareness that there are differences in quality in healthcare is now widespread in Germany as well. More than half the public assume that these differences are not small, but rather large to very large in scale. This is substantiated by, for example, representative surveys from TNS Emnid on behalf of the Weisse Liste. However, pinning down these differences in quality proves difficult, especially with respect to physicians in private practice: Whereas hospitals have been required by law to provide regular reports on their structure, range of services, and treatment outcomes for over ten years now, there is, as yet, no comparable legal basis for outpatient care in Germany.

When it comes to the transparency of the quality of care, outpatient care in Germany is far behind not only with respect to inpatient care. The publishing of outpatient care data in Germany remains underdeveloped by international standards as well. With this in mind, on behalf of the Bertelsmann Stiftung and the Weisse Liste, the Berlin-based IGES research institute has investigated the question of how the quality of physicians in private practice is reported in other countries, and what data is gathered for this purpose.

The IGES study on public reporting on the quality of physicians in private practice initially investigates which approaches to increase transparency in other countries have already been implemented, or what is specifically planned for this purpose. Denmark, England, the Netherlands, and the United States are closely examined – countries in which the transparency of quality in outpatient care is already more advanced than in Germany. The study shows which approaches and strategies have proven their worth outside of Germany, and what elements of these can be implemented in the German healthcare system. This Spotlight Healthcare presents the key findings of the IGES study and subsequent recommendations on the publication of quality data on physicians in private practice.

Transparency gaps in outpatient care

The underdeveloped state of public reporting on outpatient care in Germany is less a problem of data as it is one of gaps in transparency: A lot of information exists in the system, but it is not available for public reporting, or only available to a limited extent. Quality assurance and transparency are insufficiently regulated by laws and internal guidelines with respect to physicians in private practice.

Medical practices voluntarily produce quality reports whose structure is based upon reports from inpatient care, but this is done only rarely. The pioneers in this respect are the providers of quality management certificates and networks of physicians. However, these reports are not produced in a machine-readable format, nor are they widely available.

The quality information published by individual associations of statutory health insurance physicians is not available in the form of data sets for processing by third parties either. Accordingly, the gap in transparency is firstly attributable to the fact that much of the existing data is either inaccessible or published only on certain portals. This deprives general public reporting of these data.

Improved guidance for patients is possible

Public reporting should provide comprehensive and personalized support to patients, particularly in their search for a physician. As such, public reporting offerings have to be oriented on the needs of the users. In looking for a new general practitioner, different criteria come into consideration than when choosing a specialist, such as for a visit to a radiological practice for a one-off clarification of a diagnosis. The information on offer has to be differentiated and structured in such a way that users can easily find the relevant data. These days, preparing large quantities of data for different search situations no longer presents a problem.

Country comparison: Germany is behind with respect to public reporting

In contrast to England, the United States, and the Netherlands, there is no central location in Germany where all quality data from outpatient care is collected and made available for public reporting. The requisite open data strategy is also lacking.

Data	Germany			England		United States	
	theoretically available	publicly available in internet	usable dataset	publicly available in internet	usable dataset	publicly available in internet	usable dataset
Master data	+	+	-	+	+ ²	+	+
Qualifications, specializations	+	+	-	+	+ ²	+	+
Billing data	+	-	-	+	+ ²	+	+
Case volume	+	-	-	+	+ ²	+	+
Quality of processes ¹	+	-	-	+	+ ²	+	+
Quality of outcomes ¹	+	-	-	+	+ ²	+	+
Patient surveys	+	+	-	+	+ ²	+	+

1: At least for individual aspects or kinds of treatment

2: Data are free for use in individual cases

Figure 1 | Source: The authors

Country comparison: Germany is behind with respect to transparency policy

In Germany, only master and structure data, and the results of patient surveys are publicly available in the Internet. In contrast to England or the United States, billing and quality data of outpatient physicians are not made public.

Policy area	Germany	England	Netherlands	United States
Open data strategy	-	+	+	+
Central data management	-	+	+	+
Participation of interest groups	+	+ ¹	+	-
Plurality of portals	+	+	+	+

1: No participation of patient organizations

Figure 2 | Source: The authors

When the public are asked what they find particularly important when choosing a physician, it is evident that the requirements differ greatly depending on the intention and current situation of the patient. According to a recent survey commissioned by the Weisse Liste, 94% of respondents said that information on experience and specialist knowledge is very important or rather important when searching for a physician. This is followed by information on sanitary measures (90 %) and the services offered by the medical practice (84 %). When searching for physicians, four out of five respondents wanted to be able to

see the outcomes of the treatment of specific conditions.

Qualitative surveys show that the aspects of communication, competence, service, and treatment quality are valued by patients: As a patient, will my concerns be taken seriously? Will I be clearly informed about my condition and treatment options? Can I trust that the physician has enough experience to deal with my concerns? Can I get an appointment soon, and how much time do I need to plan in? How good are the treatment outcomes? Was a correct diagnosis made? Was the treatment successful? These are the key concerns

of patients, confirmed by data such as a representative survey by TNS Emnid (see Spotlight Healthcare 3/2017 “Physician ratings. Patient experiences are a vital aspect of public reporting in the outpatient sector”).

Existing data are usable without additional effort

Currently, more than a quarter (27 %) of the public are concerned that they will choose the wrong physician because of a lack of information. However, there is already a large amount of data

for the questions of interest to patients, and some of this data is of high quality. It would be easy to use it for public reporting.

In the course of the approval and quarterly billing process of physicians, the associations of statutory health insurance physicians possess extensive data on the structure and services of all medical practices. In addition to the master data, there is also detailed information on procedure frequency and on specialized services. When searching for a specialist, these can be as interesting for patients as information about special quality assured services (for example, skin cancer



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“We’re running behind in terms of transparency”

Three questions regarding public reporting and patient surveys for Martin Emmert, a Nuremberg-based healthcare expert

How does Germany compare to other countries such as the United Kingdom, the United States and the Netherlands in terms of public reporting on physicians in private practice?

Emmert: Generally speaking, Germany lags far behind other countries in terms of its transparency efforts. There’s also no nationally standardized patient survey. Portals for rating physicians, which are of debatable quality, are one of the few sources for people seeking information. At best, these portals offer purely structural information and the results of online surveys inquiring about satisfaction levels. Data regarding the quality of procedures or outcomes are simply not to be found. Even the physician search engines provided by regional associations of statutory health insurance physicians can’t do much to help in this regard.

What’s driving the public reporting gap? A lack of data or poor data quality?

Emmert: We can’t answer that question at this point because we don’t have access to all the raw data on research or publication purposes, which hasn’t been cleared. We only know that data on DMPs [Disease-Management-Programme], general practitioner models, and so on exist. Clearing this data would

certainly help. How this data might be used in public reporting should be subject to scientific examination beforehand, though we have yet to achieve the requisite transparency and data openness to do so. In any case, any data published by the associations of statutory health insurance physicians should be made available to other providers of public reporting to help determine, for example, which physicians should be allowed to offer specific quality-assured services.

How important are patient surveys for quality comparisons and public reporting?

Emmert: Internationally, patient surveys are now standard when it comes to assessing the quality of service providers. However, we need to be careful when considering patient surveys. We have yet to determine if subjective measures of satisfaction are in fact appropriate for measuring the quality of care offered by service providers and differences in quality. This is true in particular for online surveys. Facts or so-called PREMS [Patient Reported Experience Measures] and PROMS [Patient Reported Outcome Measures] are a better option and are gaining traction in research and practice.

screening or outpatient surgery). Part of this data is provided to the health insurance funds but has not yet been made publicly available. This is also the case with respect to the surveys on patient satisfaction that physicians should conduct in accordance with quality management guidelines. The National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung, KBV) has provided an internally developed instrument to medical practices for this purpose. However, as this is not a mandatory requirement, there are neither broadscale comparable results nor an obligation to publish them – despite the fact that 70% of the public expect that data on patient experience with physicians should be regularly collected. Up to now, most Internet portals for searching for physicians have used their own surveys or brief assessment systems, which can vary in terms of their methodological quality.

Assessing the outcome quality of treatment by physicians presents a methodological challenge. External quality assurance of the type used by hospitals does not yet exist for outpatient care. The results of the treatment program for the chronically ill (Disease-Management-Programme, DMP) could provide starting points for greater transparency on the quality of physicians. These can be relatively unambiguously matched with a given physician or medical practice. Complementing this, targeted indication-specific patient surveys (Patient Reported Outcome Measures, PROMs) can provide additional information on treatment outcomes for specific conditions. Furthermore, other patient surveys (Patient Reported Experience Measures, PREMs) can be used to help determine process quality.

Routine data can be used for public reporting

Examples from outside of Germany demonstrate how structure and procedure data from routine documentation and billing can be used for public reporting. For example, Medicare, the national health insurance program for seniors and the disabled in the United States, publishes the procedure data of individual physicians on its information portal. Since 2012, the frequency of procedures (based on procedure codes), patient numbers, and fees billed and paid for by Medicare have been reported for physicians. Consequently, information is available on which procedures were performed, how often they were



Finding physicians in Germany

There are several portals for locating a physician in Germany that can be classified into three groups:

Commercial: These portals essentially publish contact data that is associated with user ratings and the number of indicators is usually limited. These portals are generally financed by the fees charged for providing a physician's profile and/or through advertisement.

Association-based: Regional medical associations and associations of statutory health insurance physicians offer to some extent overlapping physician directories that include information regarding a practice's area of expertise. The National Association of Statutory Health Insurance Physicians also has a national directory. Finally, health insurance companies or their associations also offer online physician directories.

Non-profit: Some physician directories are provided by non-profit organizations that draw on data they've either collected themselves or have acquired and includes patient surveys as well.

86%

of the public want neutral and advertising-free physician search portals

2,157,769

patients across all of England were surveyed by the National Health Service (NHS) on the quality of their general practitioner in 2017 – 37.5% responded.

2/3

of the public search for a physician online

performed, and on how many patients. The data are extracted from the physicians' billing, so this does not represent any additional documentation work for the physicians.

The data published by Medicare allow the frequency of procedures and the fees to be compared between individual physicians and provide insight into the patient structure in terms of age, sex, and ethnicity. However, the data only capture information on Medicare-insured patients, and thus do not represent the entire range of services of a medical practice, nor do the data indicate the treatment quality.

In the United Kingdom, the NHS Choices portal of the National Health Service (NHS) provides extensive information in a manner that laypeople can easily understand. This information is sourced from assessing routine data and a patient survey conducted twice a year. Recently, more than two million surveys were sent out for a national survey on general practitioners in England, achieving a 37.5% rate. Information and quality characteristics are presented in a patient-oriented manner. All physicians and institutions working for the NHS can be compared, so the comparison encompasses almost all service providers.

In Denmark, there is a medical errors register where the state health supervisory authority for physicians and other healthcare workers publishes proven instances of medical errors. Where this is the case, detailed information is publicly available.

Consistent open data policy overcomes gaps in transparency

The level of quality transparency is always a question of governance. The analysis of the public reporting systems in Denmark, England, the Netherlands, and the United States performed by IGES on behalf of the Bertelsmann Stiftung and the Weisse Liste shows that good public reporting is generally based on a change in the mentality and culture in the direction of an open data policy.

This change in mentality and culture can be initiated through case-law, as in the United States, where a ban on the publishing of physicians' procedure data was lifted, or through a political decision, as happened at almost the same time in United Kingdom. There, with the 2012 Health and Social Care Act, a national information center was established with the purpose of making the quality of all publicly financed health and care services transparent and comparable. The U.S. court that enabled the publication of physician-related procedure and billing data attached greater importance to the benefits of publishing physician-related data than to the privacy of physicians with respect to their income.

In state healthcare systems, public institutions possess an abundance of healthcare data that can be used for public reporting. Within a consistent open data policy, these institutions initially have the role of a data owner. Whether they also become information providers with their own portals (such as NHS Choices in the United King-

dom) or this is left to civil society can be left open. What is crucial is that the data basis, such as that maintained by NHS Digital in England, is mandatorily bundled and made freely available to all parties.

Countries with good public reporting make sure to involve all relevant stakeholders from the healthcare sector in the implementation of the public reporting strategy. The Netherlands provides an example of how this can happen: Following the decision to develop cross-sector quality indicators and measuring tools, the responsible supervisory authority involved patient organizations, health insurance funds, and healthcare providers in equal measure in the process. In contrast to German self-administration, the state directs this process and lobbyists are only involved in a consultative role.

Freedom of information is not inconsistent with data protection

German open data policy has to balance two constitutional rights: Individual data protection and freedom of information. What are the implications of this with respect to the care processes and service providers? In a legal opinion for the Bertelsmann Stiftung, Professor Dr. Thorsten Kingreen

and Professor Dr. Jürgen Kühling from the University of Regensburg determine that there are strong constitutional reasons for the comprehensive provision of information relevant to the public.

According to the opinion, the main issue is balancing the protection of personal data and trade secrets with the legitimate information interests of the public. Both the disclosure and non-disclosure of healthcare data require justification. According to the opinion of the Regensburg academics “The relationship of the constitutional rights involved should [...] not be interpreted in the sense that every external use of data requires special justification, but the refusal of this use does not. Rather, the prevention of external data usage is an infringement of a constitutional right that requires justification.” As personal data are not required for public reporting, the public’s interest in the information should, at the most, be weighed against providers’ data protection needs. In this respect, the experts come to the conclusion that, with appropriate safeguards against misuse, publication of routine data would not only be possible, but even necessary, given the information needs of the public.



The recent IGES study “Public Reporting in der ambulanten ärztlichen Versorgung – Internationale Erfahrungen mit Maßnahmen zur Erhöhung der Qualitätstransparenz und Implikationen für Deutschland” is available for download (in German only) at www.bertelsmannstiftung.de/public-reporting-arztpraxen.

The legal opinion authored in September 2017 by Professor Dr. Thorsten Kingreen and Professor Dr. Jürgen Kühling from the University of Regensburg is available for download (in German only) at www.bertelsmannstiftung.de/public-reporting-arztpraxen.

Balancing data protection with freedom of information

Data protection and freedom of information are both fundamental rights in Germany’s Basic Law, and the balance between the two require a careful recalibration with the introduction of the EU’s General Data Protection Regulation. More patient and physician data must be made available for public reporting in order to improve transparency in outpatient care.

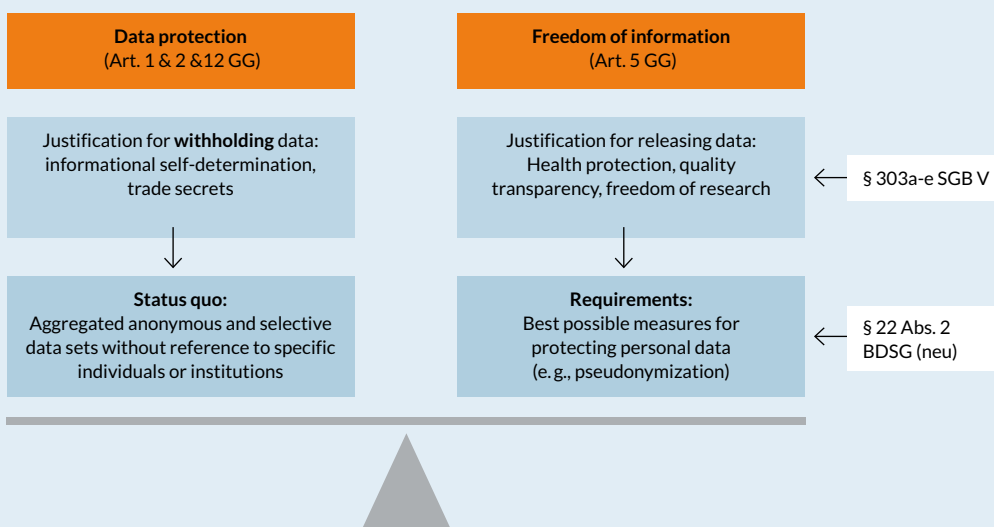


Figure 3 | Source: Authors’ own

Recommendations for action

Improve public reporting on physicians

The publication of information on physicians in private practice remains underdeveloped in Germany. The German healthcare system can learn from the experience of other countries. In order to make it easier for patients to find a physician for their needs, portal providers must have access to all relevant data. Improving transparency in out-patient care involves more than recalibrating the balance between data protection and freedom of information. A fundamental shift in perspective is required. This includes the following initial steps forward:

Promote open data policies

- › Use the scope of the EU's new General Data Protection Regulation to advocate for more freedom of information and data in healthcare.
- › Create a legal framework for open data strategies like those seen in Anglo-Saxon countries.
- › Extend data transparency regulations in SGB V (§ 303a–e) to include the publication of master, structure and procedure data gathered by physicians with a private practice.

Collect and systematize data on patient experience

- › Within the context of SHI-quality management, require SHI-authorized physicians to conduct and publish patient surveys on a regular basis.
- › Consolidate and verify the available survey tools in order to allow for a meaningful comparison.
- › Implement Patient Reported Experience Measures (PREMs) to determine the quality of treatment procedures from a patient point of view.
- › Use Patient Reported Outcomes Measures (PROMs) to record the quality of DMP care and make this transparent.
- › Provide access to all survey results and data for public reporting and for use in research on care.

Governance: Division of labor and participation

- › An independent institution should be tasked with receiving, collating and preparing the collected data.
- › Payers, service providers, patient representatives and information providers should participate equally in developing survey tools, quality indicators and data specifications.
- › Ensure platform diversity and competition in communicating quality data.



SPOTLIGHT HEALTHCARE is an initiative of the “Improving Healthcare – Informing Patients” program at the Bertelsmann Stiftung. Published several times a year, SPOTLIGHT HEALTHCARE addresses topical issues in healthcare. The Bertelsmann Stiftung is committed to promoting a healthcare system relevant to public needs. Through its projects, the Stiftung aims to ensure the provision of needs-based and sustainable high-quality healthcare in which patients are empowered by access to readily understandable information. The Weisse Liste features an internet portal (www.weisse-liste.de) that makes transparent the differences in healthcare provision quality. The Weisse Liste helps patients and their families identify the right doctor or hospital for their needs and helps users in choosing the appropriate healthcare service.

For more information, go to www.weisse-liste.de and www.bertelsmann-stiftung.de

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