



Data, analysis, perspectives | No. 3, 2017

Physician ratings

Patient experiences are a vital aspect of public reporting in the outpatient sector

- **Information on quality is a patient's right:** Patients expect accountability from physicians – only in this way can they exercise their right to choose
- **Increasing influence on physician choice:** 60 percent of rating-portal users have chosen a physician based on the information found there
- **Patient experience is a quality criterion:** Systematically collected patient feedback can depict the quality of care
- **Quality of physician-rating portals varies substantially:** Discussion is needed on the right approach to reporting information on the quality of practice-based physicians
- **Support for public reporting necessary:** The positive effects of public reporting are not yet viewed as an opportunity for the outpatient sector

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On average, Germans visit the physician about 10 times per year, with any given patient annually consulting more than three different physicians. Yet how does one find a good physician? Nearly 10 years ago, the Gesundheitsmonitor, a project of the Bertelsmann Stiftung, reported that this question is posed by patients 17,000 times per day or 6 million times per year¹ – and this figure remains accurate today.

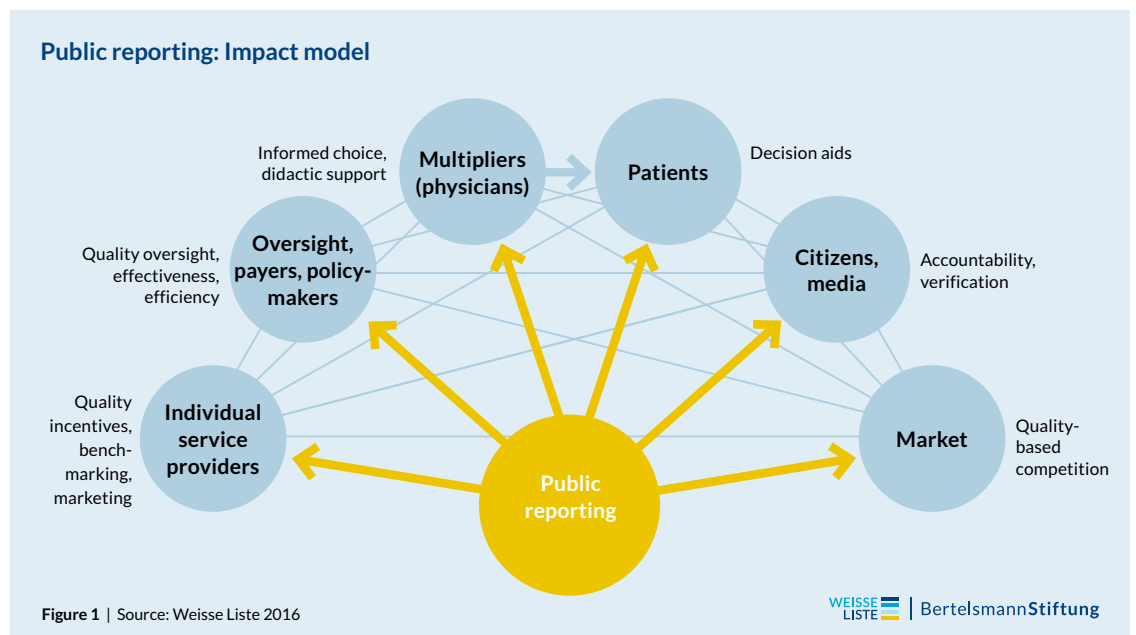
About five years ago, the Weisse Liste, a Bertelsmann Stiftung project, working jointly with state health insurance providers AOK and BARMER, created an online physician-comparison service. Another state health insurance provider, Techniker Krankenkasse, and Bertelsmann BKK, have also participated for several years. The goal was and is to increase transparency regarding quality in outpatient care, and provide patients with a reliable means of orienting themselves when choosing physicians. This SPOTLIGHT HEALTHCARE examines the current situation: What information on physician quality is publicly available, and what information do patients want? And most of all: What role do other patients' experiences play in the context of reporting on the quality of physician practices?

experiences play in the context of reporting on the quality of physician practices?

In a representative survey conducted jointly with Prof. Dr. Martin Emmert of the Friedrich-Alexander-Universität Erlangen-Nürnberg, the Weisse Liste explored patient expectations, analyzed physician rating portals currently in the market, and assessed respondents' experiences with these services. Six theses relating to the current state of public reporting in the outpatient sector, as well as to the role of physician ratings, were derived from this process.

Initial diagnosis: Current physician-information offerings do not yet fulfill the goals of public reporting

For patients, the publication of quality findings and performance indicators (public reporting) is an important basis for choosing a service provider. The assumption and hope is that patients will increasingly act as actors in a "healthcare market." Because the cost issue here is negligible, information on expected quality is from the patient's point



of view the most relevant factor in making a decision.

In addition, public reporting fulfills additional functions, as shown by the impact model developed by the Weisse Liste (see Figure 1) – above all, public reporting increases the quality of care by providing a fundamental prerequisite for competition on the basis of quality in the healthcare sector (see Spotlight Healthcare No. 1/2016).

The reality is often otherwise. Patients often search fruitlessly for information that goes beyond statements about medical specialties, addresses and contact data. While public-reporting mechanisms have been established in the inpatient sector for years – through hospitals' structured quality reports, the evaluation of routine data, and through surveys of insured individuals – the situation in outpatient physician care must be regarded critically. Little has changed since the last major review of physician comparison portals' information offerings, conducted in 2012²: The overall landscape as yet fails to meet the goals for public reporting on physician quality.

Patient experiences are a key indicator of quality – Six theses on public reporting in the outpatient sector

What thus characterizes public reporting of physician quality today? And what role is played by patient experiences, today and in the future? Our analysis leads to six theses.

- 1 Patients expect accountability with regard to the quality of practice-based physicians. In addition, they want concrete assistance in choosing their physician.**

Citizens expect information about the quality of service providers to be published. In a 2015 Weisse Liste survey, 91 percent of Germans indicated that physicians, hospitals and nursing-care institutions should be obligated to publish quality information in a way comprehensible by the general public.

Beyond this initially rather abstract expectation at the level of patients' rights, patients also have a concrete need for information when choosing a physician. The Weisse List survey revealed that about half of the surveyed 16- to 64-year-olds wanted information on the experiences of other patients, on waiting times for appointments and within the practices themselves, on office hours, and on the available means of contacting physicians.

Physicians benefit from public reporting

Three questions for Dr. med. Veit Wambach on physician rating portals:

Why do some physicians have difficulty with the idea of patients evaluating them?

Wambach: This often has to do with a diffuse worry of being unfairly and unreasonably evaluated by a few unsatisfied patients. However, this concern is unfounded, because it has become clear that patients are better than their reputation might indicate, and often provide at least a favorable review. In cases when the physician-patient relationship is already beyond repair, patients would rather change physicians than provide negative feedback.

What utility do you see for physicians in systematic evaluations?

Wambach: Practice-based physicians benefit in two respects: Patient evaluations typically confirm the quality of their work, and make this visible externally. In addition, the evaluation can provide indications of shortcomings that can be rectified, which the physician may not otherwise have come to realize, or might not have realized as quickly. Overall, this increases care quality for all patients. This openness is also a very credible external-facing sign that patient orientation is important to us.

What about the current system could be improved?

Wambach: Physician rating portals are only useful when they are trustworthy, and also used by a sufficient number of patients. Both issues are currently problematic. For example, there are portals that lack trust due to insufficient transparency in the evaluations, or similarly through low numbers of evaluations. I fear that patients don't click through multiple portals in order to get the most comprehensive picture possible. In addition, however, patients must themselves be more actively encouraged to evaluate their physicians.

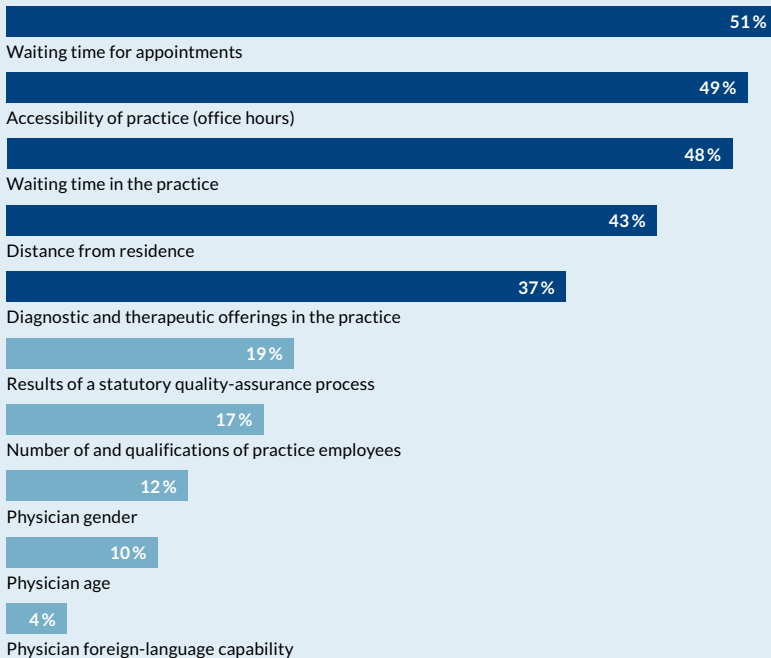


Dr. med. Veit Wambach, general practitioner and chairman of the Agentur deutscher Arztnetze (Berlin) and the Gesundheitsnetz QuE (Nürnberg)

Sources

Download the sources cited in this text (1 - 10) at www.bertelsmann-stiftung.de/weisse-liste

Patients' interests when visiting physician evaluation portals (beyond information on other patients' experiences)



■ Most often identified ■ Least often identified
Figure 2 | Source: TNS Emnid (2016), n=1,044

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Information on waiting times in particular lends itself to description through other patient experiences. Perhaps this information is deemed more objective, and in this regard more trustworthy for patients than is self-reporting by physicians.

Distance from residence, identified by 43 percent of respondents, also factors among the most interesting pieces of information, followed by diagnostic and therapeutic offerings and the results of a statutory quality-assurance process (see Figure 2).

2 Physician rating portals are the key channel for public reporting in the outpatient sector. Patients are familiar with and use the portals when looking for a physician.

A total of 31 internet portals enabling patients to evaluate physicians were identified within the German market. Eighteen of the portals draw on already-existing online offerings. For example, the AOK, BARMER and Techniker health-insurance companies, as well as Bertelsmann BKK, use the Weisse Liste service. The evaluations provided through the partner sites are integrated into the overall assessments.

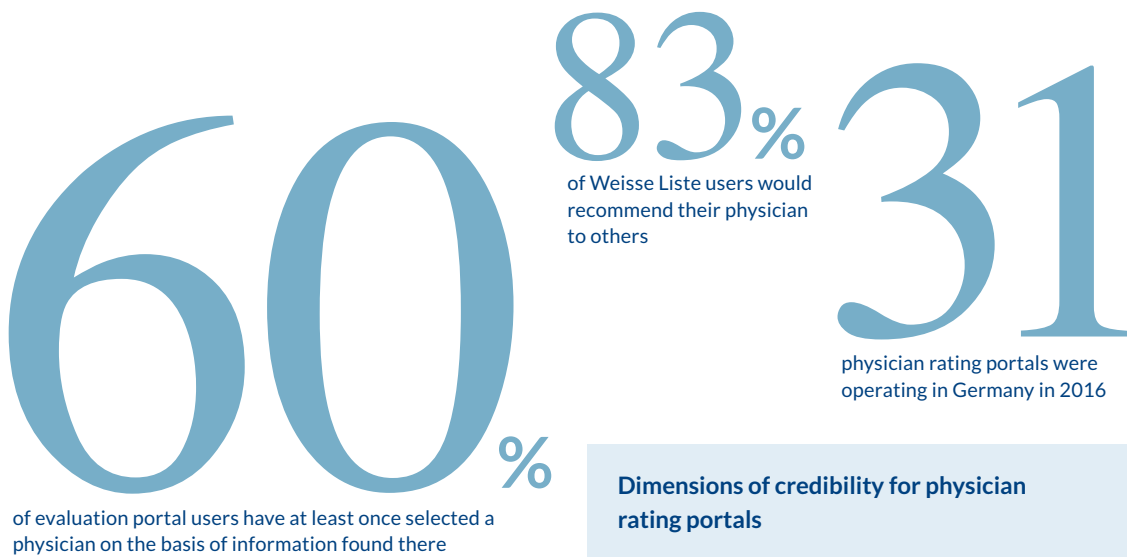
A full half of internet users between the ages of 16 and 64 indicated that they were familiar with at least one physician rating portal. Almost one-quarter had used at least one of the portals to look for a physician, while about 8.3 percent had provided an evaluation on one of the portals. Familiarity with the portals had increased significantly as compared to a 2013 survey – at that time, only 32 percent indicated that they were familiar with a portal³. While a 2010 survey of insured individuals carried out by the National Association of Statutory Health Insurance Physicians showed significantly lower usage rates (6%)⁴, a recent survey by the BITKOM industry association found that nearly 45 percent of internet users at least occasionally read online evaluations of physicians, hospitals, nursing-care institutions, rehab clinics or other medical institutions⁵.

Beyond these portals, there is little that can provide orientation to patients. The services provided by the associations of statutory health insurance physicians generally offer little more than information on medical specialties, addresses and office hours. To be sure, individual specialist associations for physicians and dentists also offer information on specializations; however, the information's degree of reliability generally remains unclear.

3 Information portals differ considerably with regard to quality. There is no systematic discussion regarding the proper approach to public reporting.

The various physician rating portals differ sometimes significantly from one another with regard to their fundamental approach. The quality is evident for example in the way information is presented, in the various information-collection methodologies, and in the actions taken to prevent manipulation and protect data.

Methods for collecting patient experiences can be divided into technical aspects (registration and provision of the evaluation) and content aspects (questionnaire). The goals of registration are typically to validate users and prevent manipulation. In this regard, an access procedure of this kind can be seen as an element of quality assurance, as well as a trust-promoting mechanism with regard to external representation. The portals differ substantially in this area. Only Weisse Liste allows the use of an insurance customer number, thus simultaneously ensuring anonymity, for its registration. At four of the 12 closely examined



portals, an email address is sufficient for this task.

Two portals follow another approach, linking physician evaluations with an appointment-making function, thus allowing only those patients with a physician's appointment to make an evaluation. Independently of the approach, the reliability from users' perspective, the degree of protection against misuse, and aspects of data protection should be key elements guiding any further discussion (see Figure 3).

The portals also take distinct paths from a content perspective, particularly with regard to the acquisition of patient experiences. Most use structured surveys supplemented by free-text elements. However, the scope of the surveys alone can vary significantly. Arzt-Auskunft, for example, uses just six questions, while Weisse Liste uses the most, at 33 questions. Some portals use simple criteria, while other evaluation approaches – such as that used by Weisse Liste – are based on methods developed in a research context, the results of which are used for public quality reporting as well as for the physicians' own quality management.

Overall, a tension between security and user-friendliness emerges here. Security and well-founded data-collection practices stand in opposition to fast registration and evaluation procedures, in which results are sorted based on commercial (market) logic, and remunerated contributions are also possible. Fundamentally, this raises a question regarding patient interests and the claim to reliability and fair public reporting.

Dimensions of credibility for physician rating portals

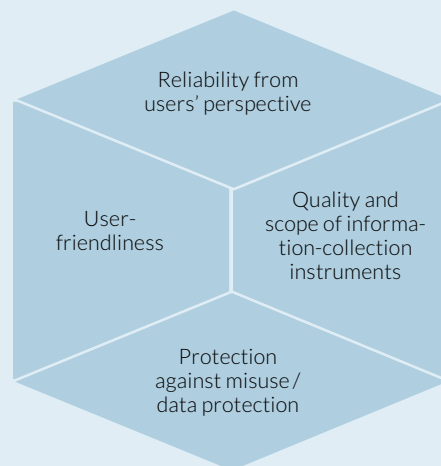


Figure 3 | Source: Weisse Liste 2016

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For the users, the question of the right approach certainly plays a role: Portals are overwhelmingly seen as helpful even if they are regarded only as “satisfactory” with regard to reliability. Average cross-portal performance with regard to trustworthiness was even somewhat worse, however. In contrast to the inpatient and nursing-care sectors, the question of the right approach for public reporting is not as yet a widely discussed topic among the actors involved.

4 The influence of physician evaluations on physician choice is significantly greater than often assumed. Patients recognize the validity of other patients' experiences.

According to the recent survey's findings, 60 percent of physician-evaluation portal users have at least once selected a particular physician based on the information found there.

Among those under 40, this figure was as high as 70 percent. A total of 43 percent indicated that they had at least once decided against a particular physician on the basis of online evaluations, with women doing so more often (50% of respondents) than men (34%). Younger patients and women refer to online evaluations much more often than do older and male patients in the course of their decisions for or against a physician.



Brendan Bourne,
User Generated Content
Lead for NHS Choices

NHS relies on physician evaluations

NHS Choices is the Internet portal of the National Health Service, which manages healthcare services in the United Kingdom. In 2007 NHS Choices pioneered patient feedback on public healthcare in England. Starting with comments from the public on their experience in hospitals, the service was expanded two years later to include doctors in general practice and in late 2010 dentists were added. Later, opticians, pharmacies, and care homes for the elderly were also included.

Brendan Bourne: Commenting is now regarded as a key feature of the NHS Choices' website where users can rate and comment on any aspect of their NHS care. The core belief is that such feedback gives patients the information and confidence to make informed decisions about their care and treatment and encourages providers to assess their services and improve where necessary. NHS Choices is also investigating methods of analysis which will provide qualitative feedback to help improve services. NHS Choices currently publishes between 13,000 and 15,000 patient comments per month. These are pre-moderated and must comply with strict moderation guidelines. We have been criticized within the health industry for publishing negative comments. However, providing the patient's comment is civil and lawful; we assert their right to comment. Often a simple heartfelt opinion from a satisfied, or disgruntled, patient may be more relevant and make more impact.

www.nhs.uk (The text is excerpted from a guest contribution on the topic of public reporting. Find the entire text online at www.bertelsmann-stiftung.de/weisse-liste).

Thus, the evaluations play an important role for a not-insignificant portion of the population. This also accords with the finding that half of the respondents who had actually used the physician rating portals indicated that their experiences corresponded with the comments on the portals. Only one-quarter of respondents disagreed, and a further one-quarter were undecided. This finding shows the potential of physician evaluations.

The survey additionally confirms the findings of a 2013 Universität Erlangen-Nürnberg study³. At that time, 65 percent of respondents indicated that they had selected a particular physician on the basis of information on physician evaluation portals, and 52 percent had rejected a physician on these grounds. As yet, however, no empirical investigations regarding the precise influence of these portals on the choice of physician, for example on the basis of numbers of cases or changes in medical practices' patient structures, have been published.

5 Patient experiences collected online can accurately depict care quality. They are considerably more than a “weak feel-good indicator” or a stand-in for allegedly more relevant quality criteria.

The international literature shows that online evaluations for patients and treatment providers have more benefits than previously assumed, as does an initial pilot study within the German outpatient-care sector⁴. Even if correlations have not yet been sufficiently researched, physician evaluations by patients are more than simply a decorative embellishment during the search for a physician, and far more than a stand-in for “harder” quality criteria. They are suited for the depiction of various aspects of quality for which satisfaction with the treatment – not necessarily with the results – represents a relevant end point. There is no disagreement that patients can judge some important quality criteria particularly well: for example, aspects of communication, inclusion in the decision-making process, and procedural and structural quality (such as waiting times) can be surveyed accurately and reliably on the basis of patient experiences, and are also very useful for other patients.

A study carried out in cooperation with the Nürnberg Health Network for Quality and Efficiency (Gesundheitsnetz Qualität und Effizienz, QuE) identified correlations between patient feedback and other quality indicators relevant to patients⁷.

This study examined 2,170 online evaluations of 65 physicians or practices, provided between 2011 and 2013 through the Weisse Liste and Jameda portals. These were compared with 21 quality indicators collected by QuE itself. This data included structural information, indicators of procedural and outcome quality, and patient surveys carried out in the practices by QuE itself.

For 10 of the 21 quality indicators, significant correlations with the portals' online ratings were found (see Table 1). The most important finding was that online ratings are as reliable as traditional surveys. In the area of self-reported patient satisfaction, no notable differences were found between the portals and the written on-site patient surveys. And the lower the number of patients treated by any given physician, the better were the average online evaluations on the two portals.

Moreover, additional correspondences with patient satisfaction were shown – although different between the two portals, for example with regard to the provision of prescription drugs and the frequency of the provision of screening tests. The precise relationship remains unclear here, but the findings offer an approach for further research.

A 2012 study from the United Kingdom confirms the Nürnberg physician network's findings³. On the basis of 16,952 online patient evaluations of 4,950 physician practices provided through the NHS Choices portal, the study found that the recommendation rate showed correlations with six of seven indicators of clinic care quality (for example, the share of diabetics who had achieved HbA1c target values). In the Nürnberg study, the correlation between the quality of individual care aspects and online evaluations was even stronger. Individual indicators, such as the physician-patient ratio or the quantity of pharmaceutical drugs prescribed, suggest conclusions regarding the conditions: time and attention could play a greater role here.

Studies from the hospital sector show that these are not the only correlations. These demonstrate additional correspondences between online evaluations and clinical quality indicators for various aspects of structural-, procedural- and medical-outcome quality⁹. Among these was one recent study in which the Weisse Liste participated¹⁰.

Relationship between online evaluations and (clinical) quality indicators

	Weisse Liste	Jameda
Structure		
1. Age of practice physicians (average)	–	●
2. Number of patients with statutory health insurance (GKV) (average)	–	●
3. GKV patients per physician: patient-physician care ratio	●	●
Process		
4. DMP type 2 diabetes: share of patients with a retinal exam by ophthalmologist in 2012	–	●●
5. DMP asthma: Share of patients with long-term medication with prescribed inhalable glucocorticosteroids.	–	●●
6. Share of QuE patients undergoing a health examination (35 years and up)	●	–
Outcomes		
7. DMP type 2 diabetes: Share of patients to reach individually agreed HbA1c target values	●	–
Patient experiences		
8. Overall evaluation in 2012 QuE patient survey	●	●●
9. Pharmaceutical costs per case	●	●
Cost-related indicators		
10. Pharmaceutical costs per prescription	●	–

– no significant correlation ● low correlation ●● medium correlation
 The findings represented are those with the strongest significant correlations on individual issues (correlations following Spearman). The full table with detailed information can be downloaded at www.bertelsmann-stiftung.de/weisse-liste
 Table 1 | Source: Emmert et al. (2015)

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6 Systematic physician evaluations can address a large portion of patients' information interests. These can also be expanded through further information on structure and process quality.

Systematically collected structured physician evaluations address a large portion of patients' informational interests. In this regard, it is apparent that in addition to pure structural data and patient experiences, information on processes is also of interest (see Figure 2). One explanation could be that patients want to know how well-organized practices are in terms of procedures, because in the hunt for a "good" physician, this information is more useful than purely structural data, and is additionally more comprehensible to many individuals than is complex data on outcome quality. What, if any, data on outcome quality or on diagnostic and indication quality would be relevant for the purposes of public reporting remains a question for further research.

Recommendations

For targeted quality reporting in outpatient care

Physician evaluations influence the choice of a physician more strongly than previously suspected, and patient experiences are able to provide a reasonable depiction of care quality. To date, public reporting on practice-based physicians takes place primarily through physician rating portals, whose quality varies significantly. A targeted expansion of public reporting in the outpatient sector as well as a systematic discussion of the correct approach is necessary.

Expand public reporting in the outpatient sector

- Public reporting provides an important incentive for care quality. Its further development should thus not be left solely to the free market.
- The feasibility of presenting information on physician diagnostic, indication and treatment quality should be examined.
- As is done in the inpatient sector, structural and staff data should be collected on physicians' practices.

Systematically collect patient experiences as a key quality characteristic

- Patient experiences should be collected in a methodologically sound, quality-assured and comprehensive manner.
- Correlations between other quality indicators and patient evaluations should be the subject of further research.

Integrate existing quality data and international experiences more strongly

- Quality data being collected today, for example in quality-assured services such as disease-management programs or primary- and integrated-care contracts, should be reviewed for possible utility and relevance in the context of public reporting.
- With regard to quality indicators, patient experiences and presentation alternatives, experiences from foreign markets should be collected, systematically assessed and translated to the German market.

Consider the user's perspective

- A simple list of quality data overwhelms people seeking to make a decision. Data and information must therefore be processed and presented in order to help patients make an individual decision on a service provider.

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.

Through its internet portal (www.weisse-liste.de), the Weisse Liste (White List) renders transparent differences in the quality of healthcare provision. 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. By promoting quality-based competition among providers, the Weisse Liste also benefits patients.

Project partners for the online physician-comparison service are German health-insurance providers AOK, BARMER, Techniker Krankenkasse and Bertelsmann BKK. Germany's "Apotheken Umschau" newsletter also draws on the Weisse Liste's services.

Further information www.weisse-liste.de and bertelsmann-stiftung.de

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