

# Information patients use to pick physicians not always good predictor of quality, study finds

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When looking for a new physician, patients are often encouraged to select those who are board certified or who have not made payments on malpractice claims. Yet these characteristics are not always a good predictor of which physicians will provide the highest quality medical care, according to a new study from the RAND Corporation, a nonprofit research organization, and the University of Pittsburgh School of Medicine.

"We found that the types of information widely available to patients for choosing a physician do not predict whether that physician will deliver evidence-based care," said Rachel Reid, the study's lead author and a medical student at the University of Pittsburgh School of Medicine.

"These findings underscore the need for better physician performance data to help consumers choose their doctor."

Studying a large group of physicians over a two-year period, researchers found that three characteristics were associated with better quality medical care: being female, being board certified and graduating from a domestic medical school.

But each of these characteristics increased quality only a small amount and none offers consumers much guidance when it comes to choosing a high-quality medical provider, according to findings appearing in the Sept. 13 edition of the [Archives of Internal Medicine](#).

Because detailed information about physician performance is seldom available to the general public, patients are encouraged to select physicians based on characteristics such as board certification, educational history and whether they have made payments on malpractice claims.

To test this advice, researchers examined the care provided by about 10,000 Massachusetts physicians to more than 1.3 million adults during 2004 and 2005. Using information from insurance claims, researchers evaluated the quality of care the physicians provided for 22 common [medical problems](#) such as diabetes and [heart disease](#), by examining the fraction of the time physicians delivered guideline-based care to their patients.

Researchers found that the physicians studied provided on average about 63 percent of the recommended care. Average performance varied by condition, ranging from 31 percent for cataract care to 68 percent for care of congestive heart failure.

The difference in quality between the physicians with the best combination of characteristics (female, board-certified and domestically trained) and the average physician with the worst combination (male, noncertified and internationally trained) was only 6 percentage points, according to the study. But even among physicians with the best combination of characteristics, quality was uneven, ranging from 49 to 75 percent of recommended care.

"Few characteristics were consistently associated with high quality care and those we did find were so small in magnitude that they are not significant in a practical sense," said study co-author Ateev Mehrotra, an assistant professor at the University of Pittsburgh School of Medicine and a researcher at RAND. "There is little evidence to suggest that a patient would consistently receive higher quality care by switching to a

physician with the combination of characteristics identified by our work to be associated with high-quality care."

Board certification was the characteristic associated with the largest increase in performance (3.3 percentage points) and also was associated with higher performance scores with both acute and preventive care. The finding provides preliminary evidence that there may be some quality benefit to be derived from maintenance of certification programs or the inclusion of board-certification activities as a requirement for maintaining a physician's medical license.

Researchers say it is striking that the study found no consistent association between the number of malpractice payments or disciplinary actions against [physicians](#) and the quality of care they provide. Researchers also did not find any association between physicians' years of experience and quality.

Researchers say that public reporting of individual physician quality information may provide consumers with more valuable guidance when they need to choose a new physician.

**More information:** Arch Intern Med. 2010;170[16]:1442-1449.

Provided by RAND Corporation

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