

## Abstract

*Study Purpose:* Over the last 20 years, Family Physicians have acclimated to Physician Scorecards such as Healthcare Effectiveness Data and Information Set (HEDIS) measures in an effort to demonstrate, to both regulators and payers, that they are providing high-quality care to their patients.<sup>1</sup> HEDIS measures and other Physician Scorecards are measures reported to healthcare payers and government payers and regulators and, once reported, the measures are published for government agencies and employers to review, compare, and make decisions on purchasing for the following year's health insurance coverage.<sup>2</sup> These measures are also cited by healthcare payers to determine if a physician is providing adequate quality care to their patients. However, due to many of these measures not accounting for complex chronic illnesses, social determinants of health, or other factors that could negatively affect a patient's health outcomes, these 'scores' can be an inaccurate determination of the care being provided by a physician.<sup>3</sup> This is especially true for primary care physicians, who are responsible for treating the whole patient (i.e., physical health, mental health, and socioeconomic factors) instead of focusing solely on a single healthcare concern. Therefore, it would be beneficial for these measures to be updated to include indicators specific to a primary care physician's responsibility so their performance can be adequately assessed. The proposed study will work to address **how Family Medicine Physicians feel they can demonstrate accountability to payers and regulators**. By exploring performance from the grounded perspective of a practicing family physician, we will achieve a more integrated understanding of how performance assessments can improve practices rather than burden them.

*Study Design:* This will be a multi-site Qualitative study of Family Physician Providers. The proposed study will utilize a Qualitative Descriptive method common in healthcare research projects, which focuses on the detail Family Physicians provide about their view of current metrics and how they demonstrate accountability in their practice. The goal of a Qualitative Description is to provide a rich description of how frontline Family Physicians feel their work should be assessed to demonstrate accountability in primary care.

*Subjects and Setting:* For this study, we anticipate a sample size of 50 academic physicians and 50 community physicians. Each site will recruit 5 academic physicians and 5 community physicians; 10 total physicians per RRNeT site (N=100). The study will adhere to a convenience sample, a non-probability sampling method where the sample is taken from people that are referred to the study and considered to be connected to the topic. However, if we are able to recruit participants in a timely fashion, we will consider implementing snowballing recruitment.

*Outcome Measures:* Interviews and focus groups will be conducted with a semi-structured open-ended interview guide, which will collaboratively be developed by RRNeT providers. Our approach will attempt to clarify concepts and obtain detailed descriptions. The semi-structured interview guide will first begin by asking questions about accountability to seek out definition, understanding and use questions. We will then focus on questions that capture the experience of using the measures and how they function in practice. Finally, the interview guide will begin to ask providers to project into the future and identify what they would envision accountability should look like in their practices.

## REFERENCES CITED

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