

Frequently Asked Questions about Doctor and Hospital Information

- [Choosing Your Doctor or Hospital](#)
- [About Hospital Recognition and Performance Information](#)
 - [Types of Hospital and Healthcare Facility Information](#)
 - [Blue Distinction Designation®](#)
 - [Joint Commission Accreditation](#)
 - [Hospital Process of Care Measures](#)
 - [Heart Attack](#)
 - [Heart Failure](#)
 - [Pneumonia](#)
 - [Surgical Infection Prevention](#)
 - [Patient Safety/Leapfrog Ratings](#)
 - [Hospital Complication Rates and General Effectiveness](#)
 - [Data Sources for Hospital Information](#)
 - [Hospital Procedure-Specific Information](#)
 - [Hospital Patient Experience Information](#)
- [Low or Missing Hospital Scores](#)
- [Doctor, Clinic, or Medical Group Recognition and Performance Information](#)
 - [Quality-Based Recognitions](#)
 - [Missing Doctor Recognition Information](#)
- [About Doctor, Clinic, or Medical Group Practice Performance](#)
 - [Missing Performance Information](#)
 - [Using Doctor Performance Information](#)
 - [Performance for Primary and Specialist Doctors](#)
 - [What Star Ratings Mean](#)
 - [What Percentage Scores Mean](#)
 - [Local Comparison Score](#)
 - [Displaying the Performance of Individual Doctors and Groups](#)
 - [Who Provides Performance Data and Measures Doctors, Clinics, or Medical Groups](#)
 - [How Frequently Are Doctors Measured](#)
 - [Performance Test Regions](#)
 - [Tell Us What You Think About Doctor Performance Information](#)

Choosing Your Doctor or Hospital

As you make decisions about your healthcare, the Blue National Doctor and Hospital Finder is one source for important information about doctors, hospitals and other healthcare providers. Always seek the advice of a physician or other qualified healthcare provider for answers to any questions regarding the selection of a doctor, specialist, or healthcare facility.

To find out which doctors, hospitals and other healthcare services are covered under your policy, please call your local Blue Cross and/or Blue Shield Plan to verify the doctor, hospital, or other healthcare provider's network participation status before making an appointment

Neither Blue Cross and Blue Shield Association nor any of its Licensees are responsible for damages, losses, or non-covered charges that may result from using this website or receiving care from a provider listed in this website.

[\[Top of Page\]](#)

About Hospital Recognition and Performance Information

What types of hospital and healthcare facility information is available on the Blue National Doctor and Hospital Finder?

You can search this site the for hospitals or healthcare facilities that are

- Recognized as [Blue Distinction Centers[®]](#)
 - Blue Distinction Centers for Bariatric Surgery[®]
 - Blue Distinction Centers for Cardiac Care[®]
 - Blue Distinction Centers for Transplants[®]
 - Blue Distinction Centers for Complex and Rare Cancers[®]
 - Blue Distinction Centers for Knee and Hip ReplacementSM
 - Blue Distinction Centers for Spine SurgerySM
- Accredited by the [Joint Commission](#)
- Following recommended [Process of Care Measures](#) for certain hospital admissions.
 - [Heart attack](#) (acute myocardial infarction or AMI)
 - [Heart failure](#)
 - [Pneumonia](#)
 - [Surgical care and infection prevention](#)
- [Promoting patient safety](#)
- Striving to reduce [complications](#) and [prevent infections](#)
- [Recommended](#) by other hospital patients

[\[Top of Page\]](#)

What is a Blue Distinction Center?

[Blue Distinction[®]](#) is a designation awarded by the Blue Cross and Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality healthcare, under objective selection criteria. The designation is based on rigorous, evidence-based selection criteria established by leading medical specialists and professional organizations. Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations.

The goal of Blue Distinction is to help you find quality specialty care on a consistent basis, while enabling and encouraging health professionals to improve the overall quality and delivery of healthcare nationwide. Blue Distinction Centers are identified throughout the Blue National Doctor and Hospital Finder.

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and

leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and/or Blue Shield Plan.

[\[Top of Page\]](#)

What does Joint Commission accreditation mean?

The [Joint Commission](#) is an independent, not-for-profit organization that accredits, certifies, and recognizes more than 17,000 healthcare organizations and programs in the United States for their commitment to quality and safety of care.

When you see the Joint Commission recognition, you know that the hospital underwent an extensive review process to evaluate its performance in several areas including, ethics and patient rights, assessment and care of patients, the medical and nursing staffs, and hospital leadership, governance, and management. Hospitals accredited by the Joint Commission are required to remain in compliance with all standards during a three-year accreditation cycle.

[\[Top of Page\]](#)

Aren't the hospital Process of Care Measures really for hospitals to use internally?

In an effort to help you make informed decisions about your healthcare, the U.S. Centers for Medicare & Medicaid Services (CMS) adopted a standardized set of performance measures for hospital [processes of care](#) for [heart attack](#), [heart failure](#), [pneumonia](#), and [surgical infection prevention](#). These measures were chosen because they are related to serious medical situations that may have better outcomes when the recommended processes are followed. These measures have gone through years of extensive testing for validity and reliability by CMS and the Joint Commission, and are also endorsed by the National Quality Forum (NQF).

The Process of Care Measures are relatively easy for hospitals to submit for reporting to patients. Although CMS hospital reporting is voluntary, CMS provides a financial incentive for hospitals to report the quality of care data for these medical conditions by linking their reporting to the payments they receive for treating patients.

[\[Top of Page\]](#)

What should I know about hospital processes for treating a *heart attack*?

A *heart attack* or *acute myocardial infarction (AMI)* occurs when arteries leading to the heart become blocked and the blood supply is slowed or stopped. You may find it helpful to know the following recommended processes:

- Aspirin on arrival at the hospital
- Aspirin when discharged
- ACE inhibitor or ARB for left ventricular systolic dysfunction
- Beta Blocker when discharged
- Fibrinolytic medication within 30 minutes of hospital arrival
- Percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival
- Smoking cessation advice and counseling provided

[\[Top of Page\]](#)

How are the hospital processes of care different for a patient with *heart failure*?

Heart failure differs from a *heart attack* because it is an overall weakening of the heart's pumping power, which prevents your body from getting enough oxygen and nutrients to meet its needs. The recommended care is listed below:

- ACE inhibitor or ARB for left ventricular systolic dysfunction
- Discharge instructions provided
- Evaluation of left ventricular systolic (LVS) function
- Smoking cessation advice and counseling provided

[\[Top of Page\]](#)

What hospital processes should I look for if a family member is admitted with *pneumonia*?

Pneumonia is caused by a viral or bacterial infection or inflammation that fills your lungs with fluid and lowers the oxygen level in your blood. You can use the following list of recommendations to discuss *pneumonia* care at the hospital:

- Blood culture is performed in the emergency department prior to initial antibiotic received in hospital
- Appropriate initial antibiotic selection
- Influenza vaccination
- Initial antibiotic timing
- Oxygenation assessment
- Pneumococcal vaccination
- Smoking cessation advice and counseling

[\[Top of Page\]](#)

What hospital processes are recommended to *improve surgical care and prevent infection*?

Hospitals may *improve surgical care* through efforts to *reduce postoperative complications* and wound infection in patients by providing appropriate treatment and medicines prior to and after surgery. You are more likely to have better surgical outcomes when hospitals follow these recommendations:

- Prophylactic antibiotic selection
- Prophylactic antibiotic received within 1 hour prior to surgical incision
- Prophylactic antibiotics discontinued within 24 hours after surgery end time
- Surgery patients with recommended venous thromboembolism prophylaxis ordered
- Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery and up to 24 hours after surgery
- Surgery patients with safe hair removal
- Heart surgery patients with controlled blood sugar in days after surgery

[\[Top of Page\]](#)

How can I find out about *patient safety practices* in hospitals?

You can view the Leapfrog Hospital Safe Practices Score on this site. This measure is the result of information reported by hospitals to the [Leapfrog Group](#) and shows hospital progress in implementing recommended safe practices that reduce the risk of harm to

patients in certain processes, systems, or environments of care. These practices are based upon NQF-Endorsed® Standards of safe practices for better healthcare.

The Leapfrog Safe Practice Score presents a combined single score for all of these practices based on the relative weighting of importance of each practice, the severity of the effect on patients, the relative impact of performance improvement methods, and whether the practice is readily available to a frontline manager.

The Leapfrog Hospital Patient Safety Survey results are collected and compiled by [Thomson Reuters](#).

[\[Top of Page\]](#)

What are good indicators of *general effectiveness* in a hospital?

A generally effective hospital strives to *reduce complications* and *prevent infections* that may result from the primary hospital treatment. On this site, *complications* are identified using guidelines from the [Agency for Healthcare Research and Quality](#) (AHRQ) and are reported by the hospitals. These measures are developed based on the *frequency* of each complication at each hospital and do not reflect the number, severity, or outcomes of these complications.

You can view results for how certain hospitals compare on the following *complications measures*:

- Medical care
- Surgical care
- Obstetric care (if available)
- Pediatric care (if available)

[\[Top of Page\]](#)

What are the information sources for hospital clinical quality information?

Hospital clinical quality measures are made available on the Blue National Doctor and Hospital Finder through a relationship with WebMD. Hospitals report information to a number of federal, state and non-governmental organizations. You can view information collected and analyzed by WebMD Quality Services, which is a nationally recognized provider of performance measurement information. The information is historical which means the data used for the analysis and reporting are generally from at least a prior 6 month time frame, which is a typical cycle for this type of information.

Hospitals report their performance information to the Centers for Medicare and Medicaid (CMS) for all beneficiaries on an annual basis. This information is reported for Medicare and Medicaid beneficiaries and predominately reflects patients over 65 years of age and others in the care of the government programs. This can mean that there will be no pediatric or obstetric information in areas where CMS is the only source of performance data.

Many states also have their own reporting requirements whereby hospitals report information for all patients to the state, which is generally referred to as *all-payer* reporting. This means that the measures tend to reflect the general population and provide a better estimation of what a patient could expect from care received at this facility. Your access to *all-payer* information will vary by the location of hospitals.

[\[Top of Page\]](#)

How can I find information on how a hospital rates for specific procedures, e.g. heart surgery?

From this site, you can access Hospital Advisor, a WebMD Health Services tool that provides risk-adjusted comparisons of hospital performance on more than 160 common diagnoses and procedures. You can create ZIP code-specific reports to compare up to 10 hospitals on four evaluation measures: mortality, complications, patient volume and length of stay. You can also search for a specific hospital as well as see the Blue participating and non-participating hospital status on this tool.

Hospitals are included in Hospital Advisor when more than 10 patients have been treated in a year for a specific diagnosis or procedure. You may not always see every hospital based on the diagnosis or procedure in your search criteria.

[\[Top of Page\]](#)

What is hospital patient experience?

Hospital patient experiences are the perspectives and recommendations of patients. Research shows that members highly value this type of information when making decisions about healthcare. You can view the patient experience results from the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) on this site.

[\[Top of Page\]](#)

What is HCAHPS (*pronounced "H-CAPS"*)?

HCAHPS is a national, standardized survey administered within 48 hours to six weeks after discharge to a random sample of hospital patients over the age of 18. The survey asks 10 questions about patients' perspectives on important measures of care. You can use the HCAHPS results to compare patients' perspectives among different hospitals and of individual hospitals to state and national benchmarks.

HCAHPS was developed by a partnership of public and private organizations and the methodologies and results are in the public domain. Development of the survey was funded by the federal government, specifically the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). Hospitals implement HCAHPS through the Hospital Quality Alliance (HQA). CMS is responsible for oversight of the survey. Updated results are released publicly on a quarterly basis and reflect the most recent four quarters of data.

More information is available on the [HCHAPS website](#).

[\[Top of Page\]](#)

What specific kinds of *hospital patient experiences* can I view on this site?

- Summary results for:
 - Communications with nurses
 - Communications with doctors
 - Responsiveness of hospital staff
 - Pain management
 - Communication about medicines
 - Discharge information
- Individual question results for:
 - Cleanliness of the hospital environment
 - Quietness of the hospital environment
- Global measures
 - Overall rating of the hospital
 - Patient's willingness to recommend the hospital

[\[Top of Page\]](#)

Why do some hospitals have rather low scores or missing information?

There are many factors that affect the information you see for healthcare facilities on this site. While higher scores may tend to indicate higher overall quality, many designations, including hospitals designated as Blue Distinction Centers[®], mean that these facilities' overall experience and aggregate data met certain established criteria when their performance was measured. Lower scores may only mean that a specific hospital does not perform as well in certain areas and does not necessarily mean the hospital does not provide acceptable care.

Some hospitals and other facilities are not required to report certain information to federal and state agencies. In other cases, the type of information is not relevant to a certain facility. The hospital quality information on this site is from publicly available sources. When the information is not reported by the facilities, it cannot be displayed.

The Blue National Doctor and Hospital Finder is only one source you should consider when you select a hospital. Before you schedule elective surgery, you should discuss the quality measurements with your doctor or with the hospital staff.

[\[Top of Page\]](#)

Doctor Recognition and Performance Information

What types of doctor, clinic, or group information is available on this site?

You can search this site for

[Quality-based Recognitions for Physicians](#)
[Why Quality-based Recognitions May Not Be Available](#)
[About Doctor, Clinic, or Group Clinical Performance Results](#)
[Why Performance Results May Not Be Available](#)
[What Performance Ratings Mean](#)
[How to Use Performance Results](#)
[Comparing Performance to Local Benchmarks](#)

[\[Top of Page\]](#)

What do the *quality-based recognitions* that are displayed on this site mean?

There are various programs by medical specialty boards and societies, national quality monitoring agencies, and other nationally known healthcare organizations to recognize doctors who show a willingness to improve patient care through a commitment to knowledge improvement and/or maintenance of certification in specific areas of expertise. Blue Cross Blue Shield Association has entered into partnerships with a number of these organizations to display their recognitions on this site.

- [American Board of Family Medicine \(ABFM\)](#) – Doctors who have achieved and currently maintain Diplomate certification status with the ABFM, and are participating and current with the Maintenance of Certification modules required by the ABFM are recognized.
- [American Board of Internal Medicine \(ABIM\) Maintenance of Board Certification – Part IV Modules](#): Doctors who are recognized by the U.S. board that sets the standards and certifies the knowledge, skills and attitudes of physicians who practice in Internal

Medicine (and subspecialties) for the completion of any ABIM Practice Improvement Module.

- [American Board of Medical Specialties \(ABMS\) Patient Safety Improvement Program \(PSIP\)](#): Doctors from 24 medical specialties are recognized for completing a Maintenance of Certification (MOC) process, which is built on six core competencies for quality patient care in their medical specialty. ABMS PSIP recognition indicates that the provider has completed the ABMS Patient Safety Improvement Program (PSIP). The ABMS PSIP enables physicians to learn and to demonstrate that they understand and practice safe, quality medical care.
- [American Board of Surgery \(ABS\)](#): Surgeons who are recognized for demonstrating ongoing professionalism and a commitment to lifelong learning and who participate in an outcomes database or quality assessment program. These are surgeons who have met the requirements of the ABS Maintenance of Certification (MOC) program.
- [American Society of Clinical Oncology \(ASCO\)](#): Doctors of oncology who are recognized by ASCO participate in the Quality Oncology Practice Initiative (QOPI) program—ASCO’s physician-led quality assessment and improvement program.
- [American Society for Metabolic and Bariatric Surgery \(ASMBS\)](#): Doctors who are recognized for working to advance the art and science of bariatric surgery through a number of processes including education, research and guidelines for ethical and clinical outcomes.
- [Bridges To Excellence \(BTE\)](#): Doctors who are recognized for demonstrating that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.
- [National Committee for Quality Assurance \(NCQA\) Physician Recognition Programs](#): Doctors who are recognized for meeting requirements for the care of diabetes, heart-stroke, back pain and physician office practices.
- [Society of Thoracic Surgeons \(STS\)](#): Doctors who are recognized for their efforts to enhance the ability of cardiothoracic surgeons to provide quality patient care through education, research, and advocacy.

More detailed information about these recognition programs is available by clicking on the name of each organization where it appears on this site.

[\[Top of Page\]](#)

What does it mean if there are no quality-based recognitions for a physician?

Many doctors are demonstrating a commitment to quality by participating in recognition programs with organizations that have not yet partnered with us. We continue to work with other nationally recognized healthcare organizations and medical specialty boards and societies to recognize doctors who meet criteria set by these groups.

[\[Top of Page\]](#)

About the Physician Performance Measurement Program

Blue Cross and Blue Shield is committed to making information and tools available to individual members, doctors and other health care professionals to support informed healthcare decision-making. Clinical performance measurement is designed to provide meaningful and actionable feedback to doctors about the way they practice medicine, and to help you, the member, make informed decisions about your health and where you get your healthcare.

We encourage you to use this clinical performance information which is based on nationally-recognized standards of care and compared to the typical performance of other doctors, healthcare professionals and clinics in the local area.

Blue Cross and/or Blue Shield Plans have actively engaged doctors, other health professionals and individual members in their measurement programs. Physicians have previewed their performance results and have the opportunity to request corrections to the data before it is displayed. Research to gather feedback from individual members was also incorporated into the development process. Members are encouraged to provide feedback to help improve the program at any time.

What does physician, clinic, or group clinical performance measure?

Clinical performance measures how often patients of a doctor, other health professional (e.g., physician assistant, advanced registered nurse practitioner or other provider licensed to provide a specific medical service) or medical group at a clinic received the recommended care for a specific condition. These results are then compared to the typical or average performance of other health care professionals in the local area. The performance score is often the result of connecting patient care data from medical claims to a doctor or other health professional, sometimes grouping it by clinic or group practice, and analyzing the data using accepted standards of care. The performance results are provided to the doctors, health professionals and clinics or groups to support improvement of medical care.

The Blue Physician Clinical Performance Measurement Program is based on a subset of the Healthcare Effectiveness Data and Information Set (HEDIS[®]) Physician Measures, a widely-accepted and nationally-endorsed measure set of care standards.

At this time, not all areas of medical care have agreed-upon standards or can be objectively measured. The information on this site provides performance information on certain aspects of clinical care, provided to members as one tool to encourage and support informed decision-making.

[\[Top of Page\]](#)

Why do some physicians or clinics have performance information and others do not?

The lack of performance information on this site does not mean that the standards of care were not followed. There are several reasons why performance results may be missing. In some cases, a valid and reliable measure for a particular medical situation is not yet available. In other cases, a particular measure has not been implemented by the Blue Plan or collaborative alliance in a local area. It is also possible that there isn't enough data to objectively calculate performance scores.

[\[Top of Page\]](#)

How can I use the physician, clinic, or group performance information?

The performance information can be particularly helpful with situations that apply to you or your family. The results look at individual measures of care, like blood glucose (sugar) testing for people with diabetes. Information about a measure may be helpful if you or a family member has a concern about a particular condition or a general interest based on gender or age for prevention and screening measures.

Overall, you can use this information to make more informed decisions about your healthcare. Be sure to follow your doctor's advice about getting recommended care. Show this to your

employer to discuss whether your health benefits cover the recommended services and treatment.

[\[Top of Page\]](#)

There seems to be information mainly for primary care. When will I see information about other types of care and for specialists?

Many of the nationally-endorsed clinical performance measures focus on primary care. Often, a valid and reliable measure for a particular medical situation is not yet available. In other cases, a particular measure has not been implemented by the Blue Plan or collaborative alliance in a local area. This program will continue to use nationally-endorsed performance measures and will expand over time based on available data

[\[Top of Page\]](#)

What do the star ratings mean?

The number of stars indicates that the performance results for a physician, health care professional or clinic are above, below, or close to the local average (See [Local Comparison Score](#)) based on specific HEDIS[®] Physician Measures.

In some cases, there may not be enough data for reporting a score or the type of care provided by the individual or clinic is not being measured. The lack of performance information on this site does not mean that the standards of care were not followed the doctor, health care professional or clinic.

Many factors go into the delivery of quality healthcare and individual patient experiences vary. These performance results provide information about some, but not all, of those factors. Patients should be informed and stay involved in their healthcare decisions, regardless of the clinical performance results.

[\[Top of Page\]](#)

In school, I had to earn a score of at least 95% to be considered excellent. How can some doctors' with low scores still be given two or three stars?

On this site, each score is compared to a typical or average score for that same measure within a particular geographical area. The number of stars indicates whether the specific score is above, below, or close to the average performance in the local area.

For some measures, all scores may be low because everyone in a local area has room to improve. When this happens, a specific result may be low, but still better than the typical performance in the local area.

[\[Top of Page\]](#)

What is a Local Comparison Score?

The Local Comparison Score is the benchmark that is used to compare how well a physician or other health professional or clinic performs compared to the typical performance in the same local area. These are based on locally-determined comparisons and can vary by region.

[\[Top of Page\]](#)

Some of the information shows performance for clinics or groups and in other areas, the information is about particular doctors or other health professionals. Why?

Both measurement and reporting approaches are based on data about care provided by individual physicians and other health professionals.

Publicly showing results only at the clinic or group level ensures that the results are based on enough data to be statistically valid, and encourages the group to work as a team to improve medical care provided at that clinic. In these situations, all of the physicians or other professionals in the group receive the same clinic or group-level score.

Some Blue Cross and/or Blue Shield Plans publicly report scores for individual physicians because there is enough data to calculate statistically valid performance results.

Both approaches provide important public and private feedback to the clinic or group overall and to individual physicians and other health professionals.

[\[Top of Page\]](#)

Who provides the clinical data and actually measures the physician or group practice performance? How does it appear here?

All of the performance results displayed on this site are submitted by independent Blue Cross and/or Blue Shield Plans and represent either measurement done by the Blue Plans or by regional community alliances in which they participate. Many Blue Plans also collaborate with other health plans in their local area as a part of a community alliance to improve healthcare quality. In these situations, the results posted on this site may include information as provided by the community alliance.

Community alliances are typically comprised of hospitals, medical groups, healthcare professionals, health plans, government agencies, employers, labor unions and consumer organizations that work together to improve healthcare and promote wellness. Alliances typically combine data from multiple organizations to produce performance scores for doctors, clinics, medical groups and other health care organizations.

The performance results displayed in King, Kitsap, Pierce, Snohomish and Thurston counties in Washington state are a subset of results, based on data from many health plans and purchasers, and reported in the Community Checkup report of the Puget Sound Health Alliance. The use of the Community Checkup results on this site is consistent with the Alliance board-approved rules for use. (See www.wacommunitycheckup.org for the complete set of results.)

[\[Top of Page\]](#)

How frequently are doctors measured for performance?

The measurement dates shown are based on the cycle determined by the Blue Cross and/or Blue Shield Plan or collaborative alliance that performed the measurement. Most clinical performance measurement is done on a yearly basis. In some locations, it is done more frequently because the data are available. In less populated areas, it is possible that the measurement cycle is longer than a year. This allows for enough data to be collected for valid measurement.

[\[Top of Page\]](#)

Is clinical performance information available in all regions of the country?

The Blues are testing an approach to reporting medical practice performance results in a few geographical areas. We plan to expand it to a wider national audience in the future.

[\[Top of Page\]](#)

How can I provide feedback about this web site?

Select the *Survey* link at the bottom of the physician or group practice performance pages. You are encouraged to answer a short survey about the information that is displayed on this Web site.