

MEditorial, February 2011

“Crimson is a Red Color/A Doctor’s Report Card”

In February 2010, partly as my ongoing attempt to play on (? with) words, the title of my website “dissertation” was “Red is the Color”, also name of a Beatles’ song I happen to like. Because of Valentine’s Day and the nearly equally traditional American Heart Association “month”, February, at least in this country, is most associated with the color red.

I again, this year, can allude to Crimson, a maroon shade of red, as the reference point to my MEditorial. As well as the color and inoffensive nickname of my undergraduate Alma Mater (not unlike the more athletic Alabama Crimson Tide), Crimson is also the proprietary name of a software available to hospitals, governmental health agencies (e.g., Medicare) and insurance companies; and many feel, in the future, to doctors and most importantly, patients, as a means of grading doctors’ performance in many areas.

Undoubtedly, in the future (no joke: if there are enough doctors left, in light of increasing demands and insufficient funding of the US health care system), there needs to be a better/more objective way for patients to determine who is and who is not a good doctor. Referral from other doctors, friends and relatives is satisfying from the patients’ and doctors’ perspective, but limits the ability to compare the costs and outcomes of medical care. Going online and “Googling” (as you have done to look at my website, thank you) is probably not a good way to rate doctors, due to the statistical invalidity (bordering on nonsense) of

most such websites that “grade” doctors; please try to find me one with more than just a few unscreened/unsourced comments--whether laudatory or scathing.

“Crimson” (and, I hear, similar software), around to almost everyone but doctors and patients for several years, has just been released to doctors at my main hospital for their review. There is a lot of data to digest; however, statistical analyses are applied so one may compare himself or herself to other doctors in the same or other specialties--as well as those in other medical institutions--using the program. For example, in quality-of-care, one can see the percent of patients needing readmission within 3 and 30 days of discharge, complications of care (surgery), complications of the patient’s underlying condition, and one doctor’s mortality rate versus “expected” mortality based on the severity of the patient’s condition. There are similar “metrics” under other major headings, e.g., utilization of hospital resources and cost of care, i.e., is one doctor spending too much to obtain similar or even worse results?

As chairman of our urology department at this time, I have had a special briefing on the Crimson methodology; overall I like it--as well as where it could lead us, i.e., in allowing our patients to choose their doctor in the future both on quality and cost. I am hoping for a day when doctors can compete on cost of care to the patient; the patient “sees” and analyzes the cost, and (because it will “have to be”) makes a not insignificant contribution to his or her healthcare expenditure; and that patient knows what to expect for what is being paid.

There are some shortcomings of this, one of the initial attempts at giving doctors report cards. In school, we were graded on the work--including tests--we ourselves took mostly as individuals. Doctors' work in hospitals is a constant interplay between many human and non-human factors. Even in the human realm, we are interdependent with other doctors, nurses, etc. It is hard for one to have his/her opinion on "how to proceed" with a patient problem dominate those of others. Hospitalized patients tend to have multiple doctor care providers. When something goes awry, sometimes all the players are "lumped together"; or one individual takes heat which should have been doled out, in proportion, to others. One of my colleagues, looking at a Crimson "complication" rating, noted that her "organ laceration" rate was falsely higher than it should have been--after she was called in an emergency as a consultant to REPAIR a bladder laceration sustained during a gynecologist's surgery on a woman. When I looked at one of the Crimson parameters as to "length of stay" [in the hospital] I noted one of my patients who underwent removal of the bladder (cystectomy) and creation of a new bladder (neobladder) using intestine stayed 11 days, three beyond the hospital's mean stay for that surgery of 8 days. In dissecting the "whys", this patient was doing fantastic and was ready to go home at 7 days postoperatively; but stayed an extra 4 days after a plugged urinary bladder catheter went unnoticed overnight, leading to leakage of urine into the surrounding pelvic tissues, excess seepage through the surgical drain, and fever. Thus, in a sense, I got "dinged", the patient temporarily suffered (he did fine subsequently), and the cost of care went up, due to someone else's oversight/lack of clinical skill.

In addition, thus far, programs like Crimson do not include outpatient work done either in the hospital or office. In my specialty, much of the work--including urologic surgeries--can be done as an outpatient or with a 23 hour hospital stay. If patients do not have access to this data, can they make a fair judgment when comparing their expectations of care to those needing hospitalization? Also, many outcomes can only be judged over time--well after hospital discharge--and are not currently reflected in "report cards" like Crimson. Examples include long term cancer and functional outcomes (e.g., potency and bladder control) after robotic versus open radical prostatectomy in one institution; and patient satisfaction rates after suburethral slings for female stress incontinence and transurethral prostate resections for symptomatic benign prostatic enlargement.

Let us remain optimistic, however, that Crimson and other such programs will open up avenues by which doctors can improve the quality and outcome of care; and patients can shift toward doctors with the best "mix" of care metrics, whose skills and efficiencies are measurably better than their peers, and, yes--worthy of a higher level of compensation.

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