

In patients' hunt for care, doctor database 'a place to start'

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Unless you've had heart trouble in Schenectady, N.Y., you've probably never heard of cardiologist Steven Weitz. But he has made a difference in this leafy town of 60,000 on the Mohawk River.

Weitz has helped usher in major changes in how local paramedics, emergency room staff and heart specialists treat heart attacks so doctors can clear patients' clogged arteries as quickly as possible.

DATABASE: [Search Most Influential Doctors in 4 specialties and 300 metro areas](#)

METHODOLOGY: [How the Most Influential Doctors list was compiled](#)

His colleagues say that when Weitz talks, people listen. It's their high regard for him, their tendency to follow his lead, that distinguishes Weitz as one of the nation's Most Influential Doctors, a database USA TODAY is launching online today.

Created for USA TODAY by the Santa Fe medical information firm Qforma, the database lists about 6,000 specialists in the treatment of high cholesterol, high blood pressure, diabetes and asthma from more than 300 communities across the USA. More doctors in other specialties will be added in coming months.

Unlike standard best-doctor lists compiled by opinion-based surveys, the Qforma analysis represents a national effort to track subtle differences in doctors' practice patterns that reveal, on a local level, which doctors most influence their peers. The project's goal is to offer consumers an innovative resource during the complex decision of how to choose a doctor.

"I do feel strongly that this is a good tool to give people a place to start," says Qforma's CEO Kelly Myers.

The company's approach exploits a wealth of commercially available information. Unbeknownst to most patients and many physicians, countless details of a doctor's professional activities — from procedures to referrals to prescribing records — are readily available, at a price, to marketers, medical information firms and drug companies.

Qforma carries out its medical analyses primarily for drug firms, which prize such information. Among other things, drug company executives pick influential doctors to sit on advisory boards, identify gaps in treatment that might be filled by new drugs and sway their colleagues to use a company's products, rather than generics or those sold by rivals, says Marcia Harms of the Prescription Project, a Boston-based advocacy group pushing to limit pharma's influence over doctors.

An analysis by Tulikaa Bhatia of Rutgers Business School and her colleagues found that marketing drugs to "opinion leaders" boosts prescription revenue.

"Even though a guy only writes \$25 worth of prescriptions himself, he may influence other people who write \$100 worth," Bhatia says.

That's a situation that has raised some concerns.

New HampshireRep. Cindy Rosenwald, chairwoman of the state's health committee, worried so much about the commercial use of prescribing data that in 2006 she persuaded her fellow legislators to restrict the practice, prompting the medical information firm IMS health to file a writ of appeal before the U.S. Supreme Court. Because of the ban, no New Hampshire doctors appear in the Qforma database.

Rosenwald, argues that drug reps armed with doctors' prescribing histories can sway them to prescribe drugs that may not be in patients' best interest. There's also evidence, she says, that such marketing tactics drive up costs by pushing brand-name drugs over generics.

For patients, however, the database represents a new resource for assessing doctors.

Little of the information available to health firms, the government and drug companies trickles down to patients, who can obtain the 10-year sales history of the house next door but typically come up empty-handed when they seek details about doctors.

"You can get more information about the performance of a refrigerator than about a surgeon," says Deborah Ness, president of the National Partnership for Children and Families and co-chair of the Consumer-Purchaser Disclosure Project, an effort to improve medical openness and quality.

Patients who rely on doctors for referrals may get no more information than a scribbled name on a prescription slip. Reviews offered on such Web-based services as Craigslist, Zagat and Angie's List may offer insights into a doctor's bedside manner but no objective information, says Bruce Bagley, medical director of quality improvement at the American Academy of Family Physicians.

Likewise, a doctor's academic background, hospital affiliation and research may reveal little about his or her clinical skills. "It's about pedigree, not performance," Bagley says.

Performance data are hard to come by, he says. New York, New Jersey and Pennsylvania publish death rates for heart surgeons, providing the ultimate measure of their effectiveness. New York also posts mortality rankings for cardiologists who perform angioplasty, says Edward Hannan, of the State University of New York at Albany, an architect of New York's approach.

The demand for more — and better — information is mounting, says Jeffrey Kang, medical director of Cigna, the nation's fourth-largest health plan at 12 million members.

After decades of endowing doctors with the power to say "We know what's right for you," Kang says, patients, health care plans and those who pay for health services are demanding more openness and accountability in medical care.

"Consumers are taking medical care into their own hands," he says. "They're saying: 'Wait a minute. It's my body, and I want to know what you're doing.'"

The rating system's limits

Three years ago, Cigna began ranking specialists' performance using a 3-star system that reflects, among other things, how well doctors follow test and treatment guidelines. Cigna adopted similar ratings for primary-care doctors in January. Many other major health plans, including Aetna and United Healthcare, have developed their own ways rate their doctors.

Critics say that all of the plans rely on billing claims data, which can be inaccurate and lack information on how patients fare.

"They can tell whether I sent a diabetic patient for an eye exam, because they have the bills for all that stuff," Bagley says. But "they can't tell whether I took a (patient's) blood pressure, or that I didn't prescribe a drug because the patient's allergic to it." Another worry, he says, is that few primary doctors have enough patients from each of the health plans for the analysis to make statistical sense.

Qforma's approach also has weaknesses — and critics. Like the health plans, Qforma relies on insurance claims and other forms of data, not medical records, so it can't assess whether a given patient got better. And to protect its drug-company consulting business, Qforma keeps its analytic formula secret. That means, unlike the methods adopted by the states and by the biggest health plans, there's no way to test the validity of its findings.

Jerry Avorn of Harvard University, an expert on the pharmaceutical business, says: "A list of doctors that the drug industry thinks is influential may, or may not, have anything to do with how good they are as physicians. It's a judgment call whether this (list) will make things better or worse."

Myers counters: "Our method is sound, quantitative, objective. We don't have an ax to grind. We're looking at physicians other physicians look to, in the diagnosis or treatment of disease."

Method born in Los Alamos

Qforma's method got off to an unlikely start. It had nothing to do with medicine.

The formula's inventor, and Myers' partner, is Roger Jones, a physicist. Jones started his career at Los Alamos National Laboratory in New Mexico in 1979, when scientists believed they could generate cheap energy using laser light. In 1989, during a sabbatical at Los Alamos, Jones says he began trying to teach computers to learn not just from analysis but also from experience.

He developed a set of algorithms that could draw complex associations from vast amounts of data. During the Persian Gulf War, the military used the algorithms to identify Scud missile sites. In the 1990s, still at Los Alamos, Jones began working with industry, such as helping DuPont to streamline its manufacturing.

In 1995, Jones says, he worked with Citibank to forecast bankruptcies and loan delinquencies, discovering \$200 million in risk.

Five years later, seeking to exploit the technology's commercial potential, Jones left Los Alamos and formed a private company, working mainly with Wall Street. After 9/11, the company all but collapsed with the economy.

In 1999, Jones met Myers and shifted into health care, pitching the program to the drug industry as a way of finding key doctors for marketing and other purposes.

A way to 'map' doctors

While other firms gauge a doctors' importance by academic titles, publication history and the like, Qforma proclaimed it could use what amounts to a sophisticated form of social networking analysis to "map" influential doctors. The method aims to reveal the degree to which a doctor's practice patterns influence those of his or her colleagues.

Company officials agreed to make their approach available to USA TODAY readers, at the newspaper's request, because they believe it offers a way of evaluating doctors that goes beyond standard surveys.

By design, two-thirds of those identified by the method aren't doctors with academic pedigrees; they're community doctors whose focus is patient care.

"I was surprised my name popped up," says hypertension specialist Julie Isaac of Albany, Ga., who is on the list. "I'm not in academics, I'm not doing research, I'm not publishing. I'm in the trenches. I'm a community doctor, down and dirty who takes care of patients."

Yet Isaac has consistently occupied positions of distinction: She has been chief of medicine at Palmyra Medical Center and sits on the hospital's board. She is chairwoman of therapeutics, deciding what drugs belong on the hospital's formulary. In 2006, she was chosen the hospital's physician of the year. She also practices at Phoebe Putney Hospital.

When it comes to referrals, she and her partners are the only game in town. "If someone has difficult hypertension, or poor kidney function, they send them to us."

Another of the doctors on the list, William Storms, is a solo allergist in Colorado Springs. He is on the U.S. Olympic Committee's sports medicine council, the body charged with picking medical staff for events. He cares for local allergy and asthma patients. Next to his office, he runs a site for testing anti-allergy drugs.

In New York, Weitz describes himself as "hands-on physician." But ramping up heart attack care in his community is no small undertaking. It meant raising money to equip dozens of ambulances with state-of-the-art electrocardiograms and training paramedics in how to use them. It meant revamping heart attack procedures in the ER and motivating colleagues to staff the cardiac catheterization laboratory at short notice and at all hours.

"He's a great guy," says Roger Barrowman, chairman of emergency services at Schenectady's Ellis Hospital, one of the doctors with whom Weitz worked to speed heart attack care. "He has great technical skills. He managed to get (electrocardiograms) transmitted to our BlackBerrys. We were shaking our heads. Only Steve could pull this off."