

A group of people are playing piñatas outdoors. A large, colorful piñata is suspended in the air, and several people are reaching up towards it. The scene is set in a park-like area with trees in the background.

# Hitting performance targets with data transparency

By Gale Pryor | October 19, 2016

At Georgia Hand Shoulder Elbow, a top orthopedic surgery group in Atlanta, leaders share metrics across the practice – from each surgeon's revenue to every receptionist's registration rate.

At Mali and Mali Pediatrics in Michigan, physician group leader Vik Mali, M.D., tells new clinicians, "For the first time in your career, you're going to have access to all the numbers."

At Mid-Maryland Musculoskeletal Institute in Frederick, Maryland, standards for surgical protocols – and how well each surgeon meets those standards – are posted electronically. "All of us can see the measures," says chief operating officer Quinten Davis. "The surgeons understand the standards, and they see how they're doing. And how their colleagues are doing."

Medical organizations vary widely in the degree to which they share performance data with team members. Conventionally, performance measures are reviewed in confidential assessments between practice leaders and physicians or administrators and staff.

But many high-performing medical groups on the athenahealth network consistently practice what

management experts call radical transparency: Making performance data unblinded and available for every physician, and often staff, to view at all times.

"It's very hard for people to hide in this transparent system," says Eddie Barber M.D., CEO of Cardiology Associates of North Mississippi.

Leaders of these organizations say data shows them the way toward improving efficiency and patient outcomes – but data alone won't get them there. And while many use financial incentives to encourage physicians and staff to reach targets for high-quality care, some say even bonuses aren't the most effective driver of excellence.

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What works best? Competition.

More and more organizations are following the principles of behavioral economics, which suggest that physicians care more about how they compare with their colleagues in the next exam room than how they measure up to national benchmarks.

In other words, for healthcare professionals and other mission-driven perfectionists, relative social rank – also known as “beating the other guy” – matters. As the Commonwealth Fund noted earlier this year, “ranking providers’ performance within an organization may... encourage outliers to adjust their practice patterns.”

Leaders of several high-performing medical groups say they use competition to strengthen targeted weak spots in the overall group, as well as to give physicians a clear picture of their own performance. Many say they use those metrics flexibly, changing the ones they share depending on areas they hope to improve. Some also use different measures for different team members, depending on how they split up their work.

“I don’t have doctors running around trying to get RVUs,” says Barber. “We have one who reads studies all day long. He’s not out seeing patients. That means the doctor that orders the study doesn’t have to go chase that study down and read it. It makes for a very efficient workday.”

Once organizations have chosen the proper metrics for sharing, they can set goals for improvement and success. Virginia-based Carilion Clinic sets targets and expects colleagues to hold each other responsible for reaching them, says senior vice president Donna Littlepage.

“It does create some peer pressure for everything to line up appropriately,” she says.

And while open data may spur competition, Littlepage and other practice leaders say, it can also build trust among team members, sending the message that everyone is pulling his or her weight – and pulling in the same direction.

*Gale Pryor is associate editor for athenaInsight.*



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