Measuring physician performance

Alberta tests how good or bad MDs are

The College of Physicians and Surgeons of Alberta has established a process to assess the competence of physicians. In a pilot study to test the process William Hall and associates asked 308 physicians to assess themselves and to identify peers, consultants to whom they referred patients, nonphysician coworkers and patients to assess them. The assessors rated the physicians across roughly 44 statements of performance. Overall only 28 (9.1%) of the physicians had scores more than 1 standard deviation from the mean for their peer group for 3 or more of the 5 categories of assessors. Encouragingly, two-thirds considered implementing changes to their practice on the basis of their results. Alberta has decided to go ahead with the program, and all physicians will be required to participate every 5 years. Vahé Kazandjian, an expert in performance indicators, provides editorial comment.

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Hormone replacement therapy for women with cardiac disease

Poor performance by physicians?

Michelle Wise and colleagues examined the use of hormone replacement therapy (HRT) among 80 postmenopausal women who had or were at risk for coronary artery disease (CAD). Only 22% were currently using HRT. Women at higher risk or those with a definite diagnosis of CAD were no more likely to use HRT than other women. Steven Grover discusses the implications of this finding, especially in light of a recent randomized clinical trial showing that HRT does not benefit women with established CAD.

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Systematic review of antihypertensive therapies

Evidence that thiazides are still best choice for initial therapy
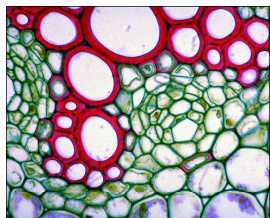
James Wright and colleagues examined 23 trials (representing 50 853 patients) of antihypertensive drugs used as first-line therapy for uncomplicated hypertension. In addition to looking at the effectiveness of the drugs in lowering blood pressure, they compared their efficacy in preventing adverse outcomes. Low-dose thiazide therapy was associated with a significant reduction in the risk of death (relative risk [RR] 0.89, 95% CI 0.81–0.99), stroke (RR 0.66, 95% CI 0.56–0.79), coronary artery disease (RR 0.71, 95% CI 0.60–0.84) and total cardiovascular events (RR 0.68, 95% CI 0.62–0.75). Analyses to date show no evidence that high-dose thiazide therapy, -blockers, calcium-channel blockers or ACE inhibitors are more effective than low-dose thiazide therapy in preventing adverse outcomes.

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Detecting depression

Does an educational strategy help?

Concerns that depression may be underdiagnosed and undertreated prompted Graham Worrall and colleagues to test whether an educational strategy would improve family physicians' use of clinical practice guidelines (CPGs) for the detection and management of this common disorder. They randomly assigned 42 family physicians in Newfoundland to either an intervention group (3-hour small-group educational session on CPGs for detecting and managing depression in primary care developed by the CMA and access to a psychiatrist for consultation) or a control group (receipt of the guidelines without an educational session or access to the psychiatrist). Physicians were asked to log information on newly diagnosed cases of depression and follow up patients for 6 months; patients were asked to rate their depression before treatment and at 6 months using the Centre for Epidemiologic Studies Depression scale. The mean number of new cases of depression diagnosed per physician was somewhat higher in the intervention group (4.1 v. 2.8), although the difference was not significant. More patients of physicians in the intervention group than of those in the control group were referred to a psychiatrist (15.4% v. 3.5%, $p = 0.05$) and were taking an antidepressant at 6 months' follow-up (56.0% v. 39.3%, $p = 0.02$). The difference between the patients' self-rated depression scores before treatment and at 6 months indicated a modest positive effect for patients in the intervention group ($p = 0.04$).

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Art Explosion