

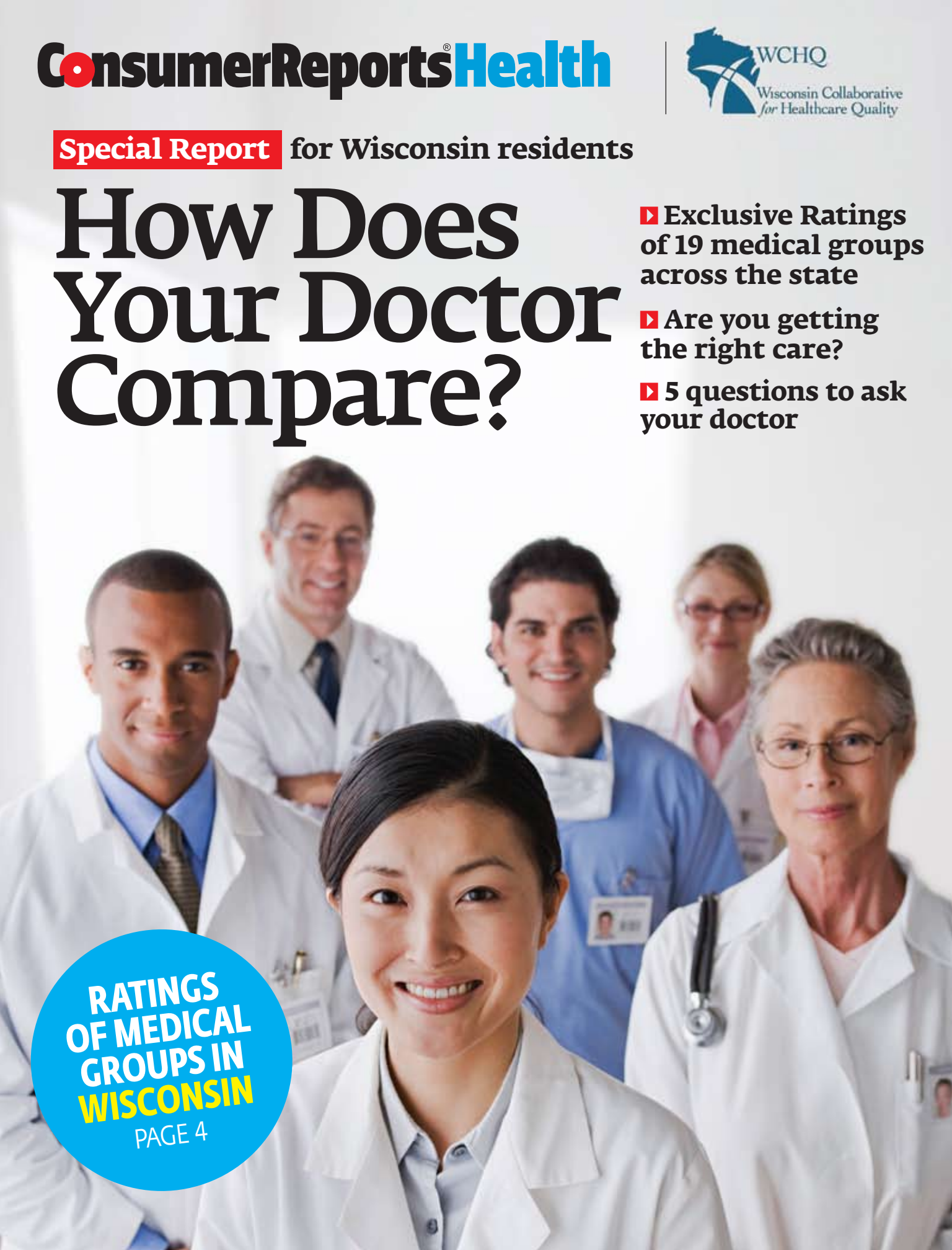
**Special Report** for Wisconsin residents

# How Does Your Doctor Compare?

▶ **Exclusive Ratings of 19 medical groups across the state**

▶ **Are you getting the right care?**

▶ **5 questions to ask your doctor**



**RATINGS  
OF MEDICAL  
GROUPS IN  
WISCONSIN**

PAGE 4

December 27, 2012

Dear CONSUMER REPORTS readers,



We are pleased to present a special insert on Wisconsin medical groups in the February, 2013 edition of CONSUMER REPORTS.

The Ratings shown in the following pages come from data provided by the Wisconsin Collaborative for Healthcare Quality (WCHQ), a nonprofit, voluntary membership organization of health systems, medical groups, hospitals, and health plans. WCHQ has worked with those groups, as well as employers, public sector agencies, and consumers, since 2003 to improve health care, in part by collecting, validating, and publicly reporting data on medical group performance.

The Ratings we present here focus on three major categories: cancer screening tests, care for people 60 and older, and treating people with existing heart disease. The information doesn't tell you everything you need to know about the care you get from your doctor, but it does provide an important snapshot of that care. Getting a good score is hard work, and of course, even doctors who do everything right can't earn top scores unless patients do what they need to do to manage their health. Wisconsin medical groups deserve applause for their willingness to collect the data, make it public, and collaborate with CONSUMER REPORTS and WCHQ to make it widely available to consumers. They are among the first in the nation to do so. Overall, WCHQ members report on more than 30 measures publicly. You can learn more about the quality of medical group care and those additional measures at [www.wchq.org/reporting/](http://www.wchq.org/reporting/).

Sharing performance data about health care providers is important for several reasons. First, it generates conversations among doctors about changes they can make in their practices to lift the quality of care they provide to patients. And second, making that information available to patients leads to one of the most powerful forces driving improvement—educated health care consumers.

We are able to do this project in part because of a generous grant from the Robert Wood Johnson Foundation related to a unique program called Aligning Forces for Quality. That program is the foundation's signature effort to lift the overall quality of health care in 16 targeted communities (including Wisconsin), reduce racial and ethnic disparities, and provide models for national reform. We think this effort is a good example of the foundation's unprecedented commitment of resources, expertise, and training focused on turning proven practices for improving quality into real results.

We hope you find this information useful.

Sincerely,

A handwritten signature in black ink, appearing to read "John Santa". The signature is fluid and cursive, written over a light gray background.

John Santa, M.D.  
Director  
Consumer Reports Health Ratings Center



# How does your doctor compare?

We rate 19 Wisconsin medical groups on key measures of care

**C**HOOSING A PLACE to get your medical care can be daunting. The top-doctor lists in magazines and on websites are usually based on little more than anecdotes. And real data about the quality of doctors and nurses has been hard to find. But now, through a unique collaboration, we've rated 19 large Wisconsin medical groups, which together serve nearly half of the state's patients, on seven key measures of patient care.

These Ratings are based on data that the groups themselves collect on how well they provide essential and proven preventive care, such as screening for certain cancers and vaccinating against pneumonia, as well as how well they treat people who have heart disease.

The medical groups, which typically include multiple practice sites and dozens of physicians in various locations across the state, voluntarily shared their performance data with the Wisconsin Collaborative for Healthcare Quality (WCHQ). That nonprofit coalition of health systems,

medical groups, hospitals, and health plans has been collecting data from medical groups since 2003.

How do Wisconsin groups stack up? Pretty well. All 19 groups ranked at or above the national average in our overall score, which looks at all seven measures in our Ratings combined. That isn't surprising. In 2011, Wisconsin's health care system ranked second in the nation, just below Minnesota, according to an analysis by the federal government's Agency for Healthcare Research and Quality. And in 2010, it scored in the top 10, too.

"On health care quality and access, Wisconsin is among the best," says Patrick Remington, M.D., professor of public health at the University of Wisconsin at

**All 19 medical groups met or beat the national average.**

Madison and the director of County Health Rankings, a project that examines America's health county by county.

On the other hand, when it comes to your health, being average might not be good enough—and even high-scoring groups can improve. Moreover, only about half of the state's groups report their performance data to WCHQ, so many groups aren't included in our Ratings. "We have long urged all physicians to report their data to the public," says John Santa, M.D., director of the Consumer Reports Health Ratings Center. "Only then will patients be able to make fully informed choices when choosing health care providers."

Still, these Ratings will enable many Wisconsin residents to see how their medical groups perform, and to compare that with other groups in their community and across the state.

Finally, this report can help all Wisconsin residents identify some of the basic and essential care they should expect from their doctors, and the steps they should take to make sure they get it.

### What our Ratings show

The measures in our Ratings can be divided into three categories: cancer-screening tests, care for people 60 and older, and treating people with heart disease.

The cancer measures look at the percentage of patients at each medical group that are appropriately screened for cancers of the breast, cervix, and colon.

The measures for people 60 and older look at the percentage of patients who are appropriately screened for osteoporosis and vaccinated against pneumonia.

The heart disease measures show the percentage of people with a history of heart attack or certain other forms of cardiovascular disease who get their LDL (bad) cholesterol regularly tested and have it under control. In addition, we have data on two other important indicators of heart disease treatment: controlling blood pressure, and taking low-dose aspirin when

appropriate. But they are not included in our Ratings because we don't have comparable national averages.

The measures in our Ratings don't look at everything doctors should do to screen for cancer, care for older people, or treat people with cardiovascular disease. They do, however, represent some of the best practices in primary care, and they give a snapshot of the care a medical group provides.

The results show that most groups are doing well. Two groups—Marshfield Clinic and ThedaCare Physicians—earned the highest Rating in all but one individual measure. And no group scored below the national average for breast cancer or colon cancer screening, cholesterol control, and pneumonia vaccination.

But there is still room for improvement. Three groups got below average marks in two or more categories, and no group

earned our highest score in them all.

“Clearly, many medical groups in Wisconsin are doing a good job when it comes to early detection and preventive care, but even they agree they can do better,” says Santa.

Of course, even doctors who do everything right can't earn top scores unless their patients participate. After all, they can't force patients to show up for screening tests, or take their cholesterol drugs. “You may see your health care team for a total of two or three hours a year,” says Jerry Penso, M.D., chief medical and quality officer for the American Medical Group Association. “The rest of the time, you're in charge,” he says.

You can learn more about these measures on the pages to come, and find additional quality measures at the WCHQ Performance & Progress Report website, [www.wchq.org/reporting/](http://www.wchq.org/reporting/).

# Ratings Medical groups In collaboration with WCHQ

Listed alphabetically.



Medical group name	Overall score	Screening scores						
		Breast cancer screening	Cervical cancer screening	Colorectal cancer screening	Osteoporosis screening	Adult pneumococcal vaccinations	LDL testing in patients with vascular disease	LDL control in patients with vascular disease
	0 50 100							
Aurora Medical Group	77	4	4	4	4	3	3	4
Aurora UW Medical Group	71	3	3	3	4	4	3	3
Bellin Medical Group	77	3	3	4	3	3	4	4
Columbia St. Mary's Community Physicians	58	3	2	3	2	3	2	3
Dean Clinic	77	3	4	4	3	4	4	4
Froedtert Health Medical Group - Menomonee Falls Division	51	4	3	4	1	3	1	3
Froedtert Health Medical Group - West Bend Clinic	71	3	4	3	3	4	3	3
Gundersen Clinic, Ltd.	76	4	4	4	4	4	2	3
Marshfield Clinic	83	4	3	4	4	4	4	4
Mayo Clinic Health System - Franciscan Healthcare	65	4	3	3	3	4	3	3
Mayo Clinic Health System in Eau Claire	61	3	3	3	3	3	2	3
Medical College Physicians	64	4	3	3	3	4	2	3
Mercy Health System	58	3	3	3	2	3	3	3
Monroe Clinic	70	3	3	3	4	3	4	3
Prevea Health	66	4	4	4	1	3	3	4
ProHealth Care Medical Associates	65	3	3	3	3	3	2	3
ThedaCare Physicians	87	4	4	4	3	4	4	4
UW Health Physicians	73	4	3	4	4	3	2	4
Wheaton Franciscan Medical Group	57	3	1	3	2	4	3	3
National average	50							

## 5 questions to ask your doctor about these Ratings

**1 How do you, and your practice, perform on these measures?** These Ratings show how well entire medical groups perform, not how well specific practices or individual doctors do. To get that information, you need to ask directly. Most practices and doctors that belong to the Wisconsin Collaborative for Healthcare Quality know that information and should be willing to share it with you. In fact, starting later this year, WCHQ will begin publishing practice-specific data on its website, [www.wchq.org](http://www.wchq.org). And some other medical groups will, too. Some practices and doctors that don't belong to WCHQ do track how well they perform in these measures.

**2 What factors outside your control might contribute to your medical group score?** Some medical practices might serve many low-income or uninsured patients who have fewer resources to keep up with their medical care. Others might work with

patients in underserved areas, or with recent immigrants. Those and other challenges can affect how well a practice or group scores.

**3 What are you doing to improve?** This is especially important to ask if the group, practice, or individual doctor isn't doing very well. But remember that Wisconsin overall does better in all of these measures than the nation as a whole, so even lower-performing medical groups may be providing better-than-average care. Still, all physicians, practices, and groups can do better, and all should be trying to improve. So ask what specific steps they are taking, how long those measures have been in place, and whether results are getting better over time.

**4 How well am I doing on these measures?** Keep in mind that the most important thing to consider is the care you get from your doctor, not a physician's or practice's

score. Do you get the right cancer tests for your age and gender? If you're over age 65, have you been vaccinated against pneumonia? If you have a history of cardiovascular disease or are at high risk, has your doctor helped you get your blood pressure and cholesterol levels under control and discussed taking low-dose aspirin? If so, you and your doctor might be a good fit regardless of his or her score or how well the practice or group does.

**5 How can I work better with you?** Good health care requires teamwork between you and your doctor. So take an active role in learning what cancer and other screening tests you need, how you can protect yourself against disease, and, if you have a health problem, what you need to do manage it. Be assertive but polite in dealing with your doctor and other members of your health care team, including the nurses and other staff in the office.

## What's behind the Ratings?

These Ratings of physician groups are published in conjunction with the Wisconsin Collaborative for Healthcare Quality (WCHQ). That voluntary consortium of Wisconsin health systems, medical groups, hospitals, and health plans has publicly reported on health care quality in Wisconsin since 2003. The data shown in these Ratings are from 2011. They come from medical reports submitted by the medical groups to WCHQ.

**Which medical groups are included?** The Ratings are for 19 large physician groups across the state, each of which includes multiple medical practices or doctors' offices. (For details, see the Directory of Practices, which starts on page 18.) Together, these groups represent about 60 percent of the primary-care physicians in Wisconsin. Specific practice sites and individual doctors are not rated.

**How are the groups rated?** The Ratings reflect how successful the groups are at providing patients with any of seven medical services for which they are eligible, depending on their age, gender, and other factors. Any patient seen by the group at least twice is included, with at least one of those visits occurring in 2011. Three measures relate to screening for cancers of the breast, cervix, and colon. Two focus on the pneumonia vaccine and osteoporosis screening in people 60 and older. And two focus on measuring and controlling LDL (bad) cholesterol in people with a history of heart attack or certain other forms of cardiovascular disease.

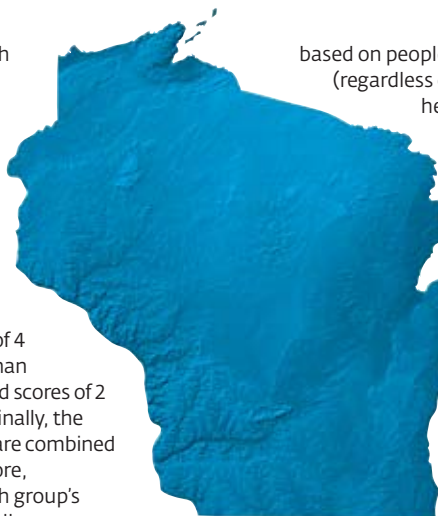
The graphs for individual measures presented on the following pages show the percentage of eligible patients at each group

who received each of those services. For the Ratings, the percentages are then translated into a 1 through 4 scale, showing how the group compared with national averages. Scores of 4 and 3 are better than national rates, and scores of 2 and 1 are worse. Finally, the individual scores are combined into an overall score, summarizing each group's performance on all seven measures together along a 1 to 100 scale.

**How are the national averages established?** We couldn't find national averages that perfectly match the WCHQ measures so instead used ones that closely mirror the measures and also provide a reliable estimate of the national average for each.

The averages for all measures except pneumonia vaccination come from a database called the Healthcare Effectiveness Data and Information Set (HEDIS).

That database is used by more than 90 percent of U.S. health plans to measure and track health care performance, based on information submitted by health insurance companies to the nonprofit National Center for Quality Assurance. The HEDIS data are



based on people who have health insurance (regardless of whether they have seen a health care provider), whereas the WCHQ data come from patients who were seen by one of the medical groups (regardless of whether they have insurance). In each case, we matched the WCHQ measure with the appropriate HEDIS category (commercial, Medicare, or Medicaid.) The average for the pneumonia vaccine comes from the federal National Health Interview Survey conducted in 2010 on a nationally representative sample and

published by the Centers for Disease Control and Prevention (CDC) in February, 2012.

**Where can I find more details?** Go to WCHQ's website, [www.wchq.org/reporting](http://www.wchq.org/reporting). There you can find the data and technical details behind these Ratings. WCHQ also collects and publicly reports information on other clinical measures for medical groups and hospitals, patient experience, and other aspects of health care performance.



# Cancer screening

Many cancers can be successfully treated if doctors identify who's at risk and look for potential trouble. Among the most effective cancer screening tests are those for breast and cervical cancer in women, and colorectal cancer in all adults. All 19 medical groups had rates for breast and colon cancer screening that were above the national average, and all but two did the same for cervical cancer.

Four medical groups—Aurora Medical Group, Gundersen Clinic, Prevea Health, and ThedaCare Physicians—earned our highest Rating in each of those measures. Gundersen led all of Wisconsin with an 85 percent breast cancer screening rate and 81 percent colon cancer screening rate. ThedaCare set the pace for cervical cancer, screening 87 percent of eligible patients.

ThedaCare says it increased screening rates for colonoscopy and mammography by “hitting excuses head on.” For example, in 2011 it started its “I Don’t Want A Colonoscopy” campaign, featuring “Wally Polyp,” a cartoon polyp that addresses common concerns about colonoscopy. Like many other groups, ThedaCare found similar results with a phone campaign to remind women about breast cancer screenings.



## ▶ Breast cancer screening

**Why it matters:** One in eight American women will develop invasive breast cancer within their lifetimes, and 40,000 women a year die from it. But screening for the disease, and treating it early, can save thousands of lives.

**How it's rated:** This measure rates the percentage of women ages 50 to 74 who had at least one breast cancer screening in the previous two years. Women who had undergone mastectomy aren't included.

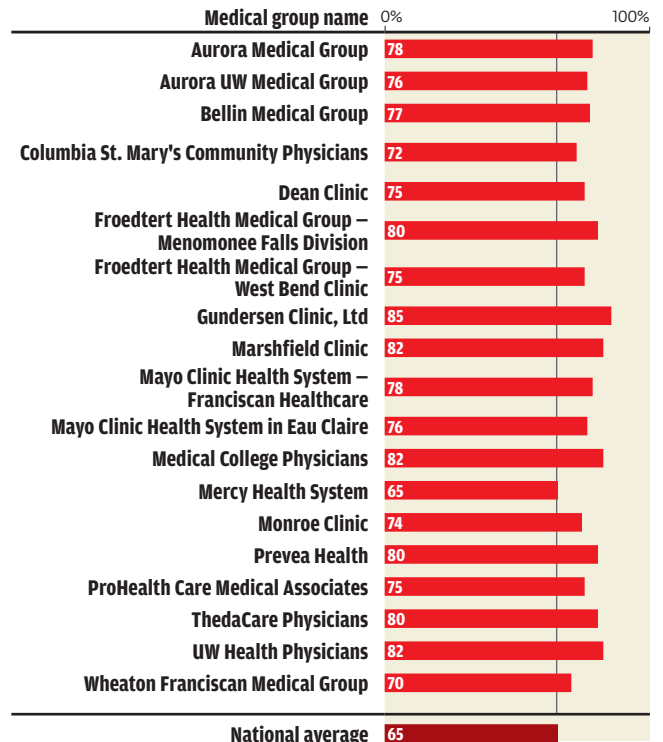
**About the test:** Most women should start mammograms at age 50 and continue every two years until their 75th birthday. Women with a history of breast cancer who have not had mastectomy should be screened every 6 to 12 months. Women at high risk may also need to be screened more often, or start younger (see the box “Know your breast cancer risk” to determine if that might make sense for you). Whether other women should start screening in their 40s or continue after age 75 is less clear. For details, see the box “Breast cancer controversies.”

**How to make the test more accurate:** Try not to schedule mammography the week before menstruation, when breasts may be swollen and tender, reducing the accuracy of results. And don't apply a deodorant or antiperspirant, or powders, before the procedure; flecks from those products can show up on the film.

**How to reduce your risk:** Cut back on alcohol, red meat, and fatty foods. If you're at very high risk, the hormone therapy drugs tamoxifen (Nolvadex and generic), raloxifene (Evista), and toremifene (Fareston) might help prevent the disease. But hormone therapy can have serious risks and side effects, including hot flashes, cataracts, and increased risk of other cancers, and so should be used only by very high-risk women.

### Percentage of women ages 50 to 74 screened

Listed alphabetically





## Know your breast cancer risk

### Some risk factors that might affect when you should undergo mammography include:

**Age:** Two-thirds of invasive cancers occur over age 55, while just an eighth occur in women younger than 45.

**Genetics:** Heredity accounts for about 5 to 10 percent of breast cancers. The mutation of the BRCA1 and BRCA2 genes are the primary known inherited cause; it is most common in women of Ashkenazi Jewish ancestry.

**Family history:** Having a mother, sister, or daughter with breast cancer doubles your risk. Having two such relatives triples it.

**Dense breasts:** They have more glandular tissue and pose a higher risk of breast cancer.

**Benign breast conditions:** These include conditions such as atypical hyperplasia and benign tumors.

**Early menstruation or late menopause:** Women who have more menstrual cycles over their lifetimes have a slightly higher risk of breast cancer.

**Childbirth:** Not having a child until after 30, or not having children at all, may slightly increase risk.

**Recent use of oral contraceptives or combined hormone therapy after menopause:** The added risk of both disappears after stopping.

**Alcohol:** Excessive drinking raises the risk significantly, but even moderate drinking may have a slight effect.

## Breast cancer controversies

Recommendations for cancer screening aren't as straightforward as you might think. Even for a test proven to save lives, like mammography, experts disagree about whether women in their 40s should be routinely screened and whether screening should stop at age 75.

We surveyed the 19 medical groups in the Wisconsin Collaborative for Healthcare Quality about their approach to breast cancer screening, and many said they recommend against testing patients who are too old to benefit and those who might be harmed by screening. But most of the groups said they encouraged women in their 40s to talk with their health care providers about mammography, and some said they

generally recommend it for women starting at age 40. The United States Preventive Services Task Force, an influential panel that advises the government, says that the benefits of routine screening for women in their 40s appear small, and that those women should talk with their doctors to see if their circumstances warrant screening.

### Screening women in their 40s

While mammography can find potentially deadly tumors and save women's lives, mammography mistakes can lead to problems such as "false positive" test results—finding abnormalities that initially appear worrisome but ultimately prove harmless. Those false positives can cause anxiety and stress, and they lead to additional tests,

some of which expose patients to radiation, as well as biopsies and sometimes even unnecessary treatments. Women younger than 50 are less likely to develop breast cancer—but more likely to have false positives because they have denser breast tissue, which makes mammography more difficult and less accurate.

### Screening women 75 and older

In these women, the main concern is that mammography will find cancers that would never progress to the point that they disrupt lives or cause death. That's called "over-diagnosis," and it can lead to unnecessary treatment, which includes the risks associated with mastectomy, chemotherapy, radiation, and other cancer treatments.



## ▶ Cervical cancer screening

**Why it matters:** Cervical cancer screening has reduced this cancer from one of the leading killers of women to a rare event. That’s because the malignancy is almost always curable when it’s caught early. But cervical cancer still affects more than 12,000 women a year and kills about a third of them, in part because not all women get screened as they should.

**How it’s rated:** This measure reports the percentage of women ages 21 to 64 who had a Pap test at least once during the previous three years. Women who had a hysterectomy for reasons other than cancer are not included.

**About the test:** The Pap test looks for abnormal cells that might lead to cervical cancer. Screening is most effective when it starts at age 21, regardless of sexual history, and repeated at least every three years. While many women assume that they need an annual Pap smear, women ages 30 to 65 can go five years between tests if they are also tested for the human papillomavirus (HPV), a sexually transmitted infection that causes cervical cancer. And women 20 and under generally don’t need the test at all, even if they are sexually active, since in them the cancer is very rare and false positives are common. Finally, women 65 and older generally don’t need the test either, as long as they had normal, regular Pap smears when they were younger.

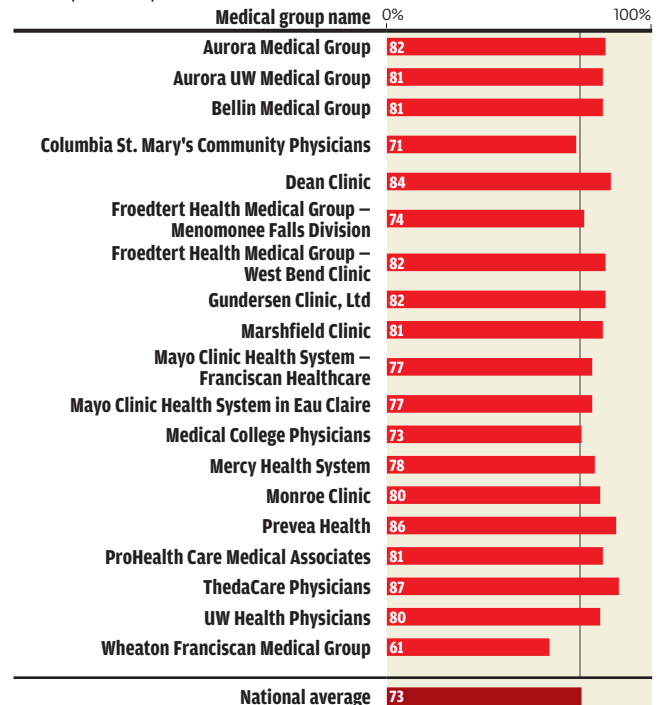
**How to make the test more accurate:** It’s best to schedule your Pap smear for at least five days after your period stops. Avoid having sex, or using douches, tampons, birth control foams or gels, vaginal creams, moisturizers or lubricants, and vaginal medicines for two days before the test.

**How to reduce your risk:** Cervical cancers can often be prevented. Here are some steps that might help:

- Get vaccinated. Girls and young women ages 11 to 26 should consider getting the HPV vaccine, which protects against the strains of the virus that lead to most cervical cancers. (Boys and young men in the same age range can also be vaccinated. The vaccination provides protection against genital warts and some cancers in men, and it also serves to protect their future partners.) But even women who have been vaccinated need to continue cer-

### Percentage of women ages 21 to 64 screened

Listed alphabetically



vical cancer screening because the vaccine doesn’t protect against all forms of cervical cancer.

- Practice safe sex. Condoms can lower the risk of HPV transmission, but the virus can still be transmitted through skin-to-skin contact of uncovered areas.
- Limit sexual partners. Having more sexual partners increases your risk of HPV.
- Avoid tobacco. Smoking, and exposure to second hand smoke, can increase the risk of cervical cancer.



## ▶ Colorectal cancer screening

**Why it matters:** Colon cancer kills around 50,000 Americans a year, making it the nation's second leading cause of cancer deaths, trailing only lung cancer. But many of those deaths could be prevented, as colon cancer screening is perhaps the most effective cancer test available. Regular screening could cut the risk of the disease by 77 percent over 10 years, according to some research. Unfortunately, at least a third of the people nationally who should get the test don't, either because they worry the test will be uncomfortable or embarrassing, or because of cost. But several steps can make standard colonoscopy more comfortable, and for people who still object there are other options to consider (see box, "Colon cancer screening options"). Moreover, under the Affordable Care Act, all new insurance plans and Medicare must now fully cover most types of colon cancer testing, without co-pays. And new incentives are available to states to provide for Medicaid patients.

**How it's rated:** This measure looks at the percentage of people ages 50 to 75 who had at least one colorectal screening test as recommended.

**About the tests:** The standard way to screen for the cancer is with colonoscopy. Because colon cancer typically progresses slowly over 10 to 15 years, people who have a normal colonoscopy don't need to have it repeated for another 10 years. People who do have polyps or other risk factors probably need them more often.

**How to prepare for the test:** Before a colonoscopy, you'll be put on a liquid diet and asked to drink up to a gallon of a solution, to cleanse the colon. Ask for laxatives with polyethylene glycol (Golytely, Halflytely, Miralax), and avoid sodium-phosphate laxatives (OsmoPrep, Visicol), which carry a risk of kidney damage. To mask the flavor, make sure the solution is cold, and try sucking on a lime between glasses. You can ask your doctor if you may add flavors, like lime or ginger, to the solution.

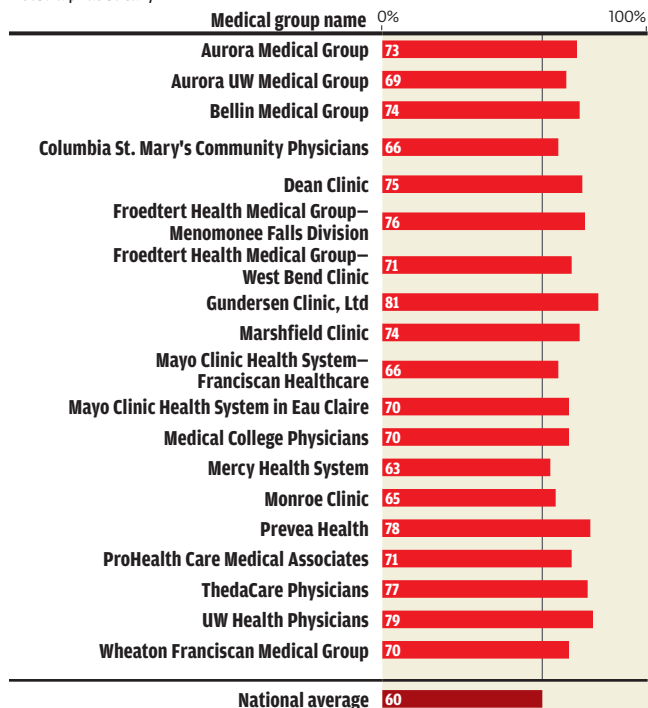
Talk to your doctor about any prescription and over-the-counter drugs and supplements you take. Medications such as aspirin and ibuprofen (Advil and generic), as well as blood thinners such as clopidogrel (Plavix and generic) can cause complications.

**How to reduce your risk:** Research suggests that diet and lifestyle changes can help dramatically reduce colon cancer risk.

- Cut back on red meat. Those who consumed an average of at least 5 ounces of red and processed meat a day had a 22 percent greater risk

## Percentage of adults ages 50 to 75 screened

Listed alphabetically



of colon cancer than those who ate less than an ounce a day.

- Fill up on fiber. Eat more fruits, vegetables, whole grains, and other fiber-rich foods. People with a history of precancerous polyps who cut fat and consumed at least 18 grams of fiber and 3½ servings of fruit and vegetable for every 1,000 calories cut their risk of new polyps by 35 percent.

- Get active. Couch potatoes are twice as likely to develop colon cancer as regular exercisers.

- Watch your waist. A waist above 35 inches for women and 40 inches for men may increase risk more than excess weight.

- Limit alcohol. Two to four drinks a day may increase risk by more than 20 percent compared with less than a drink a day.

- Don't smoke. Smoking is a risk, especially for women.

## Colon cancer screening options

Colonoscopy, a procedure in which a tiny camera attached to a flexible tube is inserted into the colon, is the most common way to screen for the cancer. Some people avoid the procedure because they worry it will be embarrassing or uncomfortable. If that's you, talk with your doctor about how you can make it less so. Others avoid it because they worry it will be too expensive. That's less of a concern now than it used to be, since the Affordable Care Act now requires Medicare and private insurers to pay for colonoscopy.

Still, for patients without insurance, the procedure can be expensive, sometimes costing as much as \$4,400. Here's what to know about several other options that can be effective and are less expensive:

- Abnormal results on other tests need to be followed up with colonoscopy to clarify the results. Colonoscopy is also the only test that lets doctors remove precancerous polyps at the same time. In addition, while colonoscopy generally needs to be repeated only every ten years, the other tests must be repeated more often, in some cases annually.

- The fecal occult blood test, which should be done every year, examines a small stool sample for blood, which can indicate cancer or precancerous polyps. For a few days prior, try to avoid foods that may affect the accuracy of the test, such as red meat, which contains blood, and cantaloupe, uncooked broccoli, radishes, and horseradish, which contain a chemical that can cause false positives. Also

avoid citrus fruit and vitamin C supplements; they can cause false negative results.

- Flexible sigmoidoscopy is like colonoscopy, except it involves examining only the rectum and the lower section of the colon. It needs to be repeated at least every five years and is often combined with an annual stool sample test.

- Virtual colonoscopy, also called CT colonography, creates a three-dimensional image of your colon. It doesn't take as long as regular colonoscopy and doesn't require sedation, but does require the same bowel-cleansing procedure. And it doesn't catch as many small polyps or allow the doctor to remove polyps during the procedure. Finally, it exposes you to low levels of radiation. It should be performed every five years.

# Prevention for people 60 and over

Preventive care is especially important as your body ages and becomes more susceptible to disease. Health issues of particular concern to older people include osteoporosis, which weakens bones and leads to dangerous fractures, as well as pneumonia, a leading cause of death among older people.

All 19 Wisconsin medical groups in our ratings beat the average national vaccination rate for pneumonia for adults over 60. Gundersen Clinic led Wisconsin with 91 percent of its older patients getting the shot. All but five of the medical groups beat the national average for percent of eligible patients screened for osteoporosis. Marshfield Clinic led the way with 87 percent.

Three medical groups—Aurora UW Medical Group, Gundersen Clinic, and Marshfield Clinic—earned our highest Rating in both categories.



## ► Pneumonia vaccination

**Why it matters:** The pneumococcal bacteria that cause this disease send about 175,000 people to the hospital each year and kill about 15,000 people. Most of those people are 65 and older. About a third of all patients, and nearly two-thirds of older ones, develop a serious blood infection, and another 3,000 to 6,000 patients develop pneumococcal meningitis, which kills about a third of people who develop it.

The pneumococcal vaccine doesn't eliminate the risk of all forms of pneumonia, but it does protect against the 23 types of bacteria that are responsible for 88 percent of pneumococcal diseases, and it prevents 60 to 70 percent of cases of pneumonia and related illnesses.

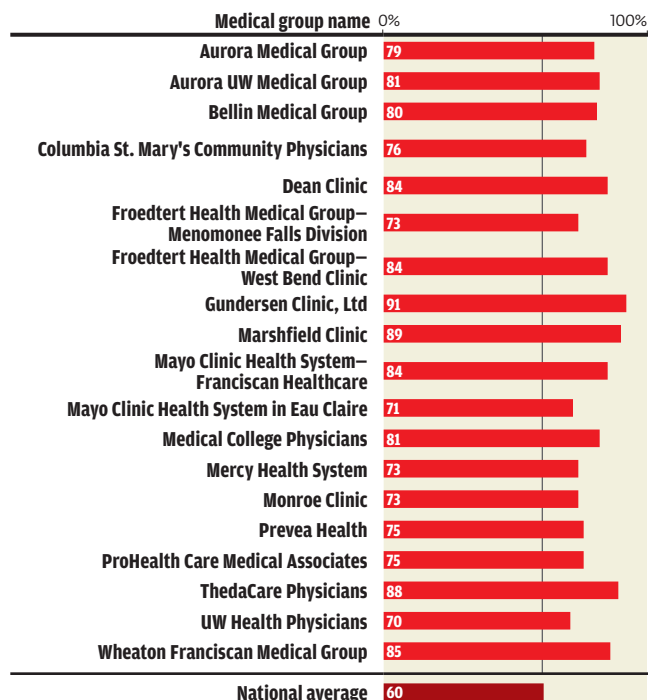
**How it's rated:** This measure represents the percentage of adults 65 and older who have been immunized against pneumonia and related diseases.

**About the vaccine:** The shot is recommended for adults 65 and older, as well as younger adults with lung, heart, liver, or kidney disease, asthma, diabetes, cancer, damaged or missing spleens, or any condition that compromises immunity. It's also recommended for people with cochlear implants, which increase the risk for pneumococcal meningitis, and for smokers, alcoholics, and adults living in nursing homes. Most adults need just a single, lifetime dose.

**How to reduce your risk:** Get vaccinated, especially if you have a chronic health condition, smoke, or drink heavily.

## Percentage of adults 65 and older vaccinated

Listed alphabetically



## ▶ Osteoporosis screening

**Why it matters:** Millions of Americans have osteoporosis, a condition that weakens the bones. One in two women experience an osteoporosis-related bone fracture after menopause. A quarter of those women develop a permanent disability, and 15 percent suffer a fractured hip. Screening for the disease can help doctors predict the risk of fractures, and recommend treatments to prevent bone loss.

**How it's rated:** This Rating represents the percentage of women ages 65 to 85 who had at least one bone density test since their 60th birthday or since being diagnosed with osteoporosis or pre-osteoporosis (osteopenia). While some men also experience osteoporosis, the value of screening for them is unclear.

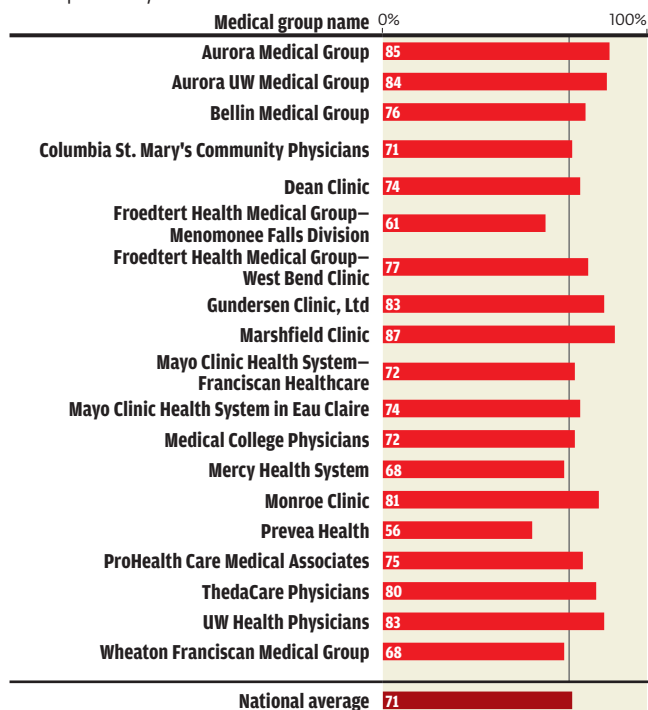
**About the test:** The most common test for osteoporosis is called DXA, dual-energy X-ray absorptiometry, which measures the bone density of the hip, lower back, and spine.

### How to reduce your risk:

- Exercise. Strength training can help build muscle and support bone health. Exercising with weights, walking, hiking, jogging, stair climbing, tennis, and dancing can also help.
- Eat right. A diet rich in calcium and vitamin D can help keep your bones from thinning. If you can't get enough from your diet, consider supplements.
- Avoid bad habits. Smoking and excessive drinking can spur bone loss and lead to osteoporosis.

## Percentage of adults 65 to 85 appropriately screened

Listed alphabetically



# Managing heart disease

Wisconsin medical groups in our Ratings are doing a good job when it comes to treating people with a history of heart attack or other forms of coronary artery disease. All 19 were above the national average for the percentage of patients getting their LDL (bad) cholesterol level under control. Four groups—Bellin Medical Group, Dean Clinic, Marshfield Clinic, and ThedaCare Physicians—earned our highest score in LDL screening and control.

Although we don't have national data against which to compare our blood pressure and aspirin measures, two new initiatives suggest that Wisconsin groups may be doing well in those areas. Million Hearts, a public-private program to reduce heart disease, has set a target of having 70 percent of people at risk of cardiovascular disease taking low-dose aspirin by 2017. In the 19 Wisconsin groups, an average of 90 percent of heart patients take aspirin. "Wisconsin is showing other states what can be done," says Janet Wright, M.D., executive director of

Million Hearts. Another program, spearheaded by the American Medical Group Association, is pushing for 80 percent of people with heart disease or hypertension to have their blood pressure controlled by 2015. Nine Wisconsin groups have met that goal for their higher risk coronary artery disease patients. "These groups are making extra sure that these patients at higher risk are getting better outcomes," says Jerry Penso, M.D., at the American Medical Group Association.

Despite the successes, there is still room for improvement. The two highest performing groups in the aspirin measure—Aurora UW Medical Group and Mayo Clinic Health System—Franciscan Healthcare—had 96 percent of their heart disease patients taking low-dose aspirin, compared with 72 percent for the lowest scoring group. For blood pressure, ThedaCare and Dean Clinic had 87 percent of heart disease patients with controlled blood pressure; two other groups were at 75 percent and 73 percent.

## ▶ Cholesterol testing

**Why it matters:** High cholesterol is a contributing factor in about 420,000 heart attacks and strokes every year in the U.S. Most people are unaware of their LDL cholesterol, which can cause the build up of plaque on the walls of your arteries.

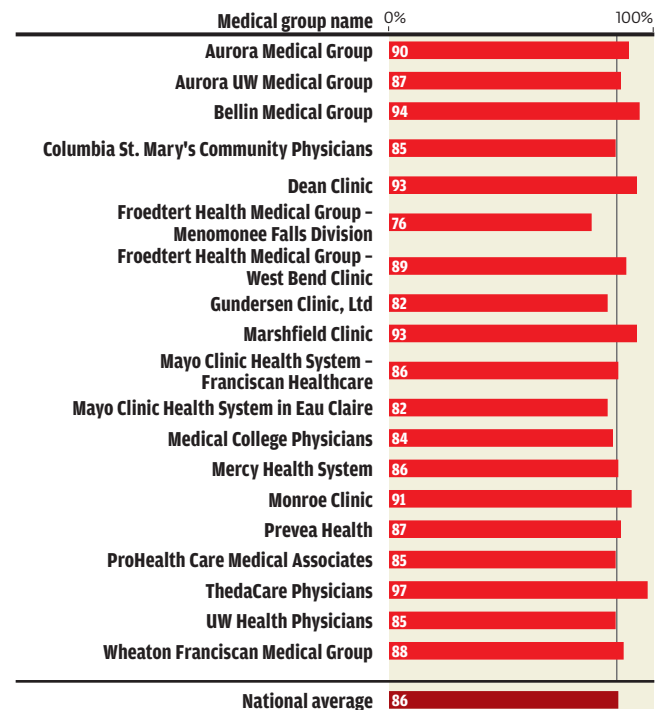
**How it's rated:** WCHQ calculates the percentage of adult patients younger than 75 with a history of heart attacks, strokes, or other forms of vascular disease and who had at least one test to measure their LDL cholesterol during the past year.

**About the test:** A cholesterol test measures both LDL and HDL (good) cholesterol. It also measures triglycerides, a fat that can clog arteries. People with heart disease, diabetes, or risk factors for those conditions should have their cholesterol levels checked every year. Other men should start at age 35, and women at risk for heart disease should start at 45. It's worth talking with your doctor about possibly starting earlier, however, especially if you have risk factors for heart disease.



## Percentage of people with vascular disease appropriately tested

Listed alphabetically





## ▶ Aspirin therapy

**Why it matters:** Aspirin thins the blood, which helps prevent heart attacks and strokes by warding off artery-clogging blood clots. For people with a history of heart disease, that protection is essential, and it can also help many other people who are at high risk, though its benefits have to be weighed against its risks: mainly, gastrointestinal and other bleeding.

**How it's measured:** This measure reflects the percentage of patients younger than 75 and with heart disease who have been prescribed daily low-dose aspirin or another blood thinner.

**About the treatment:** Aspirin therapy involves taking low-dose, 81 mg (baby) aspirin every day. That dose works as well as regular-dose tablets (325 mg) and is safer. (But if you think you're having a heart attack, call 911 and then chew and swallow a regular-strength, 325 mg tablet.) For most people with heart disease, the benefits of the therapy clearly outweigh the risks: mainly, gastrointestinal and other bleeding. Men ages 45 to 79 at high risk of having a heart attack in the next 10 years, based on risk factors such as blood pressure and cholesterol levels, often also benefit from aspirin therapy. Women ages 55 to 79 with an elevated risk of stroke sometimes can also benefit. But in each case,

the benefit has to be weighed against the threat of bleeding, so talk with your doctor first. (You can check your heart attack and stroke risk using our heart health calculator at [ConsumerReports.org/heartcalculator](http://ConsumerReports.org/heartcalculator).)

**How to reduce your risk:** Aspirin can cause stomach and gastrointestinal bleeding, and other complications. Take these precautions:

- Protect your stomach. If your doctor says the benefits outweigh the risks, ask about medications to protect your stomach, if necessary.
- Don't quit without consulting your doctor. Stopping aspirin therapy abruptly not only reduces the preventive benefits, it can increase the risk of blood clots to higher than pre-therapy levels.
- Watch your pain medications. Avoid drugs known as non-steroid anti-inflammatory (NSAIDs), such as ibuprofen (Advil, Motrin, and generics), naproxen (Aleve and generics), or combination products that contain aspirin, such as Excedrin or Pepto Bismol. NSAIDs are chemically related and can multiply the risk of gastrointestinal bleeding when taken together. Instead, try acetaminophen (Tylenol and generic) or topical anesthetic creams that contain capsaicin, like Zostrix. Tell your doctor if you already take aspirin.

## ▶ Cholesterol control

**Why it matters:** Elevated LDL cholesterol levels increase the risk of heart attack in everyone, but especially in those with a history of cardiovascular disease. But many people don't make the lifestyle changes or take the medications needed to lower it.

**How it's rated:** This measure reflects the percentage of adults younger than 75 with heart disease whose most recent LDL cholesterol reading was less than 100 milligrams per deciliter.

**About the test:** An LDL cholesterol under 100 mg/dL is ideal for most people with heart disease or at high risk for it. Some people with very high risk should aim for an LDL reading under 70 mg/dL. For people without a history of heart disease, borderline LDL high cholesterol is considered to be 130 mg/dL, high LDL cholesterol is 160 mg/dL, and 190 mg/dL is very high LDL cholesterol.

**How to reduce your risk:** There are many ways to lower your LDL, including:

- Eat a heart-healthy diet: Cut back on saturated fats, which are found in red meats and full-fat dairy products, and eliminate trans fats or partially hydrogenated oils common in fast food, margarine, and other processed foods. Aim for less than 200 milligrams of dietary cholesterol a day, the amount in one egg yolk, 8 ounces of skinless chicken breast, or 10 ounces of lean sirloin. Fiber can help reduce cholesterol, so add fruits, vegetables, beans and other high-fiber foods to your meal plan.

- Exercise and lose weight: These steps can raise your HDL and might reduce your LDL.

- Consider medications. If you still can't control high cholesterol after trying lifestyle changes a cholesterol-lowering statin is probably your next step.

## ▶ Blood pressure control

**Why it matters:** High blood pressure, which triggers more heart attacks and strokes in the U.S. than any other cause, doesn't usually provide obvious symptoms to warn you that something's wrong. High blood pressure damages the body's blood vessels over time, which can also lead to kidney damage, the loss of vision, blood clots, and sexual dysfunction.

It can also increase the risk of heart failure by making the heart work harder every day.

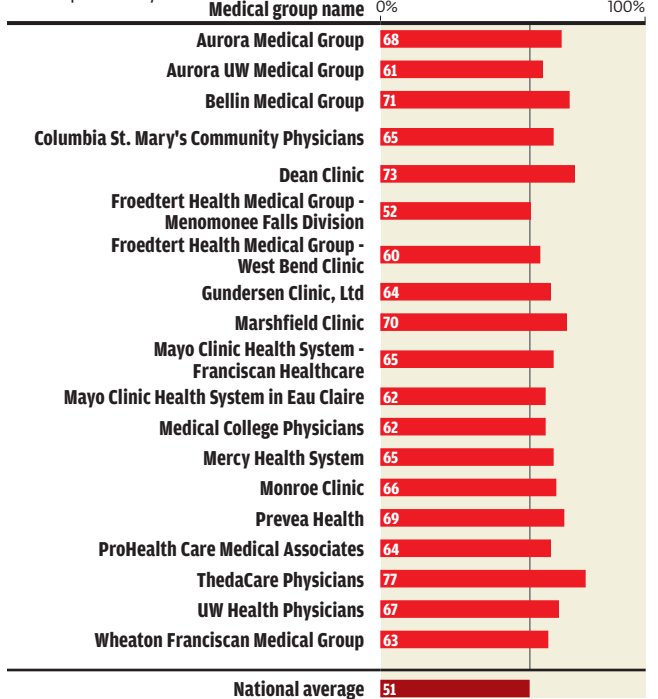
**How it's measured:** This is a measure of the percentage of patients ages 18 to 75 with heart disease whose most recent blood pressure reading was under 140 over 90 millimeters of mercury (mmHg).

**About the test:** Blood pressure readings consist of two numbers: The systolic, or upper, number, shows the pressure in the arteries when your heart contracts; the diastolic, or lower, number, indicates the pressure in the arteries between beats. If you have high blood pressure or heart disease, have your doctor check your levels frequently, and consider getting a home monitor. Other people should have it checked at least every two years, and even more frequently after the age of 50. In fact, it's a good idea to have your blood pressure checked every time you see your doctor, even if you don't have heart disease.



## Percentage of people with vascular disease who reach LDL goal

Listed alphabetically.



**How to reduce your risk:** Lifestyle changes are often enough to improve blood pressure.

- Improve your diet. Cutting sodium and adding fruit, vegetables, and whole grains can lower your systolic blood pressure by as much as 8 to 14 mmHg. Merely lowering salt intake to 2,400 mgs a day or less might shave off as much as 2 to 8 mmHg.

- Exercise. Regular aerobic exercise may help reduce your systolic pressure by 4 to 9 mmHg. As little as a 30-minute brisk walk most days can meet this goal.

- Drink moderately if at all. Reduce alcoholic drinks to two or fewer per day for men, or one at most for women, and your blood pressure may fall as much as 2 to 4 mmHg.

- Think about medication. If you can't lower your blood pressure through lifestyle changes, or if it is very high, drugs may be necessary. Consumer Reports Best Buy Drugs recommends a thiazide or other diuretic as the first choice for most people. They're effective in many people, have decades of data showing they're safe, and are available as low-cost generics. If a diuretic doesn't work for you, ACE inhibitors, beta-blockers, and other drugs can also be good choices, alone or paired with a diuretic.

## How electronic health records can help

More and more practices are giving patients access to their records through secure online health portals, which are password-protected websites. And they are using electronic health records (EHRs) to remind their staff to follow up with patients when test results come in. EHRs can also be used to alert patients and doctors when it's time for an appointment, to identify high-risk patients, and to give advice directly to patients.

"Health information technology can make it almost impossible to miss an opportunity to deliver good care," says Janet Wright, M.D., executive director of the federal Million Hearts initiative.

The Wisconsin medical groups mentioned the importance of electronic health records in their practices. For example, medical groups use their EHRs to generate daily reports alerting doctors and nurses which patients are due for preventive care.

Many groups are also using health portals so

patients can access information, including test results, online. For example, several groups have a portal called MyChart that lets patients send questions to their physicians. It also provides access to information including weight, blood pressure, and laboratory results.

Some groups use the portals to remind patients when tests such as mammograms or Pap smears are due, and allow them to schedule appointments without having to make an office visit or even a phone call.

If you aren't already using a portal, find out if your health practice provides one, and how you can best take advantage of it. But note that getting raw test results through a portal is not always enough. You may need your doctor's help with interpreting the results and understanding what you should do next. Misreading a test result can also cause anxiety and stress, or worse, delay needed treatment.

# Provider listings

## Aurora Medical Group

**Main address:**

3000 W. Montana St.  
Milwaukee 53215

**Main phone:**

888-863-5502

**Website:**

[www.aurorahealthcare.org](http://www.aurorahealthcare.org)

**Number of primary-care providers:**

349

**Areas served:**

Aurora Medical Group has 150 practices, serving 21 counties across eastern Wisconsin, from Florence to Kenosha counties and including Milwaukee County. The group also has practices in Lake and McHenry counties in Illinois.

## Aurora UW Medical Group

**Main address:**

3000 W. Montana St.  
Milwaukee 53215

**Main phone:**

888-863-5502

**Website:**

[www.aurorahealthcare.org](http://www.aurorahealthcare.org)

**Number of primary-care providers:**

37

**Areas served:**

Aurora UW Medical Group has 13 practices serving the Milwaukee area.

## Bellin Health Medical Group

**Main address:**

744 S. Webster Ave.  
Green Bay 54307

**Main phone:**

888-758-7373 or 920-433-3500

**Website:**

[www.bellin.org](http://www.bellin.org)

**Number of primary-care providers:**

102

**Areas served:**

Bellin has 23 practices in seven eastern Wisconsin counties. The group also has practices serving Dickenson and Delta counties in northern Michigan.

## Columbia St. Mary's Community Physician

**Main address:**

2301 N. Lake Drive  
Milwaukee 53211

**Main phone:**

414-291-1000

**Website:**

[www.columbia-stmarys.org](http://www.columbia-stmarys.org)

**Number of primary-care providers:**

154

**Areas served:**

Columbia St. Mary's has 60 practices in Milwaukee, Ozaukee, Sheboygan, and Washington counties.



## Dean Clinic

### Main address:

1808 W. Beltline Highway  
Madison 53713

### Main phone:

800-576-8773

### Website:

[www.deancare.com](http://www.deancare.com)

### Number of primary-care providers:

118

### Areas served:

Dean Clinic has 23 practices, primarily in Dane and Rock counties, with additional locations in 16 surrounding counties.

## Froedtert Health West Bend Clinic

### Main address:

1700 W. Paradise Drive  
West Bend 53095

### Main phone:

262-334-3451

### Website:

[www.froedterthealth.org/  
Froedtert-Health-Medical-Group](http://www.froedterthealth.org/Froedtert-Health-Medical-Group)

### Number of primary-care providers:

46

### Areas served:

Froedtert Health's West Bend Clinic has six practices serving Washington County, as well as portions of Dodge, Fond du Lac, and Ozaukee counties in eastern Wisconsin.

## Froedtert Health Menomonee Falls Clinic

### Main address:

W180 N8000 Town Hall Road  
Menomonee Falls 53051

### Main phone:

262-255-2500

### Website:

[www.froedterthealth.org/  
Froedtert-Health-Medical-Group](http://www.froedterthealth.org/Froedtert-Health-Medical-Group)

### Number of primary-care providers:

32

### Areas served:

Froedtert Health's Menomonee Falls Clinic has five practices serving Washington and Waukesha counties, as well as portions of Milwaukee and Ozaukee counties.

## Gundersen Lutheran Health System

### Main address:

1900 South Ave.  
La Crosse 54601

### Main phone:

800-362-9567

### Website:

[www.gundluth.org](http://www.gundluth.org)

### Number of primary-care providers:

213

### Areas served:

Gundersen Lutheran has 25 practices in 10 counties in southwestern Wisconsin from Buffalo to Grant, as well as in five counties in northern Iowa and four counties in eastern Minnesota.

## Provider listings continued

### **Marshfield Clinic**

**Main address:**

1000 North Oak Ave.  
Marshfield 54449

**Main phone:**

800-782-8581

**Website:**

[www.marshfieldclinic.org/patients/](http://www.marshfieldclinic.org/patients/)

**Number of primary-care providers:**

218

**Areas served:**

Marshfield Clinic has 38 practices serving 30 counties in central, western, and northern Wisconsin.

### **Mayo Clinic Health System— Franciscan Healthcare**

**Main address:**

700 West Ave. S  
La Crosse 54601

**Main phone:**

608-785-0940 or 800-362-5454

**Website:**

[mayoclinichealthsystem.org](http://mayoclinichealthsystem.org)

**Number of primary-care providers:**

119

**Areas served:**

Mayo Clinic Health System—Franciscan Healthcare includes 11 practices serving nine southwestern Wisconsin counties from Buffalo to the north, Grant in the south, and Juneau to the east, as well as three counties in northern Iowa and three in eastern Minnesota.

### **Mayo Clinic Health System in Eau Claire**

**Main addresses:**

1400 Bellinger St.  
Eau Claire 54702

733 W. Clairemont Ave.  
Eau Claire 54702

**Main phone:**

888-838-4777

**Website:**

[www.mayoclinichealthsystem.org](http://www.mayoclinichealthsystem.org)

**Number of primary-care providers:**

99

**Areas served:**

Mayo Clinic Health System has 14 practices serving Eau Claire and six surrounding counties in northwestern Wisconsin.

### **Medical College Physicians/ Medical College of Wisconsin**

**Main address:**

9200 W. Wisconsin Ave.  
Milwaukee 53226

**Main phone:**

800-DOCTORS or 414-805-3666

**Website:**

[www.mcw.edu/portal/patientcare/overview.htm](http://www.mcw.edu/portal/patientcare/overview.htm)

**Number of primary-care providers:**

205

**Areas served:**

Medical College of Wisconsin has 103 practices in Milwaukee and 10 surrounding counties.

## **Mercy Health System**

**Main address:**

1000 Mineral Point Ave.  
Janesville 53548

**Main phone:**

608-756-6100

**Website:**

[www.mercyhealthsystem.org](http://www.mercyhealthsystem.org)

**Number of primary-care providers:**

163

**Areas served:**

Mercy Health System has 68 medical centers in four counties across southern Wisconsin and northern Illinois.

## **Monroe Clinic**

**Main address:**

515 22nd Ave.  
Monroe 53566

**Main phone:**

608-324-2000 or 800-338-0568

**Website:**

[www.monroeclinic.org](http://www.monroeclinic.org)

**Number of primary-care providers:**

45

**Areas served:**

Monroe Clinic has 11 practices in Green and Lafayette counties in Wisconsin, as well as Stephenson and Winnebago counties in Illinois.

## **Prevea Health**

**Main address:**

2710 Executive Drive  
Green Bay 54307

**Main phone:**

920-496-4700 or 888-2PREVEA

**Website:**

[www.prevea.com](http://www.prevea.com)

**Number of primary-care providers:**

96

**Areas served:**

Prevea Health has 23 clinics in seven northeastern counties from Marinette in the north, down to Sheboygan, and east to Door and Kewaunee Counties.

## **ProHealth Care Medical Associates**

**Main address:**

N17 W24100 Riverwood Drive,  
Suite 100  
Waukesha 53188

**Main phone:**

262-928-4100

**Website:**

[www.prohealthcare.org](http://www.prohealthcare.org)

**Number of primary-care providers:**

119

**Areas served:**

ProHealth Care has 18 practices in Waukesha, Jefferson, and four other counties.

## Provider listings continued

### **ThedaCare Physicians**

**Main address:**

122 E. College Ave.  
Appleton 54911

**Main phone:**

800-236-2236

**Website:**

[www.thedacare.org](http://www.thedacare.org)

**Number of primary-care providers:**

163

**Areas served:**

ThedaCare has 22 physician office sites in the Fox Valley region and eight adjacent counties in northeastern Wisconsin, including Outagamie, Winnebago, Calumet, Shawano, and Waupaca counties.

### **UW Health**

**Main address:**

7974 UW Health Court  
Middleton 53562

**Main phone:**

608-821-4819

**Website:**

[www.uwhealth.org](http://www.uwhealth.org)

**Number of primary-care providers:**

250

**Areas served:**

UW Health has over 100 practices, including more than 40 primary care clinics in Dane and other southern Wisconsin counties, as well as Eau Claire and Outagamie Counties.

### **Wheaton Franciscan Medical Group**

**Main address:**

400 W. River Woods Parkway  
Glendale 53211

**Main phone:**

414-465-3060

**Website:**

[www.mywheaton.org/wfmg](http://www.mywheaton.org/wfmg)

**Number of primary-care providers:**

181

**Areas served:**

Wheaton has 65 practices in Milwaukee and the surrounding counties of Racine and Waukesha.

Note that nine additional medical groups will soon start or resume reporting to WCHQ. They are:

Agnesian HealthCare

Aspirus

Aurora Advanced Healthcare

Fort HealthCare

Meriter Health Services

Prairie Clinic

Richland Medical Center

Sauk Prairie Memorial Hospital & Clinics

Wildwood Family Clinic