

How Can Primary Care Doctors and Patients Find the Most Experienced Specialists?

Dec. 31, 2014

Doctors who do any procedure the most, are usually the doctors who do it best. The reason is both that a good doctor attracts large numbers of patients, and also that practice on large numbers of patients makes a doctor better. You can [read the research](#), and now you can easily find doctors who have the most experience with each medical procedure.

- "Patients with [heart attacks] who are treated by high-volume admitting physicians are more likely to survive at 30 days and 1 year." [Tu et al, JAMA](#)
- "Clinicians should consider surgeon volume among the factors influencing their referrals for elective [Total Hip Replacement]." [Losina et al, Arthritis & Rheumatology](#)
- "Patients can often improve their chances of survival substantially, even at high-volume hospitals, by selecting surgeons who perform the operations frequently." [Birkmeyer et al, NEJM](#)

Volume does not identify the best primary care doctors, since all of them handle many office visits, but it is a way to choose specialists.

Careful research is crucial, because [60%](#) of male doctors and [67%](#) of female doctors do not necessarily tell patients when another doctor is substandard (they fear retaliation). [9%](#) of doctors do not tell patients about mistakes which harm them.

[Researchers](#) use the analogy of choosing a restaurant in a strange city: most people will choose a busy restaurant over an empty one, and most people prefer a doctor who does a procedure every day, rather than once a month. The researchers also point out that when primary care doctors see unexpectedly bad results after referring a patient to a specialist, they may stop referring to that specialist, so the less successful ones get fewer patients.

[Sample maps](#) show high-volume doctors for some procedures. Click the upper left corner of the map to see: Knee replacements, Laser eye surgery, Cataract surgery or Ultrasound exams of head and neck. Click any icon on a map for name and address. Thousands of doctors do each procedure, but only these few doctors do the procedures daily.

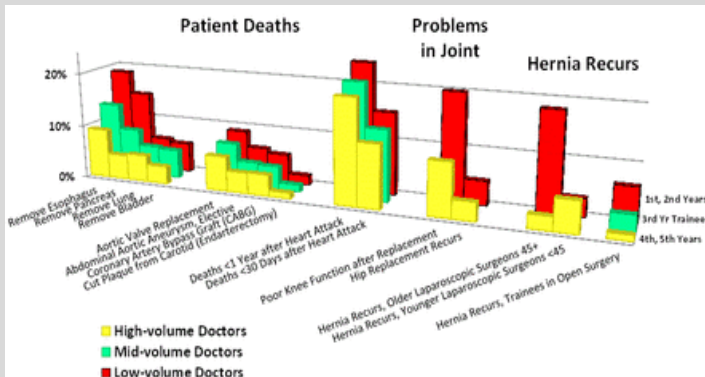
Caution

The first steps are always to consider what care is needed, what the alternatives are, and what questions to type out for the specialist.

Dr Kussin's book ([Dr. Your Patient Will See You Now](#)) says that patients as well as doctors need to subscribe to [UpToDate](#) (UTD) when they face a major health issue. UTD costs \$20 for a week or \$45/month. "That \$20 UTD pass allows you to learn about aneurysms, minimally invasive

globe1234.info/2014dec

Docs with 200+ Procedures



There are many groups which list specialized doctors and centers, to help patients find doctors with experience:

- [Bone Marrow Transplants](#)
- National [Cancer](#) Institute
- [Cystic Fibrosis](#), see counts at each center by registering
- National [Lymphedema](#) Network
- National [Multiple Sclerosis](#) Society
- [Muscular Dystrophy](#) Association
- [Neurofibromatosis](#), Children's Tumor Foundation
- Post-Polio Health International
- [Sickle Cell Disease](#), Centers for Disease Control
- [Spina Bifida](#) Association
- [Tourette Syndrome](#) Association
- [Transplant Centers](#), Medicare

To Find Highly Experienced Doctors, Start Here

A [List](#) shows the medical names of procedures. For example if you have **knee** problems, you can:

- Open the [List](#)
- Press the **CTRL** key and **F**, to get a search window (**CMD+F** on Mac)
- Type **knee** in the window and click the "**Find**" button repeatedly to see each entry.

You will see codes for knee anesthesia around lines 111-116 and for knee procedures around lines 700-750 and 900. The first column on each line shows how many doctors do each procedure, so you can see which procedures are common and which are rare.

You can write down the names or codes of procedures

procedures, and a lot of information that's important to know when facing a major decision... Those who are chosen to write or edit these sections are doctors who are at the top of their game... This search technique has given you a diagnosis that you can research, in depth, and a doctor who wrote the book... Isn't it worth the trip [to that doctor]?" ([pp. 216-7](#)) UTD has links to published studies, some of which are free on the web; others can be found at the nearest major university library or sometimes a "medical library" in a hospital. If one of the studies is especially relevant, an author may be available for an appointment.

Besides UpToDate, patients can read other respected, though less detailed, sites like [NIH](#), [Johns Hopkins](#) and [Mayo Clinic](#), and websites of high-volume doctors throughout the country. For example the highest-volume knee replacement surgeon shows exercises on his website which patients need before and after treatment. As many say, exercises after surgery are a "race against scar tissue."

Reading many websites can be overwhelming; [UpToDate](#) usually has the best synthesis.

All these sources give patients ideas for questions which they can type out and ask at a specialist appointment. A question to ask when making an appointment is whether the doctor is a professor, working with interns and residents. Pros and cons are discussed below in "Professors," and most patients have a preference one way or the other.

Patients may want the opinion of a **low**-volume doctor as well as a **high**-volume doctor on **whether they need** a procedure. If they decide to go ahead, patients may want a higher-volume doctor to **do** the procedure. You can use the spreadsheets here to find doctors in your region who do a procedure more or less than average. A patient who wants to avoid a hysterectomy or prostate surgery will want names of surgeons who do a few of them, rather than many, and go to those for advice.

Dr Kussin says to get a 2nd opinion from another specialty. He gives the examples of asking a neurologist or rheumatologist for a 2nd opinion on orthopedics, and a gastroenterologist for a 2nd opinion on "gallbladder, pancreatic, esophageal, and intestinal surgery" ([p.184](#)). Patients can ask their insurance if it will cover a reasonable number of initial appointments with different doctors, so they can explore all the options.

There are also some high-volume doctors to avoid, such as anyone who advertises a lot. Billboard ads for weight loss surgery in southern California were [accused](#) of drawing in a high volume of patients to unsanitary and dangerous surgery centers. The ads [ended](#) when the FDA complained that warnings on them were too small to read. The [New York Times](#) reported on questionable heart operations at two major hospital chains in California and Florida. The [Washington Post](#) reported on questionable spinal fusions in Florida. [USA Today](#) had many examples of unnecessary work in a 2013 article.

which interest you, and look for those in the **200, East or West** files (links below) to find doctors who do them and can advise you. The spreadsheet cannot advise you; it can only help you find doctors with experience.

Continuing the knee example, the list shows that Orthopedic Surgeons do most knee procedures. If you want to compare what Rheumatology or Pain Management specialists can do, you can:

- Click on the "Specialties" tab at the bottom of the screen
- Search for Rheum, Pain or Neuro
- Find the procedures commonly done by them
- Look for those in the detailed spreadsheets, to find doctors who do them and can advise you.

The detailed spreadsheets let you find **highly experienced doctors** doing each **procedure**, in your **region of the country** (2-digit zip code), and the least experienced. After you find some, you can check them in other ways, as discussed on the bottom of this web page.

1. The [200](#) file lists medical professionals who did any procedure 200 or more times on Medicare patients in 2012. It gives you up to 100 of these professionals for each procedure. If no one did a procedure 200 times, the file tells you the 5 professionals who did it most. Doing work 200 times in a year means they average about 4 per week. (Excel 7 Megabytes, 35,966 rows)
2. [East](#), all who did procedures 11+ times in 2012, from the Atlantic Ocean to PA, WV, VA, TN, MS. (Excel 148 MB, 998,432 rows)
3. [West](#), all who did procedures 11+ times in 2012, from the Pacific Ocean to OH, KY, AR, LA and abroad. (Excel 153 MB, 1,032,570 rows)
4. [Colonoscopies](#), whole country. This extract gives a small example for one specialty. These are included in the other files too. (Excel 3 MB, 18,712 rows)

You can also check the experience of any doctor by name in the original [Medicare](#) spreadsheets, which are alphabetical. These cover all procedures a doctor did 11+ times in 2012, under traditional Medicare.

The files show the doctors' names and addresses. Their [phone numbers](#) are in another Medicare file.

Description of the Spreadsheets

You have two ways to explore the entire country: **(A)** with File 1, the highest-volume doctors for each procedure, **OR (B)** Files 2 and 3, **East and West**, with the far larger number of doctors who did procedures 11 or more times in 2012.

All files include nurse practitioners and certified nurse anesthetists (CRNA), who often work quite independently. The files include all specialties except Labs, Ambulance crews, Physician Assistants and Anesthesiology Assistants. These assistants work under an anesthesiologist's

Medicare's [fraud team](#) has charged doctors with "schemes to submit claims to Medicare for treatments that were medically unnecessary and often never provided." From March 2007 to May 2014 the team "charged almost 1,900 defendants who collectively have falsely billed the Medicare program for almost \$6 billion." About a fifth, or 400 of them, were doctors. You can check online for such [federal](#) cases and [state](#) penalties, and keep your wits about you, though you don't need to fear all high-volume doctors.

Consumer Reports lists [10](#) overused procedures and [12](#) overused surgeries. [63](#) medical societies have released their own lists, with an overall search window. Patients need to be careful before accepting one of these procedures.

Experience is one of many criteria for choosing doctors, and now you can compare their experience. These Medicare data are a good start. If non-Medicare data become available, more doctors will show up as highly experienced.

An Example of Hernias

Experts have written about Shouldice Hospital in Toronto, which does more hernia surgeries than anywhere else. Hernias are one of the most common operations by general surgeons.

Harvard's Dr Atul [Gawande](#) writes that for hernia operations done elsewhere, "In anywhere from 10 to 15 percent of the cases, the operation eventually fails, and the hernia returns... At Shouldice... Their recurrence rate is an astonishing 1 percent... the dozen surgeons at Shouldice do hernia operations and nothing else. Each surgeon repairs between six hundred and eight hundred hernias a year - more than most general surgeons do in a lifetime... With repetition, a lot of mental functioning becomes automatic and effortless... A surgeon for whom most situations have automatic solutions has a distinct advantage... Even the hospital building is specially designed for hernia patients" ([pp. 38-9](#)).

On hernias, [UpToDate](#) (\$20 for a week) describes a range of options, including Shouldice and "watchful waiting." UTD may be the best place to find the full range of options on any disease.

[Ralph Nader writes](#) that "Shouldice's Director Daryl J.B. Urquhart makes a strong case for small, specialized hospitals that can deliver all-around superior outcomes."

Your correspondent has used both Shouldice and Wilmer, which is an equally specialized eye clinic in Baltimore, and can attest their quality as well as the confidence gained by going where doctors have as much experience as anywhere. On the other hand, for an eyeglass prescription the local optometrist is at least as good, since that is what she does all day, all year. It's her specialty, and she gets good at it.

direction, so most people will search for the experienced doctor, not the assistant.

The spreadsheets exclude the commonest procedures, like chest X-rays, basic office visits and injections. Most providers who do those do so many that comparing their experience is unnecessary, and people need to choose on other grounds, discussed below.

The spreadsheets also exclude procedures costing less than \$52, in order to omit many marginally significant procedures and keep the overall data in just 2 files, covering the East and West of the country. The cutoff is arbitrary, but most people will search for doctors primarily for major procedures rather than minor, inexpensive procedures.

Besides average costs, files 1-3 also show **standard deviations** of cost for each doctor and procedure, so you can see how much variation there is. About a third of patients are within one standard deviation above the average cost, and another third are within a standard deviation below the average. Only a sixth have costs above that range, and another sixth are below the range.

Many Medicare costs have small standard deviations, where every doctor gets about the same payment per procedure, with slight variations for extra complexity.

Source of Data

The files are extracted from the [Medicare](#) fee-for-service program. They include doctors and other medical professionals who did any procedure 11 or more times on Medicare patients in Jan-Dec 2012. They don't reflect other years, treatment of younger people, or Medicare HMOs. Patients can ask doctors' offices how much they treat younger people or HMOs.

Occasionally a provider code covers several doctors, and it always covers the residents and fellows training under the named doctor, if any. The doctor's website usually says if a doctor teaches, or patients can ask the doctor's office. The website also names any colleagues, and patients can see if these have their own unique provider codes in either the **East** and **West** files or the [telephone](#) file, which includes all Medicare doctors, not just those with 11 or more procedures.

650 of the 2 million records had inconsistencies between 2-digit zip code and state. When state needed to be corrected, it was put in lower case. When zip was corrected, one letter of the state code was made lower case. These corrections put doctors in the correct areas for searching, but errors may remain in other fields, probably at the same error rate of one per 3,000.

A patient at Shouldice told me that his wife wants to specialize in breast surgery, as the Shouldice doctors specialize in hernias. She has enough patients, but other surgeons at her hospital resist, since they want her to share on-call duties with the other general surgeons. She hasn't been able to specialize, but elsewhere some surgeons do specialize in breast surgery and perform 100 or so per year. Patients and referring doctors can find them in the spreadsheets here.

When more referring doctors and patients search for high-volume specialists, more doctors will be able to become high-volume and highly experienced in their specialties.

Professors

Professors often are high-volume doctors, since all patient care they supervise counts as theirs, even when it was done by interns and residents.

Many people want to be treated by medical school professors, to get cutting edge researchers and freshly trained residents. Other people worry about residents practicing on them, and surgical professors who are out of practice since residents do most of their operations.

Two [reports](#) describe **residents doing most of the cutting and stitching** when they are in the operating room.

Dr [Gawande](#) when he was a resident wrote that "to say I just assisted remains a kind of subterfuge... I hold the knife... I stand on the operator's side of the table... raised to my six-foot-plus height... Given the stakes, who in their right mind would agree to be practiced upon?" ([pp. 22, 30](#)) There is other [research](#) on the benefits of simulators and dangers of undertrained doctors, both young and old.

A study of surgeries in Veterans Administration hospitals reported "We believe in the majority of open repairs, that the resident was on the side of the hernia, and presumably was the person making the cut and putting the stitches in" ([p. 352](#)). The VA hernia study found more recurrences after open operations done by *interns and 2nd year residents* (6.4% recurrence), than by *4th year or older* residents (1.1%). 3rd year residents were in the middle at 3.0%. Recurrences in laparoscopic hernia repairs were about 11%, regardless of the resident's year. "Only when the attending surgeon and the resident are highly experienced in laparoscopic repair techniques, are recurrence rates for laparoscopic repairs reduced" ([p. 882](#)).

A study of [bypass](#) procedures found that patients of medical school **professors had the worst death rates**, and explained it may have been "because more of their operations are performed by residents or fellows" (p. 93).

Surgery at teaching hospitals usually involves residents. Patients who value a teaching hospital appreciate the presence of the professor directing the work, even if a resident does the cutting. Patients who doubt the residents may need to go elsewhere, though they can ask if the professor will operate without a resident, and cross out words allowing residents or substitute surgeons from the consent form. When residents **examine a patient** in an office or hospital, the patient can ask the main "attending" doctor to do the exam, but the main doctor may prefer to depend on residents. For **office consultations**, residents and fellows are often present, but patients can focus on the main doctor's questions and decisions.

On Your Knees

Many people know someone who has had a knee replacement. The medical term is "Total knee arthroplasty." The [UpToDate](#) article on it starts by referring readers to medical management of rheumatoid arthritis, and also cites a range of surgical options. The next paragraphs discuss knee replacement, because it is well-known, not because replacement is the first choice.

The **200** file (described in the Box above) shows that the 20 highest volume Medicare providers are spread all over the country, in 13 states: Alabama, Arkansas, California, Colorado, Florida, Georgia, Illinois, Missouri, New Jersey, Oklahoma, South Carolina, Tennessee, and Texas.

The websites of these high-volume doctors are worth exploring. If one of them accepts your insurance and you live nearby or have friends where you can stay during the long recuperation, you can consider going to them.

Dr Bassett in Harlingen Texas has the highest volume with 434 knee replacements. His website has a variety of information from Biomet (which makes joints). His website also says he teaches at the U of Texas, so many of his surgeries are likely done by residents. Dr Dearborn in Fremont California is second with 411 knee replacements. His web page does not say that he teaches; it does have a 10-page pdf description of alternative ways to do the operation and some of its risks.

Wherever you live you can also look closer to home. For example in the Washington DC region, Dr Dalury north of Baltimore did 211 knee replacements. If he is too far and you can accept doctors who do 2 per week instead of 4-8 per week, you can look in the immediate area around Washington (zip codes beginning with 20). The **East** file shows the largest practices are Dr Cannova in Bethesda MD with 120 knee replacements, or Dr Peyton in Sterling VA with 88. These doctors' websites say if they teach and why they recommend certain brands of knee joint. When patients see a doctor they can ask about the brands and approaches they have found on other doctors' sites.

[Medicare](#) and [ProPublica](#) tell you what payments each doctor received from medical companies. Biomet paid Dr Peyton \$46,000 in royalties, so he may be quite expert on Biomet's joint. Patients need to decide if relationships with medical companies will strengthen or weaken their care. [DocFinder](#) and [Pacer](#) are ways to search for legal actions against any doctor you consider.

Your correspondent does not know or have any relation with any of these named doctors, and has been fortunate not to need a knee replacement, so there is no personal knowledge or bias here.

Each patient or referring doctor can similarly search for Pain Management, Rheumatology or other specialties to find alternatives, and then decide whether local or distant doctors will work out better.

Medical Costs

Besides experience, the spreadsheets show averages of Medicare costs, and they show the list price for each procedure from each provider. Medicare costs include the total paid by Medicare, supplemental insurance and patients.

Each patient's cost depends on his or her insurance. For those without insurance, the Medicare level is a starting point for negotiation. In order to know total costs, patients can ask the doctor's office whether an anesthesiologist, assistant surgeon or hospital fee will be needed. Anesthesiologist costs are in the doctor spreadsheets above. Hospital costs for the most common 100 diagnoses are in hospital spreadsheets from [Medicare](#), and are mapped nicely at [ClearHealthCosts](#).

For example surgeon costs for knee replacement are typically around \$1,500, assistant surgeon \$300, anesthesiologist \$200, and hospital costs (for "major joint replacement or reattachment of lower extremity") averaged \$14,000 if there were no major comorbidities and complications (MCC), or \$23,000 if there were.

Other Information for Choosing Doctors

As mentioned above, Dr Kussin's book ([Dr, Your Patient Will See You Now](#)) suggests almost always getting a 2nd opinion, and getting it from another specialty ([p. 184](#)). He also recommends using foreign doctors, since it took brains to cross all the hurdles to practice in the US ([p. 135](#)), and he suggests using doctors who trained at top hospitals, since it took brains to get in ([p. 131](#)). A study showed no difference in death rates after bypass operations between doctors trained at top hospitals and others ([Hartz et al](#)), but brains are also important in deciding who needs an operation.

Doctors who refer many patients to a particular specialist could check them in some of the ways listed below, and even compile fact sheets, but don't have time to check all specialists.

Patients can use published surveys to find doctors **recommended by other doctors**. Many cities have local surveys, called "Top Docs," "Best Docs," or "Superdocs." Nationally, *Consumer Checkbook* surveyed 375,000 doctors in 2009 in [53 metro areas](#) ([\\$25](#) online, [\\$1 used](#)). They list 24,000 doctors who received the most recommendations, and show the number of recommendations each received. Their research [says](#) that in general these doctors also:

- "Get much higher ratings than other doctors when we survey patients;
- Are much more likely than other doctors to be board certified;
- Are less likely than other doctors to have disciplinary actions filed against them with state medical boards; and
- In the one specialty for which we have good data on outcomes (death rates in cardiac by-pass surgery), have better results."

A [1999 study](#) found that doctors were more likely to be in such lists "if they trained in prestigious residencies (P<0.01) or fellowships (P<0.05), or if they had an academic appointment (P<0.05) or 15 or more years of experience (P<0.001)."

Consumer reviews tell if a doctor speaks clearly and listens. Dr Wen of George Washington U and Dr Kosowsky of Harvard say doctors need to communicate well with patients to get information for a good diagnosis. "Choose someone who makes time to listen to you and answer your questions... and who engages you in a discussion of your diagnosis. By the same token, watch out for doctors who display signs of impatience, intolerance, condescension, or inflexibility" ([p. 211](#)). Their [book](#) goes on to describe in detail how patients need to prepare before seeing a doctor. At this writing,

AngiesList, RateMDs, Vitals, Wellness and Yelp show written reviews. HealthGrades, LifeScript and UCompareHealth show votes but few or no written reviews. Most allow one review or vote per email address, so the ballot box can be stuffed. Stuffing AngiesList would be expensive, since it costs money to subscribe; it offers a national subscription which lets patients check doctors far and near. The 5 knee doctors named above have 3-11 reviews each; your mileage will vary.

Patients can see what **payments** doctors get from [medical](#) companies (Medicare's site) and [drug](#) companies (ProPublica's site). It is not surprising when high-volume doctors receive payments from companies for various purposes. Patients need to decide if these affect their care.

Patients can see what **drugs** the doctors often [prescribe](#) (click on "Prescriber Checkup"), and get independent reviews of those drugs from the Public Citizen Health Research site, [WorstPills.org](#) (\$15/year), or less detailed reviews from [Consumer Reports Drugs](#) (free).

Patients can see how the doctor's [overall practice](#) compares to other doctors in the same specialty and state (ProPublica's site). For example Dr Bassett in Texas performs more knee X-rays and repairs than average, since knees are his specialty.

DocFinder has a free search of [17 states](#), and links to the other state boards for the [few disciplinary](#) actions against doctors. Some states only divulge current suspensions, not past suspensions. *DocInfo* has a national search for [\\$10](#) per doctor and another list of [state medical boards](#). There is a [lag](#) before state data are posted in the central files. The same searches verify if a doctor's **license** is up to date.

Medicare [shows](#) affiliations to **hospitals** and **medical groups, languages**, phone numbers and addresses of each location of a doctor. For that search you need to know the doctor's zip code or city and state; another [file](#) allows a national search by name only.

Some people want to know success rates of individual doctors, but **success rates are controversial**, since they encourage doctors to avoid risky patients, have unreliably small samples, and are hard to find anyway.

Most commercial sites use cookies, login, and/or IP address to [track](#) the webpages patients go to and sell the information to [data brokers](#), revealing what diseases they're researching. Globe1234 does not ([Privacy Policy](#)), and when you download a spreadsheet, you search it on your own computer, so Globe1234 cannot know what diseases you researched.

Legal Actions

Some state boards provide information on [malpractice](#) suits in the *DocFinder* lists above, but usually patients have to search the web or state court records. Each state has its own system for searching.

Federal court records (such as **Medicare fraud**) are easily searchable at [Pacer](#) (10 cents/page. \$2.40 per audio file of court hearings). Even malpractice cases can appear in federal court when patients and medical suppliers are in different states. The doctors indicted by [Medicare's fraud team](#) appear in Pacer. The highest-volume surgeon for knee replacements is in Pacer as a co-defendant in one federal case in 2014, which became part of a settlement agreement. Patients can ask for information and decide if it matters to them. The weight loss surgeons reported by the [LA Times](#) are in Pacer because of a 2012 whistleblower suit and a suit by the same surgeons against a health insurer. Of two doctors named in the [NY Times](#) article on heart surgery, one is in Pacer since he sued the hospital for suspending him; the other is not. The spine surgeon reported by the [Washington Post](#) does not appear in Pacer, since the whistleblower suit was filed against the hospital. The three surgeons named by [USA Today](#) all appear in Pacer.

Thus Pacer provides a lot of information, though not a complete list of problems. There is a far **more complete list** of problem doctors, which Congress does not want you to see. The [Practitioner Data Bank](#) lists "800,000 license and hospital disciplinary reports and past malpractice payment reports for clinicians" 1990-2014. [Congress](#) forbids showing the list to patients or referring doctors. The federal government shows the list to those it thinks "need to know the most - the hospitals that are considering hiring [doctors] or the licensing board." There is a public version without names and addresses if you agree to their Data Use Agreement. The size of the list ranges from 900 adverse actions in Hawaii to 50,000 in Texas over the last [decade](#). Several [reporters](#) have used the list for stories.

Data on doctors' quality are still limited, but the data provided here on doctors' volume are helpful in the absence of direct quality data. As quoted at the beginning of the article, **researchers in the field recommend choosing high-volume doctors** when possible.