

Consumer Reports®

What You Don't Know About **YOUR DOCTOR COULD HURT YOU**

PLUS
The Fight for
**SAFER
FOOD**

BY ERIC SCHLOSSER

Botched surgeries, substance abuse, sexual misconduct—doctors on probation can still practice medicine, and they don't have to tell you.

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RATINGS LEXUS RX, HONDA CIVIC, LINCOLN MKX & BMW 7 SERIES

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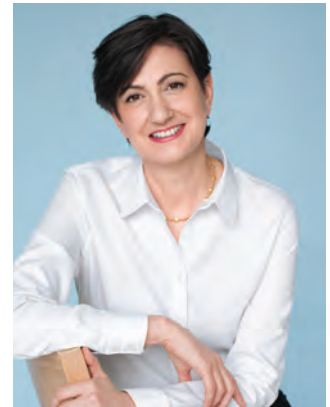
FROM THE PRESIDENT

We've Got You Covered

EIGHTY YEARS AGO this month, Consumer Reports released its first issue with the goal of empowering consumers to navigate the marketplace challenges of the time. Though the intervening years have seen many changes, our fundamental mission never has. This issue includes a special anniversary gallery of covers from our past to provide a glimpse of the road we've traveled together. Our cover stories over the past eight decades have carried the promise of an in-depth, rigorous look at an important issue that consumers can't find anywhere else—and, naturally, this month's cover story on doctors is no exception.

Few consumer relationships in a person's life are as intimate or as important as that between a patient and a doctor. That's why we are shining a light on a critical weakness in our medical system: the ability to easily discover if your doctor is on probation for unprofessional or dangerous practices. We believe such information should be readily available to you so that you can make informed choices—and our cover story helps you unearth the information you need to find the doctor who's right for you.

Our commitment to working with you to improve health outcomes is one we've held for a long time. Thirteen years ago, Consumer Reports launched the Safe Patient Project to raise the voices of consumers speaking up about hospital-acquired infections. Today, more



Marta L. Tellado,
President and CEO
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**Our commitment
to working with you to
improve health
outcomes is one we've
held for a long time.**

than 30 states, and counting, have heard your voices, and have responded by adopting laws to strengthen the reporting of infection rates. Federal laws have incentivized disclosure as well, bringing greater transparency and peace of mind to families across the country. These efforts—and the coverage in this month's issue—are just the latest examples of our ongoing work with you to pull back the curtain on issues that impact your life.



New This Issue

To celebrate our 80th anniversary, you'll find a feature this month that showcases our historic covers. You'll also find, in this issue and throughout the year, timelines showing important consumer topics we've covered and changes we've pioneered over the decades. Also see, for the first time, writer bylines. Though

stories on our website have long carried bylines, the magazine has not routinely done so. We are starting this now in order to bring a human face to our stories and to encourage more engagement with you, our readers. Of course, all our content continues to reflect the contributions of an esteemed staff of engineers, scientists, doctors, and statisticians.

What You Had to Say About Sleep Problems, Supermarket Meals, and the State of Real Estate



Sleep Aids

Our February 2016 cover story, "I Can't Sleep," prompted many comments from readers, hundreds of whom shared their tales of tossing and turning, as well as their strategies for better shut-eye.

I am a professor at the Josef Korbel School of International Studies, University of Denver, where I teach a stress reduction workshop. A common issue people report is insomnia. Your February 2016 cover story, "I Can't Sleep," is excellent, covering a wide range of issues. I have now recommended it not only to those

with sleep problems but to all of the people taking the workshop. Well done!

—Claude D'Estree, Denver, CO

You advise against napping. Yet there are many places in the world where siestas are part of the culture. Do those millions of people sleep worse at night than we do? I doubt it.

—Daniel Nathanson, Jamaica Plain, MA

In "Get More ZZZs, Naturally" (February 2016), you mentioned obstructive sleep apnea (OSA) and restless legs syndrome (RLS) as affecting sleep. You may also want to mention Periodic

Limb Movement Disorder (PLMD), which only occurs during sleep (RLS also occurs during waking hours). I was surprised to learn from a sleep study that I have PLMD incidents hundreds of times a night. Some are so severe that my wife has reported that my knees almost hit my chest, yet I am completely unaware of these nocturnal gymnastics.

—Michael Dew, Daytona Beach, FL

No need to spend big bucks on a "white noise" gadget. There's nothing better than an inexpensive box fan. Zzzzzzzz.....

—Gayle Pifer, Pembroke Pines, FL

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f There's no such thing as enough sleep.
—Connie Mack-Ward, via Facebook

f I find the best sleep aid is to do cardiovascular exercise. I have trouble sleeping only when I am not exercising regularly.
—Kathleen Kool, via Facebook

Hidden Costs of Homemade

In “Under the Plastic Wrap” (March 2016), you compare the cost of prepared and homemade meals. But you neglected to include the cost of waste. I can't buy a stalk of celery or half a green pepper, and unless I use up all of the leftover ingredients before they go bad, the real cost soars.

—Ken Collier, Cedar Rapids, IA

f People buy prepared and frozen meals for convenience. I'm under no delusion that the frozen shepherd's pie in my freezer is good for me, but some nights I just can't muster the energy to cook.
—Blake Cohen, via Facebook

The True Workout

In “Survival of the Fittest” (February 2016), you rank treadmills and ellipticals based on factors such as ergonomics, ease of use, and exercise range. What you fail to take into account is the fact that most home exercise equipment only serves its intended use for a very short time before being repurposed as furniture. Based on my research, the \$1,000 NordicTrack C970 Pro will hold 30 percent more laundry than the \$3,800 Landice L7 Cardio Trainer.

—Shawn Cohen, Kapolei, HI

A Safer Fireplace

We recently moved into a house with a gas fireplace. After reading “Don't Get Burned” (February 2016), I visited the website of the manufacturer, Superior. It had a page to sign up for a screen to cover the glass in the fireplace. Two weeks later I received a new screen. There was no charge other than the time to request it. I consider it a very worthwhile investment of my time to make my fireplace safer. Thank you for your article and all you do!

—Larry Malkowski, Oklahoma City, OK

EDITOR'S NOTE Some manufacturers provide free safety screens, or you can buy one from a retailer; learn more at safefireplacetips.com.

Getting Real About Real Estate

Nothing was mentioned in “Be the Best Buyer—Or Seller—You Can Be” (March 2016) about interviewing several potential brokers, or about the advantage of using an experienced broker, preferably a buyer agent. An Exclusive Buyer Agent (EBA) only represents the interests of the buyer. The National Association of Exclusive Buyer Agents (NAEBA) can be a source of referrals. For all brokers, request a list of references. Look for a broker who represents at least 10 buyers a year. And yes, compensation is negotiable.
—Russ Murray, Englewood, CO

Regarding “The Huge Truth About Tiny Homes” (March 2016): We have many friends who are living much or most of the year in 400 to 700 sq. ft. homes in over-55 communities in Arizona and elsewhere. We lived and traveled for six years in a 350 sq. ft. RV. Our actual “stick-built” home is only 980 sq. ft. Once you unload the unnecessary stuff, it's surprising how little space you really need.

—Henry Whitney, Custer, SD

f The reason single family homes are bigger is that land has become more and more expensive. Builders can't make money unless they squeeze a bigger more expensive house onto the same sized piece of land.

—Carol Kemp, via Facebook

Tax Tips

As the manager of the division responsible for combatting personal income tax refund fraud for the Ohio Department of Taxation, I was happy to see your article “Outsmart Tax Thieves This Filing Season” (February 2016). However, I was disappointed that it did not recommend that an identity theft victim also contact their state. While the Internal Revenue Service has made strides in its data sharing to help states combat this issue, the best advice is to alert both the IRS and resident state.

—L. David Dulin, Galena, OH

f “About two thirds of Americans can expect a federal tax refund this year.” About two thirds of Americans gave an interest-free loan to Washington last year.

—Ted Zeck, via Facebook



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Sit in the passenger seat and experience a virtual reality test drive with our track director, Jake Fisher, at ConsumerReports.org/cars using your computer, smartphone, tablet, or VR viewer.



Searching for a credit card that will give you the most cash back? Our new credit card comparison tool makes it easy to find the card that will do just that based on how you spend. Enter your estimated spending on items like groceries and gas, and the tool will reveal how much cash you'll get back over one and three years. It can add up to hundreds or even thousands of dollars.

... and on Mobile

Magazine subscribers can download our iPad edition free from the Apple iTunes store.

ConsumerReports.org subscribers can access our website on mobile devices and download the Ratings app or the Car Buying Guide app, available for Android or Apple smartphones and tablets.



CORRECTION

In “Baggage Claim Check” (February 2016), we said that we measured the “height, weight, and depth” of carry-on luggage. In fact, we measured the bags’ “height, width, and depth.”



To celebrate 80 years of our magazine's publication and our organization's work to improve the marketplace for consumers, we showcase here some of our most compelling covers.

COVER WORTHY

1930s



MAY 1936

"Consumers Union begins its task of providing technical guidance for consumers," read our debut editor's note. We tested Alka-Seltzer, stockings, and soaps, and scrutinized pasteurized milk. We also said that price was the only real difference between grade A and grade B milk.



DECEMBER 1936

We first sounded a warning about excessive advertising and the "propaganda of food faddists" about vitamins, saying that a well-balanced diet was all most people needed to stay healthy.



JULY 1938

After examining the existing research on smoking, which included a link to illnesses such as chronic bronchitis, we said cigarettes are "probably slightly deleterious to the human machine."

1960s



APRIL 1954

We tested the first color TV, from Westinghouse, when it became available. It had a 12½-inch screen and cost \$1,295 (more than \$11,000 in today's dollars). Our verdict: Given blurry images and overlapping colors, "the state of the art needs refinement."



MAY 1956

Although seat belts were not mandated in new cars until 1968, we were staunch supporters. In our first tests, 26 of 39 belts failed our static and simulated crash tests. We continued regular testing and advocating for federal standards for this important safety feature.



FEBRUARY 1958

We offered weight-loss advice and evaluated the science behind so-called reducing machines. We scoffed at one dud, the Relax-A-Cisor, which claimed to reduce girth by activating the muscles with low-voltage electrical stimulation.



MARCH 1959

After testing milk from 50 distributors in the U.S. and Canada and examining other data, we concluded that fallout from nuclear bomb testing (in the form of radioactive strontium-90, which is stored in the bones) was on the rise in milk.



JANUARY 1962

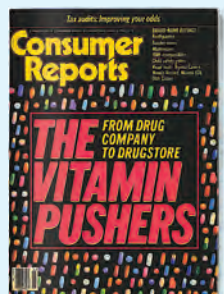
During the Cold War many readers asked for guidance about nuclear fallout shelters. We declined to test them, given the complex variables and unknowns, but we did share a detailed first-person account from a scientist who was building his own.

1980s



SEPTEMBER 1983

In a 28-page report, we offered advice for those thinking of buying a home computer. We tested 17 models, including the Atari 400, Commodore 64, and Apple IIe. By 2000, we predicted, computers would be as common in homes as TVs.



MARCH 1986

Since 1936, our medical experts decried the fact that the American public was being oversold on supplements. As yearly sales neared \$3 billion, we again laid out the evidence showing that the best way to get vitamins is to eat a balanced diet.



JULY 1987

Although top-selling laundry detergent Tide's various formulations came in second, fifth, and sixth in our tests, the big winner was Liquid Cheer. It did the best at getting clothes clean, we found.



MARCH 1989

During the early years of the AIDS epidemic, we put 40 varieties of condoms to the test, including inflating them until they burst. We received letters of support for bringing the condom out of the dark ages as well as condemnation for not promoting abstinence.



MAY 1989

Apple growers promised to stop using the pesticide Alar in 1986 after years of testing linked it to cancer. But when we tested red apples from the New York City area and apple juice bought at supermarkets, we still found high levels of the pesticide.

1940s



JULY 1943

In a blistering wartime editorial, we blasted profiteers who were taking advantage of product shortages to gouge consumers. We supported strict price controls—then quite controversial—to protect the public and called on the government to enforce them.



APRIL 1944

We dismissed as scientific “rubbish” the gadgets used in sleep labs to address sleep disturbances, asserting that factors such as poor diet and stress at home and at work were more likely to be the causes of insomnia.



OCTOBER 1945

We first tested cars in 1936 but noted here that although the World War II ban on making new cars was lifted, shoppers would be wise to wait until 1947 to buy because the last truly “new” models were made in 1942.



OCTOBER 1947

Automatic washers debuted with models from companies such as Blackstone and Bendix, priced as high as \$345. Our tests revealed that most didn’t clean as well as the best wringer-style machines.



FEBRUARY 1953

In our ongoing reporting on cigarettes, we deemed the evidence “very suggestive” between heavy smoking and lung cancer—more than four years before the surgeon general’s office declared it a public health hazard.

1970s



JUNE 1963

While millions of Americans—about four in 10—puffed away, we published an exhaustive 16-page analysis of scientific research and concluded that “we are living in the midst of a major lung cancer epidemic.”



FEBRUARY 1965

As people moved to the suburbs, the number of cars on the road grew by almost a third between 1950 and 1963. To solve the “rush-hour mess,” we called for staggered work schedules, dedicated bus lanes, better freeways, and more commuter rail systems.



AUGUST 1972

In our first tests of child car seats, we found 12 of the 17 models “Not Acceptable.” We continued to push for stronger federal safety standards. In 1981, more stringent government regulations helped remove inferior seat designs from the market.



JUNE 1974

During a nationwide initiative to clean up public waterways, we urged stronger pollution cleanup efforts, using water filters and bottled water, and putting community pressure on lawmakers. Our three-part series won a prestigious National Magazine Award.



NOVEMBER 1976

We lathered up 217 men and women with every hair type. Though some ads went to great lengths to entice buyers—Herbal Essence, for instance, invited users to “step into a garden of earthly delights”—all but a handful of the 77 shampoos did a good job.

1990s



AUGUST 1990

We took insurance companies to task for denying many Americans coverage for being in less-than-perfect health, leaving some unable to get a health insurance policy at any price.



FEBRUARY 1992

Our six-month probe questioned the quality and safety of fresh seafood. Almost half of the 113 samples of salmon, sole, catfish, clams, and other seafood were contaminated with fecal bacteria; others carried mercury and PCB, a potential carcinogen.



OCTOBER 2003

In 2002, 7 million Americans were victims of identity theft. In addition to describing how the thieves work, we offered advice on how to prevent ID theft and what to do if you became a victim.



SEPTEMBER 2010

Maintaining our spotlight on the largely unregulated supplement industry, we call out “the dirty dozen”—12 products that contain ingredients that could potentially make you sick.



SEPTEMBER 2015

In a data-intensive report, we analyzed more than 2 billion car insurance price quotes, exposing the secretive ways consumer prices are set. And we revealed slick commercials that mask unfair—and unsettling—industry practices.

BUILDING A BETTER WORLD, TOGETHER

JOIN WITH US TO MAKE A SAFER, HEALTHIER MARKETPLACE



PROTECTING PATIENTS

HERE'S A TROUBLING STATISTIC:

Medical mistakes that occur in hospitals account for an estimated 440,000 deaths each year. What's more, Consumer Reports has learned that thousands of doctors across the country have been put on probation by state medical boards for reasons including negligent care, sexual misconduct, and substance abuse. Yet they're still allowed to practice medicine—without having to alert their patients. See our article “What You Don't Know About Your Doctor Could Hurt You,” starting on page 30.

Consumer Reports' Safe Patient Project is working tirelessly to address these important healthcare concerns. Under the leadership of Lisa McGiffert, our advocates are pushing for patient-safety initiatives on federal and local

levels. The team is focused on finding ways to reduce medical errors and hospital-acquired infections, improve the safety of medical devices, and ensure that the nation's doctors are practicing good medicine.

“Transparency and giving consumers information they can act on—this is what helps to change the behaviors that harm patients,” McGiffert says. “Take infections, which are preventable. If no one knows what's going on inside hospitals, then there's no incentive for those hospitals to clean up their act.”

Since 2003 the Safe Patient Project has fought to require hospitals to divulge their infection rates. Thanks in part to this campaign, it's now the law in 33 states and the District of Columbia, and Medicare is now requiring hospitals throughout the U.S. to report their rates.

“When lawmakers hear statistics and technical data, their eyes glaze over, but when they hear about people who have lost loved ones to a hospital

infection, they listen,” says McGiffert, who was the legislative director for the Texas Senate Committee on Health and Human Services before joining Consumer Reports 25 years ago.

The Safe Patient Project's latest effort grew from the work of advocates in California who were battling for more transparency from their state's medical board.

In late 2015 we filed a petition with the board urging that the almost 500 doctors on probation be required to notify their patients.

That prompted state Sen. Jerry Hill to introduce a bill in February based on our proposal.

“Consumers have the right to know whether their doctor is on probation for misconduct that could jeopardize their health,” McGiffert says.

Go to [SafePatientProject.org](#) to learn more about the work McGiffert and her team are doing to help consumers find good doctors.

CUTTING CABLE COSTS

YOUR CABLE COMPANY is at it again. According to the Federal Communications Commission, 99 percent of the 53 million customers paying for cable TV have no choice but to lease a set-top box, paying a collective \$20 billion each year. Since 1994 the cost of leasing a box has risen 185 percent while prices for computers and TVs have dropped by 90 percent.

We have long pressed for reform, and the FCC recently voted to advance a proposal that would open up the market. That move would help bring “competition and innovation to a market that's in serious need of reform,” says Marta L. Tellado, president and CEO of Consumer Reports. Watch [ConsumersUnion.org](#) for progress.

STICKER SHOCK

YOU PICK A DOCTOR or hospital in your health plan's network to keep costs down. But then you get ambushed with big bills from specialists or labs that aren't covered by your insurance. When we reported on surprise medical bills in our November 2015 issue, we asked you to share your stories with us. By press time for this issue, more than 1,775 readers had told us about their bills, totaling \$9,002,935. Go to [EndSurprise-MedicalBills.org](#) to see how the number has grown, sign our petition, and share your story.

INSIGHTS

NOTABLE NEWS & SMART SOLUTIONS

SMOOTH TALKER

You can now buy Gillette razors through its subscription club as well as in stores. The Fusion is shown here.



On the Cutting Edge

Can you trim costs with shaving clubs? *by Susan Byrne*

BUYING RAZORS and blades is not only pricey but sometimes a hassle. Products are often locked in store cases—and too often there's no clerk in sight.

Shaving clubs offer a new way to stock up. Since Dollar Shave Club launched in 2012, other subscription programs for men and women have followed. They usually deliver a starter kit with a razor, blades, and shaving cream, gel, or “butter,” followed by replacement blades mailed regularly. Companies claim that their products trim your costs while delivering a clean, close shave. To find out,

we compared prices and tried three of the clubs.

We asked eight male staffers to shave with four razors: Dollar Shave Club's Humble Twin (\$3 per month) and its Executive (\$9 per month); Gillette Shave Club Advance Plan's Fusion (\$18 quarterly); and Harry's Truman (\$15 per month). The Humble Twin comes with five cartridges; the others, four.

Our staffers used each of the razors to shave their faces daily for eight days. Then they and our sensory experts judged the closeness of the shaves.

The Gillette was the favorite; almost all of the testers said they would buy it. They liked it for shaving closeness and comfort, sideburn trimming, and ease of shaving under the nose. They also liked the handle's grip and the shaving head's angle. But it was the most expensive at \$4.44 per five-blade cartridge. (Current club subscribers receive the Fusion; new customers who want five blades can choose the ProGlide or ProShield instead.) The average cartridge for all brands costs \$3.24 at stores, according to IRI, a market research firm.

Dollar's Humble Twin was the least expensive at 60 cents per cartridge. The no-frills two-blade razor was the least favorite, but those who tried it on their bald heads liked it. Dollar's Executive (six-blade cartridge, \$2.25 each) and Harry's Truman (five-blade cartridge, \$2 each) landed in the middle, with about half of the men saying they would buy them.

According to our analysis, shaving clubs can save you time and money, and give you a close shave. Sign up at dollar-shaveclub.com, gillette shave-club.com, or harrys.com.

Is Pet Insurance Worth the Cost?

Like medical coverage for people, pet policies are complicated. Here's what we found when we analyzed the coverage from three health insurers.

by **Mandy Walker**

TWO YEARS AGO, Elizabeth Newsom-Stewart's cat Fawkes ate part of a lily plant leaf. Newsom-Stewart, then a veterinary student at Cornell University, immediately knew the danger he was in, and rushed him to an animal hospital.

"Some lily plants are toxic to cats" she says, and may cause kidney failure. "Symptoms can take 12 to 24 hours to show. By the time kidney failure occurs, it's almost always fatal."

Emergency treatment, which included three days in intensive care, medication, tests, and lots of IV fluids, cost \$1,783. But just three months before, Newsom-Stewart bought pet insurance, and it covered \$1,327 of the bill. And Fawkes, now 4, made a full recovery.

A serious illness or injury can take a financial toll, even when the patient is a pet. Cancer treatments can easily run \$5,000; surgery to fix a torn ACL from, say, a poorly executed jump off the sofa can cost about \$3,300. Pet insurance is sold with the promise that by helping to cover some of your pet's medical bills, you won't be forced to consider "economic euthanasia" in the most dire circumstances.

But as helpful and emotionally comforting as it might be, is insurance really worth the price?

About 1.4 million pets in the U.S. and Canada were covered by a plan at the end of 2014, according to the North American Pet Health Insurance Association, a trade group. That's less than 1 percent of about 174 million pet cats and dogs, but up from 680,000 policies in 2008. Some of the increase may be linked to

a surprising fact: Pet insurance is one of the fastest-growing optional employee benefits.

Major policy providers include the ASPCA (through Hartville), Embrace, Healthy Paws, PetFirst, Petplan, and Trupanion. Most cover only cats and dogs, but one company, Nationwide (formerly Veterinary Pet Insurance), also insures birds, rabbits, snakes, turtles, and other animals.

How the Plans Work

Like people insurance, pet policies come with a variety of deductibles, co-payments, and premiums. Unlike people coverage, you usually have to pay the vet bills in full and wait for reimbursement. But Trupanion

choose, such your deductible amount. Embrace and Healthy Paws pay a flat percentage of covered costs after your deductible is met. Other companies calculate reimbursements based on the "usual and customary costs" of vet care in your area. Embrace lets you pick the annual maximum amount it will cover each year (\$5,000, \$8,000, \$10,000, or \$15,000); Healthy Paws and Trupanion have no annual ceiling.

Almost all policies exclude pre-existing conditions and may exclude breed-specific conditions (or charge you more to cover them).

What They Cover

You can pick a plan that insures costs due to accidents (such

as injuries caused by motor vehicles), or accidents and illness (including arthritis, cancer, and colitis). Some providers also offer wellness coverage for certain routine care, like annual exams, flea and tick treatments, and vaccinations. Eighty-one percent of pet insurance policies are accident and illness plans for dogs; 14.6 percent provide the same kind of coverage for cats and other pets. Only about 4 percent of the market is made up of accident-only and wellness coverage.

The insurance trade group says that accident and illness coverage per year averaged \$473 for dogs and \$285 for cats in 2014. Accident-only policies ran \$158 and \$132, respectively.

Less than 1%

of dog and cat owners have pet insurance.

launched a service in February that can disburse payments directly to vets on the day of service. The company says about 60 percent of its bills are already processed that way.

The cost of coverage can increase depending on your pet's breed (purebreds cost more to insure because they're more prone to some hereditary conditions), age (plans may cost more as your pet gets older), the rising cost of veterinary care, and the coverage options you





To compare costs, we asked four providers—Embrace, Healthy Paws, Nationwide, and Trupanion—whose parent companies comprise roughly 75 percent of the market, to estimate what their accident and illness policies would cover for a specific dog and cat. After initially agreeing, Nationwide decided it would only provide data for its policy that had accident, illness, and wellness coverage, so we didn't include the company in our analysis.

We used the vet bills of Guinness, an almost 12-year-old Labrador mix from Westchester County, N.Y., and Freddie, a mixed-breed cat from Fairfield County, Conn., who's almost 9.

Guinness had few health problems over the years until he was diagnosed with skin cancer last fall. Treating him required two costly surgeries and expensive follow-up care.

Freddie has been relatively healthy; he had one pricey dental cleaning under anesthesia, and has been prescribed cat

food and medication to treat infections. We did our analysis assuming that their owners had signed them up for coverage when they were just a few weeks old, and we adjusted each medical-care charge into present-day dollars to judge how their expenses would have been covered.

Playing the Odds

For Freddie, only the Healthy Paws policy would have paid out more than it cost, in part because of its lower premiums.

If you have a pet like Guinness with a costly condition or illness you want to treat, we found that pet insurance may pay out more than it costs you. In our exercise, a Healthy Paws plan was the only one that paid more than it cost.

But if his owner continues to cover cancer treatments, all three plans may be worth it. In 2015, for example, Healthy Paws and Trupanion would have reimbursed the owner over \$3,000 more than they would have charged for coverage. Embrace would have covered more than \$4,000 over the cost of its plan.

Of course, our results are for a single cat and dog; vet bills are different for every animal, and there's no way to predict whether your pet will become sick or injured. But if you'd like help with unexpected, large vet bills, a plan may be worth considering.

Talk with your vet about the medical costs your pet's breed will usually incur, and ask about his experience with different pet insurers.

Download sample policies from insurance websites and read them thoroughly for limitations, exceptions, and co-payments. Consider skipping wellness coverage if possible and paying for it out of pocket. Last year routine vet care cost cat owners just \$196 and dog owners only \$235, according to the American Pet Products Association.

If you don't want to pay for pet insurance, consider

starting an emergency savings fund for pet care instead. If you find you need help with a big pet medical bill, the Humane Society has a list of organizations that may help pay for it (humanesociety.org).

More Ways to Save

Take steps to keep your pet healthy to trim medical costs.

- **Ask your vet which vaccines you can skip.** Some effectively prevent serious and costly diseases, says Louise Murray, D.V.M., a veterinarian and vice president of the ASPCA's Bergh Memorial Animal Hospital in

New York City. But ringworm, for example, is a mild condition and its vaccine isn't that effective, she says.

- **Guard against parasites.** Fleas can cause life-threatening anemia, and ticks can spread Lyme disease and Rocky Mountain spotted fever. An inexpensive topical solution can keep the bugs at bay.

- **Spay or neuter your pet.** Doing so can help prevent health problems, including some cancers. Many shelters or chapters of the ASPCA provide low-cost or no-cost spay or neuter surgery.

A TALE OF TWO CRITTERS

How much, if anything, would the owners of Guinness and Freddie have saved over the years on their healthcare if they had pet insurance?



GUINNESS THE DOG

	EMBRACE	HEALTHY PAWS	TRUPANION
<i>Cost of coverage*</i>	\$10,260	\$6,070	\$8,290
<i>Amount paid by insurance</i>	\$8,450	\$7,060	\$7,810
<i>Net gain or loss with insurance</i>	-\$1,810	+\$990	-\$480



FREDDIE THE CAT

<i>Cost of coverage*</i>	\$5,440	\$2,780	\$4,570
<i>Amount paid by insurance</i>	\$3,270	\$3,360	\$3,850
<i>Net gain or loss with insurance</i>	-\$2,170	+\$580	-\$720

*Includes premiums.

HOW WE CRUNCHED THE NUMBERS

To compare policies, we converted all of the vet charges over the years into 2016 dollars, and checked current premiums for our pets at different ages. We chose a 10 percent co-pay for all three policies, which means the plans cover 90 percent of eligible charges. Embrace has a \$200 annual deductible; for Healthy Paws, it's \$250. Trupanion has a \$200 deductible per type of illness or accident. Once that deductible is met (say, for a cancer treatment), it covers 90 percent of additional charges for that condition. Healthy Paws and Trupanion have unlimited annual reimbursements; Embrace lets you choose an annual ceiling of \$5,000, \$8,000, \$10,000, or \$15,000. In only one year did bills for Guinness go over the \$5,000 annual ceiling we used in our example. Note that the premiums of an Embrace plan go up significantly if you choose higher annual ceilings.

Reforms Come to Reverse Mortgages

New rules may protect borrowers against some potential perils. But when do the risks outweigh the rewards? *by Donna Rosato*



WHEN KAREN HUNZIKER'S husband, Charles, died a month after having a stroke in May 2014, she was devastated. Ten days later, she got another shock: a letter from a loan servicing company saying she'd have to pay off the reverse mortgage on her home or it would go into foreclosure.

The Hunzikers had taken out a reverse mortgage in 2008. Karen, an artist, and Charles, who worked at a local warehouse, wanted to borrow \$20,000 to do repairs on their home in Pollock Pines, Calif. The loan allows older homeowners to borrow against the equity in their home. As long as you keep up with your property taxes, home insurance, and house maintenance, a reverse mortgage doesn't have to be paid back until you move out, sell your home, or die.

At the time, Karen was 60, two years too young to qualify for that type of loan. So she agreed to be removed from the title so that Charles, then 65, was the sole borrower.

Karen says the lender repeatedly assured her that she'd be able to stay in the home if anything happened to Charles. But when she contacted the loan servicer after Charles died, she was told that her home was scheduled for auction in 30 days.

"I barely had a chance to mourn, and I was told I would have to get out of my house," says Hunziker, now 68.

Karen's experience is the kind of horror story that has long led some consumer advocates and financial planners to consider reverse mortgages too risky, a loan of last resort. In addition to problems when a surviving spouse isn't on the loan, these compounding-interest loans can be expensive. And seniors who can't keep up with taxes, insurance, and home upkeep risk defaulting on the loan and losing their house.

But over the past three years, new government regulations aimed at protecting older borrowers and shoring up the government-backed loan program have gone into effect.

To be sure, the loans remain a poor choice for some, and at Consumer Reports we believe more reforms are needed. But some experts say that for certain homeowners, with the new regulations in place, it may make sense to consider a reverse mortgage.

One high-profile proponent is Massachusetts Institute of Technology professor Robert Merton, a Nobel Prize-winning economist who has studied reverse mortgages for more than a decade. It's an unfortunate reality, he says, that many people haven't saved enough for retirement. At the same time, a fast-growing number of the 76 million baby boomers, now 52 to 70 years old, are moving into the eligible age range for reverse mortgages, making them a prime audience for the loans.

Among Americans 55 to 64, 55 percent report little to no retirement savings, according to a May 2015 Government Accountability Office report. But 74 percent of people 55 and older own their homes. Merton has come to see that "home equity could be a solution" for retirees who would like to improve their standard of living. "Will we still have problems with reverse mortgages? Of course we will," Merton says. "Do we need improved design, lower closing costs, and better regulation? Yes. But a well-functioning reverse mortgage is going to be key for working- and middle-class people to have a good retirement."

If you're considering a reverse mortgage, it's critical to know what you are getting into, given the loans' complexity, cost, and controversial nature. Here's what you need to know:

A Troubled History

Though never a big part of the mortgage market, government insured reverse mortgages—formally known as Home Equity Conversion Mortgages (HECMs)—have been around since 1987. Congress created them with the aim of helping cash-strapped homeowners 62 and older pay for critical everyday living expenses by drawing

income from their home, usually their biggest asset.

The loans took off along with the housing boom that boosted home values in the 2000s. Lenders gave retirees incentives to take all of the money out up front. Some were talked into using the money for ill-advised investments or spent it on noncritical home improvements. About 40 percent say the primary reason they used the loan was for extra income to pay for daily living expenses,

76 million

baby boomers, now 52 to 70 years old, are moving into the eligible age range for reverse mortgages, making them a prime audience for the loans.

according to Stephanie Moulton, an associate professor at Ohio State University who did a study of seniors who took reverse mortgages between 2006 and 2011.

But after the real estate bust deflated home values and the Great Recession hit, homeowners in shaky financial positions began falling behind on property tax and home insurance payments. Defaults rose by half, from 8 percent in 2010 to 12 percent in 2014.

"There was no requirement to check to see if a borrower could really afford to stay in their homes," Moulton says. "Reverse mortgages were supposed to give seniors more financial security, but for some seniors, that wasn't happening."

Meanwhile, the barrage of reverse mortgage ads on radio and TV has continued unabated. The ads, featuring B-list actors such as Henry "The Fonz" Winkler, aggressively pitch reverse mortgages to seniors as a risk-free way to supplement retirement income.

Those ads can be misleading, the Consumer Financial Protection Bureau says. It issued a report last June saying that many reverse

mortgage ads are inaccurate or omit important information.

The CFPB also studied complaints made about reverse mortgages from 2011 to 2014. It found that many consumers were confused about how the loans worked or got the runaround from loan servicers when there were problems.

"We don't see reverse mortgages as innately bad. For the right consumer at the right time, these loans may be an excellent choice," says Stacy Canan, deputy assistant director at the CFPB's Office of Financial Protection for Older Americans. "But this is a complicated mortgage product and one we see that consumers don't often understand," Canan says.

Tougher New Rules

It's not just homeowners who can get into trouble with reverse mortgages. The Department of Housing and Urban Development insures HECMs and is on the hook if a foreclosed home sells for less than the loan's value. It must reimburse the lender for the difference. The rules it rolled out starting in 2013 and continuing through last year were instituted not just to weed out selling to borrowers unsuited to the loans but also to reduce its own risk insuring them. The new rules include:

- **Tighter borrowing limits.**

Starting in 2014, most borrowers can take only 60 percent of the loan in the first year. Some may be eligible to take out more but must pay higher up-front costs.

- **Stricter financial requirements.**

In the past almost anyone with sizeable home equity could qualify for a reverse mortgage. Since April 2015, lenders are required to assess the borrower's income, cash flow, and credit history to make sure they have enough to pay the future costs of owning the home. If they don't, they may still qualify if they can put aside money from the loan to cover future taxes, insurance, and maintenance costs. If not, they won't get the loan.

- **Stronger spousal protections.**

As Karen Hunziker found

out, if a spouse isn't listed as a borrower and the borrowing spouse dies or moves out (say, to a nursing home) for more than 12 months, the loan has to be repaid immediately or the surviving spouse faces foreclosure. Last June, HUD adopted a policy that allows a nonborrowing spouse to remain in the home as long as it is their primary residence and taxes and insurance are paid.

If those financial checks and loan limits had been in place sooner, a recent study by Moulton estimates, defaults would have been about 40 to 50 percent lower.

Still, some consumer protection experts say the reforms haven't gone far enough and that loan servicers are dragging their feet helping surviving spouses take advantage of the new rules that allow them to remain in their home. A recent National Consumer Law Center survey of elder advocates found that their clients were experiencing that. "We welcome these reforms—they give consumers more options," says Odette Williamson of the NCLC. "But

there is more work to be done on behalf of consumers to make sure that the options are truly available to them without jumping through a lot of hoops." Norma Garcia, a senior attorney for Consumer Reports, adds that aggressive marketing, loan complexity, and borrower confusion also remain troubling concerns.

One important change Consumer Reports advocates is a requirement for seniors to fill out a detailed questionnaire walking them through the loan's possible consequences before filling out a mortgage application. The worksheet, which we helped design with a neurology professor who studies decision-making in older adults, is mandatory in California. Consumer Reports would like it to become a national policy. That would be in addition to required counseling usually done by phone. "This is a much more effective tool that actively engages people in decision-making and aids counseling," Garcia says. To see the worksheet, go to canhr.org and click on Free Consumer Fact Sheets, then sheet No. 52.

A Strategic Approach

Some academics and financial planners say that reverse mortgages, strengthened by the reforms, can be used strategically by people who are worried about running out of money in retirement.

For example, rather than take a reverse mortgage as a lump sum, you can access the equity in your home as a monthly payment, says Steven Sass of Boston College's Center for Retirement Research, where he is director of the Financial Security Project.

A lump sum is tempting to spend quickly, whereas a monthly payment gives you a regular stream of income that draws down your equity more slowly, he says. Sass recommends first investigating other, less expensive options, such as downsizing your house (see below). But with the stringent financial checks and borrowing limits, reverse mortgages "are safer products," he says.

Alternatively, you could set up a reverse mortgage as a standby line of credit, says John Salter, a certified financial planner and professor of personal financial

planning at Texas Tech University in Lubbock. That way the money is available if you have big unexpected expenses, such as a health emergency. "It's there if you need it, and if you don't, you never need to tap it," he says.

Also, Salter suggests that if the financial markets are down, you could take income from a reverse mortgage line of credit rather than from other investments. Once those investments recover, you can repay the loan. You could also put off taking Social Security longer by using a reverse mortgage to supplement income early in retirement. Delaying Social Security allows the benefit payment to grow, which would give you a higher lifetime guaranteed income stream that is adjusted for inflation. As with any transaction involving your home's equity, you should discuss the implications with an independent financial adviser.

Having money in reserve is what appealed to Ralph Kumano, 71, who took a reverse mortgage on his two-bedroom home in Auberry, Calif., earlier this year. A retired biology teacher, Kumano has no debt, and his home, appraised at \$166,000, is paid off. He qualified for an \$87,000 loan and set it up as a line of credit. "It's mainly for emergencies," he says. Having those funds available also means that if he needs cash, he doesn't have to take more than the minimum he is required to take from his retirement accounts, which increases his taxable income. "The money from my house is tax-free," Kumano says.

As for Karen Hunziker, the new regulations appear to have come just in time. The protections for nonborrowing spouses were extended to loans made before Aug. 4, 2014. With the help of Sandy Jolley, an independent reverse mortgage consumer advocate, Hunziker was able to stall the foreclosure until the new spousal guidelines were in place. "The new law was a lifesaver in Karen's situation," Jolley says. "She would have lost her home if it weren't for this change."

ANSWER THESE FOUR QUESTIONS FIRST

... to decide if a reverse mortgage is right for you

How long do you plan to stay in your house?

As with a traditional home loan, taking out a reverse mortgage costs thousands of dollars in closing costs and fees. But reverse mortgages come with an additional expense: Borrowers pay 0.5 percent of the loan amount up front and 1.25 percent annually for government mortgage insurance. If you leave your home soon after taking the loan, you'll lose a big chunk of your home equity to fees for only a small benefit.

Is there another way to meet your money needs?

If you're really strapped for cash, consider downsizing to lower your expenses. According to the Center for Retirement Research, the cost of taxes, insurance, maintenance, and utilities average about 3.25 percent of the home's value each year. Downsize from a \$250,000 home to a \$150,000 one and you'll cut annual expenses about \$3,250, from \$8,125 to \$4,875.

Will your home suit you as you age?

Reverse mortgages make the most sense if you plan to stay in your home a long time. So consider whether you can continue living there independently in your later years. Think about things such as: Does it have a lot of stairs you may have trouble getting up and down? Is it far from hospitals, doctors, or family members who can look out for you?

Can you live there if something happens to your spouse?

If you're married and your spouse dies or goes to a nursing home and can no longer contribute income or help with home maintenance, make sure you can afford to live in the home. Interest on the loan compounds, so also consider whether you will have enough equity left to finance long-term-care costs if you need to go to a nursing home.



ASK OUR EXPERTS

After hearing about lead in the water in Flint, Mich., I'm worried about mine. Should I buy a filter?

Reports of unsafe water pouring from taps in Flint and other cities can be alarming. But before you panic, you should check your municipal water report and also have your water tested, says Chris Hendel, Consumer Reports' medical researcher. The Environmental Protection Agency posts municipal water-quality reports every July; find yours at epa.gov/safewater. But if your home was built before lead-free pipes were mandated in 1986 or if you use well water, a test is the

best way to assess your home's water quality.

Your state or local health department may offer free test kits. The EPA's website lists local labs; you can also call its Safe Drinking Water Hotline at 800-426-4791.

If tests find lead but it's below 150 parts per billion (ppb), a filter can make your water safer to drink. If it's higher or if tests reveal other concerns, such as arsenic, bacteria, or parasites, contact your local health department for advice.

In our most recent tests of water filters, our top picks were the Clear₂O carafe, \$30, and the faucet-mounted Culligan FM-15A, \$20. Both were top-rated for removing lead and other contaminants, and both are NSF-certified, which means that they were independently verified under standards from NSF International to reduce

lead to 10 ppb or less. That's the standard many toxicologists recommend, although there's no universally accepted safe level for lead or many other contaminants.

Ads for the LifeLock identity-protection service are everywhere. Is it worth the cost?

We've noticed the barrage of ads, too. You should know that in December, LifeLock paid a \$100 million judgment to settle a Federal Trade Commission claim accusing the identity-protection company of running false ads that overstated the strength of its safeguards. LifeLock didn't admit or deny the allegations (not uncommon for FTC actions), but regardless, we don't think the \$110 to \$330 annual cost is worth it. The majority of identity-theft cases are credit and debit card fraud, and federal law and voluntary industry protections can limit victims' liability to a small amount or nothing. In fact, 86 percent of identity-fraud victims had zero out-of-pocket costs in 2014, the Department

of Justice reports.

LifeLock monitors transactions at banks, wireless carriers, payday lenders, and black-market websites to alert people in case crooks try to open fraudulent new accounts with their stolen identity. But you can often thwart such fraud yourself by putting a security freeze on your credit reports at the three major bureaus (Experian, Equifax, and TransUnion). That can cost nothing to \$30 total. LifeLock may recommend a freeze "in some cases," a spokeswoman told us, but it can't place one for you.

What's the safest way to dispose of old batteries?

The best thing to do is recycle them. Many towns have Earth Day events where you can drop off used batteries so they can be recycled into new ones and other products. To find a drop-off spot in your area, check your town's website or go to call2recycle.org or earth911.com. Year-round, you can recycle batteries at stores including Best Buy and Staples. You can throw small quantities of nonrechargeable batteries into the trash, but check local ordinances. To be safe, cover the positive terminal end with tape; batteries can short-circuit if they come into contact with other batteries or with metal, potentially causing a fire, says Maria Rerecich, director of our electronics testing team. For rechargeables, car batteries, and other types, check local ordinances or risk a fine.



LEARN

We have more than 140 in-house experts who research, test, and compare—so you don't have to! Send your questions to: ConsumerReports.org/askourexperts ... and watch this space for the answers.

PRODUCT UPDATES

THE LATEST RATINGS FROM OUR LABS



SMOOTH OPERATORS

(Clockwise from top left)

Honda HRX217K5VLA

Troy-Bilt Super Bronco XP

Husqvarna LC121P

A high-angle, close-up photograph of a person operating a black Toro riding lawn mower on a lush green lawn. The person is wearing a blue denim shirt, black pants, and brown boots. Their hands are on the steering wheel and controls. The mower has a large black engine cover with 'TORO' and '1900cc' visible. It has large, treaded tires and a red safety lever on the side. The background is a vast, green lawn.

The Grass Is Greener...

...when you cut higher, water smarter, and choose the right equipment *by Kimberly Janeway & Ed Perratore*

THE LAWN on Robinwood Drive was green and lush while others in the area were parched and brown. It looked so good that neighbors suspected that the homeowner was ignoring watering restrictions and called the police—the water police, that is. The door that the local water-authority employee knocked on belonged to Peter Sawchuk, our lead tester of lawn mowers and outdoor gear. But he wasn't watering at all; he was fertilizing and mowing smartly. You can too with his tips and our advice.

We've broken up our advice into three scenarios. In the first, you want to keep your lawn and use less water. Maybe you feel guilty about using too much water in light of droughts and water restrictions like those that continue to be in effect in California despite rainfalls from El Nino earlier this year. In the second, parts of your lawn are dying, and you want to know why and what you can do. And last, you're fed up with the labor and cost required to maintain your lawn and want to replace most of it with native plants and ground cover.

In all three cases, the first step to using less water outdoors is simple: Check the health of your soil. Grab handfuls from several places, then look at them—and smell them. Healthy soil breaks in clumps, is brownish-red in color, smells earthy rather than like sulfur, and isn't hard or wet. It can absorb enough water to nourish roots and drain excess water so that roots don't drown. Your local cooperative extension (there's a national directory at npic.orst.edu) can test your soil, and identify the pH level and any missing nutrients needed to fix

it, for \$10 and up. Once you know it's in good shape, follow our step-by-step advice and check out our latest Ratings of mowers and tractors.

SCENARIO 1

KEEP YOUR LAWN AND USE LESS WATER

As much as half of the water we use to irrigate our lawns and gardens is wasted because of run-off from inefficient watering, evaporation, and wind, according to the Environmental Protection Agency. Here's how to minimize the waste.

1. Fertilize when the time is right. Fertilizer won't help a dry or brown lawn. The time to use it is when the grass grows more roots than blades, usually in the fall in cooler climates (such as the Northeast and Northwest), and late spring in warmer climates (the South and Southwest). More isn't better; you could damage the grass. So follow the instructions on the fertilizer bag.

2. Avoid fast-release fertilizers. Though they will green up your lawn quickly, putting down too much could burn your grass. Use compost instead, or slow-release or organic fertilizers. Read the labels and look for ones without bone, blood, or fish meal, which can sicken pets.

3. Mow higher. Let the grass grow to about 4 1/2 inches before mowing it to 3 to 3 1/2 inches. Tall grass helps promote deep roots that don't need as much water, making your lawn hardier and more resilient. And avoid mowing off more than one-third of a grass blade's height at a time. "Scalped" grass is more likely to go brown.

Raise the mower deck using the height adjustment lever or levers. Some mowers have one for all four wheels, others have two levers (one each for the front and back wheels), and still others have a lever for each wheel. On a tractor or rider, changing deck height is usually done with a single control.

4. Use the mulch setting. Mulched clippings deposit nutrients into the soil and reduce evaporation, so your lawn won't

need as much fertilizer or water.

5. Keep blades sharp. They cut cleaner and faster. Dull blades tear rather than slice grass, stressing it and making it thirstier and more prone to disease. Grass tips that are brown are a sign that you need to sharpen your blade. You'll need to do that about three times during the growing season. Keeping an extra blade on hand—or blades in the case of a tractor or rider—means you won't lose mowing time while the other is in the shop for sharpening.

An outdoor-gear dealer will sharpen a mower or tractor blade for about \$5 to \$7. Or you can do it yourself. Wear heavy leather gloves to remove your mower's blade, then remove the spark-plug wire and jam a 2x4 against the blade to keep it from turning as you loosen the bolts. Skip the 2x4 and the dull blade could still be sharp enough to send you to the ER.

6. Clear the mower deck. The buildup

of clippings inhibits airflow. A clear deck is especially important when cutting high grass because good airflow lifts the longer grass blades for a clean cut. Keep in mind that those clippings make great mulch, so spread them on the lawn.

7. Water wisely. An established lawn needs no more than an inch of water per week, including rainfall. (Sawchuk places empty tuna cans in inconspicuous spots to help measure.) To promote deep roots, give your grass one long soak to get the 1 inch of water instead of several short, shallow ones. Consider adding a sprinkler system or updating the one you have.

"Irrigation systems that connect to soil-moisture sensors can use up to 60 percent less water, and you'll have a great lawn," says Frank Rossi, a turf scientist and an associate professor of horticulture at Cornell University.

8. Use drought-tolerant grasses. Grass

Turn on Smarter Sprinklers

Watering your lawn using a timer-based irrigation controller is better than watering with a hose. But adding sensors or upgrading your system can save almost 9,000 gallons of water per year. No more sprinklers running while it's raining. Here are your options, from basic to high-tech. All should be professionally installed, which adds about \$75 to \$200 per hour to the cost of each. Check with your municipality about required features.

Rain Sensor
It works with any controller, telling it to stop watering when it detects rain, and should be placed anywhere above ground that won't be shielded from rain, say, on a gutter or fence post. Some are wireless. Look for freeze detection, which shuts off watering once temperatures dip below a certain threshold. It's a nice feature if you forget to winterize your system or live in an area prone to sudden temperature drops, such as Dallas. Cost: \$20 to \$60.

Moisture Sensors
Imbedded in the soil, they report back to a receiver attached to a controller, which in turn tells the controller to curtail watering. But they won't alert you if the grass is dry and needs watering. They cost \$25 to \$100 and are often sold with a receiver to connect to the controller. You'll need to upgrade your controller if it's not compatible.

Weather Station
Connected to cloud-based weather data via your home Wi-Fi, weather stations use local weather and landscape conditions to tailor watering according to sun exposure, humidity, temperatures, and wind. They cost \$150 to \$300, and there are two types: one that's a stand-alone device that's added to your current controller, and another that replaces your controller. The latter is currently the only kind of irrigation controller certified by the EPA's WaterSense water-efficiency program.

labeled drought-tolerant or resistant will maintain some active growth with about 30 percent less water than conventional cool-season grasses, Rossi says. They're available at home and lawn centers.

9. Match the grass to your locale. Rossi recommends tall fescue in the Northeast; Bermuda and zoysia in the South; tall fescue and zoysia in Mid-Atlantic states across to St. Louis; and buffalo grass in the prairie areas and out West, except for California, where Bermuda and zoysia are possibilities. They should also fare well in the Southwest.

Your local cooperative extension can help you find species that are right for your climate and soil. And check the list of grass-seed brands at the Turfgrass Water Conservation Alliance (tgwca.org). Those grasses use, on average, 30 percent less water compared with conventional varieties of the same species, says Jack Karlin, program administrator.

SCENARIO 2

CAN MY LAWN BE SAVED?

Brown grass? The first thing you need to do is find out if it's really dead. Excluding the historic California drought, it's rare for a lawn to die from drought, Rossi says. Here's a test: Cut a patch of grass with roots attached and put it in a coffee cup, place it on a windowsill inside your house, add water, and watch to see whether the grass grows. If the grass is alive, it will start to green up at the base within a couple of days, according to Rossi.

1. If it's alive. Give brown grass (not dead grass) just enough water for survival. About 0.1 to 0.2 inches every two to three weeks should be enough water to keep the grass "crown"—the roots and blades at the soil line from which grass grows—alive. But it won't green up until later in the season, when temperatures are cooler or water conditions improve.

2. Or give up. If the same spot goes brown season after season, it may not be because of the grass. Chronic lawn problems are often caused by the soil or

a lack of light. Heavily compacted soil denies a lawn much-needed oxygen. Aerating the soil with a core aerator will help it breathe and promote growth no matter what you decide to plant, whether it's a lawn or native plants and ground cover. Fall is the best time to aerate because spring is when weeds usually sprout. (Aerating then can spread weed seeds.) Remember, even shade-tolerant grass won't grow in some areas. And pruning trees too aggressively to allow more sunlight can hurt them.

SCENARIO 3

GIVING UP ON GRASS

Transitioning to a yard with little or no grass doesn't mean giving up greenery. There are lots of water-saving options.

1. Start with the design. Sketch your property as it is, noting its orientation to the sun and wind. Create zones based on watering needs: high, moderate, low, and very low, suggests Peter Estournes, co-owner of Gardenworks

in Healdsburg, Calif., which specializes in sustainable landscaping. The EPA's WaterSense website features a budgeting tool that can indicate whether your design uses water efficiently for your climate.

2. Till the soil. Turning over the soil in low-water zones exposes it to moisture and air. Adding organic matter, such as compost or manure, can also help soil hold in moisture, which is important to help establish new plants while using less water.

3. Go native. Local plants can often thrive with less water and cool the air around your home as well as the lawn, according to the EPA. Established plants, shrubs, and trees use less water than most common turf grasses. Go to epa.gov/watersense and click "outdoor" and "landscaping tips" for low-water and native plants for your region.

4. Don't crowd new plants. Leave enough room between plants to allow them to grow to their full size without being overcrowded, even if they look sparse at first.

5. Don't forget mulch. Two to 3 inches of organic material per season will reduce evaporation, keeping soil moist and controlling water-thirsty weeds. It also helps fill in the spaces between new plants.



CLEAN CUTS
(From left)
Toro Recycler
Smart Stow 20340
EGO LM 2102SP

BEST FOR YOUR BUDGET

What you get—or give up—at a particular price range

If you want top performance regardless of price, look no further than our Ratings on the facing page. But if your budget is limited or you'd just rather spend less, this guide is for you. We focused on popular price ranges, analyzed our tests of 81 models, and picked these mowers, tractors, and riders.



Honda
HRR2169VKA



John Deere
D125

WALK-BEHIND MOWERS

You can get a good walk-behind mower for \$220 to \$430. Gas mowers in this price range should start up reliably and last longer than cheaper models. That's often because of premium engines, which start more reliably and last longer than cheaper engines, along with other features, such as rear-wheel or all-wheel drive, which make mowing easier on hills. If you spend more, you'll probably get those premium features and an electric starter.

Unless you find one of our picks on sale, don't pay less than \$200 for a mower. Cheap models usually offer mediocre cutting and skimp on features that make the job easier. For example, to raise or lower the cutting height on certain models, you'll need to adjust each wheel by removing then reattaching a bolt, instead of just using a lever to raise or lower the deck at that wheel.

The models listed here are good performers with plenty of helpful features for the price.

\$220-\$430

GAS SELF-PROPELLED MULTISPEED MOWERS

Honda HRR2169VKA, \$430
Troy-Bilt TB-280ES, \$350
Toro Recycler 20332, \$360
Cub Cadet SC300HW, \$300

GAS SELF-PROPELLED SINGLE-SPEED MOWERS

Toro 20370, \$280
Lawn-Boy 10739, \$340 (AWD)

GAS PUSH MOWERS

Cub Cadet SC100, \$250
Husqvarna LC121P, \$250
Yard Machines 11A-B9A9, \$240
Lawn-Boy 17730, \$240
Craftsman 37432, \$220

LAWN TRACTORS AND RIDERS

You can get fine overall performance for a tractor costing about \$1,300. But you'll probably have to settle for a smaller mowing deck than some pricier models offer, as well as a shorter warranty (say, two years vs. three). Less expensive models also tend to have CVT transmissions, which we generally find more awkward to use.

Spend more than \$2,000 and you can get a tractor with twin-cylinder engines and a hydrostatic transmission, which provide a smoother ride. But you'll probably have to spend at least \$2,500 for a zero-turn-radius rider. Those models turn tightly around trees, making mowing tree-filled yards easier, though they're harder to control on hills than tractors. At this higher price you can also get a twin-cylinder engine and a hydrostatic transmission; those make for a smoother ride.

The models listed here are good performers for the price.

\$1,300-\$2,800

LAWN TRACTORS

Craftsman 2037
(46-inch deck), \$1,300
Snapper 960440007
(46-inch), \$1,600
John Deere D125
(42-inch), \$1,800
John Deere D155
(48-inch), \$2,200
John Deere S240 Sport
(42-inch), \$2,500

\$2,300-\$2,800

ZERO-TURN-RADIUS RIDERS

Troy-Bilt Mustang 42"
(42-inch deck), \$2,300
Troy-Bilt Mustang Pivot
(46-inch), \$2,900
Troy-Bilt Mustang 50"
17ARCACQ (50-inch), \$2,800
John Deere Z335E
(42-inch), \$2,500

Ratings: Mowers and Tractors a Cut Above

Scores in context: Of the 81 gasoline-powered mowers tested, the highest scored 89; the lowest, 40. Of the 26 corded and cordless-electric models, the highest scored 79; the lowest, 36. Of the 60 lawn tractors and riders tested, the highest scored 82; the lowest, 46. Listed below is a sampling of the top-scoring models in order of performance within price categories. Recommended models offer top performance and specific strengths. CR Best Buys, specific to each type of mower or rider, blend value and performance.

☑ CR Best Buy ☑ Recommended

● Excellent ● Very Good ○ Good ● Fair ● Poor

Walk-Behind Mowers

Rec.	Rank	BRAND & MODEL	PRICE	DECK	SCORE	TEST RESULTS				
						Mulching	Bagging	Side-Discharge	Handling	Ease of Use

A. GAS SELF-PROPELLED, MULTIPLE-SPEED MOWERS

☑	1	Honda HRX217K5VLA	\$680	21	89	●	●	●	●	●
☑	2	Honda HRX2175VYA	\$700	21	88	●	●	●	●	●
☑	3	Honda HRX2175VKA	\$600	21	87	●	●	●	●	●
☑	4	Honda HRR2169VLA	\$500	21	83	●	●	●	●	●
☑	5	Toro 20381	\$520	21	82	●	●	●	●	●
☑	6	Honda HRR2169VYA	\$500	21	82	●	●	●	●	●
☑	7	Honda HRR2169VKA	\$430	21	81	●	●	●	●	●
☑	8	Toro Recycler Smart Stow 20340	\$400	22	77	●	●	●	●	●
☑	9	Toro 20353	\$400	22	75	●	●	●	●	●

B. GAS PUSH MOWERS

☑	1	Cub Cadet SC100	\$250	21	71	●	●	●	●	●
☑	2	Craftsman 37432	\$220	21	67	●	○	●	●	●
☑	3	Husqvarna LC121P	\$250	21	67	●	●	○	●	●

C. CORDLESS-ELECTRIC MOWERS

☑	1	EGO LM2102SP ¹	\$600	21	79	●	●	●	●	●
☑	2	EGO LM2101	\$500	21	75	●	●	●	●	●
☑	3	Black+Decker CM 2040	\$400	20	64	○	●	○	●	●

¹Self-propelled.

Tractors and Riders

Rec.	Rank	BRAND & MODEL	PRICE		SPECS		SCORE	TEST RESULTS				
			Machine	Bag/Mulch Kit	Deck Size (in.)	Engine Power		Side-Discharge	Mulching	Bagging	Handling	Ease of Use

A. LAWN TRACTORS

☑	1	John Deere X350	\$3,200	\$370/\$140	42	18.5	78	●	●	●	●	●
☑	2	Craftsman 20442 ¹	\$2,200	\$500/\$95	46	24	78	●	●	●	●	●
☑	3	Craftsman 20445	\$3,500	\$500/\$95	54	26	77	●	●	●	●	●
☑	4	Troy-Bilt Super Bronco XP	\$1,900	\$500/\$100	50	24	77	●	●	●	●	●
☑	5	Husqvarna YT46LS	\$2,300	\$320/\$50	46	21.5	77	●	●	●	●	●

B. ZERO-TURN-RADIUS RIDERS

☑	1	Troy-Bilt Mustang 42"	\$2,300	\$500/\$50	42	22	82	●	●	●	●	●
☑	2	Troy-Bilt Mustang Pivot ²	\$2,900	\$440/\$55	46	22	81	●	●	●	●	●
☑	3	Troy-Bilt Mustang 50"	\$2,800	NA/\$50	50	25	79	●	●	³	●	●
☑	4	Cub Cadet RZT L54	\$3,300	\$500/\$100	54	24	79	●	●	●	●	●
☑	5	Cub Cadet RTZ L 46 fab	\$3,300	\$400/\$80	46	23	78	●	●	●	●	●

¹ Tighter turning than most tractors. ² Has a steering wheel instead of levers.

³ Side-discharging and mulching only.

HOW RELIABLE IS THAT MOWER?

We asked readers whether their mowing machines broke. At right is the estimated percentage we expect to break, by brand within type, by the fourth year of ownership. For mowers, Honda's self-propelled gas models stand out for their reliability; Husqvarna and Snapper are more likely to fail. Toro gas push mowers are significantly more likely to break than those from Murray or Troy-Bilt. John Deere tractors are more reliable than most other brands; Cub Cadet models are more likely to break; we can't recommend them.

MANUFACTURER	PERCENT LIKELY TO BREAK BY 4TH YEAR
GAS SELF-PROPELLED MOWERS	
Honda	15%
Lawn-Boy	19%
Troy-Bilt	20%
Toro	23%
Craftsman	24%
Husqvarna	29%
Snapper	29%
GAS PUSH MOWERS	
Murray	13%
Troy-Bilt	13%
Yard Machines	14%
Lawn-Boy	14%
Honda	15%
Craftsman	15%
Husqvarna	16%
Cub Cadet	17%
Toro	21%

MANUFACTURER	PERCENT LIKELY TO BREAK BY 4TH YEAR
ELECTRIC PUSH MOWERS	
Black+Decker	11%
GreenWorks	15%
LAWN TRACTORS	
John Deere	22%
Husqvarna	28%
Craftsman	30%
Ariens	31%
Troy-Bilt	38%
Cub Cadet	40%
ZERO-TURN-RADIUS RIDERS	
John Deere	26%
Toro	27%
Cub Cadet	34%
Husqvarna	36%

From Consumer Reports' Annual Product Reliability Survey of more than 13,800 subscribers who bought a new mower, and more than 5,800 subscribers who bought a new tractor or rider, between 2009 and 2015. Differences of fewer than 8 points for mower brands (9 points for tractor and rider brands) aren't meaningful. Models within a brand may vary.

MEDICAL ALERTS GET A MAKEOVER

Medical alert systems can provide peace of mind if you (or someone you care about) live alone and are at risk for falls, a heart attack, a stroke, or seizures. Just push a button and you'll reach a call center. It will alert preselected friends, family members, or an ambulance, and share the access code for a lock box with your door key inside.

The devices traditionally come as a wristband or bulky pendant, which can be a tough sell for some people. But now companies are designing sleeker, better-looking devices. We looked at some at the Consumer Electronics Show earlier this year, though we haven't tested any in our labs.



MobileHelp's new medical alert device almost passes for jewelry.

MobileHelp makes a corded necklace that clips to a white pendant, or you can upgrade to one with silver and white or black beads for an additional \$20. All have a break-away clasp so they don't pose a strangulation risk.

Whatever style you choose, you also pay a \$35 monthly fee for the monitoring service, which uses a cellular base station in your home and connects to an operator.

Another company, Philips, recently introduced a slim "GoSafe" pendant that uses GPS tracking to find you outside the home. But it's not cheap: \$149 for the device, plus a \$55 monthly monitoring fee.

For those who don't want to wear a medical alert device, MobileHelp also offers a Bluetooth help button you can clip to a key chain or tuck in a pocket; it remotely activates an app on your smartphone (\$20, plus a \$15 monthly monitoring fee; available in April for Android and iPhone). And there's a battery-powered button you can mount to a wall or table (\$35 per month).

—Sue Byrne

RECALLS

ACT NOW IF YOU OWN ONE OF THESE POTENTIALLY HAZARDOUS PRODUCTS



COMPUTER CORDS

Microsoft is recalling about 2.25 million AC power cords sold with Microsoft Surface Pro, Surface Pro 2, and Surface Pro 3 computers from 2013 through early 2015. The cords can overheat and shock or catch fire.

What to do For a free replacement, call 855-327-7780 or go to microsoft.com, click on "Support," then type "power cord recall" into the search bar.



LAMPS

Ikea is recalling about 840,000 Hyby and Lock ceiling lamps because the plastic clips intended to secure the glass shades can break, allowing the shade to fall. The lamps were sold from October 2012 through January 2016.

What to do Return the lamp to any Ikea store for a full refund. For more information, go to ikea.com/us, click on "Press Room," then "Product Recalls," or call 888-966-4532.



TRAVEL ADAPTERS

Apple is recalling about 800,000 World Travel Adapter Kits and wall plug adapters for international travel. The adapters can break and pose a risk of electric shock. They were sold with Apple devices from 2003 through January 2015 for about \$30.

What to do Go to apple.com and click on "AC Wall Plug Adapter Recall Program" or call 800-275-2273 for a free replacement.



PROPANE GAS

Crescent Point Energy is recalling about 118,000,000 gallons of propane gas that lack the proper levels of odorant to alert people to a leak. Leaking gas can cause a fire, explosions, or burns. The gas was sold or delivered to customers in AZ, ID, KY, MN, MT, NE, ND, SD, WA, WI, and UT between April 2009 and October 2015.

What to do Call 866-421-4266 to arrange an inspection and a replacement, if needed.

THIN AND THINNER

Lenovo's new Yoga 900S convertible laptop, a sleek, featherweight performer measuring about a half-inch thick, was among the standouts at this year's Consumer Electronics Show. Starting at \$1,099, the device has been priced to compete with conventional laptops with similar specs. Almost as svelte are HP's 13- and 15.6-inch Spectre x360 models, which HP pegs at 0.63 inches each.

Once they land in our labs, we'll break out our micrometers to confirm the dimensions. But that's almost a moot point: Any thinner and you could use these



The Yoga 900S does backbends to work as a tablet.

computers to dice vegetables.

With the price and weight of convertibles (also called 2-in-1s) steadily declining, only a few questions remain for those thinking of buying one. Battery life is usually a big one, because as machines get thinner, their batteries do, too. But computer companies have introduced fast solid-state drives and efficient processors. For

comparison, the top-performing laptops in our Ratings can achieve 15 hours of battery life, while the best convertible gets 14 hours. That puts it in fine company with many laptops—and that represents a full day of work plus a movie.

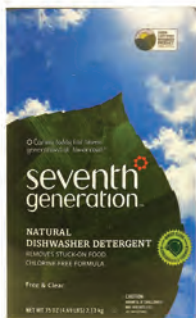
So if you like the idea of a convertible, you can now buy one without qualms.

—Jerry Bellinson

WHY DIRT GETS YOUR DISHES REALLY CLEAN

IF YOU WONDER WHY dishes come out of your dishwasher with bits of food still stuck to them, it could be because you're rinsing them first. It seems counterintuitive, but prerinsing can make your dishes come out dirtier, not cleaner. That goes for glasses, pots, and silverware, too. The reason is that most dishwashers costing \$500 or more sold in the past five years or so have a sensor that determines how thorough a wash is needed. At the start of the cycle, it rinses the dishes and then checks how dirty the water is to determine the proper amount of time and water to get everything clean. If you've already rinsed off much of the muck, the sensor misreads the dishes as already fairly clean. So the appliance gives them just a light wash, and items come out less than sparkling. To avoid that lackluster result, don't rinse; just scrape off bits of loose food. And use one of the detergents that did best in our tests.

—Ed Perratore



Ratings: Detergents to Make Dishes Sparkle

We tested 37 products, including single-dose pods, gels, and powders. Overall, the pods and powders did the best at getting dishes clean; only one gel is recommended.

☑ CR Best Buy ☑ Recommended

● Excellent ● Very Good ○ Good ● Fair ● Poor

		PRODUCT	PRICE	SCORE	SIZE OF PKG.	TEST RESULTS					FEATURES	
Rec.	Rank					Cleans Dishes	Cleans Pots	Resists Water Spots	Resists Food Deposits	Resists Film/Discoloration	Contains Bleach	Contains Enzymes

A. SINGLE-DOSE

☑	1	Cascade Complete ActionPacs	29¢	84	16 ct.	●	●	●	●	●	●	●	●
☑	2	Member's Mark Ultimate Clean Dishwasher Pacs (Sam's Club)	10¢	83	105 ct.	●	●	●	●	●	●	●	●
☑	3	Finish Quantum Max Powerball	41¢	83	14 ct.	●	●	●	●	●	●	●	●
☑	4	Finish Powerball Tabs	18¢	82	32 ct.	●	○	●	●	●	●	●	●
☑	5	Cascade Platinum ActionPacs with the Power of Clorox	34¢	82	36 ct.	●	●	●	●	●	●	●	●
☑	6	Finish Gelpacs	21¢	82	20 ct.	●	○	●	●	●	●	●	●
	7	OxiClean 4X Extreme Power Crystals	27¢	80	16 ct.	●	●	●	○	●	●	●	●
	8	Cascade ActionPacs with Dawn	23¢	79	20 ct.	●	○	●	●	●	●	●	●
	9	Great Value Powder Pacs (Walmart)	17¢	79	20 ct.	●	○	●	●	●	●	●	●
	10	Cascade Platinum ActionPacs with Dawn	43¢	79	14 ct.	●	●	●	●	●	●	●	●
	11	Cascade Complete ActionPacs with the Power of Clorox	26¢	79	42 ct.	●	●	●	●	●	●	●	●
	12	Finish Max in 1 Powerball	17¢	78	27 ct.	●	●	○	●	●	●	●	●
	13	Kirkland Signature Dishwasher Pacs (Costco)	9¢	78	110 ct.	●	●	●	●	●	●	●	●
	14	Nice Packs (Walgreens)	25¢	77	15 ct.	●	○	●	●	●	●	●	●
	15	Sunlight Power Pacs with Lemon Oxi Complex	19¢	76	20 ct.	●	○	●	●	●	●	●	●
	16	Cascade ActionPacs with the Power of Clorox	25¢	74	26 ct.	●	●	●	●	●	●	●	●
	17	Seventh Generation Natural Packs	30¢	74	20 ct.	●	○	●	●	●	●	●	●
	18	Method Smarty Dish Tablets	27¢	70	20 ct.	●	○	●	●	●	●	●	●
	19	Ecover Tablets	24¢	68	25 ct.	●	○	●	●	●	●	●	●
	20	Up & Up Dish Packs (Target)	17¢	67	20 ct.	●	○	●	●	●	●	●	●
	21	Method Smarty Dish Plus Packs	28¢	65	45 ct.	●	●	●	●	●	●	●	●
	22	Ajax Triple Action Dish Packs	15¢	56	20 ct.	●	●	○	●	●	●	●	●
	23	Trader Joe's Automatic Dishwashing Detergent	3¢	52	20 ct.	○	○	●	●	●	●	●	●
	24	Mrs. Meyer's Clean Day Auto Dish Pacs	39¢	43	20 ct.	●	●	●	●	●	●	●	●
	25	Seventh Generation Energy Smart Packs (Target)	12¢	28	45 ct.	●	●	●	●	●	●	●	●

B. GELS

☑	1	Palmolive eco+	6¢	69	75 oz.	●	○	●	●	●	●	●	●
	2	Cascade Complete Gel with the Power of Clorox	11¢	58	75 oz.	●	●	○	○	●	●	●	●
	3	Finish Gel	7¢	34	75 oz.	●	●	●	○	○	●	●	●
	4	Up & Up Dishwashing Gel (Target)	6¢	33	75 oz.	●	●	●	●	●	●	●	●
	5	Great Value Dishwasher Gel (Walmart)	5¢	33	75 oz.	●	●	●	●	●	●	●	●
	6	Cascade Gel	9¢	31	75 oz.	●	●	●	●	●	●	●	●
	7	Cascade Complete Gel with Dawn	11¢	19	75 oz.	●	●	○	○	●	●	●	●

C. POWDERS

☑	1	Cascade Complete Powder	21¢	79	45 oz.	●	○	●	●	●	●	●	●
☑	2	Seventh Generation Powder	19¢	77	45 oz.	●	●	●	●	●	●	●	●
	3	Nice Powder (Walgreens)	10¢	71	75 oz.	●	●	●	○	●	●	●	●
	4	Ecover Zero	30¢	70	48 oz.	●	○	●	●	●	●	●	●
	5	Sun Powder	4¢	66	75 oz.	●	●	●	●	●	●	●	●

Flower Power

Using an online flower-delivery service this Mother's Day? We put the process through its paces.

by **Mandy Walker**

MOTHER'S DAY IS NEAR, and if you're like a lot of people, flowers are your go-to gift. More money is spent on bouquets around mom's special day (about \$2.4 billion last year, according to a National Retail Federation survey) than on Valentine's Day (\$2.1 billion).

And more and more of us are ordering our Mother's Day bouquets online. Low prices and convenience are the lure: Virtual flower shops can keep prices down because their website is their storefront, and their flowers are delivered from central warehouses. (Many of them also keep a portion of the sales placed through their websites that they pass on to local florists.) As a result, revenue for online florists has been growing 2.5 percent annually in the past five years as revenue for walk-in flower shops has dropped by 1.2 percent each year during the same time period, according to market research by IBISWorld.

Ordering online also makes it easy to see a wide variety of bouquet choices. The photos on these sites are lovely: lush arrangements of fresh flowers in full bloom, expertly styled. The only thing you can't do is take a deep sniff. But how can you know how the photo compares with the arrangement that actually shows up at mom's door?

To find out, we ordered similarly composed and priced multicolor long-stem roses as well as mixed-flower bouquets from three popular online sites: 1-800-Flowers, FTD.com, and ProFlowers. We selected arrangements that were supposed to be delivered in boxes (which usually means they're sent from a central warehouse), representing what many

consumers might receive during one of the industry's busiest times of year. Flowers that arrive in a vase are usually arranged by a local florist.

All six bouquets were delivered on Feb. 11, close to Valentine's Day, to match the high-demand Mother's Day moment as much as possible.

When the mixed-flower arrangements arrived, we were surprised to find the ones from ProFlowers and FTD were in a vase. As a result, we didn't include the mixed flowers in our survey because the arrangements represented only what people near our office in Yonkers, N.Y., might receive.

We took pictures of the three bunches of roses in our photo studio. Then we asked 77 staff volunteers to inspect the arrangements and choose which ones they thought represented the best and worst quality, all under the supervision of our lab experts. We followed with an online survey of 162 staffers who were shown website pictures of the roses we ordered (we didn't identify the websites) next to photos of the roses delivered, and asked how similar they were on a scale of one (not at all similar) to five (extremely alike). FTD roses got the best scores; staffers liked the ProFlowers bunch the least.

SMART SHOPPING TIPS

If you'll be ordering a bouquet for mom online, keep this advice in mind

Go to online flower-delivery websites a few times before you order. We were offered additional price cuts and coupons the more we clicked on the sites.

Don't forget to factor shipping and taxes into your total cost. Our shipping fees ranged from \$12.99 to \$18.99 for a dozen roses.

Consider having your arrangement arrive a few days before a major holiday if you'd like to save some additional money. Delivery costs escalate in the days leading up to Valentine's Day, as they probably will around Mother's Day.

Ask your mom about the flowers sent. (She may not want to complain to you, or she may just be glad you thought of her.) But if you suspect there was a problem with the bouquet, ask for a photo. Call the company you ordered them from to complain if you or your mother is dissatisfied with a delivery. All three companies we

ordered from will replace your flowers or refund your money if you're not satisfied. All three also provide the same options if their flowers don't last for seven days.



PRO FLOWERS

On the left is the photo of the roses we ordered from the ProFlowers website; on the right are the flowers we received. ProFlowers (which was acquired by FTD in December 2014) says on its website that its flowers are hand-picked in fields and sent directly to your door. In our sample of a dozen roses, however, only five were intact. Almost all of our panelists who rated them in person (97 percent) said they represented the lowest-quality bunch. When we asked in our survey how similar the arrangement was to its online photo, 96 percent gave it a 1 out of 5, or a poor rating. When we called ProFlowers to complain, a customer-service rep apologized and sent us another bunch of roses the next day at no additional charge. The replacement roses were full and intact.

TOTAL PRICE

\$56.48

\$34.97, plus \$12.99 for shipping, \$5.53 for tax, and \$2.99 for "care and handling."

PRODUCT UPDATES



FTD

The FTD roses received the best scores from our survey panelists: 95 percent of those who rated them in person said they represented the best quality of the three rose bouquets we ordered. Sixteen percent of the folks who took our online survey said they were extremely similar to the online picture (on the left); another 36 percent gave them a 4 out of 5.

TOTAL PRICE

\$76.01

\$49.99, plus \$18.99 for shipping and \$7.03 for tax.

HOW TO MAKE FLOWERS LAST LONGER

Plunking a penny into a vase of water won't help your blooms last longer. But here's what will, according to Kristin Schleiter, associate vice president for outdoor gardens and senior curator at the New York Botanical Garden.

Give them a snip. You've probably heard that you should give flowers a fresh cut at the stem as soon as you get them home if they're not already in water. Here's why it's a good practice: Flowers have a vascular system in their stems that draws up water and nutrients to feed the blooms. If you neglect to cut

them, air that has been drawn into the stems while they were out of water can block water absorption. Use very sharp scissors or pruning shears, and snip at least one-half inch off the bottom of the stems to be sure you're cutting above possible air bubbles. Schleiter suggests doing this if your flowers are delivered

in a box or tied with a rubber band.

Place them in water quickly.

To speed the process, you can cut stems under water to prevent air bubbles from forming in the stems. It's also okay to put the flowers in a vase of water right after you make the cut. Just don't dillydally, Schleiter says. Arrange

your bouquet first, then cut the stems and put them in water.

Watch the water temp.

Placing stems in hot water will cook them, Schleiter says. Room-temperature water is best, with one exception: Blooms from bulbs that flower during cooler months, like anemones,

WHAT
WE SAW
ONLINE



WHAT
WE GOT



1-800- FLOWERS

The roses from 1-800-Flowers arrived in fine shape, but our survey panelists were less wowed by them than the FTD roses. When judging how similar our delivery (on the right) was to the online photo (on the left), 37 percent of our staffers gave them a good rating (3); 37 percent rated them fair (2). Only three of the 77 people who looked them over in person thought they represented the best quality among our rose bouquets. Only two said they were the lowest quality.

TOTAL PRICE

\$65.01

*\$44.99, plus \$14.99
for shipping and
\$5.03 for tax.*

daffodils, and tulips, will do better if the water is below room temperature. "Using cool water will help them last longer," Schleiter notes. If you have unopened flowers and want to speed blooming along, perhaps because you plan to use them as a table centerpiece in the next day or two, use warm water to

help them open up more quickly. (The trade-off, of course, is that they'll also die sooner.)

Remove below-water foliage.

Any plant leaves and flowers you leave in the vase water will rot quickly, which will spread bacteria that will kill your flowers before their time.

Keep 'em cool.

Heat will hasten your flowers' demise, so place arrangements in cool spots, away from heating ducts and vents. Also keep them out of direct sunlight.

Thin the herd.

Pull out stems that are starting to decompose so they don't contaminate the water with bacteria.

Change the water.

As we said, bacteria are the enemy, so wash out the vase and refill it at least every three days, Schleiter advises. Trim another half-inch off the stems while you're at it.

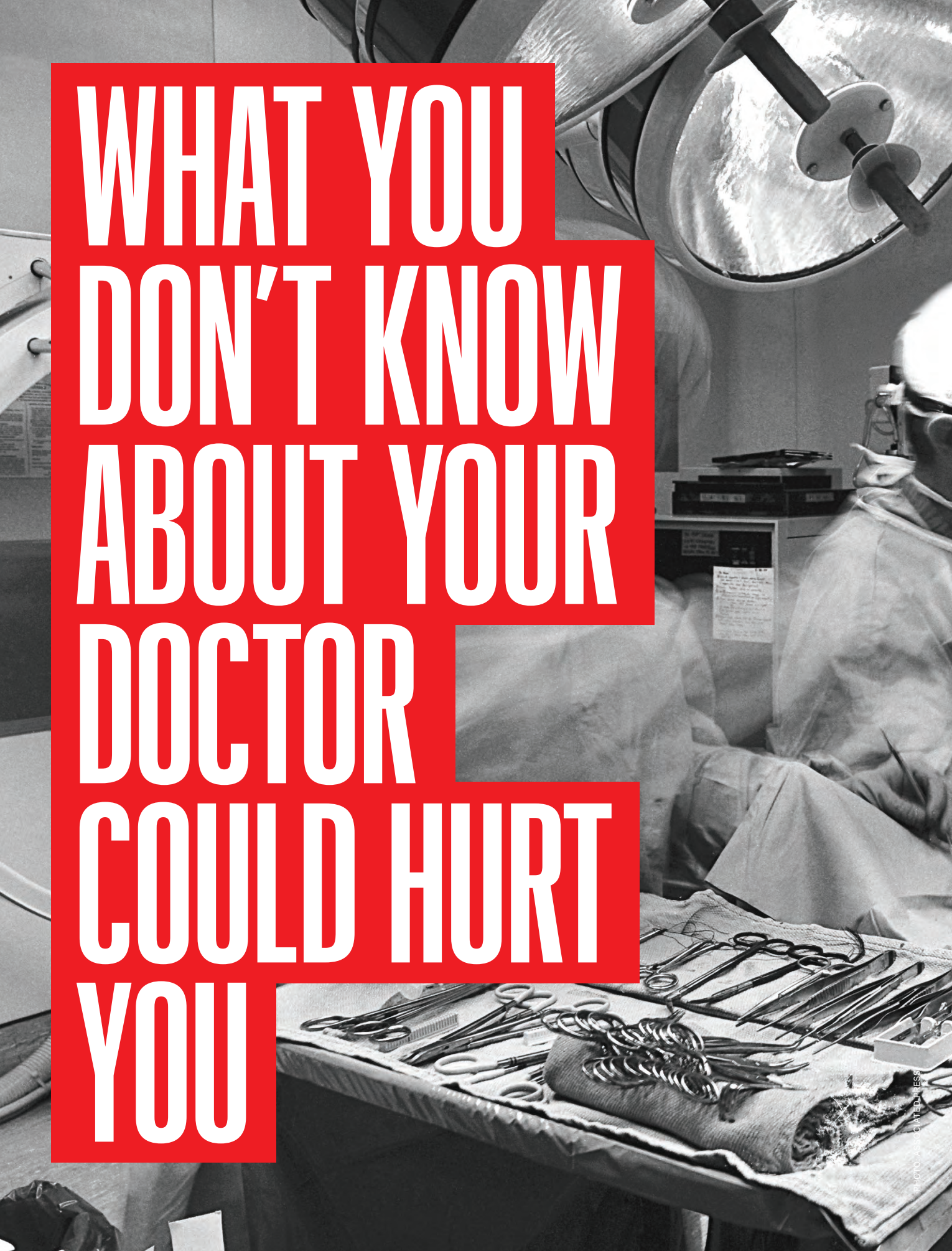
Make your own flower food.

Those little packets that come with many floral arrangements

contain sugar to provide a little nourishment; citric acid to keep the pH low and acidic, which helps water move up the stems a bit faster and may reduce wilting; as well as antibacterial powder. If your arrangement didn't include a packet of food or if you've used yours up, you can make your own each

time you change the water or before you give the stems a cut. Here's how: Mix together a few drops of bleach or a clear spirit such as vodka or gin to help fight bacterial growth, add a few drops of clear soda or superfine sugar to feed the flowers, and then crush a vitamin C tablet and add it to lower the pH.

**WHAT YOU
DON'T KNOW
ABOUT YOUR
DOCTOR
COULD HURT
YOU**





Thousands of doctors across the U.S. are on medical probation for reasons including drug abuse, sexual misconduct, and making careless—sometimes deadly—mistakes. But they're still out there practicing. And good luck figuring out who they are.

BY RACHEL RABKIN PEACHMAN

THE STATE MEDICAL BOARD'S report on Leonard Kurian, an obstetrician-gynecologist in Southern California, tells in stark clinical detail what it says happened to several patients in his care. And it's not easy to read.

The report describes the time Kurian surgically removed the wrong ovary from a 37-year-old woman, a mistake the patient only learned about weeks later when, still in pain, she went for more tests. The good ovary was missing, and the cystic one was still inside her.

Kurian's record gets worse from there. The report makes the case of how his errors of medical knowledge, judgment, protocol, and attentiveness contributed to the deaths of two patients. Both were young mothers who had recently given birth to healthy babies.

You might think a doctor with that type of record would be barred from practicing medicine, but that didn't happen in this case.

Thousands of working physicians are currently being disciplined by their respective state medical boards for findings that patients may want to know about—things such as sexual misconduct, their own addiction problems, overprescribing controlled substances, and all sorts of other documented examples of unprofessional or dangerous doctoring.

Though the odds are quite good that your doctor isn't one of them, it's important to know for sure.

Here's the problem: Even in a time when vast amounts of information sit at the end of our fingertips, it's still too difficult for consumers to find a doctor's disciplinary record and its causes.

Through our Safe Patient Project, Consumer Reports is working to change the way the system works around the country. "The onus shouldn't be on patients to investigate their physicians," says Lisa McGiffert, who directs the effort. "Doctors on probation should be required to tell their patients of their status."

Last fall in California, the state with the most doctors, Consumer Reports petitioned the medical board to do just that. The board rejected the idea, saying it would put too much of a burden on doctors and damage the doctor-patient relationship.

We also filed a public records request and were able to obtain California's entire database of doctors on probation as of late September, information that is now searchable on our Safe Patient Project website.

Consumer Reports' deep dive into California's records brings this important issue into sharp focus. Read some of the probationary settlements, all signed by



Impaired at Work

Yessennia Candelaria
PEDIATRICIAN

The medical board cited her for 13 causes of discipline, saying she was “under the influence of drugs to such an extent as to impair her ability to practice medicine with safety to her patients and the public.”

the doctors and their lawyers, and it becomes clear why this matters:

There’s the orthopedic surgeon whose inattention to a man’s fractured thighbone resulted in a leg amputation. And the family practice physician, who, along with her cardiologist husband, ordered more than 4 million doses of hydrocodone in 15 months but when pressed by investigators could account for only a small fraction of it. You’ll find examples of doctors practicing under the influence—a psychiatrist drinking midshift and the urologist arrested for DUI while on call, his blood alcohol reading almost twice the legal limit.

And what about the highly regarded surgeon with a seizure disorder? Is his condition something patients need to know about?

Some of the most egregious cases raise the question: What does it take for a doctor to have his or her license suspended or revoked? And if those sorts of transgressions are regularly tolerated with only modest and discreet sanctions, the system of disciplining physicians needs to be made more transparent, reliable, and accessible than it is today.

State medical boards are really hybrid regulatory agencies, combining government oversight with professional peer review. Their main purpose is to license and discipline physicians and to investigate complaints, whether they are filed directly by patients or come from other

medical personnel, hospitals, the courts, or law enforcement. It’s important work often performed by volunteers—doctors and also some outside the profession.

“One of the core defining points of what a profession is, is that it takes responsibility for regulating itself,” says Jim E. Sabin, M.D., director of the ethics program at Harvard Pilgrim Health Care, an insurance company in Boston, and a clinical professor of psychiatry and population medicine at Harvard Medical School.

Board findings and sanctions should be public, Sabin says. “Can that be uncomfortable for the medical profession? Yes, it can. That’s unfortunate—the discomfort—but the responsibility of an agency like a board of registration is to the public.”

In the case of Kurian, the California

board placed him on probation from 2015 until 2022, citing 40 instances of his negligence and incompetence, yet allowed him to keep practicing on the condition that he completes courses in clinical training, ethics, and medical record-keeping. And he doesn’t have to tell new or existing patients he’s on probation or what’s in the board’s 25-page investigative report that details his mistakes. Kurian did not respond to messages left with his office staff. Two of his lawyers declined to comment.

Hidden Information

How can consumers figure out whether their doctor has been cited for substandard medical care, bad behavior, or other problems—and why?

The availability of that crucial information varies from state to state, and it’s too hard to find.

The National Practitioner Data Bank (NPDB), part of the Department of Health and Human Services, collects data on medical malpractice payouts and certain levels of disciplinary actions in the U.S. for physicians and other licensed healthcare practitioners. About 1.25 million doctors have practiced medicine in this country since 1990, when the database opened. Over that time, roughly 192,000 doctors, or about 15 percent, have had at least one malpractice payout and 50,000 have had an “unfavorable adverse action” against them by their state medical board or other agencies,

82%

of Americans favor the idea of doctors having to tell patients they are on probation, and why.

66%

of Americans lean toward keeping doctors from seeing patients until their probationary period ends.

Source: 2016 Consumer Reports survey of 1,203 U.S. adults.

according to a Consumer Reports analysis of the database. Actions include things such as a reprimand, probation, and license suspension or revocation.

The trouble is, you can't go to that central database and simply type in a name and examine your internist or surgeon's record. Only hospitals, doctors, law enforcement, insurance companies, and a few other select groups are granted access.

The American Medical Association has long lobbied against public access to the NPDB, maintaining that its information is unreliable and unfair to physicians. The doctors' group answered some of Consumer Reports' questions about those concerns but not others, and would not agree to an on-the-record interview.

AMA president Steven J. Stack, M.D., in a statement to Consumer Reports, called the NPDB "inherently flawed," citing a 15-year-old Government Accountability Office report as proof. Opening it up, his statement said, "would not help patients."

The National Physicians Alliance, an organization of doctors committed to social justice and healthcare reform, believes the disciplinary reporting system should be less secretive and more useful to consumers. "A good place for that information might be at the point of decision when patients are choosing their doctor," says William Jordan, M.D., M.P.H., past president of the NPA. He says he'd like to see disciplinary information of the sort contained in the NPDB integrated with healthcare provider lists from insurance companies and employers. He says one concern is how to simplify this information for consumers while still being fair to the doctors.

Robert E. Oshel agrees with that kind of transparency. He was the NPDB's associate director for research and disputes for almost 15 years until he retired in 2008, and has since become a patient-safety advocate, working with Consumer Reports and other organizations, without compensation, to make information on sanctioned doctors more accessible.

"You can find out more about the safety record of your toaster and whether or

Best Practices

Getting an appointment when you need it is key. That's why the office of **Dr. Joseph Garland**, in Springboro, Ohio, opens at 7 a.m. five days a week and often stays open till 8 p.m.

Recognizing that one doctor can't do it all, **Dr. Nayana Vyas**, of Kissimmee, Fla., relies on a carefully chosen team of support staff and specialists.



not it's going to catch on fire than you can find about your physicians," he says.

The AMA, meanwhile, suggests that consumers seeking that information go to one of the 50-plus state medical board websites.

But that's not an elegant solution. Each state has its own peculiar way of providing this information, explained Eric Fish, legal counsel for the Federation of State Medical Boards. "This information is either couched in the minutes of the board meetings, or some states do have a separate sort of a rolling tally of action."

Consumer Reports analyzed the state medical board websites for their completeness and ease of use. We rated them best to worst (see the box on page 36) and found that even when consumers arrive at the right website, information on a particular doctor was still difficult to locate and very often, where malpractice cases were concerned, incomplete. In Mississippi, which fared the worst in

our Ratings, the information is sparse and vague. To get details about a physician, consumers are directed to a page that says they must pay \$25 per request.

In California and New York—which have two of the better-rated board websites—researching a doctor's disciplinary history can still require searching out and downloading lengthy documents, in the form of PDFs, then sorting through pages of legalese to get at the crux of the findings.

Online Confusion

People looking for a primary care doctor or specialist often ask friends, relatives, or other doctors to refer them to someone they trust. And more and more, when consumers want to check out a doctor's record or bedside manner, they go to Internet sites such as Healthgrades or Yelp that offer patient reviews and ratings.

(continued on page 36)

WHAT MAKES A GREAT DOCTOR?

MANY OF US yearn for a wise, empathetic doctor who knows us, and our loved ones, inside and out. Sadly, it's difficult to find a doctor like that even on television these days. And that's a problem: Evidence suggests that we all need good primary care doctors. Patients who see such physicians have reported better overall health and are less likely to die of cancer, heart disease, or stroke; go to the emergency room; or be admitted to the hospital.

Even better, though, is a primary care physician who belongs to a good medical practice. How well a primary care doctor cares for you can depend, in part, on his or her team and the culture they've created.

What does a good practice look like? The Peterson Center on Healthcare and researchers at Stanford University's Clinical Excellence Research Center worked together to answer that question.

First, they collected data from 15,000 U.S. primary care practices. To winnow the list down to the most successful ones, they used 41 accepted quality-of-care measures along with data on healthcare spending. They then sent a team of investigators to a sample of the highest-performing practices to see what set them apart. The most successful ones shared these characteristics:

Extended Hours

SureCare Medical Center in Springboro, Ohio, offers extended hours starting at 7 a.m. during the week and on Saturdays at 8 a.m. Doctors take turns working the late shift and on Saturdays. "Patients know if they call at 7 in the morning that they are going to get seen that day," says Joseph Garland, D.O. (see facing page), one of the medical center's six physicians. Knowing that the office opens early helps patients avoid trips to the emergency room, Garland says. "I think patients have to feel that the availability is there," Garland says. "It's part of the culture here."

Careful About Overtreating

At Northwest Family Physicians in Crystal, Minn., a six-physician office, the emphasis is on spending time with patients and understanding the case, not necessarily rushing to tests. "If a patient has back pain but there's no sign that they need surgery, there's no point in sending them for an MRI before trying medication and physical therapy," explains James Welters, M.D.

Open to Complaints

Patient gripes are "as valuable as compliments," according to the Peterson Center-Stanford study. "At most places, complaints go to a manager or a complaint department and die," Welters says. At Northwest Family Physicians, a team of nurses, managers, lab technicians, physicians, and care coordinators meets every few weeks to review all patient comments and complaints.

One-Stop Shopping

Top practices perform some relatively minor procedures that other practices often refer out, such as skin biopsies and injections for joint pain. They also try to arrange for specialists to come into the office, so they can perform certain exams, such as exercise stress tests, in house.

Like-Minded Specialists, and Only as Needed

When they send patients to specialists, they think hard about who they're referring them to. "You want specialists who share your attitude and philosophy," says Nayana Vyas, M.D. (see facing page), of Family Physicians Group in

Kissimmee, Fla., so patients don't end up with too much or too little care. Her group also confers with specialists to ensure that patients can avoid problems such as duplicate tests or prescriptions.

Two-Way Communication

The best practices actively follow up—through phone calls, repeat visits, or emails—to make sure, for example, that patients take their medications as directed and that they are seen soon after they are admitted to the hospital, Garland says. And when patients get care from other providers, physicians follow up with the specialists to get the records, he says.

A Team Approach

Physicians at top practices embrace teams that include an array of healthcare providers, including nurses, nurse practitioners, physician assistants, nutrition counselors, and social workers. "We have a team approach," Vyas says. It's similar at Northwest Family Physicians. "One of our mantras is 'the doctor can't do it all,'" Welters says. In his office, everyone who sees the patient, from the receptionist on up,

asks questions about what patients need. "Someone might come for a sprained ankle, but when they get here we check to see if there is anything else they might need, from lab tests to a flu shot."

A Fair Workplace

Physicians in high-performing groups were not compensated primarily on how many patients they see—and thus how much money they make for the practice. At Northwest Family Physicians, "we have a quality bonus program," Welters says. If the teams reach certain targets in quality and patient satisfaction, everyone gets a bonus. "That makes it clear that quality of care is everyone's responsibility," he says.

Spend Wisely

High-scoring doctor groups tend to avoid expensive, high-tech devices—such as the newest bone density scanner—in part because that can push doctors to order unnecessary tests to recoup the costs of the fancy equipment. Instead, responsible practices focus on the kind of technology that encourages efficiency, such as electronic medical records.

—Elizabeth DeVita-Raeburn

That's what Cynthia Mora did in 2010, when she learned she was pregnant with her third child after moving to Lancaster, Calif.

Her husband, Ismael Aguirre, says that his wife did a typical search online for doctors in the area and landed on the aforementioned OB-GYN, Leonard Kurian. Then, he says, she researched his name "to see what popped up," and was persuaded by the mostly positive reviews she found.

Aguirre is certain his wife did not know that her new obstetrician had already been reprimanded by the state medical board in 2006 for "negligent" and "incompetent" care and "dishonest" behavior.

Patients casually researching Kurian on widely used doctor rating sites today are still unlikely to find clear, accurate, or up-to-date information about his record. On Healthgrades and Yelp, the first impression one gets of Kurian is positive.

When this report went to press, he had a rating of four out of five stars on Yelp, based on 17 patient reviews, many of them glowing, some not: "He is the best Dr I have ever had," posted Kayla M. "I'll never go anywhere else!" wrote Leah C. "Although some women swear Dr. Kurian is the best, I beg to differ. He totally dropped the ball with me," Sharon C says.

Yelp is built around user reviews and does not check a doctor's record with state medical boards or other sources, says Morgan Remmers, senior manager of business outreach at the company.

On Healthgrades, Kurian had 3.4 out of 5 stars based on 38 user responses. That site provides information on whether physicians have had medical malpractice claims or board actions taken against them, but finding any details requires more savvy and diligence.

For example, though Kurian's record on Healthgrades did mention a sanction against him, it was for "failure to keep adequate medical records," obscuring the more serious medical board findings of negligence and incompetence.

Under Healthgrade's category of Board Actions, it said, "No board actions found for the years that Healthgrades collects data."

BEST & WORST

of state medical boards

If you want to see whether your doctor has been disciplined for bad behavior or shoddy medical care, and why, you will need to check with your state medical board. Consumer Reports and the Informed Patient Institute, a nonprofit patient safety group, analyzed the websites of boards in all 50 states to see how complete the information was and how easy they were to use, and rated them on a 1-to-100 scale. (Martin Schneider, chairman of the board of the Informed Patient Institute, is also on Consumer Reports' board of directors.)

BEST FIVE

Overall Score

CALIFORNIA	84
NEW YORK	79
MASSACHUSETTS	78
ILLINOIS	76
NORTH CAROLINA	76

WORST FIVE

Overall Score

WYOMING	27
MONTANA	26
HAWAII	22
INDIANA	20
MISSISSIPPI	6



LEARN

For complete Ratings of all of the boards, plus links to their websites, go to [ConsumersUnion.org/safepatientproject](https://www.consumersunion.org/safepatientproject)

And it's far from obvious that the medical board's full and damning report on Kurian is there but mislabeled—linked to the somewhat innocuous "medical records" finding.

Healthgrades does not show any malpractice lawsuits against Kurian even though the Los Angeles County courthouse has a record of 18 in which he was named. A Healthgrades representative says the site draws data from more than 100 external sources and relies on them to be current and accurate.

One suit against Kurian and others was brought by Ismael Aguirre over the death of his wife, Cynthia Mora, and was settled out of court in 2013 for \$950,000. (California malpractice law caps non-economic damages—such as the loss of companionship—at \$250,000.)

What Went Wrong

In its report, the Medical Board of California was quite specific as to what it says went wrong with the care Cynthia Mora received.

In the final weeks of her pregnancy, she went to the emergency room with excruciating pain in her side, and while there, her labor began. But that pain did not subside with the birth of her third child, a healthy daughter.

The medical board investigation found that Kurian missed signs of a ruptured appendix and for days stuck with an alternative diagnosis that didn't match her symptoms. It said he also failed to run the right tests and "adequately evaluate [her] status" before discharging her.

In the board findings, it said Kurian "later admitted that he never read the nurses' notes documenting [her] three-day history of pain and change in vital signs" and that "doing so would not be part of his custom and practice."

His unresponsiveness was also at issue. The report says that he "remained in his office during the day" and it took almost 10 hours and seven phone calls from nurses and worried family before Kurian went to see her after she was readmitted.

(continued on page 38)

DOCTORS ALLOWED TO KEEP PRACTICING

Examples from the Medical Board of California

THERE ARE ABOUT 100,000 DOCTORS practicing in California; 446 of them were on probation as of Sept. 29, 2015, which means they can continue practicing so long as they follow certain conditions. Those can include taking a course in ethics, not treating female patients without a chaperone, and undergoing drug testing. Through a public records request, we obtained the medical board's database of probation settlements. These examples illustrate the range and seriousness of the findings. Nationally, to check on your doctor, start at docinfo.org; if the doctor has been disciplined, you will be linked to your state's medical board website. To search our California database, go to ConsumersUnion.org/safepatientproject.

ORTHOPEDIC SURGEON

FINDINGS While on probation for substance abuse and forging prescriptions for "highly addictive" drugs and fictitious patients, was "caught using a prosthetic penis and bladder" to circumvent urine testing as part of mandated drug testing.

SANCTION Four years' probation, starting Nov. 14, 2013, with additional year added July 23, 2015.

PEDIATRICIAN

FINDINGS Sexual misconduct. Respondent "is a pediatrician with a sexual foot fetish" who coerced mothers of his patients to allow him to examine their feet while in the office. During one exam, he took the patient's mother's "right foot and placed it on his inner thigh," then "began rotating the foot so that [her] toes rubbed against his penis." He later said that he had "engaged in similar conduct with 30 or more female

parents/patients" over a 12-month period.

SANCTION Eight years' probation total, starting Sept. 30, 2009 (including a one-year extension for failure to have a chaperone when seeing patients, as ordered).

PRIMARY CARE PHYSICIAN

FINDINGS With her cardiologist husband, ordered more than 4 million tablets of prescription painkillers containing hydrocodone, a controlled substance, over a 15-month period, but investigators from the Drug Enforcement Agency "could account for only 167,000 tablets."

SANCTION Seven years' probation, starting Aug. 28, 2015.

CARDIOLOGIST

FINDINGS "Gross negligence" in treating four people with heart disease, including two who died. Cited for failing to recognize a perforated artery

he caused while inserting a stent and exposing a patient to "extremely excessive radiation," failing to order appropriate follow-up tests, dictating a "fictitious history and physical" without seeing a patient, and dictating medical records weeks after patients died.

SANCTION Five years' probation, starting July 31, 2014.

INTERNIST

FINDINGS When applying to renew his license in California, it was discovered that in 2012 the Maine board of licensure had previously "limited his narcotic prescription privileges" and that in 2013 he had failed to disclose that information to the Virginia medical board when he applied to practice medicine in that state. Also, he had inaccurately responded "no" when asked if he had a history of being treated for substance abuse.

SANCTION Five years'

GASTROENTEROLOGIST

FINDINGS Unnecessary endoscopies on multiple patients and his substandard treatment of three nursing-home patients. He was also found negligent in his failure to "manage chronic conditions of diabetes, schizophrenia, and seizure disorder" and his failure to "obtain informed consent" from the patients or their guardians.

SANCTION Four years' probation starting July 28, 2008; one-year extension on Jan. 20, 2010; five years' additional probation, starting Oct. 24, 2013.

probation, starting Sept. 26, 2014.

PEDIATRICIAN

FINDINGS False advertising, fraudulent billing, and improper prescribing of weight-loss drugs and other medications, including to himself.

SANCTION License suspended for 90 days, then 10 years' probation, starting Aug. 12, 2015.

ORTHOPEDIST

FINDINGS "Gross negligence" in the care of two patients, including one whose fractured thighbone was incorrectly treated for two months, allowing the "sharp end of the bone" to "erode through the skin." Patient's leg required amputation.

SANCTION Three years' probation, starting Oct. 16, 2015.

UROLOGIST

FINDINGS "Excessive use of alcohol," following DUI arrest for a blood alcohol level more than twice the legal limit on a weekend when he was on call for a local hospital. Five months later, he admitted to drinking again while on call.

SANCTION Four years' probation starting Dec. 5, 2013.

NEUROLOGIST

FINDINGS Allowing unlicensed medical assistants to routinely give patients narcotic painkillers through infusion pumps; in one case, a woman was sent home after receiving more than four times the proper dose. She was found dead the next morning.

SANCTION Five years' probation starting Sept. 3, 2014.

FAMILY PRACTICE DOCTOR

FINDINGS Excessive prescribing of controlled substances to patients, including one who received 1,080 oxycodone tablets at one time, another who filled prescriptions for more than 41,000 methadone tablets over a 28-month period, and another who received "approximately 700 oxycodone and 180 Norco [pills] approximately every 3 weeks." Also sold drugs for cash without labels, patient names, or adequate records; and provided free drugs to patients in exchange for sex.

SANCTION 10 years' probation, starting Feb. 20, 2015.

It was four days after giving birth, and she was suffering from high fever and debilitating pain. The report says she died two days later with complications that included infection, kidney failure, and cardiac arrest stemming from the ruptured appendix he failed to diagnose.

Kurian did not admit to all of the board's allegations but chose not to fight any of them.

When asked why Kurian was allowed to continue practicing, Cassandra Hockenson, public affairs manager for the California medical board, declined to discuss the details of any particular case. More generally, the board considers probation "if we believe a physician can continue to practice with conditions and monitoring," she says, adding, "It all boils down to the safety of the consumer."

Raising Red Flags

When the state medical board puts doctors on probation, it can have little effect on their practice. In fact, the board's

'One of the core defining points of what a profession is, is that it takes responsibility for regulating itself.'

—JIM E. SABIN, M.D.,
PROFESSOR,
HARVARD MEDICAL SCHOOL

imposed terms and penalties sometimes seem crafted specifically to keep a doctor working.

Luis Felix Tincopa-Minan, a family practice doctor in Whittier, Calif., is on probation for repeatedly sexually assaulting a "vulnerable" female patient with "many psychological problems." According to the medical board report, the young woman kept returning to his office in spite of his groping her because she needed her attention deficit hyperactivity disorder and seizure medications refilled. "She was in the exam room alone with him and he locked the door." After he was caught, the report says, Tincopa-Minan first denied it, then said it was consensual yet admitted that it wasn't the first time he'd had sexual contact with a patient.

The state board's solution to that problem, on top of other more pro forma probationary terms, was to require Tincopa-Minan to undergo a psychiatric evaluation and have a chaperone with him when he examines female patients.

(continued on page 40)

WHEN AND HOW TO FILE A COMPLAINT

Aifter emergency room doctor David Newman allegedly drugged and sexually abused a patient at New York City's Mount Sinai Hospital in January, the woman called police and went to another hospital for medical care. That reportedly allowed physicians to collect a sample of semen, which if found to contain DNA matching Newman's could strengthen the criminal case against him and improve the odds that he might be stripped of his medical license. Newman has been arrested, and his lawyer says Newman denies the charges. Mount Sinai had no comment.

Many people don't know what to do when they've been a victim of dangerous or negligent care. This patient acted swiftly to secure evidence and report the incident. Here's what you should do if you think you've been harmed by a doctor:

Recognize a cause for action. This obviously includes any kind of physical or sexual abuse you suffer at the hands of your doctor, or if you suspect that a doctor is practicing medicine under the influence of alcohol or drugs.

Then there's the problem of poor medical care, which can be less clear-cut. The kind of medical harm that warrants a complaint includes when a doctor overprescribes a drug or prescribes the wrong one, is dishonest, or fails to give you the results of a worrisome cancer biopsy or diagnosis of a serious medical problem in a timely way.

Consider contacting the police and a lawyer. To file criminal charges—for, say, sexual or physical abuse—you should first contact the police. For a malpractice lawsuit, you'll probably need to convince a lawyer that you have a strong case with the potential of a payout.

Contact your state board. That's the agency that licenses and disciplines physicians. (To find your state's board, go to ConsumersUnion.org/safepatientproject.) Some states make it easy to file a complaint against physicians online. If you have trouble

navigating the website, call the board for help.

Gather your records. It's a good idea to send a hard copy of your complaint, along with copies of your medical records and other supporting documents, to the board. Once the board receives your complaint it will assign it to an analyst, who may request additional documents or information. Then be patient: The state board must first determine whether your complaint warrants further investigation. And it can take several months or even longer before the board makes a final ruling.

FOLLOW THE MALPRACTICE MONEY

A VERY SMALL PERCENTAGE of doctors have accounted for most of the country's medical malpractice payouts over the last quarter century. That's according to an analysis done for Consumer Reports of the National Practitioner Data Bank, a federal repository that has collected disciplinary actions and medical malpractice payouts since 1990.

Robert E. Oshel, who worked as the associate director for research and disputes at the NPDB for almost 15 years until he retired in 2008, ran the numbers and figured out that less than 2 percent of the nation's doctors have been responsible for half of the total payouts since the government began collecting malpractice information.

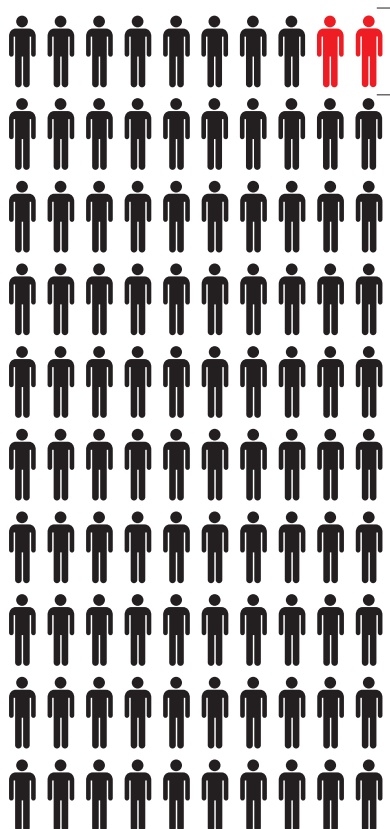
Malpractice is considered an inexact indication of substandard care, for many reasons. Cases often settle before trial and without documented findings of wrongdoing. And even the best doctors and surgeons can sometimes face lawsuits.

"Still," Oshel says, "when doctors have multiple large settlements against them, it can be a warning sign ... suggesting that if licensing boards and hospital peer reviewers were willing to either get these doctors to stop practicing or get retraining, we'd all be better off."

DOCTORS

1,247,500

have practiced in the U.S. since 1990.



Less than
2%
of doctors are
responsible for
50%
of malpractice
payouts
since 1990.

MALPRACTICE PAYOUTS

\$85,064,857,850

is the total amount paid for all malpractice cases since 1990.



And he doesn't have to tell his patients why that person is present or that he is on probation for sexual misconduct.

When reached for comment, Tincopa-Minan told us he was too busy working to talk about his probationary status.

Even in some of the most egregious cases of physicians placed on probation, the punishments meted out by the California state medical board—and sometimes even the criminal justice system—amount to a slap on the wrist. Take the case of pediatrician Yessennia Candelaria and her husband, Efrain Gonzalez, an OB-GYN.

He worked as a cosmetic surgeon, the board's report said, and Candelaria joined him as his anesthesiologist, sometimes providing deep sedation. There were many problems with that arrangement, beginning with the fact that she is neither trained nor certified to offer that level of anesthesia.

On the day in March 2013 when law enforcement agents raided their clinics, the medical board report says, she was

**'You can find
out more about the
safety record of
your toaster
and whether or not
it's going to catch
on fire than you can
find about
your physicians.'**

—ROBERT OSHEL,
FORMER ASSOCIATE DIRECTOR
FOR RESEARCH AND DISPUTES
AT THE NATIONAL
PRACTITIONER DATA BANK

visibly impaired, with "extreme body shakes and tremors" on a day that surgeries were scheduled. A search found loose pills in her pocket, syringes in her car, and injectable vials of fentanyl and Demerol in her home bathroom.

Husband and wife were arrested, and Gonzalez surrendered his license to practice medicine. The medical board cited him for more than 100 examples of his negligent and incompetent care—including botched surgeries and allowing staff with no medical training to insert intravenous lines. The board cited Candelaria for 13 causes of discipline, writing that she was "under the influence of drugs to such an extent as to impair her ability to practice medicine with safety to her patients and the public."

Gonzalez was sentenced to 90 days in jail and one year of probation for three felonies, including tax evasion and conspiracy to practice medicine without a license, according to a local news account.

He was also ordered to pay \$100,000 to compensate harmed former patients,

MAKING IT EASIER TO LEARN THE TRUTH

Michele Monserratt-Ramos decided to volunteer with Consumer Reports' Safe Patient Project after her fiancé, Lloyd Monserratt, died at age 36 from complications following gall-bladder removal and bariatric surgery. Ramos later learned that Lloyd's surgeon had a history of arrests, including for possession of crack cocaine.

She also learned that California's medical board at the time had a program for doctors with substance-abuse problems, which allowed them to keep their addictions private, provided they enrolled in a recovery program.

Angered that doctors with that kind of history could remain hidden and still practice, Ramos worked with others in the state to change that policy, something that finally happened after years of lobbying. Doctors with a history of substance abuse can now be found on the board's website, along with other actions.

"It's progress," Monserratt-Ramos says. "But it's still too hard for patients to find out whether their doctor is really safe." She points out that most consumers don't know about those boards or how to navigate their complicated websites.

That's why she's now

working with other Safe Patient Project activists in California and across the country to make it easier for patients to learn about their doctors' disciplinary history.

Those efforts are focusing on five areas:

► Doctors on probation should be required to tell patients that they are being disciplined and explain why.

► The state medical boards, where consumers must go to file complaints about doctors or investigate their records, should present information in a clear, consistent way, including plain-language summaries of why doctors are on probation.

► State medical boards

should include more consumer representatives. They are now dominated by physicians.

► State boards should be more aggressive in pulling the licenses of doctors who are clearly a danger to patients.

► The National Practitioner Data Bank, a federal repository that includes disciplinary actions taken by state boards, hospitals, and other healthcare agencies as well as malpractice payments, should be open to the public.

To learn more about Consumer Reports' efforts to protect patients, go to ConsumersUnion.org/safepatientproject.

who agreed not to sue.

About the same time last spring, the state board lifted Candelaria's temporary suspension and placed her on probation for seven years but allowed her to continue practicing as a pediatrician if she adhered to certain terms, including not practicing alone and biological fluid testing. She is now accepting new patients. She must tell them she is prohibited from providing deep sedation, though she doesn't have to explain why. Nor does she have to mention her disciplinary history or drug use. When we called her office, Candelaria declined to comment.

Although the California medical board reports describe the underpinnings of the cases against doctors, they rarely explain the board's thinking on why it is levelling a particular sanction. To Harvard's Sabin, the medical ethicist, that is a lost opportunity for more transparency.

"I think it's important to provide the rationale," he says. "A board's finding could range from permanently taking away the license to requiring someone to take a course in ethics. It ought to explain why it is doing that."

A Pyramid System

Patients who believe they've been harmed or mistreated can file a complaint with their state medical board, which then investigates. If the complaint goes forward, all parties are notified, the case is reviewed, a decision is made, and a hearing is scheduled.

In California, certain kinds of medical malpractice judgments or arbitration agreements against a doctor for more than \$30,000 are supposed to be reported to the state board. So, too, any physician convicted of a misdemeanor or charged with a felony-level crime such as unlawfully discharging a firearm (in one case during a dispute over a neighbor's goat) should be reported to the board.

Only a small percentage of complaints result in a sanction against a doctor, according to numbers published in the California board's most recent annual report. There were 8,267 official complaints



**'This could have been prevented.
My wife could have been right here
with my daughter and my two boys.'**

—ISMAEL AGUIRRE, WHOSE WIFE DIED IN 2011

brought against state doctors in the 2014 to 2015 fiscal year. The board opened cases against 1,381 physicians and surgeons, and reprimanded 86.

An additional 136 were placed on probation and allowed to keep practicing, 14 after serving temporary license suspensions. Forty-five more doctors had their licenses revoked by the board. And 85 others surrendered their licenses before the board made a final ruling.

The disciplinary rate is that low in part because the burden of proof is high. There needs to be "clear and convincing evidence" that a violation has occurred and that it meets the guidelines to move forward, says Kim Kirchmeyer, executive director of the California board.

Other people interpret the numbers differently, including patient advocate Robert E. Oshel, the former official at the NPDB. He says medical boards tend to protect their own. "They're run mostly by doctors, and they are often reluctant

to take actions against physicians unless they get a lot of pressure, or if something comes out in the press," he says.

Medical boards have complicated rules that can effectively keep information out of the hands of the public, such as listing a doctor's malpractice cases only if they hit a certain monetary threshold or a doctor has several cases over a period of time, says Consumer Reports' McGiffert. "As a result, a physician may have a long history of malpractice, but it never shows up in his or her public record," she says.

Boards frequently don't discipline physicians unless there are repeat offenses, says William Newkirk, a malpractice attorney in California who represented the family of Cynthia Mora, the patient of Kurian's who died. Newkirk sees an imperfect system limited by the boards' small staffs and modest budgets. For a doctor to be sanctioned, Newkirk says, "the complaint has to be dramatic and the evidence strong."

The Right to Know

Many of the hundreds of probation decisions from the Medical Board of California we reviewed involve shoddy personal or professional behavior, both blatant and documented. But not every disciplinary case is clear-cut.

Consider Scott Eisenkop, a highly trained surgical oncologist whose probationary report describes his physical limitations following treatment for throat cancer in 1996. Though successful, the chemotherapy and radiation left him with numbness in the face, dry mouth, and hearing loss, making it difficult to communicate with him. Eisenkop also has to take medication for a seizure disorder.

A complaint was filed about Eisenkop over an operation he performed at St. Joseph's Medical Center in Burbank, Calif., in May 2012. At issue was his behavior.

During the board's investigation, a surgical technician assisting on the surgery said he had found Eisenkop to be "confused, incoherent, and disoriented" for several minutes in the midst of a complicated abdominal surgery.

Some of the experts who were called in to evaluate him during the investigation said that Eisenkop could have suffered a seizure.

He disputes that, testifying at his hearing and telling Consumer Reports more recently that it wasn't a seizure at all; he says he was simply conserving his voice for when he needed it most.

In their report, the California medical board members bent over backwards to acknowledge his expertise, writing that Eisenkop "enjoys a reputation as an extraordinary surgeon" and "is dedicated to his profession."

At the same time, the board recognized the potential danger he poses and in 2014 put him on probation for 10 years, concluding that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates." The board decided that Eisenkop could continue practicing medicine only if he continues to get medical evaluation and treatment, limits his work shifts to no

more than 10 consecutive hours, and has a backup surgeon with him whenever he serves as the primary surgeon.

But the board did not require him to tell patients of his disorder or that he is on probation. Nor did it tell him to permanently stop operating on patients—even though he's still susceptible to seizures.

Eisenkop says he feels no obligation to share either of those facts with his patients. "No, I don't want to do a disclaimer and say right away, 'This is what I was falsely accused of.' No, thank you," he said in an interview with Consumer Reports. Eisenkop maintains that he is safe to operate so long as he gets enough sleep and takes his medication.

Edythe Preet believes she was entitled to know that information before Eisenkop collaborated with her gynecologist to remove a cyst and both of her ovaries in 2013. The writer from Van Nuys, Calif., is suing Eisenkop and her gynecologist. Her lawsuit alleges that the surgery left her with permanent injuries. The medical center and its board of directors are also named in the suit—for letting Eisenkop perform the surgery even

though it was aware of his condition.

Eisenkop says her claims against him are baseless and that nothing went wrong during Preet's surgery.

What really bothers Preet now is how little she knew about Eisenkop before her procedure. Preet's lawsuit alleges that she asked her gynecologist if she could meet Eisenkop before the scheduled operation but was told that he was "too busy."

She says she didn't press the matter or even think to research his record. "I'm of the generation that thinks—thought—of doctors as gods and infallible," she says.

Nor did she know that at the time of her operation a formal complaint against Eisenkop was being investigated by the state medical board.

"Had I known," she told Consumer Reports, "I would not have agreed to have him in the operating room."



A Complicated Case

Scott Eisenkop SURGICAL ONCOLOGIST

The state medical board report says the highly trained surgeon is devoted to his profession, but it also said that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates."



LEARN

For video on finding a good doctor and to hear more from Ismael Aguirre, who lost his wife, and patient advocate Michelle Monserratt-Ramos, please go to [ConsumerReports.org/doctordangers](https://www.ConsumerReports.org/doctordangers)

SMART WAYS TO CHOOSE A DOCTOR

MANY PEOPLE LOOKING for a new doctor start by asking friends, relatives, or co-workers for recommendations. Though those suggestions may be perfectly good, you still need to do your own research. Here, the steps you should take:

1 | KNOW YOUR INSURANCE

A doctor who isn't affordable for you probably isn't Dr. Right. So contact your insurance company and get a list of approved doctors or give your insurer the name of the doctor you are considering. If you're on Medicare, go to medicare.gov/physiciancompare and see which doctors accept Medicare.

TIP Don't rely solely on your insurer's website: Doctors frequently add or drop plans, and lists may be out of date. Call the doctor's office and ask.

2 | SPOT RED FLAGS

It's not easy to get clear information about your doctor's disciplinary history. But the best place to at least start is docinfo.org, run by the Federation of State Medical Boards, an organization representing state agencies that license and discipline doctors.

TIP If your search results list anything under "Actions," click on the link, which will take you to a state's website. Once there, you will have to dig deeper to find out exactly what the doctor is on probation for. Some sites are easier to use than others, as we

found in our analysis of websites in all 50 states. If you're unclear of what to do or how to interpret what you find, call your state medical board.

3 | LOOK A LITTLE DEEPER

Does the doctor order the right tests and prescribe the best possible treatments? Are patients seen promptly and treated with respect? Reliable data on those measures are admittedly difficult to find, though physician report cards are becoming more common. If you live in California; Maine; Massachusetts; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; or the Detroit area, check the inserts in this issue of Consumer Reports, which include information on physician performance for medical groups in those regions. If not, the nonprofit Informed Patient Institute gathers available online physician report cards and assesses the usefulness of each. To check it out, go to informedpatientinstitute.org.

TIP Don't necessarily trust those "Best Doctors" lists in many city or regional magazines or on websites: They can be a measure of

reputation, as determined by colleagues, not by quality data, such as how often patients get the best tests or treatments. And be wary of website user reviews when judging quality: It's difficult to know who wrote the reviews (and what their relationship to the physician might be), and doctors often score high ratings based on just a few responses.

4 | CHECK ON HOSPITAL AFFILIATION

The doctor you choose can determine which hospital you go to. Your insurance company's website and, for Medicare patients, medicare.gov/physiciancompare should list the doctor's hospital affiliations.

TIP For national results, go to ConsumerReports.org/hospitalratings to compare medical centers in your area.

5 | FOLLOW THE CONNECTIONS

The government now collects information on how much money doctors get from drug and medical device companies. Such payments can be legit, but a physician who receives large payments may

be unduly influenced by industry. ProPublica posts that type of payment information at propublica.org/docdollars.

TIP Also ask the doctor's staff whether the office gets many visits from drug reps. More and more are restricting such sales calls. That's good: They not only can take up a lot of the doctors' time but also may inappropriately influence their choice of drugs.

6 | CONSIDER COMPATIBILITY

Use your first appointment with a doctor as a litmus test. Factors to consider: Does the doctor listen without interrupting? Do you feel your questions are fully answered? Does the doctor explain your diagnosis and treatment, and specify a date for a follow-up appointment?

TIP Also ask the front-office staff about the practice's policies. How long must you wait to get an appointment for a routine visit? (Optimum is less than a week.) Are same-day appointments available? Also, evaluate how much time you spent in the waiting room. Is the office staff friendly, efficient, and respectful?

—Steven Findlay

THE STATE OF THE SELF-DRIVING CAR

Are autonomous cars safe, legal or even desirable? We answer your questions.

**BY MIKE
MONTICELLO**





TERESA FAVUZZI is a good driver; it's everyone else around her who is a maniac. Favuzzi's partner is legally blind, so the 54-year-old independent-living director from Sacramento, Calif., is used to taking the wheel of the family car. She makes full stops at stop signs, obeys speed limits (mostly), and always looks both ways before entering an intersection. The responsibility of being the driver appeals to her, because then she generally knows what the outcome of her journey will be: a safe arrival at her destination.

She doesn't give up the wheel easily—"I'm a bit of a control freak," she says—but in May 2015, Favuzzi eagerly accepted an invitation to take a test ride in Google's prototype self-driving car on a parking garage rooftop of the software giant's Silicon Valley headquarters. Google has held several demonstration events for journalists and community organizations so that they can learn about, and experience firsthand, Google's self-driving technology.

The inside of Google's podlike vehicle is at once familiar and disconcerting. It has two forward-facing seats, seat belts, even cup holders. But there is no steering wheel, brake pedal, or any controls to speak of, save for a "go" button and a big, red emergency "stop" button. Engaging the go button is a leap of faith for any "driver." After that push, for the length of your journey you are at the mercy of a machine.

But as Favuzzi discovered, it's a cautious machine, maybe even more cautious than she is. The vehicle stopped for pedestrians, bicyclists, other cars, and obstacles in the road "almost as well" as she could have driven. The car was calm, courteous, patient ... careful to a fault, even. Favuzzi got used to the experience in a hurry, and never once had that panicked-passenger feeling. You know the one, where you smash your foot into the car's firewall, slamming on an imaginary brake pedal.

Instead, she got out feeling ... relaxed. She's now eagerly anticipating a day when

she can have a self-driving car of her own, one where she and her partner can chill out, chat, sit back, and enjoy the ride.

But she'll have to wait a while. The prototype (which still doesn't have an official name) that shuttled Favuzzi is Google's vision of the future, a world of cars that use lasers, radar, and cameras—and a significant amount of computer processing power—to “see” the road, and thus remove humans from the task of driving.

It's a compelling scenario: No texting drivers wandering into adjacent lanes. No aggressive road ragers cutting each other off. No tired, drunk, or just plain confused people in control of 2-ton vehicles. Just computers constantly analyzing the road and traffic conditions, always alert and making the safest, most logical decisions every time.

The fact that Google's vehicle works at all makes that vision seem tantalizingly within reach. And in some ways it is. Researchers at Google, as well as universities including Carnegie Mellon and Stanford, plus multiple car manufacturers, are working diligently on the technologies necessary to let cars drive themselves. Experts predict that we'll see some real-world deployments of self-driving car services in select cities within the next few years. Also, many systems

are available in cars right now that allow varying degrees of autonomy. Some production cars can even operate on their own for limited durations under specific circumstances.

But it's a leap of surprising complexity to go from a few sporadic implementations of self-driving technology to a get-in-the-backseat-and-take-a-nap world of robotic cars. In fact, many of the engineers and automotive executives we contacted can't even agree about a realistic time frame, or what will be necessary in terms of laws and standards. But most do agree that it will take decades to sort it all out and spread full-autopilot technology into dealerships countrywide.

Google Inside?

Chris Urmson, the director of Google's Self-Driving Car Project, is on the optimistic end of the spectrum. “My team here is working to make sure my 12-year-old son doesn't have to get a driver's license,” he says, “and we believe that.”

Google isn't looking to become a car manufacturer, though. Rather, the online-search company wants its software to be the electronic brains of cars built by established automakers.

Many of those automakers are urging patience. Matt Sloustcher, who handles advanced technology communications for

Honda, said his company doesn't have a set date for when “ubiquitous, unmanned operation” will be achievable, but it won't be anytime soon. “There are many complexities involved from a regulatory, liability, and infrastructural standpoint that are only just starting to be explored.”

How that all rolls out is no small matter. If the move to self-driving vehicles is inevitable, then it will be the single biggest change in the relationship between cars and their passengers since the invention of the motor vehicle itself.

We are talking about letting computers make life-and-death decisions on our behalf, on a mass-scale. Whether it takes two years or 20, it is a transition that requires everybody understanding the basics of self-driving vehicles, and setting realistic expectations about what we can expect from the technology.

Consumer Reports has experienced some of the most advanced features currently on the market at our track in Connecticut, and we've also talked with scientists and engineers who are developing the next generation of self-driving technology.

Our goal has been to answer questions about what's possible, how safe it all will be, and when Teresa Favuzzi—and the rest of us—can realistically expect our cars to take the wheel.

Q: CAN I BUY A SELF-DRIVING CAR RIGHT NOW?

NO. WELL, NOT REALLY. But many cars on the road have the ingredients necessary for computer-controlled driving. Semiautonomous, or partially self-driving, tech has been available on cars for several years. Adaptive cruise control was first offered in the U.S. in the early 2000s on high-end models. The systems scan the road ahead using cameras, lasers, or radar, and can automatically apply the gas or brakes to maintain a set distance between your car

and the car in front of you.

Automatic emergency braking systems are an extension of the same technology. When the system sensors determine a collision is imminent with the car directly in front of you, your car will automatically apply the brakes to attempt to bring you to a safe stop.

Those systems will take control of the accelerator and brakes, and lane-keeping assist (LKA) systems will give your steering wheel a gentle nudge. Available on luxury

cars such as the Mercedes-Benz S-Class and Infiniti Q50 down to the Honda Civic econobox, LKA generally uses camera-based “machine vision” to monitor the lines on the road. When it senses that the driver is drifting without using a turn signal, LKA automatically corrects the path of the car to keep it within a given lane.

The trickle-down effect to mainstream cars is already being realized, with Honda spokesman Matt Sloustcher saying that advanced driver-assistance systems will become standard equipment on Honda products “in the near future.”

For truly futuristic tech, there's Tesla's Summon self-parking feature. That system allows the

Model S sedan to drive itself to enter or exit a narrow parking space ... without anyone in the car. It can travel up to 33 feet at a walking pace, and the operator must be within 10 feet of the vehicle, controlling it like a remote-control car via the key fob or a smartphone app.

Not only are those features designed to offer safety and convenience, but many of them also form the building blocks to self-driving cars.

Jennifer Stockburger, who oversees safety testing at Consumer Reports' Auto Test Center, says, “Based on our experiences, we see a lot of safety potential with these systems, especially as they continue to be refined.”

Q: SO I WON'T BE PLAYING COMPUTER GAMES WHILE MY CAR CHAUFFEURS ME?

A FEW CARMAKERS already have systems that allow some aspects of an autonomous driving experience. None of those systems are designed, in theory, for true “Look, Ma, no hands!” driving. But they are a stepping-stone technology.

Tesla’s Auto Pilot lets the car drive without human input on highways with clearly defined lane markings. Once Auto Pilot is engaged, the car steers itself to keep within the lane. It even brings itself to a stop and can resume driving in stop-and-go traffic. If you hit the turn signal stalk, the car will change lanes for you, if the system determines the maneuver is safe.

Mercedes’ Distronic Plus with Steering Assist will pilot the car down the freeway but will disengage if it senses your hands haven’t been on the steering wheel for more than 15 seconds. Tesla warns Auto Pilot is not meant to be hands-free, but keeping your hands off the wheel doesn’t actually disengage the system. Same with the Infiniti Q50, although the company is adamant that its Active Lane Control was designed to help you stay in your lane on the highway, not

to do all of the steering for you.

Volvo has a forthcoming system called Pilot Assist II that will debut on the 2017 S90 sedan, allowing the car to accelerate, brake, and steer itself up to 80 mph, as well as come to a complete stop—although at least one hand must be on the steering wheel at all times.

Cadillac’s all-new CT6 sedan will have a system called Super Cruise available in 2017 that’s meant for truly hands-free operation on highways. But you can’t just zone out.

“At this point in time the technology is not good enough for you to not pay attention,” says John Capp, GM’s director of global vehicle safety. The system will monitor not only the behavior of the vehicle but also the driver’s face and eyes for attentiveness.

Both Nissan and Ford are working on autonomous drive systems that will operate in slow-moving traffic situations, taking over steering, throttle, and braking during city driving and traffic jams to save you from accidents. Honda is looking to have a freeway-only self-driving system in place by 2020.

SELF-DRIVING TERMS YOU SHOULD KNOW

Much of the core technology for self-driving cars is available on cars today. Here’s a guide to the key features and terms:

AUTONOMOUS VEHICLE

A car capable of sensing its environment and driving itself from point to point without needing input from a driver.

SEMI-AUTONOMOUS VEHICLE

A car that has limited capabilities, such as being able to steer, accelerate, brake, stop, change lanes, and park itself. The driver will need to stay alert to potential missteps and crisis situations.

ARTIFICIAL INTELLIGENCE

Machines with the ability to learn and make decisions on their own. The question that remains to be asked: Can a learning machine become self-aware?

FORWARD-COLLISION WARNING

Lasers, radar, or cameras assess the possibility of impact with a vehicle ahead and alert the driver to pay attention. We want this feature to be standard on all vehicles as soon as possible.

AUTO EMERGENCY BRAKING

Can sense an imminent forward collision and slam on the brakes if you don’t react in time. It’s *deus ex machina* for the inattentive driver. We want this feature to be standard on all cars as soon as possible.

LANE-KEEPING ASSIST

Induces mild steering input to keep your car in its lane. It works best on straight roads but can be overly intrusive on curvy two-lanes. Advanced versions allow for hands-off moments.

ADAPTIVE CRUISE CONTROL

Automatically adjusts your car’s speed to the vehicle ahead; some systems come to a full stop, then start again. You have but one job: steer.





Q: WILL SELF-DRIVING CARS MAKE OUR ROADS SAFER?

IF YOU ASK GOOGLE and the automakers why we need self-driving cars, they say the main reason is safety. Sure, letting a computer handle the driving will be a huge convenience. But consider that more than 90 percent of car crashes are the result of human error, something that, presumably, wouldn't be a problem for autonomous cars.

"We have 1.2 million people killed worldwide, 33,000 killed in the U.S. per year; that's incredible," says Google's Chris Urmson. "The 33,000 number is comparable to a 737 falling out of the sky almost five days a week, which would be completely unacceptable in air travel."

Active safety features, such as forward-collision warning with automatic emergency braking, are already reducing accidents. The Insurance Institute for Highway Safety says the combination of those two technologies has proven to reduce rear-end crashes by about 40 percent. Further safety aids such as rear-collision-alert systems, pedestrian detection, and blind-spot monitors will only serve to help.

In the far distant future, there's little debate that self-driving cars have the potential to drastically reduce, or possibly even eliminate, crashes. In the

interim, as self-driving cars navigate traffic alongside unpredictable human drivers, things will be murky.

Such a situation became clear in February, when a Google self-driving prototype collided at low speed with a municipal bus. The Google car's software wasn't programmed to react intuitively when the car's progress was blocked by sandbags in the road, just as it was attempting a right turn on a busy boulevard. The Google car then merged back into traffic, calculating that the bus following behind would yield. But the bus did not yield, and the two vehicles collided.

Google, firmly on the side of heading straight to full autonomy, worries that inviting drivers to tune in and out of the task of driving could be a serious problem; give people the option to pay even less attention to their driving, and many of them are bound to bury their head further into their smartphone or laptop.

To suddenly require a clocked-out human to re-engage with driving at a critical moment will probably not end well, according to driving simulations conducted by Stanford University.

In a 2013 interview with *Automotive News*, the late Stanford professor Clifford Nass explained:

"You look away to read *The New York Times* or watch 'Les Miz,' and traffic got crowded, the road surface changed, and it started raining. You have to be responsible for taking over the car. That is a phenomenal mental transition problem."

Volvo's case against going completely autonomous is based on its survey of more than 10,000 respondents to date—with 92 percent of drivers still wanting a car equipped with a steering wheel, with the ability to take over the driving at any moment. The summary: The luxury of driving manually must be preserved. Volvo says its goal for the future is not to remove driving but rather to support the driver when the task is less fun—for example, during the daily commute or a traffic jam.

A recent survey by AAA shows that 84 percent of respondents who do not want semi-autonomous features on their next vehicle said they trust their own driving skills more than the technology.

Mark Rosekind, head of the National Highway Traffic Safety Administration, responded to the dilemma of straight-to-full automation vs. the step-by-step process by saying, "We would lose by betting on one or the other path."

Q: ARE AUTONOMOUS CARS EVEN LEGAL?

WHEN EACH STATE WROTE its driving laws, a car that drove itself wasn't a consideration. Back in 2012, University of South Carolina assistant professor of law Bryant Walker Smith took on the daunting task of reading the traffic codes in every state to find legal provisions that could complicate or prohibit self-driving cars.

He basically found only one, a provision in New York state that says, "no person shall operate a motor vehicle without having at least one hand ... on the steering mechanism at all times when the motor vehicle is in motion."

Beyond that, Smith said he found pretty much zero unambiguous red flags, prompting him to title his research paper "Automated Vehicles Are Probably Legal in the United States." And even that New York law, he says, is open to interpretation because it could be argued that, with a self-driving car, no "person" is actually driving it, so therefore there is no conflict.

But that's not to say states aren't busy enacting legislation related to autonomous cars. According to Anne Teigen of the National Conference of State Legislatures, 32 bills related to self-driving cars have been introduced in 2016 or are still active from last year's carryover.

Nevada was the first state to authorize the operation of self-driving cars, in 2011, and since then five other states plus Washington, D.C., have passed legislation. And Arizona's governor signed an executive order directing agencies to support the testing and

operation of self-driving cars.

The bills have ranged from authorizing the use of self-driving cars on public roads—under certain safety and testing conditions—to defining what a self-driving vehicle is to requiring a licensed driver in the driver's seat. North Dakota simply asked for a study of autonomous vehicles, and Tennessee's bill prohibits local governments from banning their use.

Despite the debate, Teigen says no state has introduced legislation that specifically prohibits the testing or development of self-driving technology, although Smith argues some have certainly muddied the waters.

For now, the federal government seems to support the move toward autonomous cars. Transportation Secretary Anthony Foxx recently said he was "personally asking automakers to submit more regulatory interpretation requests so that we can work with your progress, not hold it back."

That means systems such as Tesla's Auto Pilot and Cadillac's Super Cruise are legal to use, except in New York state. Because those types of systems are not considered self-driving (the driver needs to pay attention), the driver rather than the automaker will be responsible in the case of an accident. Things are less clear concerning what will happen once fully self-driving cars are on the road. Already, Volvo has gone on record saying it will assume liability when an accident is caused by a Volvo running in fully autonomous mode, as long as the system isn't being abused.



TRANSPORTATION OF THE FAR, FAR-OFF FUTURE

The Connected Highway

The utopian road—where cars, trucks, buses, bicyclists, pedestrians, and traffic signals all talk to each other through vehicle-to-vehicle (V2V) and vehicle-to-infrastructure (V2I) communication—has been envisioned for decades. Such a plan could

virtually eliminate accidents, massively reduce congestion, and improve efficiency. Although a completely connected vehicle fleet will take decades to implement, it doesn't have to come all at once. Frank Paluch, president of Honda R&D Americas, suggests it could start with a single, dedicated highway lane

for automated vehicles, for instance on Interstate 5 in California. Picture cars traveling at speeds of more than 180 mph, inches apart, in perfect uniformity: Los Angeles to San Francisco in about 2 hours.

The End of Car Ownership

A single highway lane for self-driving cars might not be all that far off and is fairly plausible. But eventually, owning a car could be mostly for hobbyists. For car enthusiasts, it's hard to imagine such a

future, but to the pragmatic the concept makes sense. Why spend so much money on an item that, in truth, sits idle the majority of the time? In the future you'll simply summon the car of your choice to your door, on demand, from a network of self-driving vehicles.

Fly, Don't Drive

We know, it's not a car, but it's hard to ignore the single-person Autonomous Aerial Vehicle (AAV). The Chinese-built Ehang 184 self-piloted mini-helicopter is powered

by eight electric motors and can fly for 23 minutes at an average speed of 62 mph before needing a 2- to 4-hour recharge. It has a 220-pound load capacity. Although the Federal Aviation Administration will have a field day regulating such a vehicle, Ehang says the drone-copter will go on sale in China this year for private use for around \$250,000. The "Blade Runner" dreamers can envision autonomous helicopters as the potential ride-sharing service of the future.

Q: WHEN WILL FULLY AUTONOMOUS CARS BECOME A REALITY?

YOU'LL PROBABLY HAIL an autonomous taxi long before you'll have the opportunity to buy your own self-driving car.

Alan Hall, who handles technology, research, and innovation communications for Ford, expects that the first application of the technology will be in automated taxis in certain cities.

The idea would be similar to the way ride-sharing services work now. You'd summon your ride with

a smartphone, and it would send a car to your location, then deliver you to your destination. Except, no driver.

That is, provided your destination was within the city. Hall says that early implementations of self-driving cars would work only "in a defined area that is mapped, in appropriate weather, in a city environment."

Experts agree that it will be a very long time before autonomous

vehicles will have free rein over every road in America. Before that happens, every road, highway, byway, bridge, and obstacle needs to be mapped. And we're not just talking the ordinary maps currently in your car's navigation system. According to Google's Chris Urmson, autonomous cars need detailed 3D maps that capture all features of the road, including lane markers and traffic signs.

Weather is also a big concern. Snow covers up the lane lines that cars' cameras use to find their way. To counteract that, Ford has been testing cars at Mcity, a 32-acre simulated urban driving environment at the University of Michigan. The cars use high-resolution 3D maps,

which provide information about road markings, signs, geography, landmarks, and topography. The goal is that when the Ford can't see the actual road, it will still be able to detect above-ground landmarks to orient itself on the map.

A self-driving car's software has to be ready for even the most bizarre circumstances and be ready to temporarily violate traffic laws—say, if a police officer or traffic worker waves the car into oncoming traffic lanes to avoid an obstacle. Could a car know to stop at a green traffic signal to avoid hitting a person chasing their dog into the street? Imagine the billions of lines of software code needed to accomplish that.



During our 80th anniversary year, we introduce a series of provocative opinion essays by leading thinkers on urgent consumer issues. We hope you'll join the conversation with us.

A SAFER FOOD FUTURE, NOW

BY ERIC SCHLOSSER

SEVERELY OBESE schoolchildren, E. coli outbreaks, salmonella in ground beef, arsenic in apple juice and rice, poultry sickened by avian flu, hog farms dumping manure into rivers and streams, meatpacking workers routinely injured on the job, the cruelty of factory farms—all of these problems have inspired activists to seek a variety of solutions. But the seemingly disparate problems with America's food system have a common explanation: The handful of corporations that now

dominate the system are imposing their business costs on the rest of society. And the greatest harm is being suffered by the poorest Americans. To create a truly sustainable food system for the 21st century, we will have to address not only the well-publicized, harmful symptoms but also their underlying cause. Although it may be tempting to blame those problems on the workings of capitalism, the changes in food production during the past few

decades have been largely driven by the elimination of free markets and real competition.

As the food system has become more centralized and industrialized, the income of ranchers, farmers, and food workers has been squeezed. State socialism is hardly the solution. Communist-led China has been responsible for a series of food scandals that would've shocked Upton Sinclair: Three hundred thousand

infants sickened by adulterated baby formula, pasta tinted with lead-based whiteners, rat meat sold as lamb, soy sauce made from human hair.

In the U.S., the misuse of antibiotics in agriculture is one of the most shocking examples of how private interests have triumphed over the public interest. More than three-quarters of the antibiotics sold in this country are routinely fed to healthy poultry and livestock at factory farms

to prevent disease but also to promote growth. The dangers of that practice—the creation of lethal, antibiotic-resistant organisms—have been recognized for decades. And yet the practice continues because the meat industry has successfully blocked strict regulations on antibiotic use. About 2 million Americans are now infected every year with antibiotic-resistant bacteria from a variety of sources, and more than 20,000 are killed by them. The annual healthcare costs stemming from the misuse of antibiotics are estimated to be at least \$20 billion. The financial cost pales beside an unacceptable reality: Thousands of Americans have died so that chickens and hogs can grow a little faster.

The corruption of the political system helps to explain the wide discrepancy between what's best for the American people and what benefits the leading food companies. Elected officials accept millions of dollars in campaign donations from the food industry; government regulators find lucrative jobs in the industry after leaving office—and as a result, the government now obeys the companies it's supposed to regulate. The FDA Food Safety Modernization Act of 2010 wasn't a radical bill. It sought to give the federal government the power to order the recall of contaminated foods and to punish companies that knowingly sold them. It was supported by about 80 percent of the American people and the U.S. Chamber of Commerce. And yet, thanks to food industry opposition, the bill was stalled in committee for almost two years and gained passage only through the last-minute efforts of a lame-duck Congress. And the new food-safety measures still haven't been adequately funded.

The battle over the labeling of genetically modified organisms (GMOs) illustrates the threat to democracy posed by our current food system. Twenty-five years ago, none of the processed food

consumed in the U.S. contained genetically modified ingredients. Today, about 75 percent of it does. The spread of GMO crops has greatly increased the sale of glyphosate, now the most widely used pesticide in America. Studies have found glyphosate in the raindrops, drinking water, and air of the Midwest. Last year the World Health Organization declared that glyphosate was “probably carcinogenic to humans.” More than 90 percent of the American people favor labeling



GMO foods so that consumers can choose whether to buy them. Nevertheless, the House of Representatives passed an industry-backed bill last year that would prevent states from requiring labels on GMO food. (At press time, the Senate was poised to vote on the same bill.) George Orwell would've loved its name: The Safe and Accurate Food Labeling Act of 2015.

A FOOD SYSTEM reflects the values of the nation that created it. That was the thesis of “Fast Food Nation,” published 15 years ago. The racism and inequality that still plague the U.S. are evident in how we produce our food. Thanks to the lobbying efforts of the restaurant industry, the federal minimum wage is about one-third lower today than it was in 1968, when adjusted for inflation. California is the nation's largest producer of fresh fruits and vegetables, the foods deemed essential for a healthy diet. And yet the

mainly Latino workforce that harvests those crops now lives in abject poverty. In 2012, the last year for which statistics are available, all 800,000 farm workers in California had a combined income about one-third lower than that of America's top 25 hedge fund managers. A food system based on that sort of injustice is not sustainable.

Despite these problems, I'm deeply optimistic about the possibility of creating a better food system. A nationwide food movement is now demanding better wages, healthier foods, local and organic production, an end to government policies that subsidize junk foods. I can't predict what Americans will be eating in the future. But I feel confident that a food system appropriate for the 21st century is gradually emerging. It will be regional, diverse, kinder to livestock, less dependent on pesticides, more respectful of the environment, and far more compassionate.

IN MAY 1936, the first issue of Consumer Reports warned readers about the dangers of contaminated milk. During the 80 years since then, the organization has uncovered the mysterious ingredients of hot dogs, exposed the false marketing of olive oil, measured the pathogen levels in supermarket meat, and called for a long list of reforms to protect Americans from being harmed by what they eat. Consumer Reports has arduously defended the basic consumer rights outlined by President John F. Kennedy in 1962: the right to safety, the right to be informed, the right to choose, and the right to be heard. In the absence of those rights, market forces are distorted, rewarding unethical business practices and punishing companies that play by the rules. The kind of citizens' movement led by Consumer Reports is essential for a functioning democracy. As President Kennedy noted, “Consumers, by definition, include us all.”

Eric Schlosser is the author of “Fast Food Nation” and a co-producer of the documentary “Food, Inc.” His most recent book, “Command and Control,” was a finalist for a Pulitzer Prize.

TELL US WHAT YOU THINK

Where do you stand on the fight for safer food? Go to ConsumerReports.org/saferfood to share your thoughts.



CONSUMER REPORTS has long been committed to creating a safer marketplace for food consumers. For 80 years we've tested for dangerous ingredients, taken manufacturers and the government to task, exposed the shortcomings of fast foods, and objected to unclear labeling. In the process, we've changed minds and changed laws. Many of today's battles are the same ones we've been championing for decades.

FOOD FIGHTS, FOULS & VICTORIES

1930^S

MAY 1936

Milk mayhem. Consumer Reports' very first issue exposed the fact that consumers who paid more for grade A milk weren't getting higher quality than those who bought grade B. We also tested milk to reveal that it contained bacteria, proving that pasteurization was not a guarantee of safety.

AUGUST 1936

Breaking bread. In a statement ahead of its time, we lamented that bakers were removing whole grains from loaves, making them less nutritious.

AUGUST 1936

Boardwalk field trip. We sent a chemist to Coney Island in Brooklyn, N.Y., "with sterile test tubes and enough money to buy samples of the drinks and delicacies sold along the boardwalk. The laboratory analysis showed that the sewage-laden sea water is no more contaminated than are some of the ice-creams and soft drinks that cool the bathers" on the shore.

SEPTEMBER 1936

Booze ruse. Three years after the end of Prohibition, we studied whiskey labels and lauded the government's crackdown on phony labeling and packaging schemes—putting new brandy in ancient-looking bottles, for instance. But we lamented the

fact that there was no labeling standard to indicate the quality of the liquor.

OCTOBER 1936

Clear as pea soup. In our tests of canned peas, we discovered misleading label and ad claims. Some peas labeled "fancy" were so tough and lacking in flavor that they earned our lowest rating, "Poor Quality."

JANUARY 1937

Sticky secret. In a story about sneaky marketing practices, we scolded the makers of Vermont Maid syrup for using rich imagery of the Green Mountain state and tricky words like "the syrup with real, old-time maple flavor" to falsely suggest that the syrup is the real deal when only around 25 percent is pure. The other 75 percent was made up mostly of sugar and water.



JUNE 1937

Not so peachy. After evaluating canned peaches for color, uniformity, and other factors, we declared, "The regular diner at an oyster bar has almost as good a chance to find a pearl as the regular buyer of canned goods has to get a can of Grade A peaches."

AUGUST 1938

A close look at Coke.

Coca-Cola did not contain "mysterious habit-forming drugs," we reported. But we warned that it's not merely a "wholesome drink," nor "harmless," pointing out that the popular soft drink was loaded with caffeine and sugar.

AUGUST 1938

Contaminated ketchup.

We published the startling findings that North Dakota officials had discovered stomach-turning ingredients in all 48 brands of ketchup they examined: fragments of insects and worms. Some were above the legal limit for such contaminants (yes, a few bug parts here and there were allowed!).



OCTOBER 1942

Oily olive-oil claims. Little of the oil on the market, we reported, was actually virgin, though it was labeled as such; most of it is "a refined product, bland and relatively tasteless." In 2004 and 2012, we reported again that this was still a marketplace problem.

MARCH 1943

Butter stretchers.

During World War II, everyday staples such as butter were scarce. We offered tips to make butter go further, for instance, beating air into softened butter to add volume. We

also published a butter-stretching recipe that called for adding gelatin, water, and evaporated milk for more mileage.

APRIL 1944

Pasta pretenders. Our report on pasta advised consumers not to waste their money on so-called enriched noodles because most of the added vitamins and minerals would be destroyed in cooking. "The vitamin come on is an old gag to make the consumer buy and, in many cases, pay a higher price for a product," we wrote.

FEBRUARY 1945

A chilly change. Thanks to a new quick-freezing process, we reported that consumers would soon have year-round access to vegetables, corned beef hash, creamed chicken, and other foods "as good as fresh and much more convenient to use." But in our tests to date we weren't bowled over by the quality. The move away from cans was accelerated by the burgeoning availability of a new product—the home freezer.

1940^S

SEPTEMBER 1940

Poison apples. In the face of a powerful fruit-growing lobby, we warned that consumers faced a serious health hazard as a result of changes in the law that newly allowed higher levels of lead and arsenic pesticide spray residue on apples and pears.

APRIL 1942

How to grow a victory garden.

We offered advice to novice gardeners who wanted to do their part to help the war effort; we also rated seeds, fertilizers, and insecticides.

FEBRUARY 1948

Flapjacks flip. In a test of packaged pancake mixes, we noted that the “modern marvel contains almost as many ingredients as an alchemist’s love potion.” But we did proclaim the pancakes tasty.



AUGUST 1948

Bland brew. “Today’s beers have evolved from pronounced, distinctive flavors toward a blander uniformity,” we reported after testing 29 brands. Pabst Blue Ribbon got highest marks, and Stroh’s Bohemian Style was lowest. In a taste test we attempted to settle the great debate of which tastes better: beer in cans or bottles. The verdict: Neither was inherently superior.

1950_S

JUNE 1950

Big gulp. Even as early as 1950, it was well known that sugary colas contained as much as 10 percent sugar and promoted tooth decay. We reported that highly acidic colas might also erode tooth enamel.



OCTOBER 1952

Cheesy cheese. In a test of Velveeta and other “process cheese” products, we shared the news that it’s far from the real wheel. “For the texture of the natural cheeses, after they have been ground, melted, and mixed,

is quite unlike their original texture, and the flavor, too, usually undergoes changes.”

SEPTEMBER 1958

Hot diggity. We analyzed hot dogs, describing them as “variable creatures” that use spicing, smoking, and processing to “conceal the identity of the raw materials used.” Our tests showed many to be contaminated with bacteria, and we called for government grading standards and freshness date coding.

JANUARY 1959

Frozen dinner time. In the six years since frozen TV dinners hit the market, annual sales exploded from 8 million to 110 million. We lauded their convenience and low price but said, “If high-quality gustatory experience is the paramount consideration, preparing a meal the hard way ... remains your best bet.”



MARCH 1959

Nuclear reaction. Following nuclear weapons testing, radioactive strontium-90 showed up in milk, posing a potential hazard to the American diet, according to a Consumer Reports analysis. Our work prompted the government to expand its monitoring of fallout and bolstered public support for the 1963 nuclear test-ban treaty.

1960_S

JULY 1960

Fad diets debunked. By 1960 many dieters were reaching for Metrecal, a powdered meal-replacement drink that was billed as the long-sought-after answer to painless weight reduction. We deemed it a low-risk way to jump-start weight loss but warned that “any attempt to reproduce a balanced diet in powder or pill form runs the risk of omitting essential nutritional elements.”

SEPTEMBER 1960

Beware that burger. An investigation of ground meat turned up unappetizing findings. Some of the 198 samples had as much as 49 percent fat; were watered down; contained sulfite, an illegal adulterant used to preserve meat color; or were contaminated with mold, even rodent hair.

MARCH 1961

Hamming it up. “Getting an honest ham for your Easter dinner

1970_S



FEBRUARY 1972

Being frank about franks. In a story called “Why are these additives still used?” we noted that every brand of franks we evaluated contained some chemical curing agent such as sodium nitrate or sodium nitrite. Not only are those agents poisonous in large doses, we warned, but they may also cause cancer.

OCTOBER 1972

Talking baby food. Jars of baby food—including meats, fruits, vegetables, and desserts—contained mostly water, we revealed, based on our tests. Some also contained too much salt, sugar, and starch, ingredients that, “in excess, aren’t good in training infants in healthful eating habits.”

MARCH 1973

Filthy food. In a scathing commentary, Consumer Reports blasted the Food and Drug Administration for allowing a “stomach-churning assortment of insect parts and larvae, fish cysts, mold, rot, rodent hair and excrement” in the nation’s food supply. Our strong statement came in response to the FDA’s release of data on the amount of filth permitted in food, which the administration had kept secret.

APRIL 1973

Microwave safety check. We recommended warning labels for microwaves after our engineers discovered that the new cooking devices leaked radiation at levels they could not be sure were harmless. Our findings led to more stringent standards, improved safety features, and warning labels. Eight years later, all of the microwaves in our tests met federal standards.

JUNE 1974

Cleaning up drinking water. In a landmark three-part series, we concluded that many community water supplies may be contaminated with potential carcinogens, viruses, heavy metals, and chemicals. Our reports played a role in the enactment of the 1974 Safe Drinking Water Act.

is clipped, lest in frustration it cannibalize any kinfolk within reach. A conveyor belt continuously provides food laced with additives that tint its flesh or make it gain weight fast." We also flagged concern over the use of antibiotics in animal feed that could lead to bacterial resistance in humans.

MAY 1975

Fast-food news flash. As low-cost fast-food meals grew to a \$10 billion-per-year industry, we cautioned that almost all of the meals sold at burger, chicken, and seafood chains contained too many empty calories and lacked essential nutrients.



AUGUST 1975

An insect part in every pot. In addition to the meat, vegetables, and sauce declared in the ingredients lists, we found "unappetizing-but-not-unhealthy" traces of insects and rodent hairs in all eight brands of frozen pot pies we tested.

MARCH 1976

Oh, bologna. Don't feed kids too much bologna or other processed meats, we urged parents, citing concerns about fat, sodium nitrite, and "astonishingly high" levels of added salt.

JUNE 1977

Instant breakfast breakthrough. New bars and powdered drinks were "a fast way to develop poor dietary habits," we reported, adding a caution for parents not to serve kids "what appears to be a candy bar or a milkshake" for this important meal.

MARCH 1978

Sweet tooth. We warned of the dangers of sugar, including the corn syrup that processors were increasingly adding to foods, saying it can cause tooth decay, diabetes, obesity, even heart disease.

MAY 1978

Crying fowl. In an expose we declared: "The modern chicken's life is a prison drama. The agribusiness bird lives out its short span in a cramped cage. Its beak

1980s

JULY 1980

'Natural' nonsense. The use of a word like "natural" implies a health benefit, but because of a lack of regulation, all too often that benefit doesn't exist, we explained.

SEPTEMBER 1981

Fruit foul. We challenged the Federal Marketing Order for naval oranges, which kept prices artificially high despite bumper crops by ordering the destruction of a half-million tons of fruit. This marked the beginning of years of work to eliminate government sanctions and limits on certain commodities.

OCTOBER 1981

Caffeine cautions. We analyzed the caffeine content in sodas, raising questions about the potential health risks to adults and children. Shortly after, the "cola wars" escalated, with Coke and Pepsi introducing caffeine-free versions of their sodas.

MAY 1989

Bad apples. Apple processors promised in 1986 to stop using Alar, a chemical linked to cancer.

But when we tested apples and apple juice, we found still unacceptable levels. We also revealed that Beech-Nut executives cheated customers by selling "apple juice" that contained little or no juice.

1990s

AUGUST 1990

Beefs about beef. In a series of articles dubbed "Planet Watch," we shed light on the environmental effects of everyday products. In this one, we tallied the resources—notably water, grazing land, and grain—that cattle consume and ask readers to consider: "Is eating beef wasteful?"

NOVEMBER 1990

Udder progress. After completing a six-month analysis of the safety of recombinant bovine growth hormone (rBGH), a drug given to dairy cows to stimulate milk production, we published "Biotechnology and Milk: Benefit or Threat?" Although the drug was approved for use, it increased rates of udder infections and proved so unpopular with consumers that today almost all milk is produced without rBGH.

FEBRUARY 1992

Fish tale. A six-month investigation of fresh fish raised serious questions about quality, wholesomeness, and safety. Almost half of the samples were contaminated with fecal bacteria; some were contaminated with banned chemicals (polychlorinated biphenyls, or PCBs) known to promote cancer in lab animals and to pose a possible hazard to developing fetuses.

MAY 1993

No-fat falls flat. "The label 'fat free' can give any food the aura of nutritional quality," we asserted, and at the same time "promise to fulfill an ancient human desire: pleasure without guilt." But in our various taste tests of fat-free cakes, yogurt, and frozen desserts, most did not fare well.

AUGUST 1993

Sports drinks strike out. Few Americans are active enough to need sports drinks such as Gatorade and Powerade, we said. They are sold with promises that the average amateur athlete may find hard to resist, that they "are supposed to help you play harder and better with greater endurance." For most, we concluded, plain water is just as good.



JANUARY 1998

Overseeing 'organic' labels. As the federal government moved closer to implementing a program to reduce confusion as to what the term truly meant, we went on a cross-country shopping spree. The takeaway: Side-by-side tests of organic, green-labeled, and conventional produce concluded that the organic versions had minimal or nonexistent pesticide residues.

MARCH 1998

Chicken caution. In the first of a series of chicken investigations we would continue over the next 18 years, we found harmful bacteria in 71 percent of our almost 1,000 store-bought chickens. We asserted that testing for salmonella (the only organism tested at the time) was not a measure of other harmful bacteria such as campylobacter, which was even more prevalent.



MARCH 1999

Pesticides in produce. In a unique study of USDA data, we analyzed pesticide levels in 27,000 fruit and vegetable samples and found that many levels were too high. After our report, one of the pesticides we highlighted for its toxicity—methyldiazinon—was banned for use on many food crops.

2000^S



SEPTEMBER 2004

Olive oil analysis. What's the difference between a \$4 bottle of olive oil and a \$20 bottle? Often, not much more than \$16 and fancy packaging, we concluded. In blind taste tests of extra-virgin olive oils, we found that inexpensive Goya beat oils from big names such as Filippo Berio, Bertolli, and Colavita. We noted that terms such as "extra-virgin" were not verified by the U.S. government.

JANUARY 2006

Organic progress. We spearheaded passage of a California bill prohibiting any fish or seafood product from being labeled "organic" until formal certification standards exist. The Department of Agriculture still has not developed those standards.

OCTOBER 2006

Increasing food oversight. We helped to defeat the National Uniformity for Food Act, industry-driven legislation that would have barred states from addressing foodborne hazards, leaving food safety oversight solely to the FDA, and undermining food inspection and other local efforts. We also led the fight to pass a California law allowing public health officers to reveal the names of retailers and restaurants that sold USDA-recalled beef and poultry, so consumers could better protect themselves from foodborne illnesses. Prior to our campaign, that information had been kept secret.

JULY 2010

Protein overload. We tested protein drinks and powders that were claimed to build muscle, promote weight loss, or deliver a quick energy jolt, and found that many contained toxic heavy metals.

OCTOBER 2010

Store brands stand out. As the country emerged from a recession, Consumer Reports surveyed Americans about their supermarket buying habits and learned that 93 percent of store-brand buyers intended to keep buying as many store brands as they had in tough times. In our taste tests, store-brand groceries were often at least as good as the leading national names and sold for about 25 percent less on average.

JANUARY 2011

Food safety rules gain teeth.

Consumers Union was one of several key groups that fought to pass the FDA Food Safety Modernization Act, the first major overhaul of food safety rules in more than 70 years. Our experts helped shape the new law, including a provision empowering the FDA with recall authority.

OCTOBER 2011

Protecting babies and kids.

After our repeated tests found bisphenol A (BPA) in plastics and canned foods, our years of lobbying paid off and we were instrumental in helping to ban the dangerous chemical in baby bottles and sippy cups. In 2012 the FDA imposed a national ban.

JANUARY 2012

Arsenic expose. Though the FDA tried to reassure consumers that apple juice is safe, a Consumer Reports probe, which included tests of apple and grape juice and scientific analysis of federal health data, revealed that 10 percent of samples contained high levels of arsenic, a known carcinogen. The problem was especially troubling because children drink a lot of juice. In response to our findings, the FDA proposed limiting the amount of arsenic in apple juice.

NOVEMBER 2012

Another arsenic warning. In a continuation of our series about arsenic, we signaled another cause for concern: worrisome levels of arsenic in rice and rice-cereal products we tested. We recommended that consumers (especially pregnant women, infants, and children) limit their rice intake and demanded that the government set federal standards.

JANUARY 2014

Caramel coloring concern. Our tests revealed varying levels of 4-methylimidazole (4-MeI), a potential carcinogen, in widely sold colas and other soft drinks containing certain types of caramel color. In response, the FDA said it would further study 4-MeI in food. Our 2015 retest showed that levels had dropped.

FEBRUARY 2014

Dirty chicken. In our tests of more than 300 raw chicken breasts, 97 percent harbored bacteria that could make consumers sick. More than half of the samples contained fecal contaminants, and about half harbored at least one bacterium that was

The law has withstood challenges in the courts but is scheduled to take effect in July.

OCTOBER 2014

Mercury in fish. The government has urged Americans to eat more fish, but we warned that consuming too much of certain species could put consumers at risk for exposure to mercury, a toxin that can damage the brain and nervous system. Also, our food safety experts disagreed with the FDA and the Environmental Protection Agency about how much tuna women and children may safely eat.



OCTOBER 2015

Wanted: Safe beef. Consumer Reports' test results reaffirmed that ground beef can make you seriously sick, particularly when cooked to temperatures lower than 160° F. We urged Americans to lobby lawmakers to improve inspection practices, protect the public by banning the sale of beef with disease-causing antibiotic-resistant salmonella, prohibit chicken waste in cattle feed, disallow the misleading "natural" label on meat, and ban antibiotic use for disease prevention.

OCTOBER 2015

Making antibiotic-free meat the law. Consumer Reports' efforts led to California becoming the first state to restrict antibiotic usage in meat production. The law is scheduled to take effect in January 2018; it prohibits the routine feeding of antibiotics to otherwise healthy food animals to prevent disease or promote growth. We continue to fight to end the use of antibiotics in meat production.



resistant to three or more commonly prescribed antibiotics. The Department of Agriculture had a standard for broilers but not for poultry parts; recently the USDA established standards for parts.

MAY 2014

GMOs in the spotlight. Consumer Reports found genetically modified organisms (GMOs) in many packaged foods, including many labeled "natural." With strong support from Consumers Union, Vermont became the first state to mandate labeling of packaged foods that contain GMOs, something the majority of consumers say they want.



ALL WASHED UP

We take the mystery out of choosing the right washer-dryer combination to fit your needs

BY KIMBERLY JANEWAY

THERE'S NO ESCAPING dirty laundry. And when your washer is beyond repair, the prospect of clothes piling up and trips to a laundromat is enough to send you racing to the appliance store. Once there, you're likely to find yourself staring at rows of models, trying to figure out why some cost \$400 and others cost as much as \$1,900. That's why the best time to learn about new washers is before yours fails.

Laundry appliances usually come with a one-year warranty for parts and labor—not exactly a confidence booster. But most major manufacturers say you can expect them to last about 10 years; Kenmore says expect up to 13 years. The key to making your washer and dryer

last (no spoiler alert needed here) is to take care of them. Our experts offer simple tips in “Make It Last,” on page 62.

The washer should drive your buying decision. They have significantly improved in water efficiency, and many worthwhile features have been added in the past decade. But most dryers haven't changed as much, so you really don't need to replace yours if it's still working. But if you want a matching pair, see “Power Couples,” on page 61.

We'll walk you through the buying process with information on the pros and cons of different washer types and the latest features. Our annual Product Reliability Survey findings, on page 62,

are based on the experiences of more than 100,000 subscribers.

There are three washer types: agitator top-loaders, high-efficiency (HE) top-loaders, and front-loaders.

TOP-LOADERS. Most popular, these models let you load and unload laundry from the top. For the budget-conscious, top-loaders with an agitator post in the middle are your least expensive option. And if you want a fast wash time—and water efficiency and a jumbo capacity aren't priorities—consider an agitator machine. High-efficiency top-loaders, however, are usually better at cleaning, gentler on fabrics, use less water, and have much larger capacities, allowing you to do more laundry at once. Because HE washers use less water, they take longer, 60 to 80 minutes using the normal wash and heavy-soil settings. You'll save about 15 minutes with the normal-soil

setting. But HE washers also spin faster than agitator models, so they extract more water, shortening drying time, although the spinning can tangle laundry.

That high spin can also cause a load of waterproof items to become unbalanced in some machines, making the washer shake. Check the manual for tips on washing those items. And some HE washers are very deep, so when shopping, reach in to grab an imaginary stray sock. If you need tongs, move on to a different model.

FRONT-LOADERS. If your priority is a large or jumbo capacity that holds about 24 full-sized bath towels (which is what a washer scoring Excellent in capacity should fit), but you also want top cleaning performance using the least water, then take a look at front-loaders. They're usually the most expensive option but gentler than the best HE top-loaders. Less water

means even longer wash times; front-loaders usually take 70 to 100 minutes using the normal wash and heavy-soil settings.

These washers spin even faster than HE top-loaders, extracting even more water and further trimming dryer time. The high-spin speed causes some washers to vibrate; you'll see vibration scores in our Ratings. Note that concrete floors absorb vibrations well, unlike wood-framed floors.

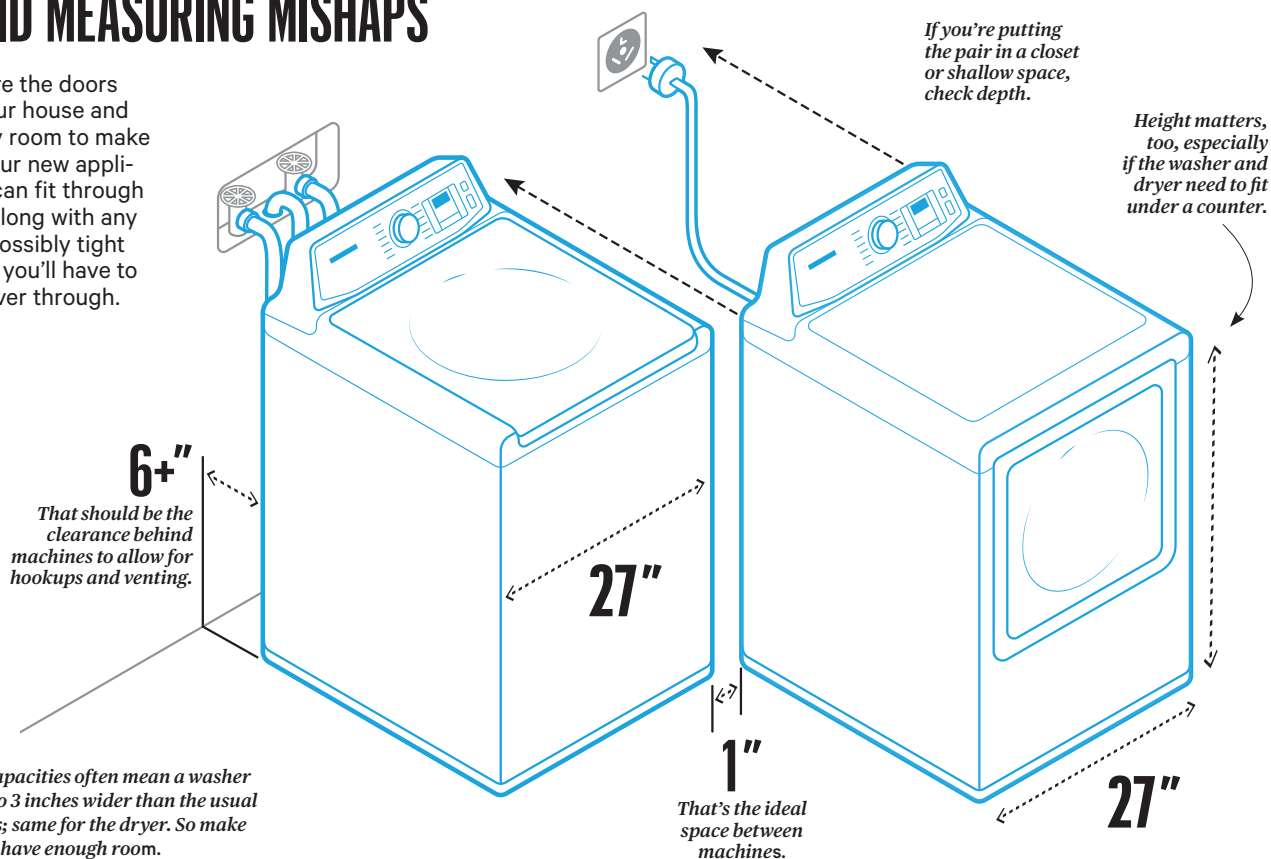
Over the past 10 years, consumers have complained that their front-loaders developed mold and a funky odor, problems that can occur when water collects in the rubber gasket.

Manufacturers say they've addressed those problems by adding a tub-cleaning cycle that's meant to prevent odors and mildew by removing detergent residue, and improving the gasket door design.

That's why it's important to keep the washer door ajar between loads, allowing

AVOID MEASURING MISHAPS

Measure the doors into your house and laundry room to make sure your new appliances can fit through them, along with any other possibly tight spaces you'll have to maneuver through.



the machine interior to dry out. If you have young children at home, lock the door to the laundry room. If your washer doesn't have a tub-cleaning cycle, run a hot-water wash every month to clean the tub. Don't add laundry, but add 1 cup of chlorine bleach.

A pedestal boosts a front-loader's height, making it easier to load and unload, but costs about \$250.

Features to Focus On

These improve convenience or efficiency:

- **Automatic dispensers** release detergent, bleach, and fabric softener into the washer at just the right time. So you can set and forget the machine until the wash is done. Some machines can hold up to several months' worth of detergent.
- **Automatic temperature control** adjusts the water to the optimal temp for cleaning for the selected setting, instead of simply mixing hot and cold water in preset proportions.
- **An extra rinse cycle** can help rid laundry of pet hair and other stubborn messes, important because front-loaders and HE top-loaders use a lot less water than agitator machines. The extra rinse also helps if your skin is sensitive to detergent residue.
- **Moisture sensor.** For dryers, this is a must. It detects the laundry's dampness and shuts off the machine when clothes are dry. Your clothes don't get overdried and you'll save energy, an improvement over thermostats, which tend to make the dryer run longer. Even some dryers under \$500 now have moisture sensors.

Cool New Features

Not essential, but handy and interesting:

- **Built-in washboard.** The top-scoring \$850 Samsung WA52J8700AP HE top-loader has a built-in sink with ridges and a water jet, known as Activewash. The ridges serve as a modern-day washboard for helping to remove stains.

- **Uber pedestal.** LG's SideKick, \$700, boosts the height of any LG front-loader made from 2009 on, but more important, the pedestal has a mini washer that can clean a few lightly soiled items and can be used while the front-loader is working.



Ratings: Suds but No Duds

Of the more than 70 detergents we bought and tested, these are the best. They can be used in any type of washer: front-loaders, high-efficiency top-loaders, or top-loaders with agitators, unless footnoted. If children younger than 6 are scampering about, we strongly urge you to avoid the single-load detergent pods due to a risk of serious injury when children ingest or inhale the pods, or get the liquid on their skin or in their eyes.

☒ Recommended ● Excellent ● Very Good ○ Good ● Fair ● Poor

Rec.	Rank	PRODUCT	PRICE PER LOAD	SCORE	TYPE	TEST RESULT	VERY GOOD AT REMOVING			
							Cool-Water Cleanability	Grass	Blood	Dust/Sebum

A. LIQUIDS AND POWDERS

<input checked="" type="checkbox"/>	1	Persil ProClean Power-Liquid 2in1 (Walmart)	25¢	85	Liquid	●	●	●	●
<input checked="" type="checkbox"/>	2	Tide Plus Ultra Stain Release ^[1]	25¢	81	Liquid	●	●	●	●
<input checked="" type="checkbox"/>	3	Tide HE Plus Bleach Alternative ^[1]	23¢	81	Powder	●	●	●	●
	4	Persil ProClean Power-Liquid (Walmart)	20¢	74	Liquid	●	●		
	5	Member's Mark Ultimate Clean (Sam's Club)	12¢	73	Liquid	●	●		●
	6	Wisk Deep Clean	14¢	71	Liquid	●	●		
	7	Tide Plus Coldwater Clean HE ^[1]	25¢	71	Liquid	●	●		
	8	Persil ProClean Power-Pearls (Walmart)	25¢	71	Powder	●	●		
	9	Kirkland Signature Free & Clear	11¢	70	Liquid	●	●	●	●
	10	Tide HE Turbo Clean	19¢	68	Liquid	●	●		
	11	OxiClean Laundry Detergent	14¢	66	Liquid	●	●		
	12	Era 3X Oxibooster	13¢	65	Liquid	●	●		
	13	Nice Advanced Clean (Walgreens)	22¢	64	Liquid	●	●		

B. PODS/PACKS

	1	Tide Pods Plus Febreze ^[2]	33¢	73	Liquid	●	●	●	
	2	Tide Pods ^[2]	22¢	68	Liquid	●	●		●
	3	Wisk Deep Clean PowerBlasts ^[2]	21¢	68	Liquid	●	●	●	●
	4	Gain Flings ^[2]	24¢	66	Liquid	●	●		
	5	Persil ProClean Power-Caps (Walmart) ^[2]	31¢	66	Liquid	●	●		
	6	Kirkland Signature Ultra Clean Pacs (Costco) ^[2]	15¢	65	Liquid	●	●	●	●

^[1] This product is designated HE only, so it should not be used in agitator top-loaders. ^[2] This product is a single-load liquid laundry detergent pod. Consumer Reports believes it should be avoided in homes with children present, especially those younger than 6, because of the risk of serious injury.

Ratings: Washers That Really Cleaned Up in Our Tests

Of the 110 washers tested, the highest scored 85; the lowest, 23. Below are the highest-scoring models in order of performance in each category. For full Ratings, available to online subscribers, go to [ConsumerReports.org](https://www.consumerreports.org)

☒ CR Best Buy ☒ Recommended

● Excellent ● Very Good ○ Good ● Fair ● Poor

		BRAND & MODEL	PRICE	SCORE	Dimensions (HxWxD, in.)	TEST RESULTS							
Rec.	Rank					Washing Performance	Energy Efficiency	Water Efficiency	Capacity	Gentleness	Noise	Vibration	Cycle Time (Min.)

A. FRONT-LOADERS, \$1,000 AND UP

<input checked="" type="checkbox"/>	1	Samsung WF56H9110CW ⓘ	\$1,450	85	43x30x33	●	●	●	●	●	●	●	90
<input checked="" type="checkbox"/>	2	Maytag Maxima MHW8150EW	\$1,350	84	39x27x34	●	●	●	●	●	●	●	70
<input checked="" type="checkbox"/>	3	LG WM9000HVA ⓘ	\$1,620	83	41x29x35	●	●	●	●	●	●	●	105
<input checked="" type="checkbox"/>	4	LG WM8500HVA ⓘ	\$1,450	83	41x29x33	●	●	●	●	●	●	●	90
<input checked="" type="checkbox"/>	5	Kenmore Elite 41072 ⓘ	\$1,000	82	41x29x33	●	●	●	●	●	●	●	95
<input checked="" type="checkbox"/>	6	Maytag Maxima MHW8100DC	\$1,400	80	39x27x33	●	●	●	●	●	●	●	75
<input checked="" type="checkbox"/>	7	LG WM8000H[V]A ⓘ	\$1,200	80	41x29x33	●	●	●	●	●	●	●	100
<input checked="" type="checkbox"/>	8	Samsung WF56H9100AG ⓘ	\$1,400	80	43x30x33	●	●	●	●	●	●	●	85

B. FRONT-LOADERS, LESS THAN \$1,000

<input checked="" type="checkbox"/>	1	Maytag Maxima MHW5100DW	\$750	80	39x27x33	●	●	●	●	●	○	●	75
	2	Samsung WF45H6300AG	\$800	79	39x27x35	●	●	●	●	●	●	●	80
	3	Whirlpool Duet FWF87HEDW	\$850	79	39x27x33	●	●	●	●	●	○	●	70
	4	LG WM3570HVA	\$900	78	40x27x33	●	●	●	●	●	●	●	95
	5	Samsung WF42H5600AW (Lowe's)	\$720	78	39x27x35	●	●	●	●	●	●	●	100
	6	Samsung WF42H5000AW	\$720	78	39x27x33	●	●	●	●	●	●	○	80
	7	Whirlpool WFW72HEDW	\$600	77	39x27x33	●	●	●	●	●	○	○	65
	8	Whirlpool Duet FWF95HEDW	\$850	77	39x27x33	●	●	●	●	●	○	●	75
	9	Maytag Maxima MHW3100DW	\$810	77	39x27x34	●	●	●	●	○	○	●	70
	10	GE GFW51700HWW	\$700	76	40x27x34	●	●	●	●	●	●	●	100

C. HE TOP-LOADERS, \$1,000 AND UP

	1	LG WT5680HVA	\$1,080	73	46x27x29	●	●	●	●	○	●	●	75
<input checked="" type="checkbox"/>	2	Samsung WA56H9000AP ⓘ	\$1,200	72	45x30x31	●	●	●	●	○	●	●	75
<input checked="" type="checkbox"/>	3	Whirlpool Cabrio WTW8500DW ⓘ	\$1,080	71	43x28x28	●	●	●	●	●	●	●	80
<input checked="" type="checkbox"/>	4	Maytag Bravos MVWB855DW	\$1,000	71	43x27x28	●	●	●	●	○	●	●	80

D. HE TOP-LOADERS, LESS THAN \$1,000

<input checked="" type="checkbox"/>	1	Samsung WA52J8700AP	\$850	73	46x27x29	●	●	●	●	○	●	●	75
<input checked="" type="checkbox"/>	2	Samsung WA52J8060AW	\$900	72	46x27x29	●	●	●	●	○	●	●	75
	3	LG WT1701CV	\$750	72	41x27x29	●	●	●	●	○	●	●	75
<input checked="" type="checkbox"/>	4	Kenmore 28132	\$750	71	43x27x28	●	●	●	●	○	●	●	60
	5	Samsung WA45H7000AW	\$530	70	45x27x29	●	●	●	●	●	●	●	80
	6	Maytag Bravos XL MVWB980BW ⓘ	\$900	69	46x28x28	●	●	●	●	○	●	●	85
	7	LG WT5480CW	\$700	69	46x27x29	●	●	●	●	○	●	●	75
	8	Kenmore 26132	\$750	69	41x27x28	●	●	●	●	○	●	●	60
	9	Kenmore 27132	\$650	69	41x27x28	●	●	●	●	○	●	●	60
	10	Kenmore 29132	\$800	69	43x27x28	●	●	●	●	○	●	●	65

E. TOP-LOADER AGITATORS, LESS THAN \$1,000

	1	Amana NTW4755EW	\$450	47	45x27x26	●	○	○	○	○	●	●	45
	2	GE GTW485ASJWS	\$590	46	44x27x27	●	●	●	●	●	●	●	50
	3	Maytag Centennial MVWC415EW	\$400	46	44x27x27	○	○	○	○	○	●	●	45
	4	GE GTW460ASJWW	\$540	42	44x27x27	○	○	○	●	○	●	●	45
	5	Kenmore 22342	\$400	41	45x27x27	○	○	○	○	○	●	●	45

ⓘ This washer is several inches wider and deeper than most other washers.

Ratings: Dryers That Are Tumbling Champs

Of the 99 electric dryers tested, the highest scored 86; the lowest, 11. Below are high-scoring dryers that made our recommended list and those that came close. Gas versions are shown in smaller type. For full Ratings, available to online subscribers, go to [ConsumerReports.org](https://www.ConsumerReports.org)

☒ Recommended ● Excellent ● Very Good ○ Good ● Fair ● Poor

Rec.	Rank	BRAND & MODEL	PRICE	SCORE	Dimensions (HxWxD, in.)	TEST RESULTS		
						Drying Performance	Capacity	Noise

A. \$1,000 AND UP

<input checked="" type="checkbox"/>	1	Samsung DV56H9100EW [†] Gas: Samsung DV56H9100GG	\$1,300	86	43x30x32	●	●	●
<input checked="" type="checkbox"/>	2	Samsung DV56H9000EP Gas: Samsung DV56H9000GP	\$1,200	84	47x30x32	●	●	●
<input checked="" type="checkbox"/>	3	LG DLEX8500V Gas: LG DLGX8501V	\$1,450	84	41x29x32	●	●	●
<input checked="" type="checkbox"/>	4	LG DLEX7700VE Gas: LG DLGX7701VE	\$1,200	80	45x29x32	●	●	●
	5	LG DLEX9000V Gas: LG DLGX9001V	\$1,620	79	41x29x33	●	●	●
	6	Maytag Maxima MED8100DC1 Gas: Maytag Maxima MGD8100DC [†]	\$1,400	79	40x27x31	●	●	●
	7	Maytag Bravos MEDB855DW Gas: Maytag Bravos MGD855DW	\$1,000	79	43x29x33	●	●	●
	8	GE GFDR485EFMC Gas: GE GFDR485GFC	\$1,200	78	47x28x34	●	●	●
	9	GE GFDR270EHWW Gas: GE GFDR270GHHW	\$1,000	77	47x28x34	●	●	●

B. LESS THAN \$1,000

	1	Samsung DV42H5600EW (Lowe's) Gas: Samsung DV42H5600GW (Lowe's)	\$720	79	39x27x32	●	●	●
	2	LG DLEY1701V Gas: LG DLGY1702V	\$750	79	39x27x40	●	●	●
	3	LG DLEX3570V Gas: LG DLGX3571HV	\$900	78	43x29x33	●	●	●
	4	Kenmore 81382 Gas: Kenmore 91382	\$800	78	39x27x31	●	●	●
	5	LG DLE1001W Gas: LG DLG1002W	\$650	78	39x27x40	●	●	●
	6	Samsung DV52J8700EP [†] Gas: Samsung DV52J8700GP	\$850	77	46x27x31	●	●	●
	7	Whirlpool Duet WED95HEDW [†] Gas: Whirlpool Duet WGD95HEAW [†]	\$850	76	39x27x32	●	●	●
	8	Kenmore 81182 Gas: Kenmore 91182	\$700	76	39x27x30	●	●	●
	9	Kenmore 69132 [†] Gas: Kenmore 79132	\$900	76	43x29x32	●	●	●
	10	LG DLE3170W Gas: LG DLG3171W	\$720	76	39x27x30	●	●	●
	11	Kenmore Elite 81582 Gas: Kenmore Elite 91582	\$970	75	39x27x31	●	●	●
	12	LG DLEX3370W Gas: LG DLGX3371W	\$700	75	39x27x30	●	●	●
	13	Whirlpool Duet WED87HEDW [†] Gas: Whirlpool Duet WGD87HEDW [†]	\$850	74	39x27x30	●	●	●
	14	Maytag Maxima MED5100DW [†] Gas: Maytag Maxima MGD5100DW [†]	\$850	74	39x27x31	●	●	●

[†] Energy Star dryer.

POWER COUPLES

About 60 percent of washers and dryers are bought as matching pairs. Not all couples are a great match, but these are.



LG WM3570HVA front-loader (**B4**) and LG DLEX3570V electric dryer (**B3**), \$900 each.



Maytag Bravos MVWB855DW HE top-loader (**C4**) and Maytag Bravos MEDB855DW electric dryer (**A7**), \$1,000 each.



Samsung WA52J8700AP HE top-loader (**D1**) and Samsung DV52J8700EP electric dryer (**B7**), \$850 each.

HOW RELIABLE IS THAT WASHER?

We asked readers whether their machine broke. The table shows estimates of failure rates by the fourth year of ownership, by brand, for each type. LG and Samsung front-loaders are among the reliable brands, and GE and Frigidaire are among the more repair-prone. Speed Queen top-loaders are among the more reliable brands, and LG top-loaders are among the more repair-prone brands.

Results are based on Consumer Reports Annual Product Reliability Survey of more than 115,000 subscribers who bought new washers from 2007 to midyear 2014. Differences of fewer than 6 points aren't meaningful. Our statistical model estimates failure rates for washers not covered by a service contract, and adjusts for usage as measured by the number of loads usually done per week. Note that models within a brand may vary.

MANUFACTURER	PERCENT LIKELY TO BREAK BY 4TH YEAR
FRONT-LOADERS	
LG	12%
Samsung	14%
Amana	15%
Kenmore	18%
Maytag	19%
Electrolux	20%
Whirlpool	21%
GE	24%
Frigidaire	25%
TOP-LOADERS	
Speed Queen	9%
Roper	12%
Maytag	16%
Samsung	16%
Whirlpool	17%
Kenmore	19%
GE	19%
LG	23%



Maytag Maxima MH-W5100DW (B1) and Kenmore 28132 (D4)

HOW RELIABLE IS THAT DRYER?

We asked readers whether their dryer broke. The table shows estimates of failure rates by the fourth year of ownership, by brand, for each type. LG is the most reliable brand of both electric and gas dryers. Fisher & Paykel electric dryers are the most repair-prone.

Results are based on Consumer Reports Annual Product Reliability Survey of more than 105,000 subscribers who bought new dryers between 2007 and 2014. Differences of fewer than 4 points aren't meaningful. Our statistical model estimates failure rates for dryers not covered by a service contract, and adjusts for usage as measured by the number of loads usually done per week. Note that models within a brand may vary.

MANUFACTURER	PERCENT LIKELY TO BREAK BY 4TH YEAR
ELECTRIC	
LG	5%
Maytag	9%
Kenmore	9%
Whirlpool	9%
Speed Queen	10%
Amana	11%
GE	11%
Roper	11%
Electrolux	11%
Samsung	12%
Frigidaire	12%
Fisher & Paykel	20%
GAS	
LG	7%
Kenmore	11%
Whirlpool	11%
GE	12%
Maytag	13%
Samsung	14%
Frigidaire	14%



Samsung DV42H5600EW (B1) and LG DLEY1701V (B2)

MAKE IT LAST

These expert tips will add years to your machines

Long life starts with proper installation, following the manufacturer's instructions. That includes the right water pressure, drain height, and clearance, and leveling the machines to prevent shaking, which can stress their frames and components. Before the new dryer is put in place, clear the vent. That reduces the risk of fires, laundry will dry faster, and you'll

save energy. You'll also improve dryer airflow and safety with a solid or flexible metal duct. The fewer the turns and the shorter the run of ducts, the better. Once the machines are in place, follow these tips.

- **Read the owner's manual.** Yes, we've said that before, but it bears repeating because it's more important than ever.

Front-loaders and high-efficiency top-loaders are usually more complex than agitator machines. So information about loading, detergent, and maintenance is likely to be different from older machines. Ignoring the directions can cause problems and may void the warranty.

- **Wash full loads.** Small loads, such as a few towels, are more prone to

becoming unbalanced, and that can cause the machine to shake, transferring some of the vibration to the floor and putting a lot more stress on the washer.

- **Remove dryer lint from the filter** after every load and clean the vent annually.

- **Clean the dryer's moisture sensor** monthly with a little rubbing alcohol if you use dryer sheets. The fabric softener can coat the sensor with a film buildup, making it more difficult for it to determine when clothes are dry.
- **Inspect the water hoses** every six months and replace them when you find bulges, kinks, cuts, wear, or leaks.

ROAD REPORT

RATINGS FROM OUR TEST TRACK *plus* EXPERT CAR ADVICE



THE CONTENDER

Lincoln's new MKX crossover has gotten good enough to challenge the class-leading Lexus RX. Turn the page to see our face-off, as well as reviews of the new Honda Civic and BMW 750i.

Hitting the Mark

Borrowing the underpinnings of the impressive Ford Edge and the athletic chops of the fun-to-drive Fusion sedan, the 2016 Lincoln MKX has nothing to apologize for anymore



LUXURY MIDSIZED SUVs Lincoln MKX

OVERALL
SCORE
79

LINCOLN HAS struggled mightily, despite valiant efforts, to re-establish itself as a credible luxury brand. But its offerings have come across as premium-grade poseurs.

The new Lincoln MKX crossover, however, is ready for prime time—with a regal street presence, superior handling and braking, effortless acceleration, a plush interior, and a suite of advanced technology.

How good is the MKX? With a road-test score of 87, the MKX outguns all other luxury mid-sized SUVs, including the popular Lexus RX 350 and BMW X5.

Despite the MKX's strong road-test score, Lincolns have traditionally lagged in our reliability survey, which sets back its Overall Score.

The redesigned MKX comes with either a 3.7-liter V6 or a smaller, 2.7-liter EcoBoost twin-turbocharged 335-hp V6. It doesn't take more than a quarter mile to realize this isn't your grandmother's Lincoln. The

2.7-liter pulls strongly. Powerful and refined, it supplies spirited forward thrust.

Unfortunately, that engine is more about boost than eco. It delivers the oomph, but at a cost. Overall fuel economy came in at 18 mpg; most of the competition in the segment easily gets 20 mpg or better. And the six-speed automatic transmission seems quaint among the segment's swath of eight-speed offerings.

When it comes to carving up corners, the MKX proved lively and composed, with a taut and connected feel that is enjoyable and inspires confidence. This Lincoln has no problems keeping up with lusty German competitors on a mountain road. Even when driven with extra gusto, the MKX is so reassuring that our testers wanted to push it harder around our track.

Ride comfort has an underlying firmness and feels composed, planted, and steady. Even with the 20-inch wheels, bumps and ruts are nicely muted and the cabin stays quiet and tranquil.

Lincoln has been spiffing up its interiors, and our MKX has a swanky, high-society, hunt-club atmosphere with brown leather seats and rich wood and chrome trim pieces. A large sunroof brightens up the interior. However, the well-padded front seats

are narrow and are located too far inward from the door; the driver's left footwell is cramped.

Large doors provide easy access, and there's a spacious rear seat and plenty of room for your stuff. A power liftgate and power-folding rear seats help with loading cargo.

MKXs being delivered now have the more advanced and intuitive Sync 3 touch-screen infotainment system, replacing the balky MyLincoln Touch. As for other controls, we're not crazy about the newfangled push-button shifter, and some dashboard buttons are small and are packed too closely.

It may be wishful thinking that Lincoln customers will be young enough to not need reading glasses for the fine print on the instrument readouts. And thick roof pillars take a toll on rearward visibility, but the surround view system can virtually peer out of tight spots.

Our MKX set us back about 55 grand, which is close to the price of established luxury SUVs from the German brands and the Lexus RX. But let's face it: Those brand names have more cachet than Lincoln. For now, though, consider the MKX to be a legitimate alternative with actual talent and substance.



TESTED VEHICLE	
ROAD-TEST SCORE	87
HIGHS	Ride, handling, quietness, acceleration, fit and finish
LOWS	Fuel economy, shifter, small fonts in instrument cluster, rear visibility
POWER-TRAIN	335-hp, 2.7-liter V6 turbo; six-speed automatic transmission; all-wheel drive
FUEL	18 mpg
PRICE	\$39,185-\$58,895



A 360-DEGREE CAMERA comes as part of the \$1,720 Technology package and aids in parking maneuvers.

New Styling for Luxury Lovers

Lexus, Toyota's elite brand, was the first manufacturer to bring car-based luxury to a sport-utility vehicle rich in comfort and amenities. It conquered the world. The latest model continues the very civilized experience.

LUXURY MIDSIZED SUVs Lexus RX

**OVERALL
SCORE**
78-81
350, 450h

DESPITE HORDES of imitators, the Lexus RX crossover lineup has continued to win the loyalty of its buyers by delivering a driving experience that accentuates comfort, tranquility, and luxury, topped off with superb reliability. The RX has long been Lexus' top seller, and the redesigned model faithfully carries the torch, even with its new, slightly menacing grill and exterior styling.

The 3.5-liter V6 in the RX 350, coupled with an eight-speed automatic, has the smooth and ample power delivery that you expect in a premium SUV. The hybrid version offers added boost and better fuel economy, as it combines the one-two punch of the gas engine and electric drive.

The RX 450h's hybrid transmission seamlessly puts power to the pavement, allowing this SUV to dash from 0 to 60 mph in a quick 7.5 seconds, while delivering 29 mpg overall—

truly impressive in a class for which the V6's 22 mpg is considered a benchmark.

You also can poke along in the 450h on electric power only, up to 40 mph—provided you apply a light foot; otherwise, the gas engine kicks in.

Unfortunately, the RX doesn't reward drivers with the crisp handling or sharp steering possessed by crossovers offered by the German brands.

In corners, the soft suspension quickly makes the car lean over, giving the uncomfortable impression that the RX doesn't hug the road well. It felt clumsy when pushed to its cornering limits—not unsafe, but not confidence-inspiring, either. And the RX's brakes produced wet stopping distances that were about a car-length longer than with most luxury SUVs.

We also drove an "F Sport" variant, which includes a stiffer suspension and firmer seats. But it only ends up compromising ride comfort, rather than making the RX sportier.

What the RX does do—coddle folks with reliable calmness—it does extremely well. Continuing long-standing RX hallmarks, the interior is bank-vault quiet, and the ride is soft, cushy, and insulating. The interior is

tastefully done with materials that look elegant and plush. The seats are comfortable—nay, downright soporific. Big wood panels ornament the center console. The rear seat is roomy; the cargo hold, useful.

A word about styling. Not everyone will warm to the body's sharp creases and gaping grill. The company tried to make the bland RX edgier, but the pendulum may have swung back through the wall of the design studio. It also means diminished rearward visibility. We would definitely buy the blind-spot monitoring with rear cross-traffic alert—which is optional on the RX 350 and standard on the hybrid.

Also, the infotainment controls are an ergonomic mess. Though some controls can be managed with buttons and knobs, many functions require fiddling with a fussy mouse. As soon as any jostling occurs in the car, the mouse has a hard time placing the screen's cursor onto the task you desire. It's unnecessarily distracting.

While the avant garde styling may not be everyone's cup of tea, the new RX continues to be a genteel, cossetting vehicle that's likely to give years of headache-free ownership.



TESTED VEHICLE	
ROAD-TEST SCORES	77 (RX 350) 80 (RX 450h)
HIGHS	Quietness, comfortable ride, fuel economy, fit and finish
LOWS	Agility, stopping distances, frustrating mouselike controller, rear visibility
POWER-TRAIN	RX 350: 295-hp, 3.5-liter V6; 8-speed automatic; all-wheel drive. RX 450h: 308-hp, 3.5-liter V6 hybrid; continuously variable transmission (CVT); all-wheel drive
FUEL	22 mpg (350) 29 mpg (450h)
PRICE	\$42,850-\$57,995



TARGET PRACTICE It takes time to master the fiddly mouse used to control the infotainment system.

Class in the Fast Lane

Traditionally, BMW's flagship, the 7 Series, has been the sporty driver's choice among ultraluxury sedans. For 2016 BMW has found the right balance of opulence, performance, comfort, and high-tech features—it will even massage your back.



ULTRALUXURY CARS BMW 750i

OVERALL
SCORE
87

WITH A SERENE ride, high-tech features that cater to every whim, thoughtful touches in a comfortable and beyond-impeccable cabin, and impenetrable interior silence, the new BMW 7 Series delivers a first-class travel experience.

After years of trailing the Mercedes-Benz S-Class, the 7 Series has outscored the big Benz in our tests. With weight-saving carbon construction, the BMW is not only quick but also fuel efficient. It's smart enough to steer itself, or brake on its own if you fail to. And its clamped-down, über-serious driving motif is better balanced with luxury and comfort.

The 750i can still claim fast-lane dominance, but its

plushness, newfound attention to detail, refinement, efficiency, and relative user-friendliness give it a clear edge. Simply put, it's a better all-around car than the Mercedes.

Our loaded \$110,645-as-tested 750i xDrive had a smoother transmission, more intuitive controls, and substantially better fuel economy.

The gutsy V8 engine slings the 750i to triple-digit speeds decisively but effortlessly. The engine's velvet punch is augmented by the precision of the eight-speed automatic transmission, which imperceptibly executes each shift. And yet its 21 mpg fuel economy is on par with smaller V6-powered sedans. The lineup also includes a lower-priced, rear-wheel-drive 740i with a smaller engine.

A six-figure car should feel indomitable as it glides down the road, and the 750i features a supremely steady ride—courtesy of the standard air suspension and a tomb-quiet interior. Even at high speeds or over undulating

pavement, the BMW reassuringly keeps its composure.

However, the 750i trails the S-Class in ultimate ride comfort, a crucial aspect in this class. Though the 7's handling is secure and responsive, it's not the sports sedan it used to be. In a bit of a role reversal, the S-Class is nimbler around corners.

What's inside an ultraluxury car is just as important. The opulent-yet-modern interior integrates wood and leather, touches of aluminum, and a suede headliner. Front seats have the delightful articulation befitting a Cirque du Soleil acrobat. The sumptuous rear seat befits a dignitary—with massage, heated armrests, lumbar support, and controls for sun shades, climate, and audio. It may be the first BMW in which it's more fun to be the passenger.

The iDrive infotainment system now has "gesture control"—allowing you to adjust volume, pause tracks, or take phone calls with an aerial sweep or poke of your finger. Though it may be a redundant gimmick, a new touch screen and useful windshield head-up display combine to make the daunting array of controls more manageable.

For all of those many reasons, the BMW 7 Series is the new leader of the luxury segment.



MASTER KEY The optional phone-sized Display Key can remotely cool or warm the cabin in advance.

TESTED VEHICLE	
ROAD-TEST SCORE	99
HIGHS	Ride, quietness, seat comfort, room, fit and finish, lots of high-tech features, fuel economy
LOWS	Narrow trunk, controls have a learning curve
POWER-TRAIN	445-hp, 4.4-liter V8 turbocharged engine; eight-speed automatic transmission; all-wheel drive
FUEL	21 mpg
PRICE	\$82,295-\$98,395



A Civics Lesson

After the last edition of the Civic received such poor reviews, Honda's small car was no longer the go-to choice. For 2016 the Civic receives a serious makeover, with a return of the affordable elegance we know and love.

COMPACT SEDANS

Honda Civic

**OVERALL
SCORE**
72-73
EX-T, LX

THE HONDA CIVIC is back—recapturing its position as a mature, substantial economy car with

enough elegant touches that make you feel like you spent more money than you did.

We tested two Civic versions, the base LX with a new 2.0-liter four-cylinder rated at 158 hp, and the EX-T with the uplevel 1.5-liter, 174-hp turbocharged four-cylinder—the first turbo Honda has offered in the U.S.

Automatic Civics come with a continuously variable transmission (CVT), which uses belts and pulleys rather than mechanical cogs. If you prefer to row your own gears, the LX model offers a six-speed manual.

The base 2.0-liter engine is smooth, with reasonable oomph, provided you're not in a real hurry. If you just loaf around, the CVT is a fairly good application of the technology; most are joyless and underwhelming, but this one does

a fair job of minimizing the transmission's inherent rubber-band feel. Still, if you climb a hill or merge quickly, the engine responds with annoying, whiny revs.

For people who move to the turbo engine, those CVT quirks are well-masked by the engine's impressive midrange power—making merging a cinch. We like the power of the turbo, and our test numbers backed us up: The EX-T was 1.6 seconds quicker to 60 mph (at a zippy 7.1 seconds) than the base engine. Fuel economy was similar—the LX got 32 mpg overall; the turbo, 31.

The 2016 Civic handles with newfound confidence, thanks to a redesigned chassis that endows the car with a sense of precision and control. It's secure and predictable with minimal body lean in the corners. The Civic turns in quickly and responds intuitively, although we wish there were more steering feedback.

The Civic's ride is unusually refined for a compact car. The suspension keeps the car steady and composed over all but the nastiest bumps. Braking is responsive and confident during panic stops.

Inside, the Civic's interior has

been thoroughly updated. The 2012 version looked furnished by discards from Honda's House of Plastic. The 2016 model features higher-grade materials, and the cabin is quieter and has clever cubbies and nooks. It's easy to stash an iPad under the armrest.

Still, the car's sleek, low-slung styling means that getting in requires almost falling in to the front seat, as well as limbo-dance flexibility getting out. Front-seat lumbar support isn't available, period. And we disliked the seats' short bottom cushion. But for a compact sedan, rear-seat room for legs, knees, and heads is excellent.

The instrument cluster features all gauges on the same eye level, including a large digital speedometer. And the base LX has an intuitive array of knobs and buttons for the audio system. But every other trim has a frustratingly over-complicated touch screen—although it does work with Apple CarPlay and Android Auto from your smartphone.

Despite a few gripes, the new Civic brings more civility, better road manners, decent fuel economy, and thoughtful features—all wrapped in a stylish and appealing package.



BAD COMPANY Except for the base LX, all other Civics suffer from an unintuitive, slow-acting infotainment touch screen.

TESTED VEHICLE	
ROAD-TEST SCORES	75 (EX-T) 76 (LX)
HIGHS	Fuel economy, ride, handling, in-cabin storage
LOWS	Awkward access, front-seat comfort, complicated infotainment for EX and above trims
POWER-TRAIN	LX: 158-hp, 2.0-liter 4-cyl. EX-T: 174-hp, 1.5-liter 4-cyl. turbo; continuously variable transmission (CVT); front-wheel drive
FUEL	32 mpg (LX) 31 mpg (EX-T)
PRICE	\$19,475-\$27,335



ROAD REPORT

Ratings: Compact Sedans, Ultraluxury Cars, and Luxury Midsize SUVs

Scores in context: Recommended models did well in our road-test score and had average or better predicted reliability. They also performed adequately in government or insurance-industry crash tests, if tested. Overall Score factors road-test score, reliability, safety, and owner satisfaction. For full Ratings, available to online subscribers, go to [ConsumerReports.org](https://www.ConsumerReports.org)

☒ Recommended

● Better ← → Worse ●

Recommended	Rank	MAKE & MODEL	PRICE	As Tested	OVERALL SCORE	Predicted	Safety	Road-Test Score	Overall MPG	Acceleration 0-60 MPH, Sec.	Dry Braking 60-0 MPH, Ft.	Avoidance Maneuver Speed, MPH	Routine Handling	Ride/Noise	Seat Comfort Front/Rear	Controls	Luggage, Suitcases+Bureaus/ Cargo Volume, Cu. Ft.
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LUXURY MIDSIZE SUVs

<input checked="" type="checkbox"/>	1	Lexus RX 450h	\$57,565	81	●*	Opt.	80	29	7.5	138	50.0	○	●/●	●/●	○	30.0
<input checked="" type="checkbox"/>	2	Lincoln MKX (2.7 EcoBoost)	\$54,945	79	○*	Opt.	87	18	7.2	128	53.5	●	●/●	●/●	●	32.5
<input checked="" type="checkbox"/>	3	Lexus RX 350	\$51,630	78	●*	Opt.	77	22	7.5	139	49.0	○	●/●	●/●	○	30.0
<input checked="" type="checkbox"/>	4	Acura MDX Tech	\$51,410	76	●	Opt.	79	21	6.8	135	52.0	○	●/●	●/●	●	34.0
<input checked="" type="checkbox"/>	5	Porsche Cayenne (V6)	\$63,805	75	●	Opt.	78	19	7.8	134	50.0	●	●/●	●/●	●	33.0
<input checked="" type="checkbox"/>	6	Mercedes-Benz GLE350	\$56,960	75	○	●	75	18	6.8	138	48.0	●	●/●	●/●	○	37.5
	7	BMW X5 xDrive35i	\$70,050	73	●	Opt.	84	21	7.4	137	52.0	●	●/●	●/●	●	34.5
	8	Volvo XC90 T6 Momentum	\$56,805	71	●*	●	84	20	7.7	126	52.5	○	○/●	●/●	●	35.0
	9	Infiniti QX70**	\$51,635	61	●*	Opt.	72	18	6.8	133	51.0	●	○/●	●/●	●	25.5
	10	Infiniti QX60	\$51,920	58	●	Opt.	79	19	8.3	137	47.0	○	●/●	●/○	●	39.0

ULTRALUXURY CARS

<input checked="" type="checkbox"/>	1	BMW 750i xDrive	\$110,645	87	○*	Opt.	99	21	5.3	131	52.5	●	●/●	●/●	○	2+4
<input checked="" type="checkbox"/>	2	Lexus LS 460L	\$82,504	86	●	Opt.	89	21	6.2	140	48.5	●	●/●	●/●	○	3+2
<input checked="" type="checkbox"/>	3	Audi A8 L**	\$91,275	86	●*	Opt.	91	21	5.5	126	52.0	●	●/●	●/●	●	3+1
	4	Tesla Model S P85D**	\$127,820	77	●	●	100	87	3.5	118	55.5	●	●/●	●/○	●	4+3
	5	Porsche Panamera S**	\$105,110	73	○*	Opt.	81	20	5.5	116	56.0	●	●/●	●/●	●	1+2
	6	Mercedes-Benz S550 (4MATIC)	\$114,475	73	●	●	96	18	5.1	128	51.0	●	●/●	●/●	●	2+3

COMPACT SEDANS

<input checked="" type="checkbox"/>	1	Subaru Impreza Premium	\$21,345	79	●	Opt.	79	27	9.2	129	52.5	●	●/○	●/○	●	2+2
<input checked="" type="checkbox"/>	2	Mazda3 i Touring (2.0L)	\$21,740	74	●	Opt.	72	33	8.3	133	54.5	●	○/○	●/○	●	2+3
<input checked="" type="checkbox"/>	3	Honda Civic LX	\$20,275	73	○*	Opt.	76	32	8.7	129	56.0	●	●/○	○/○	●	3+1
<input checked="" type="checkbox"/>	4	Honda Civic EX-T	\$23,035	72	○*	Opt.	75	31	7.1	129	54.5	●	●/○	○/○	○	3+1
<input checked="" type="checkbox"/>	5	Toyota Corolla LE Plus	\$20,652	72	●	NA	71	32	9.9	138	54.5	○	●/○	○/●	●	3+1
<input checked="" type="checkbox"/>	6	Kia Forte LX (1.8L)	\$19,570	71	○	NA	78	28	10.1	128	52.5	●	●/●	●/○	●	3+1
<input checked="" type="checkbox"/>	7	Volkswagen Jetta SE (1.4T)	\$21,235	71	○	Opt.	79	32	9.1	131	53.0	●	●/●	●/●	●	3+2
	8	Mitsubishi Lancer ES	\$17,515	63	○*	NA	62	25	9.8	144	49.5	●	●/○	●/○	●	3+1
	9	Ford Focus SE	\$20,280	54	●	NA	72	28	9.2	141	52.5	●	●/●	●/○	○	3+1
	10	Dodge Dart SXT (2.4L)	\$22,025	53	●	NA	68	27	9.3	127	54.5	●	○/○	○/○	●	3+1
	11	Nissan Sentra SV	\$20,570	51	●	Opt.	65	29	9.7	129	55.5	○	○/○	○/●	●	3+2

□ Miles-per-gallon equivalent (MPGe).

*Based on limited data. **Powertrain has changed since last test. Models that scored too low in Overall Score are not recommended.

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- Weeds Jun 15, 12
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Mayday! Mayday!

These mixed-up messages might have you calling for assistance

Grinding Our Gears

This sign outside a bicycle-rental shop left us wondering: Once you get the bike, what are you supposed to do with it?

Submitted by
Jonathan Thompson,
Nashville, Tenn.



Happy Motor's Day!

We're afraid to ask what Mother Oil is, but we're pretty sure she'd rather you buy her jewelry.

Submitted by
M.P. Rouse,
Freeville, N.Y.



Mother Oil

Pulse Check, Please

Live, too? You had us at "dedicated and local."

Submitted by
Susan Morris,
Wilmington, Mass.



DEDICATED, LIVE LOCAL TEAM

Dish-claimer

Apparently, calling these "May-Scratch" scouring pads didn't get the nod.

Submitted by
John Albright,
Lake City, Minn.



This product may scratch.

SHARE Be on the lookout for goofs and glitches like these. Share them with us—by email at SellingIt@cro.consumer.org; by mail to Selling It, Consumer Reports, 101 Truman Ave., Yonkers, NY 10703; or by social media using the hashtag #CRSellingIt—and we might publish yours. Please include key information, such as the publication's name and date.

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*Between 7/1/15 and 9/30/15, the average estimated savings off MSRP presented by TrueCar Certified Dealers to users of the Build & Buy Car Buying Service, based on users who configured virtual vehicles and who TrueCar identified as purchasing a new vehicle of the same make and model listed on the certificate from Certified Dealers as of 10/31/2015, was \$2,954, including applicable vehicle specific manufacturer incentives. Your actual savings may vary based on multiple factors including the vehicle you select, region, dealer, and applicable vehicle specific manufacturer incentives which are subject to change. The Manufacturer's Suggested Retail Price ("MSRP") is determined by the manufacturer, and may not reflect the price at which vehicles are generally sold in the dealer's trade area as not all vehicles are sold at MSRP. Each dealer sets its own pricing. Your actual purchase price is negotiated between you and the dealer. Neither TrueCar nor Consumer Reports brokers, sells or leases motor vehicles. Service not available in Canada.

IN THIS SPECIAL SECTION

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☒ **CR Best Buy** Products with this icon offer the best combination of performance and price. All are recommended.

☒ **Recommended** Models with this designation perform well and stand out for reasons we note.

How to Use the Canada Extra Section

Every month, Canada Extra provides Canadian pricing and availability information about products tested for that issue. The Ratings in this section are based on this month's reports, but they narrow your choices to the products that are sold in Canada.

You can use this section in either of two ways: Start with the main report, read about the products that interest you, and turn to this section to find whether they're sold—and for what price—in Canada. Or start here, find products sold in Canada whose price and overall score appear promising, and read more about them in the main report and full Ratings chart; page numbers appear with each Canadian report. (For some products, the Canadian model designation differs slightly from the one used in the U.S.)

In most cases, the prices we list here are

the approximate retail in Canadian dollars; manufacturers' list prices are indicated by an asterisk (*). Check marks identify CR Best Buys or recommended products in the U.S. Ratings. "NA" in a chart means that information wasn't available from the manufacturer. We include, in the Contact Info list on page 36D, the manufacturer's phone number and Web address in Canada so that you can call or go online to get information on a model you can't find in the stores. (Many products that aren't available in Canadian stores can be bought online.)

We appreciate your support, but we don't take it for granted. Please write to CanadaExtra@cu.consumer.org and tell us what you think. We can't reply to every e-mail message or implement every suggestion, but with your help we'll try to keep growing to serve your needs.

Lawn Tractors and Riders

Three of the highest-scoring tested tractors and riders are available. **Report and Ratings, pages 18-23**

Recommended	Rank	BRAND & MODEL	PRICE		SPECS		SCORE
			Machine	Bag/Mulch Kit	Deck Size (in.)	Engine Power	

A. LAWN TRACTORS

<input checked="" type="checkbox"/>	1	John Deere X350	\$4,415*	NA	42	18.5	78
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B. ZERO-TURN-RADIUS RIDERS

<input checked="" type="checkbox"/>	5	Cub Cadet 17BRCACN596	\$3,780	NA	54	24	79
<input checked="" type="checkbox"/>	6	Cub Cadet 17BRCACA596	\$4,100	NA	46	23	78

Walk-Behind Lawn Mowers

Ten of the highest-scoring tested mowers are available. [Report and Ratings, pages 18-23](#)

		BRAND & MODEL	PRICE	DECK	SCORE
Recommended	Rank			Size (in.)	

A. GAS SELF-PROPELLED, MULTIPLE-SPEED

<input checked="" type="checkbox"/>	4	Honda HRR2169VLC	\$750	21	83
<input checked="" type="checkbox"/>	5	Toro 20381	\$770	21	82
<input checked="" type="checkbox"/>	6	Honda HRR2169VYC	\$750	21	82
<input checked="" type="checkbox"/>	7	Honda HRR2169VKC	\$650	21	81
<input checked="" type="checkbox"/>	8	Toro Recycler Smart Stow 20340	\$550	22	77
<input checked="" type="checkbox"/>	9	Toro 20353	\$570	22	75

B. GAS PUSH

<input checked="" type="checkbox"/>	1	Cub Cadet 11A-A92J596	\$335	21	71
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C. CORDLESS-ELECTRIC

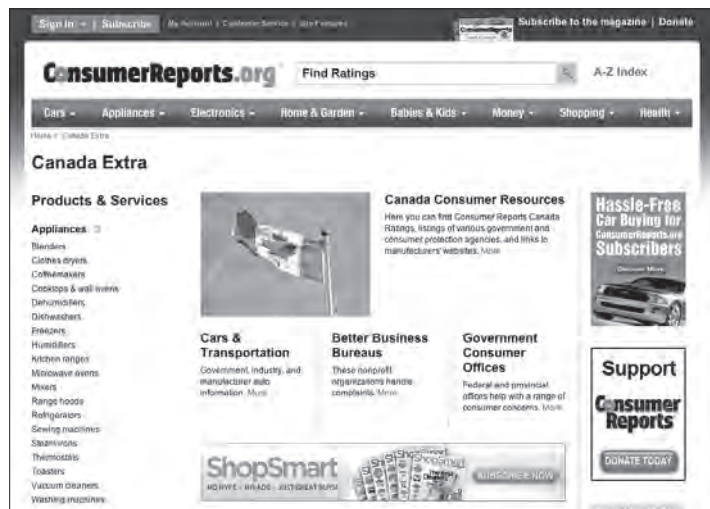
<input checked="" type="checkbox"/>	1	EGO LM2102SP ¹	\$850	21	79
<input checked="" type="checkbox"/>	2	EGO LM2101	\$700	21	75
<input checked="" type="checkbox"/>	3	Black+Decker CM 2040	\$480	20	64

¹ Self-propelled.

Canada Extra on the Web

Canada Extra information can be found on ConsumerReports.org, our website, along with the current issue of the magazine and more.

Once there, click on the “Canada Extra” link on the opening screen. There you can see which reports have Canadian information available.



Washers

Twenty-six of the highest-scoring tested washers are available. **Report and Ratings, pages 56-62**

Rec.	Rank	BRAND & MODEL	PRICE	SCORE

A. FRONT-LOADERS, \$1,600 AND UP

<input checked="" type="checkbox"/>	3	LG WM9000HVA [†]	\$1,900	83
<input checked="" type="checkbox"/>	6	Maytag Maxima MHW8100DC	\$1,750	80
<input checked="" type="checkbox"/>	8	Samsung WF56H9100AG [†]	\$1,600	80

B. FRONT-LOADERS, LESS THAN \$1,600

<input checked="" type="checkbox"/>	1	Maytag Maxima MHW5100DW	\$1,250	80
	2	Samsung WF45H6300AG	\$900	79
	3	Whirlpool Duet FWF87HEDW	\$1,300	79
	4	LG WM3570HVA	\$1,350	78
	5	Samsung WF42H5600AW	\$900	78
	6	Samsung WF42H5000AW	\$800	78
	7	Whirlpool FWF72HEDW	\$1,150	77
	8	Whirlpool Duet FWF95HEDW	NA	77
	9	Maytag Maxima MHW3100DW	\$1,000	77
	10	GE GFWS1700HWW	\$1,100	76

Rec.	Rank	BRAND & MODEL	PRICE	SCORE

C. HE TOP-LOADERS

	1	LG WT5680HVA	\$1,000	73
<input checked="" type="checkbox"/>	2	Samsung WA56H9000AP [†]	\$1,650	72
<input checked="" type="checkbox"/>	3	Whirlpool Cabrio WTW8500DW [†]	\$1,200	71
<input checked="" type="checkbox"/>	4	Maytag Bravos MVWB855DW	\$1,300	71

D. HE TOP-LOADERS

<input checked="" type="checkbox"/>	1	Samsung WA52J8700AP	\$1,150	73
	3	LG WT1701CV	\$1,200	72
	5	Samsung WA45H7000AW	\$800	70
	6	Maytag Bravos XL MVWB980BW [†]	\$1,050	69
	8	Kenmore 26132	\$1,050	69

E. TOP-LOAD AGITATORS, LESS THAN \$1,000

	1	Amana NTW4755EW	\$720	47
	2	GE GTW485ASJWS	\$650	46
	3	Maytag Centennial MVWC415EW	\$800	46
	4	GE GTW460ASJWW	\$600	42

[†] This washer is several inches wider and deeper than most other washers.

Dryers

Fourteen of the highest-scoring tested dryers are available. **Report and Ratings, pages 56-62**

Rec.	Rank	BRAND & MODEL	PRICE	SCORE

A.

<input checked="" type="checkbox"/>	1	Samsung DV56H9100EW [†]	\$1,600	86
<input checked="" type="checkbox"/>	2	Samsung DV56H9000EP	\$1,650	84
	5	LG DLEX9000V	\$1,900	79
	6	Maytag Maxima MED8100DC [†]	\$1,750	79
	7	Maytag Bravos MEDB855DW	\$1,300	79

Rec.	Rank	BRAND & MODEL	PRICE	SCORE

B.

	1	Samsung DV42H5600EW	\$900	79
	2	LG DLEY1701V	\$1,200	79
	3	LG DLEX3570W	\$1,350	78
	7	Samsung DV52J8700EP [†]	\$1,150	77
	8	Whirlpool Duet WED95HEDW [†]	NA	76
	11	LG DLE3170W	\$950	76
	13	LG DLEX3370W	\$1,200	75
	14	Whirlpool Duet WED87HEDW [†]	\$1,300	74
	15	Maytag Maxima MED5100DW [†]	\$1,250	74

[†] Energy Star dryer.

Autos

All of the tested vehicles are available in Canada. Listed within category. **Report and Ratings, pages 63-68**

MAKE & MODEL	PRICE RANGE	ACCELERATION (SEC.)				FUEL ECONOMY (LITERS PER 100 KM)		
		0-50 KM/H	0-100 KM/H	80-100 KM/H	500 METERS	CITY DRIVING	HIGHWAY DRIVING	OVERALL
COMPACT SEDANS								
Honda Civic (2.0L)	\$15,990–\$23,590	3.8	9.2	3.7	19.2	11.0	5.3	7.4
Honda Civic (1.5L Turbo)	\$24,990–\$26,990	3.1	7.5	3.5	17.8	11.3	5.2	7.5
ULTRALUXURY CAR								
BMW 7 Series	\$113,900–\$117,900	2.5	5.5	2.6	15.5	17.3	7.2	11.0
LUXURY MIDSIZED SUVs								
Lexus RX 450h	\$68,950–\$77,950	3.3	7.9	3.1	18.0	9.9	7.0	8.1
Lincoln MKX	\$46,590–\$54,640	2.7	7.6	3.5	17.8	20.1	8.5	12.9
Lexus RX 350	\$54,350–\$68,400	3.0	7.9	4.0	18.1	16.4	7.5	10.9

Contact Info

How to reach manufacturers in Canada.

Amana
800-843-0304
amana.com

Honda
powerequipment.
honda.ca

Maytag
800-688-2002
maytag.ca

Black+Decker
289-290-4668
blackanddecker.ca

John Deere
800-537-8233
deere.ca

Samsung
800-726-7864
samsung.ca

Cub Cadet
800-668-1238
cubcadet.ca

Kenmore
Contact nearest Sears
sears.ca

Toro
toro.com/en-ca

EGO
855-346-5656
egopowerplus.com

LG
888-542-2623
lg.ca

Whirlpool
800-807-6777
whirlpoolappliances.ca

GE
888-261-2088
geappliances.ca

HEALTH

SPECIAL
REPORT FOR
RESIDENTS
OF GREATER
DETROIT



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS

**Ratings of
13 Primary
Care Doctor
Groups**



HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

they all relate to important, widespread health problems and because how well physicians perform in those measures may provide some indication of their overall quality of care," says Jim Chase, president of MN Community Measurement, the Minnesota organization that has been collecting and reporting data on physician performance since 2003.

Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Southeast Michigan

FIRST STEPS TO DOCTOR RATINGS

Michigan doctors are taking some important steps in measuring and reporting their performance, though their efforts are still in the early stages.

For example, only doctors in the southeastern

part of Michigan—including Detroit, as well as in Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne counties—are now participating.

In addition, the information gathered is not for individual doctors or even groups of doctors who practice together in the same office. Instead, the Ratings are of much larger networks, called "physician organizations." Thirteen of those large organizations now share their data with Consumer

Reports, ranging in size from 63 primary care doctors to 588.

But many people in the area may not be familiar with the names of those physician organizations, acknowledges Steven Grant, M.D., chairman of the board of the Greater Detroit Area Health Council (GDAHC), the nonprofit organization in the area that is gathering and reporting data on physician performance.

So the first step is for patients to ask their doctor which group he

belongs to, then check the Ratings on the next page to see how the group performs. "At this point, we're not ready to help people choose a specific doctor or doctor's office, but we are heading there," he says.

In the meantime, the Ratings show that the quality of care from these large groups varies.

For example, one group, Integrated Health Associates, earned a top score in all three measures. And two groups, U of M Faculty Group

Practice and Huron Valley Physicians Association, scored high in two.

In addition, the Ratings are meant to spur more groups to report their data—and to help them provide better care to patients.

"The more a practice knows about how it compares to others, the more it can see where it can improve," says Lisa Mason, vice president of program partnerships at GDAHC. "We hope this will encourage groups to move to the next level."

WHAT'S BEHIND THE RATINGS?

These Ratings include information on 13 physician organizations—groups ranging in size from a few dozen to several hundred doctors—that work in southeast Michigan. The Ratings are published in conjunction with the Greater Detroit Area Health Council, a non-profit organization that works with doctors, hospitals, insurers, patients, and others to ensure high-quality, affordable healthcare.

What Are the Groups Rated On?

Physician organizations are rated on three measures:

- 1. Colon Cancer Screening** is based on percentage of patients ages 51 to 75 who are appropriately screened for colorectal cancer.
- 2. Diabetes Care** is based on the percentage of diabetes patients properly screened for retinal disease, a common and serious complication of diabetes.
- 3. High Cholesterol** is based on the percentage of patients with cardiovascular disease who filled at least one prescription for a cholesterol-lowering statin drug during the measurement period.

How Are the Scores Determined?

The Ratings are divided into three categories, with 3 being better. Ratings are based on comparison with the regional averages for each measure. Top-rated clinics are better than the regional average; those in the middle are slightly above or below the regional average, and those at the bottom are worse than the regional average.

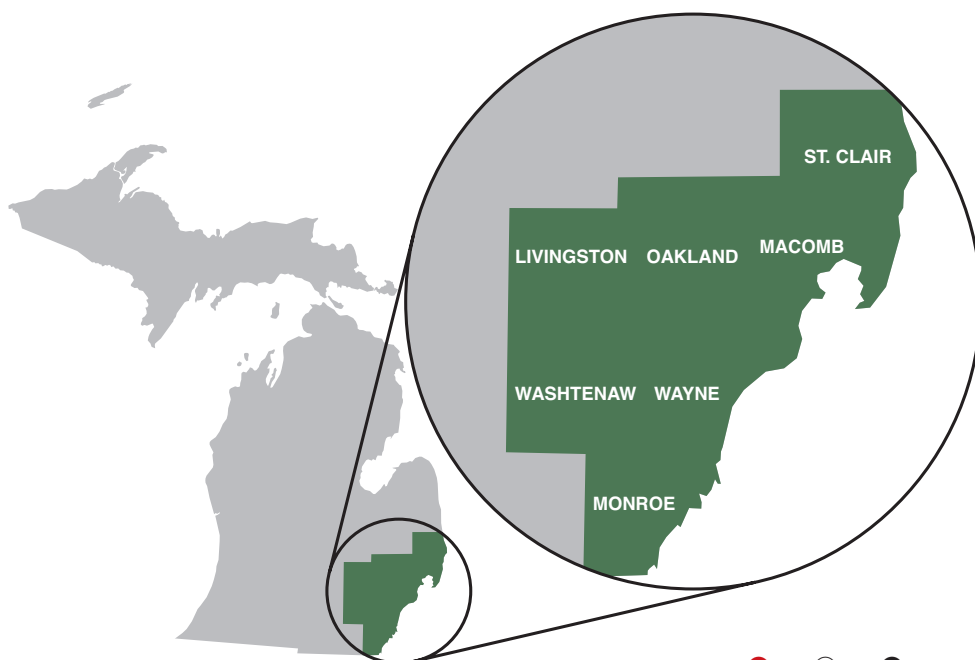
How Should I Use the Ratings?

Many people don't know the name of their doctor's physician organization, so if you're unsure, call the office and ask. Then check the Ratings to see how the group compares. Because the Ratings are for

groups, not individual physicians or practices, ask your doctor how he performs on these measures. That may help you compare practices even if you don't need to be screened for colon cancer, or don't have diabetes or high cholesterol, because how well a group performs on those measures may provide some indication of how well it provides care overall.

Where Can I Learn More?

The website for the Greater Detroit Area Health Council, at mycarecompare.org, has more information on these and other measures, such as how well the physician organizations care for children or patients with asthma or back pain. In addition, the website has information for one group—McLaren Physician Partners—that chose not to publish its Ratings in this insert. That group scored below average in all three of the measures.



3 2 1
Higher Performance ← → Lower Performance

NAME	COLON CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
Accountable Healthcare Alliance	2	2	3
DMC PHO	1	2	2
Greater Macomb PHO	2	2	2
Henry Ford Medical Group	2	2	3
Huron Valley Physicians Association	2	3	3
Integrated Health Associates (IHA)	3	3	3
Medical Network One	2	2	2
Oakland Physician Network Services	2	2	2
Oakland Southfield Physicians	2	2	2
Olympia Medical Services PLLC	2	2	2
The Physician Alliance	2	2	2
U of M Faculty Group Practice	3	3	2
United Physicians	2	2	2

HEALTH

SPECIAL
REPORT FOR
CALIFORNIA
RESIDENTS



CHOOSING THE RIGHT DOCTORS & HOSPITALS FOR YOU

New information on the
cost and quality of healthcare
in California

DOCTORS

**Ratings of More Than
180 Primary Care
Doctor Groups
in the State**

HOSPITALS

**Where to Get Your
Hip or Knee Replaced**

COSTS

**How Much You Pay
Depends on Where
You Live**



**GUIDE TO
CALIFORNIA
PHYSICIANS
INSIDE**

CHECK UP ON YOUR DOCTOR & HOSPITAL

New information on the cost and quality of medical care helps California consumers compare healthcare providers

WHEN YOU'RE LOOKING FOR, say, a new refrigerator, you probably start by going online to find one with the features you want plus good ratings and reviews. Next, you probably compare the stores that stock that model to find the best price. But shopping for good, affordable doctors and hospitals is a lot more complicated.

For one thing, reliable information about a doctor, a doctor group, or a hospital is hard to come by. And trying to find high-quality medical care that is affordable can be even more difficult.

Consumer Reports is now working on two related efforts in California that are trying to help residents solve those problems by giving them information on the cost of healthcare as well as the information they need to compare doctors and hospitals on quality.

In one we looked at the care provided by primary care physicians. We focused not on individual doctors but teams of physicians who work together. We compared them on how well they performed in certain basic areas, such as screening patients for cancer, ordering the right tests for back pain, and managing diabetes or high blood pressure.

That data come from the Integrated Healthcare Association (IHA), a nonprofit organization that focuses on improving the quality and lowering the cost of healthcare in California. The project is funded in part by the Robert Wood Johnson Foundation.

The second is a collaboration among Consumer Reports; the California Department

of Insurance; and the University of California, San Francisco. It compares hospitals on two common health concerns that bring people to those institutions: childbirth, and hip and knee replacement.

"The price and quality of medical procedures can differ dramatically from one medical provider to another," says Dave Jones, director of the state's Department of Insurance. "So it's important for patients and their families to research the price and quality of care in their area," he says.

Find the Right Doctor Group

The Ratings in this section look at doctor groups, not individual physicians, for several reasons.



First, getting statistically meaningful results can require combining the data of multiple physicians.

More important, "doctors today increasingly don't function as individuals as much as they do as teams," says Doris Peter, Ph.D., director of the Consumer Reports Health Ratings Center. "So how well an individual doctor performs depends in part on how good that teamwork is."

And in California, information on physician performance comes from a subset of groups that have been created expressly to function as teams. There are more than 180 of the groups, all affiliated with one or more of the state's 10 leading health maintenance organizations, often consisting of several hundred physicians.

They have large networks of physicians and other experts to manage patients, and put a premium on good communication among providers to make sure that patients get the right screening tests and that chronic diseases are managed properly.

An added benefit of this model of care is that the groups, as part of their effort to improve quality and control costs, gather and publicly report their performance data—which is why they can be compared, at least against each other.

"We think Californians choosing healthcare providers should start by looking for groups that follow this integrated model of care," says Jeffrey Rideout, president and CEO of IHA. "Any group that participates

is committed to high quality and low cost, and is also committed to transparency.”

That transparency also allows consumers to compare practices in their own communities, so they can make smart decisions when choosing a doctor group. And there are often important differences among those groups, sometimes even in the same neighborhoods, with some earning top scores and others receiving low ones (see the Ratings in this section for details).

Making that data available reveals variation in the care provided by physicians in different parts of the state. For example, our analysis shows that groups in Northern California performed better, on average, than those in Southern California on all three of the measures.

Compare Hospitals

Unlike the doctor Ratings in this insert, our information on hospitals covers almost all of those in the state. But as with the doctors, the quality of the care varies widely, depending on which hospital you go to.

For example, six out of 20 rated hospitals in the San Francisco area received lower ratings for hip and knee replacement, and eight hospitals received one of our two highest ratings for those procedures.

In some cases, those hospitals are in the same neighborhood: St. Mary's Medical Center - San Francisco received a top rating in hip and knee replacement, while other hospitals in the same neighborhood received lower ones. The same pattern is true for maternity care. In the Los Angeles area only five out of 55 hospitals received one of the two highest ratings for childbirth; 35 received a low rating.

“Hip and knee surgery is rarely an emergency, and pregnant women usually have months to decide where they want to deliver their baby” says Orly Avitzur, M.D., Consumer Reports' medical director. “So you should have plenty of time to use this information together with other resources to choose the hospital that is best for you and your family”

Our Ratings of California hospitals are not included in this insert but are available free at ConsumerReports.org/cahealthcarecompare.

WHERE TO GET THE INFO YOU NEED

1 For Doctor Information

Use the Ratings on the following pages of this insert for information on more than 180 doctor groups across California. And go to California's Office of the Patient Advocate, at www.opa.ca.gov/pages/reportcard.aspx, for more on performance for the state's doctor groups. For more on how to check up on your doctor, see our article “What You Don't Know About Your Doctor Can Hurt You,” on page 30 of the May 2016 Consumer Reports magazine.

2 For Hospital Information

For detailed information on performance in hip and knee surgery, and maternity care, go to ConsumerReports.org/cahealthcarecompare. For additional information on hospital performance in the state and around the country, go to ConsumerReports.org/hospitalratings.

3 To Check on Costs

ConsumerReports.org/cahealthcarecompare can also help you estimate what you might have to pay for more than 100 conditions and procedures, depending on where you live in the state. Several health insurers also have online tools that allow you to estimate of your out-of-pocket costs, depending on your provider and your insurance coverage. For links to those tools, go to ConsumerReports.org/healthcosttools.

Check on Cost, Too

Our information on healthcare costs, gathered from more than 10 million insurance claims filed in California over a three-year period, show that the amount insurance companies and patients paid for more than 100 medical conditions, from appendicitis to urinary tract infections, can vary tremendously depending on where you live.

For example, prices for cesarean sections are more than twice as high in some parts of the state than in others. In San Mateo County, health insurers paid doctors and hospitals, on average, almost \$34,000 for a C-section. But in Central San Joaquin, insurers paid doctors and hospitals only \$13,000.

The amount that you have to pay out of pocket for cesarean sections can vary as well. For example, in the Monterey Coast area patients paid, on average, more than \$3,000 out of pocket (and some people paid as much as \$13,000), and in the Sacramento Valley patients paid just \$152.

The pattern with knee replacements is similar. Insurers paid doctors and hospitals in San Francisco about \$50,000, on average, for the procedure. By comparison, in the Central San Joaquin area, insurers paid healthcare providers just \$21,000.

When it comes to out-of-pocket costs, people who had a knee replacement in Inyo and Mono counties paid an average of \$88, but in western Los Angeles County patients paid \$942, on average.

Why do those prices vary so much? Research suggests that it depends mostly on the negotiating power of the healthcare provider, which allows larger, more powerful groups to charge more.

“We hope that this information will set the stage for the public release of more detailed cost information, so consumers can easily see exactly how much they will have to pay in hospitals and doctor groups across the state,” Peter says.

Our information on the cost of healthcare in California is not included in this insert but is available free at ConsumerReports.org/cahealthcarecompare.

Consumer Reports' work on hospitals and the cost of healthcare in California was funded by the California Department of Insurance.

WHAT'S BEHIND THE RATINGS?

These Ratings include information on more than 180 doctor groups in California that are affiliated with one or more of the state's 10 leading health maintenance organizations. The Ratings are published in conjunction with the Integrated Healthcare Association, a nonprofit organization that focuses on improving quality and lowering the cost of healthcare in California.

What Are the Groups Rated On?

The doctor groups are rated on three measures:

- 1. Cancer Screening** is based on the percentage of patients who are appropriately screened for colorectal cancer, breast cancer, and cervical cancer.
- 2. Diabetes Care** measures whether patients with diabetes are appropriately monitored for high blood sugar levels and kidney disease (a serious complication), and whether they have their blood sugar and blood pressure levels under control.
- 3. Back Pain** is based on the percentage of patients with lower-back pain who avoid unnecessary imaging tests, including X-rays, MRIs, and CT scans within 28 days of their diagnosis. Expert guidelines say people with lower-back pain don't need those tests, and unnecessary tests can needlessly expose patients to radiation and other risks.

The data come from information reported by health insurance plans and the doctor groups.

How Should I Use the Ratings?

If you belong to an HMO or are considering joining one, use these Ratings to see how doctor groups in your area fare. The measures might help you compare groups even if you don't need to be screened for cancer or suffer from back pain or diabetes, because how a group performs on those measures may indicate how well they provide care overall.

How Are the Scores Determined?

The Ratings are divided into four categories, with 4 being better. Top-rated groups are roughly in the top 10 percent of groups in the state. Those with a 3 are in the top half but not in the top 10 percent. Those with a 2 are in the bottom half but not the bottom 25 percent. Those with our lowest score are in roughly the bottom 25 percent. We publish Ratings only if we have enough data to provide statistically reliable results for at least two of the measures.

Where Can I Go for More Information?

An online version of these Ratings is available on the website for California's Office of the Patient Advocate, at www.opa.ca.gov/pages/reportcards.aspx. That site also has information on how well HMO doctor groups perform in other areas, such as providing pediatric care and measures of patients' experience, plus average amounts that patients and health plans pay for medical care.

SACRAMENTO/NORTH

Alpine	Placer
Amador	Plumas
Butte	Sacramento
Colusa	Shasta
Del Norte	Sierra
El Dorado	Siskiyou
Glenn	Solano
Humboldt	Sonoma
Lake	Sutter
Lassen	Tehama
Mendocino	Trinity
Modoc	Yolo
Napa	Yuba
Nevada	

CENTRAL VALLEY

Calaveras	Merced
Fresno	Mono
Inyo	San Benito
Kern	San Joaquin
Kings	Stanislaus
Madera	Tulare
Mariposa	Tuolumne

INLAND EMPIRE

Riverside
San Bernardino

SAN FRANCISCO/BAY AREA

Alameda
Contra Costa
Marin
San Francisco
San Mateo
Santa Clara

CENTRAL COAST

Monterey
San Luis Obispo
Santa Barbara
Santa Cruz
Ventura

ORANGE COUNTY

Orange

SAN DIEGO/IMPERIAL

Imperial
San Diego

LOS ANGELES

Los Angeles



SACRAMENTO/NORTH

NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
Hill Physicians Medical Group - Sacramento Region	3	3	3
Hill Physicians Medical Group - Solano Region	3	3	4
Humboldt IPA	3	1	3
John Muir Health	3	2	3
Kaiser Permanente - The Permanente Medical Group - Roseville/Sacramento Medical Centers	3	3	3
Kaiser Permanente - The Permanente Medical Group - San Rafael Medical Center	4	4	4
Kaiser Permanente - The Permanente Medical Group - Santa Rosa Medical Center	4	3	4
Kaiser Permanente - The Permanente Medical Group - South Sacramento Medical Center	3	3	4
Kaiser Permanente - The Permanente Medical Group - Vallejo/Vacaville Medical Centers	4	3	3
La Salle Medical Associates Inc.	1	2	-
Mercy Medical Group/Dignity Health Medical Foundation	3	3	3
Meritage Medical Network	3	2	3
NorthBay Medical Group	3	2	4
Sierra Nevada Medical Associates Inc.	2	2	2
Sutter Independent Physicians	3	3	3
Sutter Medical Group	3	3	3
Sutter Pacific Medical Foundation - Sutter Medical Group of the Redwoods	3	3	4
UC Davis Medical Group	3	3	3
Woodland Healthcare	3	3	3



BAY AREA

Affinity Medical Group	3	2	3
Alta Bates Medical Group, a division of Brown & Toland Physicians	3	2	3
Brown & Toland Physicians	3	2	3
Chinese Community Health Care Association	2	2	2
Hill Physicians Medical Group - Bay Region	3	3	3
Hill Physicians Medical Group - San Francisco Region	3	3	3
John Muir Health	3	2	3
Kaiser Permanente - The Permanente Medical Group - Diablo/Antioch Medical Centers	4	3	4
Kaiser Permanente - The Permanente Medical Group - Fremont/San Leandro Medical Centers	3	3	4
Kaiser Permanente - The Permanente Medical Group - Oakland/Richmond Medical Centers	4	3	4
Kaiser Permanente - The Permanente Medical Group - Redwood City Medical Center	4	4	4

BAY AREA continued

Kaiser Permanente - The Permanente Medical Group - San Francisco Medical Center	4	3	4
Kaiser Permanente - The Permanente Medical Group - San Jose Medical Center	4	4	4
Kaiser Permanente - The Permanente Medical Group - San Rafael Medical Center	4	4	4
Kaiser Permanente - The Permanente Medical Group - Santa Clara Medical Center	4	4	4
Kaiser Permanente - The Permanente Medical Group - South San Francisco Medical Center	4	3	4
Meritage Medical Network	3	2	3
Palo Alto Medical Foundation - Mills-Peninsula Division/ Mills-Peninsula Medical Group	3	3	3
Palo Alto Medical Foundation - Palo Alto Foundation Medical Group	4	3	4
Physicians Medical Group of San Jose	3	3	3
San Jose Medical Group	3	3	3
Santa Clara County IPA (SCCIPA)	2	2	3
Sequoia Physicians Network	2	1	3
Sutter East Bay Medical Foundation	3	3	4
Sutter Pacific Medical Foundation - Sutter Medical Group of the Redwoods	3	3	4



CENTRAL COAST

Coastal Communities Physician Network	2	2	3
Facey Medical Group	3	3	3
Kaiser Permanente - Southern California Permanente Medical Group - Woodland Hills	4	3	3
Lakeside Medical Organization	2	2	2
Palo Alto Medical Foundation - Palo Alto Foundation Medical Group	4	3	4
Physicians Choice Medical Group of San Luis Obispo	2	2	-
Physicians Choice Medical Group of Santa Maria	2	1	3
Physicians Medical Group of Santa Cruz	3	2	3
Regal Medical Group	2	2	3
Sansum Clinic	3	3	2
Santa Barbara Select IPA Medical Group	2	1	2
Seaview IPA	3	2	1
UCLA Medical Group	3	3	2
Valley Care IPA	3	2	4
Valley Care Select IPA	1	1	-



CENTRAL VALLEY

All Care IPA	3	2	2
Bakersfield Family Medical Center/ Heritage Physician Network	2	2	1



NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
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CENTRAL VALLEY continued

Central Valley Medical Group	3	1	-
Coastal Communities Physician Network	2	2	3
Golden Empire Medical Group	2	2	1
High Desert Medical Group	2	2	1
Hill Physicians Medical Group - San Joaquin Region	3	3	3
Hispanic Physicians IPA DBA Medico Hispano IPA	1	1	1
Independence Medical Group	1	1	-
Kaiser Permanente - Southern California Permanente Medical Group - Kern County	3	3	4
Kaiser Permanente - The Permanente Medical Group - Fresno Medical Center	4	3	4
Kaiser Permanente - The Permanente Medical Group - Modesto/Manteca/Stockton Medical Centers	4	4	3
Key Medical Group	2	1	2
La Salle Medical Associates Inc.	1	2	-
Omni IPA Medical Group Inc. DBA Medcore Medical Group	2	2	3
Santé Community Physicians	3	2	2
Sutter Gould Medical Foundation	3	3	4
Visalia Medical Clinic	1	1	-



LOS ANGELES

Access Managed Care/ Access Medical Group	2	1	1
Accountable Healthcare IPA (aka Accountable Healthplan Medical)	1	1	3
Alamitos IPA	3	3	3
All Care Medical Group	1	2	-
Allied Pacific of California IPA	2	2	2
AltaMed Health Services	2	2	1
Angeles IPA	1	2	1
AppleCare Medical Group	2	2	1
AppleCare Medical Group St. Francis	2	2	4
Associated Hispanic Physicians of Southern CA	1	1	-
Axminster Medical Group	2	3	1
Bella Vista Medical Group IPA	1	1	-
Brookshire IPA	2	2	-
Cedars-Sinai Health Associates	3	3	3
Cedars-Sinai Medical Group	3	3	3
Centinela Valley IPA (formerly Robert Kennedy IPA)	1	2	-
Citrus Valley Physicians Group	2	2	1
Diamond Bar Medical Group (aka Greater Orange County MG)	1	1	-
Exceptional Care Medical Group	1	2	2
Facey Medical Group	3	3	3
Family Care Specialists IPA	3	2	2
Family Health Alliance	1	1	-

NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
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LOS ANGELES continued

Global Care Medical Group	1	1	-
Good Samaritan Medical Practice Association	1	2	1
Greater Covina Medical Group	2	2	2
Greater Newport Physicians	3	3	2
Healthcare L.A.	1	2	3
HealthCare Partners IPA	3	2	1
HealthCare Partners Medical Group	3	3	3
High Desert Medical Group	2	2	1
Hispanic Physicians IPA DBA Medico Hispano IPA	1	1	1
Inland Valleys IPA	1	1	4
Kaiser Permanente - Southern California Permanente Medical Group - Antelope Valley	3	3	4
Kaiser Permanente - Southern California Permanente Medical Group - Baldwin Park	4	3	4
Kaiser Permanente - Southern California Permanente Medical Group - Downey	4	3	4
Kaiser Permanente - Southern California Permanente Medical Group - Fontana	4	3	4
Kaiser Permanente - Southern California Permanente Medical Group - Los Angeles	3	3	3
Kaiser Permanente - Southern California Permanente Medical Group - Panorama City	4	3	3
Kaiser Permanente - Southern California Permanente Medical Group - South Bay	4	3	4
Kaiser Permanente - Southern California Permanente Medical Group - West Los Angeles	4	3	3
Kaiser Permanente - Southern California Permanente Medical Group - Woodland Hills	4	3	3
Korean-American Medical Group	1	2	2
La Salle Medical Associates Inc.	1	2	-
Lakeside Medical Organization	2	2	2
Lakewood IPA	2	3	3
MemorialCare Medical Group	3	3	4
Nuestra Familia Medical Group Inc.	1	2	-
OmniCare Medical Group	1	2	-
Physician Associates of the Greater San Gabriel Valley	3	2	3
PIH Health Physicians - Group Division	3	3	3
PIH Health Physicians - IPA Division	3	1	1
Pioneer Medical Group	3	3	2
Premier Physicians Network	1	2	1
Prospect Health Source Medical Group	2	3	3
Prospect Medical Group	2	2	2
Prospect Northwest Orange County Medical Group	2	2	3
Prospect Professional Care Medical Group	2	2	2
Prudent Medical Group	1	2	-
Regal Medical Group	2	2	3
Seoul Medical Group	2	1	3
Serra Community Medical Clinic	1	1	-

NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
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LOS ANGELES continued

Sierra Medical Group	2	2	1
St. Jude Affiliated Physicians	3	2	1
St. Jude Heritage Medical Group	3	3	3
St. Mary IPA	2	2	3
St. Vincent IPA	1	2	2
Torrance Health IPA	2	2	1
UCLA Medical Group	3	3	2
UCLA Medical Group - Santa Monica Bay Physicians	3	2	3
Universal Care Medical Group	1	1	-

**INLAND EMPIRE**

Accountable Healthcare IPA (aka Accountable Healthplan Medical)	1	1	3
Alliance Desert Physicians	1	2	-
Beaver Medical Group	2	2	1
Choice Medical Group	3	3	4
Citrus Valley Physicians Group	2	2	1
Desert Oasis Healthcare	2	2	2
Desert Valley Medical Group Inc.	2	1	-
Dignity Health Medical Group - Inland Empire	1	2	1
Empire Physicians Medical Group	1	1	2
Family Practice Medical Group of San Bernardino Inc.	3	4	-
Hemet Community Medical Group	2	1	1
Heritage Victor Valley Medical Group	2	2	1
Hispanic Physicians IPA DBA Medico Hispano IPA	1	1	1
Inland Valleys IPA	1	1	4
Kaiser Permanente - Southern California Permanente Medical Group - Fontana	4	3	4
Kaiser Permanente - Southern California Permanente Medical Group - Riverside	3	3	3
La Salle Medical Associates Inc.	1	2	-
Lakeside Medical Organization	2	2	2
Loma Linda University Health Care	3	2	3
My Family Medical Group	1	1	1
Pinnacle Medical Group	1	2	3
Pomona Valley Medical Group Inc.	3	2	3
Premier Healthcare	2	2	2
PrimeCare	2	2	2
Redlands Yucaipa Medical Group	2	1	2
Regal Medical Group	2	2	3
Riverside Medical Clinic	3	3	3
Riverside Physician Network	1	2	1
San Bernardino Medical Group Inc.	3	3	1
Sharp Community Medical Group IPA	3	2	3
St. Mary High Desert Medical Group	2	3	2
Upland Medical Group Inc.	2	2	3

NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
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**ORANGE COUNTY**

Accountable Healthcare IPA (aka Accountable Healthplan Medical)	1	1	3
Affiliated Doctors of Orange County	2	3	2
Alamitos IPA	3	3	3
Allied Pacific of California IPA	2	2	2
AltaMed Health Services	2	2	1
AMVI Medical Group	2	3	4
Angeles IPA	1	2	1
AppleCare Medical Group	2	2	1
ARTA Health Network	1	2	2
Diamond Bar Medical Group (aka Greater Orange County MG)	1	1	-
Edinger Medical Group	3	4	3
Exceptional Care Medical Group	1	2	2
Family Choice Medical Group	1	3	-
Greater Newport Physicians	3	3	2
HealthCare Partners IPA	3	2	1
HealthCare Partners Medical Group	3	3	3
Hispanic Physicians IPA DBA Medico Hispano IPA	1	1	1
Kaiser Permanente - Southern California Permanente Medical Group - Orange County	4	3	4
Lakewood IPA	2	3	3
MemorialCare Medical Group	3	3	4
Mission Heritage Medical Group	2	3	3
Mission Hospital Affiliated Physicians	2	3	3
Monarch HealthCare	3	2	2
Noble AMA IPA	2	1	1
Pioneer Medical Group	3	3	2
Prospect Gateway Medical Group	2	2	2
Prospect Genesis Medical Group	2	2	3
Prospect Health Source Medical Group	2	3	3
Prospect Medical Group	2	2	2
Prospect Northwest Orange County Medical Group	2	2	3
Prospect Professional Care Medical Group	2	2	2
St. Joseph Heritage Medical Group	3	3	4
St. Joseph Hospital Affiliated Physicians	3	2	2
St. Jude Affiliated Physicians	3	2	1
St. Jude Heritage Medical Group	3	3	3

**SAN DIEGO / IMPERIAL**

Arch Health Partners	3	3	3
Encompass Medical Group	2	2	-
Greater Tri-Cities IPA	2	1	2
Imperial County Physicians Med Group	2	2	1



NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
SAN DIEGO / IMPERIAL continued			
Kaiser Permanente - Southern California Permanente Medical Group - San Diego	3	3	4
Mercy Physicians Medical Group	3	2	3
Mid County Physicians Medical Group	2	2	1
MultiCultural Medical Group Inc.	2	2	1
Primary Care Associates Medical Group	2	2	3

NAME	CANCER SCREENING	DIABETES CARE	BACK PAIN
SAN DIEGO / IMPERIAL continued			
Scripps Clinic Medical Group	3	3	1
Scripps Coastal Medical Center	3	3	2
Scripps Physicians Medical Group	2	2	2
Sharp Community Medical Group IPA	3	2	3
Sharp Rees-Stealy Medical Group	3	4	3
UC San Diego Health	3	3	3

6 STEPS TO WORKING BETTER WITH YOUR DOCTOR

Here's how to work better with your doctor:

PROBLEM 1 You Doctor Doesn't Listen

Maybe when you try to tell your doctor what's bothering you, she interrupts, without looking up from her computer screen. Or she sticks to a checklist of yes-or-no questions that makes it hard for you to cover all of your concerns. **THE FIX** Let your doctor know that you feel nervous about asking questions or that you can better focus on what she's saying if she faces you instead of the computer. And instead of relaying just your symptoms ("my head hurts"), tell a full story: Describe when the pain started, your activities at the time, and the physical sensations you're experiencing.

PROBLEM 2 Your Doctor Decides Without Your Input

Your doctor should discuss the pros and cons of treatment options, then help you make an informed

choice. That shared decision-making boosts the likelihood that you'll stick with the treatment. Plus "your satisfaction level will be higher if you feel you've been a part of the decision," says John Santa, M.D., a medical adviser at Consumer Reports.

THE FIX If your doctor isn't receptive to your ideas, ask how the benefits and risks of his recommendations compare with your preferences. One strategy: Ask for some time to think about his suggestions, so you can do some research.

PROBLEM 3 Your Doctor Discourages Second Opinions

Second opinions aren't needed for everyday concerns, but if you're facing a serious condition, a diagnosis is unclear, the condition is rare, or a course of treatment isn't straightforward or may be risky, having someone else weigh in is wise. You may feel uncomfortable second-guessing your doctor, but remember that

physicians consult colleagues all the time.

THE FIX Ask your doctor for her recommendation on who to see for a second opinion, suggests Orly Avitzur, M.D., Consumer Reports' medical director. Or if you have a particular healthcare provider in mind, run it by your current doctor to help get her onboard. When seeing the second doctor, be sure to take relevant test results to avoid duplicate tests. Insurance usually covers second (and even third) opinions, but double-check before you go.

PROBLEM 4 The Doctor's Office Is Disorganized

Maybe the doctor's office doesn't return calls in a timely way, it's difficult to get drug refills or test results, or the doctor always runs behind. "A disorganized office wastes your time, can result in poor care, and increases the likelihood of medical errors," says Marvin M. Lipman, M.D., Consumer Reports' chief medical adviser.

THE FIX Mention the problem to your doctor. She may be able to have a staff member update patients on wait times every 20 minutes, for instance. Or ask the receptionist or office manager how to best communicate with the office—by secure email, perhaps—or whether you can book appointments and get test results and prescription refills via a patient portal. If you're tired of wasting time in the waiting room, try booking the first appointment of the day or call the office before you go in for an appointment to get an estimate on wait times. And go out of your way to treat office staff well.

PROBLEM 5 You Feel Your Doctor Doesn't Respect You

Does your physician "scold" you about your weight or your sedentary lifestyle? Or do you think she's being patronizing because of your age?

THE FIX Keep in mind that you both have the same goal, and that she may not realize how her behavior

or delivery affects you, or understand how challenging a health problem may be for you. So let your doctor know that you feel criticized or dismissed. And if you're struggling with a problem—for example, quitting smoking—ask whether she can recommend extra support, such as a structured smoking cessation program.

PROBLEM 6 Your Doctor Withholds Information About Your Health

In some cases, a doctor may not fully discuss the costs or side effects of a medication or procedure, or may be uncomfortable about sharing bad news. Though some of us may feel overwhelmed by medical details or negative news, not having the entire picture may lead you to stop taking a vital drug or ignore her advice. "When patients believe in their doctor, they have better results," Santa says.

THE FIX Tell your doctor that you want to know about side effects, recovery periods, and more.

HEALTH

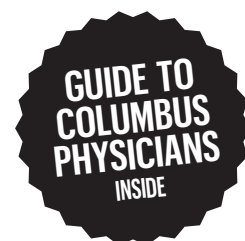
SPECIAL
REPORT FOR
COLUMBUS
RESIDENTS



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS
Ratings
of More
Than 90
Primary
Care Doctor
Clinics



HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

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Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Columbus THE POWER OF PUBLIC DISCLOSURE

The doctor Ratings in the greater Columbus area include information on more than 90 medical clinics belonging to five of the region's medical groups. Physicians working in those practices represent about a quarter

of the doctors in the area. Why aren't more participating? As in most places in the country now experimenting with physician ratings, medical groups in the Columbus area that take part in the effort do so voluntarily.

And, no surprise, groups are more likely to join in if they do well. In fact, 19 clinics in the area earned a top score in at least two of the three measures in the Ratings, which are based on the percentage of people who are appropriately

screened for colon cancer, or get their diabetes or high blood pressure under control. By contrast, only four clinics in the Ratings received bottom scores in at least two measures.

Should you avoid clinics that earned low or average scores? "No," says Jeff Biehl, president of the Healthcare Collaborative of Greater Columbus, the nonprofit organization that collects data on physician performance in the area.

For one thing, clinics

that report even when they are below average deserve credit for making their information public. "That shows they're committed to transparency—and improving the quality of the care they provide their patients," Biehl says. The ones you might be more worried about, Biehl says, are those who don't report at all.

And clinics that score low may have reasons for why they don't perform as well. Particularly notable: PrimaryOne Health.

That's a community health center with nine locations in the area, all of which care for underserved populations.

It decided to share results anyway—and despite the challenges, it still earned a high score in treating its patients with high blood pressure.

"We hope these Ratings will improve the care clinics provide and encourage them to report their results," says Doris Peter, director of the Consumer Reports Health Ratings Center.

WHAT'S BEHIND THE RATINGS?

These Ratings of primary care clinics include information on more than 90 practices in Columbus, Ohio, and neighboring communities in Franklin County. The clinics all belong to one of five large medical groups in the area: Central Ohio Primary Care, Mount Carmel Medical Group, OhioHealth, The Ohio State University Wexner Medical Center, and PrimaryOne Health. Physicians working for those groups account for about 25 percent of the primary care doctors in the area. The Ratings are published in conjunction with the Healthcare Collaborative of Greater Columbus, a nonprofit organization that is working to improve healthcare transparency in and around Columbus.

What Are the Clinics Rated On?

The clinics are rated on three measures:

- 1.** Colon Cancer Screening is based on the percentage of patients ages 50 to 75 who had appropriate screening for colorectal cancer.
- 2.** Diabetes Care is based on the percentage of patients ages 18 to 75 with diabetes who have their long-term blood sugar (HbA1c) levels less than or equal to 9 percent.
- 3.** High Blood Pressure is based on the percentage of patients ages 18 to 85 with high blood pressure who have their blood pressure levels under control.

How are the Scores Determined?

Ratings are divided into four categories, with 4 being better and 1 worse. The scores are based on

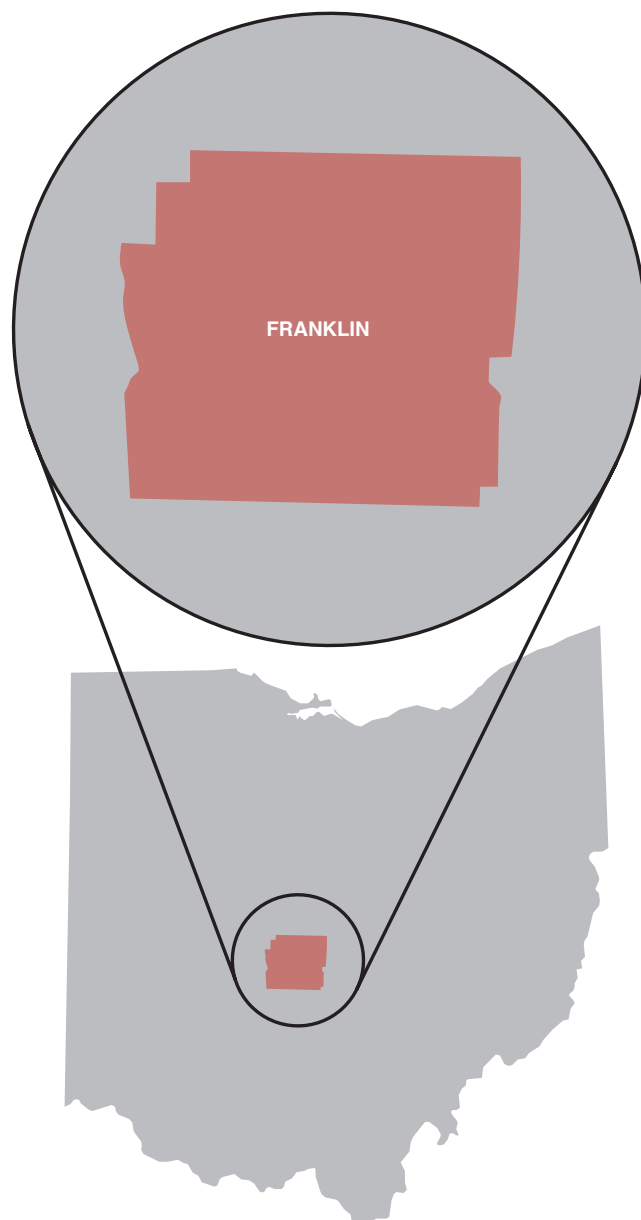
comparisons with national targets for each measure that have been established by the Department of Health and Human Services. For Colon Cancer Screening, top-scoring clinics are at or above the national target; those that receive a 3 are slightly below it; clinics that earn a 2 are lower still; and those with a 1 are substantially below the national target. For Diabetes Care and High Blood Pressure, top-scoring clinics are substantially above the national target; those that receive a 3 are at or somewhat above it; clinics that earn a 2 are somewhat below the target; and those with a 1 are substantially below the national target.

How Should I Use the Ratings?

Check the Ratings to see whether your doctor's clinic is listed and if so, how it compares with other clinics in your area. If your doctor's clinic is not listed, ask him or her how the group performs on these measures. Some doctors know that information and should be willing to share it with you.

Where Can I Find More Details?

Go to the website for the Healthcare Collaborative of Greater Columbus, at ourhealthcarequality.org, to find more about the performance of physician practices in the Columbus area. The site also has additional information on other measures, such as C-section rates at hospitals in the region and comparisons of local nursing homes.





NAME	CITY	COLON CANCER SCREENING	DIABETES CARE	HIGH BLOOD PRESSURE
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CENTRAL OHIO PRIMARY CARE (COPC)

COPC Amico and Associates	Westerville	4	3	4
COPC Amy R. Kelley, M.D.	Columbus	3	4	4
COPC Arlington Mill Run	Hilliard	4	4	3
COPC Brackin Porter Family Medicine	Columbus	1	2	3
COPC Capital City Medical Associates	Columbus	1	3	3
COPC Central Ohio Medicine	Columbus	4	4	3
COPC Chen and Associates	Columbus	2	4	2
COPC Columbus Internal Medicine	Columbus	1	4	4
COPC Dublin Internal Medicine	Dublin	3	4	4
COPC Fairway Family Physicians	Columbus	3	3	3
COPC Faith Family Health	Columbus	1	1	2
COPC Family Medicine and Pediatrics	Canal Winchester	1	3	2
COPC Family Medicine North	Columbus	4	4	4
COPC Family Physicians of Gahanna	Gahanna	1	3	3
COPC Family Practice Center of Westerville	Westerville	4	3	4
COPC Internal Medicine Group	Westerville	3	4	3
COPC Jasonway Internal Medicine	Columbus	4	4	3
COPC LaHue, Gramann, Boezi & Coss	Columbus	4	3	4
COPC Marysville Primary Care	Marysville	3	3	4
COPC McConnell Family Practice	Marysville	3	2	1
COPC Michael R. Ports, M.D.	Westerville	4	—	4
COPC Northside Internal Medicine	Westerville	4	4	4
COPC Northwest Family Physicians	Hilliard	4	3	2
COPC Parsons Avenue Medical Clinic	Columbus	2	2	3
COPC Provider Physicians East	Reynoldsburg	1	2	3
COPC Provider Physicians North	Columbus	3	4	3

NAME	CITY	COLON CANCER SCREENING	DIABETES CARE	HIGH BLOOD PRESSURE
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CENTRAL OHIO PRIMARY CARE (COPC) continued

COPC Riverside Medical Group	Columbus	4	3	3
COPC Scioto View Family Practice	Columbus	3	3	4
COPC Stonegate Family Health	Reynoldsburg	3	3	4
COPC Stonegate Medical Associates	Reynoldsburg	1	2	3
COPC Suburban Internal Medicine	Columbus	4	3	4
COPC Tri County Family Physicians	Canal Winchester	2	3	3
COPC Westerville	Westerville	4	4	4
COPC Westerville Internal Medicine	Westerville	2	2	4
COPC Westerville Medical Associates	Westerville	3	3	4
COPC Worthington Internal Medicine	Worthington	4	4	4

MOUNT CARMEL MEDICAL GROUP (MCMG)

MCMG Diley Ridge	Canal Winchester	2	2	3
MCMG Granville	Granville	2	3	3
MCMG Grove City	Grove City	1	1	2
MCMG Hilliard	Hilliard	3	2	3
MCMG New Albany	New Albany	2	2	3
MCMG North	Westerville	1	2	4
MCMG Pickerington	Pickerington	3	3	3
MCMG Taylor Station	Columbus	3	4	3
MCMG Trivillage	Columbus	3	3	3
MCMG Upper Arlington	Columbus	2	1	2
MCMG Victorian Village	Columbus	1	2	2
MCMG Wedgewood	Powell	2	1	4
MCMG Westerville	Westerville	1	2	3
MCMG Worthington	Worthington	4	2	4
Mount Carmel Health Stations	Columbus	1	1	2



NAME	CITY	COLON CANCER SCREENING	DIABETES CARE	HIGH BLOOD PRESSURE
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OHIOHEALTH

Bexley Health Services at Wexner Heritage Village	Columbus	–	–	4
Doctors Hospital Family Practice Center	Grove City	–	–	3
Grant Family Practice	Columbus	–	–	3
Max Sports Medicine Dublin	Dublin	–	–	3
OhioHealth Pickerington - Hill Rd.	Pickerington	–	–	3
OhioHealth Pickerington - Refugee Rd.	Pickerington	–	–	2
OhioHealth Primary Care Physicians All Seasons Drive	Hilliard	–	–	3
OhioHealth Primary Care Physicians at Huntington	Columbus	–	–	2
OhioHealth Primary Care Physicians East Main St.	Lancaster	–	–	3
OhioHealth Primary Care Physicians Eastpointe	Blacklick	–	–	4
OhioHealth Primary Care Physicians Gahanna	Gahanna	–	–	3
OhioHealth Primary Care Physicians Galloway	Galloway	–	–	3
OhioHealth Primary Care Physicians Grove City	Grove City	–	–	4
OhioHealth Primary Care Physicians Hilliard-Nike Dr.	Hilliard	–	–	4
OhioHealth Primary Care Physicians Hilliard-Scioto Darby	Hilliard	–	–	4
OhioHealth Primary Care Physicians Hospital Drive	Dublin	–	–	3
OhioHealth Primary Care Physicians London	London	–	–	4
OhioHealth Primary Care Physicians Market Exchange	Columbus	–	–	4
OhioHealth Primary Care Physicians Millhon Clinic	Columbus	–	–	3
OhioHealth Primary Care Physicians Powell	Powell	–	–	4

NAME	CITY	COLON CANCER SCREENING	DIABETES CARE	HIGH BLOOD PRESSURE
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OHIOHEALTH continued

OhioHealth Primary Care Physicians Reynoldsburg	Reynoldsburg	–	–	3
OhioHealth Primary Care Physicians Stonecreek	Pickerington	–	–	4
OhioHealth Primary Care Physicians West Broad Street	Columbus	–	–	3
OhioHealth Westerville Medical Campus	Westerville	–	–	3
Riverside Family Practice	Columbus	–	–	3

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

CarePoint East Family Medicine	Columbus	3	3	3
CarePoint East General Internal Medicine	Columbus	2	3	3
CarePoint Gahanna Family Medicine	Gahanna	2	3	2
CarePoint Lewis Center Primary Care	Lewis Center	3	3	2
General Internal Medicine	Dublin	4	4	2
General Internal Medicine & Geriatrics	Columbus	4	4	3
General Internal Medicine & Pediatrics	Columbus	3	4	3
General Internal Medicine & Pediatrics at Hilliard	Hilliard	1	3	3
OSU Family Practice at Bethel	Columbus	2	3	2
OSU Family Practice at Upper Arlington	Columbus	4	4	3
OSU Family Practice at Worthington	Worthington	3	3	2
OSU Primary Care at New Albany	New Albany	2	3	3
OSU Thomas E. Rardin Family Practice	Columbus	3	3	2
OSU Total Health & Wellness	Columbus	1	3	1

FEDERALLY QUALIFIED HEALTH CENTERS*

PrimaryOne Health	Multiple Locations	–	1	3
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*Federally qualified health centers provide healthcare services to low-income citizens and noncitizens who are medically underserved, underinsured, or uninsured.

6 STEPS TO WORKING BETTER WITH YOUR DOCTOR

People who feel that their physician listens to them and involves them in treatment decisions are more likely to get screened for conditions such as diabetes, cancer, and high cholesterol, and to get the vaccines they need, research suggests.

Of course, it's not always easy to find a doctor who listens. Here are six concerns that commonly crop up in the doctor-patient relationship, and what to do to make the relationship better:

PROBLEM 1

You Doctor Doesn't Listen

Maybe when you try to tell your doctor what's bothering you, she interrupts, without looking up from her chart or computer screen. Or she's all business, which makes it difficult for you to ask questions, or sticks to a checklist of yes-or-no questions that makes it difficult for you to mention all of your health concerns.

THE FIX Let your doctor know that you feel nervous about asking questions or that you can better focus on what she's saying if she faces you instead of the computer. And instead of relaying just your symptoms ("my head hurts"), tell a full story: Describe when the pain started, your activities at the time, and the physical sensations you're experiencing.

PROBLEM 2

Your Doctor Makes Decisions Without Your Input

Your doctor should always discuss the pros and cons of treatment options, then help you make an informed choice. That shared decision-making can increase

your chances of positive results because it boosts the likelihood that you'll stick with the treatment. Plus "your satisfaction level will be higher if you feel you've been a part of the decision," says John Santa, M.D., a medical adviser at Consumer Reports. "Your tolerance level, if things don't go well, will be better, too."

THE FIX If your doctor isn't receptive to your ideas, ask how the benefits and risks of his recommendations compare with your preferences. One helpful strategy: Ask whether you can have some time to think about his suggestions. A little breathing room will allow you to do some research so that you have a better handle on your options. Or if you'll be discussing a serious problem, take a family member along with you to the appointment.

PROBLEM 3

Your Doctor Discourages Second Opinions

Second opinions aren't needed for everyday concerns, but if you're facing a potentially serious condition, a diagnosis is unclear, the condition is quite rare, or a course of treatment isn't straightforward or may be risky, having someone else weigh in is wise. Although it's common to be concerned about second-guessing your doctor, remember that physicians consult colleagues all the time.

THE FIX Ask your doctor for her recommendation on who to see for a second opinion, suggests Orly Avitzur, M.D., Consumer Reports' medical director. Or if you have a particular healthcare provider in mind, run it by your current doctor to help get her onboard. When seeing the second doctor, be sure

to take relevant test results so that tests aren't duplicated. Insurance usually covers second (and even third) opinions, but always double-check before you go.

PROBLEM 4

The Doctor's Office Is Disorganized

Perhaps no one returns calls in a timely manner, it's difficult to get drug refills or test results, or the doctor always runs behind. "A disorganized office wastes your time, can result in poor care, and increases the likelihood of medical errors," says Marvin M. Lipman, M.D., Consumer Reports' chief medical adviser.

THE FIX Mention the problem to your doctor. She may be able to address concerns by having a staff member update patients on office wait times every 20 minutes, for instance. If the receptionist or office manager seems receptive, ask how to communicate efficiently—by secure email, perhaps—or whether you can book appointments and get test results and prescription refills via a patient portal. If you're tired of wasting time in the waiting room, try booking the first appointment of the day, or call the office before you go in for an appointment to get an estimate on wait times. And go out of your way to treat office staff well.

PROBLEM 5

You Feel Your Doctor Doesn't Respect You

Does your physician "scold" you about your weight or your sedentary lifestyle? Or do you think she's being patronizing because of your age?

THE FIX Keep in mind that you both have the same goal—your

health—and she may not realize how her behavior or delivery affects you, or understand how challenging a health problem may be for you. So let your doctor know that you feel criticized or dismissed. And if you're struggling with a problem—for example, quitting smoking—ask whether she can recommend extra support, such as a structured smoking cessation program.

PROBLEM 6

Your Doctor Withholds Information About Your Health

In some cases, a doctor may not fully discuss the costs or potential side effects of a medication or procedure, or may be uncomfortable about sharing bad news when a patient is dealing with a serious illness. Though some of us might feel overwhelmed by medical details or negative news, not having the entire picture may lead you to stop taking a vital drug or ignore her advice. "When patients believe in their doctor, they have better results," Santa says.

THE FIX Tell your doctor that you want to know about side effects, recovery periods, and more.

HOW TO TALK YOUR DOCTOR'S LINGO

As the patient, it's your right—and even your responsibility—to fully understand your diagnosis, your outlook, and the possible treatments in terms that are comprehensible. Here are a few tips to ensure that you and your doctor are speaking the same language.

- Take someone with you, especially if you will be talking about test results, treatments, or a hospital admission. A second pair of ears or, better yet, another mouth to ask questions, can be invaluable in such emotionally fraught situations.
- Take notes or ask

permission to record the conversation.

- Don't be intimidated. If there's something you don't understand, interrupt to ask for an explanation in plain language. (You are also legally entitled to an interpreter if you don't understand English.)
- Never nod your head

or give any other indication that you understand something if you really don't.

- Ask for references or online sources so that you can read up on the diagnosis or treatment.
- Repeat what you think you heard so that your doctor will know whether

you're both on the same page. That recap might be the most important tool you have to avoid miscommunication or misunderstanding.

- Leave the door open for anything you may have forgotten by saying, "If I have any questions, I will call or use the online patient portal."

ConsumerReports®



Healthcare Collaborative
of Greater Columbus

HEALTH

SPECIAL
REPORT FOR
**MAINE
RESIDENTS**



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS

**Ratings
of 139
Primary
Care Doctor
Groups in
the State**



**GUIDE TO
MAINE
PHYSICIANS
INSIDE**

HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

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In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Maine THE PROS AND CONS OF DOCTOR RATINGS

Maine's physician Ratings focus on how well doctors in the state care for people who have received a diagnosis of diabetes, heart disease,

or high blood pressure. And the Ratings have some strengths. For one, they are based on comprehensive measures established by two national accreditation organizations, Bridges to Excellence and the National Committee on Quality Assurance. "That makes the measures rigorous and respected," says John Santa, M.D., a consultant to Consumer Reports.

And physicians in the state have used the data to improve their care, especially when it comes to

managing patients with heart disease and diabetes, according to the Maine Health Management Coalition (MHMC), the nonprofit organization that gathers and reports physician data.

On the other hand, participation is voluntary, and only about half of the state's practices have elected to be rated. Plus results become public only if a clinic does well in the accreditation process. Only 22 of the 139 practices show scores for all three measures.

Still, the Ratings can help identify practices that provide top care: Twenty-one got a top score in at least two measures. Only three practices—Inland Family Care in Oakland, Inland Family Care in Waterville, and River Valley Internal Medicine in Rumford—earned top scores in all three.

In addition, the Ratings suggest areas in which doctors could be doing more. Notably, only 42 clinics are rated in controlling high blood pressure measure. That's

worrisome because that health problem is on the rise in Maine, yet federal statistics show that about one in five people with the condition don't receive a diagnosis.

That lack of information makes it difficult for patients to make informed choices when choosing doctors to treat the problem, says Andy Webber, president and CEO of MHMC. "We hope these Ratings will motivate doctors to take a more aggressive approach to the problem," he said.

WHAT'S BEHIND THE RATINGS?

These Ratings include information on 139 primary care doctors' offices in Maine, representing about half of those kinds of medical groups in the state. All of those practices voluntarily share their performance data. These Ratings are published with the Maine Health Management Coalition, a nonprofit organization that includes health insurers, hospitals, health plans, and doctors working together to measure and report healthcare value.

What Are the Clinics Rated On?

The practices are rated on three measures:

- 1. Diabetes Care** is based on how well the practice cares for people with diabetes by, for example, controlling blood glucose, blood pressure, and cholesterol levels, and whether it appropriately checks for complications of the disease such as eye disease, kidney disease, and sores on the feet.
- 2. Heart Disease Care** is based on how well the practice cares for people with heart disease by, for example, controlling cholesterol and blood pressure levels and prescribing low-dose aspirin and other medications to reduce the risks of heart attacks and strokes.
- 3. High Blood Pressure** is based on how well the practice diagnoses and treats high blood pressure by, for example, measuring it appropriately and checking for complications of the disease.

How Are the Scores Determined?

How well practices perform on those measures is vetted by either Bridges to Excellence or the National Committee on Quality Assurance, nonprofit organizations that accredit doctors, hospitals, and other healthcare organizations based on how well they follow established guidelines for care. Top-rated groups receive a 4 in that measure; those that get a 3 are "very good"; and those that get a 2 are "good." A Rating of "-" indicates that the group did not meet the standards of one of the accreditation groups, did not submit data for that measure, or had too few patients to be measured accurately.

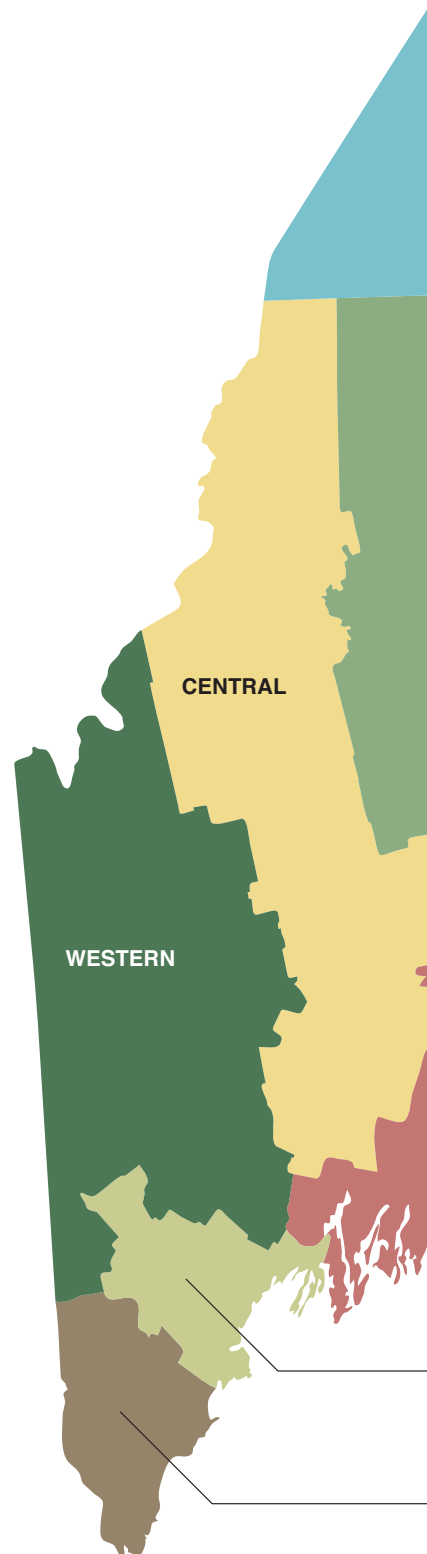
How Should I Use the Ratings?

Check the Ratings to see whether your doctor's medical group is listed and if so, how it compares with others in your area. The Ratings can help you compare and choose practices even if you don't have diabetes, heart disease, or high blood pressure, because how well a group performs in these areas may provide some information

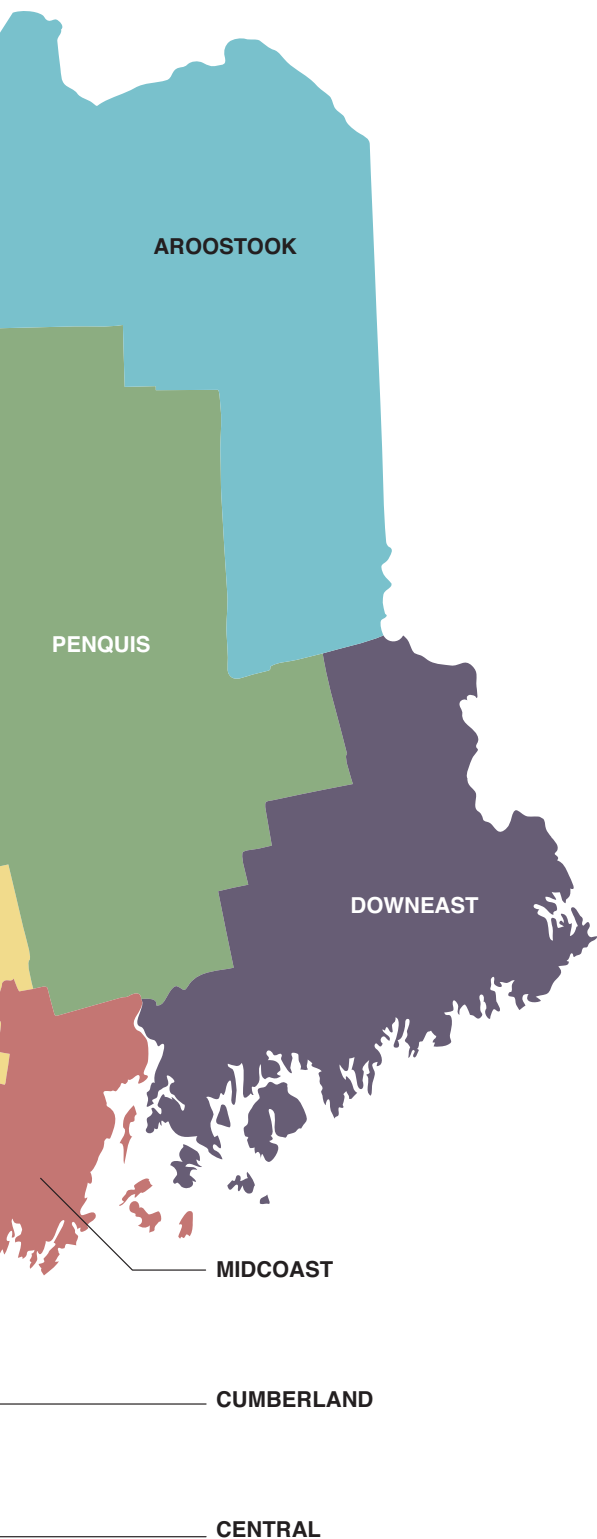
on how it performs overall. If your doctor's group is not listed, ask why not. Also ask your doctor whether he or she knows how the practice performed on those measures. Many have that information, even if they don't report it publicly.

Where Can I Find More Details?

Go to the website for the Maine Health Management Coalition, at getbettermaine.org, where you can find additional information on those and other measures. That includes how satisfied patients are with the practices based on how well the providers communicate with patients, how quickly patients get appointments, and other factors.



4 3 2 1
Higher performance ← → Lower performance



NAME	CITY	DIABETES CARE	HEART CARE	HIGH BLOOD PRESSURE
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AROOSTOOK

Fish River Rural Health - Eagle Lake	Eagle Lake	3	3	—
Fort Fairfield Health Center	Fort Fairfield	3	4	3
Pines Health Services - Caribou	Caribou	3	3	—
Pines Health Services - Fort Fairfield	Fort Fairfield	3	3	—
Pines Health Services - Presque Isle Health Center	Presque Isle	2	3	—
Pines Health Services - St. John Valley Health Center	Van Buren	3	3	—
Pines Washburn Health Center	Washburn	2	3	—
TAMC - Caribou Health Center	Caribou	3	—	4
TAMC - Mars Hill Health Center	Mars Hill	2	3	—
TAMC - Women's Health Care	Presque Isle	3	—	4

CENTRAL

Augusta Family Medicine	Augusta	2	2	—
Augusta Internal Medical Associates	Augusta	2	3	—
Belgrade Regional Health Center	Belgrade	2	2	—
Bingham Area Health Center	Bingham	2	3	—
Capital Family Practice	Augusta	2	3	—
DFD Russell Medical Center - Monmouth	Monmouth	3	3	—
Elmwood Primary Care	Waterville	2	2	—
Four Seasons Family Practice	Fairfield	2	2	—
Gardiner Family Medicine	Gardiner	2	2	—
Gene Cheng, M.D.	Augusta	3	3	—
Hallowell Family Practice	Hallowell	2	2	—
Inland Family Care - Downtown	Waterville	4	—	4
Inland Family Care - Fairfield	Fairfield	3	4	4
Inland Family Care - Madison/Skowhegan	Madison	3	4	4
Inland Family Care - North Anson	North Anson	3	—	4
Inland Family Care - Oakland	Oakland	4	4	4
Inland Family Care - Waterville	Waterville	4	4	4
Inland Medical Associates	Waterville	4	—	4
Inland Medical Associates - Internal Medicine	Waterville	4	—	4
Lovejoy Health Center	Albion	2	2	—
Maine Dartmouth Family Practice	Waterville	2	2	—



NAME	CITY	DIABETES CARE	HEART CARE	HIGH BLOOD PRESSURE
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CENTRAL continued

MaineGeneral Internal Medicine	Waterville	2	3	–
Mid-Maine Medicine - Vassalboro	North Vassalboro	2	2	–
Mid-Maine Medicine - Waterville	Waterville	2	2	–
Oakland Family Medicine	Oakland	2	2	–
Twin Pines Family Medicine	Oakland	3	2	2
Winthrop Family Medicine	Winthrop	2	2	–

CUMBERLAND

Bridgton Internal Medicine	Bridgton	3	4	3
Brunswick Family Medicine	Brunswick	3	–	2
Brunswick Primary Care	Brunswick	4	4	–
Falmouth Internal Medicine	Falmouth	2	–	3
Gray Family Health Center	Gray	3	4	4
InterMed Family Practice - Yarmouth	Yarmouth	3	4	–
InterMed Internal Medicine - Marginal Way	Portland	3	4	–
Maine Medical Partners - Cape Elizabeth - Internal Medicine	Cape Elizabeth	3	3	–
Maine Medical Partners - Falmouth - Internal Medicine	Falmouth	2	3	–
Maine Medical Partners - Lakes Region - Primary Care	Windham	2	3	–
Maine Medical Partners - Scarborough - Family Medicine	Scarborough	2	3	–
Maine Medical Partners - Scarborough - Internal Medicine	Scarborough	3	3	–
Maine Medical Partners - Westbrook - Family Medicine	Westbrook	3	3	–
Maine Medical Partners - Westbrook - Internal Medicine	Westbrook	3	3	–
Mark Braun, M.D.	Scarborough	2	3	–
Martin's Point Health Care - Brunswick	Brunswick	2	–	4
Martin's Point Health Care - Brunswick Bowdoin	Brunswick	2	4	3
Naples Family Practice	Naples	4	–	4
North Bridgton Family Practice	North Bridgton	3	3	3
Pondicherry Family Practice	Bridgton	4	–	4
Portland Community Health Center - Healthcare for the Homeless Program	Portland	2	3	–

NAME	CITY	DIABETES CARE	HEART CARE	HIGH BLOOD PRESSURE
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DOWNEAST

Arnold Memorial Medical Center	Jonesport	3	4	4
Community Health Center	Southwest Harbor	2	3	–
Cooper Gilmore Health Center	Bar Harbor	2	3	–

MIDCOAST

Donald S. Walker Health Center	Liberty	3	3	–
Full Circle Family Medicine	Damariscotta	2	3	–
Inland Family Care - Unity	Unity	3	4	4
Lifespan Family Healthcare	Newcastle	2	3	–
Lincoln Medical Partners - Family Medicine - Boothbay	Boothbay Harbor	3	3	–
Lincoln Medical Partners - Family Medicine - Damariscotta	Damariscotta	3	3	–
Lincoln Medical Partners - Family Medicine - Waldoboro	Waldoboro	2	2	–
Lincoln Medical Partners - Family Medicine - Wiscasset	Wiscasset	2	3	–
Lincoln Medical Partners - Internal Medicine	Damariscotta	2	3	–
Mid Coast Medical Group - Bath	Bath	2	3	–
Mid Coast Medical Group - Topsham - Internal Medicine	Topsham	3	3	–
Pen Bay Family Medicine Practice	Rockport	3	3	–
Pen Bay Internal Medicine	Rockport	3	3	–
Robert Laurence, M.D.	Rockport	3	3	–
Robert Merrill, M.D.	Rockport	3	3	–
Searsport Health Center	Searsport	2	2	–
Sheepscot Valley Health Center	Coopers Mills	2	2	–
Stockton Springs Regional Health Center	Stockton Springs	3	3	–
Topsham Family Medicine	Topsham	3	3	4
Waldo County Medical Partners Family Medicine	Belfast	2	3	–
Waldo County Medical Partners Family Practice	Belfast	3	3	–
Waldoboro Family Medicine	Waldoboro	3	3	–
Winterport Community Health Center	Winterport	3	3	–

NAME	CITY	DIABETES CARE	HEART CARE	HIGH BLOOD PRESSURE
PENQUIS				
Brewer Health Center	Brewer	4	4	–
Corinth Medical Associates	Corinth	2	2	–
Dexter Internal Medicine	Dexter	2	2	–
Dover-Foxcroft Family Medicine	Dover-Foxcroft	2	2	–
EMMC - Family Medicine in Brewer	Brewer	3	–	2
EMMC - Husson Family Medicine	Bangor	3	4	4
EMMC - Husson Internal Medicine	Bangor	3	3	4
Guilford Medical Associates	Guilford	2	2	–
Health Access Network - Millinocket	Millinocket	2	3	–
Health Access Network - Lincoln	Lincoln	2	2	–
Health Access Network - Medway	Medway	3	3	–
Helen Hunt Health Center	Old Town	2	3	–
Milo Family Practice	Milo	2	2	–
St. Joseph Family Medicine	Bangor	3	–	4
St. Joseph Family Medicine - Brewer	Brewer	3	–	3
St. Joseph Family Medicine - Hampden	Hampden	2	3	4

WESTERN

Bethel Family Health Center	Bethel	2	2	–
Central Maine Family Practice	Lewiston	4	4	3
Central Maine Internal Medicine	Lewiston	3	4	4
DFD Russell Medical Center - Turner	Turner	3	3	–
Elsmore Dixfield Family Medicine	Dixfield	4	–	4
Family Health Care Associates	Auburn	3	–	3
Franklin Health - Farmington Family Practice	Farmington	2	2	–
Franklin Health - Internal Medicine	Farmington	2	2	–
Franklin Health - Livermore Falls Family Practice	Livermore Falls	2	3	–
Fryeburg Family Medicine	Fryeburg	3	–	3
Knapp Family Practice	Livermore Falls	2	2	–

NAME	CITY	DIABETES CARE	HEART CARE	HIGH BLOOD PRESSURE
WESTERN continued				
Kurt M. Oswald, M.D.	Auburn	2	3	–
L-A Internal Medicine	Auburn	3	3	–
Lisbon Family Practice	Lisbon	3	4	4
Mechanic Falls Family Practice	Mechanic Falls	2	–	2
Minot Avenue Family Medicine	Auburn	4	–	3
Mt. Abram Health Center	Kingfield	2	2	–
Oxford Hills Internal Medicine Group	Norway	2	3	–
Pamela J. Wansker, D.O.	Greene	3	3	–
Poland Community Health Center	Poland	3	4	4
Poland Family Practice	Poland	2	3	–
Rangeley Family Medicine	Rangeley	2	2	–
Richard Kappelmann, M.D.	Lewiston	3	3	–
River Valley Internal Medicine	Rumford	4	4	4
Sacopee Valley Health Center	Porter	2	2	–
St. Mary's Center for Family Medicine at Mollison Way	Lewiston	3	3	–
St. Mary's Medical Associates	Lewiston	2	3	–
Strong Area Health Center	Strong	2	2	–
Swift River Family Medicine	Rumford	3	4	3

YORK

Galbraith Family Medicine LLC	Limerick	2	3	–
Martin's Point Health Care - Biddeford	Biddeford	2	–	2
Seacoast Medical Care	Biddeford	3	3	–
SMHC Family Medicine - Kennebunk	Kennebunk	2	3	–
SMHC Family Medicine - Saco	Saco	2	3	–
SMHC Family Medicine - Sanford	Sanford	2	3	–
SMHC Internal Medicine - Biddeford	Biddeford	2	3	–
SMHC Internal Medicine - Kennebunk	Kennebunk	2	3	–
SMHC Internal Medicine - Old Orchard Beach	Old Orchard Beach	2	3	–
SMHC Internal Medicine - Sanford	Sanford	2	3	–

6 STEPS TO WORKING BETTER WITH YOUR DOCTOR

People who feel that their physician listens to them and involves them in treatment decisions are more likely to get screened for conditions such as diabetes, cancer, and high cholesterol, and to get the vaccine shots they need, research suggests.

Of course, it's not always easy to find a doctor who listens. Here are six concerns that commonly crop up in the doctor-patient relationship, and what to do to make the relationship better:

PROBLEM 1

You Doctor Doesn't Listen

Maybe when you try to tell your doctor what's bothering you, she interrupts, without looking up from her chart or computer screen. Or she's all business, which makes it difficult for you to ask questions, or sticks to a checklist of yes-or-no questions that makes it difficult for you to mention all of your health concerns.

THE FIX Let your doctor know that you feel nervous about asking questions or that you can better focus on what she's saying if she faces you instead of the computer. And instead of relaying just your symptoms ("my head hurts"), tell a full story: Describe when the pain started, your activities at the time, and the physical sensations you're experiencing.

PROBLEM 2

Your Doctor Makes Decisions Without Your Input

Your doctor should always discuss the pros and cons of treatment options, then help you make an informed choice. That shared decision-making can increase your chances of positive results

because it boosts the likelihood that you'll stick with the treatment. Plus "your satisfaction level will be higher if you feel you've been a part of the decision," says John Santa, M.D., a medical adviser at Consumer Reports. "Your tolerance level, if things don't go well, will be better, too."

THE FIX If your doctor isn't receptive to your ideas, ask how the benefits and risks of his recommendations compare with your preferences. One helpful strategy: Ask whether you can have some time to think about his suggestions. A little breathing room will allow you to do some research so that you have a better handle on your options. Or if you'll be discussing a serious problem, take a family member along with you to the appointment.

PROBLEM 3

Your Doctor Discourages Second Opinions

Second opinions aren't needed for everyday concerns, but if you're facing a potentially serious condition, a diagnosis is unclear, the condition is quite rare, or a course of treatment isn't straightforward or may be risky, having someone else weigh in is wise. Although it's common to be concerned about second-guessing your doctor, remember that physicians consult colleagues all the time.

THE FIX Ask your doctor for her recommendation on who to see for a second opinion, suggests Orly Avitzur, M.D., Consumer Reports' medical director. Or if you have a particular healthcare provider in mind, run it by your current doctor to help get her onboard. When

seeing the second doctor, be sure to take relevant test results so that tests aren't duplicated. Insurance usually covers second (and even third) opinions, but always double-check before you go.

PROBLEM 4

The Doctor's Office Is Disorganized

Perhaps no one returns calls in a timely manner, it's difficult to get drug refills or test results, or the doctor always runs behind. "A disorganized office wastes your time, can result in poor care, and increases the likelihood of medical errors," says Marvin M. Lipman, M.D., Consumer Reports' chief medical adviser.

THE FIX Mention the problem to your doctor. She may be able to address concerns by having a staff member update patients on office wait times every 20 minutes, for instance. If the receptionist or office manager seems receptive, ask how to communicate efficiently—by secure email, perhaps—or whether you can book appointments and get test results and prescription refills via a patient portal. If you're tired of wasting time in the waiting room, try booking the first appointment of the day, or call the office before you go in for an appointment to get an estimate on wait times. And go out of your way to treat office staff well.

PROBLEM 5

You Feel Your Doctor Doesn't Respect You

Does your physician "scold" you about your weight or your sedentary lifestyle? Or do you think she's being patronizing because of your age?

THE FIX Keep in mind that you

both have the same goal—your health—and she may not realize how her behavior or delivery affects you, or understand how challenging a health problem may be for you. So let your doctor know that you feel criticized or dismissed. And if you're struggling with a problem—for example, quitting smoking—ask whether she can recommend extra support, such as a structured smoking cessation program.

PROBLEM 6

Your Doctor Withholds Information About Your Health

In some cases, a doctor may not fully discuss the costs or potential side effects of a medication or procedure, or may be uncomfortable about sharing bad news when a patient is dealing with a serious illness. Though some of us might feel overwhelmed by medical details or negative news, not having the entire picture may lead you to stop taking a vital drug or ignore her advice. "When patients believe in their doctor, they have better results," Santa says.

THE FIX Tell your doctor that you want to know about side effects, recovery periods, and more.

HEALTH

SPECIAL
REPORT FOR
**MASSACHUSETTS
RESIDENTS**



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS
**Ratings
of 339
Primary
Care Doctor
Groups in
the State**



**GUIDE TO
DOCTORS IN
THE BAY STATE**
INSIDE

HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

they all relate to important, widespread health problems and because how well physicians perform in those measures may provide some indication of their overall quality of care," says Jim Chase, president of MN Community Measurement, the Minnesota organization that has been collecting and reporting data on physician performance since 2003.

Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Bay State Doctors WHICH GROUP YOU CHOOSE CAN MAKE A BIG DIFFERENCE

Massachusetts boasts some of the country's most prestigious hospitals, medical groups, and doctors. In fact, 26 of the state's 339 medical practices earned top scores in all three of the measures included in the Ratings in this section.

But that doesn't mean that all patients across the state—or even in the same town—benefit equally from the same quality of healthcare. One example: North Shore Physicians Group has two practices in Salem,

about an hour north of Boston. One gets a top score for cervical cancer screening, but about a third of a mile away the group's second practice performs less well on the same measure.

There are also some differences between the quality of the care provided in the eastern and western parts of the state. Practices in the four western counties—Berkshire, Franklin, Hampden, and Hampshire—did not perform as well in these Ratings as did those in the

rest of the state.

For example, more than half of the practices statewide earned top marks for cervical cancer screening, but not one of them was in western Massachusetts.

Barbra Rabson, president and CEO of Massachusetts Health Quality Partners, the nonprofit organization that has publicly reported on physician performance in the state since 2005, points out that the state performs better than the national average on these

and other measures of physician performance. Still, she says, "We want to better understand what challenges residents and providers in this rural part of the state face."

"We believe that making healthcare data transparent drives improvements in patient care," Rabson says. "Providers and patients have benefited from the steady improvement and narrowing of differences between regions over time."

WHAT'S BEHIND THE RATINGS?

These Ratings include information on 339 primary care doctors' offices in Massachusetts that are affiliated with the five largest commercial health insurance plans in the state: Blue Cross Blue Shield of Massachusetts, Fallon Health, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan.

Those plans represent more than 90 percent of the primary care physicians in Massachusetts.

The Ratings are published in conjunction with the Massachusetts Health Quality Partners (MHQP), a nonprofit coalition of physicians, hospitals, health plans, purchasers, patient and public representatives, academics, and government agencies.

What Are the Practices Rated On?

Practices are rated on three measures:

- 1.** Cervical Cancer Screening is based on the percentage of women ages 24 to 64 who were appropriately screened for cervical cancer.
- 2.** Colon Cancer Screening reflects the percentage of adults ages 50 to 75 who had appropriate screening for colorectal cancer.
- 3.** Heart Care refers to the percentage of adults who received a diagnosis of heart disease, and received blood pressure drugs and the appropriate follow-up care.

How Are the Scores Determined?

The Ratings are divided into three categories. Top-rated practices are in the top 20 percent and earn a 3; those in the middle earn a 2; and those with a 1 are in the bottom 20 percent. (Practices that receive a “-” do not have enough data to publicly report.)

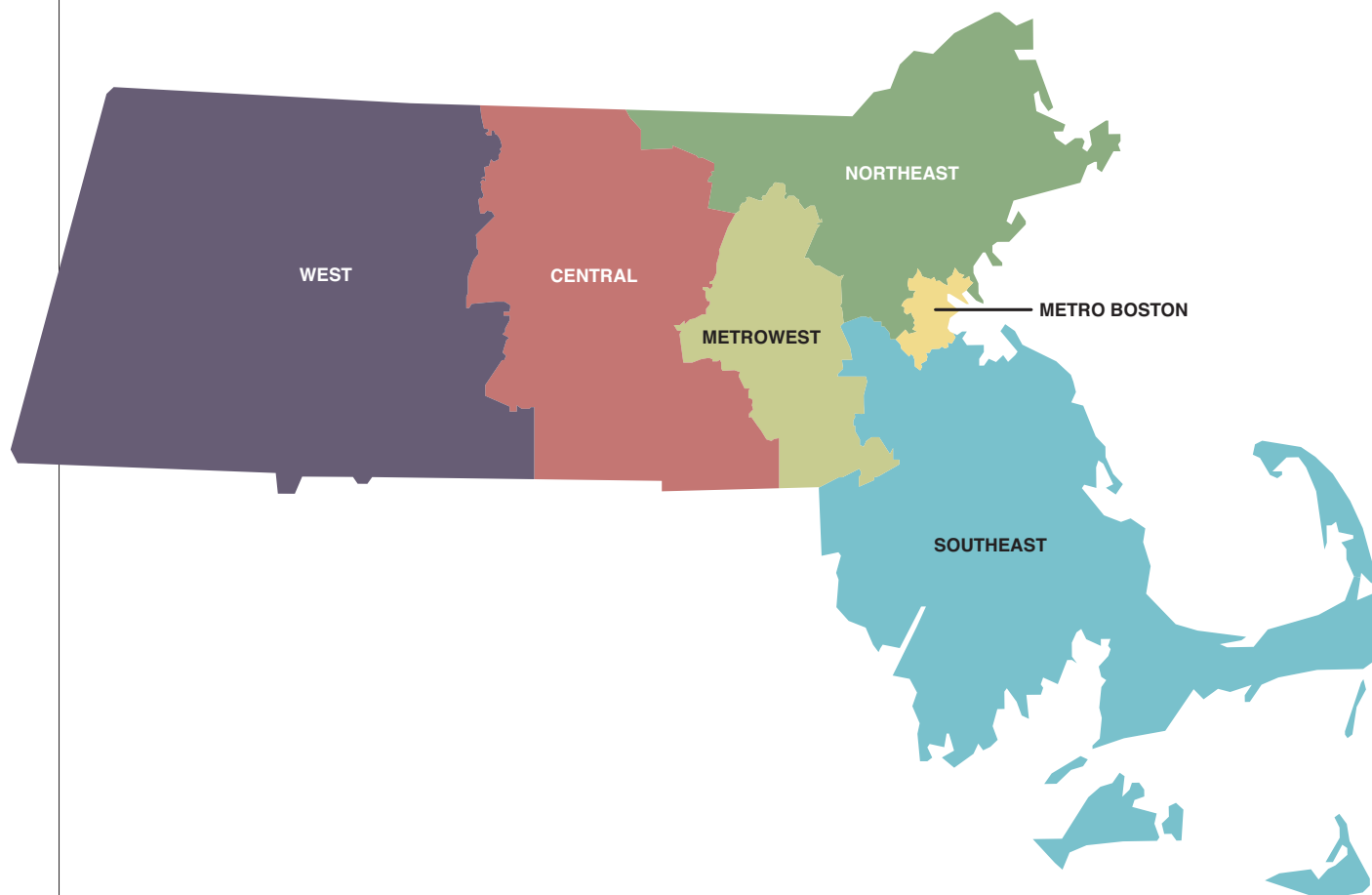
How Should I Use the Ratings?

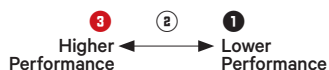
Check the Ratings to see whether your doctor's practice is listed and if so, how it compares with others in your area. If your doctor's group is not listed, ask how the group performs on these measures.

Some doctors know that and should be willing to share it with you.

Where Can I Find More Details?

These Ratings look at three measures, so they don't provide a complete picture of a practice's performance. For more information on them, go to Healthcare Compass, at healthcarecompassma.org. It has an online version of these Ratings plus information on other measures of adult and pediatric care, including results from the MHQP's annual Patient Experience Survey, which reports on factors such as how well patients say doctors communicate with them and coordinate their care.





NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
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NORTHEASTERN MASSACHUSETTS

MERRIMACK VALLEY

Chelmsford Family Practice PC (North Chelmsford)	3	3	1
Chelmsford Primary Care	2	2	2
Family Care Center - Tewksbury	3	2	2
Greater Lawrence Family Health Care	1	2	–
Harvard Vanguard Billerica	2	2	2
Harvard Vanguard Chelmsford	3	3	3
Lahey Health Primary Care - Amesbury	3	2	3
Lahey Health Primary Care - Billerica	3	2	3
Merrimack Family Medicine (Tewksbury)	3	3	2
Merrimack Valley Internal Medicine Associates (North Chelmsford)	2	3	2
Mill City Medical Group (Lowell)	3	3	2
New England Medical Group (Andover)	3	2	–
Pentucket Medical Associates - Haverhill	3	2	3
Pentucket Medical Associates - Newburyport	2	2	3
Pentucket Medical Associates - RiverWalk (Lawrence)	3	3	3
Riverside Medical Group (Lowell)	3	2	2

NORTH SHORE

140 Commonwealth Avenue, Danvers	3	2	2
Addison Gilbert - Gloucester	3	2	–
Beacon Family Medicine (Beverly)	3	2	2
Cape Ann Medical Center (Gloucester)	2	1	3
Cummings Center, Beverly	3	2	2
Family Doctors (Swampscott)	2	2	2
Family Medicine Associates - Beverly	3	2	–
Family Medicine Associates - Hamilton	3	2	2
Family Medicine Associates - Manchester	3	2	3
Harvard Vanguard Beverly	3	2	3
Harvard Vanguard Peabody-Lynnfield	3	2	2
Internal Medicine Physicians of the North Shore LLC (Peabody)	3	2	2
Lahey Health Primary Care - Beverly	3	3	3
Lahey Health Primary Care - Hamilton/Wenham (South Hamilton)	2	2	2
Lahey Health Primary Care - Ipswich	2	3	3
Lahey Health Primary Care - Peabody	2	2	3
Lynn Community Health Center	1	1	–
Middleton Family Medicine Urgent Care LLC	3	2	2
North Shore Physicians Group - Beverly	3	2	–
North Shore Physicians Group - Danvers	3	2	2
North Shore Physicians Group - Endicott (Danvers)	3	3	2
North Shore Physicians Group - Lynn	2	2	2
North Shore Physicians Group - Marblehead	3	2	–
North Shore Physicians Group - No. Danvers	3	2	–
North Shore Physicians Group - Peabody	2	3	3
North Shore Physicians Group - 331 Highland (Salem)	1	2	2
North Shore Physicians Group - 400 Highland (Salem)	3	2	2
North Shore Physicians Group - Saugus	3	2	–

NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
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MIDDLESEX

Beth Israel Deaconess Healthcare - Lexington	3	2	1
Blackwell Family Medicine (Westford)	3	3	–
Family Care Center - Stoneham	3	2	2
Groton Medical Associates	2	1	2
Harvard Vanguard Burlington	3	2	2
Harvard Vanguard Concord	3	2	2
Harvard Vanguard Woburn	2	2	2
Lahey Health Primary Care - Burlington	2	2	2
Lahey Health Primary Care - Lexington	2	2	3
Lincoln Physicians	2	2	1
Mount Auburn Healthcare at Lexington	2	2	–
North Suburban Cardiology Associates PC (Stoneham)	–	2	2
Reading Internal Medicine	3	2	2
Westford Internal Medicine	3	2	3

NORTHEAST BOSTON SUBURBS

Everett Family Care	2	2	3
Hallmark Health Medical Associates - 178 Savin Street (Malden)	2	2	2
Harvard Vanguard Medford	2	3	3
Malden Family Medicine	2	1	2
Mass General Revere HealthCare Center - Adult (Revere)	2	2	1
Revere Family Health Center	1	2	–

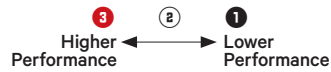
NORTHWEST BOSTON SUBURBS

Beth Israel Deaconess Healthcare - Chestnut Hill	3	3	2
Brigham and Women's Physician Group (Chestnut Hill)	3	3	2
Brigham Primary Care at Newton Corner	3	3	2
BWH Fish Center for Women's Health (Chestnut Hill)	3	3	2
Family Practice Group (Arlington)	2	2	–
Harvard Vanguard Chestnut Hill-West Roxbury	3	3	2
Harvard Vanguard Watertown	2	3	1
Lahey Health Primary Care - Arlington	2	2	2
Mass General West Medical Group - Adult (Waltham)	3	2	3
Mount Auburn Healthcare at Arlington	3	2	–
Mount Auburn Healthcare at Waltham	3	2	–
Mount Auburn Medical Associates (Watertown)	3	2	–
Newton Wellesley Internists (Newton)	3	3	3
Newton Wellesley Primary Care (Newton)	3	3	3
Newton-Wellesley Physicians - Family Medicine, Waltham	2	1	2
Primary Care Associates (Waltham)	3	3	–
SMG Newton Primary Care	3	3	2
SMG Watertown Primary Care & OB/GYN	3	2	–
Waverley Primary Care (Belmont)	3	2	–

METRO BOSTON

BOSTON CENTRAL

Beth Israel Deaconess Healthcare - Boston	3	2	2
Beth Israel Deaconess Healthcare Associates	2	3	2
Boston University Family Medicine	2	1	–



NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
Brigham Circle Medical Associates	3	2	2
Bulfinch Medical Group	3	3	2
Evans - General Internal Medicine	2	2	2
Fenway Community Health Center	2	2	2
Harvard Vanguard Copley	3	3	2
Harvard Vanguard Kenmore	2	3	2
Harvard Vanguard Post Office Square	3	3	2
Internal Medicine Associates at MGH - Team 1	2	3	3
Internal Medicine Associates at MGH - Team 2	3	3	3
Internal Medicine Associates at MGH - Team 3	3	2	2
Mass General Medical Group (MGMG)	2	3	2
MGH Back Bay	3	2	–
MGH Beacon Hill	2	2	2
MGH Downtown	3	3	–
MGH Women's Health Associates	2	2	2
North End Waterfront Health	3	2	–
South Cove Community Health Center (Adult)	3	3	2
The Phyllis Jen Center for Primary Care (BIMA)	2	3	2
Tufts Medical Center Adult Internal Medicine	3	3	2

BOSTON NEIGHBORHOODS

Bowdoin Street Health Center (Dorchester)	2	2	–
Brigham and Women's Advanced Primary Care Associates, South Huntington	2	3	–
Brigham and Women's Faulkner Community Physicians at West Roxbury	2	3	2
Brigham and Women's Faulkner Hospital (Jamaica Plain)	2	2	2
Brookside Community Health Center (Jamaica Plain)	3	2	–
Codman Square Health Center (Dorchester)	2	1	3
Dorchester House Multi-Service Center	2	2	2
East Boston Neighborhood Health Center	2	2	2
MGH Charlestown HealthCare Center - Adult	2	2	2
Neponset Health Center (Dorchester)	3	2	–
SMG Brighton Internal Medicine (Brighton)	3	3	–
South Boston Community Health Center	1	1	1
Southern Jamaica Plain Health Center	3	2	–
St. Elizabeth's Health Care at Brighton Marine (Brighton)	3	3	–
Stanton Medical (Brighton)	3	2	3
Upham's Corner Health Center (Dorchester)	1	1	–

GREATER BOSTON

Belmont Medical Associates (Cambridge)	2	3	2
Beth Israel Deaconess Healthcare - Chelsea	3	2	2
Beth Israel Deaconess Healthcare - Pastor Medical Group (Brookline)	3	3	2
Beth Israel Deaconess Healthcare - Washington Square Group (Brookline)	3	3	1
Brigham and Women's Primary Care Associates of Brookline	2	3	3
Broadway Health Center (Somerville)	2	2	–
Cambridge Family Health	3	2	1
Cambridge Health Alliance Primary Care Center	2	2	–
Cambridge Medical Associates	2	2	–

NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
Hallmark Health Medical Associates - 645 Broadway (Somerville)	2	1	–
Harvard Vanguard Cambridge	3	3	2
Harvard Vanguard Somerville	3	3	3
Komer, Edalji, and Komer (Brookline)	3	3	3
Marino Center for Integrative Health (Cambridge)	3	2	–
MGH Chelsea HealthCare Center - 151 Everett - Adult	2	2	2
Physician Associates at Mount Auburn Hospital (Cambridge)	3	3	–
Primary Care Center (Cambridge)	2	2	–
Reservoir Medical Associates (Cambridge)	3	3	3
Union Square Family Health Center (Somerville)	1	1	–
Windsor Street Health Center (Cambridge)	2	2	–

METROWEST

Acton Medical Associates	3	2	2
Bellingham Medical Associates	3	2	2
Beth Israel Deaconess Family Medicine of Medfield	3	2	–
Beth Israel Deaconess Healthcare - Wayland	3	3	2
Brigham Primary Care at Foxborough	3	2	2
Charles River Medical Associates - Framingham	2	3	3
Charles River Medical Associates - Marlborough	3	2	3
Charles River Medical Associates - Natick	2	2	2
Franklin Family Practice	3	2	2
Franklin Primary Care	3	2	2
Harvard Primary Care	3	3	–
McGrath Medical Group (Milford)	3	2	3
Medical Associates of Greater Boston (Natick)	2	2	2
MetroWest Internal Medicine (Framingham)	3	3	2
Pondville Medical Associates (Norfolk)	3	3	–
Primary Care Physicians (Milford)	3	2	3
Reliant Medical Group - Milford	2	2	2
Reliant Medical Group - Westborough	3	3	3
Shrewsbury Family Medicine - 24 Julio Drive	2	2	2
Shrewsbury Family Medicine - 604 Main Street	3	3	–
Shrewsbury Internal Medicine	3	2	2
Shrewsbury Primary Care	3	3	2
SMG Chestnut Green Family Medicine (Foxborough)	3	2	–
Southboro Medical Group - Framingham	3	2	2
Southboro Medical Group - Southboro	3	2	3
Steward Medical Group - Foxboro Family & Internal Medicine	3	2	1
Westborough Adult and Pediatric Medicine	3	3	3
Westborough Internal Medicine	3	3	3

SOUTHEASTERN MASSACHUSETTS NORFOLK COUNTY

Associates in Internal Medicine (Norwood)	2	3	2
Beth Israel Deaconess Family Medicine Center (Needham)	3	3	–
Beth Israel Deaconess Healthcare - Milton Landing	3	2	–
Beth Israel Deaconess Healthcare - Needham	3	3	2

NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
Beth Israel Deaconess Healthcare - Needham Village	3	2	–
Beth Israel Deaconess Healthcare - Sharon	3	2	–
Boston University Affiliated Physicians - Norwood Group (Canton)	2	2	2
Cohasset Family Practice - Healthcare South	3	2	2
Compass Medical - Braintree	3	3	3
Compass Medical - Quincy	3	3	–
Dedham Medical Associates - Dedham	3	2	2
Dedham Medical Associates - Norwood	2	3	3
Family Medical Associates PC (Canton)	2	2	3
Granite Medical (Quincy)	3	3	3
Harbor Medical Associates - Family Practice/Stetson (South Weymouth)	2	2	–
Harbor Medical Associates - Stetson (South Weymouth)	3	3	2
Harvard Vanguard Braintree	3	3	2
Harvard Vanguard Quincy	3	3	2
Harvard Vanguard Wellesley	3	3	2
Manet Community Health Center (Quincy)	2	1	–
Newton-Wellesley Physicians - Family Medicine, Walpole	3	2	2
Newton-Wellesley Physicians - Primary Care at 372 Washington Street, Wellesley Hills (Wellesley)	3	2	2
Primary Care of Wellesley	3	2	3
SMG Primary Care and Specialists at Crown Colony (Quincy)	1	2	–
South Shore Internal Medicine Associates (Milton)	2	3	2
Tufts Medical Center Primary Care-Quincy	1	2	3
Visions Medical Center (Dedham)	3	2	–
Wellesley Family Care Associates	3	2	2

PLYMOUTH COUNTY

Compass Medical - Abington	3	2	3
Compass Medical - East Bridgewater Family Medicine	3	2	3
Compass Medical - East Bridgewater Internal Medicine	3	3	3
Compass Medical - Middleborough	2	2	3
Harbor Medical Associates - Pembroke	3	2	3
Harbor Medical Associates - Scituate	3	3	2
Jordan Physician Associates (Plymouth)	2	2	–
Plymouth Carver Primary Care - Plymouth	2	3	2
PMG Physician Associates PC - Cordage Suite 211 (Plymouth)	1	2	2
PMG Physician Associates PC - Court Street (Plymouth)	2	2	3
PMG Physician Associates PC - Kingston	2	2	3
PMG Physician Associates PC - Pinehills (Plymouth)	2	2	2
Pulmonary & Primary Care Association of Plymouth	3	2	2
Signature Medical Group - 110 Liberty St. (Brockton)	2	3	3
Signature Medical Group - 545 Bedford St. (Bridgewater)	3	3	3
SMG Bridgewater Internal Medicine (Whitman)	3	3	2
SMG Brockton	2	2	3
SMG Brockton Internal Medicine - Suite 1000	2	3	2
SMG Brockton Internal Medicine - Suite 1400	2	3	3

SMG Brockton Internal Medicine - Suite 2200	2	2	1
South Shore Medical Center - Kingston	3	2	3
South Shore Medical Center - Norwell	3	3	3
Southcoast Physicians Group - Rosebrook (Wareham)	3	3	2

BRISTOL COUNTY

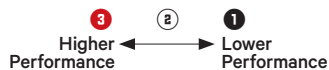
Compass Medical - Easton Family Medicine	3	3	3
Compass Medical - Easton Internal Medicine	3	2	3
Compass Medical - Taunton	2	3	3
Family Medicine Associates of South Attleboro	3	3	2
Hawthorn Medical Associates (Dartmouth)	3	2	3
Prima CARE (Fall River)	2	2	2
Prima CARE - 277 Pleasant Street (Fall River)	2	2	3
Prima CARE - 289 Pleasant Street (Fall River)	1	2	2
Prima CARE - GAR Highway (Somerset)	1	1	3
Prima CARE - Millview Medical Associates (Fall River)	3	2	2
Signature Medical Group - 1215 Broadway (Raynham)	2	2	2
Southcoast Physicians Group - Borden Medical Fall River	2	3	2
Southcoast Physicians Group - Family Medicine Group (Fall River)	2	2	2
Southcoast Physicians Group - Internal Medicine & Cardiology Associates Fall River	2	2	3
Southcoast Physicians Group - Internal Medicine & Cardiology Associates Westport	2	2	–
Southcoast Physicians Group - Mattapoisett (Fairhaven)	3	3	3
Southcoast Physicians Group - Swansea Family Practice	2	2	2
Southcoast Physicians Group - Truesdale Medical (Fall River)	3	3	3
Sturdy Memorial Hospital & Associates (Attleboro)	2	2	2
Trinity Family Medicine (North Easton)	3	2	3
Tristan Medical PC (Raynham)	–	3	3

CAPE & ISLANDS

Brewster Medical Associates	3	3	1
Community Health Center of Cape Cod (Mashpee)	3	2	–
Emerald Physicians (Hyannis)	3	2	3
Martha's Vineyard Hospital (Oak Bluffs)	2	2	2
Nantucket Cottage Hospital	1	1	–
Nauset Family Practice (Orleans)	3	3	–
Outer Cape Health Services, Wellfleet	3	2	3
PMG Physician Associates PC - Bourne Family Practice	3	2	3
Primary Care Internists (Hyannis)	2	3	–
Sandwich Medical Group	3	3	–

CENTRAL MASSACHUSETTS**NORTH CENTRAL**

Barre Family Health Center	2	2	2
Chair City Family Medicine (Gardner)	3	3	2
Chair City Family Medicine at Umass (Gardner)	3	2	2
Family Medical & Maternity Care PC (Leominster)	2	2	3



NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
Fitchburg Adult Medicine	2	2	2
Fitchburg Family Medicine	2	2	–
Meetinghouse Family Practice (Westminster)	3	2	2
Montachusett Internal Medicine (Leominster)	3	2	–
North Quabbin Family Practice (Athol)	2	2	3
Reliant Medical Group - Leominster	3	3	3
Sterling Family Medicine	3	3	–
Yogendra K. Thaker, M.D. (Athol)	1	1	–

METRO WORCESTER

Auburn Internal Medicine	3	3	–
Benedict Internal Medicine (Worcester)	3	3	2
Chadwick Square Internal Medicine (Worcester)	2	2	2
Drs. DeLacey, Rozak & Young (Auburn)	2	2	3
Family Health Center of Worcester	1	1	–
Family Medicine University - Benedict (Worcester)	2	2	1
Grove Medical Associates (Auburn)	3	3	3
Hahnemann Family Health Center (Worcester)	3	2	–
Hahnemann Medical Group (Worcester)	3	3	2
Harrington HealthCare at Charlton	2	2	3
Harrington Hospital PHO (Southbridge)	2	2	3
Harrington Physician Services (Southbridge)	2	2	2
Inter Med Associates (Webster)	1	2	2
Lincoln Primary Care (Worcester)	3	3	–
Primary Physician Partners (Worcester)	3	2	2
Reliant Medical Group - Auburn	3	3	2
Reliant Medical Group - Grove St. (Worcester)	2	2	2
Reliant Medical Group - Holden	2	3	2
Reliant Medical Group - Lake Avenue North (Worcester)	3	3	3
Reliant Medical Group - May Street (Worcester)	2	3	3
Reliant Medical Group - Plantation Street (Worcester)	3	3	3
Reliant Medical Group - Webster	3	3	3
Reliant Medical Group at Worcester Medical Center (Worcester)	1	2	–
St. Vincent Medical Group (Worcester)	3	2	2
West Boylston Family Medicine	2	2	1
West Brookfield Family Practice	1	1	–
Worcester Internal Medicine, Lincoln Street	2	2	–

BLACKSTONE VALLEY

Blackstone Valley Family Physicians (Northbridge)	2	2	2
Grafton Internal Medicine	2	3	2
Millbury Internal Medicine	3	3	2
Reliant Medical Group - Millbury	3	3	3
Sutton Internal Medicine	2	2	–
Tri-County Internal Medicine (Mendon)	3	2	2
Tri-River Family Health Center - Internal Medicine (Uxbridge)	2	2	1

WESTERN MASSACHUSETTS

FRANKLIN COUNTY

Baystate Medical Practices Greenfield Family Medicine	2	2	–
Connecticut River Internists, LLP (Turners Falls)	2	3	1

NAME	CERVICAL CANCER SCREENING	COLON CANCER SCREENING	HEART CARE
Greenfield Health Center	2	2	2

HAMPDEN COUNTY

Baystate Medical Practices East Longmeadow Adult Medicine	2	2	2
Baystate Medical Practices Northern Edge Adult Medicine (Springfield)	2	3	2
Baystate Medical Practices West Side Adult Medicine (West Springfield)	2	2	1
Baystate Medical Practices Wilbraham Adult Medicine	2	2	1
Baystate Wing Hospital - Palmer Medical Center	1	1	–
Cardiology & Internal Medicine Associates (Springfield)	1	2	2
Chestnut Medical Associates (Springfield)	2	3	2
Endocrine Associates of Western Massachusetts (Springfield)	1	2	1
Family Medicine Associates - Westfield	1	2	1
Mercy Medical Group DBA Hampden County Physicians - East Longmeadow	1	2	3
Mercy Medical Group DBA Hampden County Physicians - Feeding Hills	2	2	–
Mercy Medical Group DBA Hampden County Physicians - Ludlow	2	2	2
Mercy Medical Group DBA Hampden County Physicians - Springfield	2	2	2
Noble Medical Group - Southwick	2	2	2
Orchard Medical (Springfield)	2	3	–
Riverbend Medical Group - Agawam	2	2	2
Riverbend Medical Group - Chicopee	2	2	2
Riverbend Medical Group - Springfield	2	2	2
Riverbend Medical Group - Westfield	2	2	3
Springfield Medical Associates	2	2	2
Valley Medical Associates (Springfield)	2	2	1
Western Mass. Physicians Associates - Holyoke Associates in Internal Medicine	1	2	1
Westfield Medical Corporation	2	2	1

HAMPSHIRE COUNTY

Amherst Medical Center	2	2	1
Baystate Medical Practices Pioneer Valley Family Medicine (Northampton)	2	2	2
Baystate Medical Practices Quabbin Adult Medicine (Belchertown)	1	2	2
Baystate Medical Practices South Hadley Adult Medicine	2	2	2
Cooley Dickinson Medical Group (Northampton)	2	2	2
Easthampton Health Center	2	2	2
Elm Street Adult Medicine (Northampton)	–	3	2
Hilltown Community Health Centers (Worthington)	1	2	2
Northampton Health Center (Florence)	1	2	2
University Health Services (Amherst)	1	3	–

BERKSHIRE COUNTY

Adams Internists	1	3	3
Berkshire Medical Group (Pittsfield)	1	2	2
Family Practice Associates (Pittsfield)	1	2	1
Lee Family Practice PC	1	1	–
Northern Berkshire Family Health of Berkshire Medical Center (North Adams)	1	2	–
Williamstown Medical Associates - ACC North Adams	2	2	2

HEALTH

SPECIAL
REPORT FOR
**WASHINGTON
RESIDENTS**



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS
**Ratings
of 294
Primary
Care Doctor
Clinics in
the State**



**GUIDE TO
WASHINGTON
PHYSICIANS**
INSIDE

HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

they all relate to important, widespread health problems and because how well physicians perform in those measures may provide some indication of their overall quality of care," says Jim Chase, president of MN Community Measurement, the Minnesota organization that has been collecting and reporting data on physician performance since 2003.

Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Washington SERVING DIVERSE PATIENTS

The Ratings of Washington state's medical clinics include information on doctors in 14 of the state's 39 counties.

The quality of care provided by those groups can vary, even among practices near each other.

For example, at Group Health's Poulsbo Medical Center, 93 percent of people with diabetes received the right follow-up test. By contrast, at The Doctors Clinic, less than a minute's walk away, 80 percent of the diabetic patients got the right test.

Similarly, more than nine out of 10 patients with high cholesterol at Valley Medical Group - Lake Sawyer Primary Care, in Maple Valley, were prescribed a generic statin drug rather than a more expensive

brand-name drug, compared with just three-quarters of patients at nearby MultiCare Maple Valley Clinic.

Some variation depends on patients seen. Overall, practices with mostly Medicaid patients didn't score as well as other practices: Though 20 percent of clinics received a top rating for cervical cancer screening, only 4 percent of clinics that served many Medicaid patients scored high on that measure.

That's understandable,

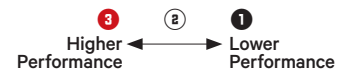
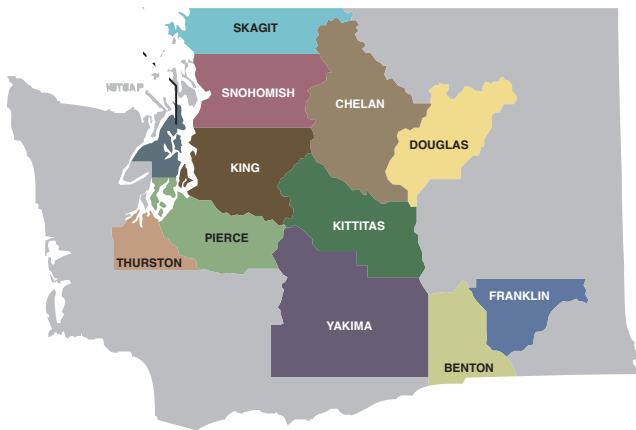
says John Gallagher, director of communication and development at the Washington Health Alliance, the nonprofit organization in the state that has gathered physician data since 2008.

He points out that "Medicaid patients are often contending with a range of socioeconomic issues that can pose challenges for their treatment."

Still, a few clinics with large Medicaid populations did excel. In fact, four such practices

earned a top score in at least two measures: Group Health - Lidgerwood Medical Center in Spokane; MultiCare Tacoma Family Medicine in Tacoma; Pacific Medical Centers - Northgate, in Seattle; and PeaceHealth Medical Group Cordata, in Bellingham.

"This shows that it's possible to provide high-quality care to a Medicaid population," Gallagher says. "We hope these Ratings will help motivate all clinics to reach that level."



WHAT'S BEHIND THE RATINGS?

These Ratings include information on clinics in 14 of the state's 39 counties. Altogether, 294 clinics are included, out of about 700 in the state with at least four providers. These Ratings are published in conjunction with the Washington Health Alliance. That nonprofit, which includes public and private employers, unions, insurers, hospitals, doctor groups, patients, and others, has gathered and reported data on physician performance since 2008.

What Are the Clinics Rated On?

The clinics are rated on these measures:

1. Cervical Cancer Screening is based on the percentage of women 21 to 64 who had a Pap test in the past three years, or women 30 to 64 who had Pap and HPV tests every five years.
2. Diabetes Care is based on the percentage of patients ages 18 to 75 with diabetes whose long-term blood sugar levels were appropriately tested at least once during the measurement period.
3. High Cholesterol is based on the percentage of prescriptions for cholesterol-lowering statin

drugs that were filled with a generic medication rather than a brand-name drug.

How Are the Scores Determined?

The Ratings are divided into three categories, with 3 being better. Scores are based on state averages. Top-rated clinics are better than average. Those in the middle are average, and those at the bottom are worse than average.

How Should I Use the Ratings?

Check the map to see if you live in one of the counties in the Ratings. If so, compare your clinic to others in your area.

Where Can I Find More Information?

Go to the website for the Washington Health Alliance, at wacommunitycheckup.org, for an online version of these Ratings plus more on how the clinics compare on other measures, including screening for colon and breast cancers, and caring for children. The website also offers advice on how to compare hospitals and what to look for in a primary care provider.

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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BENTON

Kadlec Clinic - Kennewick Primary Care	Kennewick	2	-	3
Kadlec Clinic - Pasco Primary Care	Pasco	1	2	3
Kadlec Clinic - Richland Primary Care	Richland	1	2	2
Kadlec Clinic - South Richland Primary Care	Richland	1	1	1
Kadlec Clinic - West Richland Primary Care	West Richland	2	2	2
Kadlec Inland Cardiology	Richland	-	2	1
North Richland Immediate Care Clinic	Richland	1	1	1
Three Rivers Family Medicine	Richland	2	2	3
Trios Care Center at deBit	Kennewick	2	2	2

CHELAN

Cascade Medical Center	Leavenworth	2	-	1
Central Washington Hospital	Wenatchee	1	-	3
Confluence Health - Central Washington Hospital and Clinics	Wenatchee	2	-	1
Confluence Health - Wenatchee Valley Hospital and Clinics	Wenatchee	1	1	2
Confluence Health - Wenatchee Valley Hospital and Clinics - Haug Building	Wenatchee	2	-	3
Lake Chelan Clinic	Chelan	1	-	1
Wenatchee Medical and Dental	Wenatchee	2	-	3
Wenatchee Valley Medical Center PS Cardiology	Wenatchee	-	1	1

DOUGLAS

Confluence Health - East Wenatchee Clinic	East Wenatchee	1	2	2
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FRANKLIN

Lourdes West Pasco	Pasco	2	-	3
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KING

Bastyr Center for Natural Health	Seattle	2	2	2
Bellevue Family Medicine Associates	Bellevue	2	-	1
Cardiac Study Center - Covington - Northwest Physicians Network	Covington	-	2	1
Cardiovascular Consultants - Federal Way - Northwest Physicians Network	Federal Way	-	2	1
Cardiovascular Consultants - Northwest Physicians Network	Auburn	-	2	1
Center for Women's Health at Evergreen	Kirkland	3	-	1
Country Doctor Community Clinic	Seattle	2	-	3
Eastside Family Medicine Clinic	Bellevue	3	2	1
EvergreenHealth Cardiology Care	Kirkland	-	2	2
EvergreenHealth Internal Medicine and Primary Care	Kirkland	2	3	3
EvergreenHealth Primary Care - Kenmore	Kenmore	1	-	1
EvergreenHealth Primary Care - Redmond	Redmond	2	2	2

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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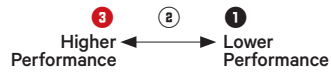
KING continued

EvergreenHealth Primary Care - Woodinville	Woodinville	2	2	2
FamilyCare of Kent	Kent	3	-	1
Franciscan Medical Clinic - Burien	Burien	2	-	3
Franciscan Medical Clinic - Des Moines	Des Moines	1	-	1
Franciscan Medical Clinic - Enumclaw	Enumclaw	1	1	1
Franciscan Medical Clinic - Federal Way	Federal Way	2	2	1
Franciscan Medical Clinic - Seahurst	Burien	1	-	3
Franciscan Medical Clinic - Vashon Island	Vashon	2	-	3
Franciscan Medical Clinic - West Seattle	Seattle	1	-	3
Franciscan Medical Clinic - Westwood	Seattle	2	-	3
Franciscan Medical Clinic at St Francis	Federal Way	1	2	2
Franciscan Medical Group - Franciscan Heart and Vascular Associates - Auburn	Auburn	-	2	1
Franciscan Women's Health Associates - Burien	Burien	2	-	2
Group Health - Bellevue Medical Center	Bellevue	3	3	3
Group Health - Burien Medical Center	Burien	3	3	3
Group Health - Capitol Hill Medical Center	Seattle	3	3	3
Group Health - Downtown Medical Center	Seattle	3	3	3
Group Health - Factoria Medical Center	Bellevue	2	3	3
Group Health - Federal Way Medical Center	Federal Way	2	3	3
Group Health - Kent Medical Center	Kent	2	3	3
Group Health - Northgate Medical Center	Seattle	3	3	3
Group Health - Northshore Medical Center	Bothell	2	2	3
Group Health - Rainier Medical Center	Seattle	2	3	3
Group Health - Redmond Medical Center at Riverpark	Redmond	2	2	3
Group Health - Renton Medical Center	Renton	2	3	3
Hall Health Primary Care Center	Seattle	2	2	3
Interlake Medical Center PLLC	Redmond	2	-	3
International Community Health Services - International District Medical and Dental Clinic	Seattle	2	-	3
Lakeshore Clinics - Bothell Clinic	Bothell	2	3	2
Lakeshore Clinics - Totem Lake	Kirkland	3	2	3
Minor and James Medical - Bellevue Commons	Bellevue	3	-	1
Minor and James Medical - First Hill Medical Building	Seattle	3	2	3
Minor and James Medical - Mercer Island	Mercer Island	2	-	2
Minor and James Medical - Nordstrom Tower	Seattle	3	3	2

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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KING continued

MultiCare Auburn Clinic	Auburn	1	3	1
MultiCare Auburn Clinic - Medical Office Building	Auburn	2	3	1
MultiCare Covington Clinic	Covington	2	3	1
MultiCare Kent Clinic	Kent	2	2	2
MultiCare Maple Valley Clinic	Maple Valley	2	2	1
Neighborcare Health at Lake City	Seattle	2	-	1
Neighborcare Health at Rainier Beach	Seattle	2	-	3
Overlake Internal Medicine Associates	Bellevue	3	2	1
Overlake Medical Clinics - Cardiology - Cascade	Bellevue	-	2	1
Overlake Medical Clinics - Cardiology - Medical Office Tower	Bellevue	-	2	1
Overlake Medical Clinics - Issaquah	Issaquah	2	2	1
Overlake Medical Clinics - Medical Tower	Bellevue	2	3	2
Pacific Medical Centers - Beacon Hill	Seattle	2	3	2
Pacific Medical Centers - Canyon Park	Bothell	2	2	1
Pacific Medical Centers - First Hill	Seattle	3	3	2
Pacific Medical Centers - Northgate	Seattle	3	3	2
Pacific Medical Centers - Renton	Renton	2	3	2
Pacific Medical Centers - Totem Lake	Kirkland	2	3	3
Planned Parenthood of the Great Northwest and the Hawaiian Islands - Seattle	Seattle	2	2	1
Richmond Internal Medicine	Shoreline	2	1	1
Sea Mar Community Health Centers - Seattle Medical Clinic	Seattle	2	-	3
Southlake Clinic - Covington	Covington	2	2	2
Southlake Clinic - Talbot Professional Center - Suite 500	Renton	-	2	3
Southlake Clinic - Time Square	Renton	2	3	2
Swedish Ballard Primary Care	Seattle	2	3	2
Swedish Central Seattle Primary Care	Seattle	3	3	2
Swedish Downtown Seattle Primary Care	Seattle	3	2	3
Swedish Factoria Primary Care	Bellevue	3	3	1
Swedish Greenlake Primary Care	Seattle	3	3	3
Swedish Issaquah Primary Care	Issaquah	3	2	1
Swedish Magnolia Primary Care	Seattle	3	-	2
Swedish Pine Lake Primary Care	Sammamish	3	-	2
Swedish Queen Anne Primary Care	Seattle	3	-	3
Swedish Redmond Primary Care	Redmond	2	3	1
Swedish Snoqualmie Primary Care	Snoqualmie	2	-	1



NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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KING continued

Swedish South Lake Union Primary Care	Seattle	2	-	2
Swedish West Seattle Primary Care	Seattle	3	3	2
The Polyclinic - Ballard	Seattle	3	-	3
The Polyclinic - Downtown	Seattle	3	2	1
The Polyclinic - Madison Center	Seattle	3	3	1
The Polyclinic - Northgate	Seattle	3	3	1
The Polyclinic Family Medicine Sand Point	Seattle	2	-	1
University of Washington Medical Center - Endocrine and Diabetes Care Center	Seattle	-	3	1
University of Washington Medical Center - General Internal Medicine Clinic	Seattle	2	2	2
University of Washington Medical Center - Medical Specialties Center	Seattle	-	2	2
University of Washington Medical Center - Regional Heart Center	Seattle	-	2	1
University of Washington Medical Center - Women's Health Care Center	Seattle	3	-	3
UW Neighborhood Belltown Clinic	Seattle	2	3	3
UW Neighborhood Factoria Clinic	Bellevue	3	3	3
UW Neighborhood Federal Way Clinic	Federal Way	1	2	3
UW Neighborhood Issaquah Clinic	Issaquah	2	3	3
UW Neighborhood Northgate Clinic	Seattle	2	-	3
UW Neighborhood Ravenna Clinic	Seattle	2	2	3
UW Neighborhood Shoreline Clinic	Shoreline	2	2	3
UW Neighborhood Woodinville Clinic	Woodinville	2	2	3
Valley Medical Group - Cascade Primary Care	Renton	3	2	3
Valley Medical Group - Covington Primary Care	Covington	2	2	2
Valley Medical Group - Fairwood Primary Care	Renton	2	2	2
Valley Medical Group - Kent Primary Care	Kent	2	2	2
Valley Medical Group - Lake Sawyer Primary Care	Maple Valley	3	2	3
Valley Medical Group - Newcastle Primary Care	Newcastle	2	2	3
Valley Medical Group - Valley Family Medicine	Renton	2	2	2
Valley Medical Renton Highlands Primary Care	Renton	2	2	3
Virginia Mason Bellevue Medical Center	Bellevue	3	2	3
Virginia Mason Federal Way Medical Center	Federal Way	3	2	3
Virginia Mason Hospital and Seattle Medical Center	Seattle	3	3	1
Virginia Mason Issaquah Medical Center	Issaquah	3	2	3
Virginia Mason Kirkland Medical Center	Kirkland	3	2	3
Women's and Family Health Specialists	Renton	3	2	1

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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KITSAP

Franciscan Medical Clinic - Port Orchard	Port Orchard	2	-	2
Group Health - Port Orchard Medical Center	Port Orchard	1	3	3
Group Health - Poulsbo Medical Center	Poulsbo	2	3	3
Group Health - Silverdale Medical Center	Silverdale	2	3	3
Harrison Healthpartners Cardiovascular Consultants - Bremerton	Bremerton	-	2	1
Harrison Healthpartners Cardiovascular Consultants - Port Orchard	Port Orchard	-	2	1
Harrison Healthpartners Cardiovascular Consultants - Poulsbo	Poulsbo	-	2	1
Kitsap Cardiology Consultants PLLC	Bremerton	-	2	1
The Doctors Clinic - Bainbridge Island	Bainbridge Island	2	-	3
The Doctors Clinic - East Bremerton	Bremerton	-	1	3
The Doctors Clinic - Port Orchard	Port Orchard	2	-	3
The Doctors Clinic - Poulsbo	Poulsbo	1	1	3
The Doctors Clinic - Silverdale	Silverdale	2	-	1
Virginia Mason Bainbridge Island Medical Center	Bainbridge Island	3	2	3

KITTITAS

Community Health of Central Washington - Ellensburg	Ellensburg	1	-	2
Family Health Care of Ellensburg	Ellensburg	2	-	2
KVH Family Medicine - Cle Elum	Cle Elum	1	2	3
KVH Family Medicine - Ellensburg	Ellensburg	2	2	3
KVH Internal Medicine	Ellensburg	1	2	2

PIERCE

Cardiac Study Center - Gig Harbor - Northwest Physicians Network	Gig Harbor	-	2	1
Cardiac Study Center - Lakewood - Northwest Physicians Network	Lakewood	-	2	1
Cardiac Study Center - Puyallup - Northwest Physicians Network	Puyallup	-	2	1
Cardiac Study Center - Tacoma - Northwest Physicians Network	Tacoma	-	2	1
Digestive Health Specialists - Tacoma - Northwest Physicians Network	Tacoma	-	2	1
Franciscan Endocrine Associates - Tacoma	Tacoma	-	2	1
Franciscan Heart and Vascular Associates at St. Joseph	Tacoma	-	2	1
Franciscan Medical Clinic - Gig Harbor	Gig Harbor	1	1	1
Franciscan Medical Clinic - Lakewood	Lakewood	2	-	1
Franciscan Medical Clinic - Milton	Milton	1	-	1

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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PIERCE continued

Franciscan Medical Clinic - University Place	University Place	3	1	2
Franciscan Medical Clinic at St. Joseph	Tacoma	1	1	2
Franciscan Medical Clinic on Canyon Road	Puyallup	2	2	2
Franciscan Medical Clinic on Pt. Fosdick	Gig Harbor	3	-	2
Group Health - Puyallup Medical Center	Puyallup	2	3	3
Group Health - Tacoma Medical Center	Tacoma	2	3	3
Group Health - Tacoma South Medical Center	Tacoma	1	3	3
MultiCare Allenmore Internal Medicine	Tacoma	2	3	1
MultiCare East Pierce Family Medicine	Puyallup	2	-	3
MultiCare Endocrinology Specialists	Tacoma	-	3	1
MultiCare Gig Harbor Clinic	Gig Harbor	2	3	2
MultiCare Good Samaritan Family Medicine - Puyallup	Puyallup	2	-	1
MultiCare Good Samaritan Family Medicine - South Hill	Puyallup	1	3	2
MultiCare Lakewood Clinic	Lakewood	1	2	2
MultiCare Spanaway Clinic	Spanaway	1	-	2
MultiCare Sumner Medical Associates	Sumner	1	2	3
MultiCare Tacoma Central Family Medicine	Tacoma	2	2	2
MultiCare Tacoma Central Internal Medicine	Tacoma	2	2	2
MultiCare Tacoma Family Medicine	Tacoma	2	3	3
Peninsula Family Medical Center - Northwest Physicians Network	Gig Harbor	2	2	3
Sound Family Medicine - Bonney Lake	Bonney Lake	2	2	3
Sound Family Medicine - Hartland	Puyallup	2	2	1
Sound Family Medicine - Puyallup	Puyallup	2	2	3
Sound Family Medicine - Sunrise	Puyallup	1	2	1
Sound Family Medicine Bonney Lake SDC	Bonney Lake	1	2	-
South Hill General Medical Clinic - Puyallup	Puyallup	1	2	2
South Hill General Medical Clinic - Spanaway	Tacoma	1	2	2
South Hill General Medical Clinic - Tacoma	Tacoma	1	2	2
Summit View Clinic	Puyallup	1	3	2

SKAGIT

Cascade Skagit Health Alliance	Arlington	1	2	3
Fidalgo Medical Associates	Anacortes	2	-	3
Island Family Physicians - Family Care Network	Anacortes	2	-	2
Island Internal Medicine	Anacortes	1	-	3
North Cascade Family Physicians - Family Care Network	Mount Vernon	1	2	3
Physicians Care Family Medicine	Sedro Woolley	1	2	3

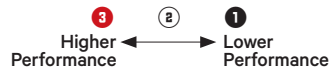
NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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SKAGIT continued

Skagit Regional Clinics - Anacortes	Anacortes	-	2	1
Skagit Regional Clinics - Cardiology	Mount Vernon	-	2	1
Skagit Regional Clinics - Family Medicine	Mount Vernon	1	2	3
Skagit Regional Clinics - Internal Medicine	Mount Vernon	1	2	3
Skagit Regional Clinics - Sedro-Woolley	Sedro Woolley	1	2	2
Skagit Regional Clinics - Stanwood	Stanwood	1	2	2
Skagit Regional Health Residency Clinic	Mount Vernon	1	2	2

SNOHOMISH

Cascade Valley Smokey Point Clinic	Arlington	1	2	2
Edmonds Family Medicine	Edmonds	2	2	3
EvergreenHealth Primary Care - Canyon Park	Bothell	2	-	2
EvergreenHealth Primary Care - Sultan	Sultan	1	-	1
Group Health - Everett Medical Center	Everett	1	3	3
Group Health - Lynnwood Medical Center	Lynnwood	2	3	3
Lake Serene Clinic	Lynnwood	2	2	3
Pacific Medical Centers - Lynnwood	Lynnwood	2	3	3
Providence Physicians Group - Claremont Clinic	Everett	2	2	2
Providence Physicians Group - Harbour Pointe Clinic	Mukilteo	2	2	2
Providence Physicians Group - Mill Creek Family Medicine	Everett	2	3	1
Providence Physicians Group - Mill Creek Internal Medicine	Everett	2	2	2
Providence Physicians Group - Monroe Family Practice	Monroe	2	2	2
Providence Physicians Group - North Everett Internal Medicine - Suite 210	Everett	2	-	3
Swedish Edmonds Birth and Family Clinic	Edmonds	3	3	2
The Everett Clinic - Founders Building	Everett	1	3	3
The Everett Clinic - Gunderson	Everett	1	3	3
The Everett Clinic - Harbour Pointe	Mukilteo	2	2	3
The Everett Clinic - Lake Stevens	Lake Stevens	2	3	3
The Everett Clinic - Marysville	Marysville	2	3	3
The Everett Clinic - Medical Office Building	Everett	3	-	3
The Everett Clinic - Mill Creek	Mill Creek	3	3	2
The Everett Clinic - Silver Lake	Everett	3	2	3
The Everett Clinic - Smokey Point	Smokey Point	1	3	3
The Everett Clinic - Snohomish	Snohomish	2	2	3
The Everett Clinic - Stanwood	Stanwood	1	2	3
Virginia Mason Lynnwood Medical Center	Lynnwood	3	2	2



NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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SNOHOMISH continued

Western Washington Medical Group Clinics - Cardiology	Everett	–	2	1
Western Washington Medical Group Clinics - Everett Family Medicine	Everett	1	2	1
Western Washington Medical Group Clinics - Lake Serene Primary Care/ Walk-In	Lynnwood	2	2	3
Western Washington Medical Group Clinics - Marysville Family Medicine	Marysville	1	3	1
Western Washington Medical Group Clinics - Snohomish Family Medicine	Snohomish	1	2	3
Western Washington Medical Group Clinics - Whitehorse Family Medicine	Arlington	1	2	3

SPOKANE

Columbia Medical Associates - Associated Family Physicians	Spokane	2	–	3
Columbia Medical Associates - Family Health Center	Spokane	2	2	3
Columbia Medical Associates - Jamison Ellefsen Family Medicine	Spokane	2	–	3
Columbia Medical Associates - Northside Internal Medicine	Spokane	2	3	2
Columbia Medical Associates - South Hill Family Medicine	Spokane	3	–	3
Columbia Medical Associates - Spokane Valley Internists	Spokane	2	–	2
Columbia Medical Associates North	Spokane	3	–	3
Community Health Association of Spokane - Maple Street Clinic	Spokane	1	1	2
Group Health - Lidgerwood Medical Center	Spokane	1	3	3
Group Health - Riverfront Medical Center	Spokane	2	2	3
Group Health - South Hill Medical Center	Spokane	2	–	3
Group Health - Veradale Medical Center	Spokane	2	3	3
Heart Clinics Northwest, a Division of Kootenai Clinic Downtown Office	Spokane	–	1	1
Northwest Orthopaedic Specialists	Spokane	2	2	–
Providence Medical Group - Eastern Washington Family Medicine North	Spokane	2	–	3
Providence Medical Group - Eastern Washington Internal Medicine	Spokane	2	2	3
Providence Medical Group - Family Medicine Spokane Valley	Spokane Valley	2	–	2
Rockwood Cheney Clinic	Cheney	1	2	2
Rockwood Heart and Vascular Center - Downtown	Spokane	–	1	1
Rockwood Heart and Vascular Center - Valley	Spokane Valley	–	2	3
Rockwood Kidney and Hypertension Center - North	Spokane	–	3	3
Rockwood Main Clinic	Spokane	2	2	3

NAME	CITY	CERVICAL CANCER SCREENING	DIABETES CARE	HIGH CHOLESTEROL
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SPOKANE continued

Rockwood Medical Lake Clinic	Medical Lake	1	–	3
Rockwood North Clinic	Spokane	2	2	2
Rockwood Northpointe Specialty Center	Spokane	2	2	3
Rockwood Quail Run Clinic	Spokane	3	2	3
Rockwood Valley Clinic	Spokane Valley	3	2	3
Rockwood Valley Specialty Center	Spokane Valley	–	3	2
Spokane Internal Medicine	Spokane	2	–	2

THURSTON

BigRock Health Clinic	Tumwater	2	–	1
Group Health - Olympia Medical Center	Olympia	2	3	3
Olympia Family and Internal Medicine	Olympia	2	1	2
Pioneer Family Practice PLLC	Lacey	2	2	3
Providence Cardiology Associates	Olympia	–	1	2
St. Peter Family Practice	Olympia	1	2	3
Tumwater Family Practice Clinic	Tumwater	1	3	2
Yelm Family Medicine PLLC	Yelm	1	2	2

WHATCOM

Associates in Family Medicine	Bellingham	2	–	3
Bellingham Bay Family Medicine - Family Care Network	Bellingham	2	–	3
Family Health Associates - Family Care Network	Bellingham	2	2	3
Ferndale Family Medicine - Family Care Network	Ferndale	2	–	3
Lynden Family Medicine - Family Care Network	Lynden	2	3	3
North Sound Family Medicine - Family Care Network	Bellingham	3	2	3
PeaceHealth Medical Group Cordata	Bellingham	2	3	3
PeaceHealth St Joseph Medical Center - Cardiovascular Center	Bellingham	–	2	1
Squalicum Family Medicine - Family Care Network	Bellingham	2	2	3

YAKIMA

Apple Valley Family Medicine - Memorial Physicians	Yakima	1	2	1
Central Washington Family Medicine	Yakima	1	2	2
Family Medicine of Yakima	Yakima	1	2	3
Grandview Medical Center	Grandview	2	–	1
Lincoln Ave Family Medicine	Sunnyside	2	–	1
Memorial Cornerstone Medicine - Memorial Physicians	Yakima	1	2	2
Pacific Crest Family Medicine - Memorial Physicians	Yakima	1	2	1
Quality Care Medical Clinic	Yakima	2	1	1
Selah Family Medicine	Selah	1	2	2
Toppenish Medical-Dental Clinic	Toppenish	1	–	3

HEALTH

SPECIAL
REPORT FOR
MINNESOTA
RESIDENTS



CHOOSING THE RIGHT DOCTOR FOR YOU

Consumer Reports
Ratings help you compare
medical groups on
key measures

DOCTORS
Ratings
of 500
Primary
Care Doctor
Clinics in
the State



**GUIDE TO
MINNESOTA
PHYSICIANS**
INSIDE

HOW DOES YOUR DOCTOR COMPARE?

The Ratings of primary care physician groups help consumers in eight states evaluate practices on key measures

EVERYONE NEEDS a primary care doctor. That's the person who knows you best, refers you to specialists, and follows up on care. But what do you look for when choosing a primary care doctor?

"For many people, the most important thing is that they like their doctor," says John Santa, M.D., a medical consultant for Consumer Reports who has studied the qualities that make a good physician—and how to measure that—for more than two decades. "They want to feel that their doctor listens and understands them."

Just as important, Santa says, is "whether your doctor is skilled at what he or she is paid to do—keep you healthy, help you recover from an illness or injury, or help you manage a chronic disease, like diabetes or high blood pressure."

You might think it would be easy to find out how well physicians perform those essential functions. But it's not, for several reasons.

To start, there's the size of the doctor population: Almost a million practicing physicians are in the U.S. And roughly half are primary care doctors. Who is responsible for gathering information on them all?

At least as problematic: How is a doctor's performance measured, anyway? After all, primary care doctors take on many tasks—from ordering cancer screening tests to treating infections, from managing chronic diseases such as heart

disease to coordinating care with specialists. So which criteria exactly should they be judged on?

Once those questions get answered, how are physicians persuaded to share that information—or where can interested parties go to gather it? And how can the information be presented in a way that's accepted by medical professionals as accurate and fair, and still be useful to patients?

First Steps

A network of patients, doctors, hospitals, employers, and insurers from 40 regions across the country, funded in part by the

Robert Wood Johnson Foundation, has over the past several years tried to tackle those problems.

"There's currently little ability to compare physician practices even in the same community, let alone across the country," says Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement, a nonprofit organization involved in efforts to make physician reporting more standard and transparent. "We need to correct that, so doctors can see how they can improve and so that patients can get information they need to choose doctors."

As part of that effort, eight of those regions—California; Massachusetts; Maine; Minnesota; Washington; Wisconsin; the greater Columbus, Ohio, area; and the greater Detroit area—have agreed to publish Ratings of physician groups in Consumer Reports magazine. "It's an important step in bringing this information directly to consumers," Santa says. "But it also shows how hard it is to rate doctors and how far we still have to go."

For example, some of those regions are much farther along in their efforts than others. Minnesota has now gathered information on nearly all of the primary care providers in the state, thanks largely to a state law that has required doctors to gather and publicly share that information since 2010.

In other states reporting is voluntary



or limited to physicians affiliated with certain health insurance plans or large medical groups. In Massachusetts, for example, the data come from physicians who belong to the state's five largest commercial health insurance plans. In California, the information is limited to doctors who are affiliated with health maintenance organizations. And in Columbus the data come from five of that region's medical groups. So in most of the regions, the information is available for only a subset of physicians.

"These regions all deserve credit for pushing for this effort, as do practices that have agreed to share the information—especially those who may not do so well," Santa says. "That takes courage and a commitment to honesty and transparency—qualities that are also essential to good medicine."

What We Measure

The Ratings Consumer Reports is publishing for each region focus on how well doctors provide evidence-based care for common health problems. Depending on the specific region, those include health concerns such as diagnosing back pain, treating diabetes or heart disease, and how often they provide the right screening tests for breast cancer, colon cancer, and cervical cancer.

"We focused on those areas because

TIPS ON USING THESE RATINGS

1 Check to see whether your doctor's practice, group, or clinic is listed. If it is, see how it compares with others in your area. If it doesn't do as well as others, ask your doctor why, and what the group is doing to improve.

2 If your group is not listed, ask your doctor why it doesn't participate. And ask whether the practice knows how it performs on those measures, even if it doesn't publicly report. Many do have that information. If you're not satisfied with the answers you get, you could consider looking for another group.

3 Gather other information on your physician. That includes everything from whether the doctor accepts your insurance to whether he or she has been disciplined by a state medical board for inappropriate behavior or dangerous care. See "What You Don't Know About Your Doctor Can Hurt You," on page 30 of the May 2016 issue of Consumer Reports magazine for advice on where to go for that kind of information.

they all relate to important, widespread health problems and because how well physicians perform in those measures may provide some indication of their overall quality of care," says Jim Chase, president of MN Community Measurement, the Minnesota organization that has been collecting and reporting data on physician performance since 2003.

Individual Doctors vs. Groups

In all eight of the regions, the Ratings apply not to individual doctors but to groups of physicians, usually relatively small practices that work together in the same office or clinic.

That focus on groups rather than individual doctors is partly because to get statistically meaningful results requires lumping together the results of multiple physicians.

But there's another reason. "Yes, your specific doctor is important," Chase says. "But physicians, especially today, almost always practice as part of a team, so how good a job they do also depends on how good that teamwork is."

In addition, doctors, like the rest of us, sometimes move from one job to another, or to another town or state. Because many patients stick with their physician group rather than follow their doctor, it's important to get insight into how well the whole practice performs.

Minnesota THE POWER OF FULL DISCLOSURE

Healthcare consumers in Minnesota may not know how lucky they are. "They have at their fingertips more information about the quality of their doctors than people just about anywhere else in the country," says John Santa,

M.D., a medical consultant to Consumer Reports.

That's because all doctor offices in the state (with the exception of a handful of clinics with not enough data) have gathered and publicly reported on the same set of quality measures each year since 2010.

Altogether, 500 of the state's primary care clinics are included in these Ratings that start on the following page, representing roughly 70 percent of those providers in Minnesota.

"That means poor performers can't hide, as they can in many places, and that all practices can see how they compare and in what areas they need to improve patient care," Santa says. It also gives consumers a powerful way to compare practices, both across the state and in their own communities.

For example, though clinics near downtown Minneapolis generally score lower than those elsewhere in the state, there are exceptions.

Two clinics, Allina Health - Uptown and HealthPartners - Riverside, get top scores in all three measures.

Similarly, clinics in the state's northeast and southwest regions also tend to score low. But in the northeast, Cromwell Medical Clinic - IHN earned a top score in managing diabetes. And in the southwest, two Affiliated Community Medical Centers, in Marshall and New London, got top marks in treating the disease.

By contrast, though West Metro region clinics tend to score well, there are exceptions. Notably, all four North Clinic practices in that region score well below average on all measures.

"We want to give patients information, so they can make the best choices," says Jim Chase, president of MN Community Measurement, the nonprofit organization in the state that collects and reports the data. "And it motivates doctors to do better, too," he says.

WHAT'S BEHIND THE RATINGS?

These Ratings include information on 500 primary care medical clinics in Minnesota. Roughly 70 percent of the primary care doctors in the state work for one of those clinics, providing care to almost all of the state's residents. The Ratings are published in conjunction with MN Community Measurement, a nonprofit organization that works to accelerate the improvement of health by publicly reporting healthcare information.

How Are Practices Rated?

The groups are rated on three measures:

- 1. Colon Cancer Screening** is based on the percentage of people 51 to 75 who are appropriately screened for colon cancer.
- 2. Diabetes Care** is based on the percentage of adult patients with diabetes who have their blood pressure and blood sugar levels controlled, take low-dose daily aspirin, and are tobacco-free.
- 3. Heart Care** refers to the percentage of patients with a history of heart disease, heart attack, stroke, or another form of vascular disease who have their blood pressure under control, take low-dose daily aspirin, and are tobacco-free.

How Are the Scores Determined?

The Ratings are divided into

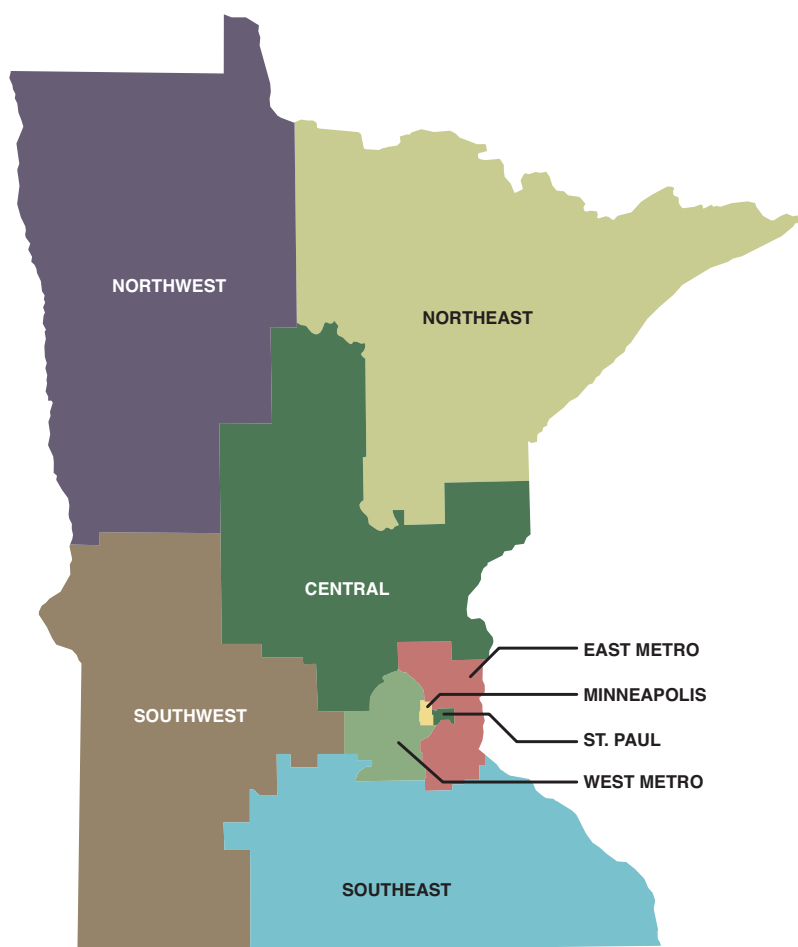
three categories, with 3 being better. Scores are based on comparison with the state-wide averages for clinics with a similar mix of patients. Top-rated clinics are significantly better than the state average. Those in the middle are average, and those at the bottom are worse than the average.

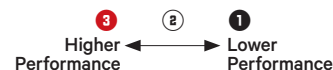
How Should I Use the Ratings?

Check the map to see which region of the state you live in, then consult the Ratings chart to see how your clinic compares with others in your area. The measures can help you compare and choose practices even if you don't need to be screened for colon cancer or if you don't receive a diagnosis of diabetes or vascular disease, because how well a group performs on those measures may indicate how well it provides care overall.

Where Can I Find More Information?

Go to the website for MN Community Measurement, at mnhealthscores.org, where you can find an online version of these Ratings plus additional information on how medical clinics throughout the state perform on other measures, including treating people with asthma and caring for children and teens, plus information on the total cost of medical care at different healthcare providers.





NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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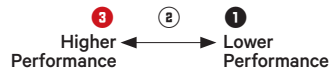
EAST METRO

AALFA Family Clinic - MHN (White Bear Lake)	1	2	–
Allina Health - Blaine	3	3	2
Allina Health - Burnsville	3	3	2
Allina Health - Coon Rapids	3	3	3
Allina Health - Cottage Grove	2	3	2
Allina Health - Eagan	3	3	2
Allina Health - Farmington	3	3	2
Allina Health - First Street (Hastings)	3	3	2
Allina Health - Forest Lake	3	3	2
Allina Health - Fridley	3	2	2
Allina Health - Inver Grove Heights	3	3	2
Allina Health - Lakeville	3	2	2
Allina Health - Maplewood	3	3	2
Allina Health - Nininger Road (Hastings)	3	3	2
Allina Health - Ramsey	3	3	2
Allina Health - Shoreview	3	3	2
Allina Health - Vadnais Heights	3	2	3
Allina Health - West St. Paul	3	3	2
Allina Health - Woodbury	3	3	3
Apple Valley Medical Clinic - Family Practice	1	3	3
Burnsville Family Physicians	3	2	2
Entira Family Clinics - Inver Grove Heights	1	3	2
Entira Family Clinics - Maplewood - Battle Creek	1	2	2
Entira Family Clinics - North St. Paul	1	2	2
Entira Family Clinics - Shoreview	1	3	3
Entira Family Clinics - Vadnais Heights	1	3	3
Entira Family Clinics - West St. Paul	1	3	2
Entira Family Clinics - White Bear Lake - Banning Avenue	1	3	3
Entira Family Clinics - White Bear Lake - Bellaire Avenue	2	3	2
Entira Family Clinics - Woodbury	1	3	2
Fairview - Andover Clinic	3	2	2
Fairview - Apple Valley Clinic	3	2	2
Fairview - Blaine Clinic	1	1	2
Fairview - Burnsville Clinic	3	2	3
Fairview - Columbia Heights Clinic	3	2	2
Fairview - Eagan Clinic	3	3	3

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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EAST METRO continued

Fairview - Farmington Clinic	2	2	–
Fairview - Fridley Clinic	3	2	2
Fairview - Hugo Clinic	2	2	2
Fairview - Lakeville Clinic	3	2	2
Fairview - Lino Lakes Clinic	2	2	2
Fairview - New Brighton Clinic	3	2	2
Fairview - Rosemount Clinic	3	3	3
FamilyHealth Medical Clinic - Farmington	1	1	–
FamilyHealth Medical Clinic - Lakeville	2	2	–
FamilyHealth Medical Clinic - Northfield	2	1	2
HealthEast - Cottage Grove Clinic	1	2	2
HealthEast - Hugo Clinic	1	2	2
HealthEast - Maplewood Clinic	1	2	2
HealthEast - Oakdale Clinic	1	2	1
HealthEast - Roseville Clinic	1	2	3
HealthEast - Stillwater Clinic	1	2	2
HealthEast - Tamarack Clinic - Woodbury	1	2	2
HealthEast - Vadnais Heights Clinic	2	2	2
HealthEast - Woodbury Clinic	1	2	2
HealthPartners - Andover	3	2	2
HealthPartners - Anoka	2	1	1
HealthPartners - Arden Hills	3	3	2
HealthPartners - Coon Rapids	3	3	2
HealthPartners - Cottage Grove	2	2	–
HealthPartners - Eagan	3	2	–
HealthPartners - Inver Grove Heights	3	2	2
HealthPartners - Lino Lakes	3	3	2
HealthPartners - Maplewood	3	2	2
HealthPartners - Roseville	3	3	3
HealthPartners - White Bear Lake	3	3	2
HealthPartners - Woodbury	3	3	2
Hennepin County Medical Center (HCMC) Clinics - St. Anthony Village Clinic	1	2	–
Multicare Associates - Blaine Medical Center	1	1	2
Multicare Associates - Fridley Medical Center	1	2	2
Multicare Associates - Roseville Medical Center	1	2	2
North Memorial Clinic, Silver Lake - Blaine	1	2	2



NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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EAST METRO continued

North Memorial Clinic, Silver Lake - St. Anthony	1	2	2
Park Nicollet Clinic - Burnsville	2	3	3
Park Nicollet Clinic - Eagan	3	3	3
Park Nicollet Clinic - Lakeville	1	2	-
Scandia Clinic	1	2	1
Stillwater Medical Group - Curve Crest Clinic	3	3	3
Stillwater Medical Group - Lakeview Campus	1	-	2
Stillwater Medical Group - Mahtomedi Clinic	3	2	2
Synergy Family Physicians, P.A. (White Bear Lake)	1	2	-

ST. PAUL PROPER

Allina Health - Bandana Square (St. Paul)	3	3	2
Allina Health - Highland Park (St. Paul)	3	2	2
Allina Health - United Medical Specialties (St. Paul)	3	3	2
Entira Family Clinics - Como/Roseville (St. Paul)	1	2	2
Entira Family Clinics - East Side (St. Paul)	1	2	3
Entira Family Clinics - Highland (St. Paul)	3	2	2
Fairview - Highland Park Clinic (St. Paul)	2	2	2
HealthEast - Downtown St. Paul Clinic	2	2	2
HealthEast - Grand Avenue Clinic (St. Paul)	1	2	2
HealthEast - Midway Clinic (St. Paul)	2	2	2
HealthEast - Rice Street Clinic (St. Paul)	1	2	2
HealthEast - Roselawn Clinic (St. Paul)	1	2	2
HealthPartners - Center for International Health (St. Paul)	3	2	2
HealthPartners - Como (St. Paul)	3	2	2
HealthPartners - Health Center for Women (St. Paul)	3	3	2
HealthPartners - Highland Park (St. Paul)	2	2	-
HealthPartners - Midway (St. Paul)	3	2	2
HealthPartners - St. Paul	3	2	2
HealthPartners - University Avenue (St. Paul)	3	2	2
Open Cities Health (Dunlap) - Family Medicine (St. Paul)	-	1	1
United Family Medicine (St. Paul)	1	1	1
University of Minnesota Physicians - Bethesda Family Medicine Clinic (St. Paul)	1	1	1

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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ST. PAUL PROPER continued

University of Minnesota Physicians - Phalen Village Family Medicine Clinic (St. Paul)	1	1	2
West Side Community Health Services - East Side Family Clinic (St. Paul)	1	1	2
West Side Community Health Services - La Clinica (St. Paul)	1	1	2
West Side Community Health Services - McDonough Homes Clinic (St. Paul)	1	1	-

WEST METRO

Allina Health - Bloomington	3	3	3
Allina Health - Brooklyn Park	3	3	2
Allina Health - Centennial Lakes (Edina)	3	3	3
Allina Health - Champlin	3	3	2
Allina Health - Chanhassen	3	3	2
Allina Health - Chaska	3	3	3
Allina Health - Dean Lakes (Shakopee)	2	3	2
Allina Health - Edina	3	3	2
Allina Health - Hopkins	3	2	3
Allina Health - Maple Grove	2	3	2
Allina Health - Minnetonka	1	1	-
Allina Health - Plymouth	3	3	3
Allina Health - Richfield	3	3	3
Allina Health - Savage	3	3	2
Allina Health - Shakopee	3	3	2
Allina Health - Sharpe Dillon Cockson & Associates P.A. (Edina)	3	2	2
Allina Health - St. Francis Health Services - Jordan	1	2	-
Allina Health Specialties - Abbott Northwestern General Medicine Associates - Edina	3	3	3
Catalyst Medical Clinic (Watertown)	-	3	2
Edina Sports Health & Wellness	3	2	-
Fairview - Bass Lake Clinic (Maple Grove)	2	2	2
Fairview - Bloomington Lake Xerxes Clinic	3	2	2
Fairview - Brooklyn Park Clinic	3	2	2
Fairview - Crosstown Clinic (Edina)	3	3	3
Fairview - EdenCenter Clinic (Eden Prairie)	3	2	2
Fairview - Maple Grove Medical Center	2	3	2
Fairview - Oxboro Clinic (Bloomington)	3	3	3

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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WEST METRO continued

Fairview - Prior Lake Clinic	3	3	3
Fairview - Rogers Clinic	3	2	2
Fairview - Savage Clinic	3	2	2
Fairview - St. Francis Clinic	1	2	-
France Avenue Family Physicians - MHN (Edina)	1	2	2
HealthPartners - Apple Valley	3	2	2
HealthPartners - Bloomington	3	2	2
HealthPartners - Brooklyn Center	3	3	2
HealthPartners - West (St. Louis Park)	3	3	2
Hennepin County Medical Center (HCMC) Clinics - Brooklyn Center Clinic	1	1	1
Hennepin County Medical Center (HCMC) Clinics - Brooklyn Park Clinic	1	2	-
Hennepin County Medical Center (HCMC) Clinics - Golden Valley Clinic	1	2	-
Life Medical (St. Louis Park)	1	2	-
Mayo Clinic Health System - Belle Plaine	3	2	-
Mayo Clinic Health System - New Prague	3	2	2
North Clinic - Maple Grove Office	1	1	1
North Clinic - Oakdale Office in Robbinsdale	1	1	1
North Clinic - Osseo Office	1	1	1
North Clinic - Plymouth	1	1	1
North Memorial Clinic - Arbor Lakes (Maple Grove)	2	2	2
North Memorial Clinic - Brooklyn Center Physicians	2	2	2
North Memorial Clinic - Brooklyn Park Physicians	1	2	2
North Memorial Clinic - Golden Valley Physicians	2	2	2
North Memorial Clinic - Maple Grove	3	2	2
North Memorial Clinic - Plymouth City Center	3	2	2
North Memorial Clinic - Ridgedale (Minnetonka)	1	2	2
North Memorial Clinic - Rockford Road (Plymouth)	3	3	2
Northwest Family Physicians - Crystal	1	1	1
Northwest Family Physicians - Plymouth	2	2	1
Northwest Family Physicians - Rogers	2	2	2
Park Nicollet Clinic - Bloomington	2	3	3
Park Nicollet Clinic - Brookdale (Brooklyn Center)	1	3	2

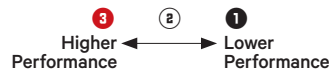
NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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WEST METRO continued

Park Nicollet Clinic - Carlson (Minnetonka)	3	3	3
Park Nicollet Clinic - Champlin	2	2	2
Park Nicollet Clinic - Chanhassen	1	3	2
Park Nicollet Clinic - Creekside (St. Louis Park)	1	2	2
Park Nicollet Clinic - Golden Valley	3	3	3
Park Nicollet Clinic - Plymouth	2	3	2
Park Nicollet Clinic - Prairie Center (Eden Prairie)	3	3	3
Park Nicollet Clinic - Prior Lake	1	3	2
Park Nicollet Clinic - Rogers	2	3	-
Park Nicollet Clinic - Shakopee	1	3	2
Park Nicollet Clinic - Shorewood	3	3	3
Park Nicollet Clinic - St. Louis Park Family Medicine	1	3	3
Park Nicollet Clinic - St. Louis Park Internal Medicine	3	3	3
Park Nicollet Clinic - Wayzata	1	3	3
Park Nicollet Clinic and Specialty Center - Maple Grove	1	3	2
Parkview Medical Clinic (New Prague)	1	1	-
Richfield Medical Group	2	2	2
Ridgeview - Chanhassen Clinic	1	1	2
Ridgeview - Chaska Clinic	1	2	-
Ridgeview - Excelsior Clinic	1	1	-
Ridgeview - Westonka Clinic (Spring Park)	1	2	2
Valley Family Practice (Chaska)	2	1	2

MINNEAPOLIS PROPER

Allina Health - East Lake Street (Minneapolis)	2	2	2
Allina Health - Isles (Minneapolis)	3	3	2
Allina Health - Nicollet Mall (Minneapolis)	3	3	2
Allina Health - Uptown (Minneapolis)	3	3	3
Allina Health Specialties - Abbott Northwestern General Medicine Associates - Minneapolis	1	2	-
AXIS Medical Center (Minneapolis)	1	2	-
Boynnton Health Service (Minneapolis)	1	2	-
Cedar Riverside People's Center - People's Center Medical Clinic (Minneapolis)	1	1	2
Community-University Health Care Center (Minneapolis)	1	2	1



NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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MINNEAPOLIS PROPER continued

Fairview - Bloomington Lake Minneapolis Clinic	1	2	2
Fairview - Hiawatha Clinic (Minneapolis)	3	2	2
Fairview - Riverside Clinic (Minneapolis)	2	1	2
Fairview - Riverside Primary Care Clinic (Minneapolis)	1	1	2
Fairview - Uptown Clinic (Minneapolis)	3	2	2
HealthPartners - Nokomis (Minneapolis)	2	2	-
HealthPartners - Riverside (Minneapolis)	3	3	3
Hennepin County Medical Center (HCMC) Clinics - Coordinated Care Clinic (Minneapolis)	1	1	-
Hennepin County Medical Center (HCMC) Clinics - Downtown Medicine Clinic (Minneapolis)	1	1	1
Hennepin County Medical Center (HCMC) Clinics - East Lake Clinic (Minneapolis)	1	2	2
Hennepin County Medical Center (HCMC) Clinics - Hennepin Center for Senior Care (Minneapolis)	1	2	-
Hennepin County Medical Center (HCMC) Clinics - Internal Medicine Clinic at Parkside (Minneapolis)	1	1	1
Hennepin County Medical Center (HCMC) Clinics - Positive Care Clinic (Minneapolis)	1	1	1
Hennepin County Medical Center (HCMC) Clinics - Richfield Clinic (Minneapolis)	1	2	2
Hennepin County Medical Center (HCMC) Clinics - Whittier Clinic (Minneapolis)	1	1	1
Indian Health Board of Minneapolis	1	1	-
Native American Community Clinic (Minneapolis)	1	1	-
Neighborhood HealthSource - Central Clinic (Minneapolis)	1	1	-
Neighborhood HealthSource - Fremont Clinic (Minneapolis)	1	1	2
Neighborhood HealthSource - Sheridan Clinic (Minneapolis)	1	2	-
North Memorial Clinic - Camden (Minneapolis)	2	2	2
North Memorial Clinic - Northeast Family Physicians (Minneapolis)	1	2	2
NorthPoint Health & Wellness Center (Minneapolis)	1	1	2
Park Nicollet Clinic - Minneapolis	1	2	3
Southside Medical Clinic (Minneapolis)	1	1	-

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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MINNEAPOLIS PROPER continued

University of Minnesota Health - Mill City Clinic (Minneapolis)	1	2	-
University of Minnesota Health - Primary Care Center (Minneapolis)	2	1	-
University of Minnesota Health - Smiley's Family Medicine Clinic (Minneapolis)	2	2	-
University of Minnesota Health - Women's Health Specialists Clinic (Minneapolis)	1	2	-
University of Minnesota Physicians - Broadway Family Medicine Clinic (Minneapolis)	1	1	1

CENTRAL

Albany Medical Center	1	2	2
Allina Health - Annandale	2	2	2
Allina Health - Buffalo	3	3	2
Allina Health - Cambridge	3	2	2
Allina Health - Cokato	2	3	2
Allina Health - Elk River	2	2	2
Allina Health - North Branch	2	2	2
Allina Health - Northfield	3	3	3
Allina Health - St. Michael	3	3	2
Buffalo Clinic - Albertville-St. Michael Clinic - IHN	1	2	2
Buffalo Clinic - IHN	1	1	2
Buffalo Clinic - Monticello - IHN	1	2	2
CentraCare Clinic - Becker	3	2	2
CentraCare Clinic - Big Lake	2	2	1
CentraCare Clinic - Northway (St. Cloud)	3	3	3
CentraCare Clinic - St. Joseph	3	3	2
CentraCare Health - Family Health Center (St. Cloud)	1	1	1
CentraCare Health - Long Prairie	3	2	2
CentraCare Health - Melrose	3	2	2
CentraCare Health - Monticello Medical Group	2	2	-
CentraCare Health - Paynesville Clinic	1	1	2
CentraCare Health - Sauk Centre	3	2	2
CentraCare Health Paynesville - Cold Spring	2	2	-
CentraCare Health Paynesville - Richmond	1	1	-
CentraCare Health Plaza - Family Medicine (St. Cloud)	3	3	2
CentraCare Health Plaza - Internal Medicine (St. Cloud)	3	2	2

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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CENTRAL continued

CentraCare River Campus - Internal Medicine (St. Cloud)	3	3	2
Cuyuna Regional Medical Center - Baxter	–	2	2
Cuyuna Regional Medical Center - Clinic Services (Crosby)	–	2	1
Essentia Health - Menahga	1	2	2
Essentia Health - Walker	2	2	2
Essentia Health St. Joseph's - Baxter Clinic	2	2	1
Essentia Health St. Joseph's - Brainerd Clinic	3	2	2
Essentia Health St. Joseph's - Crosslake Clinic	1	2	2
Essentia Health St. Joseph's - Pequot Lakes Clinic	1	2	2
Essentia Health St. Joseph's - Pierz Clinic	1	2	–
Essentia Health St. Joseph's - Pillager Clinic	3	2	2
Essentia Health St. Joseph's - Pine River Clinic	1	1	1
Fairview - Chisago Lakes Clinic (Chisago City)	3	2	2
Fairview - Elk River Clinic	3	2	2
Fairview - Lakes Medical Center (Wyoming)	3	2	2
Fairview - Milaca Clinic	3	2	2
Fairview - North Branch Clinic	1	2	2
Fairview - Pine City Clinic	1	2	1
Fairview - Princeton Clinic	3	1	2
Fairview - Rush City Clinic	2	2	2
Fairview - Zimmerman Clinic	2	2	2
Family Medical Center (Little Falls)	2	2	2
FirstLight Health System - Mora	1	2	2
FirstLight Health System - Pine City	1	2	2
Gateway Family Health Clinic - Hinckley	1	2	–
Gateway Family Health Clinic - Sandstone	1	2	2
HealthPartners - Central Minnesota Clinics (Sartell)	3	2	2
HealthPartners - Elk River	3	3	2
Integracare Ltd. DBA Williams Clinic (Sartell)	1	1	1
Lakewood Health System - Browerville Clinic	2	2	–
Lakewood Health System - Eagle Valley Clinic (Eagle Bend)	1	2	–
Lakewood Health System - Motley Clinic	1	2	–
Lakewood Health System - Pillager Clinic	1	2	–

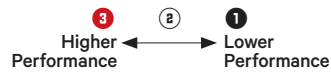
NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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CENTRAL continued

Lakewood Health System - Staples Clinic	1	2	2
Mille Lacs Health System - Onamia	–	1	1
North Memorial Clinic - Elk River Physicians	1	2	2
Ridgeview - Delano Clinic	1	2	2
Riverwood - Garrison Clinic	1	1	–
Sanford Health - Bemidji Cass Lake Clinic	2	2	2
Sanford Health - Walker Clinic	1	1	2
St. Cloud Medical Group - Clearwater - IHN	2	2	2
St. Cloud Medical Group - Cold Spring - IHN	3	2	2
St. Cloud Medical Group - NW - IHN	3	2	3
St. Cloud Medical Group - South - IHN	3	2	2
Tri-County Health Care - Bertha Clinic	1	2	–
Tri-County Health Care - Sebeka Clinic	1	2	–
Tri-County Health Care - Wadena Clinic	1	1	1

NORTHEAST

Cromwell Medical Clinic - IHN (Cromwell)	2	3	2
Duluth Family Medicine Clinic	1	1	2
Essentia Health - Aurora Clinic	2	2	2
Essentia Health - Chisholm Clinic	1	2	2
Essentia Health - Deer River Clinic	3	2	2
Essentia Health - East Duluth Clinic - 1st St	3	2	2
Essentia Health - Ely Clinic	2	2	2
Essentia Health - Grand Rapids Clinic	1	2	–
Essentia Health - Hermantown Clinic	3	2	2
Essentia Health - Hibbing Clinic	1	2	1
Essentia Health - International Falls Clinic	1	2	2
Essentia Health - Lakeside Clinic (Duluth)	2	2	2
Essentia Health - Lakewalk Clinic (Duluth)	3	2	2
Essentia Health - Proctor Clinic	2	2	2
Essentia Health - Virginia Clinic	1	2	2
Essentia Health - West Duluth Clinic	2	2	2
FirstLight Health System - Hinckley	1	2	2



NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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NORTHEAST continued

Gateway Family Health Clinic - Moose Lake	1	1	1
Grand Itasca Clinic (Grand Rapids)	2	1	1
Lake Superior Community Health Center - Duluth	1	1	2
Lake View Clinic - Two Harbors	-	1	1
Raiter Clinic - IHN (Cloquet)	1	1	1
Range Regional Health Services DBA Fairview Mesaba Clinic - Hibbing	1	1	2
Range Regional Health Services DBA Fairview Mesaba Clinic - Mountain Iron	1	2	2
Range Regional Health Services DBA Fairview Mesaba Clinic - Nashwauk	1	2	2
Riverwood - Aitkin Clinic	2	1	2
Riverwood - McGregor Clinic	1	1	1
Sanford Health - Bemidji Black Duck Clinic (Blackduck)	3	2	2
Sawtooth Mountain Clinic Inc. (Grand Marais)	1	1	2
Scenic Rivers Health Services - Bigfork/Big Falls	1	1	2
Scenic Rivers Health Services - Cook	1	1	2
Scenic Rivers Health Services - Floodwood	1	1	-
Scenic Rivers Health Services - Northome	2	2	-
St. Luke's Clinics - Denfeld (Duluth)	-	1	2
St. Luke's Clinics - Duluth Internal Medicine Associates	-	1	2
St. Luke's Clinics - Hibbing Family Medical Clinic	-	2	2
St. Luke's Clinics - Internal Medicine Associates (Duluth)	-	1	2
St. Luke's Clinics - Laurentian (Virginia)	-	2	2
St. Luke's Clinics - Lester River (Duluth)	-	2	2
St. Luke's Clinics - Miller Creek (Hermantown)	-	2	2
St. Luke's Clinics - Mount Royal (Duluth)	-	1	2
St. Luke's Clinics - P.S. Rudie Medical Clinic (Duluth)	-	2	2

NORTHWEST

Altru Health System - Crookston	1	2	2
Altru Health System - Red Lake Falls	1	2	-
Altru Health System - Roseau	1	1	1
Altru Health System - Warroad	2	2	2
Essentia Health - Ada	1	2	-

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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NORTHWEST continued

Essentia Health - Bagley	1	2	-
Essentia Health - Detroit Lakes	2	2	2
Essentia Health - Fosston	1	1	2
Essentia Health - Frazee	2	2	-
Essentia Health - Moorhead	3	2	2
Essentia Health - Park Rapids	1	2	2
Kittson Memorial Clinic - Hallock	1	1	2
Kittson Memorial Clinic - Karlstad	1	1	-
Lake Region Healthcare - Battle Lake Clinic	1	1	-
Lake Region Healthcare - Fergus Falls	1	1	1
LakeWood Health Center Clinic (Baudette)	1	1	1
North Valley Health Center (Warren)	-	1	2
RiverView Clinic - Fertile	1	1	-
RiverView Clinic - North (Crookston)	1	2	2
Sanford Health - Bagley Clinic	1	1	2
Sanford Health - Bemidji 1611 Anne St Clinic	3	1	2
Sanford Health - Bemidji Main Clinic	-	1	1
Sanford Health - Bemidji Main Clinic Family Medicine	3	1	2
Sanford Health - Bemidji Main Clinic Internal Medicine	3	2	3
Sanford Health - Detroit Lakes Clinic	3	2	2
Sanford Health - East Grand Forks Clinic	1	2	2
Sanford Health - Halstad Clinic	2	2	-
Sanford Health - Hawley Clinic	1	2	-
Sanford Health - Mahanomen Clinic	2	2	-
Sanford Health - Moorhead Family Medicine	3	2	3
Sanford Health - Moorhead Internal Medicine	3	3	2
Sanford Health - New York Mills Clinic	2	2	2
Sanford Health - Parkers Prairie Clinic	1	1	2
Sanford Health - Pelican Rapids Clinic	1	2	2
Sanford Health - Perham Clinic	3	2	2
Sanford Health - Thief River Falls Clinic	2	2	2
Sanford Health - Twin Valley Clinic	1	2	-

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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NORTHWEST continued

Tri-County Health Care - Henning Clinic	1	1	2
Tri-County Health Care - Ottertail Clinic	1	2	-

SOUTHWEST

Affiliated Community Medical Centers - Benson Clinic	2	2	2
Affiliated Community Medical Centers - Granite Falls Clinic	1	2	2
Affiliated Community Medical Centers - Litchfield Clinic (East)	2	2	2
Affiliated Community Medical Centers - Litchfield Clinic (West)	1	2	2
Affiliated Community Medical Centers - Marshall Clinic	2	3	2
Affiliated Community Medical Centers - New London Clinic	3	3	2
Affiliated Community Medical Centers - Redwood Falls Clinic	2	2	2
Affiliated Community Medical Centers - Willmar Clinic	3	2	2
Alexandria Clinic, A Service of Douglas County Hospital	3	1	2
Appleton Clinic	1	2	-
Avera - Pipestone County Medical Center	1	2	-
Avera - Tyler Medical Clinic	1	2	2
Avera Medical Group - Marshall	1	2	-
Avera Medical Group - Windom	2	2	2
Avera Medical Group - Worthington	1	1	2
CentraCare Health Paynesville - Eden Valley	1	1	-
Chippewa County Montevideo Hospital & Medical Clinic	-	2	2
Essentia Health - Graceville Clinic	2	2	-
Family Practice Medical Center of Willmar	2	2	2
Glenwood Medical Center	-	1	2
Hutchinson Health - Dassel Clinic	1	2	-
Hutchinson Health - Hutchinson Clinic	1	1	1
Johnson Memorial Health Services - Dawson Clinic	1	2	2
Lac Qui Parle Clinic (Madison)	1	2	-
Ortonville Area Health Services - Northside Medical Clinic	1	2	2
Osakis Medical Clinic, A Service of Douglas County Hospital (Alexandria)	2	2	-
Prairie Ridge Hospital & Health Services - Elbow Lake	1	2	2

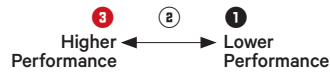
NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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SOUTHWEST continued

Prairie Ridge Hospital & Health Services - Morris	2	1	1
Renville County Hospital and Clinics - Hector	1	2	-
Renville County Hospital and Clinics - Olivia	1	1	2
Renville County Hospital and Clinics - Renville	1	2	-
Sacred Heart Mercy Health Care Center (Jackson)	1	2	1
Sanford Health - Adrian Clinic	2	2	2
Sanford Health - Broadway Clinic (Alexandria)	1	2	2
Sanford Health - Canby Clinic	1	2	1
Sanford Health - Jackson Clinic	1	2	2
Sanford Health - Jackson Lakefield Clinic	1	2	-
Sanford Health - Luverne Clinic	2	2	2
Sanford Health - Mountain Lake Clinic	1	2	2
Sanford Health - Tracy Clinic	2	2	2
Sanford Health - Westbrook Clinic	1	2	2
Sanford Health - Wheaton Clinic	1	2	-
Sanford Health - Windom Clinic	1	2	2
Sanford Health - Worthington Clinic	1	2	2
Stevens Community Medical Center - Starbuck Clinic	2	1	-
Stevens Community Medical Center (Morris)	-	1	1

SOUTHEAST

Allina Health - Faribault	3	3	2
Allina Health Specialties - New Ulm Medical Center	2	2	2
Glencoe Regional Health Services - Glencoe	1	2	2
Glencoe Regional Health Services - Lester Prairie	1	2	2
Glencoe Regional Health Services - Stewart	2	2	-
Gundersen Health System - La Crescent Clinic	3	2	-
Gundersen Health System - Spring Grove Clinic	2	2	-
Lake City Family Physicians PC	-	2	2
Madelia Community Hospital & Clinic	1	2	-
Mankato Clinic - Daniel's Health Center (St. Peter)	2	2	2
Mankato Clinic - Lake Crystal	2	2	2
Mankato Clinic - Main Street	3	2	2



NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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SOUTHEAST continued

Mankato Clinic - Mapleton	3	2	2
Mankato Clinic - North Mankato	3	3	2
Mankato Clinic - Wickersham Campus	3	3	3
Mayo Clinic - Baldwin Building, Family Medicine (Rochester)	3	2	2
Mayo Clinic - Baldwin Building, Primary Care Internal Medicine (Rochester)	3	1	1
Mayo Clinic - Kasson	3	1	1
Mayo Clinic - Northeast (Rochester)	3	2	2
Mayo Clinic - Northwest (Rochester)	3	2	2
Mayo Clinic - Speciality Practice (Rochester)	2	1	2
Mayo Clinic Health System - Adams	2	2	-
Mayo Clinic Health System - Albert Lea	3	1	2
Mayo Clinic Health System - Alden	2	2	-
Mayo Clinic Health System - Austin	3	2	2
Mayo Clinic Health System - Cannon Falls	3	1	2
Mayo Clinic Health System - Fairmont	3	2	2
Mayo Clinic Health System - Faribault Hwy 60	3	2	2
Mayo Clinic Health System - Franciscan Healthcare in Caledonia	2	2	2
Mayo Clinic Health System - Franciscan Healthcare in LaCrescent (La Crescent)	3	3	2
Mayo Clinic Health System - Janesville	1	2	-
Mayo Clinic Health System - Kiester	2	2	-
Mayo Clinic Health System - Lake City	1	2	2
Mayo Clinic Health System - Lake Crystal	2	2	2
Mayo Clinic Health System - Le Roy (Le Roy)	1	2	-
Mayo Clinic Health System - Le Sueur	3	3	2
Mayo Clinic Health System - Mankato Eastridge	3	2	2
Mayo Clinic Health System - Mankato Northridge (North Mankato)	3	3	2
Mayo Clinic Health System - Mankato Specialty Clinic	3	2	2
Mayo Clinic Health System - Montgomery	3	2	2
Mayo Clinic Health System - New Richland	1	1	-

NAME	COLON CANCER SCREENING	DIABETES CARE	HEART CARE
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SOUTHEAST continued

Mayo Clinic Health System - Owatonna	3	3	2
Mayo Clinic Health System - Plainview	1	2	-
Mayo Clinic Health System - Red Wing	2	1	2
Mayo Clinic Health System - Red Wing in Zumbrota	2	1	2
Mayo Clinic Health System - Springfield	3	2	2
Mayo Clinic Health System - St. James	2	2	2
Mayo Clinic Health System - St. Peter	3	3	2
Mayo Clinic Health System - Wabasha	3	2	2
Mayo Clinic Health System - Waseca	2	2	2
Mayo Clinic Health System - Waterville	2	2	-
Mayo Clinic Health System - Wells	1	1	-
Olmsted Medical Center - Byron Clinic	1	2	-
Olmsted Medical Center - Cannon Falls Clinic	1	2	-
Olmsted Medical Center - Chatfield Clinic	1	2	-
Olmsted Medical Center - Pine Island Clinic	1	2	-
Olmsted Medical Center - Plainview Clinic	1	2	-
Olmsted Medical Center - Preston Clinic	1	2	-
Olmsted Medical Center - Rochester Northwest	1	2	2
Olmsted Medical Center - Rochester Southeast	1	1	2
Olmsted Medical Center - Spring Valley Clinic	1	2	2
Olmsted Medical Center - St. Charles Clinic	1	2	-
Olmsted Medical Center - Stewartville Clinic	1	1	2
Olmsted Medical Center - Wanamingo Clinic	1	2	-
Open Door Health Center (Mankato)	1	1	-
Ridgeview - Arlington Clinic	1	2	-
Ridgeview - Gaylord Clinic	1	2	-
Ridgeview - Winsted Clinic	1	2	-
Ridgeview - Winthrop Clinic	1	1	-
River's Edge Clinic - St. Peter	2	1	-
Sleepy Eye Medical Center	1	1	2
United Hospital District Clinic (Blue Earth)	-	1	2
Winona Health - Winona Clinic	1	1	1