

Reform in Action: Can Publicly Reporting the Performance of Health Care Providers Spur Quality Improvement?

Insights from Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in 16 targeted communities, as well as reduce racial and ethnic disparities and provide tested local models that help propel national reform.

Publicly reported data on the performance of health care providers have motivated them to improve their care, and have led employers to change their purchasing habits. And while it has been challenging to reach patients and consumers with this information, that is changing as the reports become more meaningful and accessible to lay audiences.

This kind of transparency is at the heart of *Aligning Forces for Quality (AF4Q)* and the health reform movement. Lessons from AF4Q, as well as other resources from the Robert Wood Johnson Foundation, demonstrate how publicly reporting the performance of health care providers can inform consumers, influence payment, and drive quality improvement.

Overview

In less than a decade, the push for transparency in health care has come a long way. There are public reports on the quality or cost of care provided by hospitals or physicians in every state except Alaska, Idaho, and the District of Columbia. [Measuring and publicly reporting](#) on the quality and cost of care is crucial to improving quality and lowering [health care costs](#) nationwide, and serves three important purposes: 1) it enables patients to make informed choices about their care and be better partners with their doctors; 2) it allows health care professionals to see where they can improve and motivates them to improve their performance; and 3) it allows consumers and purchasers to see the value they are getting for their money.

While there is much to learn about measuring and reporting on the [performance of doctors](#) and hospitals, and much to improve, it is here to stay:

- The federal government provides information about hospitals, doctors, nursing homes, home health agencies, dialysis facilities, and drug and health plans on websites, such as [Hospital Compare](#).
- The newer [Physician Compare](#) today offers only limited information about more than 900,000 doctors who accept Medicare patients, but the Affordable Care Act calls for it to become a robust source of information about the quality of their care in the coming years.
- The number of regional organizations reporting on the performance of hospitals and doctors is growing. [More than 200 websites](#) operated by state health agencies, hospital associations, health care nonprofits such as regional health improvement collaboratives, and insurers provide performance or cost information about local providers.
- Medicare, employers, and health plans have made it part and parcel of [reimbursement strategies and benefit design](#).



AF4Q's quick tips for public reporting programs

- Consider what sources will be used to obtain quality performance information
- Consider what information can be realistically extracted from these data sources
- Consider which conditions or diseases are most critical to the community

Selecting Performance Metrics

Early on, AF4Q alliances faced the start-up task of gathering information for their public reports that is both accurate and credible. Generally, performance measures can be created from clinical data, claims data, patient experience data, or cost/efficiency data—and each option comes with its own set of requirements and challenges:

- *Clinical data* are “information generated through electronic medical records or through partial EMRs supplemented by chart review or other manual systems,” and reflect the care actually provided to patients.¹ Many alliances prefer clinical data, since clinical data reflect the outcome of care, creating a more precise representation of the care provided.
- *Claims data* are collected by health plans and more easily available to alliances, since collection does not require the use of electronic medical records or combing medical charts for data—even though “claims data often lag behind clinical data by a year or longer, which may give participating physicians the impression that the data do not accurately reflect their current performance or practice.”²
- *Patient experience data* reflect the results of surveys that ask patients about their experiences with doctors and their staff, such as how well doctors communicate and if office staff was courteous and helpful. *Patient experience data*, however, are not always readily available, and alliances must work with insurers to survey their patient population, as alliances have done in [Boston](#), [Memphis](#), and [Puget Sound](#).
- *Cost and efficiency data* “describe the cost to create or deliver specific aspects of care. These indicators address the relationship between health care system inputs and outputs to depict overall efficiency.”³ This type of data comes from a variety of sources, including health plans, state hospital discharge data, state Medicaid programs, Medicare reports, and state health information exchanges.

Engaging Stakeholders, Getting Physician Buy-In

AF4Q alliances have long recognized that there are [multiple stakeholders](#) who need to be at the table when initiating performance reports. Generally speaking, this includes the people who get care, provide care, and pay for care—but also those who facilitate the process, such as health information technology firms, researchers and statisticians, and policy-makers.

Among these stakeholders, [physicians](#) express the greatest concern about measurement and reporting because they feel they have the most to lose: “On the one hand, they recognize the value of learning how they compare to national or local benchmarks so they can see where they need to make improvements. On the other, they may not trust that the information reported is correct, relevant or even meaningful to patients, or they may be concerned about how they fare.”⁴

But physicians also recognize the problems with health care quality and understand the need for medicine to embrace quality improvement. Sharing performance data among physicians often generates conversations about how to lift the quality of care, and leads them to identify ways to improve care. If physicians do not believe that the measurement process is sound or if they generally oppose it, they will be less likely to see the value of the data and less willing to share reports internally within their practice and externally with patients. Overall, physician buy-in is a must, and their active participation in every phase of the reporting initiative is one key to its success. As a result, it is commonplace among alliances to develop [private reports](#) for physicians, medical group administrators, and clinic managers so they can review the data for accuracy before it is shared publicly.

AF4Q's Quick tips to engage physicians in public reporting

- Involve physicians from the beginning
- Identify physician champions who will carry the message
- Encourage peer-to-peer learning
- Make quality improvement tools and resources easy to access
- Give physicians a chance to review their data
- Foster a climate that encourages transparency

AF4Q's Quick Tips for Designing Public Reports

- Make it easy to identify and understand patterns
- Help users focus on topics or providers of interest
- Reduce the amount of information for users

AF4Q in Action

- **Video:** Chris Queram, president and CEO of the Wisconsin Collaborative for Healthcare Quality, on why the Wisconsin alliance started using composite measures
- **Video:** Jim Chase, president of Minnesota Community Measurement, on how the Minnesota alliance selects what to measure
- **Video:** Melinda Karp, director of strategic planning and business development at Massachusetts Health Quality Partners, on how the Boston alliance measures patient experience

Making Performance Reports Consumer-Friendly

Using performance data to [inform health care choices](#) can be a challenge. Most [consumers](#) don't fully understand that quality varies among providers. Few use performance data to make choices, even where data are available—and even though choosing a doctor or hospital is one of the most important health care decisions they can make. They are most likely to turn to such data at critical [decision points](#), such as when they move to a new locale and need a new doctor or when they are newly diagnosed with a disease.

Research into how to present clear, [actionable information](#) is relatively new and evolving. AF4Q alliances learned that [designing a website](#) that is [consumer friendly](#) can be challenging and is often an iterative process. Overall, websites should use language that doesn't require a medical degree to understand, with explanations that help people understand the meaning and importance of specific measures—and guidance on specific ways to use the information, especially to make decisions. Websites should also “employ layering and navigation aids so that people are not overwhelmed with information or required to look at information that is of lesser interest.”⁵

Because consumers can have difficulty interpreting performance measurement data, several alliances are also taking steps to offer simpler metrics to represent complex medical conditions, by offering a “roll up” measure that reflects a combination of care for a singular condition. For example, in Minnesota, [the D5](#) data reflect the care physicians provide to patients with diabetes as it relates to five goals: control blood pressure, lower bad cholesterol, maintain blood sugar, be tobacco-free, and take aspirin as recommended.

Using Performance Measures to Improve Quality

You can't improve what you don't measure. This is why measurement is an important [building block for improving quality](#). For example, a [study](#) on the Wisconsin alliance's reporting efforts saw significant improvement across the 567 health care practice sites that participate in its public reports. Physician organizations that participated in the alliance's reporting initiative outperformed non-member peers in Wisconsin, nearby states, and the rest of the United States. Similarly, public reporting spurred the [Ellsworth Medical Clinic](#) in Ellsworth, Wis., to involve its entire staff in providing better care. After learning only 47 percent of the clinic's patients received the recommended care for vascular disease, the clinic empowered its lab technicians to check for missing tests, receptionists to contact patients about needed visits or screenings, and diabetes educators to follow up with patients. The next year, 68 percent of patients received optimal vascular care, a 20 percent improvement and the highest rating compared to 433 other clinics in the region.⁶

[AF4Q alliances](#) have been pioneers in collecting and publicly reporting data on the care provided by local physicians and hospitals, and are beginning to see their impact when it comes to improving quality. The real challenge is turning the idea of transparency into the reality of quality improvement on the ground.

For more information about Aligning Forces for Quality, visit www.rwjf.org/qualityequality/af4q.



Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org. Follow the Foundation on Twitter www.rwjf.org/twitter or Facebook www.rwjf.org/facebook.

1 *Lessons Learned in Public Reporting: Deciding What to Report*. Washington: George Washington University Medical Center School of Public Health and Health Services, 2011, www.rwjf.org/qualityequality/product.jsp?id=72202&cid=xdf_qe_af4q (accessed July 2012).

2 *Lessons Learned in Public Reporting: Deciding What to Report*, 2011.

3 *Lessons Learned in Public Reporting: Crossing the Cost and Efficiency Frontier*. Washington: George Washington University Medical Center School of Public Health and Health Services, 2011, www.rwjf.org/pr/product.jsp?id=72368&cid=xdf_qe_af4q (accessed July 2012).

4 *Lessons Learned in Public Reporting: Physician Buy-In is Key to Success*. Washington: George Washington University Medical Center School of Public Health and Health Services, 2011, www.rwjf.org/qualityequality/product.jsp?id=72201&cid=xdf_qe_af4q (accessed July 2012).

5 *Guidelines for Designing a Consumer-friendly Report*. Sacramento: Center for Health Improvement, 2009, <http://forces4quality.org/guidelines-designing-consumer-friendly-report> (accessed July 2012).

6 *Reform in Action: Can Measuring Physician Performance Improve Health Care Quality?* Princeton, N.J.: Robert Wood Johnson Foundation, 2011, www.rwjf.org/qualityequality/product.jsp?id=72929&cid=xdf_qe_af4q (accessed July 2012).