# **Quality** Field Notes



NUMBER 2 DECEMBER 2013

Performance Measurement and Quality Improvement

**Issue Brief** 

# What We're Learning:

# Clinicians Are Using Data From Public Reports on Their Performance to Improve Care

# **The Challenge**

When Americans go to the doctor, it's essentially a coin toss whether they will get the care medical experts recommend for their conditions.<sup>1</sup> Because they do not always receive the appropriate care for their chronic conditions, such as diabetes, high blood pressure, and heart disease, as many as 91,000 Americans die every year.<sup>2</sup>

Measuring the quality of care is a critical starting point to close these gaps—we cannot improve what we do not measure. Public reporting about the performance of physician practices allows patients to make informed choices about their care, helps health care professionals see where they can improve, and allows purchasers to know the value of the care that they are buying. This brief focuses on how clinicians are using public reports to improve the care they provide to patients.

As part of the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) initiative, 16 alliances around the country published public reports about the quality of care local physicians provide so they can be used by everyone who gets, gives, or pays for care. They had to overcome initial resistance to performance measurement among some physicians and, where available, learned to tap emerging electronic medical records. Getting consumers to use these reports has proven difficult, but there is growing evidence that providers are using performance data for self-improvement, resulting in better outcomes for patients.

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 across America. These briefs distill some of the key lessons learned by these regional alliances of providers, patients, and payers as they work to transform their local health care and provide models for national reform.

#### **The Facts**



Getting quality care is essentially a coin toss. On average, U.S. adults get only

55%

of recommended care for their conditions.<sup>3</sup>



Onlv

34%

of primary care physicians receive performance data that compares them to other practices.<sup>4</sup>



Less than half, or

47%

of primary care practices report that their practice routinely reviews data on clinical outcomes.<sup>5</sup>

# **What's Working**

Lessons from AF4Q demonstrate:



The importance of **transparency**. Publicly reported information about the quality of care in a community allows physician practices to compare their performance to their peers and standards of care, motivating them to seek the resources and support to improve.



The value of **collaboration**. Public reports and quality improvement initiatives developed by regional health collaboratives have greater credibility and capacity to spur improvement. Collaboratives can use public reports to identify top performers and enable providers to share best practices.



## **Transparency**

Publicly reported information about the quality of care in a community allows physician practices to compare their performance to their peers and standards of care, motivating them to seek the resources and support to improve.

The Wisconsin Collaborative for Healthcare Quality, which leads the AF4Q effort in Wisconsin, reports that when clinicians saw performance data about themselves and their peers they were motivated to act, as they wanted to be identified as top performers and avoid being at the bottom of the list. In a study conducted by the collaborative on the effect of public reporting, 15 of 17 medical groups said they prioritized at least one quality improvement intervention because of the public report. And publicly reporting worked, resulting in better care for their patients. Practices improved performance on each of the reported measures, such as cholesterol control and breast cancer screening. Diabetes-related measures showed the most improvement, with three out of the six measures showing double-digit percentage gains. Those in the collaborative also outperformed the rest of the practices in Wisconsin on two diabetes measures and a breast cancer screening.

After the Oregon Health Care Quality Corporation, which leads the AF4Q effort in Oregon, began reporting on whether women were screened for chlamydia, local physicians took notice. Until the provider report came out, one medical group was unaware that the U.S. Preventive Services Task Force recommends regular chlamydia screenings. The practice checked its score and discovered it lagged behind other practices. The group started screenings that found patients in need of treatment—patients whose diseases would have otherwise gone undetected.

The public report developed by the Health Collaborative, which leads the AF4Q effort in greater Cincinnati, spurred similar improvement. The TriHealth Physician Partners group in West Chester, Ohio, saw that it achieved average scores for the care it provided to diabetes patients. Determined to be above average, the practice manager ran reports several times a week to see which patients needed to be in better control of their diabetes. Those in good control were celebrated with certificates, while those who were struggling received extra attention, such as nutrition counseling or fitness support. The next year, the practice's score rose 20 points to 48 percent on the five reported measures for diabetes care, the highest improvement rate of any reporting practice in the area.

"Improvement would not be possible without public transparency of performance measurement. It has been the critical catalyst for so much progress around improvement in our community."

– Barbara B. Tobias, MD, medical director, the Health Collaborative



#### Collaboration

Public reports and quality improvement initiatives developed by health collaboratives have greater credibility and capacity to spur improvement.

Developing public reports that provide reliable, clear, and transparent information is not an easy task. Reports are more likely to be meaningful when a variety of stakeholders provide input on the needs of the community and its capacity for improvement. Getting physicians to the table is particularly

important because while some will see the value in learning how they compare, others may feel that measurement is being imposed upon them. To gain physician buy-in, the Health Collaborative vetted its diabetes measures through its Physician Leadership Group, giving the data credibility with physicians from the start. More than 600 local physicians participated by voluntarily providing patient data on five factors—blood sugar, blood pressure control, cholesterol control, smoking cessation, and daily use of aspirin—known as the D5, an approach to measuring diabetes care they borrowed from MN Community Measurement, the AF4Q alliance that leads the public reporting effort in Minnesota. The Collaborative then provided each of the reporting practices with its D5 score, as well as a community-wide score to serve as a benchmark.

The Collaborative continued to engage physicians through ongoing quality improvement programs that included group learning sessions and one-on-one coaching. This resulted in an increase of the average rate for diabetes care on all five measures from 28 percent in 2010 to 30 percent in 2012. The Collaborative expects this number to increase to 32 percent by 2015.

The Wisconsin Collaborative for Healthcare Quality also turned to its physician practices when it noticed a wide variation in colorectal cancer screening rates among its member organizations, ranging from 63 to 80 percent. The alliance created a member-led colorectal cancer screening improvement project team to review barriers and gaps to care, and outlined interventions so every organization could improve its rates to 70 percent or higher. Interventions included using electronic health records to flag patients behind in their screenings, and calling or sending letters to eligible patients to remind them to schedule appointments. The alliance is on its way to achieving this goal. In 2012, practices in the alliance screened nearly 75 percent of patients for colorectal cancer, an increase from a community average of 68 percent in 2009.

"We've learned that public reporting helps drive improvement in medical groups, which should lead to better care for patients." – Cindy Schlough, director of strategic partnerships, Wisconsin Collaborative for Healthcare Quality

Regional health improvement collaboratives can use public reports to identify top performers and enable providers to share best practices.

Health collaboratives can use public reports to identify top performers that can share best practices others can replicate to improve care community-wide. When reviewing its annual diabetes data, Better Health *Greater* Cleveland, which leads the AF4Q effort in Cleveland, noticed that practices with the highest rate of pneumonia vaccination among diabetes patients were part of the MetroHealth System. The alliance reached out to MetroHealth to find out what it was doing to deliver optimal care. It learned that the system developed a set of interventions using a team approach that spurred vaccination rates to jump from 27 to 70 percent in the first year and to 90 percent two years later. The alliance asked MetroHealth to share its protocols at a community-wide meeting so that others could replicate them. Subsequent reports show that the impact of MetroHealth's successful quality improvement initiative has multiplied across northeast Ohio. Vaccination rates in practices in other health systems climbed from 70 to 82 percent in three years.

When analyzing blood pressure rates, Better Health *Greater* Cleveland's data team spotted another outlier. Ten primary care practices from Kaiser Permanente Ohio had the highest percentage of patients with high blood pressure under good control in 2011, and six of them had the highest rate of improvement of all practices in the region. The alliance found out that Kaiser Permanente Ohio practices developed a structured treatment protocol that was shared through *Better Health* forums and publications for others to adopt or adapt.

"The responsibility of improving our scores didn't rest on one person's shoulders. This was everyone's success. A whole team approach was very helpful in getting everyone engaged, and it led to better patient care." – Kathleen Lehman, RN, MHA, BSN, senior clinical efficiency analyst, MetroHealth Department of Strategic Planning

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- 2 National Committee for Quality Assurance. *The Essential Guide to Health Care Quality*. Washington: National Committee for Quality Assurance, 2007, www.ncqa.org/Portals/0/Publications/Resource%20Library/NCQA\_Primer\_web.pdf (accessed June 2013).
- 3 McGlynn EA, Asch SM, Adams J, et al. "The Quality of Health Care Delivered to Adults in the United States." New England Journal of Medicine, 348(19): 2635–2645, 2003, www.nejm.org/doi/full/10.1056/NEJMsa022615 (accessed June 2013).
- 4 Schoen C, Osborn R, Squires D, et al. "A Survey Of Primary Care Doctors In Ten Countries Shows Progress In Use Of Health Information Technology, Less In Other Areas." *Health Affairs*, 31(12): 2805-16, 2012, *content.healthaffairs.org/content/31/12/2805* (accessed June 2013).
- 5 Schoen C, Osborn R, Squires D, et al. "A Survey Of Primary Care Doctors In Ten Countries Shows Progress In Use Of Health Information Technology, Less In Other Areas." *Health Affairs*, 31(12): 2805-16, 2012, content.healthaffairs.org/content/31/12/2805 (accessed June 2013).

## **Resource Guide:**

Review a compendium of resources that show how practices are using public reports to improve patient care.