

# Lessons Learned in Public Reporting: Deciding What to Report

April 2011

This brief provides lessons from communities involved in *Aligning Forces for Quality*, the Robert Wood Johnson Foundation's signature effort to lift the quality of care in America. Public reporting is a cornerstone of the Aligning Forces program. This brief focuses on bringing together the many pieces of information that go into public reports of quality performance data. A companion brief, "Lessons Learned in Public Reporting: Physician Buy-In Is Key to Success," describes physician participation in public reporting and the vital role that physicians play to make sure the reports are credible, valuable and useful tools for improvement.

This brief was prepared by The Center for Health Care Quality within the Department of Health Policy at The George Washington University School of Public Health and Health Services, which serves as the national program office for Aligning Forces for Quality.

Improving quality and reducing costs of health care in order to benefit those who get, give and pay for care requires publicly reporting what is happening inside our health care system. Patients need information about the quality of care doctors and hospitals provide so they can talk with their doctors and make informed choices about their care. Doctors and hospitals need information about their own performance to identify areas for improvement. Consumers and purchasers need information about the quality of care they pay for and receive to determine the value of the care they are getting.

Seventeen communities across the country participate in the Aligning Forces for Quality (AF4Q) program. AF4Q communities create coalitions of stakeholders that represent providers, payers, plans, primary care physicians and other health professionals, consumers, and many more, and form "Alliances" that leverage the health care system to create opportunities for meaningful change and improvement.<sup>1</sup>

As part of their participation, the Alliances make information about quality of care publicly available to consumers, providers, purchasers and others in their community. The information

## About Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to improve the quality of health care in 17 communities across the nation, eliminate racial and ethnic disparities in care, and develop models for national reform.

The initiative advances interrelated reforms that experts believe are essential to improving health care quality:

- Performance measurement and public reporting
- Consumer engagement
- Quality improvement
- Payment

For more information about AF4Q, please visit <http://www.forces4quality.org>.

reflects hospital and ambulatory performance based on a set of quality measures, which demonstrates the state of health care across the community. As of March 2011, 16 AF4Q Alliances were reporting this information on a public website openly accessible to a broad group of stakeholders in their community. These community reports provide a platform for consumers, providers, policymakers and other interested individuals to take the pulse of health care delivery in a community. These reports are designed to help inform some of the complex decisions that individuals face when weighing factors associated with their health care.

The George Washington University Department of Health Policy serves as the national program office for the AF4Q program. In spring and summer 2010, we conducted telephone interviews with the 17 AF4Q project directors to learn about their experiences in public reporting and performance measurement. In this issue brief, we describe the types of information included in the public reports and the decisions Alliances made in the process leading up to the creation of the public report.<sup>2</sup>

## Making the Right Decisions

### Public reporting programs should consider:

- What sources will be used to obtain quality performance information
- What information can be realistically extracted from these data sources
- Which conditions or diseases are most critical to their community

AF4Q Alliances have learned that any and all organizations that are part of a community's health care operations should be engaged in public reporting and quality improvement efforts from their earliest stages. This includes a long list of individuals and entities involved in health care purchasing and delivery. Community-wide public reporting efforts vary but generally include representatives from health plans, large and small businesses, state Medicaid programs, health information technology firms, researchers and statisticians, consumer groups and advocates, and policy-makers.

Early on, the Alliances faced an important question: How should we gather information for public reporting to ensure the data is accurate and credible? There are limited options for collecting performance data that reflect care delivery across a community. Performance measures can be created from clinical data, claims data or some combination of the two. Choosing a data source can be difficult for communities, because both options come with their own sets of challenges.

Clinical data – that is, information generated through electronic medical records (EMR) or through partial EMRs supplemented by chart review or other manual systems – are considered by most of the Alliances to be the preferred data source. For example, one Alliance uses a combination of information from EMRs and chart sampling for collecting clinical data. For those providers with EMRs, the Alliance is able to report on the whole population of patients with a particular condition, such as diabetes, whereas with paper-based providers, they must rely on a sample. Clinical data reflect care that has been delivered more recently, creating a truer representation of physician or hospital care. Clinical data also offer opportunities to link

demographic characteristics with clinical care, since these data sources are generally housed and supported by one electronic platform. The availability of an EMR creates greater flexibility in reporting quality-related data and can more easily fit national or regional reporting conventions, if the preference of the community is to benchmark against those for comparison purposes.

Claims data tend to be more easily available across communities, since it is already collected by health plans and does not require use of EMRs or manual data entry as is the case with clinical data. This approach, however, has certain drawbacks. 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. Nevertheless, many communities use claims data effectively; physicians are encouraged to review their own performance statistics to determine whether they are accurate and use the data as a springboard for quality improvement activities that will be visible in future community reports.

We recommend identifying viable local data sources prior to selecting the specific performance measures to include when publicly reporting quality data. Some of the Alliances selected measures first, and then identified the data sources from which the measures would be constructed. As a consequence, they had to revise their selection of measures to comport with the realities of data availability. For example, one Alliance targeted measures from several diseases, only to learn that it could not collect the information because chart reviews in ambulatory settings did not easily supply the necessary data.

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“There were measurements that seemed good on paper but when the practices tried to do a run... they either couldn’t find it in the charts or they couldn’t find it in their practice management software.”

– Christine Amy, South Central Pennsylvania

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Alliances also learned early on to narrow their focus to a select number of diseases that are most relevant for their patient populations and community residents. Some Alliances enthusiastically approached the task of public reporting and identified too many chronic conditions with too many performance measures to realistically report. In some cases, Alliances had to reconsider their selections and scale back their initial set of measures. This approach appears to have worked well for several of the Alliances, and now, with substantial experience under their belts, they plan to include an expanded set of performance measures and conditions in their future reports.

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“Once the group got into the process and the nuts and bolts, we realized some of [our original] metrics really weren’t accessible. So we ended up with four diabetes measures.”

– Shelley Hirshberg, Western New York

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## Creating a Team for Careful Selection of Measures

### Public reporting programs should consider:

- Developing an established process for adding conditions and metrics to existing reports
- Including all stakeholders in the development of reports
- Giving physicians a seat at the table to help them feel comfortable with the reports and become advocates for their use
- Involving information technology professionals from the start to help identify future technical problems in promoting public reports and facilitate subsequent quality improvement efforts

As they have become more knowledgeable about public reporting, some Alliances have established formal processes for selecting conditions and additional metrics, as well as for planning future quality reports.

One Alliance created a subcommittee of its governance structure to lead the charge to identify new measures. The subcommittee conducts a literature search of evidence-based practices and benchmarks associated with high-quality care and positive outcomes. The group examines nationally endorsed measures and then vets them with local stakeholders to see which are most promising for the next round of reporting. The group discusses whether the measures need to be adjusted to fit the goals of the AF4Q project and consults with Alliance representatives on other subcommittees that address information management and clinical research. After several levels of review, a proposed group of performance measures are sent to the AF4Q Leadership Team for discussion and approval.

While specific measures and data elements vary substantially across the Alliances, AF4Q “veterans” of the public reporting process say that involvement of a broad group of stakeholders is key to the successful selection of performance measures for reporting. At a minimum, this includes physicians who practice in the community and represent physician groups, health plan representatives, experts in data and health information technology, and consumers and consumer groups.

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“Whatever you choose to report, you have to have leaders and consensus around it. To have true buy-in to public reporting, you really do need multi-stakeholder support because if you get just one group, the others are skeptical of it and don’t think it’s effective.”

- Christine Amy, South Central Pennsylvania

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Another Alliance’s process for selecting measures began by polling health care purchasers and their employees and asking them to identify topics that were most responsible for driving health care costs in their community. Not surprisingly, the responses differed across the groups, with some stating that chronic conditions such as diabetes and heart disease were the most pressing issues, and others pointing to the need for pregnancy-related services and back pain care. The responses helped shape the Alliance’s decision to focus its initial quality report on diabetes, health disease and back pain, selecting nationally recognized measures to set a course to chart their progress.

## Aligning Forces Alliances

### Albuquerque, N.M.

Albuquerque Coalition for Healthcare Quality  
<http://www.abqhealthcarequality.org/>

### Boston, Mass.

Greater Boston Quality Coalition  
<http://www.mhqp.org>

### Central Indiana

Central Indiana Alliance for Health  
<http://www.centralindianaallianceforhealth.org>

### Cincinnati, Ohio

Health Improvement Collaborative of Greater Cincinnati  
<http://www.the-collaborative.org/>

### Cleveland, Ohio

Better Health Greater Cleveland  
<http://www.betterhealthcleveland.org/>

### Detroit, Mich.

Greater Detroit Area Health Council  
<http://www.gdahc.org/>

### Humboldt County, Calif.

Community Health Alliance  
<http://www.communityhealthalliance.org/>

### Kansas City, Mo.

Kansas City Quality Improvement Consortium  
<http://www.kcqic.org/>

### Maine

Quality Counts  
<http://www.mainequalitycounts.org>

### Memphis, Tenn.

Healthy Memphis Common Table  
<http://www.healthymemphis.org/>

### Minnesota

MN Community Measurement  
<http://www.mncommunitymeasurement.org/>

### Puget Sound, Wash.

Puget Sound Health Alliance  
<http://www.pugetsoundhealthalliance.org/>

### South Central Pennsylvania

AF4Q South Central Pennsylvania  
[www.aligning4healthpa.org](http://www.aligning4healthpa.org)

### West Michigan

Alliance for Health  
<http://www.afh.org/>

### Western New York

P<sup>2</sup> Collaborative of Western New York  
<http://www.p2wny.org/>

### Willamette Valley, Ore.

Oregon Health Care Quality Corporation  
<http://www.q-corp.org>

### Wisconsin

Wisconsin Collaborative for Healthcare Quality  
<http://www.wchq.org>

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“Physicians, health plans and consumers were all at the table on the Leadership Team making decisions about what measures would be selected, collected and included in reports.”

– Catherine Davis, Kansas City

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To obtain physician buy-in, at least half the AF4Q Alliances have required their participating providers to sign agreements to share their data. These agreements enable physician practices, hospitals or health plans to provide data to the Alliance for analysis and reporting purposes. Other Alliances were able to move forward without a formal data use agreement. Clearly, determining whether such an agreement is necessary is an essential early step on the road to creating a community report. Working out details about data sharing and use can take time. Anticipating the need for data agreements is an important component of any reporting effort.

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“We underestimated the amount of time and effort it takes to get the data use agreements done. We didn’t put as much time and attention that we should have to getting those done.”

– Reneé Frazier, Memphis

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Some Alliances found willing and ready partners within the physician community; others faced a challenge in trying to engender physician support for public reporting. In several cases, physicians joined the effort because it offered an opportunity to shape the public reporting effort and to ensure the data reported were accurate and representative of true practice.

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“When the physicians realized two things: A) the employers would report [quality improvement] data, period; but B) they’d rather do it right if the providers would help them, this struck a chord with the physicians...It also helped that the employers said, ‘Look, if the physicians could figure out how to report quality, we’ll find a way to reward higher quality care.’”

– Ted Rooney, Maine

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Likewise, early and ongoing participation by experts in the information technology (IT) field aided the success of community public reporting, as well as subsequent quality improvement activities. Early involvement of IT professionals can increase the efficiency of the reporting enterprise, since data and IT experts can foresee technical challenges and help identify solutions before missteps occur. IT professionals can identify current reporting practices by health plans and providers, assess data compatibility across the various reporting entities and define the parameters for data collection requests.

## Identifying Established Measures of Quality

### Public reporting programs should consider:

- Making an explicit commitment to accurate data for performance measurement and public reporting
- Taking an inclusive approach to decision-making when necessary
- Deciding to use nationally endorsed measures or to adjust those measures to local circumstances and data availability
- Using readily available metrics within the community to help make the reporting process smoother and quicker

Alliances view their quality reports as works in progress. As data is updated and new measures are included, Alliances have the opportunity to present expanded information and improve reporting formats to make them more user-friendly and accessible for a broader population.

Even experienced Alliances that have released several reports found the process of selecting measures laborious. Alliance leaders reported that the process took longer than anticipated, but care, thoughtfulness and dedication produced dividends in the long run. Releasing a report that has the support of physicians and other stakeholders, that represents an honest and accurate description of health care delivery, and that captures performance measures reflecting core concerns within the community is well worth the hard work.

During the measurement selection process, many Alliances struggled with whether to use nationally endorsed measures or to adjust those measures to local circumstances or data availability. Alliances found it helpful to pursue a very practical approach by focusing on metrics that were already available at their participating sites, in relatively compatible formats and able to be aggregated fairly easily by IT staff. While essential for early reporting efforts, these localized reporting strategies limit comparability of quality information with other communities and regions. As the reporting initiatives evolve and mature, Alliances may seek to strengthen data collection methodologies and move toward consensus measures that are comparable across communities and regions.

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“Anyone who tries to create their own measures quickly finds out how difficult that is.”  
– Ted Rooney, Maine

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Alliance leaders used measures endorsed by the National Quality Forum and developed by respected organizations. Among these established groups and sets of measures are the [National Committee on Quality Assurance](#) (NCQA) [HEDIS](#) specifications, the [Leapfrog Group](#) patient

safety measures, the [Centers for Medicare and Medicaid Services'](#) (CMS) Medicare metrics, and [the Agency for Healthcare Research and Quality's](#) (AHRQ) Ambulatory Care Quality Alliance (AQA) Starter Set, as well as its Prevention Quality Indicators (PQI) measures.

## Data Collection Methods

The data collection process has evolved differently for each of the AF4Q Alliances. Some collect data directly from individual providers via a secure portal or through a sample of patient records, while others receive a dataset with claims data from local health plans. One Alliance uses providers' self-reports of HEDIS results. These strategies have emerged based on provider preference, technological capabilities and data availability.

Each of these strategies has its own set of advantages. Direct health plan data submission appears to be an efficient way to transfer data and removes the burden from individual physicians to self-report. Physicians then review and confirm the accuracy of the data after it has been processed and assembled in report form. These individual reports are particularly useful for physicians participating in quality improvement initiatives. Nevertheless, time lags associated with health plan submissions for reporting purposes are considered a major drawback to this data collection strategy.




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“Something we’ve gotten right and is definitely helping our effort is the direct data submission process that providers are able to go in and submit data directly to us instead of pulling all our measures from the administrative data which would then limit which measure we can report on...It’s a major shot in the arm.”

– Laura Bloom, Minnesota

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“The [physicians] can actually see what the measures are going to look like on the public site and get another crack at it, looking at it that way against their peers. The kinds of things they’re looking for in the review are a ‘reasonableness test’ ... does this look like what I think I reported to the plans or what they’ve told me.”

– Jan Whitehouse, Detroit

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Other Alliances rely on data submissions from physicians through a registry that includes more current data. Unfortunately, customizing reports through registries can be very cumbersome, particularly for those practices that do not have EMRs or other electronic systems to extract and record the data. Alliances have also used a sampling strategy where a sample of medical charts are extracted and reported. Sampling can provide very timely and useful information; however,

sampling is time-consuming and may not capture all of the information necessary to meet the data requirements associated with certain performance measures.

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“The number one thing we did right was to go to the effort to get the electronic medical record data and report on all patients and all types of patients. There’s no doubt that was the number one thing we did right in terms of getting better buy-in across the community and being able to produce reports that are more meaningful and focused on real problems that are relevant to people.”

– Thomas Love, Cleveland

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Some of the AF4Q Alliances have pilot-tested their programs with a smaller set of physician practices before scaling up to a community-wide effort. Pilot tests help to identify trouble spots related to technical data collection, transfer and compatibility issues. Particularly effective pilots involved sophisticated participants – that is, ones with advanced EMRs or other data systems – as well as ones that anticipated data problems. Consequently, roadblocks to smooth data submissions can be identified and eliminated prior to moving forward with the project.

AF4Q Alliances have successfully reported quality information despite initial data challenges. They have shown that while data challenges are real and substantial, a strong commitment to making quality information available to the community can help to overcome many of these more practical concerns.

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“We’ve worked hard to dispel the myth that in order to submit data you have to have EMRs. That’s not true.”

– Chris Queram, Wisconsin

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Regardless of which method is used, community-wide efforts need to focus on making sure that whatever is reported is accurate and considered by physicians and others in the community to be a fair representation of their performance. Shooting for the best method to collect data is a laudable goal, but communities must make the best of the data available to them, at least for the early reports.

A separate issue brief, “Lessons Learned in Public Reporting: Physician Buy-In is Key to Success,” describes the importance of involving physicians in each of these important decisions from the earliest stages of development. This report can be accessed at <http://www.rwjf.org/qualityequality/af4q/>.

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## About the 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 improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 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 <http://www.rwjf.org>.