Multi-stakeholder Community Inventory Modules

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Introduction

Purpose of This Tool

The information gathered through the use of this inventory tool will provide your community with a foundation from which to identify resources, both human and financial, for each of the eight focus areas (listed below); leverage and align existing resources and activities; eliminate redundant efforts; and identify gaps and opportunities for collaboration. Through the Community Inventory, the Community Quality Collaborative will introduce the organization and its goals to a broader audience, enlist additional support, and form the basis for new relationships that may support the Community Quality Collaborative.

This tool describes why, when, and how it might be used, suggests who to contact in each of the eight focus areas, and what to do with the information once it is gathered. It includes eight separate modules, one for each focus area. Community Quality Collaboratives will select which modules apply to their strategies, goals, and workplans and use them to gather in-depth information. This tool also provides sample interview questions, evaluation tools to score the development of each area, and Web-based resources for each focus area.

This tool and companion process may provide value in a number of ways in addition to gathering baseline information on relevant past or ongoing activities. You may wish to record and communicate your findings in ways other than through the tables included in this document to capture the detail and content. The information gathered may be used in a number of ways, including updating and revising goals, strategies, tactics and workplans; guiding development of vision or mission statements; stimulating and informing discussions and brainstorming about challenges and innovative solutions; and pursuing resources.

The process of interviewing a diverse group of individuals will provide the opportunity to increase awareness of the Community Quality Collaborative and its goals, increase support for its goals across a broader constituency, gather diverse input and ideas from a broad base, and identify sources of financial or other resources.

How to Use This Tool

It is expected that Community Quality Collaboratives will selectively use the modules in this tool, choosing those that apply to their goals and strategies and as they focus on a particular area such as "public reporting" or "provider incentives." It is expected that some Community Quality Collaboratives will use all eight modules.

Why Use This Tool

The Community Inventory Modules are meant to guide communities in gathering detailed information for each of eight focus areas:
1. Collaborative leadership
2. Public at-large engagement
3. Quality and efficiency measurement
4. Public reporting
5. Provider incentives

6. Consumer incentives
7. Strategy for improving quality
8. Health information technology (HIT)/health information exchange (HIE)

It is likely that your community has multiple activities with the same or similar goals, occurring simultaneously, and that key leaders either may not know about the others or have no incentive to consider the advantages for the community if they were to align their efforts with others. They may, in fact, be competing on quality goals when collaboration would greatly increase the overall value to the community. It is also likely that your community may be able to build on existing initiatives.

The modules also can serve as a record of findings to be used in planning future initiatives as well as be used to orient new members to the Community Quality Collaborative. This Community Inventory Tool will help your community gather the information from which your Community Quality Collaborative can develop an umbrella vision and strategy to align all disparate activities of multiple organizations for the benefit of the community.

Getting Started

When to Use This Tool

This tool should be used very early in your Community Quality Collaborative's formation process as Community Quality Collaboratives develop their workplans. Community Quality Collaboratives may choose to select those modules that are particularly relevant to their priorities for the coming year. Information gathered through the use of this tool will supplement the baseline information so that your Community Quality Collaborative will have a comprehensive and in-depth listing of relevant activities in your community.

You may want to set up a system of reminders to revisit specific programs, activities, or individuals at specific time intervals if they are relevant to specific goals or repeat certain aspects of the inventory periodically in rapidly evolving areas of inquiry.

The tool is meant to support strategic planning as well as specific initiatives or activities determined by your Community Quality Collaborative leadership or governing body.

Establishing an Inventory Leadership Team

As you begin planning your strategy and identifying resources and expertise, you may wish to identify key individuals whose participation and leadership will lend credibility to your Community Quality Collaborative's efforts and who can provide access to information and individuals who could be helpful later on in the process. It is not necessary that every stakeholder be involved in every activity.

You may consider identifying an Inventory Leadership Team comprised of one leader for each focus area. The chart below illustrates the structure of a Community Quality Collaborative with projects in four focus areas and team members in each. Inventory Team Leaders should be top-level representatives or their designees who have a wide range of experience, relationships,

expertise, and influence in the given area of inquiry. By scheduling regular update meetings/calls with the Team Leaders, the Community Quality Collaborative project director will provide built-in timelines and accountability for their completion of the process that should include completion of their respective modules included later in this document.

Inventory team leaders can form Focus Area Teams to help gather information. The Focus Area Teams should include individuals with expertise in the given field who can be objective and strategic in their inquiry.

Team leaders may share their team's results with the other team leaders and brainstorm possible strategic initiatives, areas of collaboration, and gaps to fill. Engaging multiple stakeholders with various perspectives and expertise will tap into multiple resources, facilitate learning across various stakeholders, and create a sense of ownership in building the inventory and subsequent strategies and activities.

Information Gathering Process

Consider how information should be gathered early on based on the nature of what you want to learn:

- Through presentations by specific individuals or organizations to a group of individuals if you want the information to be broadly disseminated and an exchange of information among key stakeholders
- By surveying multiple individuals in a given stakeholder group to quantify the extent of specific activities, knowledge, attitudes, and capabilities
- By conducting individual face-to-face or phone interviews for in-depth information, references, and brainstorming
- By reviewing public documents, conducting Internet research, or reviewing other resources for data and facts

As the information is gathered, share the results of the inventory as broadly as possible to expedite knowledge transfer, spark ideas for areas of collaboration and synergy, and to identify gaps. Consider sharing the information in multiple venues with a variety of stakeholders.

Information Sources

It is important to include all four stakeholder groups in your inquiry: (1) providers (including doctors, hospitals, nurses, medical societies, and others); (2) purchasers (both private employers and public purchasing entities, such as Medicaid, State employee programs, county employee programs); (3) national and regional health plans; and (4) consumers (including local advocacy organizations and chapters of national groups such as AARP, the American Diabetes Association, etc.). Each of these stakeholder groups includes a broad range of organizations and individuals. Consider which organizations within these stakeholder groups have and have not been involved in value-driven health care. For those not yet involved, this is an opportunity to get them involved.

The following table is meant to stimulate your thinking about who might be the most likely sources of information and resources for each focus area by organization type. You may want to identify the top two or three largest, most influential organizations in your community in each

category and individuals within those organizations to start a list of potential sources of information.

Key Community Organizations	Eight Focus areas							
	Collaborative Leadership	Public At-large Engagement.	Quality & Efficiency Measurement	Public Reporting	Provider Incentives	Consumer Incentives	Strategy for Improving Quality	Health Information Technology/ Health Information Exchange
Clinicians, physician groups								
Hospitals, health care systems								
Purchasers, employers, Medicaid								
Health plans								
Consumer advocacy organizations and individuals								
Quality Improvement Organizations (QIOs), other Quality Improvement (QI) organizations								
Academia, researchers, state data organizations[1]								
Regional Health Information Organizations (RHIOs)/Health Information Exchanges (HIE)								
State, county, local government (regulatory)								
Public health agencies								
Foundations focusing on health care								
Pharmaceutical, device manufacturers								

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[1] Organizations that have partnered with AHRQ and contribute statewide data to HCUP, **http://www.hcup-us.ahrq.gov/partners.jsp**

Community Inventory Tool Framework

The Community Inventory Tool Framework is structured around the Learning Network's eight focus areas described below. Through systematic review of each area of priority for a given Community Quality Collaborative, Community Quality Collaboratives can determine where best to start building their strategies and activities.

1. **Collaborative Leadership**
   This focus area provides guidance on how to bring diverse stakeholders together to develop and implement a communitywide vision for improving health care quality and managing costs.

2. **Public At-large Engagement**
   This focus area provides guidance for all Community Quality Collaborative stakeholders—employers, health plans, providers, and consumers—on how to increase public awareness regarding health care quality and costs and initiate change in social change in these areas.

3. **Quality and Efficiency Measuremen**t
   This focus area provides guidance on issues related to collecting, analyzing, and using data on the performance of health care providers. Measurement is essential to determining whether and to what extent health care is improving and whether it is delivered efficiently.

4. **Public Reporting**
   This focus area provides guidance on how to disseminate quality and cost information to the public. The benefits of improving accessibility to this information include permitting providers of health care to benchmark their performance against others, facilitating consumers' decision making, informing purchaser strategies to reward quality and efficiency and stimulating quality improvement activities in areas where performance levels are reported to be low.

5. **Provider Incentives**
   This focus area concentrates on how to align financial incentives to reward high-quality, safe, and efficient care by physicians and hospitals.

6. **Consumer Incentives**
   This focus area concentrates on helping health plans and purchasers identify and implement financial and nonfinancial incentives that motivate consumers to choose high-value health care providers and services.

7. **Capacity for Improving Quality**
   This focus area provides guidance on how Community Quality Collaboratives can enhance their capacity to improve the quality of health care in their communities by creating a cohesive vision, leveraging existing efforts, and identifying ways to address gaps and expand outreach, most notably to small physician practices.

8. **Health Information Technology (HIT)/Health Information Exchange (HIE)**
   This focus area provides guidance on how to use technology to collect, store, retrieve, and transfer structured medical information electronically. Health IT is seen as having great potential to improve the quality of care through enhanced coordination and continuity of care, as well as improved patient safety and fewer medical errors. In addition, increased administrative efficiencies, decreased paperwork, and lower health care costs may result.

The Community Inventory Tool includes eight modules that will help you assess each of the focus areas listed above. Each module provides you with guidance for completing it, including suggestions for resources you may need, individuals you may wish to contact, and suggestions on what questions to ask during an interview. Each of the eight modules is organized as follows:

- Your goals in this inquiry
- Information you may want to gather
- Key individuals to contact
- Other individuals to consider contacting
- Suggested questions
  - Communitywide
  - Stakeholder-specific
  - Future community quality collaborative

The people who complete each module will be asked to assess the focus area by identifying overlaps, gaps, opportunities, challenges, key leaders, and potential resources. They will also be asked to score the community's strength in their area to help identify opportunities for improvement.

Multi-stakeholder Community Inventory Modules

Module 1: Collaborative Leadership

Your Goals in This Inquiry
- Identify initiatives, multistakeholder groups, and individuals that demonstrate collaborative leadership in your community. Examples of collaborative leadership can be drawn from anything that is relevant to value-driven health care in your community (e.g., performance measurement, quality improvement).
- Identify potential experts and resources to assist your Community Quality Collaborative in getting the right people to the table, developing and maintaining relationships, gaining momentum, sustaining commitment and participation, and supporting efforts over time
- Identify new key organizations, individuals, and leaders that need to be brought into the new Community Quality Collaborative, even if they do not have a history of working with members of the collaborative
- Identify whether assistance is needed to fully realize the benefits of collaboration because of unbalanced power among stakeholders, or historical relationships or events that prevent a collaborative approach. Assistance may include bringing in a facilitator or neutral party to guide the group, educating stakeholders on the principles of collaboration, and increasing the skills of leaders in the collaborative
- Identify opportunities for multiple stakeholders to collaborate rather than compete in order to improve health and health care
- Identify ways to continually increase the value derived from the Community Quality Collaborative's collaboration

Information You May Want to Gather
- Identify collaborations, individual organizations, and leaders within organizations who have track records of collaboration
- Identify successful community initiatives where collaboration was the vehicle for its success
- Identify local resources that have facilitated collaborative efforts
- Identify collaborations that have not succeeded and reasons why

Key Individuals to Contact
- Members of your Community Quality Collaborative
- Other individuals representing the four stakeholder groups involved in the Community Quality Collaborative who have been involved in collaborative efforts
- Leaders of other collaborative efforts, especially those that are longstanding
- Experts and facilitators who have supported past collaborative efforts

Other Individuals to Consider Contacting
- Leaders and other individuals who have been involved in past or existing multi-stakeholder collaborations related to the eight focus areas including:
  - Key clinician leaders, physician groups
  - Hospitals, health care systems

- o Purchasers, employers, Medicaid and government leaders, business coalitions involved in value-based purchasing
- o Health plans
- o Consumer advocacy organizations and individuals
- o Government officials involved in the regulation of health care
- o Legislative leaders in health care
- o Labor leaders
- o Quality Improvement Organizations (QIOs)
- o Other organizations involved in quality improvement (QI)
- o State data organizations
- o Regional Health Information Organizations (RHIOs)/Health Information Exchanges

Suggested Questions

Communitywide Collaborative Leadership
- What communitywide multi-stakeholder collaborative efforts come to mind when you hear about the vision of the Community Quality Collaborative?
- Which ones have been/are the most successful in this market?
- What was/is the driving force behind their success?
- Who were/are the leaders?
- What were/are the characteristics of the leader that led to its success?
- What other factors contribute/d to their success?
- If applicable, how would you ensure that rural areas are represented in collaborative efforts?
- Are there geographic issues, such as distance, market service areas, local jurisdictions, or other boundaries that may pose challenges to this collaborative?
- Are there demographic issues such as age, income, or education levels that may pose challenges?
- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's goals?
- How do you anticipate supporting representation of consumers in the Community Quality Collaborative leadership?
- Who are potential funders of Community Quality Collaborative initiatives?

Stakeholder-Specific Collaborative Leadership
- What initiatives have your organization and others in your stakeholder group undertaken that incorporate collaborative leadership?
- What are the lessons learned?
- Are there other individuals in your organization who could provide additional insight on collaborative leadership?

Future Community Quality Collaborative Collaborative Leadership
- What knowledge, skills, and relationships will the individuals involved in the Community Quality Collaborative require for success, and are they present?

- Who else, individuals and stakeholders, should be involved in the Community Quality Collaborative, why and how?
- What could your organization contribute?
- How do you envision being involved in achieving the goals of the Community Quality Collaborative?
- What advice do you have for the Community Quality Collaborative in its multi-stakeholder collaboration to advance the four cornerstones of Value-Driven Health Care; interoperable health information technology, quality standards and transparency, price standards and transparency, and incentives?

Compiling Results

Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Collaborative Leadership – Activities and Results			
Interviewee Name	Position, Organization	Summary	Conclusions/Next Steps

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team Leaders.

Collaborative Leadership – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Collaborative Leadership Consensus Score Card	SCORE (1-10)
1. Our community has a history of multi-stakeholder collaboration or cooperation.	
2. These collaboratives have been successful.	
3. Health care leaders in our community support collaboration.	
4. The collaboratives have involved the Community Quality Collaborative stakeholders: purchasers, plans, providers, and consumers.	
5. The Community Quality Collaborative is seen as a leader in the community.	
6. The Community Quality Collaborative includes the right stakeholders.	
7. The Community Quality Collaborative includes the right individuals.	
8. The individuals at the table are open to, or are drivers of, innovation.	
9. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative goals in their respective organizations.	
10. The members of the collaborative share a common vision of the purpose of the Community Quality Collaborative.	
11. The members of the Community Quality Collaborative know each other and/or have worked together on other initiatives.	
12. These individuals have been involved in other communitywide initiatives related to one or more of the eight focus areas.	
13. The individuals at the table are willing to share relevant knowledge openly.	
14. The organizations involved in the Community Quality Collaborative are willing to share knowledge, expertise, and capabilities for the benefit of the community.	
15. The organizations are willing to share resources, in-kind, financial or other, in this multi-stakeholder collaborative.	
16. There are sufficient resources for this Community Quality Collaborative to be successful.	
17. The individual participants will devote adequate time and resources to the Community Quality Collaborative.	
18. Individuals will continue to support the Community Quality Collaborative even through changes in goals, members, and other conditions.	
19. The Community Quality Collaborative will seek outside expertise if necessary to achieve its goals.	
Total Score	

Module 2: Public At-large Engagement

Your Goals in This Inquiry
- Identify resources, both in-kind and financial, and experts in engaging the public at large, in particular on topics of quality and cost variation
- Learn which social marketing campaigns, particularly related to quality variation and consumer activation, have been successful in your community
- Identify target audiences that are ready to change and who would provide social capital to the program (be influential in changing others)
- Identify existing messages and communications of stakeholders related to value-driven health care in your community
- Identify the target audiences' perceived benefits and barriers of value-driven health care
- Identify the most credible channels of communication for the target audience
- Identify ways to increase the perceived benefits and reduce barriers to value-driven health care

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Social marketing is a field of social research and practice that uses the principles of marketing to motivate changes in behavior that are beneficial to the society at large.
--Dale Shaller, Consumers in Health Care: The Burden of Choice, 2005

Information You May Want to Gather
- Previous and current local efforts to change public perception, especially in areas of quality and cost variation
- Organizations that undertook or are undertaking these initiatives
- Examples of communications or public relations conducted by government, purchasers, health plans, or providers to their members, customers, employees, patients, related to value-driven health care
- Local websites related to provider quality, cost, health care value
- Interest by Community Quality Collaborative stakeholders in developing, supporting or airing public service announcements (PSAs) or other vehicles to educate the public
- Retail stores with interest in running in-store public service announcements
- Journalists (TV, radio, media) in your community with a particular interest in health care
- Potential sponsors of pro-bono, future messaging
- Local experts or organizations with expertise in marketing and social marketing that could be tapped for this Community Quality Collaborative focus area

Key Individuals to Contact
- Public health agencies that have conducted successful social marketing campaigns
- Health plans that have been successful in communicating messages related to value-driven health care
- Purchasers, private employers, Medicaid, and business coalitions that have communicated messages related to value-driven health care
- Consumer organizations that have been involved in communicating messages related to health behaviors and health care to their members

- Marketing experts within the Community Quality Collaborative's member organizations
- Advertising agencies that produced materials for social marketing campaigns
- Media, especially with a focus on health and health care issues
- Foundations, pharmaceutical, device manufacturers which may support your social marketing efforts

Other Individuals to Consider Contacting
- Leaders within local employers not yet engaged with the Community Quality Collaborative who have expertise in marketing
- Labor leaders who have an interest in health and health care
- Quality improvement organizations (QIOs)
- Other organizations involved in quality improvement (QI)
- Sources trusted by key audiences, such as churches, charitable or public service organizations
- State, county, local government (regulatory)

Suggested Questions

Communitywide Public Engagement
- What has been done, so far, in the area of public engagement or social marketing in this community, in particular related to quality and cost variation, including partnerships with national organizations?
- What is an example of a multi-stakeholder social marketing campaign or public engagement effort in this community?
- Was it successful and if so, what were its critical success factors? If not, why not?
- Who was involved and responsible for its success?
- If applicable, how were rural areas included in public engagement?
- Are there geographic issues, such as distance, market service areas, local jurisdictions, or other boundaries that may pose challenges to public engagement?
- Are there demographic issues such as age, income, language, culture, ethnicity, or education levels that may pose special challenges?
- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's public engagement goals?
- How do you anticipate identifying and supporting consumer representatives in public engagement?
- What key messages have been communicated in this market related to value-driven health care?
- Who has communicated them?
- What impact have they had? How can you determine their impact?
- What venues/channels would be most effective?
- Who are potential sponsors of your activities?
- Has any thought been given to health literacy in the community, and if so how?
- What are the lessons learned overall?

Stakeholder-Specific Public Engagement
- What initiatives have you and others in your stakeholder group undertaken related to public engagement in value-driven health care?
- What are your key messages?
- What are your relevant current activities?
- What are your goals and plans for the future in value-driven health care?
- Who is involved? How should they be involved in the Community Quality Collaborative?

Future Community Quality Collaborative Public Engagement
- What key messages should the Community Quality Collaborative communicate in its public engagement initiative?
- Should any particular group be the target for initial engagement efforts? If so, who and why?
- What could you and your organization contribute to the Community Quality Collaborative?
- Who else should be involved in the Community Quality Collaborative's public engagement efforts?

Compiling Results
Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Public At-large Engagement – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team leaders.

Public At-large Engagement – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Public At-large Engagement Consensus Score Card	Points (1-10)
1. There is significant social marketing experience around value drive health care in our community.	
2. The multi-stakeholder collaborative, individual health care organizations, purchasers, health plans or consumers have experience conducting public engagement or social marketing campaigns.	
3. There are no major controversies or adversaries to value driven health care that need to be addressed in the social marketing effort.	
4. There are important channels of communication, e.g., media, willing to participate in the effort.	
5. There is a viable target audience(s) that is ready to change and who would provide social support for the campaign.	
6. There is at least one credible spokesperson willing to participate in the social marketing effort.	
7. Members of the Community Quality Collaborative will be able to reach consensus about key messages related to value-driven health care.	
8. There are sufficient resources for a Community Quality Collaborative-led social marketing campaign to be successful.	
9. The Community Quality Collaborative includes or will include experts in social marketing.	
10. The Community Quality Collaborative members and organizations are willing to contribute time, resources, expertise, in-kind, financial or other, in a social marketing campaign.	
Total Points	

3: Quality & Efficiency Measurement

Your Goals in This Inquiry
- Identify resources and expertise in quality and efficiency measurement in your community. This includes quality and efficiency measurement at the delivery system level (e.g., clinic/practice location, medical/physician group, individual physician, hospital).
- Delineate clinical quality measurement activities as well as patient experience of care activities. For example, a medical group in your community may be assessing quality of care for its patients with diabetes. This may involve gathering and analyzing clinical data on HbA1c levels as well as patient survey data on topics such as provider communication with patients, coordination of patient care, timeliness of care, etc.
- Identify past measurement efforts
- Identify current measurement activities
- Identify current data aggregation efforts
- Understand how measures have been prioritized and selected (e.g., based on data availability or existing problems)
- Identify goals of major stakeholders in developing and reporting quality and efficiency measures
- Identify contributors and users of measures from national campaigns/efforts, e.g., Leapfrog, CMS Compare, Joint Commission, CDC

Information You May Want to Gather
- Existing local public reporting of any quality and efficiency measures
- Existing non-public reporting of any quality and efficiency measures, for example provider organizations' internal measurement
- Identify which measures are being used today and which are planned for the future
- Which measures purchasers are requesting or requiring
- Existence of collaborative efforts to aggregate data for measurement

Key Individuals to Contact
- Measurement experts from providers including physician groups and hospitals
- Health plan measurement experts
- Quality improvement organizations (QIOs)
- Purchasers who are requiring or requesting quality and efficiency measurement

Other Individuals to Consider Contacting
- Individuals involved in measurement within public health agencies
- Academic researchers in health services, public health who have expertise in measurement

Suggested Questions

Communitywide Measurement Activities
- Have there been any community wide measurement discussions or activities in this market and if so please describe?
- Who has driven this activity – purchasers, health plans, providers, consumers, other?
- Who else has been involved?
- How was it decided what to measure, and how were the measures selected?
- Are nationally recognized standard measures generally viewed as valid for this market?
- What are the obstacles and challenges in advancing communitywide measurement?
- What are enablers or supporters of measurement?
- If applicable, how would you ensure that rural areas are included in measurement activities?
- Are there geographic issues, such as distances, market service areas, local jurisdictions, or other boundaries, that may pose challenges to measurement?
- Are there demographic issues such as age, income, or education levels that may pose special challenges?
- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's measurement goals?

Stakeholder-Specific Measurement Activities
- What specific initiatives have you or others in your stakeholder group undertaken related to quality and efficiency measurement? What are the lessons learned?
- What are your current activities?
- What are you measuring?
- Is quality or efficiency the priority for your organization?
- Are you using nationally recognized, NQF endorsed standard measures?
- Is there a preference to use locally derived vs. nationally derived measures?
- What challenges and obstacles have you faced in conducting measurement?
- How have you used these measures, for example, for quality reporting, pay for performance, public reporting, in purchaser decisions, providing information to consumers, other?
- What are your goals and plans for the future?
- Who is involved? How should they be involved in the Community Quality Collaborative?

Future Community Quality Collaborative Measurement Activities
- What should be the goals of the Community Quality Collaborative relative to measurement?
- What would you like to see the Community Quality Collaborative measure?
- Do you think the Community Quality Collaborative should prioritize quality or efficiency measures or both?
- What could your organization contribute to the Community Quality Collaborative relevant to measurement? How do you envision being involved in the measurement activities of the Community Quality Collaborative?

- Who else should be involved?

Compiling Results

Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Quality and Efficiency Measurement – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team Leaders.

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Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	

Leaders	

Consensus Score Card

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If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Quality & Efficiency Measurement Consensus Score Card	Score (1-10)
1. Our community has conducted measurement through a multi-stakeholder collaboration or cooperation.	
2. These measurement initiatives have been successful.	
3. Health care leaders in our community support measurement.	
4. Measurement efforts have involved the Community Quality Collaborative stakeholders: purchasers, plans, providers, and consumers.	
5. The Community Quality Collaborative is viewed as knowledgeable about measurement.	
6. The Community Quality Collaborative includes the right individuals to accomplish its measurement goals.	
7. The Community Quality Collaborative includes the right stakeholders to support community wide measurement initiatives.	
8. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative measurement goals in their respective organizations.	
9. Members of the Community Quality Collaborative will be able to reach consensus on priorities for measurement.	
10. Members of the Community Quality Collaborative know others who are experts in measurement.	
11. Health plans and provider organizations in this community are willing to share data.	
12. Organizations involved in the Community Quality Collaborative are willing to share knowledge, expertise, and capabilities around measurement for the benefit of the community.	
13. Organizations are willing to share resources, in-kind, financial or other, to achieve the Community Quality Collaborative's measurement goals.	
14. There are sufficient resources to advance measurement in this market.	
15. The individuals involved in measurement will devote adequate time and resources to the Community Quality Collaborative.	
16. The Community Quality Collaborative will seek outside expertise if necessary to achieve its measurement goals.	
Total Score	

Module 4: Public Reporting

Your Goals in This Inquiry
- Identify existing public reporting efforts, resources, and expertise. This includes public reporting at the delivery system level (e.g., clinic/practice location, physician group, physician, hospital).
- Identify range of providers (hospital, physician, nursing home) for which report cards exist and the adequacy of these efforts from different perspectives
- For quality measures, delineate public reporting of clinical quality measures as well as patient experience of care measures. Include public reporting of efficiency/cost measures
- Identify the level of interest, and who is interested, in standard report cards/public reporting
- Identify how to make public reporting more meaningful and useful to consumers
- Identify potential areas of initial implementation, coordination, or expansion of public reporting
- Consider integration and reporting of data from the Centers for Medicare & Medicaid Services (CMS) and the Brookings Institution (commercial health plan data) in your community's public reporting plan

Information You May Want to Gather
- Existing local public reporting of provider cost and quality by states, health plans, and other organizations
- Existing public reporting by purchasers including employers and Medicaid
- Existing public reporting by health plans, employers, and others – where reports are available only to constituency groups such as members, employees/families
- Official positions or recommendations of professional organizations related to public reporting
- Existing Hospital Compare results (http://www.hospitalcompare.hhs.gov/)
- Dartmouth Atlas (http://www.dartmouthatlas.org)
- http://www.talkingquality.gov, a searchable database of public reports
- National reporting by Leapfrog (http://www.leapfroggroup.org), NCQA http://recognition.ncqa.org, others

Key Individuals to Contact
- Health plans that have publicly reported, or reported to their members, provider performance or tiered providers
- Physician and hospital leaders who are measuring and publicly reporting their performance or measuring and not yet reporting publicly
- Local hospital and medical associations that have public positions related to public reporting
- Public purchasers (states, counties, cities), Medicaid, employer leaders or business coalitions that have advocated for public reporting
- Consumer advocacy organizations involved in health or health care

- Quality improvement organizations (QIOs) with experience gathering and reporting data from community providers, either publicly or privately
- State data organizations such as your state health department or hospital/health system association

Other Individuals to Consider Contacting
- Labor
- Academia, researchers
- Public health agencies

Suggested Questions

Communitywide Public Reporting
- What activities or discussions have taken place in this community related to public reporting?
- Who are the key players, both organizations and individuals including drivers and resistors of public reporting?
- What has been reported publicly from locally supported and nationally developed measures in this community so far and what are the lessons learned?
- How would you describe the quality and credibility of the public reporting available in your area?
- What is the level of interest and support in using nationally endorsed measures and measure specifications and what are the pros and cons?
- What is the level of interest in aggregating data from various sources (e.g., health plans, third party administrators, employers, to develop provider specific report cards)?
- Who are the primary users, intended and actual, of the information?
- What is the evidence that the information is presented in a consumer-friendly, highly usable format?
- Is there interest in hosting a community portal that provides access to all public reporting?
- Who are the key leaders, advocates, and opponents of public reporting in this community?
- If applicable, how would you ensure that rural areas and small physician practices are included in public reporting activities?
- Are there geographic issues, such as distances, market service areas, local jurisdictions, or other boundaries, that may pose challenges to public reporting?
- Are there demographic issues such as age, income, education levels, language, or ethnicity that need to be considered?
- Do you see any dominant organization or stakeholder, for example, purchasers, providers, or health plans, that might impede or support the Community Quality Collaborative's public reporting goals?
- How do you anticipate recruiting and supporting consumer representatives in public reporting?

Stakeholder-Specific Public Reporting
- What initiatives have you undertaken related to public reporting?
- What are your current activities?
- What are your goals and plans for the future?
- Who is involved? How should they be involved in the Community Quality Collaborative?

Future Community Quality Collaborative Public Reporting
- What could your organization contribute to the Community Quality Collaborative? How do you envision being involved in the goals of the Community Quality Collaborative?
- How do you see the Community Quality Collaborative potentially using the data from CMS and Brookings Institution for public reporting?
- What challenges or obstacles do you anticipate for the Community Quality Collaborative in meeting public reporting goals?
- What strengths and opportunities do you see for the Community Quality Collaborative in meeting these goals?

Compiling Results

Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Public Reporting – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team Leaders.

Public Reporting – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Public Reporting Consensus Score Card	Score (1-10)
1. Our community reports *cost* information on *hospitals* publicly.	
2. Our community reports *quality* information on *hospitals* publicly.	
3. Our community reports *cost* information on *physicians* publicly.	
4. Our community reports *quality* information on *physicians* publicly.	
5. Health care leaders in our community support public reporting.	
6. Our community has evidence that public reports have been promoted in an effective manner	
7. The existing public reporting efforts involve the Community Quality Collaborative stakeholders: purchasers, plans, providers, and consumers.	
8. The Community Quality Collaborative includes the right stakeholders to accomplish public reporting goals.	
9. The Community Quality Collaborative includes the right individuals to accomplish public reporting goals.	
10. The individuals at the table are willing and able to advocate on behalf of public reporting goals in their respective organizations.	
11. Members of the Community Quality Collaborative share a common vision of its public reporting goals.	
12. The information reported publicly is viewed as credible and accurate by providers.	
13. Publicly reported information is widely used by consumers.	
14. The organizations involved in the Community Quality Collaborative are willing to share resources, knowledge, expertise, and support the Community Quality Collaborative's public reporting goals.	
15. There are sufficient resources for the Community Quality Collaborative to meet its public reporting goals.	
16. The participants involved will devote adequate time and resources to the public reporting goals.	
17. The Community Quality Collaborative will seek outside expertise if necessary to achieve its public reporting goals.	
18. The Community Quality Collaborative will be able to develop a strategy and plan on how to use the data from CMS and Brookings Institution for public reporting.	
Total Score	

Module 5: Provider Incentives

Your Goals in This Inquiry
- Identify the nature of provider incentive programs, their goals, structures, results and plans for the future. Include incentive programs for physicians and hospitals
- Identify the historical context of provider incentives in your community
- Identify the extent to which there is, or is not, alignment of what is rewarded across current programs
- Identify the level of interest in an aligned community approach to provider incentives
- Identify beliefs about how to provide more meaningful or powerful incentives to providers
- Identify how to build or enhance existing provider incentive programs for maximum improvement in *health and health care quality*
- Identify how to build or enhance existing provider incentive programs for maximum improvement in *provider efficiency*
- Identify interest in alignment of provider incentives with consumer incentives and public reporting efforts

Information You May Want to Gather
- Health plan pay-for-performance (P4P) programs
  - Number of plans offering programs; differential national commercial, regional commercial and Medicaid
  - Number of purchasers offering programs
  - Number of covered lives represented by plans offering programs
  - What is specifically being rewarded
  - Type of providers rewarded
  - Alignment of programs across plans (requires Community Quality Collaborative analysis)
  - Number and type of programs (conditions, quality, efficiency, patient experience)
  - Maturity or length of time in place
  - Amount of dollars allocated/percent of payment
  - Rewards other than payment, such as technology, reducing administrative burden
  - Number of physicians/hospitals rewarded
- www.bridgestoexcellence.org for a program in your community
- http://recognition.ncqa.org/ for physician recognition by program and state
- http://www.leapfroggroup.org/compendium2 for provider incentive and rewards initiatives by state
- Centers for Medicare & Medicaid Services (CMS) demonstration programs in your community http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/list.asp
- Medicaid P4P in your market http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/04_P4P.asp
- Provider views and response to provider incentives programs
  - Public positions
  - Improvement in performance/quality

Key Individuals to Contact

- Individuals within purchasers who are responsible for pay-for-performance programs
- Providers who have participated in CMS provider incentives programs, Bridges to Excellence, and other incentive programs
- Quality leaders and business managers of key integrated systems, physician groups, IPAs, hospitals, and health care systems
- Individuals within health plans who are responsible for pay-for-performance programs and/or those who contract with providers. Ascertain level of interest by health plan in including Medicaid in P4P programs.
- Individuals within QIOs who have been responsible for the Doctor's Office Quality − Information Technology program (DOQ IT) for information about incentives related to health information technology adoption and reporting
- Employer coalitions

Other Individuals to Consider Contacting

- Labor
- Academia, researchers
- Entity reporting hospital patient safety
- Regional Health Information Organizations (RHIOs)/Health Information Exchanges
- State, county, local government (regulatory)

Suggested Questions

Communitywide Provider Incentives

- Do the community's provider incentives programs represent a critical mass of patients and critical dollar amounts at stake to motivate behavior change on the part of providers?
- Is there alignment of incentive program structure (e.g., same measures, same conditions, same provider types) to achieve maximum impact and focus?
- Do or should measures target specific areas of low quality and/or high cost for your community?
- Have there been rewards for adoption and use of IT infrastructure?
- How do providers generally view these programs? What changes would they like to see?
- Are there payment reform discussions or initiatives underway, e.g., to consider alignment of these programs, medical home, in this community? If so, how do you see them impacting provider incentives programs?
- Have purchasers of health care for Medicaid, state employees, local municipalities, and others supported provider incentives?
- If applicable, how would you ensure that rural areas are included in provider incentives activities?
- Are there geographic issues, such as distances, market service areas, local jurisdictions, or other boundaries, that may pose challenges to implementing provider incentives?
- Are there demographic issues such as age, income, or education levels that need to be considered when developing incentive programs?

- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the development of provider incentives?

Stakeholder-Specific Provider Incentives
- What have you and others in your stakeholder group done in the area of provider incentives so far?
- What specific programs are in place?
- What providers and what measures are being rewarded?
- Who is involved? How should they be involved in the Community Quality Collaborative?
- Have you aligned your programs with other payers in the market and public reporting measures?
- What are the lessons learned?
- What are your goals and plans for the future?

Future Community Quality Collaborative Provider Incentives
- What could your organization contribute to the Community Quality Collaborative in the area of provider incentives?
- How do you envision being involved in the goals of the Community Quality Collaborative?
- What should the Community Quality Collaborative set as goals related to provider incentives?

Compiling Results
Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Provider Incentives – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team leaders.

Provider Incentives – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Provider Incentives Consensus Score Card	Score (1-10)
1. Our community has aligned provider incentives.	
2. The provider incentive programs in our community represent a sufficient critical mass of covered lives – and dollars – to motivate provider behavior change.	
3. Health care leaders in our community support provider incentives.	
4. Some of the Community Quality Collaborative stakeholders have been involved in provider incentives program development, implementation, or management.	
5. The Community Quality Collaborative includes the right stakeholders to advance provider incentives goals.	
6. The Community Quality Collaborative includes the right individuals to advance its provider incentives goals.	
7. The individuals at the table are open to, or are drivers of, innovation.	
8. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative provider incentives goals in their respective organizations.	
9. Members of the Community Quality Collaborative will be able to reach a common vision of the Community Quality Collaborative's role in provider incentives.	
10. The organizations involved in the Community Quality Collaborative are willing to share expertise and capabilities around provider incentives for the benefit of the community.	
11. The organizations are willing to share resources, in-kind, financial or other, in this multi-stakeholder collaborative to advance provider incentive efforts.	
12. There are sufficient resources for this Community Quality Collaborative to achieve its provider incentives goals.	
13. The participants will devote adequate time and resources to the provider incentives goals.	
14. The Community Quality Collaborative will seek outside expertise if needed to achieve its provider incentives goals.	
Total Score	

Module 6: Consumer Incentives

Your Goals in This Inquiry
- Identify which plans and/or purchasers have implemented consumer incentives, and in particular, provider tiering and their goals, results and lessons learned
- Identify the historical context of consumer incentives (e.g., what has been tried in the past)
- Explore specific types of consumer incentives (e.g., provider tiering – charging patients less for visits to high-value providers and more for visits to low-value providers, incentives for healthy behaviors) that could be implemented to improve quality and/or lower cost
- Identify the extent of publicly reported provider performance data, as well as response by consumers to the information available
- Explore how consumer incentives may be implemented in your market to improve health and quality and/or lower cost
- Explore pros and cons of aligning across plans, and of aligning consumer incentives with provider report card and incentive/rewards programs
- Explore how to increase the effectiveness of consumer incentives in producing desired behavior changes including addressing issues of low health literacy

Information You May Want to Gather
- Local health plans' tiered products
- Benefit plans of major health plans, local employers, the state Medicaid program, or counties as purchasers. Assess key features such as presence of:
  - Tiered networks
  - High deductible plans
  - Incentives for healthy behaviors
  - Wellness programs
  - Web-based information regarding costs and quality of providers
- The extent of publicly reported information on provider quality and cost
- Local experts in behavior change

Key Individuals to Contact
- Purchasers, employers, business coalitions, labor, and Medicaid that have implemented programs to encourage healthy behaviors through tiering their networks or other aspects of their benefit plans, or who are implementing value-based benefit plans
- Health plans that have designed benefits with consumer incentives
- Locally based companies with expertise in consumer marketing (whose business is to provide incentives for consumer behavior change)
- Providers who have experience with patients with varying incentives including high deductible plans or incentives for choosing providers or for healthy behavior
- Consumer advocacy organizations
- Experts in consumer driven health plans

Other Individuals to Consider Contacting
- Quality Improvement Organizations (QIOs) with experience interfacing with providers in response to public reporting of hospital performance
- Local health and wellness programs
- Academia, researchers
- Public health agencies that have implemented programs with consumer incentives
- Other organizations that have experience with varying benefit plan designs for their products

Suggested Questions

Communitywide Consumer Incentives
- Have there been communitywide discussions, collaboration, or social marketing efforts related to consumer incentives and in particular, provider tiering?
- If so, what impact have they had and what has been the reaction of the provider community?
- What is the position of provider organizations regarding consumer incentives generally?
- Have purchasers, including self-funded employers, business coalitions, or Medicaid discussed how to advance consumer incentives across the community?
- To what degree do health plans compete on consumer-directed initiatives in your market place?
- If applicable, how would you ensure that rural areas are included in consumer incentives activities?
- Are there geographic issues, such as distances, market service areas, local jurisdictions, or other boundaries, that may pose challenges to implementing consumer incentives?
- Are there demographic issues such as age, income, or education levels that need to be considered?
- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's goals related to consumer incentives?
- How do you anticipate supporting consumers in implementing consumer incentives?
- Is there alignment of consumer incentives with provider report card and incentive/rewards programs?
- Is health literacy addressed in existing or planned consumer incentive programs?

Stakeholder-Specific Consumer Incentives
- What initiatives have you and others in your stakeholder group been involved with that included consumer incentives, especially tiering?
- Describe the programs and their impact on consumer behavior.
- What were/are the goals and results of those initiatives?
- What are the lessons learned?
- If applicable, do current Web-based tools, including information on quality and cost of providers, have an impact on consumer behavior?

- Please describe any new initiatives you have underway related to consumer incentives.
- Who is involved? How should they be involved in the Community Quality Collaborative?
- What are your goals and plans for the future related to consumer incentives?

Future Community Quality Collaborative Consumer Incentives
- What could your organization contribute to the Community Quality Collaborative relative to advancing a consumer incentive agenda?
- How do you envision being involved in the goals of the Community Quality Collaborative?
- What do you see as the role of the Community Quality Collaborative in consumer incentives?

Compiling Results
Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Consumer Incentives – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team Leaders.

Consumer Incentives – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Consumer Incentives Consensus Score Card	Score (1-10)
1. Our community has collaborated on initiatives related to consumer incentives.	
2. These efforts have been successful.	
3. Health care providers in our community support consumer incentives.	
4. Some of the Community Quality Collaborative stakeholders been involved in implementing consumer incentives.	
5. The Community Quality Collaborative includes the right stakeholders relative to consumer incentives.	
6. The Community Quality Collaborative includes the right individuals to advance a consumer incentives agenda.	
7. The organizations involved in the Community Quality Collaborative are willing to share expertise and capabilities around consumer incentives for the benefit of the community.	
8. The organizations involved in the Community Quality Collaborative are willing to share resources, in-kind, financial or other, in pursuing consumer incentive goals.	
9. The members of the Community Quality Collaborative share a common vision of consumer incentives and their role in value-driven health care.	
10. Health plans in the community are willing to share relevant knowledge openly and collaborate, where necessary, to implement more effective consumer incentives.	
11. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative's consumer incentive goals in their respective organizations.	
12. Employers are implementing value-based benefit plans that remove barriers to appropriate care and provide incentives for healthy behaviors.	
13. A large segment of consumers in our market have incentives for provider choice and healthy behaviors built into their benefit plans.	
14. In our community, consumer communication about incentives is simple, easy to understand, and effective in changing behavior.	
15. There are sufficient resources for this Community Quality Collaborative to achieve its consumer incentives goals.	
16. The participants will devote adequate time and resources to the consumer incentives goals.	
17. The Community Quality Collaborative will seek outside expertise if needed to achieve its consumer incentives goals.	
Total Score	

Module 7: Capacity for Improving Quality

Your Goals in This Inquiry
- Identify existing quality improvement (QI) initiatives, status, and results including hospital, physicians, specific conditions, and populations
- Identify individuals, resources, and expertise that can be used to build a strategy to provide quality improvement training and support to providers in your community
- Identify groups that are not being reached, likely smaller practices or those in remote areas
- Brainstorm with the individuals contacted about how a coordinated and aligned QI strategy could be developed, identify what their organization could contribute to such an effort, and explore their interest and willingness to support the Community Quality Collaborative

Information You May Want to Gather
- Analysis of the quality of care and health status in your community
  - AHRQ State Snapshots www.ahrq.gov/news/press/pr2008/snapshot07pr.htm
  - AHRQ HCUPnet http://hcupnet.ahrq.gov/
  - US Centers for Disease Control and Prevention at www.cdc.gov/nchs/health_data_for_all_ages.htm
  - Partners in Information Access for the Public Health Workforce at http://phpartners.org/health_stats.html
  - Kaiser Family Foundation State Health Facts at www.statehealthfacts.org, primarily to identify areas for improvement
- Market analyses of your community's health care and provider systems to determine largest and most influential providers, purchasers, health plans, health care organizations, public health agencies, health-related foundations
- Web pages of each of the existing local organizations' activities related to quality improvement
- Details on specific initiatives that warrant further inquiry
- State level health statistics to identify areas that need improvement
- Information on activities by quality improvement organizations (QIOs) and national programs such as the Centers for Disease Control and Prevention (CDC), Improving Performance in Practice (IPIP), Practice-Based Research Networks (PBRNs)

Key Individuals to Contact
- Health care system quality leaders, clinicians, physician groups, hospitals, IPAs who have implemented quality improvement programs
- Major health plan quality officers
- Purchasers including public and private employers, business coalitions who have an interest in improving health care quality
- Consumer advocacy groups
- QIO leadership
- Individuals who have attended Institute for Healthcare Improvement (IHI) or other quality improvement educational training

Other Individuals to Consider Contacting

- Public reporting organizations
- Academic institutions
- State medical associations
- Hospital associations
- Regional Health Information Organizations (RHIOs)/Health Information Exchanges
- State, county, or local public health agencies
- Government regulators responsible for health care and quality
- Suppliers of services and products that improve quality
- Foundations with a quality and/or health care focus
- Medical malpractice insurance companies
- Physician practice management organizations
- Other organizations or programs related to quality improvement in health care (e.g., Improving Performance in Practice (IPIP), Practice Based Research Networks (PBRNs), Institute for Healthcare Improvement (IHI))

Suggested Questions

Communitywide Efforts to Build a QI Strategy

- Has there been a coordinated, aligned, communitywide effort or discussions to improve quality of care across health systems and sites of care?
- What was its focus?
- Has it been successful?
- What would make it more successful?
- Who have been the key players?
- Is there one area of care, e.g., diabetes, inpatient cardiac care, that might provide an initial focus for a coordinated community quality improvement strategy?
- If applicable, how would you ensure that rural areas and small physician practices are included in QI activities?
- Are there geographic issues, such as distances, market service areas, local jurisdictions, or other boundaries, that may pose challenges to implementing QI support?
- Are there demographic issues such as age, income, or education levels that need to be considered?
- Do you see any individual stakeholder as dominant in this market, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's goals in building a QI strategy?

Stakeholder-Specific Efforts to Build a QI Strategy

- What is your organization's approach to QI?
- What have you and others in your stakeholder group done to coordinate and align QI initiatives?
- What is the focus of your QI efforts and how was the focus determined?

- What QI initiatives are currently underway?
- Do you have quantifiable goals for your initiatives and if so, what are they?
- What are your qualitative goals of your initiatives?
- What have been the results of your initiatives?
- What are your lessons learned?
- What are your goals and plans for the future?
- Who are the key individuals in your organization's QI initiatives and what are their roles?
- Who in your organization should be involved in the Community Quality Collaborative?

Future Community Quality Collaborative Efforts to Build a QI Strategy
- What could your organization contribute to the Community Quality Collaborative?
- How do and your organization envision being involved in the goals of the Community Quality Collaborative?
- What opportunities do you see for building communitywide strategy to improve quality, such as linking disparate efforts, creating synergies across efforts, etc.?
- Who else in the community would you recommend we contact for this inventory?
- How would you build a QI strategy if it were your job?

Compiling Results

Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

Strategy for Improving Quality – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team leaders.

Strategy for Improving Quality – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

Strategy for Improving Quality Consensus Score Card	Score (1-10)
1. Our community has resources that could be tapped to build a strategy to improve quality in our marketplace.	
2. There have been community wide initiatives to build a strategy to improve quality in our community.	
3. These collaboratives have been successful.	
4. Health care leaders in this community support collaboration to build a strategy to improve quality.	
5. The Community Quality Collaborative includes the right stakeholders to build a strategy to improve quality.	
6. The Community Quality Collaborative includes the right individuals to build a strategy for improving quality.	
7. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative QI goals in their respective organizations.	
8. Members of the Community Quality Collaborative share a common vision of how to build a strategy to improve quality.	
9. Individuals are willing to share relevant knowledge about QI openly.	
10. The organizations involved are willing to contribute expertise and capabilities regarding QI for the benefit of the community.	
11. The organizations are willing to provide resources, in-kind, financial or other, to build a strategy to improve quality.	
12. There are sufficient resources for this Community Quality Collaborative to be successful in its QI activities.	
13. The participants will devote adequate time and resources to the Community Quality Collaborative's QI goals.	
Total Score	

Module 8: Health Information Technology and Health Information Exchange (HIT/HIE)

Your Goals in This Inquiry

- Identify the Health Information Technology/Health Information Exchange (HIT/HIE) initiatives, their status, and results
- Identify if any local initiatives have used health IT or HIE to measure and report on the quality and cost of care
- Assess whether there is a common HIT/HIE vision and strategy across multiple stakeholders, the degree of "buy-in," and awareness of this vision
- Assess the degree of involvement and consideration for diverse stakeholders including health systems, physicians, labs, pharmacies, health plans, public health agencies, QIOs, local HIE organizations or initiatives, and consumers
- Brainstorm with the individuals contacted about how a coordinated and aligned HIT/HIE strategy and initiatives could be developed and accelerated
- Brainstorm with individuals contacted about how HIT/HIE could support achieving goals in the Community Quality Collaborative's other focus areas
- Identify individuals, resources, and expertise that can be used to build knowledge and support related to HIT/HIE in your community
- Identify groups that may have unique challenges in adopting HIT/HIE
- Identify what their organization could contribute to such an effort, and explore their interest and willingness to support the Community Quality Collaborative in its goals

Information You May Want to Gather

- State legislation, executive orders, and regulations related to HIT/HIE
- Recipients of AHRQ HIT grant funding in your State
  http://cvelearningnetwork.org/doc.asp?id=284
- Recipients of funding from other Federal agencies related to HIT/HIE such as health information network (HIN) development, EHR adoption, CDC public health surveillance, or others
- Recipients of funding from state or regional agencies related to HIT/HIE
- Communitywide initiatives related to HIT/HIE
- Key sponsors of any local HIT/HIE initiatives
- Status of local QIO's Doctor's Office Quality − Information Technology (DOQ−IT) program and progress
- Market analyses of provider adoption of electronic health records (EHRs)
- Position of purchasers, private employers, Medicaid, and business coalitions related to HIT/HIE
- Health plans' initiatives related to adoption of HIT/HIE such as pay-for- performance programs for adoption and use, subsidizing purchase of technology, or financial support for purchase of and training on software
- Public health agencies' activities such as disease and immunization registries, immunizations

- Initiatives focused on developing a health information exchange (HIE) or regional health information organization (RHIO)
- Details on specific HIT/HIE initiatives that warrant further inquiry

Key Individuals to Contact
- Recipients of AHRQ HIT grant funding in your State
  http://cvelearningnetwork.org/doc.asp?id=284
- Health care systems, physician groups, hospitals, IPAs who have implemented HIT/HIE programs or have been leaders in this area
- Health plan representatives who have initiated or supported HIT/HIE initiatives
- Purchasers including public and private employers, and business coalitions who have an interest in accelerating adoption of HIT/HIE
- Consumer advocacy groups with strong positions related to HIT/HIE including privacy, security, and confidentiality of electronic health information
- Individuals within QIOs responsible for local DOQ-IT initiatives

Other Individuals to Consider Contacting
- Academic institutions' health informatics departments
- State medical associations or specialty societies, particularly for family medicine and internal medicine
- Hospital associations
- State government regulators responsible for implementing and regulating initiatives related to HIT/HIE
- Key local vendors or suppliers of products and services related to HIT/HIE
- Medical group management organizations
- Local organizations or programs related to HIT/HIE, e.g., Health Information Management Systems Society (HIMSS)

Suggested Questions

Communitywide Efforts to Build HIT/HIE Initiatives
- Have there been coordinated, aligned, communitywide efforts, strategies, or plans related to HIT/HIE across multiple stakeholders in your community?
- What are the goals of these initiatives and status of these goals?
- Do any of the goals enable measurement of quality or cost of care?
- Are there obstacles preventing them from proceeding? If so, what are they?
- What would make them more successful?
- Who are the key players and what are their capabilities and contributions?
- If applicable, are rural areas included in HIT/HIE activities?
- Are there geographic issues, such as distances, multiple market service areas, local jurisdictions, or other boundaries, that may pose challenges to implementing HIT/HIE?
- Do you see any individual stakeholder as dominating this initiative, for example, purchasers, providers, or health plans? If so, how might that impede or support the Community Quality Collaborative's goals in building HIT/HIE strategy?

Stakeholder-Specific Efforts to Build HIT/HIE Initiatives

- What HIT/HIE initiatives are currently underway in your organization and stakeholder group?
- What is the focus of your HIT/HIE initiative and how was it determined?
- Do you have quantifiable goals for your initiatives and if so, what are they?
- What are the qualitative goals of your initiatives?
- What have been the results of your initiatives?
- Do your organization and stakeholders' goals include consumer engagement through the use of Personal Health Records (PHRs) or other means?
- Do your organization and stakeholders provide or endorse incentives for provider adoption of HIT?
- Do your organization and stakeholders consider the role of health plans in your HIT/HIE goals?
- Do your organization and stakeholders support the adoption of national standards in order to accelerate interoperability?
- Are there significant concerns about privacy and security that may impede progress in HIT/HIE?
- What are your goals and plans for the future re: HIT/HIE?
- Within your organization, who are the key individuals in HIT/HIE initiatives and what are their roles?
- What have you and others in your organization and stakeholder group done to coordinate and align HIT/HIE efforts across multiple organizations?
- How do you see HIT/HIE supporting the Community Quality Collaborative's work in the other focus areas?
- Are there specific actions that should be taken to develop strategies, align efforts, or access resources to support the other focus areas?
- Who in your organization should be involved in the Community Quality Collaborative?

Future Community Quality Collaborative Efforts to Build HIT/HIE Capability

- What could your organization contribute to the Community Quality Collaborative?
- How do you and your organization envision being involved in the goals of the Community Quality Collaborative?
- What opportunities do you see for accelerating adoption of HIT/HIE to improve quality, such as linking disparate efforts, creating synergies across efforts, etc.?
- Who else in the community would you recommend we contact for this inventory?
- How would you build HIT/HIE initiatives in your community if it were your job?

Compiling Results

Tracking your activities and results of your inventory in a table similar to the one below will be useful for reporting activities to the Leadership Team.

HIT/HIE – Activities and Results			
Interviewee Name	**Position, Organization**	**Summary**	**Conclusions/Next Steps**

After data have been gathered from all sources in the focus area, the Focus Area Team Leader and members may analyze the results by reviewing the goals identified at the beginning of this section and by identifying and summarizing the following aspects of the inventory findings with each other and with other Focus Area Team leaders.

HIT/HIE – Analysis	
Gaps	
Overlaps	
Opportunities for Alignment	
Challenges	
Lessons Learned	
Resources	
Leaders	

Consensus Score Card

You may wish to develop a score for your Community Quality Collaborative's stage of development in each focus area to facilitate comparison of its stage of development across focus areas. You may discover differences in scores of individual key stakeholders for the same question. Identifying the degree of consensus among stakeholders will be useful in clarifying differing perceptions and goals and areas where consensus building may be useful for more effective collaboration.

If a quantitative approach doesn't fit in your situation, you may wish to use a more qualitative approach such as identifying areas of strengths and weaknesses or specific challenges and solutions.

- Ask each team member to answer the following questions on a scale of 1-10 with 1 being the least developed and 10 being the most developed.
- Average the scores of the team members, for each question, to get an average score per question.
- Discuss any major differences between team members' scores to gain an understanding of each other's perspectives and knowledge.
- Total the scores for all the questions and divide by the number of questions to get the score for this focus area.
- Compare your Community Quality Collaborative's strength in this focus area to its strength in other focus areas in the overall Community Inventory Consensus Score Card when compiling and analyzing overall results from the tool.

HIT/HIE Consensus Score Card	Score (1-10)
1. Our state government supports advancing HIT/HIE through an executive order, legislation, or funding.	
2. Our community has a shared vision of how HIT/HIE can improve health and health care in our community.	
3. This shared vision supports the Community Quality Collaboratives goals in the other seven focus areas.	
4. Our community has adequate resources to build HIT/HIE initiatives to support this vision.	
5. There is a multi-stakeholder, communitywide effort to build HIT/HIE initiatives in our community.	
6. These initiatives have been successful.	
7. The right health care leaders in this community support HIT/HIE.	
8. The Community Quality Collaborative includes the right stakeholders to build and support the HIT/HIE vision.	
9. The individuals at the table are willing and able to advocate on behalf of the Community Quality Collaborative HIT/HIE goals in their respective organizations.	
10. Members of the Community Quality Collaborative share a common vision of how to use HIT/HIE to achieve its goals.	
11. Individuals are willing to share relevant knowledge about their HIT/HIE goals, activities, and plans openly.	
12. There is a plan to address potential obstacles such as concerns related to privacy, security, work-flow change, financial disincentives, and others to HIT/HIE adoption.	
13. The organizations involved are willing to contribute expertise and capabilities regarding HIT/HIE for the benefit of the community.	
14. The organizations are willing to provide resources, in-kind, financial or other, to support adoption and acceleration of HIT/HIE.	
15. There are sufficient resources for this Community Quality Collaborative to be successful in its HIT/HIE activities.	
16. The participants will devote adequate time and resources to the Community Quality Collaborative's HIT/HIE goals.	
Total Score	

Compiling Results From All Eight Focus Areas
It may be useful to summarize the information obtained across the Learning Network's eight focus areas in a grid similar to the one shown on the next page. This summary can then be used for communicating the highlights and major findings of the inventory in meetings for future strategy development, prioritizing, brainstorming, and planning.

You may wish to compare your market's stage of development in each focus area by assigning its score, 1 being the lowest level of development (no activity or capability) and 10 being the highest level of development (fully developed) from each of the previous modules.

While there are no specific criteria for this scoring methodology, the process of evaluating each of the focus areas by the Focus Area Team, and then comparing the average scores to scores of the other focus areas, may be a valuable exercise in learning about each other's perspectives, building common language, and beginning to prioritize activities and strategies.

Focus Area	Total Score
Collaborative Leadership	
Public At-large Engagement	
Quality and Efficiency Measurement	
Public Reporting	
Provider Incentives	
Consumer Incentives	
Strategy for Improving Quality	
Health Information Technology/Health Information Exchange	

Using the total score information from the chart above, you may wish to examine your score by focus area relative to the total possible score for that area. A chart such as the one below allows you to calculate a percentage score for each focus area, so that you can compare your scores across focus areas.

Focus Area	Possible Score	Total Score	Percentage
Collaborative Leadership	19*10 = 190		
Public At-large Engagement	10*10=100		
Quality & Efficiency Measurement	16*10=160		
Public Reporting	18*10=180		
Provider Incentives	14*10=140		
Consumer Incentives	17*10=170		
Strategy for Improving Quality	13*10=130		
Health Information Technology/Health Information Exchange	16*10=160		

Community Inventory Results							
	Gaps	**Overlaps**	**Opportunities for Alignment**	**Challenges**	**Lessons Learned**	**Resources**	**Leaders**
Collaborative Leadership							
Public At-large Engagement							
Quality and Efficiency Measurement							
Public Reporting							
Provider Incentives							
Consumer Incentives							
Strategy for Improving Quality							
Health Information Technology/Health Information Exchange							

Resources

Collaborative Leadership http://cvelearningnetwork.org/doc.asp?id=62
- *Collaboration Handbook, Creating, Sustaining, and Enjoying the Journey:* Michael Winer and Karen Ray
- *Evaluating your partnership: Introduction to the web-based partnership self-assessment tool*. New York: The New York Academy of Medicine Division of Public Health, 2002.

Public At-large Engagement http://cvelearningnetwork.org/doc.asp?id=65
- Social Marketing Resource Guide: www.turningpointprogram.org
- AHRQ Resources: www.ahrq.gov/consumer/index.html

Quality & Efficiency Measurement
http://cvelearningnetwork.org/doc.asp?id=67
- National Committee on Quality Assurance (NCQA): www.ncqa.org
- National Quality Forum (NQF): www.qualityforum.org
- AQA: www.aqaalliance.org/default.htm
- Hospital Quality Alliance (HQA): www.cms.hhs.gov/HospitalQualityInits/33_HospitalQualityAlliance.asp
- AHRQ Measuring Healthcare Quality: www.ahrq.gov/qual/measurix.htm
- AHRQ Quality Indicators AHRQ Quality Indicators www.qualityindicators.ahrq.gov/

Public Reporting http://cvelearningnetwork.org/doc.asp?id=66
- AHRQ report card compendium: www.talkingquality.gov/compendium Website examples of public reports:
- MN Community Measurement: www.mnhealthcare.org
- Massachusetts Health Quality Partners: www.mhqp.org
- Wisconsin Collaborative for Healthcare Quality: www.wchq.org/reporting/
- California Medical Group Ratings at the CA Office of the Patient Advocate: www.opa.ca.gov/
- Michigan Health & Hospital Association: www.mihospitalinform.org/

Provider Incentives http://cvelearningnetwork.org/doc.asp?id=64
- Integrated Healthcare Association: www.iha.org
- Leapfrog Group: www.leapfroggroup.org
- Bridges to Excellence: www.bridgestoexcellence.org
- AHRQ Decision Guide on Pay for Performance: www.ahrq.gov/qual/pay4per.htm

Consumer Incentives http://cvelearningnetwork.org/doc.asp?id=63
- AHRQ Decision Guide on Consumer Financial Incentives: http://www.ahrq.gov/QUAL/value/incentives.htm

Capacity for Improving Quality http://cvelearningnetwork.org/doc.asp?id=89

- AHRQ State Snapshots www.ahrq.gov/news/press/pr2008/snapshot07pr.htm
- AHRQ HCUPnet http://hcupnet.ahrq.gov/
- American Health Quality Association (National QIO Organization): www.ahqa.org
- Improving Performance in Practice (IPIP): www.abms.org/News_and_Events/Media_Newsroom/in_the_media.aspx
- Institute for Healthcare Improvement (IHI): www.IHI.org
- Practice Based Research Networks (PBRNs): www.ahrq.gov/research/pbrn/pbrnfact.htm
- Institute for Clinical Systems Improvement (ICSI): www.icsi.org
- California Quality Collaborative: www.pbgh.org/programs/CQCdescription.asp

Health Information Technology/Health Information Exchange
http://cvelearningnetwork.org/doc.asp?id=284

- http://healthit.ahrq.gov
- http://www.ccbh.ehealthinitiative.org/communities/states_search.aspx?
- Recipients of AHRQ HIT grant funding in your State http://cvelearningnetwork.org/doc.asp?id=284