Final Report

Model Public Report Elements: A Sampler

Prepared for:
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Contents

Invitation to Readers of Sampler To Suggest Additional Model Report Elements

The state of the art and science of public report design is rapidly evolving. We invite readers of this Sampler to e-mail us with other model report elements, which we will post in this section of the Sampler. E-mail model elements you come across to Jan De La Mare at Jan.DeLaMare@ahrq.hhs.gov, including the following information:

Name of Public Report:

URL of *specific* report *Web page* that features the model element:

Check the relevant report element or functionality being featured:

       __Landing page

       __Presentation of measure ratings

       __Consumer engagement tools

       __Place for consumer input on Web site design

       __Functionality (e.g., capacity to narrow selection, sort providers, e-mail content)

       __Layout

       __Other:_____

Discussion of why you like this specific element:

Your name:

Your e-mail address:

Introduction and Purpose

The purpose of this guide, *Model Public Report Elements: A Sampler* (Sampler), is to provide an illustrative menu of public report elements from health care provider performance reports from around the country. The example Web pages highlighted in the Sampler span five core Web pages (landing page, presentation of measure ratings, consumer engagement tools, place for consumer input on Web site design, and other resources) that constitute a public report and are present on nearly all public reporting Web sites. Additional examples illustrate functional possibilities of Web sites (such as sorting by performance) and demonstrate how to facilitate use by consumers and how to engage consumers in their care.

Who Is the Audience?

Community quality collaboratives—such as Chartered Value Exchanges (CVEs)—and organizations hosting or beginning development of a public report on health care provider performance.

What Kinds of Web Sites Are We Highlighting?

Those that convey provider-specific quality scores to an audience of consumers, although certain collaboratives may want to reach multiple audiences, including consumers, providers, health plans, and employers and other purchasers, such as labor unions.

What Is Meant by a Sampler?

The Sampler addresses important topics in creating a public reporting Web site, with the goal of facilitating Web site design or improvement by community quality collaboratives or other report sponsors. It should be noted that examples included are "better practices" or "common practices." It is not yet possible to delineate best practices in the area of public reporting. Such programs are relatively novel and evaluative data regarding both their impact and our understanding of how to maximize this practice are still evolving. Any Web site included in the Sampler may have some features that are good and other features that could be improved. The red arrows on the screenshots identify the specific better practice elements being featured.

Without definitive evidence about best practices, it is likely that the most effective public reporting Web sites will be those that are, at least for a while, continually in a state of growth. These are sites that are actively reevaluating, refining, and enhancing their offerings.

What Other Tools Related to Public Reporting Are Available From AHRQ?

In addition to this Sampler, AHRQ has seven other resources related to public report design:

1. **Selecting Quality and Resource Use Measures: A Decision Guide for Community Quality Collaboratives:** Expert answers to 26 questions posed by community quality collaboratives on data and measures (quality and efficiency) selection issues. The resource includes examples from community quality collaboratives.

   - **Lead author:** Patrick Romano
   - **How to access:** www.ahrq.gov/qual/perfmeasguide/ or AHRQ Clearinghouse (Publication No. 09(10)-0073)

2. **White Paper: Methodological Considerations in Generating Provider Performance Scores for Use in Public Reporting:** A set of 20 key methodological decisions associated with producing provider (e.g., hospital, physician, physician group) performance scores for use in public reporting. It includes an explanation of the practical importance of each decision, a review of alternative decision paths, and a discussion of the pros and cons of each option. The resource includes examples from community quality collaboratives.

   • **Lead authors:** Cheryl Damberg and Mark Friedberg
   • **How to access:** www.ahrq.gov/qual/value/perfscoresmethods/

3. **TalkingQuality Web site (rerelease):** A comprehensive, interactive Web site to guide planning, producing, and evaluating a comparative report on health care quality for consumers. The Web site includes the Report Card Compendium, which provides links to more than 200 consumer reports.

   • **Lead investigator:** Lise Rybowski
   • **How to access:** www.TalkingQuality.ahrq.gov

4. **Public Report Design: A Decision Guide for Community Quality Collaboratives:** Expert answers to 25-30 questions posed by community quality collaboratives on public report design and sustainability. The resource includes examples from community quality collaboratives.

   • **Lead author:** Adams Dudley
   • **Expected:** 2012
   • **How to access:** CVE and AHRQ Web sites and AHRQ Clearinghouse

5. **Best Practices in Public Reporting No. 1: How To Effectively Present Health Care Performance Data to Consumers:** A report that provides practical strategies to designing public reports that make health care performance information clear, meaningful, and usable by consumers. The report focuses on the challenges involved in designing a public report card so that the performance information is easily understood by consumers. It also describes strategies to make it easier for consumers to understand and use comparative health care quality reports.

   • **Lead authors:** Shoshanna Sofaer and Judith Hibbard
   • **How to access:** http://www.ahrq.gov/qual/pubrptguide1.htm

6. **Best Practices in Public Reporting No. 2: Maximizing Consumer Understanding of Public Comparative Quality Reports: Effective Use of Explanatory Information:** A report that provides practical strategies to designing public reports that make health care performance information clear, meaningful, and usable by consumers. The report focuses on the explanatory information in public reports, beyond the performance data, that helps to accurately communicate quality ratings to consumers and motivate them to use the ratings in making informed health care decisions.

   • **Lead authors:** Shoshanna Sofaer and Judith Hibbard
   • **How to access:** http://www.ahrq.gov/qual/pubrptguide2.htm

7. **Best Practices in Public Reporting No. 3: How To Maximize Public Awareness and Use of Comparative Quality Reports Through Effective Promotion and Dissemination Strategies:** A report that provides practical strategies to designing public reports that make health care performance information clear, meaningful, and usable by consumers. The report applies social marketing and other principles to explore how to target reports to specific audiences, develop messages to promote the report with key audiences, engage consumer advocacy and community groups in promoting reports and helping people use them, disseminate reports through trusted channels, and ensure that consumers see and use comparative quality reports.

   - **Lead authors:** Shoshanna Sofaer and Judith Hibbard
   - **How to access:** http://www.ahrq.gov/qual/pubrptguide3.htm

I. Early Strategic Decisions: Options and Examples

A. Types of Providers and Measures

In developing public reports, it is important to make some decisions early. For example:

- Will your report feature quality ratings for more than one type of provider, such as hospitals and physician organizations?
- Will you start with condition-specific reports and expand to other conditions, procedures, and/or populations from there?
- Will your report group individual measures into categories of quality, such as patient experience and provider safety?

If you are currently reporting on or plan to report on multiple types of providers, it is optimal to have all provider categories on one site. It is typically easier for the consumer to navigate if you use a similar format and approach for displaying comparative data for each type of provider. Similarly, if your report begins with one condition and then later expands to other conditions, it is preferable to have all the condition-specific information available on one site. Because families may be coping with multiple conditions within the same household or same individual family member, integrating the information will make it easier to use.

Organizing individual quality measures into categories that represent dimensions of quality also helps consumers learn that quality is multidimensional. Refer to Sections II A and B.

This example shows how to report performance data on two provider types at one site.

Tool: MyCareCompare.Org

Sponsor: Greater Detroit Area Health Council

URL: http://www.mycarecompare.org/site

This example lets the user choose condition-specific quality indicators.

Tool: Partner for Quality Care

Sponsor: Oregon Health Care Quality Corp

URL: http://www.partnerforqualitycare.org/selection.php

B. Separate Information for Consumer vs. Provider

The data needs of consumers, on the one hand, and providers on the other, are different, as is their ability to interpret technical, clinical, and statistical details. In particular, research shows that consumers may not understand clinical terms such as "hemoglobin A1C" or statistical concepts such as confidence intervals. Community quality collaboratives might consider having different reporting formats and reporting sources for consumers versus providers.

In the example below, the Puget Sound Health Alliance uses a report for medical groups that includes many clinical and statistical terms. However, they also have a Web site targeting consumers that uses more everyday language and provides less clinical detail (shown in the second screenshot below). The report is available to participating providers through a password-restricted Web site. It provides performance rates with 95 percent confidence intervals and sample sizes on a variety of process measures, allowing the groups to benchmark themselves against regional averages.

Tool: Blinded Medical Group and County Comparison Reports—All Payers

Sponsor: Puget Sound Health Alliance

URL: http://www.wacommunitycheckup.org/

[URL is for community site; this page is an example from the restricted access site]

7
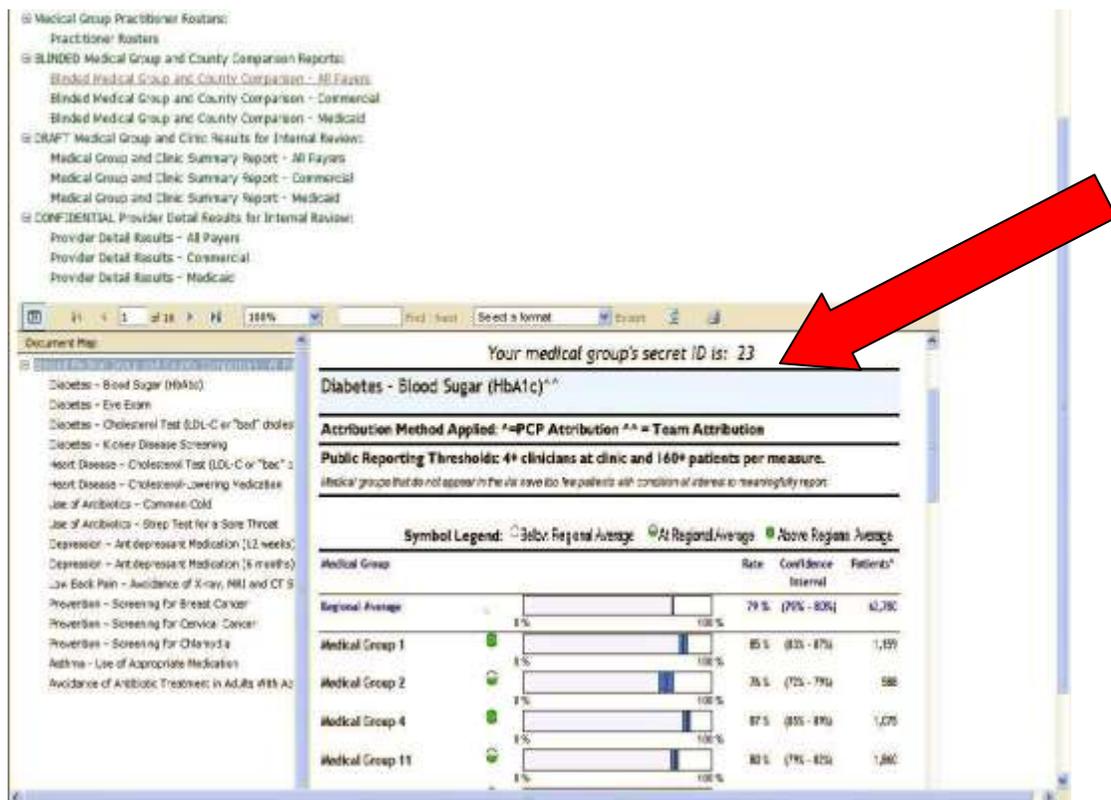
This consumer-oriented report presents a simple three-tiered rating system for level of diabetes care (above, at, or below regional average), although more details are available.

Tool: Health Alliance Community Checkup

Sponsor: Puget Sound Health Alliance

URL:
http://www.wacommunitycheckup.org/?p=viewreports&orgname=all&county=All+Counties

This is another example of a report specifically targeted to providers, allowing them to look at their performance at the patient level. Access to this type of information—data reports and patient-level detail—requires secure sign-in to protect patient confidentiality.

Tool: Partner for Quality Care for Practitioners

Sponsor: Oregon Health Care Quality Corporation

URL: http://www.partnerforqualitycareforpractitioners.org/practitioners.php

Partner for Quality Care for Practitioners

Welcome to *Partner for Quality Care for Practitioners*, a web page created specifically for primary care practitioners, medical group administrators, and clinic managers. Patients' privacy and security is of great concern to the initiative. For this reason, your online quality measurement reports and patient-level data are housed on a separate, secure website. Please follow the instructions below to find out how to access the secure site and give feedback to the initiative. We have also provided more information that you may find helpful.

Process for accessing online quality measurement reports

1. **Read instructions:**
   Medical group administrator instructions (116Kb .pdf)
   Practitioner instructions (108Kb .pdf)
2. **Fill out these forms:**
   Business Associate Agreement (BAA) (48Kb .pdf)
   Participating Practitioner Organization Agreement (52Kb .pdf)
3. **Submit forms:**

   Via email: info(don't steal email addresses)partnerforqualitycareforpractitioners.org

   Fax: (503) 548-4849

   US Mail: Oregon Health Care Quality Corp
   Attn: Partner for Quality Care initiative
   619 SW 11th Avenue, Suite 221
   Portland, OR 97205

4. **Receive username by email and password in a separate email from Milliman**, the data services vendor.
5. **Go to the secure website** at https://qcorp.medinsight.milliman.com and follow instructions provided.

Give us feedback:
Feedback due February 5, 2010

- Provide detailed feedback on patient-level data
  Instructions for Reviewing Data and Providing Feedback

- Request reconsideration of performance categories for the public report
  Reconsideration Process and Policy

- Request exclusion from the public report
  Policy for Exclusion from Public Reporting

- Provide general comments:
  info@partnerforqualitycareforpractitioners.org

Another option is to provide a common portal and public access, but to separate consumer reports from provider reports. The data presentation may be the same, but the tips, tools, resources, and advice on using the site can be tailored to each audience.

The report below is designed for both consumers and providers. However, the Patient Guide differs from the Practitioner Guide in its tips, tools, resources, and advice.

Tool: Maryland Hospital Performance Evaluation Guide

Sponsor: Maryland Health Care Commission

URL: http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm

Below is an example where the data available for selection are simplified for the consumer and more detailed for the professional or researcher. This report is intended for consumers and providers. However, selecting the "researchers and professionals" link allows the user to access much more detailed information. For example, on the researchers and professionals portal for hospital inpatient data, the user can search by International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Diagnosis Code and then select the desired demographics, including race, sex, county, payer type, admission source, and admission type. A link is also provided to download administrative data. By contrast, on the consumer portal for hospital inpatient data, the user can select only the age group, subgroup of hospitals to compare, and a general condition category such as asthma.

Tool: FloridaHealthFinder.gov

Sponsor: Florida Agency for Health Care Administration

URL: http://www.floridahealthfinder.gov/about-ahca/Sitemap.shtml

FloridaHealthFinder.gov Site Map

Florida Consumers

Look up a Medical Condition or Procedure

▶ Health Encyclopedia
▶ Symptom Navigator

Find and Compare

▶ Compare Health Plans
▶ Compare Hospice Providers
▶ Compare Hospitals and Ambulatory Surgery Centers
▶ Compare Nursing Homes
▶ Compare Prescription Drug Prices

Topic Listing

Hospitals

▶ Compare Hospitals
(volume, charges, length of stay, readmissions, mortality, complications, demographics, license information, emergency actions, etc.)
▶ A Patient's Guide to a Hospital Stay
▶ Emergency Department Care
▶ Patient Safety
▶ Health Care Advance Directives
▶ Hospital Locator
▶ Patient's Bill of Rights and Responsibilities
▶ Query Hospital Inpatient Data
▶ Florida Hospital Financial Data

Researchers and Professionals

Search Health Data

▶ Ambulatory (Outpatient) Surgery
▶ Emergency Department Data
▶ Hospital Inpatient Data
▶ Order Data / Data Dictionary

Reports and Guides

▶ Brochures and Guides
▶ Quick Data Summaries
▶ Research Studies and Reports

II. Five Basic Elements (Web Pages) of a Public Report: Options and Examples

A. Landing Page or Information Accessible From Landing Page

The landing page—the first view of the Web site—is key and can either invite users in or drive them away. It can motivate use of the information, help consumers understand the benefits of comparative performance data, and help consumers understand how to apply the information to their choices.

Because using comparative information on provider quality is new to most health care consumers, they need to understand what the information means, how it may help them, and what they can do to improve their chances for excellent care and improved health outcomes. Assume that your target audience of consumers has a limited understanding of the concept of health care quality. You have an opportunity to provide a definition of quality to consumers when they are eager to learn about it, given that they have initiated access to the site. Being clear about what is meant by "health care quality"and explaining that it is now possible to measure and compare health care providers on their quality of care will help set the context for using the information.

1. Motivating use of the information and defining the benefits

It is important to help consumers see how they can use comparative quality information to select a provider or engage providers in a discussion of quality. Making links between consumer concerns and comparative data is one way to achieve this goal. Consumers also may be more motivated to use comparative data if the degree of variability in quality is made explicit and the dangers of receiving poor quality care are clear.

2. Explaining possible uses of the data

Provider quality ratings are new to most consumers, so the report offers an opportunity to help them understand the different ways they can use the information to their benefit.

This site highlights for consumers both how to use the information (top) and the benefits of doing so (bottom excerpt).

Tool: Clinical Quality in Primary Care

Sponsor: Massachusetts Healthcare Quality Partners

URL: http://www.mhqp.org/quality/whatisquality.asp?nav=030000\

3. Communicating about a shared responsibility

Consumers do not always understand what their role is in the care process or that their active participation can increase their chances of a good health outcome. Explicitly communicating that care is a shared responsibility between patients and providers is an important way to reinforce this behavior.

These next examples show strategies for communicating about the different ways consumers can use and benefit from information. The following example uses video to discuss the shared responsibility that patients and providers have in determining quality.

Tool: Doctor Ratings

Sponsor: Maine Health Management Coalition

URL: http://www.mhmc.info/interviews/

Here is an example of a disease-specific report that speaks to the importance of the patient's role in the care process.

Tool: D5

Sponsor: Minnesota Community Measurement

URL: http://www.thed5.org/index.php?p=about_the_d5

4. Defining quality of care and providing consumers with a framework for understanding quality

Research shows that when consumers have a better understanding of the larger concept of quality and the elements that make up good quality care, they also tend to have a better understanding of individual quality indicators and view comparative information as more useful.

The example below provides a brief description of what high quality care is, which is referred to as "care that works best."

Tool: Partner for Quality Care

Sponsor: Oregon Health Care Quality Corporation

URL: www.partnerforqualitycare.org/getcare.php

5. Describing the collaborative membership

Some visitors will be interested in who funds, designs, and produces the report. Some sources are more trusted than others. Having an "About Us" section showing multistakeholder input may help establish credibility. Below are three examples.

The About Us page on the Maine Health Management Coalition (MHMC) site below includes a comprehensive list of "the employers, doctors, health plans, and hospitals who are members of MHMC."

Tool: Maine Doctor Ratings, Maine Hospital Ratings, Major Surgery Ratings

Sponsor: Maine Health Management Coalition (MHMC)

URL: http://www.mhmc.info/about/

This "About" page allows the user to find out about the membership, activities, and goals of the organization.

Tool: Performance & Progress Report

Sponsor: The Wisconsin Collaborative for Healthcare Quality

URL: http://www.wchq.org/about/

About WCHQ

Who We Are

The Wisconsin Collaborative for Healthcare Quality (WCHQ) is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin.

Our members represent a diverse and dynamic group of healthcare organizations: physician groups, hospitals and health plans. They include two of Wisconsin's largest health systems: Aurora Health Care and the University of Wisconsin Hospital and Clinics / University of Wisconsin Medical Foundation.

We also partner with other organizations, including healthcare purchasers, governmental agencies, foundations and healthcare associations. We value the different perspectives that come from these multiple sources. By working together, we achieve a more balanced, holistic understanding of healthcare in its current state and how it can be improved.

For more about us, download the WCHQ brochure (PDF, 1.9 MB) or request printed copies

What We Collaborate To Do

- Develop performance measures for assessing the quality of healthcare services.
- Guide the collection, validation and analysis of data related to these measures.
- Publicly report measurement results for healthcare providers, purchasers and consumers.
- Share the best practices of healthcare organizations that demonstrate high-quality service, enabling all providers to adopt successful methods.

What We Aspire To Be

We seek to be a national leader in the public reporting of healthcare quality measures, one that is respected for its integrity and trust, recognized for its transparency and inclusive governance, and willing to innovate and improve continuously.

How We Began

In early 2003, chief executives from healthcare provider organizations in Wisconsin gathered to discuss forming a collaborative. Recognizing the importance of performance measurement, these leaders joined together in partnership with healthcare purchasers to form the Wisconsin Collaborative for Healthcare Quality (WCHQ). They began developing a unique set of ambulatory care measures that enable physician groups to collect and report data on all the patients under their care. WCHQ members actively use the measures to drive internal improvement efforts and work across organizations to share their knowledge and learn from higher performing organizations.

This page provides clearly categorized links to each stakeholder organization. The Board of Directors page provides additional details on represented organizations.

Tool: Virginia Health Information: From Numbers to Knowledge

Sponsor: Virginia Health Information (VHI)

URL: http://www.vhi.org/about_stakeholders.asp

6. *Explaining rules concerning use of information by other organizations*

Some collaboratives have developed "Rules of Use" for other organizations that may be interested in using some or all of the information. For example, others may be interested in using the data for other public reports, provider advertisements, or provider negotiations. Rules of Use statements may include restrictions about the business use of the data, changes in how the data are presented, ways to cite the data, and steps to get approval of use of a collaborative's data or logo.

The following three examples illustrate Rules of Use with varying levels of detail and emphasis.

The following example includes a brief statement on the intended uses of publicly reported data.

Tool: Take Charge for Better Health, Using Information To Get Good Care

Sponsor: Healthy Memphis Common Table

URL: http://www.healthymemphis.org/ (organization) and http://www.healthymemphis.org/assets/docs/Reports/HMCT%20report%202%20111609R.pdf (document)
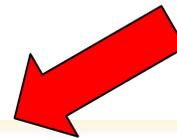
The **TAKE CHARGE** *for Better Health* series of reports should be used solely for educational purposes with the primary intent of stimulating multi-stakeholder discussions around variation in care and quality improvement efforts. This information is not intended to be used for business purposes such as marketing/advertising, negotiating third party payer contracts or employee benefit planning.

Notify the Healthy Memphis Common Table (HMCT) of misuse. Individuals and organizations that identify any use of HMCT-produced results that is outside of these guidelines and rules should notify the HMCT via phone, email or a form on the HMCT website. The HMCT will review all contested uses and determine necessary action.

The guidelines below provide recommendations for acknowledging data limitations, using publicly reported performance results for marketing, and using results for financial and business purposes. Specific examples of what is and is not appropriate are also provided.

Tool: Partner for Quality Care, Guidelines for Using Performance Results

Sponsor: Oregon Health Care Quality Corp

URL: http://www.partnerforqualitycare.org/index.php (organization) and http://www.partnerforqualitycare.org/pdf/guidelines_performance.pdf (document)
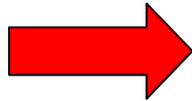
Recommendation 3 - Use of *Partner for Quality Care* performance results for marketing
Health plans and participating clinics are encouraged to communicate their participation and support of *Partner for Quality Care*. References must be precise in terms of measures compared, avoid naming or comparing other organizations, and avoid generalizations. Examples include:

Appropriate	Not Appropriate
Clinic X received "above average (better)" on breast cancer screening	Clinic X scored the best on breast cancer screening or Clinic X is top rated in breast cancer screening
Clinic Y scored "above average (better)" in 3 out of 4 measures of effective diabetes care	Clinic Y outperforms all others on diabetes care
Clinic Z scored above average in monitoring cholesterol levels among selected patients with a history of heart disease.	Clinic Z performs above average in heart disease management.
5 out of 6 "above average (better)" clinics for monitoring HbA1c among patients with diabetes are in Health Plan A's network	Health Plan A's network out-performs Plan B's network in Women's Health.

Recommendation 4 – Use of results for quality improvement and financial purposes
Results may be used by health plans, purchasers, employers and provider organizations for establishing baseline quality of care, assessing variation among clinics and providers, and quality improvement purposes. Results may also be used for achievement recognition and innovative payment redesign only if mutually agreed upon between the parties. Outside of such mutual agreements, medical groups, clinics, or individual providers should not be excluded from networks or negatively impacted financially based on results from the Round 2 data.

Appropriate	Not Appropriate
Targeted bonuses to medical groups related specifically to *Partner for Quality Care* measures.	Performance scores on the *Partner for Quality Care* measures are the sole source of information used in contracting or creating conversion factors.
Data are used as part of evaluation of a Medical Home pilot	Patient steering occurs through differential co-pays or deductibles based on the *Partner* measures.
Patient directed sorting on the public website using multiple, transparent criteria.	Health plan forced sorting of clinics and medical groups.

The file available from the Rules of Use link below includes four pages describing optimal uses of the results; restrictions on use during report development; a guide to interpretation of results; directions for submission for review before use; specific guidelines for citations and logo use; prohibition on composite measures; and insistence that reporting conventions be upheld.

Tool: Community Checkup Report

Sponsor: Puget Sound Health Alliance

URL: http://www.pugetsoundhealthalliance.org/ (organization) and www.pugetsoundhealthalliance.org/resources/documents/RulesforUse_2009.pdf (document)

7. *Providing legal notices and disclaimers*

Some collaboratives add a legal disclaimer when allowing users to access data. Most often, such disclaimers state that the collaborative cannot be liable for the accuracy of the data. In some cases, the user is required to go to the disclaimer before accessing provider scores. In other cases, the disclaimer is simply available on the Web site.

The following three examples illustrate a disclaimer that is just available as a link, a disclaimer that asks users to accept certain terms of use when they select the search button, and a disclaimer that appears in a popup box that with an Accept button that users must select before any data are displayed.

The legal disclaimer below can be found by selecting the "Disclaimer" link at the top of the NH QualityCare Web site.

Tool: NH QualityCare

Sponsor: Foundation for Healthy Communities and Northeast Health Care Quality Foundation.

URL: http://www.nhqualitycare.org/disclaimer.php

The search page below links to terms of use, which consumers are asked to accept in order to search by ZIP Code for patient experience data.

Tool: What Patients Say About Their Doctors

Sponsor: Consumers' CHECKBOOK/Center for the Study of Services (CHECKBOOK/CSS), in collaboration with the Kansas City Quality Improvement Consortium and health plans

URL: http://www.checkbook.org/patientcentral/?cb=kcqic&ref=xxx

This popup box appears with Terms of Use and an Accept button that users must select in order to access the data. The Terms of Use include a detailed legal disclaimer.

Tool: CalHospitalCompare.org

Sponsors: California Hospital Assessment and Reporting Taskforce, the California HealthCare Foundation, and the University of California, San Francisco

URL: http://www.calhospitalcompare.org/profile.aspx?h=147

B. Presentation of Measure Ratings

An effective presentation of measure ratings is based on the following principles:

- Consumers do not define or understand quality in the same way that it is typically measured and reported.
- A framework can help consumers understand the larger concept of quality, as well as better comprehend the individual quality indicators.
- A framework may enable consumers to more effectively participate in the quality discussion.
- If a consistent framework is used in all reports, consumers will expect to see performance ratings in all categories of the framework.

A few existing quality frameworks might be considered as an organizing concept for individual measures within a quality report:

- The Institute of Medicine (IOM) developed a framework consisting of six categories: **Effective, safe, patient centered, timely, equitable, and efficient**.[1]
- The IOM also developed these three categories: **overuse, underuse, and misuse**.[2]
- Donabedian developed a framework consisting of three categories: **structure, process, and outcome**.[3]

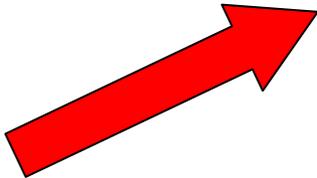A framework to communicate about health care quality should:

- Indicate clearly what quality of care is;
- Contain no more than three or four categories; and
- Be consistent with how quality is measured and conceptualized within the policy and industry arenas (that is, the major categories that are used to define quality by experts and the industry should be reflected in some way in the framework provided to consumers).

The following examples use a framework in communicating what quality of care means.

Tool: Health Matters

Sponsor: Colorado Business Group on Health

URL: http://www.cbghealth.org/cbgh/index.cfm?LinkServID=E0FEA580-D721-5B0E-DA115CC5582742B9&showMeta=0 (PDF; page 2)

What is quality health care?

Quality health care is more than just having a health plan, a certain provider or a particular treatment. It's more than a matter of cost. Quality means getting what benefits you most—balancing risk, cost, and quality of life.

It's *effective*—the right kind of care for your health condition based on up-to-date scientific knowledge about what works best.

It's *efficient*—using precious resources wisely, not wasting time and effort.

It's *safe*—delivered without error and avoiding harmful results.

It's *timely*—getting the most effective care without delays.

It's *focused on the individual*—provided in a manner respecting a person's individual characteristics, needs and concerns.

It's *equitable*—delivered without discrimination based on income, ethnicity, culture, or beliefs.

Important aspects of quality health care are measured in different ways. *Health Matters* provides you with the information necessary to make decisions regarding your health care.

Tool: Community Checkup Report

Sponsor: Puget Sound Health Alliance

URL:
http://www.wacommunitycheckup.org/editable/files/CommunityCheckup_Nov2008/FAQs_About
QualityHealthCare_Nov2008.pdf

Puget Sound Health Alliance

Frequently Asked Questions
About the Community Checkup

About Quality Health Care

1. Q: What is "quality" health care?

A: Good quality healthcare is the right care at the right time in the right way. The Institute of Medicine describes quality care as "safe, effective, patient-centered, timely, efficient and equitable." The Community Checkup does not cover all those aspects of quality, or every aspect of health care. This version of Community Checkup focuses mostly on *effective* care, or care that the medical community agrees works best to promote better health, especially for chronic conditions such as asthma, depression, diabetes and heart disease. Some of the hospital measures in the Community Checkup also look at the patient-centered part of quality, for example, whether patients get information that they can understand about their medications, and at safety, for instance whether surgery patients get treatments to prevent dangerous blood clots. The Puget Sound Health Alliance, along with doctors, hospitals, employers, unions, the government and many others are working to improve health care quality. You have a very important role too: you can use the information in the Community Checkup to make sure that you and your family get the best quality care possible.

2. Q: What is the quality of health care like in the Puget Sound region?

A: Although Washington state has some of the finest doctors and hospitals around, there is room for improvement in the quality of our health care. We spend too much on care that doesn't improve health, such as unnecessary tests; we don't always get the care that can improve health, such as cancer screenings; and sometimes we get care that can make us worse, such as the wrong medications. A RAND study estimated that Americans receive care that is proven to be effective only 53% of the time. In this region, we were somewhat better than the national average, at 59%, but we can still dramatically improve. The Community Checkup is helping everyone take an initial step toward improving health care in our region.

3. Q: How will the Community Checkup report improve health care quality?

A: The Community Checkup helps us to recognize that there are differences in the care provided across the community. It enables us to identify areas where we can get better and provides a common yardstick against which we all can measure our progress. Research shows that when reports on health care performance are public, there is even more improvement than if reports are kept private. The current Community Checkup report looks at just a subset of

This next example, which is ***not*** from an existing Web report, shows an abbreviated IOM framework for communicating what quality is, which has the advantages of using only three categories and having undergone cognitive testing. With this kind of framework, quality indicators can be displayed within each of the three categories of performance. This approach can make each quality indicator easier to understand while also conveying that "quality" incorporates three different but important dimensions.

Source: Study funded by the Robert Wood Johnson Foundation on Giving Consumers a Framework for Understanding Quality.

Reference: Hibbard JH, Greene J, Daniel D. What is quality anyway? Performance reports which clearly communicate the meaning of quality of care. *Med Care Res Rev* 2010; 67:275; originally published online January 21, 2010.
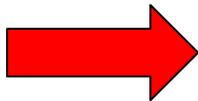
The Best Quality Medical Care is When Providers and Patients Work Together to Ensure the Use of Practices that are:

- EFFECTIVE- PROVEN TO WORK. Doctors and hospitals are providing high quality care when they work in partnership with patients and use medical practices proven to work

- SAFE - PROTECTS FROM MEDICAL ERRORS. Medical errors that harm patients are all too common. **High quality medical care builds in safeguards to protect patients from medical errors.**

- PATIENT FOCUSED - RESPONSIVE TO PATIENTS' NEEDS AND PREFERENCES. : **High quality providers are** responsive to patients' needs and their preferences.

As noted above, the most effective way to use a framework is to actually show the quality indicators arrayed under the main categories of the framework, as in the example below. The framework categories tell the user what the individual indicators mean.

Source: Study funded by the Robert Wood Johnson Foundation on Giving Consumers a Framework for Understanding Quality.

Reference: Hibbard JH, Greene J, Daniel D. What is quality anyway? Performance reports which clearly communicate the meaning of quality of care. Med Care Res Rev 2010; 67:275; originally published online January 21, 2010.

Doctor	Effective — Uses treatments proven to get results		Safe — Uses safeguards to protect patients from medical errors		Patient Focused — Responsive to patients' needs and preferences	
	Uses best practices for treating chronic illness	Uses best practices for screening for diseases	Has procedures to prevent medication errors	Has a system to prevent lab results from getting lost	Communicates well with patients	Spends enough time with patients
Dr. Allard	average	average	**better**	**better**	average	average
Dr. French	below	average	**better**	average	below	below
Dr. Cain	average	average	below	below	**better**	average
Dr. Emory	**better**	**better**	average	average	average	average
Dr. Castle	average	average	average	average	**better**	**better**

better = scored above average   average = scored average   below = scored below average

30

How does one select quality indicators for each element of a framework? The decision to use a framework implies making some early choices about the types of performance measures to include in your report. The table below shows examples of indicators to include if using the Structure, Process, and Outcome framework; the IOM framework of six domains; or the Hibbard-abbreviated IOM framework.

Reference: Romano PS, Hussey P, Ritley D. Selecting Quality and Resource Use Measures: A Decision Guide for Community Quality Collaboratives. Rockville, MD: Agency for Healthcare Research and Quality; May 2010. AHRQ Publication No. 09(10)-0073.

Matrix of Quality Measure Typologies With Examples

IOM Domains	Structure	Process	Outcome
Effective	Cardiac nurse staffing, nursing skill mix (RN/total)	Use of angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) for patients with systolic heart failure	30-day readmissions (or mortality) for heart failure
Patient Centered	Use of survey data to improve patient-centered care	Did the nurses treat you with courtesy and respect?	Overall rating of care
Timely	Physician organization policy on scheduling urgent appointments	Received beta blocker at discharge and for 6 months after AMI	Potentially avoidable hospitalizations for angina (without procedure)
Safe	Computerized physician order entry with medication error detection	Use of prophylaxis for venous thromboembolism in appropriate patients	Postoperative deep vein thrombosis or pulmonary embolism
Efficient	Availability of rapid antigen testing for sore throat	Inappropriate use of antibiotics for sore throat	Dollars per episode of sore throat
Equitable	Availability of adequate interpreting services	Use of interpreting services when appropriate	Disparity in any other outcome according to primary language

1. *Displaying measures so that consumers can understand them*

Using comparative data to make a choice can be cognitively burdensome. People are are more likely to use data if the information is easy to understand and process. Making it easier actually increases the individual's motivation to use the data. There are multiple ways to make the data more evaluable (that is, easier for the user to quickly see better and worse options without much effort).

Strategies to make comparative data more evaluable and less cognitively burdensome include:

- Use data display approaches that do not require users to hold information in their mind as they look from page to page or at different points on the same page:

  - Make relevant choices visible on one screen.
  - Use symbols instead of numbers (many people have limited numeric skills).
  - Use symbols that do not require a legend to understand what they mean.
  - Use language and terms that consumers understand (avoid language that requires the user to look up the definition).
  - Do not assume people will understand advanced statistical concepts, such as using confidence intervals in data displays. Consumers do not understand them, and they introduce ambiguity that can result in consumers being less likely to rely on or trust the data.

- Do some of the cognitive work for the user:

  - Summarize information. Providing an overall summary measure of all the other measures helps the end users by doing some of the work for them.
  - Order by performance (or have a function that allows this). This makes it easy to quickly see top and bottom performers.
  - Use affective labels (e.g., excellent, good, fair, poor) that interpret the information for the user.
  - Highlight high performers.

Here is an example of using symbols instead of numbers. These symbols use color and have words embedded in the symbol to make them easy to use without consulting a legend.

Tool: CalHospitalCompare

Sponsors: California Hospital Assessment and Reporting Taskforce, California HealthCare Foundation, and University of California, San Francisco

URL: www.calhospitalcompare.org/comparison.aspx?c=&h=210&h=218&h=155&h=146&h=256

	Critical Care: ICU Mortality Rate	
SUPERIOR	St. Mary's Medical Center - San Francisco	8.90% (lower is better)
SUPERIOR	Kaiser Permanente San Francisco Medical Center	9.13% (lower is better)
AVERAGE	California Pacific Medical Center - St. Luke's Campus	10.75% (lower is better)
AVERAGE	California Pacific Medical Center - Pacific Campus	12.73% (lower is better)
AVERAGE	UCSF Medical Center - Moffit/Long	13.53% (lower is better)
	Patient Safety	
SUPERIOR	Kaiser Permanente San Francisco Medical Center	98%
ABOVE AVERAGE	St. Mary's Medical Center - San Francisco	94%
ABOVE AVERAGE	California Pacific Medical Center - Pacific Campus	95%
ABOVE AVERAGE	California Pacific Medical Center - St. Luke's Campus	96%

33

Here is another example that uses symbols instead of numbers. In this example, the symbols use a color, a shape, and a word embedded in the symbol. Average scores are faded so that the higher and lower performers "pop" out more. Thus, users can discern a pattern in the data. The use of colors and shapes helps the user easily see patterns in the data. The embedded words in the symbols mean that the user does not need to rely as much on a legend. The embedded words also help the user by interpreting the information for them (e.g., better, worse).

Source: Study funded by the Robert Wood Johnson Foundation on Giving Consumers a Framework for Understanding Quality.

Reference: Hibbard JH, Greene J, Daniel D. What is quality anyway? Performance reports which clearly communicate the meaning of quality of care. *Med Care Res Rev* 2010; 67:275; originally published online January 21, 2010.

Hospital	Effective — Uses treatments proven to get results		Safe — Has safeguards to protect patients from medical errors		Patient Focused — Responsive to Patients' Needs and Preferences	
	Uses best practices to prevent heart attacks	Uses best practices to treat pneumonia	Uses procedures to prevent medical mistakes	Has procedures to prevent surgical infections	Controls patients' pain well	Explains what to do at home to recover
Evergreen Hospital	below	average	below	better	below	below
Lakeview Hospital	better	better	average	below	average	average
Woodland Hospital	better	average	better	average	better	better
Sierra Vista Hospital	better	below	below	below	average	below

The next example shows a report format that helps the user by providing two overall summary measures: one based on clinical standards and the other based on patient ratings. This approach greatly reduces the cognitive burden of using multiple data points to compare multiple options.

Tool: Medical Group Ratings

Source: California Office of the Patient Advocate

URL: http://www.opa.ca.gov/report_card/medicalgrouprating.aspx?County=KERN

Here is an example of a report that uses symbols that have inherent meaning. Words are embedded in the symbol to make it less necessary to use a legend.

Tool: Partner for Quality Care – Quality of Care Ratings

Sponsor: Oregon Health Care Quality Corp

URL: http://www.partnerforqualitycare.org/selection.php

The next example uses a summary measure and orders hospitals by performance, with highest quality providers listed first. Ordering is a powerful way of helping the user quickly discern better and worse options.

Tool: Partner for Quality Care – Quality of Care Ratings

Sponsor: Oregon Health Care Quality Corp

URL: http://www.partnerforqualitycare.org/care.php?region_name=portland_metro

Hospital	Overall Score
Providence St Vincent Medical Center Portland 97225	95%
Providence Portland Medical Center Portland 97213	95%
Legacy Emanuel Hospital Portland 97227	93%
OHSU Hospital and Clinics Portland 97239	93%
Legacy Good Samaritan Hospital Portland 97210	93%
Tuality Community Hospital Hillsboro 97123	93%
Legacy Mt Hood Medical Center Gresham 97030	93%
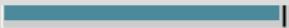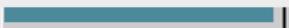
Highest quality providers are listed first.

2. *Using consumer-friendly language for measures*

Using everyday language and terms familiar to consumers is key to making public reports understandable and usable. Using technical terms and expecting consumers to look them up (even if the definition is only a click away) will discourage use. Writing at a 6th grade level will make the information accessible to a wider audience.

Here are some examples of translating technical labels into plain language.

Source: AHRQ Model Quality Reports (available at http://www.qualityindicators.ahrq.gov/Downloads/Modules_Non_Software/QI%20Reporting/Model%20Report%20Health%20Topics.pdf)

In the next example, the original "untranslated " technical version of the ambulatory care quality performance indicators is shown, as well as the plain language translation of those technical labels.

Source: Study funded by the Robert Wood Johnson Foundation on Giving Consumers a Framework for Understanding Quality.

Reference: Hibbard JH, Greene J, Daniel D. What is quality anyway? Performance reports which clearly communicate the meaning of quality of care. *Med Care Res Rev* 2010;67:275; originally published online January 21, 2010.
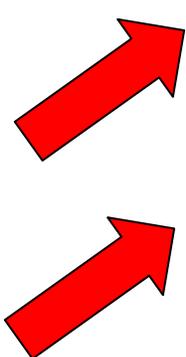
Untranslated	Percent of patients with diabetes who had A1c test	Percent of women receiving breast cancer screening	Provider uses electronic prescribing to prevent medication errors
Translated	Diabetes patients receive recommended tests	Women receive recommended cancer screenings	Has procedures to prevent medication errors

3. Presenting comparative information on costs and resource use

Consumers have had very little access to comparative information on costs and resource use, and until recently, we have known very little about how to present this information effectively. A 2011 AHRQ-funded study led by Judith Hibbard of the University of Oregon and Shoshanna Sofaer of Baruch College used focus groups, cognitive tests, and a randomized laboratory study to identify:

- Cost/resource use measures that resonated with the public; and
- Displays of such measures that were most accurately understood, led to "high value" choices, and gave people the most confidence in their choices.

An overarching recommendation of this study is to present cost information in displays that include a strong quality signal (easy to understand and use quality information). In addition, displays work better if they help consumers understand the meaning of the measures by using labels and other strategies that interpret the information for consumers. We present three sample displays with specific recommended features.

Presenting Comparative Costs for Doctor's Office Visit

Doctor	Uses Treatments Proven to Get Results	Has Safeguards to Protect Patients from Medical Errors	Responsive to Patients' Needs and Preferences	Average Cost for Office Visit
Dr. Hunte_	better	better	better	$90
Dr. ___	below	below	better	$105
Dr. Garrett	average	better	better	$175
Dr. Seidman	average	better	below	$145
Dr. Friedman	better	better	better	$190
Dr. Houten	better	average	better	$135

Average cost includes what is paid by your health plan and by you.

Recommended features:

- Present cost data in the same display as quality data.
- Present exact cost information.
- Use a "word icon" for quality, which is highly "evaluable" and thus represents a **strong** quality signal.

Presenting Comparative Hospital Cost, Quality, and Value Information

Hospital	Driving Distance	Electronic Records and Prescribing	Quality Of Care	Average Costs	High Value (High Quality and Low Cost)
Evergreen Hospital	5 miles	Yes	better	$$$	
Lakeview Hospital	15 miles	Yes	better	$	✔
Woodland Hospital	7 miles		average	$$$	
Sierra Vista Hospital	5 miles	Yes	better	$	✔
Parkdale Hospital	6 miles	Yes	better	$$	

$ costs were less than average, $$ costs were average, $$$ costs were above average
Costs include what is paid by your health plan and by you.

Recommended features:

- Combine information on quality, cost, and value in the same display.
- Call out value using a familiar signal (checkmark), which is present only for those with high quality and low cost.

- Use a "word icon" for quality, which is highly "evaluable" and thus represents a **strong** quality signal.
- Use dollar signs to represent comparative costs.

Presenting Comparative Information About Resource Use (Imaging)

Doctor	Weekend Hours	Driving Distance	Same Day Office Visits	Uses MRIs and CAT Scans Only When Appropriate
Dr. Gray	None	10 miles	Yes	✦✦
Dr. Ballard	Saturday (9am-noon)	7 miles	Yes	✦✦
Dr. Gains	Saturday (9am-3pm)	5 miles	Yes	✦✦✦
Dr. Miles	None	8 miles	No	✦
Dr. Dorsey	Saturday (9am-3pm)	5 miles	Yes	✦
Dr. Wolsey	Saturday (9am-noon)	6 miles	No	✦✦✦
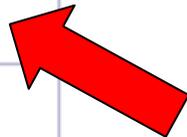
✦✦✦ Very appropriate use of tests   ✦✦ Often appropriate use of tests   ✦ Less appropriate use of tests

Recommended features:

- Use labels and symbols to characterize use of imaging, rather than giving numeric levels.
- Use labels that interpret numeric imaging scores so that consumers do not need to determine for themselves which provider is providing more appropriate care.
- Whenever possible, merge resource use and quality into one highly interpretable score.

4. *Encouraging providers to report accurate and complete data*

In some cases, significant effort is required by providers to collect, clean, and submit the required data. In these instances, collaboratives may choose to recognize that effort specifically.

In the underlined text and blue box below, Colorado Business Group on Health helps the visitor recognize the commitment made by participating hospitals.

Tool: Health Matters 2009

Sponsor: Colorado Business Group on Health

URL: http://www.cbghealth.org/cbgh/index.cfm?LinkServID=E049392D-D33F-F20A-D2ED70858A72E914&showMeta=0

Colorado Rural Hospitals

There are 44 rural hospitals in the state of Colorado, which serve about 20 percent of Coloradans. These hospitals represent approximately half of all of the hospitals in Colorado. Twenty-six of these rural hospitals are Critical Access Hospitals (CAHs). The Colorado Business Group on Health asked rural hospitals to complete the Leapfrog Quality Index of the Leapfrog survey. This is the fifth year rural hospitals have been asked to complete the index. Does your hospital report its results to the Leapfrog Group?

What is a Critical Access Hospital (CAH)?
A CAH is a hospital that is certified to receive cost-based reimbursement from Medicare. The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures. CAHs must be located in a rural area and meet one of the following criteria: 1) over 35 miles from another hospital; 2) 15 miles from another hospital in mountainous terrain or areas with only secondary roads; 3) state-certified as a necessary provider of health care services to residents in the area. □

Thank you to all rural hospitals who participated in the LEAPFROG survey. We appreciate your time and commitment to quality care.

In most cases, those providers who choose to participate in public reporting will have to invest significant resources just in collecting and sharing the data and making sure it is accurate; they will have made a significant commitment to transparency. However, if the program is voluntary, other providers may elect not to provide the data. To recognize the additional contributions of those providers who share accurate data about their performance, some community collaboratives have instituted penalties for nonparticipation or incomplete or inaccurate data submission.

The following examples illustrate ways to denote or call attention to a lack of transparency, effort, or completeness. The report below specifically notes the facility's refusal to sign off on the accuracy of the data submitted.

Tool: Hospital Performance Report

Sponsor: State of New Jersey Department of Health and Senior Services

URL: Sample screen shown no longer available online.

Basic Facts on Cardiac Surgery Mortality Measures

The Mortality rates are the number of deaths per 100 surgeries. Example: On average, 2.0 out of 100 patients who had CABG surgery died while in the hospital or within 30 days after being discharged from the hospital. **Lower mortality rate is better and means fewer deaths.** Data is from 2006.

Click on hospital's name to view the hospital's performance summary.

⬆ = Significantly higher than the state average mortality based on 95 percent confidence interval.

Hospital Name	County	Number of Cases	Mortality Rate	95% Confidence Interval
New Jersey Statewide		**5,211**	**2.00**	
Medical Center^		299	2.00	(0.86, 3.93)

If the hospital you have chosen is not on this list, it is not licensed to perform CABG surgery.

^ Facility refused to sign-off on its data

43

This report describes levels of participation both in terms of the data submitted and actual level of performance.

Tool: Clinical Outcomes Assessment Program

Sponsor: Foundation for Health Care Quality

URL: Sample screen shown no longer available online.

In this report, "NR" (measure not reported) is distinguished from nonparticipation as a whole.

Tool: Focus on Hospitals

Sponsor: Missouri Hospital Association

URL: No longer available online

Hospital	ACE Inhibitor/ ARB for LVSD	Aspirin at Arrival	Aspirin at Discharge	Beta Blocker at Discharge	PCI within 90 minutes of Arrival	Smoking Cessation Advice	Fibrinolytic Medication	30-Day Mortality Rate
A	90	94	92	93	73	94	41	NR
B	87	88	89	93	80	97	52	NR
C	100	100	100	100	94	100	100	NR
D	NR [3]	NR [3]	NR [3]	NR [3]	NR [3]	NR [3]	NR [3]	✓
E	This hospital did not participate in this report.							
F	This hospital did not participate in this report.							
G	100 [1]	100	100	100	92 [1]	100 [1]	NR	✓
H	93 [2]	98 [2]	99 [2]	99 [2]	88 [2]	100 [2]	100 [1,2]	✓

In this report, a notation is made when data are presented for only some patients with a given condition, but not all.

Tool: New York State Hospital Profile

Sponsor: New York State Department of Health

URL: http://hospitals.nyhealth.gov/measure.php?measure_id=103

5. Noting in a report that "sample sizes are too small"

Sometimes a provider has too few patients with a particular condition or undergoing a specific procedure to calculate a quality measure. In such cases, a performance label should not be assigned. It is important, however, to let the consumer know that the lack of a measure or performance label does not reflect poorly on the provider's quality of care.

Some sites simply indicate that there are "too few cases."

In the example below, the site provides a warning to the reader, "* Too few patients (<160) with condition of interest to meaningfully report for this clinic."

Tool: Health Alliance Community Checkup

Sponsor: Puget Sound Health Alliance

URL:
http://www.wacommunitycheckup.org/index.php?p=viewreports&orgname=all&county=All+Counties

6. *Using consumer-friendly phrases to replace clinical and technical terms*

It is better to use consumer-friendly language (that has undergone cognitive testing), rather than technical terms even if they are linked to a glossary.

The following glossaries may serve as a starting place for report sponsors who seek lay definitions of technical terms. Use of terms that are found in one or more glossaries is not a substitute for cognitive testing.

- http://www.wchq.org/utility/glossary.php
- http://mhcc.maryland.gov/consumerinfo/hospitalguide/patients/consumer_help/glossary.html
- http://info.kyha.com/qualitydata/FAQ.htm#Glossary
- http://web.doh.state.nj.us/apps2/hpr/mortalityfacts.shtml
- http://www.mihospitalinform.org/Definition.aspx

C. Consumer Engagement Tools

An important focus of any public report should be to help consumers become more engaged in managing their health and health care. Consumers can become more educated and active participants in their care when they have concrete tools and tips to help them effectively use information and navigate the health care system.

The range of behaviors expected of consumers has grown dramatically in recent years. For example, advances in medical technology and pharmaceuticals make it possible for people with chronic conditions to live longer and better lives, but only if they can effectively manage the demands of complex medication and lifestyle regimens. The increasing specialization of care and expanding number of tests and treatments have led to significant improvements in care but have increased the burden on patients for coordinating services from multiple providers and keeping track of complicated information about their medical history.

Public reports cannot possibly meet all the growing demands on consumers to become more knowledgeable and engaged in managing their health and medical care. But by even partially addressing the need for practical guidance and tools for engagement, sponsors of public reports can play an important educational role. They also can make their Web sites more relevant to the needs and concerns of their target audience.

This section identifies tools and other engagement strategies that public report sponsors can use to help consumers in three key areas:

1. Evaluating and selecting a high-quality provider,
2. Preparing for a visit to a doctor or hospital, and
3. Partnering with doctors to manage a chronic disease.

For each of these engagement areas, specific examples are provided that illustrate approaches or provide resources and tools that the authors consider to be effective and consistent with good public reporting practice.

1. Evaluating and selecting a high-quality provider

Public report sponsors focused on a consumer audience need to understand that simply publishing quality data is not enough to engage consumers in using information to make health care decisions. Quality information is only one of many considerations, and perhaps not the primary one, entering into a consumer's choice of a provider. Therefore, public reports should help consumers easily access and use the information most relevant to them and should present the information in terms that resonate with their concerns and preferences. In this sense, reports should aim to *meet consumers where they are*, which may require sponsors to segment their audiences so that they can target different groups with different needs.

Another important consideration in providing guidance on selecting providers is that most consumers, when asked, would prefer comparative performance information on individual practitioners. However, most report sponsors do not have access to physician-level information and instead are limited to information about hospitals or medical groups. In the absence of physician-specific performance information, reports can still provide guidance on steps that consumers can take to gather available information and make good decisions.

The following examples demonstrate tools and strategies to help consumers evaluate and select a high-quality provider.

Below is an example of a guide that helps consumers make health care decisions using information about quality. The guide is based on research about the information people want and need when choosing health plans, doctors, treatments, hospitals, and long-term care providers. It shows how consumers can use information about quality to improve the health care services they and their families receive. It also describes quality measures, including consumer ratings, clinical performance measures, and accreditation—what they are, where to find them, and how to use them. In addition, the guide has checklists, questions, charts, and other tools to help users make appropriate health care decisions. The "Choosing a Doctor" section features a step-by-step worksheet to walk through the process of selecting a doctor.

Title: Your Guide to Choosing Quality Health Care

Sponsor: Agency for Healthcare Research and Quality

URL: http://www.ahrq.gov/consumer/qnt/qntdr.htm

50

The following example is a step-by-step guide to choosing a doctor. This guide encourages patients to take several steps in researching their physician options, starting with seeking a referral from a trusted source and checking physician qualifications. The tool also emphasizes the importance of patients learning more about their specific medical issues.

Tool: How To Choose a Doctor

Sponsor: Consumer Reports

URL: http://www.consumerreports.org/health/doctors-hospitals/your-doctor-relationship/how-to-choose-a-doctor/getting-started/getting-started.htm

Below is a an example of a guide designed to help consumers understand the birth process, review comparative information on hospitals and physicians, and promote an open dialogue about their wishes with their physician and other care providers. Information is included on all Virginia hospitals providing obstetric services and includes rates of cesarean delivery and episiotomy, as well as descriptions of hospital obstetric programs, services available, and quality practices. Similar information on close to 600 physicians includes their performance rates, education, location, foreign languages spoken, and other information. The guide is endorsed by the National Partnership for Women and Families and the Virginia Section of the American College of Obstetrics and Gynecology.

Title: Obstetrical Services: A Consumer's Guide

Sponsor: Virginia Health Information

URL: http://vhi.org/ob_guide/ob_intro.asp

Are You Having a Baby?

It's hard to imagine a more exciting time. How you feel, changes at home and work seem to be happening all at once. Even so, take the time to learn about Obstetric Care and choices you can make when planning to have your baby. The more you know, the better decisions you and your physician can make.

Physicians and hospitals are different in their capabilities, services and performance. Learn about these differences and choose the best physician and hospital for your needs.

This guide can help you:
- Learn about the different types of delivery.
- Decide what is important to you. Then you can talk about it with your physician or other health care providers.
- Compare physicians and hospitals, based on where they are, what services they offer, their performance and hospital charges.
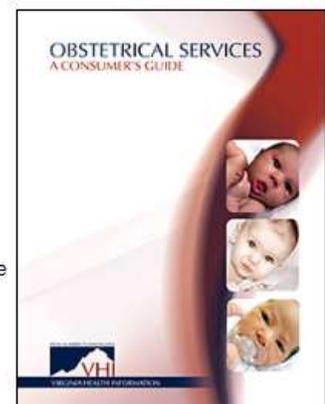
Compare Hospitals   Compare Physicians

2. *Preparing for a visit to a doctor or hospital*

A central part of engaging consumers to be active participants in their health care is emphasizing the importance of preparing for medical encounters. Consumers need to know that taking charge of their care, planning what they would like to achieve, and asking questions of their provider is not only acceptable, but also critical to achieving good health care outcomes. In helping to make these behaviors normative, it is important to provide tools that will assist consumers in planning for their medical encounter in an easy-to-use, step-by-step fashion.

The following examples demonstrate tools and strategies to encourage consumers to prepare for their medical encounters.

The following is an example of a patient education campaign featuring television public service announcements (PSAs) developed by the Ad Council to encourage patients to ask their providers questions. The campaign highlights a list of 10 key questions for patients to ask and provides an online tool for patients to build a customized list of questions to bring to their medical visit. Additional tips are provided for patients getting medical tests, planning for surgery, and getting prescriptions. Report sponsors may want to embed the PSA in their Web-based report.

Tool: Questions Are the Answer

Sponsor: Agency for Healthcare Research and Quality

URL: http://www.ahrq.gov/questionsaretheanswer/

Below is a Web site that advises patients on three basic questions to ask every time they talk with a doctor, nurse, or pharmacist. The questions are: (1) What is my main problem? (2) What do I need to do? (3) Why is it important for me to do this? The Web site also includes brief tips on communicating clearly with a provider.

Title: Ask Me 3

Sponsor: National Patient Safety Foundation

URL: http://www.npsf.org/askme3/for_patients.php

The following is a guide for how to prepare for a doctor's visit, including things to do prior to and during the visit. Videos are featured, including physicians talking about how to make the most of your time with your doctor (one version with an English-speaking physician and another with a Spanish-speaking physician) and a consumer talking about being an engaged patient. A downloadable tool to track medications also is included.

Tool: Preparing for Your Doctor's Appointment

Sponsor: The Partnership for Healthcare Excellence

URL:
http://www.partnershipforhealthcare.org/patients_and_caregivers/preparing_for_your_doctors_appointment/

Below is a three-step tool for consumers to create an action plan, including: (1) Prepare for your appointment, featuring a customizable checklist of questions to print; (2) Ask questions and understand the answers, featuring tips on how to interact with your doctor during your visit; and (3) Follow up and follow through, featuring activity log tools and links to many other resources.

Title: Take Charge

Sponsor: Healthy Memphis Common Table

URL: http://www.healthymemphis.org/take_charge.php?s=consumers

> **Other examples of resources for preparing for a visit to a doctor or hospital**
>
> **Title:** Making the Most of Your Medical Appointments
>
> **Sponsor:** Partner for Quality Care, an initiative of Oregon Health Care Quality Corp
>
> **URL:** http://www.partnerforqualitycare.org/appointments.php
>
> **Description:** Tips for what to do before, during, and after a medical appointment. This downloadable brochure is consumer friendly and features two frames of a patient/doctor interaction - contrasting a scenario where the patient does not ask any questions with another modeling the patient asking questions.
>
> **Title:** Quick Tips for Talking With Your Doctor
>
> **Sponsor:** Puget Sound Health Alliance
>
> **URL:** http://www.pugetsoundhealthalliance.org/resources/documents/QuickTipsChecklist.pdf
>
> **Description:** A worksheet to assist patients in preparing for their medical visit. Includes areas to list questions and another to outline personal health goals. An area to record notes during the visit also is included.

3. *Partnering with doctors to manage a chronic disease*

Successful management of a chronic disease requires a daily commitment from patients to monitor their health status and to work toward achieving health goals. A strong partnership between patients and their providers is vital to this process. Consumers can benefit from tips and tools that help them understand what their role is in managing their disease and how to work with their providers to make sure their care plan is a good fit for their unique circumstances.

The following examples show tools and strategies to help patients partner effectively with their providers in managing chronic disease. The D5 for Diabetes example further illustrates how a report focused on addressing consumer needs for support in managing chronic disease can be designed to effectively introduce performance information on medical groups. It presents scores on various providers and shows how they vary in helping their patients manage this condition.

Below is a site for patients, family members, and health care providers who want to work together to improve health, health care, and quality of life for people with chronic conditions. The site provides support for those who want to work together, in a new health partnership, to improve patient self-management. The site features a number of articles for patients on being active in heath care and self-managing conditions. A recent guide for providers contains a number of practical tips and resources for engaging patients in self-management: Partnering in Self-Management Support: A Toolkit for Clinicians is available at http://www.newhealthpartnerships.org/provider.aspx?id=1544.

Title: New Health Partnerships

Sponsor: Institute for Healthcare Improvement

URL:
http://www.newhealthpartnerships.org/PatientsPuzzlePiecePrint.aspx?id=40&linkidentifier=id&itemid=40

The D5 Web site shown below was born out of consumer focus group findings indicating that consumers with diabetes would be more likely to pay attention to health care quality data if they were presented information specifically concerning their chronic condition. The D5 brand frames Minnesota Community Measurement's five-part diabetes quality measure as goals that patients should be working toward in partnership with their doctor. Quality ratings are available on an inside tab for consumers ready to use them, but the emphasis is on raising patients' awareness of the five goals for managing their own diabetes. In addition, a catalog of free, downloadable communications tools was added to the site to assist stakeholders in delivering this campaign message (http://thed5.org/catalog/index.php).

Title: The D5 for Diabetes

Sponsor: Minnesota Community Measurement (MNCM)

URL: http://thed5.org

The site below features written patient story vignettes, accompanied by images of the narrator. The videos discuss taking control and partnering with doctors when living with diabetes.

Title: Patient Stories

Sponsor: Better Health *Greater* Cleveland

URL: http://www.betterhealthcleveland.org/For-Patients/Diabetes/Patients--Stories.aspx

D. Place for Consumer Input on Web Site Design

1. Place for consumers to to ask questions or share suggestions

Most consumers are just beginning to use the Web to find information about provider performance. Therefore, they may not know how to access or interpret the data. Collaboratives could give Web site users an opportunity to provide feedback, ask questions, or ask for help.

A simple feedback form from a New York-based site is shown below. Only the comments field is required, so anonymous feedback can be submitted.

Tool: New York State Hospital Profile

Sponsor: New York State Department of Health

URL: http://hospitals.nyhealth.gov/feedback.php

For this site, an e-mail address is required, along with a security step, but not a name, to provide comments and suggestions. Users are directed to address technical issues to a separate e-mail address.

Tool: Illinois Hospital Report Card

Sponsor: Illinois Department of Public Health

URL: http://healthcarereportcard.illinois.gov/
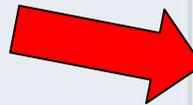
Selecting "your comments and suggestions" above leads the user to the following window:

The following Web site offers users a high level of accessibility to directors, managers, and staff.

Tool: PHC4

Sponsor: Pennsylvania Health Care Cost Containment Council

URL: http://www.phc4.org/council/contact.htm

2. Consumer survey to provide information on how data were used

Little is known about who uses public reporting Web sites and how they use the data. Some collaboratives have added surveys to their sites to learn more about who their customers are and what their needs are.

Some surveys are relatively short and simple. The following survey feature allows users who did not find what they were looking for or did not understand the data or information presented to provide open-ended feedback. The advantage of this approach is that users may provide feedback about unanticipated or unrecognized issues. On the other hand, it may be difficult to summarize and draw conclusions from this type of feedback.

Tool: Colorado Hospital Report Card

Sponsor: Colorado Hospital Association

URL: http://www.chachart.com/rptcard/ReportCardSurvey/default.asp

Colorado - Report Card Survey

Colorado Hospital Report Card

1) Did you find the information you were looking for? ○ Yes ○ No

If no, what information were you seeking?

2) Were you able to understand the data and information on the report card? ○ Yes ○ No

If no, could you give us an example of what you did not understand?

3) Were you able to view the definitions/descriptions of the measures? ○ Yes ○ No

4) Additional comments or suggestions for improvement?

5) How did you hear about the Hospital Report Card website?

Submit   Reset

Other surveys are more specific about the response options allowed and attempt to categorize possible answers, providing fewer opportunities for open-ended user input. This survey adds the incentive of eligibility for a gift certificate.

Tool: VHI Cardiac Care

Sponsor: Virginia Health Information

URL: http://www.vhi.org/thesurvey.asp?page_Id=7&page_name=Cardiac%20Care

Although much of the content of this survey is similar to the one above, this site draws attention to its survey with a prominent icon on the home page and adds questions on the site's ease of use.

Tool: Maryland Hospital Performance Evaluation Guide

Sponsor: Maryland Health Care Commission

URL: http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/survey/index.htm

E. Other Resources

1. Links/tools/libraries (national and community resources)

Some consumers may have informational needs beyond what is included in the report. Examples—not elsewhere included in the Sampler—include additional information on health conditions, treatment options, other health care quality organizations at the State and national levels, and patients' rights.

The following Web site enables consumers to select links to other organizations that provide quality of care and cost data, patient's rights information, and other services.

Tool: New York State Hospital Profile

Sponsor: New York State Department of Health

URL: http://hospitals.nyhealth.gov/more-quality.php

2. Links to provider Web pages

Some consumers come to public reporting Web sites looking for a provider, so it may help to provide them with direct Web links. Providers also may appreciate having links to their Web sites included. Below are examples of a provider selection page and a hospital information page.

Tool: MI Hospital Inform

Sponsor: Michigan Health & Hospital Association

URL: http://www.mihospitalinform.org/PickHospital.aspx

Tool: Hospital Consumer Assist

Sponsor: Arkansas Hospital Association

URL: http://www.hospitalconsumerassist.com/profile.htm?provid=040016

III. Functionality and Layout

A. Capacity To Narrow Selection of Providers Based on Consumer Preferences

Information included in a public report can be overwhelming to consumers. One strategy to reduce the cognitive burden for consumers is to enable them to systematically reduce the fields of information to the subset that is pertinent to them. By taking advantage of the functionalities available in a Web-based format and letting users narrow their choices based on their preferences and needs, you can restrict information to the data points of interest.

Report sponsors can enable consumers to narrow the fields by geography, level of quality of care (e.g., high-quality providers), or health condition or procedure. Then consumers can focus on the information most important to them.

The next examples show a report that allows users to narrow their search to a subset of participating providers based on geography, as well as condition. The main search page is shown with the location tab selected, followed by a results page showing hospitals in the selected location and options to search further by condition.

Tool: CalHospitalCompare

Sponsors: California Hospital Assessment and Reporting Taskforce, the California HealthCare Foundation, and the University of California, San Francisco

URL: http://www.calhospitalcompare.org (main page);
http://www.calhospitalcompare.org/results.aspx?l=san%20francisco&v=1 (results page)
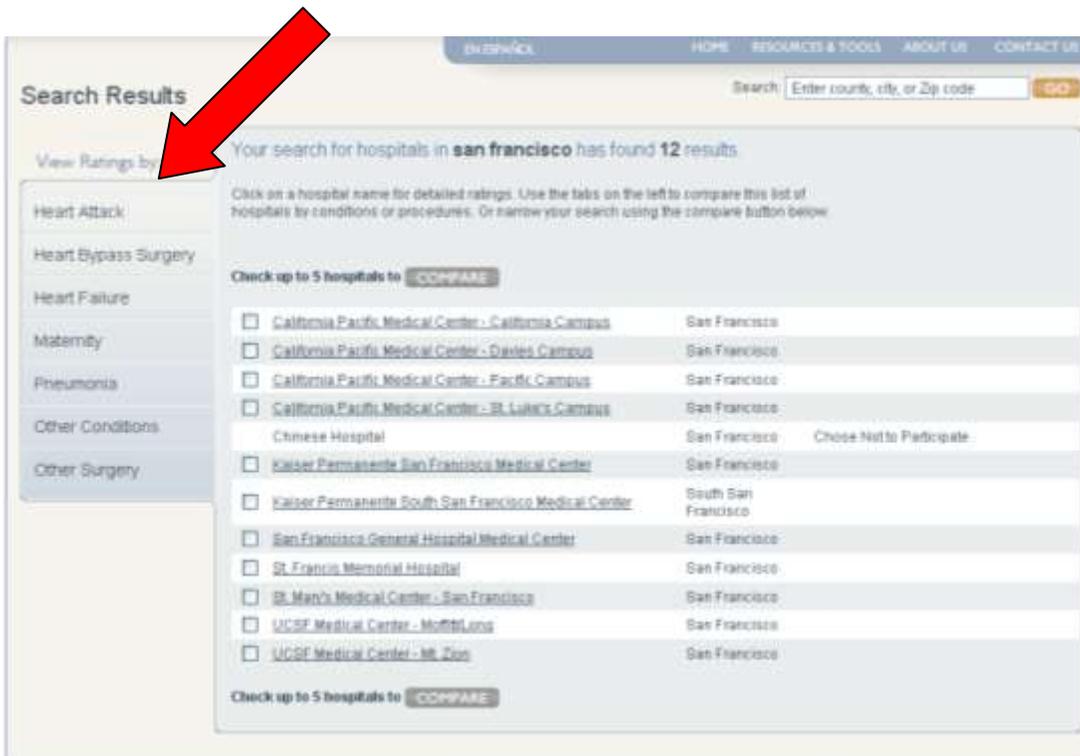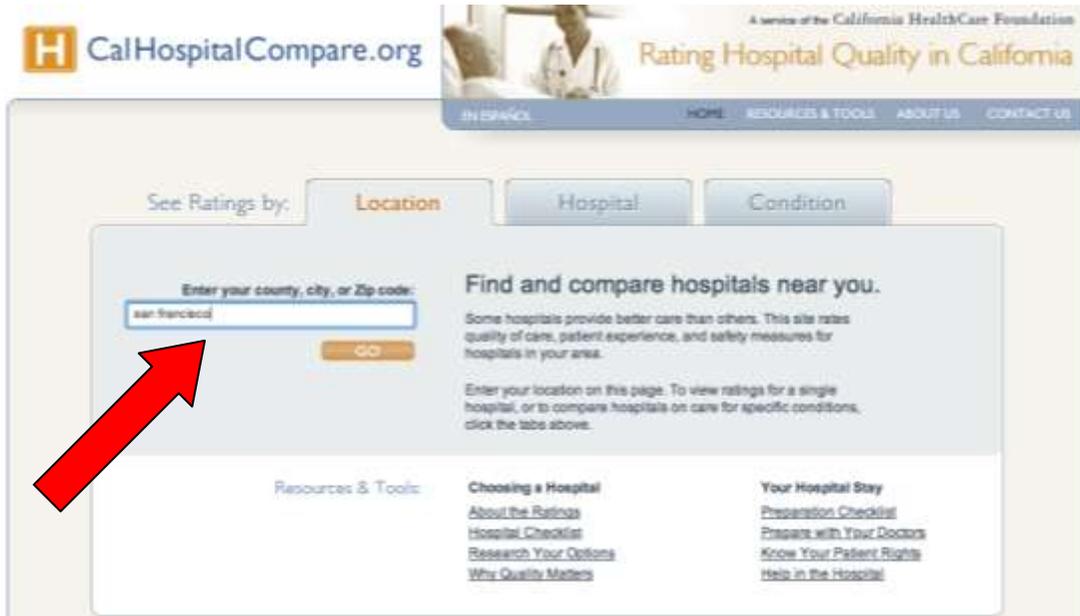
B. Capacity To Sort Providers Based on Performance

In this example, a table of performance data is produced, and the user can sort hospitals based on any of the aspects of performance reported. The site allows the user to rearrange the hospitals presented by selecting the column headings. Doing so then sorts the hospitals by performance on the indicator named in the column heading. The table below is sorted by mortality rating.

Tool: PHC4

Sponsors: Pennsylvania Cost Containment Council

URL: http://www.phc4.org/hpr/Results.aspx?Years=20081-20084&CC=Septicemia&CID=0&Facilities=4610%2c0900%2c1660%2c1860%2c1610

Arrows under all column headings in the following example allow the user to sort in either direction (i.e., from highest to lowest or lowest to highest cases or rates). The table below is sorted by risk-adjusted mortality rate from lowest to highest rates.

Tool: Kentucky Hospital Association Quality Reports

Sponsor: Kentucky Hospital Association

URL:
http://info.kyha.com/qualitydata/iqisite/SelectReport.asp?IndID=IQI12&TimePeriod=5&SortOrder=RValue&SortDir=ASC&GroupOpt=none&ACLimit

C. E-Mail Capability

Some consumers will want to share data with family or friends or send an excerpt of the report to themselves for their personal file. This can be done either by permitting outgoing e-mails that link to a particular Web page or by actually allowing the selected data to be forwarded. Report sponsors pursuing the latter are encouraged to test this function to ensure that the graphics display properly and that the user can select only the performance measures he or she wants to share.

The following site allows the user to send an e-mail, but the e-mail can include only the link to the site, not any data.

Tool: Minnesota HealthScores

Sponsor: MN Community Measurement

URL:
http://www.mnhealthscores.org/?p=our_reports&sf=clinic&search_phrase=&category=16&name_id=&compare=
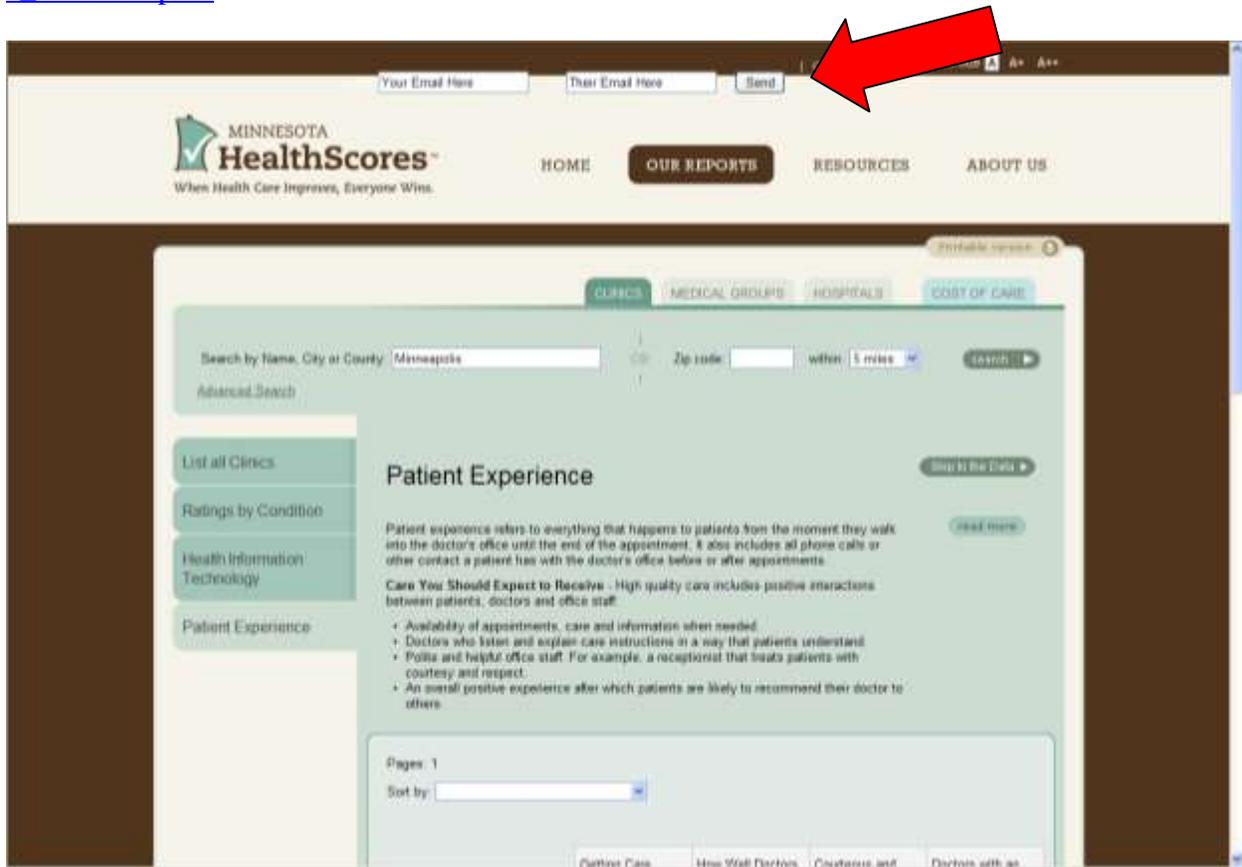
The site below allows selected performance data to be included in the email.

Tool: CHECKPOINT

Sponsor: Wisconsin Hospital Association

URL: http://www.wicheckpoint.org/report_topic_heartattack.aspx

D. Web Page Layout

The design of your Web site's appearance matters. Many report sponsors err on the side of inclusion and the result, unfortunately, can be a visual overload for consumers. To enhance understanding, interest, and visual appeal, the Web site layout should have adequate white space, that is, not too much clutter of text or pictures. A streamlined layout helps to efficiently direct the user's attention to what is important on the page. In addition, the search function should be quick and easy to locate from the landing page. Below are several examples with specific advantages.

The following search page is readily accessible from the landing page. It has plenty of white space, a minimum of text, and a clear sequence of steps leading to an easy-to-find "View Quality Scores" box.

Tool: Partner for Quality Care

Sponsor: Oregon Health Care Quality Corporation

URL: http://www.partnerforqualitycare.org/selection.php

The same site maintains a balanced look on its data pages, keeping space between information points. Also, the large, clearly-labeled tabs at the top, the same as those on the search page, allow for quick navigation to other pages of interest.

Tool: Partner for Quality Care

Sponsor: Oregon Health Care Quality Corporation

URL: http://www.partnerforqualitycare.org/selection.php

The site below is an example of providing ease in starting a search and creating a customized report by combining multiple items on a single page:

Tool: VHI Cardiac Care: Compare Hospitals

Sponsor: Virginia Health Information

URL: http://www.vhi.org/cardiac_reports.asp

The icons used on the page below quickly transmit important information about services available, while the overall layout is simple and easy to understand:

Tool: New York State Hospital Profile

Sponsor: New York State Department of Health

URL: http://hospitals.nyhealth.gov/browse_view.php?id=218

The page below is easy to read and uses a presentation that draws the eyes to the ratings.

Tool: Get Better Maine

Sponsor: Maine Health Management Coalition

URL: http://www.mhmc.info/compare/hospitals

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