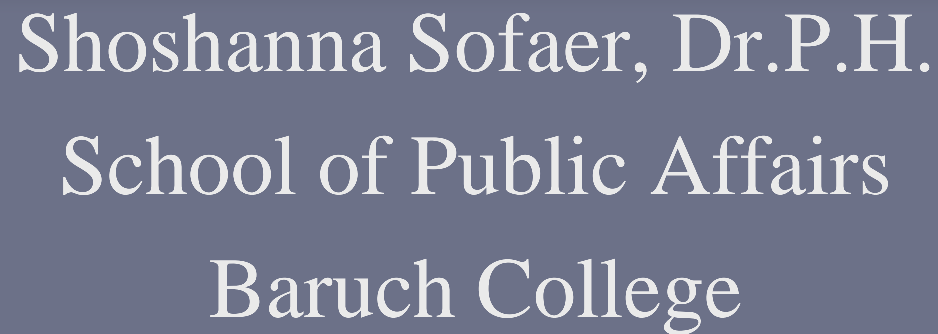
Considerations in Public Reporting of the AHRQ QIs



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Presentation Overview

- Issues to consider in public reports of AHRQ QIs
- Our efforts to develop a template for reporting the AHRQ QIs

Issues in Reporting on AHRQ QIs

- Who are your audience(s)?
- How do you expect them to use comparative quality information?
- How do you design an effective report?
- How do you disseminate and promote comparative quality reports so people access and review them?

The audience(s)

- The public at large
- People using services/making decisions
- Purchasers (private and public)
- People who support this latter audience
- Policy makers (public and organizational)
- hospitals

The audience(s)

- The public report does not have to be the only report made available to some audiences (e.g. purchasers, hospitals)
- Implication: public reports should be designed with the needs of the PUBLIC in mind
- In addition: Many policy-makers will want short, simple report, just like the public

Uses for comparative data

- For the public, patients, consumers:
  - Just knowing how local hospitals (and especially MY local hospital) is doing, absolutely and comparatively
  - Informing decision making (clarifying what's at stake; narrowing choices; making final choices)
  - As a focal point for conversations with family, friends and even physicians

Uses for comparative data

- For policy makers:
  - To understand how all hospitals in a region are doing
  - To see how a given hospital compares to others in the region
  - To demonstrate to the public that they are holding health care providers accountable

Uses for comparative data

- For purchasers (employers, health plans)
  - To select hospitals for networks
  - To pay hospitals for better quality
  - To otherwise pressure hospitals to perform better
  - To create incentives for their constituents to choose higher quality hospitals

Uses for comparative data

- For hospitals themselves
  - To compare their own performance to that of their competitors and those in other regions
  - As an initial guide for quality improvement efforts
  - hospitals typically respond to public reports because of their perceived effect on their reputation, not because of expected effects on market share

Effective Report Design

- Selecting measures
- Selecting scoring strategies
- Displaying scores
- Surrounding scores with contextual information
- Helping people understand and apply scores

Selecting Measures

- Dr. Romano will discuss the technical aspects of selecting measures
- To designing an effective report, the two most important considerations are:
  - Reporting measures people care about and that will be easy to explain and interpret correctly
  - Not reporting too many measures (this is the value of composites)

Scoring Strategies

- Absolute v. relative scores
- Composite scores v. individual measures
- Risk adjustment
- Stratification
- Use of statistical tests of significance – using them; describing them

Displaying Scores

- For relative scores – symbols like stars work well – people "get it" that folks with three stars are better and folks with one star are worse
- For absolute scores – bar charts can work
- Tables typically do not work for the public even if they work for us

Displaying Scores

- Ordering scores – rank ordering is the most evaluable and using this approach increases from very few to almost all the number of people who are actually able to identify high and low performers accurately
- You can use a website which permits the user to choose the basis for ordering scores

Displaying scores

- Even without composites, you can organize measures into topics that make sense to people, such as by condition
- This strategy helps people get what they are interested in quickly and easily, rather than having to slog through pages of what to them is boring information

Displaying Scores

- Compared to what? How to help people interpret the score for a given hospital
  - State wide average
  - Community/market average
  - An external standard if one exists
  - The top performers (e.g. those in the 90th percentile and above)

Contextual Information

- About the measures
  - What do they mean?
  - Why is each one important?
  - What's better – a higher score or a lower score?
  - Where does the data come from?
  - To a limited extent, what are the limits and caveats
- Keep in mind, few members of the public will want to read much about this; they just want to know its there "in case"

Contextual information

- About the report as a whole
  - Who are we and why should you trust us?
  - Why are we doing this?
  - How can you use this?
  - Providing a framework for selecting a hospital (domains of quality; other domains to consider)
  - Other resources and places to get help

Dissemination & Promotion

- The forgotten aspects of any public reporting enterprise
- If reports are known about, seen and used then your efforts will be, at best, symbolic not real, and at worst, undermine support for public reporting in general

Dissemination & Promotion

- Dissemination and promotion need to be considered from the outset, not left to the last minute
- Use social marketing expertise and some audience testing to make these decisions
- Early on, engaging people and groups trusted by the public (not just the self-anointed "representatives")

Our project

- Purpose to come up with a formatively tested template for reporting the AHRQ QIs
- Our work will address multiple audiences discussed above
- Final product will include a proposal for a more "summative" evaluation of the report template(s) done collaboratively with a report sponsor

Our project

- What we are doing
  - Interviewing experts and reviewing literature
  - Interviewing purchasers and purchaser coalitions
  - Interviewing senior executives in integrated delivery systems

Our project

- What we are doing
  - Conducting focus groups with different kinds of consumers/patients
  - Conducting focus groups with hospital based clinicians and QI managers
  - Developing draft templates
  - Conducting “cognitive tests” of templates with consumers

Our project

- The final product – templates you can adapt and adopt
- Doing this kind of in-depth formative research and development is expensive and time consuming
- We hope our efforts support yours
- But remember – it's your backyard and your product has to fit the landscape!

One final note

- Delmarva has just updated its compendium of hospital quality websites
- They have analyzed 51 sites
- Report is available in PDF on the Delmarva site: www.delmarvafoundation.org