

Building a Community Quality Report at the Physician Practice Level: The Experience of the Puget Sound Health Alliance

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In January 2008, the Puget Sound Health Alliance (the Alliance) released *the Community Checkup*, its first public report containing quality measures for physician clinics in the area.¹ The report was the culmination of a process that began before the Alliance became an Aligning Forces for Quality (AF4Q) grantee and involved broad stakeholder representation. In this Issue Brief, we describe the key features of that process, including preparing the report, content, format, dissemination and key lessons learned by the Alliance.

Background

The Puget Sound area is comprised of five counties in Washington State with a population of approximately 3.6 million. The majority of the 2,000 physicians are in small practices, but there are a few large clinics. Consistent with other communities, health care in the Puget Sound region – which includes Seattle, Everett, Tacoma, Bremerton and the state capitol of Olympia – has some documented shortcomings. For instance, individuals in Seattle only receive 59.9% of the recommended health care,² and despite significant improvement in the last 5 years, the state’s childhood immunization rates still rank 37th nationally.³

In December 2003, the King County Health Advisory Task Force was convened and charged with developing an integrated strategy to address the systemic problems facing health care quality in the Puget Sound region. The final report of the Task Force articulated the need for a collectively-established organization to build and implement a system of quality improvement for health care. As a result of this recommendation, the Puget Sound Health Alliance was formed.

Aligning Forces for Quality

The Robert Wood Johnson Foundation (RWJF) is investing in efforts to improve health systems in the Puget Sound and 13 other regions across the nation.

Called Aligning Forces for Quality (AF4Q), the initiative brings an unprecedented commitment of resources, expertise and training to turn proven health care reforms into real results at the community level.

The AF4Q initiative focuses on care provided in doctors' offices, clinics and hospitals and the support provided in the community. It also emphasizes reducing racial and ethnic disparities in care and strengthening nursing's role in improving quality. It advances three interrelated reforms that experts believe are essential to improving health care quality:

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

For more information about AF4Q, please visit

<http://www.rwjf.org/quality/quality/af4q/about.jsp>

For more information about RWJF, please visit

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Background (continued)

in late 2004 as an independent, non-partisan, non-profit organization. Today, the Alliance is a regional partnership that brings together employers, union trusts, physicians, hospitals, patients, health plans and others to improve quality and efficiency while reducing the rate of health care cost increases. Alliance members support the use of community-wide evidence and data to identify and measure quality and cost in health care as well the production of comparison reports designed for use in health care decision-making. The Alliance believes that public reports are useful for more than just showing how individual doctors compare. The reports also allow a community to say: **"...here are the common measures that we, as a community, say matter..."** (D. Giese, personal communication, October 27, 2007). The Community Checkup report produced by the Alliance reflected this philosophy and emphasized the system issues and each stakeholder's responsibility in addressing them. The report **"...created a baseline for understanding the state of health care delivery in the region, giving everyone a snapshot of our health system and helping the community to know where to focus its efforts"** (M. Stanley, Community CheckUp Introduction, 2008).

History of Performance Measurement and Public Reporting

The development of the Alliance's Community Checkup report took place in a community with a recent history of quality reporting. Since 2004, the Washington Health Foundation has produced a health report card to track the state's progress in its "Healthiest State in the Nation Campaign." Both Washington State and the Washington State Hospital Association continue to produce reports showing hospital quality and charges and Boeing, one of the largest employers in the region, led a Leapfrog Regional Roll-Out. This national program aims to reduce medical mistakes and improve the quality and affordability of

health care through a variety of means, including publishing comparisons of hospital performance in meeting safety goals.⁴

In addition, a number of plans and provider organizations independently report on hospital or physician performance measures, or both. While Seattle-based members of prominent national health plans can access quality information on hospitals and physicians, regional health plans, such as Premera Blue Cross and Regence Blue Shield, also make various types of quality information available to their members: Premera provides information comparing physician quality and Regence provides Leapfrog hospital quality information. However, no existing reports broadly available to the general public address the quality of physicians at the physician clinic or group level.

The Community Checkup is unique in that it is the first quality report developed by multiple stakeholders in the health care system. **“The Community Checkup is the most comprehensive public report ever produced in this region ... By creating one report that is comprehensive and trusted (developed in the community by physicians, hospitals, employers, unions, consumers and health plans working together), over time there will be less value in creating competing reports” (Community CheckUp, Questions & Answers, 2008).**

Preparing the Report: Working with Partners

The Alliance began work on the Community Checkup prior to joining the AF4Q initiative. In early 2006, focused on gaining an understanding of stakeholder needs, the Alliance conducted a series of focus groups, an online survey, and one-on-one telephone interviews with health care leaders to gather perceptions and opinions regarding public reporting. In addition, the Alliance obtained input from a Consumer Advisory Group that reported directly to its Board of Directors.

Physician Representation: Recognizing past tensions between the medical association and health plans, plus consumer trust in the opinions of their doctors, the Alliance leadership believed that physician support would be crucial to the success and acceptance of any public report. Physicians were represented on work teams and were given an opportunity to be involved in the measurement selection process. The Alliance held nearly 40 open meetings with stakeholders, mostly physicians, and ultimately adopted nationally-endorsed quality measures where they were available. To encourage comments on both the measures and the process for producing the report, the Alliance provided a mechanism for physicians to communicate directly with the Alliance through its website. Finally, before releasing the report to the public, the Alliance privately gave the 14 volunteer clinics (comprising more than 80 clinic locations)

Preparing the Report: Working with Partners (continued)

results for their overall medical group and each of their clinic locations and individual clinicians. (The public report did not show results for individual clinicians.) The Alliance also provided materials that the clinics could use in communicating with patients about the report. Health plans also received the information and were precluded from constructing “select” or “preferred” networks or otherwise using the information contained in the first report for competitive purposes.

Voluntary Participation in Reporting:

Participation of physician clinics in the initial report was voluntary. Even though data for all clinics were reported, results for clinics that did not “opt in” were only used to construct an aggregated score for the region, each county, and a category called “All Non-Volunteer Clinics.” This approach allowed physicians a degree of control over the process.

Assuring Data Integrity: Fourteen health plans, union trusts and self-insured employers provided medical claims data for the report. The Alliance’s ability to demonstrate that these data used to construct performance measures were “clean,” and that measures were calculated correctly, also proved important in building physician support. The validity of the calculations was an important issue for physicians, as was linking patient data with appropriate providers. The Alliance developed

a detailed “Request for Proposals” to select a partner that would be able to aggregate the data received from the multiple health plans, calculate measures accurately, preserve confidentiality and engage clinics in data verification. The Alliance ultimately selected Milliman, a nationally-recognized health care consulting firm with a Seattle office.

Content of the Report

The Alliance’s first Community Checkup report reflects care provided to about 70% of the insured, non-Medicare population in the five-county region, between January 2004 and December 2006. The data were aggregated and refined through three rounds of data validation: (a) with each data supplier, (b) a 100-day review of the data with 16 clinic systems and (c) a pilot patient verification with 4 clinic systems and a large data supplier. The report measures 21 types of care provided to patients and reflects the percentage of patients in each clinic’s practice that received the recommended care for their condition. The measures included chronic illness care measures (shown in table 1) based on The Healthcare Effectiveness Data and Information Set (HEDIS) or AQA Alliance (originally known as the Ambulatory Care Quality Alliance) measures: The Alliance added hospital quality of care results to a searchable online version of the report showing results for 26 hospitals and medical centers in the region. The second full

Content of the Report (continued)

report is scheduled for late 2008. This next phase of reporting will include physician-level asthma care measures. The Alliance also has engaged in a feasibility study to gather data and report on patient experience which may be included in a 2010 report. Additionally, the Alliance is working to report on cost and the degree to which health care is delivered cost-effectively. However, to do this the Alliance will need new data agreements with physicians and hospitals.

Format of the Report

The format of the Community Checkup report is important because it affects the user's perception of how accessible and useful the information is. The first public report published in January 2008 was available only in hard copy as a large PDF document. In September 2008, the Alliance unveiled a database-driven online version of the Community Checkup report, which allows anyone to search and sort the results, and look up information based on a specific county, the name of a clinic or hospital, or by a medical condition or topic.

Disseminating the Report

Based on physician focus groups, which emphasized the systems issues affecting chronic illness care, the Alliance opted to focus on "community health" in the report, rather than comparing individual physician clinic's performance. The stated purpose of the report was to build broad awareness of existing variation in care across physician clinics in the Puget Sound area and to stimulate quality improvement efforts. The report's community health focus was reflected in the local news coverage. Stories in the local media covering the release of the report were, in the opinion of Alliance leaders, both accurate and positive. News articles did not name clinics that opted out of the first report or criticize clinics with lower results. A public relations firm assisted in the report's release and the Alliance held both a well-attended meeting and press conference.

Table 1 Chronic Care Measures

Diabetes

- Patients whose **blood sugar** was tested at least once per year
- Diabetics who had an **eye exam** at least once in a two year period
- Diabetic patients whose **cholesterol** was tested at least once per year
- Diabetic patients who had a kidney screening or were treated for **kidney disease** in the past year

Cardiology

- Patients with a heart related condition who had at least one **cholesterol** test per year
- Patients with heart disease who were prescribed a **cholesterol-lowering drug** in the past year
- Patients hospitalized for a heart attack who received "**beta blocker**" drugs for at least 6 months after being released from the hospital

Depression

- Patients with depression who were prescribed an **antidepressant medication** and continued to take that medication for **12 weeks**
- Patients with depression who were prescribed an **antidepressant medication** and continued taking an antidepressant for **6 months**
- Patients with depression who had at least three **follow-up** contacts with a doctor or other health professional to address their mental health within 12 weeks after diagnosis

Lessons Learned

Having the Consumer Voice: The Alliance determined that consumers need to be involved early in the process of report development. This allows their input to influence ideas, rather than be confined to modifying plans already near completion. Consequently, the Alliance's Consumer Advisory Group was restructured into a Consumer Engagement Team that provides recommendations to the Board.

Involving Physicians as Partners: The Alliance leadership believes that its physician engagement strategies were a key to the successful implementation of the report. The physician focus groups, the ability of clinics to "opt" out of the initial report and branding the report as a "community checkup," rather than a physician comparison, proved successful in achieving a high degree of physician participation. **"I think it made a big difference actually that no one was forcing it down anybody's throat . . .It also sent an important message to the rest of the physician community that their peers are finding good reasons to collaborate with us to do this"** (M. Stanley, personal communication, February 12, 2008).

The Alliance now is working on engaging the physician clinics that did not volunteer their results to be released in the first report. An additional 30 clinic systems (with more than 200 clinic locations) are expected to be included in the second report.

Adopting Nationally-Endorsed Measures: The Alliance leadership believes that using nationally-vetted measures was important in obtaining consensus among stakeholders. Most measures contained in the report are HEDIS measures and have been endorsed by the Institute of Medicine (IOM), the National Committee for Quality Assurance (NCQA), AQA Alliance, or National Quality Forum (NQF). The Alliance's Prescription Drug Clinical Improvement Team developed generic prescribing measures based on IOM guidelines.

Selecting an Appropriate Data Partner: The Alliance believes that the data aggregator in the production of a public report needs to be a "true partner." Combining data from multiple sources requires that the aggregator actively engage local clinics and persists in finding creative solutions to data issues. For example, Milliman has established a provider crosswalk to link providers to clinics but this process requires the active, ongoing engagement of clinics. The Alliance and Milliman currently are working on a method by which clinics can verify that quality measures accurately represent their patient

Things to Watch For

Seattle is in the beginning stages of what seems likely to be a long term effort to improve health system performance through increased quality and efficiency transparency at the provider level. Over time, the Alliance intends to publish additional clinical quality measures, as well as new measures of patient experience and provider efficiency. The ultimate goal of providing this information is to help providers identify opportunities to improve performance, and the Alliance plans to support physicians and hospitals in addressing these opportunities as they arise.

This report was prepared by the Aligning Forces for Quality Evaluation Team at Penn State University's Center for Health Care and Policy Research which is studying the AF4Q initiative to gain insights about community-based reform that can guide health care practice and policy. The AF4Q Evaluation Team presents periodic issue briefs on key findings and policy lessons gleaned from its ongoing mixed-method evaluation of the AF4Q program.

For more information about the AF4Q Evaluation Team -

[\(http://www.hhdev.psu.edu/CHCPR/alignforce/\)](http://www.hhdev.psu.edu/CHCPR/alignforce/)

References

¹ Puget Sound Health Alliance. Community Checkup. January, 2008. <http://www.wacomunitycheckup.org/?p=home> (accessed 22 October 2008).

² E. McGlynn, "The Quality of Health Care Delivered to Adults in the United States," New England Journal of Medicine 348, no. 26, (2004) 2635-2646.

³ Washington Health Foundation. Washington Takes Huge Leap in Latest Healthiest State National Rankings. November 5, 2007. <http://www.whf.org/Documents/2007-11-5%20News%20Release%20-%20State%20Health%20Rankings.doc> (accessed 8 September 2008).

⁴ D. P. Scanlon, J.B. Christianson, and E.W. Ford, "Hospital Responses to the Leapfrog Group in Local Markets," Medical Care and Research Review 65 (2008) 207-231.