Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

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Lessons Learned in Public Reporting: Physician Buy-In is Key to Success

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This brief provides lessons from communities involved in *Aligning Forces for Quality*, the Robert Wood Johnson Foundation's signature effort to lift the quality of care in America. This brief focuses on physician participation in public reporting of quality performance data, which is a cornerstone of the Aligning Forces for Quality program. A companion brief, "Lessons in Public Reporting: It's All about the Details," describes the public reports that have been developed and the challenges associated with identifying which quality-related information to include.

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

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

About Aligning Forces for Quality

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

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

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

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

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

As part of their participation, the Alliances make information about quality of care publicly available to consumers, providers, purchasers and others in their community. The information reflects hospital and ambulatory performance based on a set of quality measures, which

demonstrates the state of health care across the community. Despite substantial variation across the 17 communities in terms of geographic location, population demographics and project scope,[1] as of spring 2010, 16 of the communities had at least one important feature in common—they were all reporting health care quality information on a public website openly accessible to a broad group of stakeholders. This quality information is refreshed periodically, reflecting new measures, stratifying the data by population groups, and restructuring reporting formats to make the information more accessible to consumers and other stakeholder groups.

Developing a public reporting initiative is not an easy task, especially if the goal is to create a sustainable mechanism for reliable, clear and transparent information about health care quality. AF4Q Alliance leaders plan and make decisions that reflect the needs of the community and its capacity for meaningful improvement. The local AF4Q Alliance sets a very large table, inviting all who have an interest in health care quality to take a seat and participate.

Every day, the AF4Q communities demonstrate that health care initiatives designed to improve quality are a team effort, requiring input and engagement across a wide spectrum of interests. Nowhere is this more apparent than in the development of a public reporting initiative, where various interests vie to include or exclude information related to health care performance.

Physicians and other health professionals whose performance information is publicly available may have conflicting perspectives about the idea. On the one hand, they recognize the value of learning how they compare to national or local benchmarks so they can see where they need to make improvements. On the other, they may not trust that the information reported is correct, relevant or even meaningful to patients, or they may be concerned about how they fare. If physicians do not embrace the process or if they believe that the measurement is not clinically sound, they will be less likely to see the inherent value of the data to improve their practices and much less willing to promote performance reports among their patients and other stakeholders.

The experiences of AF4Q communities provide valuable lessons about the challenges of engaging various stakeholders in the development and ongoing refinement of public reporting activities. Chief among these lessons is that the involvement and active participation of physicians in every phase of the public reporting enterprise is key to the endeavor. Simply stated, physician buy-in is a must.

Tips to Engage Physicians in Public Reporting:

- Involve physicians from the very beginning
- Identify physician champions who will carry the message
- Encourage peer-to-peer learning
- Make quality improvement tools and resources easy to access
- Give physicians a chance to review their data
- Foster a climate that encourages transparency

The George Washington University Department of Health Policy serves as the national program office for the AF4Q program. In spring and summer 2010, we conducted telephone interviews with the 17 AF4Q project directors to hear about their experiences with public reporting and performance measurement. In this issue brief, we describe the findings associated with

physician participation in the public reporting process because it was identified by all of the Alliances as the single most important factor associated with the successful reporting of performance information on ambulatory care in the community.

Physician Engagement from the Get-Go

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

Strong physician participation is essential. These public reporting efforts include primary care physicians from a range of practice sizes and primary care specialties, hospital-based clinicians from ambulatory and hospital care services, and representatives from various medical societies. Physicians participate as clinicians as well as representatives of physician-owned hospitals and practices. The more the representation of physicians reflects the styles and practice types of the community, the more likely the effort is to successfully manage the bumps in the road that are certain to accompany public reporting initiatives. The AF4Q quality information reflects primary care and hospital performance in the communities; the inclusion of family practice and internal medicine physicians from the very early planning stages helps develop a sound foundation for reporting efforts. Several Alliances have also engaged specialty physicians, such as cardiologists and endocrinologists, to support and participate in efforts around high-quality cardiac and diabetes care.

> "One of the best things we did was to work collaboratively, getting the physicians and the health plans sitting down at the table together early on in the process … certainly building that relationship and that foundation of collaboration was key."
> – Lisa Mason, Detroit

Alliances have found that some physicians are eager to participate in public reporting activities while others are more reluctant to join the process. Encouraging physicians to be present at the table, share their concerns and make certain that the performance measurement is sound and fair can lead to greater acceptance.

Engaging physicians in public reporting efforts does not come without challenges. A few AF4Q Alliances have met with resistance from individual physicians and physician groups that had negative prior experiences with less successful public reporting initiatives. According to Alliance leaders, overcoming this type of resistance takes a strong commitment to working closely with all interested physicians, as well as patience to regain their trust. In some cases, physician champions have made all the difference in bridging what could become a huge divide between Alliance and local physician interests. Several Alliances have enlisted the help of physicians with extensive experience in many different arenas related to quality improvement. These individuals serve as a valuable asset to the community's performance measurement and public

reporting activities as well as the dissemination of information to other physicians across the region.

Developing a Staged Approach

Not only is it important to work closely with physicians each step of the way, but each stage of public reporting must include physician review and approval. In several cases, Alliances conducted a test run before their quality information became accessible to the general public. Physicians were given the opportunity to review their own data, comment on the way the data were displayed and develop a comfort level prior to the report being circulated widely throughout the community. Alliance leaders credit this initial test run as an important component of their successful efforts to gain physician buy-in before the performance information became available for broad review.

> "One of the things we did really well was to take time that first year to build that shared vision for performance measurement between the buy-side and the supply-side … There was just a maturity of approach, that you know, let's just slow down here and take the time to understand where each other is coming from and what we think is possible, and build a vision that we can all buy into over time … that created a foundation upon which we have operated ever since."
> – Chris Queram, Wisconsin

Identifying the specific performance measures that will be publicly reported, as well as the data used to report on the measures, can itself involve a multistaged approach. Performance measures require common data elements across physicians, physician practices, clinic sites and medical groups on the outpatient side and across hospitals on the inpatient side. While different stakeholders may agree to report on the quality of diabetes or heart care delivered to residents in the community, there is likely to be much more debate when it comes to the specific measures chosen to represent quality of care and the source of data used to report it.

The decision about what to measure—and how to measure it—often comes down to the very practical issue of what data are available to the majority of practices participating in the reporting effort.[2] The options are generally limited to claims data, clinical data or some combination of the two. Most Alliances recognize the value of clinical data, since they provide more opportunity for analysis and are likely to better reflect current practice. Claims data lag behind in terms of timeliness, but they have the advantage of being largely available across practices. Ten of the Alliances have chosen to use claims data; several will eventually incorporate clinical data once it becomes available through electronic medical records. Four of the Alliances are drawing from both claims and clinical data, depending on the specific measure. Two Alliances use clinical data for all of their publicly reported ambulatory measures.

Claims data clearly have their limitations and physicians may question whether they reflect current practice, so it is essential that physicians have an opportunity to review the data for accuracy. In addition, physicians need to feel comfortable that the data are reported, at least initially, at the appropriate level (e.g., medical practice, clinical site, physician practice or individual physician) in order to accurately and fairly represent their performance. Therefore, a common question is: At what level should the performance data be reported?

Alliances have found that physicians are much more willing to participate in public reporting efforts if the information is aggregated at a higher level. AF4Q communities regularly report practice-level information publicly and provide performance data at the individual physician level only to the physicians themselves, who use it for quality improvement activities. Physicians directly benefit from comparing their performance to groups of physicians in their community and using the data to engage in meaningful improvement.

> "One of the things that I think is key here and is richly debated … is what's more important, public reporting or the trust of the docs. And a lot of times, I think that the trust of the physician, even though it may someday slow progress, is still our best tool to improve care."
> – Alan Glaseroff, M.D., Humboldt County

Physicians who understand the value of performance measurement can serve as catalysts for additional activity, creating momentum for other physicians in the community to join in public reporting. However, if physicians perceive the performance information as being inaccurate or not useful, reporting efforts can stall. Successful efforts take physician concerns very seriously and work to make sure that participating physicians trust the process and believe it supports their own commitment to providing high-quality care to all of their patients.

Engaging the participation of well-known and respected physicians can encourage professional colleagues to join the effort. One Alliance's medical director is also in private practice and is a recognized leader in diabetes care, especially for patients who live in rural areas. He visits area physicians and shares reports of his own performance, using the same data that he is asking other physicians to report. In this way, he begins a conversation about quality improvement and public reporting. The approach has been successful because it sets a collaborative tone and helps physicians recognize the need for improvement, even in a high-performing practice. The Alliance takes a peer-to-peer learning approach, which has helped to engender trust and cooperation among community physicians.

> "Everything we've always done is 'we,' not 'you'; or, 'Here's my report, I failed at this metric. How are you doing?' Rather than, 'You're all bad.' We've never taken that role."
> – Alan Glaseroff, M.D., Humboldt County

Several Alliances also note the importance of involving physicians' staff in public reporting initiatives. Managers of practices and other staff members are critical to the success of public reporting activities because they are the most knowledgeable about data collection and the

availability of information, and can support or thwart performance measurement and data sharing. Some Alliances have found it useful to visit the practice managers to explain the goals of public reporting and increase awareness of related quality improvement programs. These visits give Alliances an opportunity to link public reporting initiatives with quality improvement efforts, especially because practice staff are often the ones responsible for implementing quality improvement interventions.

> "With ambulatory care quality improvement, who's going to implement it? It's going to be the doctor's office. If [staff] are not on board, you can't bring them in later."
> – Jan Whitehouse, Detroit

The Aligning Forces for Quality program is demonstrating that public reporting of health care quality at the community level is achievable. The experiences of the Alliances attest to the dedication and commitment that is necessary to make the effort successful and the important role that physicians play at every stage of performance measurement and public reporting.

For more information on how AF4Q communities are improving the quality of health care in their regions, visit www.forces4quality.org.

A separate issue brief, "Lessons Learned in Public Reporting: Deciding What to Report," describes the importance of involving physicians in each of these important decisions from the earliest stages of development. This report can be accessed at http://www.rwjf.org/qualityequality/af4q/.

[1] AF4Q communities include three statewide projects (Maine, Minnesota and Wisconsin), single or two-county groups, and multicounty projects. See Table 1 on page 7 for a complete list of AF4Q communities.

[2] A separate issue brief, "Lessons Learned in Public Reporting: Deciding What to Report," describes the importance of involving physicians in each of these important decisions from the earliest stages of development. This report can be accessed at http://www.rwjf.org/qualityequality/af4q/.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit http://www.rwjf.org.

Table 1: Aligning Forces for Quality Communities - Representing one in eight Americans, one in eight hospitals, and one in seven primary care physicians.

Site/Aligning Forces Alliance	AF4Q Service Region	Population	General Hospitals	Primary Care Physicians
Albuquerque, N.M. *Albuquerque Coalition for Healthcare Quality;* http://www.abqhealthcarequality.org/	1 county (Bernalillo)	635,139	10	605
Boston, Massachusetts* *Health Quality Partners*; http://www.mhqp.org/	2 counties (Middlesex, Suffolk)	2,186,465	23	2,560
Central Indiana *Central Indiana Alliance for Health*; http://www.centralindianaallianceforhealth.org/	9 counties (Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Shelby)	1,774,665	18	1,404
Cincinnati, Ohio *Health Improvement Collaborative of Greater Cincinnati*; http://www.the-collaborative.org/	8 counties in Ohio (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Warren), 4 counties in Kentucky (Boone, Campbell, Grant, Kenton) and 2 counties in Indiana (Dearborn and Ripley)	2,235,551	26	1,747
Cleveland, Ohio *Better Health Greater Cleveland*; http://www.betterhealthcleveland.org/	1 county (Cuyahoga)	1,283,925	18	1,613
Detroit, Mich. *Greater Detroit Area Health Council*; http://www.gdahc.org/	7 counties (Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne)	4,834,560	46	5,934
Humboldt County, Calif. *Community Health Alliance*; http://www.communityhealthalliance.org/	1 county (Humboldt)	129,000	4	116
Kansas City, Mo. *Kansas City Quality Improvement Consortium*; http://www.kcqic.org/	2 counties in Kansas (Johnson, Wyandotte) and 3 counties in Missouri (Clay, Jackson, Platte)	1,658,400	25	1,589
Maine *Quality Counts*; http://www.mainequalitycounts.org/	Statewide (16 counties)	1,316,456	37	1,552
Memphis, Tenn. *Healthy Memphis Common Table*; http://www.healthymemphis.org/	1 county (Shelby)	906,825	8	745
Minnesota *MN Community Measurement*; http://www.mncommunitymeasurement.org/	Statewide (87 counties)	5,220,393	130	4,449
Puget Sound, Wash. *Puget Sound Health Alliance*; http://www.pugetsoundhealthalliance.org/	5 counties (King, Kitsap, Pierce, Snohomish, Thurston)	3,829,763	29	3,399
South Central Pennsylvania *AF4Q South Central Pennsylvania*; http://www.aligning4healthpa.org/	2 counties (Adams, York)	525,702	4	486
West Michigan *Alliance for Health*; http://www.afh.org/	13 counties (Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa)	1,519,373	19	1,324
Western New York *P2 Collaborative of Western New York*; http://www.p2wny.org/	8 counties (Alleghany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming)	1,529,043	24	1,120
Willamette Valley, Ore. *Oregon Health Care Quality Corporation;* http://www.q-corp.org/	9 counties (Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, Yamhill)	2,657,974	27	2,415
Wisconsin *Wisconsin Collaborative for Healthcare Quality*; http://www.wchq.org/	Statewide (72 counties)	5,627,967	130	4,550
Total	**253 counties**	**37,761,286**	**578**	**35,609**

**The Boston AF4Q service region includes all of Suffolk County and 46 zip codes in Middlesex County. The data in this table represents all of Suffolk and Middlesex counties.*

Source: U.S. Census Bureau, Population Estimates Program, July 1, 2008.

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