

**Community Public Reporting Orientation**  
**Web Meeting Summary**  
**September 28, 2010**

On September 28, 2010, the National Quality Forum (NQF) convened a multi-stakeholder group to begin the discussion of developing a dashboard for common community public reporting. This two-hour web meeting was geared towards orienting invited workshop participants<sup>1</sup> to the community public reporting dashboard project at NQF; setting the stage for development of a dashboard that maps to the work of the National Priorities Partnership (NPP) and the Department of Health and Human Services (HHS) strategic plan; and providing results from an environmental scan and catalog of public reporting programs conducted by Mathematica Policy Research for NQF.

Nineteen (19) of 23 invited workshop participants took part in the web meeting, along with 14 public participants. Co-chairs Bill Golden, medical director health policy, Arkansas Medicaid, and Chris Queram, president and CEO, Wisconsin Collaborative for Healthcare Quality, provided background on the work that has taken place at NQF on the public reporting dashboard, as well as, summarized frameworks put forth by NQF, HHS, and others for moving the healthcare quality forward to achieve positive goals. Data results from the environmental scan and catalog of public reporting programs were also discussed to include the mapping of these programs to the NPP, the NQF-endorsed episodes of care framework, and other types of measurement areas.

Several key issue areas arose during the meeting, and help set the stage for further discussion at the in-person workshop to be held on October 12, 2010 in Washington, DC:

1. ***Emphasis on Standardization, but Flexibility in Core Dashboard*** – Participants asked for clarification on the intention of the community public reporting dashboard. The meeting co-chairs and NQF staff emphasized that the dashboard is intended to create an opportunity for standardization around a ‘core’ set of agreed upon domains, sub-domains, and measurements. However, the opportunity to build around the core will also be present so that communities can report what is unique about themselves and important to their constituents. Co-chairs and NQF staff also supported the idea that the aim of the dashboard is to 1) inform comparisons across communities, and 2) inform comparisons of community progress in measuring and reporting quality using a nationally developed approach. Using a common set of ‘core’ measurements will facilitate these comparisons, while also allowing for flexibility that communities need in their public reporting efforts.
2. ***Key Audience for Dashboard*** – Meeting participants discussed the issue of ‘key audience’ for the proposed community public reporting dashboard. Some wanted clarification as to whether the intended audience would be ‘consumers’ or ‘providers.’ Others felt that the possible audiences were, ‘the healthcare system’ or the ‘broader healthcare community.’ The question of how to define ‘community’ in regards to the dashboard also came up. Co-chairs and NQF staff shared during the meeting that they felt there could be many audiences for such a dashboard, and that community could be very broadly defined depending on who it was that was doing the

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<sup>1</sup> List of invited workshop participants is included in Appendix A

reporting. It was suggested that there would likely need to be some further discussion about this topic during the upcoming in-person meeting in October, but that the emphasis would be on use of the dashboard for reporting to the public at large. One recommendation was to try to see how different audiences might react to the 'core' public reporting dashboard during the piloting phase planned for after the October meeting.

3. ***Gap Areas in Measurement and Public Reporting*** – Some discussion also took place during the web meeting about the gap areas in measurement and their potential impact on public reporting and the idea of a common dashboard. Many participants emphasized the need for 'more cross-cutting measures like those that will be required for accountable care organizations.' Others mentioned a need for better patient experience measures, including those from the physician perspective. The question about including population health measures in such a dashboard also came up, with many advocating for a combination of measures that include those which describe the well-being of communities in general and patient outcomes that are a result of coming into contact with the healthcare system. Many agreed on the call that there were serious gaps in measurement around outcomes and cost. For example, while the environmental scan conducted by Mathematica showed that many programs are reporting on outcomes, there was consensus among many that the measures available to report on outcomes do not adequately address important areas like functional status and health related quality of life.

Co-chairs and the NQF staff provided some background on other efforts taking place at NQF that are intended to identify measurement gap areas and provide a starting place for the development of new measures. However, it was proposed that there are some measures currently available that can be used across settings and for various stages of a condition and that those measures should be considered for potential inclusion in the 'core' dashboard.

4. ***Additional Data to Inform Decisions*** – After hearing the results of the environmental scan and catalog of public reporting programs conducted by Mathematica Policy Research, many participants said they would like to have more information from the dataset. A couple of participants thought it would be important to look at the ambulatory and hospital data separately. Another person wanted to know if it was possible to map the public reporting measures to data sources that are easily accessible or immediately available. As NQF is just acquiring the database from Mathematica, staff will investigate whether these types of analyses might be available before the October in-person meeting.

The meeting adjourned following a brief discussion of a voting activity that workshop participants are asked to participate in prior to the October in-person meeting. Participants were asked to vote for the top five domain areas they feel would be important to include in a 'core' public reporting dashboard. In addition, they were also asked to identify three potential sub-domains to be included for each of their top five domain areas. This activity is designed to provide a springboard for creating a 'core' public reporting dashboard that workshop participants can offer a reaction too.

# NATIONAL QUALITY FORUM

Community Public Reporting Dashboard

Workshop Participant List (as of 9/28/10)

Tanya Alteras, Associate Director, National Partnership for Women & Families, Washington, DC

Georges Benjamin, Executive Director, American Public Health Association, Washington, DC

Bridget Booske, Project Director County Health Rankings, University of Wisconsin Population Health Institute, Wisconsin

Captain Peter Briss, Chief Community Guide Branch, Centers for Disease Control & Prevention, Georgia

Randy Cebul, Program Director, Better Health Greater Cleveland, Ohio

Charles Chodroff, Senior Vice President & Chief Clinical Officer, WellSpan Health, Pennsylvania

Jim Chase, Executive Director, Minnesota Community Measurement, Minnesota

Nancy Clarke, Executive Director, Oregon Health Care Quality Corporation, Oregon

R. Adams Dudley, Professor of Medicine and Health Policy, University of California Philip R. Lee Institute for Health Policy Studies, California

Renee Frazier, Executive Director, Healthy Memphis Common Table, Tennessee

Bill Golden, Medical Director Health Policy, Arkansas Medicaid, Arkansas

Helen Haskel, Founder & President, Mothers Against Medical Error, South Carolina

Nikki Highsmith, Senior Vice President for Program Center for Health Care Strategies, New Jersey

Vicki Loner, Director Division of Health Services and Managed Care, Department of Vermont Health Access, Vermont

Martin Love, CEO, Humboldt IPA, California

Margaret Lumia, Research Scientist, New Jersey Department of Health and Senior Services, New Jersey

Peggy McNamara, Senior Fellow, Agency for Healthcare Research and Quality, Maryland

Chris Queram, President and CEO, Wisconsin Collaborative for Healthcare Quality, Wisconsin

Barbra Rabson, Executive Director, Massachusetts Health Quality Partners, Massachusetts

Patrick Romano, Professor of Medicine and Pediatrics, University of California-Davis Medical Group, California

Ben Steffen, Deputy Director Data Systems and Analysis, Maryland Health Care Commission, Maryland

Diane Stollenwerk, President, Stollenwerk and Associates, Washington

Terry Whitson, Assistant Commissioner, Indiana State Department of Health, Indiana

Shannon Wilson, AF4Q Team Leader, Alliance for Health, Michigan

Dolores Yanagihara, Director Pay for Performance Program, Integrated Healthcare Association, California