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Public Reporting on the Quality of Healthcare:
Emerging Evidence on Promising Practices
for Effective Reporting

Jack Wallace
Gary F. Teare
Tanya Verrall
Ben T. B. Chan

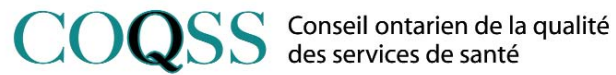
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1565 Carling Avenue, Suite 700, Ottawa, Ontario K1Z 8R1
Tel: 613-728-2238 • Fax: 613-728-3527



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MAIN MESSAGES

One size does not fit all: When it comes to public reporting on healthcare quality and performance, there is no one “best” approach. Design and dissemination of reporting products should vary depending on the specific context and audience. A particular format and distribution strategy that is effective in one set of circumstances will not necessarily work in another situation.

The jury’s still out: While public reporting on health-system performance and quality has grown dramatically worldwide since the mid 1980s, there is little rigorous research on its impact. Evidence is particularly limited on which report formats and distribution strategies are most effective.

Know your audience: Agencies with a reporting mandate must find out what information their target audiences need and how they want to use that information.

Understand why you are reporting: Agencies must define their objective in reporting. Why do they want to report? What, specifically, do they want to achieve? What impact do they hope their report will have? To evaluate the effectiveness of reporting, agencies need to understand what results they want before they can measure their efforts. Reporting agencies should involve stakeholders to define clear objectives, which will also decrease the likelihood of unintended consequences.

Cultivate the news media: Reportage in the news media can be an effective way for agencies to get their message out to a broad public audience. There is a fear that the news media may distort or sensationalize messages on health quality, but this has largely not been the experience in Canada. The problem, more often, is getting the attention of busy reporters who must choose what to report on from many competing stories. Agencies can increase the uptake of their information by cultivating relationships with reporters and providing them with clear messages to report.

Report cards may not meet your objectives: If the goal is to involve citizens in democratic accountability or quality improvement, agencies may first need to educate the public about its role in those activities. Reporting agencies may be further ahead to first produce and distribute information about how the health system is organized or what care patients can reasonably expect to receive if they have a particular condition.

Public reporting is only one piece of the puzzle: To increase accountability and improve quality within the healthcare system, reporting must be part of broader, ongoing efforts to build and nurture a relationship with the audiences intended to use information in reports. Blindly churning out reports is unlikely to have any sustained impact on healthcare system accountability or quality. Agencies with a reporting mandate must know their audiences, and must invest in educating those audiences about what the information in their reports means and why it’s relevant to intended readers.

EXECUTIVE SUMMARY

1. WHAT'S THE ISSUE?

Public reporting on quality and performance in Canada's healthcare system has grown significantly over the last 20 years. This growth has been driven by increased commitment within the system to improve quality, citizens' heightened expectation for accountability and better data for measuring performance.

While there's no consensus in healthcare literature on the value or impact of reporting, there is general agreement that reporting is here to stay. The debate is shifting from *whether* reporting should be done, to *how* best to report publicly on health system quality. In this project, we discuss the evidence about promising practices for effective public reporting on healthcare quality.

2. WHAT DID WE DO?

Our project had two main components: a review of the literature on reporting and key informant interviews involving organizations that report publicly on healthcare quality. We reviewed the literature with an eye to: a) identifying the key components of an effective reporting program; and b) determining which factors contribute to successful reporting. For our key informant interviews, we talked to representatives of five Canadian organizations with mandates to report on quality and performance in the health system: Cancer Care Ontario; the Ontario Health Quality Council; the Health Quality Council of Alberta; the Canadian Institute for Health Information; and the Health Quality Council in Saskatchewan. For this project, we defined a public reporting program as effective if the public:

- has information;
- understands that information; and
- uses the information in a way that is consistent with the program's objectives.

3. WHAT DID WE FIND?

The literature we reviewed suggests that to be effective, a reporting program must pay attention to its objectives, audience, content, product, distribution and impacts.

a) Objectives

Identifying the objectives for reporting is the critical first step in the process. It informs all other aspects of reporting and often suggests the criteria with which to evaluate a reporting program's effectiveness. Organizations report publicly for three main reasons: accountability, quality improvement and consumer choice. The five organizations we interviewed all cited accountability and quality improvement as their chief objectives for reporting.

b) Audience

Once the reporting objectives are defined, it should be clear who the target audiences are. When reporting to increase **accountability**, the main audience will be the general public. In preparing reports for this audience, it is important to consider differences in readers' education, income, and socio-economic and health status. Reporting agencies should determine what information the public wants and how much people know about a particular topic. Before producing its first report, the Ontario Health Quality Council asked citizens what a high-quality healthcare system would look like and how they would prefer to receive information about health system quality.

Reports intended to **improve quality** of healthcare are typically aimed at health system managers, providers or policy makers. Observers suggest that, because action on

shortcomings in performance or quality must start within the healthcare system, reporting agencies should target these audiences. Some research has found that providing the public with the same information reported to health organizations stimulates greater improvements in the system, while other evidence suggests that publicly disclosing this information yields no more impact than reporting to providers only. Reporting publicly can lead to some unintended consequences within the system, including a narrow focus on only those areas being measured and reluctance to try new approaches to care delivery.

Some Canadian agencies reporting on health system performance produce documents specifically targeted at consumers, while others rely on the news media to translate and report on the contents of documents aimed at health providers and managers.

Much of the literature on **consumer choice** as an objective of reporting comes from the United States, which has a market-based healthcare system. The underlying theory is that citizens will read and understand information in healthcare quality reports, then act on that information when consuming healthcare services. But even in the U.S. system, consumers have limited opportunities to choose their healthcare providers.

c) Content

What is included in quality reports should be based on what the report developers are trying to accomplish and who they are trying to reach. The literature suggests that to date, however, reporting organizations have paid little attention to the information needs of their target audiences.

There is considerable debate about whether performance reporting should be done at the level of individual healthcare providers (e.g., cardiac surgeons) or whether it is more appropriate to report on provider organizations (e.g., hospital, health region). One obstacle to presenting useful information in reports is that the healthcare data currently available do not necessarily present a clear or accurate picture of quality or performance. Some of the organizations we interviewed reported that they asked their audiences what indicators would be most useful to them in addressing quality problems.

d) Product

Most report cards are presented in printed format, electronic format (web) or both. In either case, the information must be presented in a way that is easy for intended audiences to understand and apply. Evidence suggests that reports should be relatively short and should use visual rating systems, such as stars, rather than numeric scores. It's a good idea to pre-test a report's readability and design with representatives of the target audience. The Ontario Health Quality Council determined, through focus group research, that the average consumer was unlikely to read reports longer than four pages, but that more informed or engaged audiences would accept a longer document.

One advantage to web-based presentation of data is the flexibility inherent in this medium. It offers visitors their choice of different report lengths and formats and lets them decide how much or little detail they want to retrieve. Cancer Care Ontario provides its stakeholders with access to data sets they can analyze themselves or use for planning.

e) Distribution

While the organizations we interviewed all distribute lay versions of quality reports through passive channels (libraries, physician waiting rooms, newspaper inserts), there is little evidence that consumers read and use materials disseminated in this manner. Web-based presentation of quality and performance information has not been fully evaluated.

The Canadian organizations that we interviewed all work with the news media to promote findings of their quality and performance measuring. Although the literature cites the risk of journalists sensationalizing or misrepresenting report findings, Canadian agencies report generally positive experiences working with the news media. All have invested time and energy in fostering a good working relationship with journalists and in kindling interest in health quality issues.

f) Impacts

We found no solid evidence about the impact of reporting on increasing or improving accountability. There are a number of studies showing that public reporting does lead to improvements, though minimal, in quality of care and can stimulate action on quality issues. The agencies we talked to have not – because of cost – thoroughly studied the true impact of their reporting efforts. However, these organizations are tracking measures such as the number of health regions applying their reports in planning, number of times reports are cited in journal articles, quantity and quality of media coverage, and web site downloads.

4. SUMMING UP

- Report developers should start by deciding what the reporting is intended to achieve.
- Report design and distribution depends on both context and audience.
- There is scant evidence about which report formats and dissemination strategies are most effective.
- Reporting agencies must determine what information their target audiences need and how they prefer to use that information.
- To increase accountability and improve quality, reporting must be done as part of a broader effort to engage with the audience intended to use the reports.
- Agencies with a mandate to report must know their audiences and educate them about the meaning of the report information and why it's worth paying attention to.