

Rules of Use for Medical Group Results in the *Community Checkup* Report

This document is intended to guide users of results included in the Alliance's Community Checkup reports. Any use of report results produced by the Alliance should be consistent with and supportive of the philosophy, guidelines and rules described below. These rules apply to Community Checkup results and reports released in calendar year 2009 and beyond. The guidelines are subject to revision by direction from the Alliance Board of Directors.

Philosophy

Goal of the *Community Checkup* report. The Alliance strives to advance transparency of variation in performance to drive quality improvement in health care within the Puget Sound region. The *Community Checkup* is intended to stimulate improved performance from providers and delivery systems; promote consumer behavior for wellness and informed decision-making; and enable purchasers and health plans to structure programs to reward value.

Collaboration is the key to improvement. The Alliance encourages use of the results that recognize both high performance and improved performance over time. Engaging providers, health plans, and purchasers in an ongoing, collaborative process will improve measurement, analysis, reporting and use of the results to improve health care value. By working together, the Alliance and its stakeholders can accomplish what no single organization can accomplish alone. The multi-payer database creates a community benefit that has current and future value, but requires collective involvement. As a community, we have a shared interest in using the database and results appropriately to facilitate its continuation.

Optimal uses of the results. The Alliance encourages broad and appropriate use of the results to engage purchasers, health plans, doctors, nurses, clinics and patients in conversations about quality, to set goals and target resources. Optimal use of the *Community Checkup* results fall into three general areas:

- Drive quality improvement
- Promote consumer health and informed decision-making
- Structure programs to reward value in the delivery of health care

The report results may not be used in ways that are inconsistent with the Alliance goals and mission.

Examples of optimal uses that drive quality improvement, promote consumer engagement and reward value might include: ensuring that health benefits cover and promote needed health screenings and other services or approaches measured in the *Community Checkup* report; using the results during contract negotiations to recognize or encourage improvement; or, aligning provider reimbursement to reward actions that promote wellness and effectively manage chronic conditions. In contrast, using the results in ways that create new complexity, inefficiencies or increased costs would be inconsistent with the Alliance mission to promote health and improve quality and affordability of health care across the region.

More restrictive rules of use during report development. The Alliance intends to continue developing new ways to report on health care quality, resource use and health plan performance (via eValue8™). Because of their developmental nature, more restrictive rules may apply to the use of results in these new types of reports released by the Alliance. Once new types of reports have been vetted and are considered established, the corresponding rules for use of those results will be subject to revision.

Notify the Alliance of misuse. Individuals and organizations that identify any use of Alliance-produced results that is outside of these guidelines and rules should notify the Alliance via phone, email or a form on the Alliance web site. The Alliance will review all contested uses and determine necessary action.

Guidelines for Interpreting Results

***Community Checkup* results reflect a partial view of overall quality and value.** The Alliance reports results for a subset of quality measures. There are many quality measures that are not currently included in our process as well as many aspects of care that are not measurable with our dataset at this time. For example, we currently report 4 out of 9 measures of care for people with diabetes because the remaining measures require clinical data from medical records. The *Community Checkup* only includes a subset of clinics in the area who meet thresholds of practitioners per clinic (four or more) and patients per measure (160 patients for each measure). The *Community Checkup* only reflects care provided to a subset of patients – data for commercially insured and Medicaid patients are currently included but patients covered by Medicare, the uninsured and those who self-pay are not.

Interpretation of Results. When interpreting results, it is essential to recognize the nature and limitations of the data collected and the process of analysis. Alliance results should be used in an honest, transparent and pragmatic manner, and should promote the community's understanding of the appropriate roles for performance measurement results. Important considerations include:

- a. Profile of performance across measures and time – Results for medical groups and clinics vary across measures so results should be interpreted across all available measures rather than singling out performance in one area. Looking across all reportable measures and examining results across time periods can help target areas for quality improvement.
- b. Sample sizes and confidence ranges – The symbols used by the Alliance for above, at or below average are assigned when the confidence interval around the results is wholly and distinctly different (above or below) from the confidence interval around the average.
- c. Differences in rates – Users of the results should understand the many factors that impact the delivery of care and could lead to different rates of performance across clinics and medical groups for a given measure. These include: the service was not provided because it was not offered by the provider, not covered by the plan or not obtained by the patient; the service was provided but not billed accurately or completely; or, the populations measured in different clinics are significantly different.
- d. Data supplier composition – The results included in the *Community Checkup* are derived from claims and encounter data from participating data suppliers. Additions or deletions from the data supplied may affect the results. For example, results in reports created before 2009 relied on commercial and Medicaid managed care data only, whereas reports produced after that also include Medicaid fee-for-service data. Including data for the Medicaid fee-for-service population affected the regional average rates for many measures. Users of the results should acknowledge what data are included in the results displayed by providing a link to the *Community Checkup* website at www.wacommunitycheckup.org.

Rules

Submission for Alliance review prior to use. Users of the *Community Checkup* report results will submit the proposed content and citation to the Alliance for review and approval prior to use, using the form on the Alliance website (linked here: www.pugetsoundhealthalliance.org/services/reports.html). The Alliance will respond as quickly as possible, taking no longer than five business days. Once an organization receives Alliance approval, the organization does not need to resubmit the same content each time it is used. However, an approved citation for use in advertising, for example, must be resubmitted for review if it will be used with different content or another communication mode.

Examples of content likely to be approved include: screen shots or other images from the *Community Checkup* report that do not alter the content or visual representation; and, descriptions of the report results and other content that are factually accurate. Inappropriate uses include changing the graphical presentation and report symbols, or implying that the report or the Alliance endorses, recommends or has named any particular medical group or clinic the “best” in the region. Note that ‘above average’ ratings refer to being above the *regional* average and there is room for improvement for nearly all measures; therefore, receiving an ‘above average’ rating does not mean one has achieved optimal performance.

Citation. All uses of Alliance results and reports shall carry a citation that has at least three components: (1) referencing the Alliance as the source of the information; (2) certifying that the use is consistent with the Board-adopted Rules for Use of the report; and, (3) linking to the *Community Checkup* report website to enable readers to view the full set of results for all measures. A suggested citation is: “This {report/application/presentation} uses data gathered by the Puget Sound Health Alliance. We certify that our use is consistent with the Alliance’s Rules of Use for Performance Results from the *Community Checkup*. To view results for all measures included in the *Community Checkup* see www.WACommunityCheckup.org.” In addition, all organizations must state what measure they are referencing and which version of the *Community Checkup* report they are using. If an organization prefers to use alternate wording for the citation, they must submit the revised citation to the Alliance for review and approval prior to use. The citation submission will include a description of the type of intended communication (e.g., advertising, newsletter, website page) in addition to the content of the material that will use the *Community Checkup* report results.

Use of Logo. The Alliance will grant use of the *Community Checkup* report logo to uses of the results that have been submitted and approved by Alliance staff. The report logo may only be used to supplement but not supplant text that identifies the source of the information. For web-based materials, we encourage the report logo to be hyperlinked to the *Community Checkup* report web site listed above. The Rules for Use, along with suggested citation and the logo mark for the *Community Checkup* report are available for download from the Alliance website.

Composite measures. Users of Alliance data may not combine the results to create composite measures. The Alliance is exploring whether and how to create composite measures for future releases of the report.

Uphold reporting conventions of the *Community Checkup*. All uses of the results must adhere to the data collection and reporting conventions of the report. In particular, references must be precise in terms of the measures compared and the actual result rather than broad generalizations or subjective descriptions of the relative performance. Some examples are presented in the table below:

Appropriate	Not Appropriate
Clinic X received “above average” on breast cancer screening	Clinic X scored the best on breast cancer screening or Clinic X is top rated in breast cancer screening
Clinic Y scored “above average” in 3 out of 4 measures of effective diabetes care	Clinic Y outperforms all others on diabetes care
Using the confidence interval to describe differences in rates	Using the rate alone to describe differences in results

Private review of draft results. During report development, the Alliance circulates draft results to participating organizations for review and input. These draft results are intended to be private and may not be shared in any way that makes them public.

Compliance. Each organization using *Community Checkup* results agrees in advance to comply with the Alliance’s rules of use and to remedy misuse or misstatements with the action deemed appropriate by the Puget Sound Health Alliance. The Alliance reserves the right to request that an organization withdraw material from distribution or publish a retraction and/or clarification in connection with any misuse of the results. In addition, the Alliance reserves the right to review the organization’s *Community Checkup*-related materials at any time.