MICHIGAN MULTIPAYER

CPC+
Comprehensive Primary Care Plus

Utilizing Performance Reporting –

High-Performing Practice ACTION TOOLS

THE CARE INTERVENTION SUBCOMMITTEE'S HIGH-PERFORMING PRACTICE STUDY IDENTIFIED SIX KEY ATTRIBUTES OF PRACTICES THAT WERE HIGH-PERFORMERS ON ED AND INPATIENT UTILIZATION. PERFORMANCE REPORTING INTEGRATED IN REGULAR TEAM HUDDLES OR COMMUNICATION DRIVES ATTENTION TO AND ACCOUNTABILITY FOR PERFORMANCE. SHARING PROVIDER-LEVEL PERFORMANCE REGULARLY SIMILARLY MOTIVATED IMPROVEMENT AMONG INDIVIDUAL PROVIDERS.

High-performing practices are intensively engaged in performance reporting, and literally integrating performance reporting into their culture. All of these practices underscore the open sharing of practice performance to all team members. In addition, it was found that provider-level reports are particularly important to motivate providers when the reports are transparent and provide comparative information. The following tools were developed to assist practices with developing effective performance reports and building workflows to motivate physicians.

Managing Data for Performance Improvement

1. **Data collection**: It is important to ensure that data elements are collected exactly the same way over time. This approach ensures accurate and credible data for QI improvement and avoids a team's wasted efforts on manual activities and reconfiguring its systems. Successful QI teams recommend that a detailed data collection plan is in place prior to actually collecting the data, or to develop the plan while the baseline is calculated. Details can be found from p1-p5.

2. **Tracking Data and Share Progress with the Practice Team**: Data displays are effective tools for sharing information throughout the data management process. Data that is displayed graphically or summarized in a concise format provides a quick view of the team's progress – from baseline to aim. Guidelines to track data and common data display techniques can be found from p9-p14.

3. **Analyzing and Interpreting Data**: A team begins this phase by reviewing the current performance and comparing it to the baseline, the previous month's performance, and its aim or goal. This analysis gives a general sense of progress toward the aim. The interpretation process provides knowledge of the changes applied to the systems, special events with a potential impact, and lessons learned from the prior month's work that forms the next steps. It is used to evaluate and improve activities, identify gaps, and plan for improvement. Common approaches can be found from p15-p18.

4. **Acting on the Data**: A team's analysis and interpretation of the data drives its subsequent actions on performance. Common scenarios and a team's actions based on that information can be found from p19-21.

From "[Managing Data for Performance Improvement](#)", U. S. Department of Health and Human Services Health Resources and Services Administration

Tips of using Performance Report to Motivate Physicians

- **Expectations and feedback**: Successful medical systems set clear expectations for performance and tend to tie compensation to meeting quality metrics. At Valley Medical Group in western Massachusetts, each physician receives a monthly "snapshot" of where he or she stands in meeting metrics. At Ochsner Health, systematic and sophisticated reporting is reviewed by teams and shared regularly with teams to provide line of sight understanding of current metric performance. Real-time feedback on individual progress - rather than end-of-year payments - fuels the work in quality care.

- **Simplicity:** System leaders should focus on a minimum set of measures - only those that matter most to their physicians.

- **Competition:** Because doctors care more about how they compare to colleagues than to national benchmarks, many high performers practice what could be called radical data transparency. They openly share individual performance data with all providers - and often staff as well. At Farmington Family Practice, a 10-provider group in New Mexico, posting unblinded data for all to see encourages friendly competition among clinicians. "Doctors want to see their numbers up or above their peers," says practice administrator Wayne Gosar. Clinicians learn from each other informally, he says, comparing data in the hallways and lunchroom. They have even started a football pool of sorts, based on quality measures. "They say, 'If you get a bigger percentage, I'll take you out to lunch,'" Gosar says. "And that's actually been more effective than some of the other things that we've done."

From "[When money isn't enough to motivate doctors](#)", AthenaHealth