

**TEN STEPS TO A SUCCESSFUL
REPORT CARD PROJECT**

**Producing Comparative
Health Plan Reports For Consumers**

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TABLE OF CONTENTS

INTRODUCTION 1

 Helping Consumers Understand Quality..... 1

 What Makes a Report Card? 2

 Why Report Cards? 2

 Consumers Trust and Understand Report Cards 3

TEN STEPS TO A SUCCESSFUL REPORT CARD PROJECT 4

 Step 1 - Know your Target Audience 4

 Step 2 - Identify Project Participants 5

 Step 3 - Decide on the Information to Include 6

 Step 4 - Ensure data credibility 10

 Step 5 - Identify Sources of Information 11

 Step 6 - Make decisions about Report Card Format 13

 Step 7 - Set Realistic Schedule for Report Card Production..... 16

 Step 8 - Keep Project Participants Informed 16

 Step 9 - Consider Approaches for Dissemination 16

 Step 10 - Decide whether to evaluate the Report Card 17

CONCLUSION 17

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INTRODUCTION

Consumers today are more likely to receive information on health plan quality than they were just a few years ago. In 1998, 48 percent of companies with over 1,000 employees provided their employees with information about overall plan performance.¹ In addition, about nine states currently produce health plan report cards for their residents. Consumer interest in report cards supports these efforts; polls have shown that consumers value information on quality. When asked to rank those things that are important in a health plan choice, consumers rated quality of care more important (42%) than low cost (18%).²

To advance research on how consumers react to and use comparative health plan information, the National Committee for Quality Assurance (NCQA) initiated the Consumer Information Project with generous support from the Commonwealth Fund.³ This manual captures what NCQA has learned over the last five years about conducting projects to develop report cards for consumers. We draw on our experiences working with employers and regulators to offer practical advice to sponsors of report card projects, particularly those organizing their first effort. Our goal is to promote the development of well thought out report cards that help consumers become more informed about their health plans.

Helping Consumers Understand Quality

Under the Consumer Information Project, NCQA conducted focus groups to learn what consumers want to know about their health plan. Using the results, NCQA worked with two purchasing coalitions—The Alliance, in Denver, and Gateway Purchasers for Health, in St. Louis—to develop report cards that member companies distributed to employees during open season when employees make benefit choices. Participating member companies included small businesses in Denver and Monsanto, a large company in St. Louis. NCQA then surveyed the employees to evaluate how they used the report card.

The project resulted in a report card format for consumers that compares plan performance on HEDIS[®] clinical measures and questions from a member survey. The ground-breaking format has informed NCQA's later generation report cards. The report cards sponsored by the states of Maryland and New Jersey in 1997 and 1998 are examples of NCQA's state-of-the-art report card format that has roots in the Consumer Information Project. Maryland provided funding for focus groups that have validated these latest NCQA report cards.

¹ Washington Business Group on Health and Watson Wyatt Worldwide, "Partnership or One Time Purchase? Purchasing Value in Health Care," 1998.

² Kaiser Family Foundation & Agency for Health Care Policy and Research, "Americans as Health Care Consumers: The Role of Quality Information," October 1996.

³ The Commonwealth Fund is a New York City-based national foundation that engages in independent research on health and social policy issues. Information about the Fund can be found on its Website: www.cmwf.org.

What Makes a Report Card?

There are many types of report cards, differing in content and format, and influenced by the intended audience. The term report card applies to a broad scope of reports that present comparative health plan statistics along with other information. Report cards commonly include member satisfaction survey results, standardized performance measurements and accreditation information. Most report cards also provide the reader with information on how managed care works, the data sources and how to interpret the information. Other descriptive information often includes plan hours of operation and telephone numbers, information on filing complaints and appealing a health plan decision, and worksheets to help readers organize information from the report card as well as other sources.

Report card formats commonly display performance data using bar graphs that show individual plan results or charts with symbols (e.g., star ratings, circles) that summarize plan performance as compared to a benchmark. Less common displays include pie charts, box plots and points on a graph with lines representing confidence intervals.

Audiences for report cards can include consumers, employers, providers, regulators and legislators. Each audience has a different need for the information and a different level of understanding about managed care. With the variation in content, presentation and target audiences, potential project sponsors may be confused about the best way to present quality information to consumers.

Why Report Cards?

In a managed care system, where health plans serve a defined population of members, the ability to use standardized indicators of quality allows for fair comparisons of the care and service health plans deliver. Data from clinical records and member surveys show that not all health plans are the same; some plans provide better care and service than others.⁴ Providing the information to the public drives health plans to improve quality. Health plans participating in two separate report card efforts in Colorado and California agreed that the public nature of report card information influences their priorities for quality improvement.⁵ In addition, results improved for health plans in Maryland and New Jersey whose data was publicly reported for two consecutive years.

Despite the availability of quality information and variation in plan performance, most managed care consumers only receive information on plan benefits and costs. The limited dissemination of quality information is significant considering that approximately 66 million people—commercially insured individuals as well as Medicare and Medicaid beneficiaries—receive health care coverage from a managed care plan.⁶ In a market-driven environment, where consumers are paying a greater share of health care costs and have more responsibility for

⁴ National Committee for Quality Assurance, “The State of Managed Care Quality,” 1998.

⁵ Economic and Social Research Institute, “Report on Report Cards,” March 1998.

⁶ InterStudy, January 1997.

choosing their health plan, they need to know how their health plan affects the quality of care they receive.

Consumers Understand and Use Report Cards

Consumers traditionally rely on recommendations of friends and family as the primary source of information when choosing a health plan. This makes sense because friends and family share common concerns and other sources of information are limited. There is some recent evidence that report cards have a place as a source of information for many consumers.

NCQA's Consumer Information Project found that Monsanto employees receiving the report card readily understood the information and used it as a resource during open enrollment more often than recommendations of family and friends.⁷ Over half (53 percent) of the Monsanto employees considered the report card as a very or somewhat important source of information compared with 38 percent who cited the opinions of family and friends as being very or somewhat important. This finding is consistent with a study done by the California Public Employees' Retirement System (CalPERS) of public employees who changed health plans in 1995. Two-thirds of survey respondents rated the CalPERS report card as either a very important or somewhat important source of information that assisted them with their health plan decision.⁸

Potential report card sponsors should be encouraged that research is beginning to show report cards can capture information consumers care about, and further, that information can be presented in a way that many consumers can understand and use. Currently, there is no standardized way of producing report cards, as report card development is nascent and still evolving. Before initiating a project, sponsors should review existing report cards and the literature to educate themselves about what has been learned thus far about developing report cards. This report is intended to synthesize some of that information for sponsors.

⁷ National Committee for Quality Assurance, "Evaluation of Comparative Performance Reports: The Monsanto Experience," prepared by Health Research Center, 1998.

⁸ CalPERS, Open Enrollment Exit Survey Final Report, 1995. A mail survey was administered to 16,762 CalPERS members; the response rate was 48 percent.

TEN STEPS TO A SUCCESSFUL REPORT CARD PROJECT

Every report card project is unique. The type of sponsor, purpose of the project and characteristics of the marketplace are some of the many factors that influence how a project unfolds. Nonetheless, there are definable steps common to most report card projects. This section describes those steps and incorporates recommendations based on lessons NCQA has learned from consumers and project sponsors alike. Many of the steps have to occur simultaneously, so sponsors should allow ample time for project planning.

TEN STEPS TO A SUCCESSFUL REPORT CARD PROJECT

- ❶ Know your target audience
- ❷ Identify project participants
- ❸ Decide on the information to include
- ❹ Ensure data credibility
- ❺ Identify sources of information
- ❻ Make decisions about report card format
- ❼ Set a realistic schedule for report card production
- ❽ Keep project participants informed
- ❾ Consider approaches for dissemination
- ❿ Decide whether to evaluate the report card

STEP ❶

Know Your Target Audience

The information needs of the report card audience should drive a sponsor's decisions about format and content. A report card aimed at consumers is going to be different from a report directed towards large employers, who have a better understanding of the health care delivery system and more familiarity with plan performance information.

A report for consumers requires special attention to format and content to ensure that readers can comprehend the information and use it to become more informed about health plan quality. Because many consumers have never seen information about plan quality, most need instruction about what it is and how to use it. Different types of consumers have different information needs, so there is not one set of information or single format that is best for all consumers.

In developing report cards for consumers, sponsors should strive to incorporate approaches specifically tested with consumers. NCQA, The Agency for Health Care Policy and Research

and independent researchers have conducted research on the appropriate content and format for consumer report cards. (The remaining steps elaborate on consumer research findings.) Projects that do not have strong leadership that is willing to make decisions in the best interest of the consumer can compromise the integrity of the report card.

KNOW YOUR TARGET AUDIENCE

- ✓ Incorporate report card approaches specifically tested with consumers.
- ✓ Each consumer audience has unique information needs. Develop separate reports for commercially insured consumers, Medicaid recipients and Medicare beneficiaries.
- ✓ Health plan information is technical. When writing report card text, consider the audience's average literacy ability, language barriers and current understanding about health plans.

STEP ②

Identify Participants

When planning a report card project, sponsors have to consider the stakeholders and other participants whose support is needed for the project. Being inclusive from the beginning will promote cooperation and help to avoid potential problems later in the project. Possible stakeholders who have a vested interest in the project can include individual employers, business coalitions, consumer advocates, managed care associations, health plans, providers, state health departments and state legislators.

Not thinking ahead about stakeholders' concerns is a potential pitfall a sponsor should avoid. For example, if the project sponsor is a state, the state needs to be aware of when large employers hold open enrollment for their employees. Research has shown that consumers are most likely to use report cards if they are provided during open enrollment along with the usual benefits information.⁹ Since health plan participation is crucial, a sponsor should begin thinking about their participation early in the process. Sponsors should identify which health plans offer the line of business being included in a report card (commercial, Medicaid or Medicare) and work with them to determine whether plans will encounter barriers to producing the required data. Convening an advisory group of key stakeholders is one way sponsors can identify issues that need to be addressed.

⁹ National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland," prepared by The Family Research Group, 1998.

The project sponsor should make explicit to project participants and stakeholders what their roles are and who has the authority to make final decisions. For example, the health plans may voice opposition to the effort if they have concerns about their performance. A project sponsor and other stakeholders must decide that the guiding principal for how the data are analyzed and presented will reflect consumers' need for objective, unambiguous information, and not the health plans' desire to look favorable.

A project sponsor will need to have internal resources that are knowledgeable about quality measurement and how to present this type of information to the target audience. If the sponsor does not have this type of internal expertise, then consideration needs to be given to contracting for outside assistance. Contractors that play key roles should have demonstrated experience with similar efforts. Key report card activities requiring specialized resources include: data collection, validation and analysis; drafting text in lay terms about how health plans work, what quality means and definitions of the measures; and graphic design and dissemination of the report card, including Web site development and media relations. To ensure widespread distribution, project participants, in addition to the sponsor, can be active supporters in communicating the availability of a report card and promoting its use.

STEP ③

Decide On The Information To Include

To decide on the content for a report card, sponsors can choose from an abundance of information from multiple sources. Not all of the available information is suitable or relevant to consumers, however. A sponsor's goal for selecting report card information should be to present a comprehensive picture of plan performance and to educate the reader about managed care and quality.

Present A Comprehensive Picture Of Plan Performance

A report card that includes different types and sources of information offers the reader a more complete and accurate view of plan performance than would any single evaluation tool.¹⁰ Moreover, providing a range of information is more likely to capture a broader set of consumer concerns. A report card that presents a comprehensive picture of performance can include:

- Performance Measures
- Member Satisfaction Survey Results
- Plan Accreditation Status
- Comparisons to a standard, goal or average

¹⁰National Committee for Quality Assurance, "What Kinds of Information Do Consumers Need in Selecting a Health Plan?" prepared by Janet Mancini Billson, 1996.

National Committee for Quality Assurance, "Medicare and Medicaid Consumer Information Projects, Findings from Focus Groups," prepared by Jeanne McGee, Shoshanna Sofaer, Barbara Kreling, 1996.

"Using Report Cards to Inform and Empower: Consumer Understanding of Quality-of-Care Information," Hibbard, Judith H. and Jacquelyn J. Jewett, 1995.

- **Performance Measures:** Performance measures are standardized indicators designed to reliably and fairly compare the performance of managed care plans.¹¹ The standardization of measure specifications is key for valid plan-to-plan comparisons. Performance measures are broad ranging in scope; they convey information about clinical outcomes (such as low birth weight babies), preventive processes (such as childhood immunization rates), and more generalized information about a plan (such as how many doctors are board certified). The most widely recognized system of performance measures is NCQA's Health Plan Employer Data Information Set (HEDIS[®]). HEDIS contains measures of clinical processes and outcomes and member satisfaction survey. Below are a subset of HEDIS clinical measures that are suitable for reporting to consumers.

HEDIS MEASURES SUITABLE FOR REPORTING TO CONSUMERS

Effectiveness of Care

- Childhood and Adolescent Immunization Status
- Advising Smokers to Quit
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in First Trimester
- Check-ups After Delivery
- Beta Blocker Treatments After a Heart Attack
- Eye Exams for People with Diabetes
- Follow-up After Hospitalization for Mental Illness

Access/Availability of Care

- Adults Access to Preventive/Ambulatory Health Services

Health Plan Stability

- Provider Turnover

Health Plan Descriptive Information

- Board Certification

NCQA's *Quality Compass*[™] is a source of plan-specific, national and regional results on HEDIS measures. Another resource is the Agency for Health Care Policy and Research

¹¹ National Committee for Quality Assurance, "HEDIS 3.0, Volume 1," January 1997.

(AHCPR), which maintains CONQUEST. This database includes 1,185 clinical performance measures from 53 measure sets developed by many organizations.¹²

The interests of the target audience should inform decisions about which performance measures to include. Consumers are typically most interested in measures that pertain to their specific circumstances or health conditions. For example, a report card for Medicare beneficiaries should include measures more relevant to seniors, such as Beta Blocker Treatment After a Heart Attack and Eye Exams for People with Diabetes, and exclude measures related to maternal and child health. A report card for Medicaid beneficiaries would emphasize maternal and child health measures. A report card for the commercial population needs to strike a balance between the types of measures reported to address the different needs of the target audience.

- **Member Satisfaction Survey Results:** Survey results convey information about members' experiences using the plan, which other consumers can find useful. The instrument selected should be designed for the population (commercial, Medicare, Medicaid) being surveyed. NCQA and AHCPR recently completed a new standardized survey instrument for assessing health plan performance. The new survey, CAHPS 2.0H, is now part of NCQA's HEDIS reporting set.
- **Plan Accreditation Status:** Consumers are interested in knowing that a third party organization is engaged in monitoring health plan quality.¹³ A health plan's accreditation status is the result of a rigorous expert review of the plan's organization and how it operates. A sponsor should consider including the accreditation status of reported health plans, either by NCQA, the Joint Commission on Accreditation of Healthcare Organizations or another recognized accreditation organization.
- **Benchmark Information:** A point of comparison, or benchmark, helps consumers interpret the performance of a health plan by judging it against how other plans performed. Sponsors should select benchmarks that consumers understand and find meaningful, such as the average for all plans in the report card. Consumers think that knowing whether plans *not* available to them performed better or worse is not useful. In addition, many consumers are confused by how national or regional standards, such as *Healthy People 2000*, are set.¹⁴ This type of benchmark is generally better suited to purchasers and policy makers, who are more likely than consumers to be interested in whether health plans are meeting established public health care objectives.

Educate about Managed Care and Quality

¹² Managed Healthcare, February 1997.

¹³ National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland"

¹⁴ National Committee for Quality Assurance, "Results of Consumer Interviews to Improve Health Plan Report Cards" prepared by Information Design Center - American Institutes for Research, 1996.

Many consumers find managed care hard to understand. To enhance readers' interpretation and comprehension of the data presented in a report card, information about what managed care is, and how quality can be measured, is essential.¹⁵ A report card that puts performance information in context can include:

- Information About How Managed Care Works
 - Tools To Help Consumers Organize Information
 - Information About Complaint and Appeal Procedures
 - Other General Information
- **Information About How Managed Care Works:** Even consumers who are enrolled in a health plan can benefit from information explaining how managed care works, the differences between types of managed care models, and how to access specialty care. A report card should also explain how health plans influence the quality of care members receive and how various regulatory agencies and independent, third-party organizations monitor plan performance.
- **Tools To Help Consumers Organize Information:** Quality is but one factor important to consumers evaluating a health plan. Cost, benefits, affiliated doctors and hospitals, clinic location, personal and family health needs are among other very important considerations. Some consumers benefit from having a worksheet that helps them to think through their priorities and to organize information from the report card, their employer or health plan that they have deemed most relevant to their decision.¹⁶
- **Information About Filing a Complaint or Appeal:** Consumers want to know how to resolve issues with their health plan when they are dissatisfied with the care or service they receive.¹⁷ Sponsors should consider including information on how to file a complaint or appeal a health plan decision. Some states have consumer rights and grievance procedures that apply to all health plans operating in that particular state.

¹⁵ "Using Report Cards to Inform and Empower: Consumer Understanding of Quality-of-Care Information," Hibbard, Judith H. and Jacquelyn J. Jewett, 1995.

"National Poll on Consumer Health Information: Summary of an Expert Meeting," prepared for the Agency for Health Care Policy and Research and the Henry J. Kaiser Family Foundation, Hitz, Patricia Ruth, May 1996.

"Comprehension of Quality of Care Indicators: Differences Among the Privately Insured, the Publicly Insured, and the Uninsured," unpublished paper, Jewett, Jacquelyn and Judith H. Hibbard, 1996.

National Committee for Quality Assurance, "Medicare and Medicaid Consumer Information Projects, Findings from Focus Groups," 1996.

¹⁶ National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland,"

¹⁷ National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland,"

- **Other General Information:** Each plan's customer service hours, the geographical area served by each plan, and contact information is a useful reference to include in a report card.

DECIDE ON THE INFORMATION TO INCLUDE

- ✓ Provide information that helps consumers understand a health plan's ability to influence the quality of health care. This is a difficult concept for many consumers, especially if they have limited experience with managed care.
- ✓ Clarify roles and responsibilities among the patient, doctor, and health plan. It is important that consumers understand that the health plan can influence care and a doctor's behavior. Consumers also have a role in their own health care.
- ✓ Balance topics and data sources most familiar to consumers, such as measures based on patient surveys and access measures, with other less familiar measures of clinical quality.
- ✓ Promote an understanding of the roles independent organizations (including accrediting bodies, state licensing agencies, and state insurance administrations) in ensuring quality.
- ✓ Include clear definitions of quality measures, free of technical jargon, that promote understanding of the importance of quality measures. Give examples of their use in comparing health plan quality.
- ✓ Technical information, such as data sources and sample size, is important to some consumers and should be presented in a direct and uncomplicated way.

STEP 4

Ensure Data Credibility

Consumers can be suspicious of health plan information that appears to be one-sided or related to a plan's marketing activities. Data collection or validation by an organization not affiliated with the health plans gives consumers assurance that the information is credible. Sponsors should strongly consider requiring that clinical performance measures be audited and that the member satisfaction survey be administered by an independent organization.

NCQA strongly recommends that publicly reported performance data, such as HEDIS measures, be audited to ensure comparable plan information. The audit assures data integrity by verifying that health plans adhered to measure specifications, and by identifying outlier data requiring further explanation.

Wide variation in audit methodologies exists, resulting in inconsistencies in the integrity of publicly reported audited data. Therefore, NCQA suggests that sponsors require that an audit be

conducted by a certified auditor who has been formally trained in applying standardized audit methods, much in the same way that financial audits are standardized. NCQA's HEDIS Compliance Audit is a precise standardized methodology used by NCQA-certified auditors that enable purchaser to make reliable "apples to apples" comparisons between health plans.

For the collection of survey data, the instrument and protocol should be standardized for all plans to ensure comparable results. The sponsor should ensure that the survey vendor, whether selected by the sponsor or by the health plans, has sufficient capability to administer the survey according to the protocol.¹⁸

ENSURING THE CREDIBILITY OF DATA SOURCES

- ✓ Provide consumers with assurances that the data has been collected with integrity, independence and knowledge.
- ✓ Require an independent audit to verify the integrity of reported results.
- ✓ Require the use of independent research organization to collect member satisfaction survey data.

STEP 5

Identify Sources Of Information

Once a sponsor has decided on the type of information to include in a report card, the sponsor then needs to gather the information. The sponsor should determine whether the desired performance data exists or whether it needs to be collected. If the data exists, the sponsor needs to assess whether the data was collected in a comparable way. If comparable data does not exist, then the report card sponsor will have to arrange for data collection. The sponsor needs to assess whether they have sufficient internal technical resources to coordinate data collection, or whether data collection would be best delegated to an outside organization.

Data collection is one aspect of a report card project that is complicated and time consuming, so planning is critical. Under the current HEDIS data cycle, HEDIS specifications are released in the year (around September) prior to the submission due date (June). For example, HEDIS specifications for 1999—to collect 1998 data—were released in September 1998. Plans will begin collecting the data in January 1999 for reporting in June 1999.

Most plans collect performance information for more than one purpose, e.g., submission to NCQA's HEDIS database, to meet state or federal requirements, and internal quality

¹⁸ NCQA certifies survey vendors for the HEDIS member survey, CAHPS 2.0H.

improvement. Therefore, the project planning process has to take into account the data and schedule associated with these other requirements. It is crucial to let the health plans involved know ahead of time what measures to collect in the upcoming year since they need time to gear up for the effort. Sponsors should also not allow plans to deviate from the data specifications. This not only improves comparability, but can simplify data management. Plans collecting data for the first time may need technical assistance or extra time to collect the data. A project that involves health plans that are required by law or some other mandate to submit performance data has fewer obstacles than a project where participation and/or data submission is voluntary.

If survey data is being collected, the sponsor will have to decide whether to choose a third-party vendor to conduct the survey, or allow each plan to contract with the vendor of their choice. Again, plans are likely to conduct surveys for other purposes, so coordination is desirable.

Sponsors also need to consider the sources for other information, such as how managed care plans work, descriptions of the data sources, information on complaints and appeals, etc. Though this type of information is widely available from consumer organizations, existing report cards, and federal and state agencies, it does require careful editing to ensure that it is written in a user-friendly manner.

SOURCES OF INFORMATION	
<u>Health Plans</u>	<u>Consumers</u>
<ul style="list-style-type: none">• HEDIS data• Contact information• Complaint/appeal procedures	<ul style="list-style-type: none">• Survey results on experiences with health plans
<u>State Agencies</u>	<u>NCQA</u>
<ul style="list-style-type: none">• Complaint rates• Licensure• Financial information	<ul style="list-style-type: none">• HEDIS data• Regional, national benchmarks• Information on managed care and quality

STEP 6

Make Decisions About Report Card Format

An easy to understand and attractive presentation is important to promoting the use of the report card. The sponsor should consider how best to:

- Organize the information
- Display the data results
- Use graphics and color

Organizing the Information

Research has revealed that consumers cannot process information organized into too many topics.¹⁹ NCQA and The Foundation for Accountability (FACCT)²⁰ have identified a small set of topics for grouping quality and survey measures that consumers find relevant and comprehensible. NCQA commissioned FACCT to conduct research, using FACCT's framework for reporting performance information, to identify a set of topics suitable for reporting results of accreditation and HEDIS. Testing of alternative categories with consumers revealed that consumers favored the following categories for reporting a mix of quality information (accreditation, member surveys and clinical quality measures) under each topic. This allows the reader to examine plan performance on a specific aspect of care based on different types of data.

- Ensuring Access and Service
- Ensuring Qualified Providers
- Staying Healthy
- Getting Better
- Living With Illness

In our report card projects, NCQA has modified these categories depending on the information to be included.

Displaying Data Results

The sponsor needs to consider how the data will be displayed in order to develop a plan for the analysis. A common approach that has been used includes calculation of plan-specific rates and group averages for each measure. When the plan rate for a measure is based on a sample of members (e.g., HEDIS effectiveness of care measures), it is appropriate to calculate confidence intervals to show the difference between the plan rate and the overall group average. For measures not based on a sample, such as provider turnover, confidence intervals are not appropriate.

Because readers have different levels of interest in the information, for most audiences, NCQA recommends presenting both summary charts that show plan-specific results using symbols such as circles and detailed bar graphs that show plan scores. The circles on the summary charts represent plan performance on each measure in terms of above average, average and below average using tests of statistical significance. For consumers wanting more detailed information, each bar graph shows individual plan scores and the group average for each measure. Testing with consumers demonstrated that they were interested in and understood these presentations of summary and detailed information.²¹

¹⁹ "Evaluating the Approaches for Supporting Informed Consumer Decisions," Hibbard, Judith, Paul Slovic and Jacquelyn Jewett, October 1996.

²⁰ FACCT is a not-for-profit organization that researches and creates tools for consumer health plan decision making.

²¹ National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland," 1998.

In preparing a report card for the Medicaid population, a sponsor should consider reducing the amount and complexity of information. Therefore, NCQA recommends only providing summary level information to this audience.

The data formats should facilitate consumers' ability to make plan-to-plan comparisons. Some sponsors rank plans in a report card because it provides a way for the reader to quickly judge plan performance. However, developing the methodology for the ranking can be problematic, because it requires the sponsor to select and weigh the criteria for determining best performance. In a paper-based report card, this approach does not allow for each reader to determine which measures are most important. To date, NCQA has not ranked plans in a report card, but uses a format which facilitates the reader's ability to discern patterns of performance on the measures most important to them. While some focus group participants have expressed a desire to see plans ranked based on an overall level of performance, others indicated that they preferred to compare plans on the measures important to them.²²

Using Graphics and Color

A report card should present a simple design, balancing text and graphic presentation of results. Consumers prefer more graphics to an overabundance of text because visual displays allow them to review the information quickly and effectively. Graphical displays also appeal to a broader range of users with varying literacy skills.²³

Consumers react to the overall impression of the quality of the report card. High quality paper and an attractive presentation of the information improves their views of the report card's credibility and increases their interest. The report card should be printed in color; color highlights and discriminates types of information and captures a reader's attention. A report card sponsor should use a graphic designer to lay out the information on each page and to create design elements that not only engage the reader, but also help the reader to understand and navigate the information. Ideally, the graphic designer will have previous experience presenting technical information to consumers. Research with consumers should inform design decisions; comprehension of the information should never be compromised by the design.

Cost Considerations

Certainly, involving a graphic designer in the production of the report card will be more expensive than a staff person producing it on a desktop publishing program. However, as discussed above, the layout of the information of the report card, its readability and attractiveness are crucial to promoting its use. This is best left to a professional designer who is trained to balance readability and attractiveness.

²² National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland," 1998.

²³ National Committee for Quality Assurance, "Results of Consumer Interviews to Improve Health Plan Report Cards," 1996.

National Committee for Quality Assurance, "Results of Focus Groups with Consumers from the State of Maryland," 1998.

Having a professional printer print the report card improves the overall appearance and can be done inexpensively when large quantities are produced. Paper weight, paper size, number of pages, number of colors and style of binding all contribute to printing costs. NCQA has produced relatively inexpensive, quality report cards using two colors on heavy weight paper with a simple saddle stitch (staples) down the center fold.

DECIDE ON FORMAT

- ✓ Present satisfaction data with the complete range of responses, while visually highlighting the positive and negative extremes, as preferred by consumers. (For example, Excellent, Very Good, Good, Poor or Fair.)
- ✓ Display and flag special features. Symbols help consumers notice important differences, unusual plan features or types of data sources.
- ✓ Explain missing data to avoid misinterpretation or confusion about that aspect of the data.
- ✓ Use design elements to differentiate whether the source of data for each measure is health plan records or opinions of plan members.
- ✓ Present performance measures so that the results are in a consistent direction, for example, a higher rate indicates better performance.

STEP 7

Set A Realistic Schedule For Report Card Production

Report card production is time consuming and, often, sponsors underestimate the amount of planning that is needed to accomplish the task. Production of a first-time report card typically includes a series of drafts within which a report card sponsor refines and ultimately finalizes the report card content and data. A sponsor needs to allow adequate time for review and revision of these drafts.

NCQA recommends that sponsors test the draft report card, without using real data, with a small group (10 to 20) consumers to ensure that the information and presentation is readily understandable. Cognitive testing, where a moderator interviews individual consumers to elicit reactions to the report card content and format—is an effective tool for improving report cards. A sponsor will need to subcontract with an organization or individual that possesses the relevant expertise to test documents to improve reader comprehension. The sponsor will then finalize the report card by including revisions based on any consumer testing conducted and incorporating the data. Allow time for multiple rounds of careful proofing. Depending on quantity, printing can take a few weeks, so the sponsor should plan accordingly.

STEP ⑧

Keep Project Participants Informed

Throughout the project, sponsors should inform participants about important decisions, such as which measures and benchmarks are being reported, the format of the report, how statistical calculations will be done, and how missing data will be treated. Failure to keep participants informed can thwart progress in the long run. Participants who are surprised by key decisions are more likely to require extra time and effort to gain their confidence and cooperation.

Participants should be able to view the draft report card format early in the project. Sponsors should give health plans adequate time to approve their own data. Plans should not see the results of other plans until the report card is released so as not to give plans an opportunity a chance to publicize report card results before the report card is released.

STEP ⑨

Consider Approaches For Dissemination

A well planned and well executed dissemination strategy is crucial to the overall success of the sponsor's objectives. Aspects of an effective strategy include:

- Time the distribution of a report card to coincide with open enrollment so that it is included along with information on plan costs and benefits. This is key to consumers' perceptions of the report card's usefulness.
- Be systematic about announcing the completion of the report card and placing the findings of the report card before the targeted users. Allocate sufficient resources to make the public aware of the existence and usefulness of comparative quality information.
- Take advantage of various media outlets and present repeated messages about the availability of the report card.
- Consider requiring participating health plans to communicate the availability of the report card to their members.
- Other dissemination channels that reach a broader audience include placing the report card on a Web site and making it available in public libraries.

For employer sponsors,

- Distribute the report card at the workplace or mail it to employees' homes.
- Use an existing Intranet site to communicate this information as an adjunct or alternative to distributing a printed report card.
- Posters, notices in employee newsletters, and announcements at meetings by organization leaders are important to introduce employees to the concept of a report card and promote its use.

STEP 10

Decide Whether to Evaluate the Report Card

Because report cards for consumers are a relatively new phenomenon in the health care marketplace, there is still more to learn about how consumers use the information and whether they have suggested improvements for future report cards. Possible approaches for collecting feedback include providing a feedback form with the report card, conducting focus groups or administering a mail or telephone survey. Areas to explore in an evaluation can include: Did consumers read the information? Was it comprehensible and trustworthy? Did consumers use the information in their health plan decision? Did they like the way the report card was organized? Is there other information that should be included? Finally, a key question to explore is whether the method of dissemination effectively reached the target audience.

CONCLUSION

Because there are standardized measures of quality that show not all managed care plans are the same in terms of how well they care for their members, managed care lends itself to the development of comparative performance reports. A project sponsor needs to realize that quality means different things to different people and should therefore choose a variety of measures from different sources that will be most meaningful to members of the intended audience. To aid comprehension, the report card should contain information to help readers understand the importance and meaning of quality information, combined with clear graphical displays of audited performance data. Sponsors should plan a production process that will ensure the report card is distributed at the most appropriate time, usually during an open enrollment period. A comprehensive communications and dissemination strategy, endorsed by key leaders or public representatives makes audience members aware of the availability and importance of the report card.

Report cards are in a developmental phase and work will continue to improve their usefulness and availability to consumers. Consumers have indicated that they use report cards to increase awareness of their own plan, not just to make decisions to switch plans. Project sponsors can demonstrate that they care about whether consumers are receiving a good value for their health care dollars. Ultimately, the real benefit of report cards is that health care will improve as plans compete on quality.