



STEP 6.1: Plan your reporting and dissemination strategy

➔ What is the purpose of this step?

As we have emphasized throughout this manual, it is important to begin where you want to end up. The purpose of this step is to clarify your reporting and dissemination strategy.

In this step you will:

- Learn about the key components of a successful reporting strategy.
- Confirm each of your reporting audiences (*the who*).
- Confirm what PHDS findings will be of interest to each reporting audience (*the why and what*).
- Confirm the best way to present this information by selecting a format and dissemination strategy (*the where, when, and how*).



Guidelines and Issues to Consider

- Learn about the key components of a successful reporting strategy.

Research shows that successful use of quality information is achieved when:

- ⇒ You give the right kind of information, including: (1) general, framing information about the importance of the topic evaluated, (2) overall quality-of-care findings, (3) specific information about individual aspects of care, and (4) specific actions to improve health care.
- ⇒ The right people receive the information, such as health care providers who provide preventive and developmental care in the office setting and parents/guardians who bring their child in for well-child care and who are primarily responsible for ensuring the healthy development of their child.
- ⇒ The information is given at the right time. For example, for parents the right time is before or during a well-child visit.

⇒ The information is given in the right way, such as through a multimedia approach, and delivered more than one time.

- ☑ Confirm each of your reporting audiences (*the who*).

In **Step 2** you identified your project team and your key goals for the project. You now must ensure that each of the audiences and stakeholders you identified receive a report of the PHDS findings.

Learning more about your audience increases the likelihood that your project and reporting strategies will be successful. We encourage you to review and discuss the following questions as you design your reporting templates:

- ? What format for findings do they prefer?
- ? What other information do they need to help them understand and find your PHDS results credible?
- ? Do they need support to help them use the information?
- ? How do they receive other health-related information?
- ? What are the best ways to reach them?
- ? When are they most receptive to this type of information?
- ? Will they trust the information?

If you cannot answer these questions, you may want to consider conducting some research about your audience to learn more about them. You can use this information to make sure your quality report is relevant and useful to your audience. We suggest you do the following:

- ➞ **Go directly to the source.** One of the best ways to learn more about your audience is to talk with members of your audience directly. This can be done via interviews, focus groups, or even with a small survey. The benefit of interviews and focus groups is that you can modify your questions based on their responses. Be sure to document what you learn from your audience and how it might affect the development of your report.
- ➞ **Contact groups or organizations that may already know your audience.** There may be groups or organizations that function as intermediaries for your audience. Not only are they likely to be able to answer your questions, they may have channels for audience research, dissemination, and marketing of the final report. Examples of intermediaries include consumer advocacy groups, employer business coalitions for employers, and professional provider organizations.
- ➞ **Consider similar information that your audience may already have received.** You may not have the resources necessary to conduct your own audience research, so looking at reporting strategies for other reports may help you understand your audience and their health information environment. For example, parents may already receive information about all children rather than just young children, who are the

focus of the PHDS. Think about what information is contained in these other reports. Who sponsors these reports and how are they disseminated? What are the messages conveyed by these report? Does the audience trust the information? What does the audience do with the information?

- Confirm what PHDS findings will be of interest to each reporting audience (*the why, what*).

Your PHDS report should contain both the PHDS results and contextual information that readers will need to understand the report. When deciding what information to include, consider the messages you want your report to convey.

To ensure that your data from the PHDS are relevant and meaningful it must:

- 1) Be communicated and presented in a way that is understandable and useful to each stakeholder, and
- 2) Inform and guide actions that can be taken by each stakeholder to address the issues you present.

Worksheet 6.1 will help your team brainstorm the type, format, content, and dissemination medium of a report to each key audience. Keep in mind that you can also consider integrating other data using the worksheet. The pages that follow provide more detailed information about the concepts included in each row of the worksheet.

Example 6.1: Worksheet to Design Your Reports on Your PHDS Data Findings

| | |
|---|----------------|
| Your Audience/Stakeholder: _____ | |
| Individual topics or measures from the PHDS to include. | 1. 2. 3. |
| Relevant subgroup of children and youth and geographic comparison areas for each PHDS topic or measure. | 1. 2. 3. |
| Other data to include and source of these data. | 1. 2. 3. |

Example 6.1: Design Your Reports on Your PHDS Data Findings (Continued)

| | |
|--|----------------|
| Background information and key points to establish relevance of your PHDS data findings for your audience. | 1. 2. 3. |
| Tone of the communication (e.g., motivate by emphasizing the negative vs. positive; emphasize the gaps/needs vs. what can be done). | 1. 2. 3. |
| Format and length (e.g., one-page summary, PowerPoint slides). | 1. 2. 3. |
| Explanation of data source and validity of findings required. | 1. 2. 3. |
| Actions you want them to take and resources you want them to know about (e.g., come to our meeting, go to our Web site, tell your doctor). | 1. 2. 3. |
| Dissemination and follow-up strategy (e-mail with phone follow-up, etc.). | 1. 2. 3. |

Presenting Technical Information in a Manageable Way

Presenting technical information about health care quality can be challenging for several reasons. First, this information typically involves statistical methods that may be difficult to describe. Second, how well your audience will understand the results and how the results were calculated may vary tremendously. Finally, you most likely have a lot of information to choose from when deciding which measures and results should be included in your report. Including too little can be a missed opportunity to communicate quality to your audience; however, including too much can be overwhelming to your audience. The guidelines in the box below offer some tips on making your report as useful as possible.

Example 6.2: General Guidelines on Report Content

- Tailor the report to the audience and purpose.
- Provide background information on the data you use—who are the data about?
- Include pictures, graphics, quotes, or stories that connect the findings to real people.
- Break out the information in text boxes to make it more digestible
- Keep it brief.
- Give an overall picture, then targeted findings.
- Display the data in meaningful ways that put a "face on the data," e.g., 20 percent of households or "1 of 5 households."
- Use specific numbers when possible, e.g., 9.8 million children nationally have special health care needs, or 12.8 percent of all children.
- Balance positive and negative ways of expressing the findings according to the point you are trying to make: less than a quarter; more than 75 percent.
- Be careful when dealing with very small numbers.
- Provide findings in relation to a benchmark, such as office level findings compared with the health plan.
- Explain why the findings presented are important.
- Suggest ways a specific audience might use the data to improve care.
- Credit the source of the data and include when, how, and by whom it was collected.
- Provide links to additional resources.
- Provide contact information for questions.

Other methods to consider include:

- **Layering information.** Members of your audience will have different needs in terms of both the amount of information they want to have and the way the information is presented. An easy way of creating one report that meets the needs of various members in your audience is to layer the information. This approach is almost like creating multiple sub-reports that are contained in one final report. Each sub-report has a different level of detail and/or presentation. Think of a tabbed report where each tab is intended for a different subgroup of your audience.

The first layer might include very general information—the view from 10,000 feet. This layer is intended for those who do not have a lot of time or are only minimally interested in reviewing quality information. You may only want to include a few aggregate measures in this layer, and refer readers to subsequent layers for more information.

You might consider adding two additional layers for this more detailed information. The first might be the "ground-level view," which would include a few more measures with slightly more detail for those who are interested in quality information but not highly technical information. The second could be the "microscopic view," which would include a greater level of detail for those who are interested in technical aspects of the survey.

- **Comparing your findings with other findings.** It is often valuable to compare your findings with others' findings. **Step 6.5** provides you with a summary of the quality of care findings observed for past users of the PHDS.
- **Avoiding relative benchmarks!** CAHMI does not recommend comparison to relative benchmarks since such comparisons can be VERY misleading to readers. Relative benchmarks are benchmarks that change based on the results of the survey sponsors, such as a state average among all health plans.

Here is an example of how such a comparison can be misleading:

A health plan is creating a public report that includes results from all the offices that they contract with to provide pediatric care. This is the first year that the PHDS was administered. As you might expect, the scores in each office are fairly low when compared with national recommendations or even other health plans; however, the health plan is confident that simply reporting the results will spur quality improvement efforts among the plans. Instead of comparing the results to national guidelines, they choose a relative benchmark: the average across the entire health plan. Consequently, several offices have results that are higher than the average. When the report is released, these offices feel they have results that are "above average" and do not prioritize quality improvement initiatives focused on preventive care for young children. In reality, these plans are performing well below the recommended national guidelines.

- **Combining the PHDS with other data sources.** Combining your PHDS results with data from other sources can help to make the findings more valuable to the reader. Commonly used quality measures that are related to the PHDS are the HEDIS well-child visit measures, the HEDIS immunization measure, consumer satisfaction data, and any more detailed quality-of-care data gathered about well-child visits (e.g., medical chart reviews).
- **Organizing information into smaller segments.** Readers often have a difficult time processing large amounts of information. Breaking the information into sections that offer "bite-sized" pieces can help. Readers can then process the information in one text area before moving on to the next. This approach is effective not only for consumers but also for providers and purchasers. Graphics that are meaningful to the target audience can also be added.

Presenting Statistical Information and Methodology

Presenting statistical information and methodology is one of the most challenging parts of reporting the results. Most consumers do not understand statistical tests, confidence intervals, or probability. However, statistical comparisons must be used to ensure that true differences are identified.

The following are suggestions for targeted reports:

- **Non-technical audiences (consumers, some purchasers, policymakers).** Most consumers and some purchasers will not understand the statistics behind the analysis. And policymakers often do not have the time to review detailed information and are more interested in a summary of the findings. It is probably enough to indicate that statistical tests have been used to identify true differences in the results and provide a way for readers to get additional information if they are interested. Again, layering information is the best way to meet the needs of different members of your audience.
- **Technical audiences (providers, health plans, some purchasers, regulators, policymakers' staff members).** Many of these readers will be interested in the more detailed statistical aspects of the analyses. Still, these audiences vary. While some will have the background and expertise to understand the statistical formula that you used in the analysis, others may be turned off by having that detail in the body of the report. Reports for these audiences should include a description of the statistical methods used; however, this information is best included as an appendix to the main report. Details that you may want to consider presenting in graphs and charts in the body of the report include the sample size, confidence intervals, and p-values.
- **Balancing positive and negative measures.** The same information can be used to present results in a positive or negative measure. Positive measures illustrate high or quality performance, whereas negative measures highlight poor performance. The key is to balance positive and negative measures.

- ☑ Confirm the best way to present this information (Format and dissemination strategy) (*the where, when, and how*).

There are two main components to this step:

1. Decide on the format of the report.
2. Determine how you will disseminate the report.

➡ **Decide on a Format**

How you present your message can be as important as what you have to say. Two commonly used formats for reports include the following:

1. Written reports/materials. Written reports can be brief, such as a pamphlet or brochure, or lengthier, such as a booklet or binder. If a written report is the format you choose, consider any logistical requirements that you may have such as reproduction costs, size (Does it have to fit in a certain size envelope for mailing?), weight (Are you limited by weight in terms of postage costs?), number of pages, binding, etc.

2. Web-based reports are becoming more popular. One advantage to web-based reports is that the reports can be easily tailored to specific users. One disadvantage of web-based reports is that they will only be available to those with access to the Internet.

➡ **Determine how you will disseminate the report**

One of the most important factors in the overall success of your ability to "tell the story" is your ability to have the report received and read by the audience. If they never read your report, they cannot use it! How, where, and when are all important questions you need to consider when planning the dissemination. Here are some different ways you may want to think about dissemination of a data report. **CAHMI recommends that you use multiple strategies to ensure that your key stakeholders receive information about the PHDS findings.**

- In-Person Meetings – In-person meetings are an extremely valuable way to provide information. In-person meetings allow you to connect eye-to-eye with the participant(s) and provide a larger context about the report findings and how they may be valuable.
- Mail – Mail can be an effective way to reach each member of your audience as long as you have reliable mailing addresses. Include an introductory letter from someone they trust.
- List Servs and Web Site Postings – Increasingly, materials are being disseminated electronically. By distributing information through a listserv or Web site, you may allow many others to disseminate your information. Be sure that it is posted in a secure format.
- Fax – Fax can be an effective way to reach each member of your audience as long as you have reliable fax addresses. Some focus groups and interviews with health care providers have shown that they are more likely to read information when it is faxed as opposed to when it is mailed to their offices.
- Intermediaries – Think about intermediaries that could disseminate this information for you. Are there other family or professional groups or organizations through which you could reach your desired audience? Consider the influence that the intermediary may have on your audience in disseminating the report.
- Public Availability – Making the report available for the public to request or access through public places, such as a local library, is an option. This is a good way to provide additional copies once the initial distribution has been conducted.

Again, no one method is most effective. The key to successfully disseminating your report is to make sure you are reaching your audience where and when they need it. Regardless of how you disseminate the report, it is important to indicate where readers can go if they have questions. This could be a phone number, a Web site, or other information source.