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Reporting About Health Care Quality: A Guide to the Galaxy

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A review of research on the reporting of health care quality information and related fields in applied social and cognitive science led to identification of seven basic principles that should be followed when planning to report health care quality information to consumers or other audiences: (a) know the audience: who they are, what they care about, and what actions they can take; (b) identify constraints that limit what is feasible; (c) consider barriers and facilitators to achieving objectives; (d) identify specific behaviors to target for change, and prioritize objectives; (e) design a report that specifically incorporates priorities and reflects trade-offs; (f) develop a plan for promotion and dissemination from the beginning; and (g) build in ongoing testing and evaluation to identify successes and areas needing improvement. Case studies provide many examples of unsuccessful reporting efforts that might have succeeded had these guiding principles been followed.

Keywords: *quality reporting; CAHPS; report design strategies; dissemination strategies*

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This article provides a strategic look at the major components of a successful effort to report information about the quality of health care. It is intended to help sponsors and reporting professionals identify what to consider when planning a reporting project. Report sponsors might include public and private sector employers, state Medicaid agencies, Medicare, state regulatory agencies, health plans, labor unions, nonprofits, and quality improvement organizations. Reporting professionals include independent firms and sponsors' in-house staff who design, promote, and disseminate reports.

This article is not intended to provide specific advice about designing reports. (For advice, see Work Group on Consumer Health Information, n.d.). Rather, it sets forth a perspective by explaining seven basic principles that should guide the reporting effort. These principles emerge from reviews undertaken by the CAHPS (formerly known as Consumer Assessment of Health Plans Study) reports team of research findings in the following areas: adult education and literacy, health education, cognitive psychology, decision science, decision aids, social marketing, cross-cultural communication and dissemination, and previous research on reporting information about quality of care. The article synthesizes key principles supported by the literature and discusses their application to the reporting of health care quality information.

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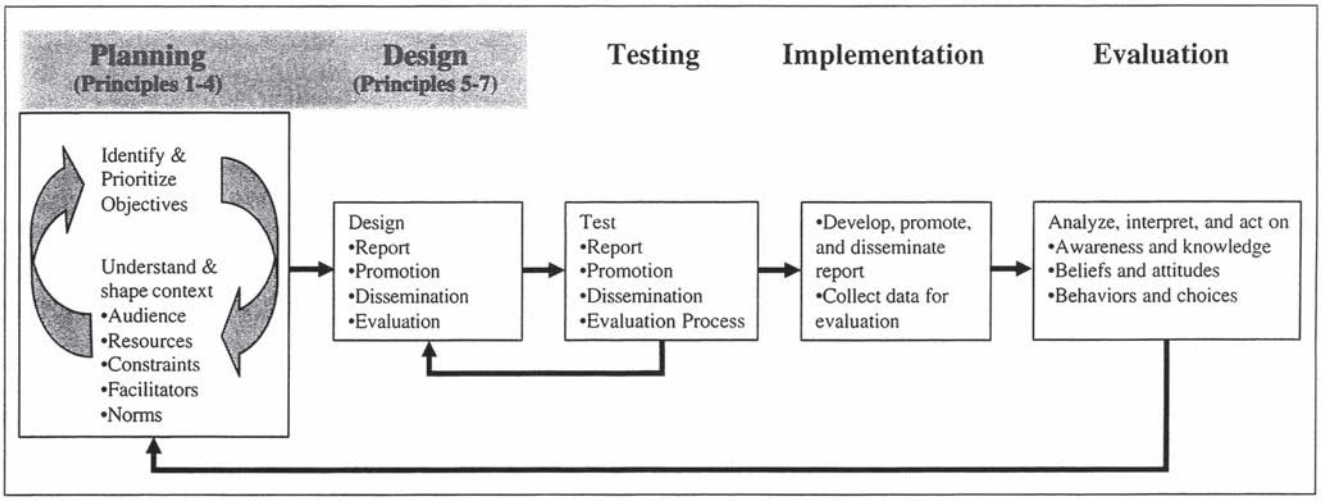

FIGURE 1 Components of a Successful Reporting Effort

Medicare and Medicaid Services, the project includes development and testing of questionnaires to assess health plans and health care services and production of reports that present survey information to consumers in ways that are readily understood.

METHOD

During the initial year of CAHPS II, the reports team decided to review empirical research conducted under CAHPS I as well as other research on the reporting of information about health care quality (Teleki, Nolind, de Vries, Spranca, & Kanouse, 2004). At the same time, the team identified six other research areas that seemed likely to contain important theoretical insights or useful empirical findings that had not been fully incorporated in the worked carried out under CAHPS I. The six areas were adult education and literacy (Carman, Clark, & Shanley, 2003); cognitive psychology (Vaiana & McGlynn, 2002); decision science (Hibbard & Peters, 2003); decision aids (Carlisle, Spranca, & Kanouse, in press); cross-cultural communication and dissemination (Molnar, 2003); and social marketing (National Cancer Institute, 1997; Schechter & Sofaer, 2003). Reviews in these areas were selective rather than comprehensive. The team sought to identify key theoretical concepts and robust empirical findings with implications for the science and practice of reporting. For the most part, reviews were conducted by professionals already familiar with the key concepts and findings in a particular field, in collaboration with a professional familiar with the issues and challenges in quality reporting.

PRINCIPLES AND RECOMMENDATIONS

Reporting Information About Quality: Seven Basic Governing Principles

Seven basic principles govern all phases of reporting information about quality of health care. The principles are listed below and explained later. The order does not imply a fixed, linear process. The principles are grouped into two broad classes, corresponding to planning and design.

Planning principles:

1. Know your audience: clearly identify who they are, what they care about, and what actions they can take.
2. Identify resource and other constraints (e.g., political) that may limit what is feasible.
3. Consider barriers (e.g., norms) and facilitators (e.g., champions) to achieving objectives and figure out how to overcome them and/or turn them to your advantage.
4. Define your objectives—the behaviors of your audience that you want to change and the outcomes you want to effect—and set priorities.

Design principles:

5. Design a report that specifically incorporates the results of the priority-setting and trade-off process.
6. Develop a plan for promotion and dissemination at the project's outset.
7. Build in ongoing testing and evaluation—formative work to

ASSOCIATE EDITOR COMMENTARY

For the most part, patients and their families believe that they receive good medical care; however, we know that great variability in the quality of services available exists. Report cards have been used to help consumers make informed choices when making purchases of appliances, selecting restaurants or hotels, and deciding on health plans or health care providers. The rationale behind the use of report cards has been that providing information about quality would assist consumers, patients, and their families in making the best choices and that, over time, services and products that are not rated highly would lose market share. To survive, the health plan, health care facility, and/or individual provider would be compelled to improve the quality of services by addressing aspects of quality covered in the report card. For example, in a health care setting, the respect demonstrated by health professionals, including the physician, to the patient is a key component of a quality experience. Other elements include waiting time, clear explanations about medical procedures and tests, directions about what to do if an emergency arises postdischarge, and the ease with which second opinions and/or referrals are facilitated and executed.

Historically, health educators have played an important role in the development of educational programs and resources for patients and families in the health care setting. We have conducted needs assessments with patient and family groups, established specific educational program goals and objectives, designed interventions, including complementary tools and resources, and evaluated the developmental process, as well as the impact of the interventions. Throughout the planning process, we have consistently sought the involvement of patients and families and know that their participation is key to the success of the interventions.

The article discusses the importance of applying solid health education principles to the development and dissemination of health care quality information. The authors provide seven basic principles that can assist health educators in the design of reports in general, as well.

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shape the reporting effort and "after-the-fact" evaluation to identify successes and areas needing improvement.

How Do These Principles Interact?

Figure 1 suggests how these principles interact in the planning and design phases of a successful reporting effort.

The goal of the planning process is to develop objectives that make sense in a particular context. Principles 1 through 3 are about understanding the context in which the objectives will be pursued. Principle 4 addresses objectives and priorities.

Planning involves many steps, which are often pursued iteratively, with many opportunities for feedback. Planning may begin with the formulation of tentative objectives based on what would be ideal or on a preliminary understanding of the context, then proceed to collecting information about and perhaps shaping the context, and end with revising and prioritizing objectives.

Whether the planning process begins with learning about the context or setting tentative objectives, the objectives and context need to end up in harmony. The goal of the design phase is to create a design for a report and a plan for dissemination and promotion that will accomplish the prioritized objectives. To assess performance and subsequently to improve it, the design phase includes the development of an evaluation plan.

Figure 1 also suggests where planning and design fit relative to the other phases of a reporting effort.

Testing is an integral part of the reporting effort and informs the design of the report, promotion, dissemination, and evaluation. Testing comes in many varieties and can include focus groups, cognitive test-

ing, and usability testing, to name a few.

When the report design has been finalized, the implementation phase can begin. Implementation involves producing, promoting, and disseminating the report and collecting the data for evaluation.

Identifying Objectives

Sponsors must identify and prioritize objectives. These objectives should take into consideration the context in which they will be pursued, including the characteristics of the audience, the resources available, constraints or barriers such as administrative or political concerns, facilitators such as internal champions, and prevailing norms for the dissemination and use of new information.

However, the objectives of the reporting effort need not be limited by these considerations. Indeed, the process of identifying and prioritizing objectives may affect the selection of the audience to be targeted, the level of resources that should be allocated, and plans for overcoming constraints and other barriers.

Making Trade-Offs

Once the sponsor has identified and prioritized the objectives for a report, it can be designed, disseminated, promoted, and evaluated. But these activities themselves may affect the objectives of the reporting effort. Designing the report may cause sponsors and designers to face hard choices. For example, pursuing some of the sponsor's objectives (e.g., providing rich detail about certain characteristics of care) will hinder achieving others (e.g., making it easy for consumers to choose a plan that meets their specific needs). As a consequence, sponsors may have to reconsider priorities, focus on the objectives that are most readily attainable for the primary audience, and make trade-offs accordingly.

Making trade-offs of this kind should not be viewed as a flaw. It is an inherent part of any successful reporting activity. No reporting effort can accomplish all objectives. One that attempts to do so will fail, and no report designer can follow all the lessons that emerge from the literature. An effective report is not the result of checking all the boxes; instead, it reflects thoughtful, practical choices.

These seven basic principles apply to all report audiences, including consumers, health plans, quality improvement staff, and purchasers. However, different kinds of sponsors often have different objectives. Private sector sponsors may report information about quality in an effort to maximize health for the dollars spent on health benefits and care. Public sector clients may be more interested in ensuring equal access to high quality care. Regulators or advocates will have yet other goals. In addition, few design decisions will be relevant for all reports. No one can tell a sponsor which considerations should have more weight and how to make trade-offs.

What's the Pay-Off?

Keeping these seven principles firmly in mind can be very helpful to sponsors who are responsible for producing results. The principles call attention to the multiple dimensions that must be considered in reporting information about quality of care. Case studies provide many examples of unsuccessful reporting projects in which important dimensions were overlooked: A Web site is used to report information about health care quality, however, the site was not promoted in any way, so no one knew about it; information about quality is handed out at the social services office, when people are making lots of other decisions; a report provides so much detail about quality of care that consumers cannot use it. Such failures could have been avoided if these seven basic principles had guided the overall reporting effort. Finally, the principles may help sponsors and report designers address resource constraints.

Why Aren't These Principles Followed More Often?

These principles may not be followed because the schedule for producing the report is often short and sponsors may jump into designing the report before taking the time to understand the audience needs. Many sponsors and report designers make assumptions that are not appropriate—for example, "People are going to be very interested in this report because the information in it is valuable," or "All audiences are pretty much the same, so the same format works for everyone." The literature reviews document in detail why such assumptions are wrong and demonstrate why making them seriously compromises a sponsor's ability to help consumers find and use information about quality.

What the Basic Principles Imply for Reporting Information About Quality

As Figure 1 suggests, these basic principles interact in the objective-setting process. As a consequence, the discussion does not treat them as completely discrete concepts.

Understanding Context

The goal of the planning process is to develop objectives that make

sense in a particular context. Context is about the real world. It is in the real world, not in a laboratory or focus groups, that consumers will encounter information about quality of care. That real-world environment will strongly affect whether consumers even pay attention to information about quality, much less whether they will use it to make a decision.

Understanding the context in which sponsors will pursue their objectives means knowing something about who will make the choice, when, and under what conditions. Sponsors would promote, design, and disseminate a report intended for skilled intermediaries very differently from how they would go about these tasks if the audience were the elderly.

Additional questions to ask about context include the following: Do people realize/perceive that they have a choice? Are people making a choice for themselves or for their child? What is the nature of the choice—for example, plan or provider? Why are people choosing? Is it voluntary or are they being required to do so? Do they have a current provider they want to keep?

Principles 1 through 3 address helping sponsors to understand the context in which the reporting objectives will be pursued.

1. Know your audience: clearly identify who they are, what they care about, and what actions they can take. (Key literature reviews are adult education, health education, cognitive science, cross-cultural communication/dissemination, decision science, and social marketing.)

If reports on quality of care are to be successful, sponsors and reporting professionals need to clearly identify the target audience for the report, learn as much as possible about them, and look at everything from the audience's point of view. Report design, promotion, and dissemination must all accommodate a specific audience's goals, preferences, values, and ability. Reports must reflect what the intended audiences care about, not what the report designers know or think is important to report.

What All Audiences Have in Common

All audiences have certain characteristics in common because all audiences are human. Human beings are subject to basic cognitive constraints that affect how much information they can take in, digest, and use to make decisions. Research in cognitive science reports the most effective ways to present information—in text and graphic formats—so that people can comprehend and use it (Vaiana & McGlynn, 2002). Reports that are congruent with basic capabilities for processing information have a much better chance of working than those that are not.

All audiences need context to interpret information—they need a schema or pattern that allows them to place new information in a context that gives it meaning. Audiences who are not familiar with the concept of reports on health care quality are unlikely to use them. Effective promotion could play an important role in addressing this need.

Important Ways in Which Audiences Differ

Of course, audiences also differ on important dimensions, including their motivations, experiences, preferences, values, goals, language, learning style, and cognitive ability. The literature reviews highlight what such differences imply for the reporting process.

Motivating Audiences

Consumers do not see information about quality as having much intrinsic value, so providing information about quality to "educate" consumers may be no more successful than providing any other product for which there is no demand. Instead, sponsors need to motivate the audience by offering them something they want, such as high-quality health care for themselves and their family, or the opportunity to obtain quality care at a reasonable price. It is important to remember that not everyone who uses information about quality effectively will make the same decision.

One key to enhancing motivation recognizes that people process information for decisions in two different modes of thinking: analytic and experiential (Hibbard & Peters, 2003). Analytic thinking is the deliberate, rational process of weighing information, whereas the experiential mode is much more intuitive, associative, and fast.

These two modes of thinking are complementary and are not necessarily mutually exclusive. However, analytic thinking is the mode report designers often have in mind when they picture their audience using the information they provide. The experiential mode tends to be overlooked. When people process information, the experiential mode of thinking serves the function of providing meaning by associating the information with affect, highlighting what is important.

Marketers recognize the importance of the experiential mode when they take pains to associate their product with images of things peo-

ple care about, such as youth, beauty, power, prestige, or sex. These commercial images are motivating in a way that cold facts and figures are not. Consumers will process information more quickly and find it more meaningful if it is presented in a way that encourages both experiential and analytic modes of thinking.

Sponsors can motivate audiences through the experiential mode by giving them some sense of what a choice might actually mean for them. Ways to do this include providing narratives or stories about someone else's experience, or making the information vivid by using anecdotes and scenarios—for example, describing a situation in which a mother is seeking to find the best possible care for her child.

Flexibility

Flexibility greatly enhances the appeal of a report because it provides a way for users to link the data to their own experience. For example, giving users the option to customize a report, that is, look only at information about a specific condition, a specific age group, a specific type of care, and so on, can help them figure out what their bottom line is, which may not be the same as the bottom line obtained by treating all the information as equally important. Web-based reports are the easiest to make flexible. When designing a flexible report, however, it is important to keep it user friendly. The more choices users are given for customizing a report, the more cognitive work they have to do just to figure out how to use the report.

Consumer Testing

Sponsors and reporting professionals need to find out about their intended audience by asking them questions and listening with an open mind to what they say. Consumer testing is essential to keep the reporting initiative grounded in the perspective of the intended audience. Well-established ways to do this include focus groups, surveys, and interviews. These techniques can identify the interests and concerns of the report's target audience. In turn, this knowledge can help define realistic objectives for the reporting effort. Consumer testing of report design is the only way to know whether the report will actually work for its intended audience.

2. Identify resource and other constraints (e.g., political) that may limit what is feasible. (Key literature reviews are cross-cultural communication/dissemination and social marketing.)

Budgets, Politics, Organizational Mandates

Every sponsor has a set of resources with which to work and a set of constraints (including the fact that resources are limited). Financial constraints are inevitable, but political and organizational constraints are also common. There may be a specific vetting procedure for the language used in a report. One state employer seeking to provide printed and Web-based reports was required to use identical language in both formats, a requirement that adversely affected the quality of the Web version because reproducing printed text on a Web page is not an optimal strategy.

Time and scheduling constraints are often severe in the real world, though effective planning can forestall this problem. Time and money constraints may affect decisions about how much formative work or testing can be done.

Resources include not only the size of the budget but also the availability of staff with relevant skills (such as Web or graphic design, usability testing, translation), opportunities to conduct small-scale pilot studies, availability of partners with whom the sponsor can collaborate or share costs, and the existence of company-wide mailings on which to piggyback.

Partnering With the Community

The most commonly overlooked resource is also likely to be the most valuable—the target audience and the surrounding community. Design and dissemination strategies are likely to be much more successful if sponsors partner with the people they are trying to reach and the surrounding community (Hauser, 2002; McLeroy, Norton, Kegler, Burdine, & Sumaya, 2003). Sponsors can work collaboratively with churches and community-based organizations that provide related services to the target audience, which makes use of the most effective channels available for educating community members and bringing about change.

Once resources and constraints have been carefully inventoried, the sponsor should reconsider the report's objectives to assess available options for design and dissemination. This assessment will nearly always involve trade-offs.

Managing Expectations

The social marketing literature suggests that efforts such as reporting information about quality should be targeted at the subgroups of the potential audience whose behavior can be most easily changed with the smallest expenditure of resources. The potential audience

could be the group that has the most to gain from obtaining information about quality of health care, the group with the greatest disparities, or the group whose choices could have the greatest effect on the market. The "biggest-bang-for-the-buck" approach will tend to exclude some audiences, a trade-off that may be very acceptable, given a sponsor's objectives. In any event, it is critical to manage expectations about what objectives can actually be attained in light of the available resources and other constraints on the reporting endeavor.

3. Consider barriers (e.g., norms) and facilitators (e.g., champions) to achieving objectives and figure out how to overcome them and/or turn them to your advantage. (Key literature reviews are adult education, cross-cultural communication/ dissemination, decision science, decision aids, social marketing.)

The second principle focuses on aspects of the effort that define its scope—and sometimes limit its probability of success. The third principle focuses on aspects of the reporting effort that can hinder or facilitate the sponsor's ability to bring about the desired change in the audience's behavior.

Barriers

Barriers to achieving the reporting objectives can be of various types, ranging from the physical environment in which the reporting takes place to people's attitudes about the reporting enterprise. Many of these barriers can probably be addressed if they are considered early in the reporting process.

Physical barriers. An assessment of the implementation of CAHPS reports in Florida illustrates how the physical environment can affect whether information about quality is used (Farley et al., 2000). In Florida, the easiest place to deliver information about health care quality was in the social services office, the last physical place that people visited before choosing a health plan. However, choosing a health plan was not on beneficiaries' radar screen at that point. Because the information was not salient at the time it was presented, people did not pay attention to it. The information was provided where and when it was most feasible to do so from the perspective of those providing the information; however, they failed to view this activity from the point of view of their intended audience.

Another example: Many people have to choose a health plan when they sign up as employees. Because they are also making many other choices, they have neither time nor motivation to consider information about quality of care, much less consider how that information applies to their own situation. To increase the likelihood that new employees will use information about quality to inform health plan choices, it may be necessary to address the whole context in which human resource departments provide information about various employee options.

Process-related barriers. Some barriers are process related. Lack of salience and high cognitive effort are process-related barriers, as are poor proficiency in a language or poor reading skills. Lowering the cognitive effort required to understand information, reducing the amount of information, and helping people understand what a choice might mean in real life are process-related facilitators.

Barriers of habit. Barriers can also stem from general beliefs or just from habits. Evidence suggests that people are resistant to using decision aids. Consumers do not necessarily want to admit that they could use help or to recognize that more information is available. Some consumers might be reluctant to use a Web-based report card because they are uncomfortable with Web-based material, or they might see the Web as a way to order products and make reservations but not as a source of information about quality of health care. Effective promotion/education might overcome such barriers, but this has not yet been clearly demon- strated.

Facilitators

Sponsors can also identify aspects of the reporting effort that can facilitate its success. "Champions" can increase the probability that a target audience will notice and use information about quality. Many consumers from disadvantaged racial and ethnic groups may be more likely to notice and use information about quality if it is presented in the context of community-based organizations with which they have contact. These organizations might also have trusted intermediaries who can help consumers understand how information about quality relates to their needs and facilitate making choices. Intermediaries might also play an important role in helping elderly consumers to understand and use reporting results.

4. Define your objectives—the behaviors of your audience that you want to change and the outcomes you want to effect—and set priorities. (Key literature reviews are adult literacy, health education, cross-cultural communication/ dissemination, decision science, social marketing.)

Principles 1 through 3 are about understanding the context in which

objectives will be pursued. Principle 4 addresses the challenge of defining objectives. Of necessity, defining objectives will require setting priorities to accommodate resource and other constraints. Making trade-offs will be essential because no reporting effort can accomplish all objectives.

It's Not "Just the Facts"

Reports on health care quality are intended to improve health care quality, in part by helping consumers make better choices. The objective is not merely to increase awareness but to provide information that will be used in making decisions. These are not the same, and it is important for sponsors and reporting professionals to keep this distinction in mind. Many inappropriate assumptions—for example, "It's important to educate people about quality of care, more data are always better, people will use this information if I provide it"—stem from the failure to appreciate the difference between providing facts versus providing meaningful information that speaks to the goals of a specific audience.

A successful reporting strategy depends on more than getting information into consumers' hands (or heads); it requires that consumers use the information to choose among health care options. The factors that determine receipt of information and those that determine its use in making decisions are not the same. If behavior change is the goal—and it should be—the sponsor needs to identify and seek to influence as many determinants of actual choice behavior as possible.

Making trade-offs. Many reporting efforts are less than successful because the sponsor did not clearly define the reporting objectives. The objective-setting process should not be static. As Figure 1 suggests, planning involves many, usually iterative, steps. Sponsors may formulate tentative objectives based on what they think might be ideal; however, after learning as much as possible about the intended audience, realistically assessing the resources available for the reporting effort, identifying other constraints on achieving objectives, and thinking hard about the best context in which to present information about quality, they may revise the objectives.

The act of designing the report may trigger additional changes in objectives. In particular, sponsors may realize that pursuing one of their objectives will have unintended consequences that make it difficult to achieve another objective. Use of a negative or "risk avoidance" frame is likely to increase consumers' comprehension, appreciation for, and use of information about performance quality (Hibbard, Harris-Kojetin, Mullin, Lubalin, & Garfinkel, 2000), but may do so at the cost of stirring up greater controversy among other stakeholders. Or, to state this trade-off another way, design choices that help create a report card that offends no one also tend to result in a report that interests no one.

Sponsors may discover that refining their reporting objectives results in excluding some potential audiences. A sponsor's objectives need to be audience specific because that is the only approach that really works. It is important to remember that in reporting one size does not fit all.

5. Design a report that specifically incorporates the results of the priority-setting and trade-off process. (Key literature reviews are adult education and literacy, health education, cognitive science, cross-cultural communication/dissemination, decision aids, decision science, and social marketing.)

Everything that sponsors and reporting professionals have learned about the target audience for the quality report should come together in the process of designing the report. It is at this point that the need is greatest to look at everything from the audience's perspective. Unfortunately, this is also the point where the temptation is greatest to provide information that the sponsor thinks the user "should have," even though there is no evidence that the audience wants or needs it.

Any report must be compatible with the general audience characteristics described above. These include basic constraints on the amount of information that can be absorbed and used in decision making, the need for context, and the differences and interactions between the analytic and experiential modes of thinking. The audience's learning style, reading level, and familiarity with the types of information to be presented are also critical design dimensions.

In addition, successful reports will use techniques that help remove barriers to using the information. These include making the information evaluable, reducing the amount of information, using decision aids of some kind, and/or giving users the option to customize a report so that they look only at the information relevant to their own situation.

Decision aids can be evaluated in terms of process—for example, satisfaction and knowledge—or in terms of the quality of the choice, which can sometimes be measured by its consistency with logical axioms or stated preferences, or by the consumer's satisfaction with outcomes. Because the purpose of reporting information about quality of care is to help people make a better choice,

sponsors need to think through concretely what that means. The decision aid literature review (Carlisle et al., in press) provides a framework for thinking about the various ways in which decision support can be provided—for example, identifying the dimensions of a decision; providing the relevant information; organizing, sorting, and displaying information in a way that supports decision making; helping the user understand the pros and cons of various options; eliciting the consumers' preferences; and combining preferences into a choice. The sponsor should think through which of these forms of decision support are most appropriate and feasible. For example, consumers are most likely to need help in understanding the pros and cons of various options if they are not familiar with them (as is often the case for health plans). Displaying information in a way that supports decision making, such as rank ordering the options or otherwise making it as easy as possible to see how they compare—is always appropriate and feasible. Hibbard and Peters (2003) offered suggestions for how to do this.

Another important way of removing barriers to use is to ensure that the format in which information is presented is compatible with the strategy that information seekers use. People tend to be goal oriented in their use of informational materials. People do not read documents or view Web sites in their entirety. Rather, they scan them with a goal in mind. Sponsors need to present and label information in a way that facilitates this scanning. Reports should contain a table of contents and clearly labeled headers that enable consumers to identify what is in the report and quickly locate the information they want.

Report design must specifically accommodate the trade-offs between competing objectives that the sponsor has already made. However, as reporting professionals are trying to design the report, they may well discover that some of the prioritized objectives cannot be achieved. Usability testing of a draft design, in which representative users are asked to read a report as if they were about to make a choice and are observed by usability specialists in the process, may show that the design does not work for the target audience. Or designers may not be able to incorporate the kind of detail implied by one of the objectives in a format that is compatible with people's basic information-processing constraints. Use of charts and tables is likely to pose special difficulty for those with limited literacy skills because they require high reading skills to navigate both across and down on a page and to interpret correctly.

This disconnect between objectives and report design may lead sponsors to refine their objectives again, making additional trade-offs, focusing on the information elements most needed to meet the audience's goals, and rethinking presentation strategies. At this stage, additional testing with the target audience makes sense to see whether the modified design strategy works.

6. Develop a plan for promotion and dissemination from the beginning. (Key literature reviews are adult education and literacy, cross-cultural communication/dissemination, and social marketing.)

Unless people recognize the purpose and value of the information being provided, they will not attempt to use it. So potential users need to be "prepared." In addition, the promoter has to know how to describe the product (e.g., a brochure or Internet site) in a way that people will understand. Focus groups could help with this—for example, "Here's this brochure that rates the quality of care provided by six health plans. How would you describe this brochure to your coworkers?"

These focus groups can be done for relatively low dollar costs, although groups should be conducted by experienced focus group leaders from outside the organization. Employers often use internal publicity campaigns to bring information or activities to their employees' attention, for example, campaigns to make employees aware of options in their retirement plans or to announce the availability of flu shots. Similar techniques could be used to promote the use of health care quality information.

Collaborative use of community-based organizations to promote and disseminate information has already been mentioned above as an important strategy. This is especially important when targeting some minority and immigrant populations because research indicates that even extraordinary efforts to simplify reports and lower reading level are not likely to be enough to make them accessible to many in these populations, who are likely to turn to other people for help with their health care choices. It may be better to develop strategies in which written materials are designed to complement and enhance information exchange through social networks and intermediaries rather than to be read directly and in isolation by the target audience. Working through intermediaries such as community-based organizations can also increase the perceived legitimacy of and trust in reports, especially with groups that are, or feel, marginalized and disenfranchised.

7. Build in ongoing testing and evaluation—formative work to shape

the reporting effort and after-the-fact evaluation to identify successes and areas needing improvement. (Not derived directly from literature reviews but consistent with other principles)

Sponsors who plan to provide reports on health care quality on a continuing basis should capitalize on the opportunity to learn from experience. There is no better source of information about what works and what does not than what happens when you design and disseminate quality information in the real world. However, evaluations are generally much more informative when they are planned, so it is important to allocate resources for this in advance. It is also important to document lessons learned soon after the cycle is completed, to make sure that they are not lost to institutional memory. The long-term payoff can be enormous.

Applying the Principles to Nonconsumer Audiences

The seven basic principles apply to all audiences or users of reports, including consumers, advocates, health plans, health care providers, quality improvement staff, purchasers, and regulators. However, the examples discussed in this article are about reporting to consumers. Other audiences may differ markedly in what they will do with the information and therefore in how they want it presented. For example, quality improvement staff in health plans or physician groups want information reported in a way that allows examination of time trends and that facilitates the identification of quality improvement strategies; they want quality measures that are specific enough to be "actionable." They would rather have a data set they can analyze for the fine-grained detail than a summary chart that smoothes the detail away. However, this difference becomes immediately apparent on first application of Principle 1: Know your audience. Thus, the optimal reporting strategies will differ by audience, but the principles for identifying those strategies are largely the same.

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