Health Care Quality Performance (HCQP) Program

FAQ ABOUT DATA REPORTING

Frequently Asked Questions (FAQ)

This page provides additional details about Rhode Island's public reporting program, including how it chooses what information to release and what to think about when looking at the information.

1. How does Rhode Island's public reporting program decide what to report?

The public reporting program requires all Rhode Island healthcare providers to release information about how they care for patients. Healthcare providers are licensed facilities, like home health agencies, hospitals, and nursing homes, and also doctors. We began reporting information for hospitals in 2001, and have since added home health agencies, nursing homes, and physicians. We select the topics for public reporting based on local interest in the topic and how useful the information will be.

2. How should I use this information?

You should view the publicly reported data as one source of information that can help you get a complete picture of a particular healthcare provider. We encourage you to use other sources, too, such as talking to your doctor, visiting healthcare facilities to look around, and asking questions of the doctors, nurses, and other staff you meet. You can visit a healthcare provider's Web site to learn more about how each provider makes sure that it provides high-quality care for its patients.

3. Can you determine a health care provider's overall quality based on its scores?

These scores reflect specific components of health care. Healthcare providers give care for other medical conditions and illnesses that are not yet included in the information released publicly. You should view the publicly reported data as one source of information that can help you get a complete picture of a particular healthcare provider (see #2).

4. More specifically, how do you decide which measures to release?

We work closely with committees of healthcare providers and others interested in healthcare quality. Together, we identify existing sources of information (or data) and measures. Whenever possible, we look for measures that have been tested and proven to reliably and accurately (see #8 and #9) measure a particular healthcare outcome or process (see #11 and #12). If no data or measures exist for a particular topic, we create a measure using available measurement and reporting standards, and then collect information from healthcare providers.

5. Why do you look for existing sources of information?

Because the Department of Health continues to publicly report new information each year, we try to find information sources that require little, if any, additional data collection by the healthcare providers. We want their resources and focus to remain on providing the highest level of care for their patients.

6. Why do you look for measures that have been tested?

There are two main reasons:

- First, we want information that is reliable and accurate (see #7 and #8). This is important because you can use this information to make decisions about your health care, and also because healthcare providers use it to improve the quality of the care they provide. It can be expensive and time-consuming to test a measure, so it's helpful to look for measures that have already been tested. If no data or measures exist for a particular topic, we collect information from healthcare providers.

- Second, we want the ability to compare Rhode Island healthcare to healthcare provided elsewhere. If we use a measure that has been tested and is in use elsewhere, we can sometimes compare local performance to the national average (for example) or another "benchmark."

7. How do you know that the information is meaningful?

While there is no "perfect" source of information, whenever possible, we look for measures that have been tested and proven to reliably and accurately measure a particular healthcare outcome or process. Our goal is to identify and release useful information that helps people make decisions about healthcare. When you look at the information, we encourage you to contact the healthcare provider directly to ask questions.

8. What does it mean that a measure is "reliable"?

If you collect information several times, and the information is the same (or nearly the same) every time, then it is considered reliable. It's important that the information also be accurate (see #8).

9. What does it mean that a measure is "accurate"?

If the information you collect is as close as possible to the real truth, then it is accurate. For example, if a patient is seen by a doctor and the information you have says they were seen by a doctor, then it is accurate. If your information says they were not seen by a doctor, it is inaccurate.

10. What affects the reliability and accuracy of information?

It's important that we collect information from enough patients, or have a large enough "sample," to draw conclusions. To help ensure that the publicly reported information adequately reflects providers' care, we only release information if there are enough patients included. For example, only if there are more than 20 patients. (For statistical reasons, the minimum number can be different in different reports.)

11. What if the data you release are *not* reliable or accurate?

We make every attempt to ensure that the information we release is meaningful. However, we encourage you to view the public reports as one source of information (among many) that can help you get a complete picture of a particular healthcare provider (see #6).

12. What is an "outcome measure"?

An outcome measure reflects *the results of the care providers give* to patients, or what the patients' health status is after receiving care. For example, the percent of patients at a healthcare facility who have pain is an outcome measure.

13. What is a "process measure"?

A process measure reflects *how providers care for their patients*. For example, the percent of patients at a healthcare facility who are asked if they have pain is a process measure.

14. What is a "structural measure"?

A structural measure reflects the physical environment in which providers care for patients. For example, whether or not a physician uses an electronic health record is a structural measure.

15. Can I participate in the public reporting program?

Yes. The program is open to all who are interested in participating. To learn about HCQP meetings, please visit the Open Meetings Web site, where meeting notices are posted, or call Rosa Baier at 401-528-3205.