Assessing and Measuring Progress Towards Program and Regional Quality Improvement Goals

ABOUT ALIGNING FORCES FOR QUALITY

Aligning Forces for Quality (AF4Q) was the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities represented the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asked the people who get care, give care, and pay for care to work together to improve the quality and value of care delivered locally.

Learn more about AF4Q at *www.forces4quality.org.* Learn more about RWJF's efforts to improve quality and equality of care at *www.rwjf.org/en/our-work.html.*

Robert Wood Johnson Foundation

Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) was a multi-year, multi-stakeholder effort funded by the Robert Wood Johnson Foundation (RWJF) to improve the quality and lower the cost of health care in communities across the country. The 16 AF4Q grantees across the country worked through multi-stakeholder Alliances to lift the overall quality and value of health care, reduce racial and ethnic disparities in care, and provide models for national reform. These Alliances—each a voluntary collaboration among local hospitals, provider organizations, health plans, employers, and consumers—engaged in a wide range of activities, including producing public reports of comparative performance information, implementing quality improvement strategies, and experimenting with different approaches to paying for care that support these innovations.

The AF4Q program requirements evolved substantially over the nine years of the program, from 2006 to 2015. The breadth and depth of the program necessitated a nimble, but rigorous, monitoring system to track progress towards program and regional quality improvement goals. Assessing and measuring AF4Q progress was unique given its duration (nine years), its scope (multiple areas of focus that evolved with each new phase), and the ramifications of major health care legislation enacted during the program. The level of complexity increased significantly during Phase III (beginning in 2011) because each Alliance had the flexibility to choose its own community-specific goals to meet the demands of their regional/state market. These goals evolved over the last four years of the program because of their self-directed nature.

Several iterations of how to assess and measure progress (and how to collect those data) were tested. For the purposes of capturing key learnings, this document focuses on the final iteration.

ASSESSING AND MEASURING PROGRESS

RWJF established a national program office (NPO) to oversee all aspects of AF4Q. The NPO was the vehicle for implementation, coordination, and knowledge capture for the program, and was responsible for ultimately translating RWJF's conceptual vision into day-to-day strategies. The NPO was charged with measuring AF4Q progress on two levels—the overall program performance and individual community performance.[1] The NPO took a leading role in advising RWJF to determine what to measure and developing the criteria underlying the metrics. In order to systematically measure and report progress accurately and equitably, a rigorous monitoring system was developed.

AF4Q EVOLUTION

Phase I (2006) – performance measurement/ public reporting, ambulatory quality improvement, consumer engagement

Phase II (2008) – added inpatient quality improvement, identifying and eliminating racial and ethnic disparities

Phase III (2011) – added decreasing cost of care, increasing efficiency, payment reform

Phase IV (2013-2015) – allowed flexibility around community-identified goals, sustainability

---

PROGRAM PERFORMANCE

Assessing how the overall program was performing – in other words, trying to measure "success"—was complex. Metrics—either at the regional-level or at the program-level—were not defined at the outset, but developed and evolved over the course of AF4Q. In 2008, RWJF approved a set of 35 specific (short-term, intermediate, and

long-term) program goals called Quality/Equality (QE) Indicators across AF4Q programmatic areas. These RWJF program indicators[2] represented the key milestones RWJF expected each of the Alliances to accomplish as a condition of their funding. RWJF staff, senior leadership and Board of Directors closely tracked AF4Q progress towards each program indicator. In turn, Alliances were assessed on their progress toward these indicators in subsequent funding applications.

RWJF Program Indicators

The NPO led the implementation process for the program indicators and was responsible for communicating RWJF's expectations around the indicators to the Alliance Project Directors. The NPO made the indicators operational by clarifying definitions when needed, and measuring Alliances through criteria thresholds that quantified progress. The criteria were stepwise and used a color rating system (e.g., red, yellow and green) to signify the progress towards meeting the program indicators.

Each community was required to submit a comprehensive Tri-Annual Report (attachments 1–2) outlining Alliance activities, successes, and challenges related to its goals and the goals of the program across eight content areas.[3] The Tri-Annual Report also asked the Project Directors to self-assess their progress on the program indicators. The self-assessments were validated by the NPO through its knowledge and understanding of the Alliance's activities. The first Tri-Annual Report performance period was January 2011 through April 2011, and subsequent reports were due every four months. The Tri-Annual Report was labor intensive for the Project Directors to complete, particularly in the first two years when the report documented work on all eight content areas. As a result, the NPO created individual Alliance-specific report templates to decrease the reporting burden on the Project Directors and Alliance staff. Using the

---

[1] RWJF contracted directly with an external evaluation team at the Pennsylvania State University's Center for Health Care and Policy Research which was tasked with formally evaluating the project.

[2] Internally, these metrics were referred to as QE Indicators. For the purposes of this document, in order to resonate more with an external audience, the metrics are referred to as *program indicators*.

[3] Patient Experience, Care in Multiple Settings or Across Episodes, Hospital Care, Ambulatory Care, Equity, Consumer Engagement, Cost/Efficiency, Payment Reform/Infrastructure

Aligning Forces for Quality | Robert Wood Johnson Foundation

information contained in the Tri-Annual Report, supplemented with informal communication with the Alliances, the NPO determined whether the Alliances had met the relevant program indicators. The program indicators were revised yearly as milestones were reached and expectations evolved. As a result, the NPO updated the Tri-Annual Report template frequently.

The program indicators measured Alliance progress based on a set of criteria and AF4Q program requirements that all 16 communities were expected to meet. Thus, they were proscriptive and Alliances were given little flexibility to consider local relevance in determining where to focus. However, they provided the data needed to discuss program performance with internal and external audiences (e.g., 14 of the 16 Alliances have public reports on over 50 percent of primary care providers in their region). As the project approached its mid-point, the Alliances were given more flexibility and asked to establish regional quality improvement goals. Both measurement approaches were important for assessing progress and determining impact.

ADDITION OF REGIONAL-LEVEL MEASUREMENT

While the program indicators were instrumental in assessing progress, they were less helpful in understanding the impact the communities were having on improving quality, value, and patient experience. In an effort to more closely measure individual community performance in the third and fourth phases of the project, each of the 16 Alliances was tasked with establishing regional quality improvement (QI) goals[4] specific to their markets. In these final funding phases, RWJF gave communities the flexibility to focus on those areas that had traction, local relevance, data, and likelihood of impact and sustainability. The Alliances worked closely with local stakeholders to develop goals that related to specific clinical conditions (e.g., diabetes, heart failure, readmission), procedures or health care utilization in their communities. The parameters for the goals were that they included at least one outcome

measure and not be de minimis. The ability to choose community-specific quality measures on which to focus measurement, reporting, and improvement activities meant that each Alliance's goals had local relevance and stakeholder support, but differed from other Alliances' goals, making it difficult to make direct comparisons between communities and over time (i.e., apples to apples comparison). Progress on Alliance-developed regional QI goals was assessed and measured during the last two phases of AF4Q. The regional improvement goals were reported on in the same manner as the other goals, but tracking progress required a separate process. Ultimately, the NPO created a database in order to monitor improvement and mine the data for "bright spots" and lessons learned to share with RWJF, Alliances, and other stakeholders.

Regional Quality Improvement Goals

During Phase III, the Alliances worked towards improving 125 goals (25 process and 100 outcome). The Alliances were tasked with expanding the goals and/or creating new goals during the last two years of the project, resulting in a total of 208 quality and cost goals (71 process and 137 outcome) for the final phase of AF4Q. The goals ranged in topic and by level of measurement. For example:

- Improve measure of diabetes outcomes by 10 percentage points.

- Reduce costs by reducing all cause hospital readmissions by 10 percent for patients attributed to patient-centered medical home/health home pilots and ACO pilots.

- Realize savings in statewide emergency care for asthma by increasing the number of adults and children attaining optimal asthma care from 2013-2105.

In 2011, the regional QI goals were codified into the ongoing monitoring of the program, therefore, the broader set of program indicators were revised to include four new indicators that tracked the achievement of the regional QI goals across the 16 Alliances. The NPO revised the Tri-Annual Report accordingly to

---

[4] Internally, these metrics were referred to as *Quality and Cost Goals*. For the purposes of this document, in order to resonate more with an external audience, the metrics are referred to as *regional quality improvement goals*.

Aligning Forces for Quality | Robert Wood Johnson Foundation

include progress on the Alliance's regional QI goals and developed a robust tracking system and database (attachment 3) to capture the multiple variables needed to monitor progress and capture qualitative information on the interventions implemented to achieve these goals. Comprehensive information was entered into the database and updated at least three times a year. It required one full-time staff person to input, analyze, and synthesize progress on the goals and communicate about the goals internally at the NPO and externally to RWJF.

> Excerpt of variables from the regional QI goals' database:
>
> - Goal
> - Condition
> - Performance measure
> - Population being measured
> - Data source
> - Baseline measurement
> - Amount improved
> - Interventions implemented to support improvement

INFORMATION MANAGEMENT AND COMMUNICATION

The NPO developed the system for collecting, storing, and tracking the Alliances' data submitted through the Tri-Annual Report, site visits and other communications. The qualitative mechanisms for data flow included summary reports and provided a snapshot of progress in specific content areas (i.e., consumer engagement, quality improvement)and program indicators, as well as detailed analysis of individual Alliance progress in these areas. These data provided information for numerous reports, briefings, and summaries for internal and external audiences (i.e., RWJF, policy-makers, technical assistance providers, other regional coalitions). The program indicators and regional QI goals were the basis of assessing the progress and impact at the community-level. Ultimately, these measures informed evolving programmatic expectations and goals, as well as helped to inform the identification of technical assistance needs.

KEY LEARNINGS

- In order to measure regional- or programmatic-level progress and impact, it is important to define "success" and the desired outcomes of the project at the onset, or at least very early on in the project. Without defining the end-goal, it is difficult to develop metrics that will ultimately assess progress and track the right information.

- A nimble, but rigorous, monitoring system is required to track to track progress on program requirements.

- At the outset, define terms and develop clear criteria for what it means to meet a goal (e.g., what does "consumer engagement" mean?).

- A tiered system to show progress should be considered when a project is complex, with many long-term goals.

- Program-level measures are important for determining program performance, but not sufficient for measuring impact.

- Balance/complement regional improvement goals with program-level goals in order to measure impact at the program-level.

Aligning Forces for Quality | Robert Wood Johnson Foundation

[Alliance Name] Progress – Quality/Equality Indicators
Trimester Performance Report – [Date]

This trimester report consists of 3 components:

I.   Alliance narrative report format

II. Table: Alliance self-assessed progress toward Indicators

III. For Reference:
  a. Self-assessment criteria
  b. Reporting timeline

I. NARRATIVE REPORT

For the purposes of the performance report, the Quality/Equality (Q/E) Team Indicators are organized across eight domains:

1. Patient Experience
2. Care in Multiple Settings or Across Episodes
3. Hospital Care
4. Ambulatory Care
5. Equity
6. Consumer Engagement
7. Cost/Efficiency
8. Payment reform and infrastructure

Please respond only to the questions applicable to your **Alliance's progress in the last 4 months**. You may not have information to report in all sections, or for all questions. You do NOT need to report past efforts. Report only those activities, if any, to expand or otherwise modify efforts.

Aligning Forces for Quality | Robert Wood Johnson Foundation

1. Patient Experience

A. Patient Experience Reporting

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What major activities have you undertaken in the last 4 months to publicly report NQF-endorsed ambulatory patient experience, or to increase the number of providers for whom data are reported? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the process forward?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

B. Patient Experience Improvement

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. If your Alliance has selected a hospital and/or ambulatory patient experience domain for improvement, please describe the selection process(es), involving consumer input.

2. What quality improvement efforts have you undertaken in the last 4 months regarding ambulatory patient experience? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

3. What quality improvement efforts have you undertaken regarding inpatient patient experience? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

4. What challenges have you encountered in patient experience domain selection, ambulatory and/or inpatient quality improvement? What have you done to overcome these challenges?

5. What do you think is needed to move the domain-selection process forward? To work toward ambulatory and/or inpatient improvement of patient experience?

6. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

2. Care in Multiple Settings or Across Episodes

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What activities have you undertaken to support transitions and care-coordination for one or more of your selected conditions or procedures, across areas of care? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the process forward, toward demonstrating improvement in transitions of care?

4. What activities have you undertaken to publicly report measures of outcomes of care for relevant procedures, or to increase the number of providers for whom those data are reported? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

5. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

3. Hospital Care

(Respond only to the questions applicable to your Alliance's progress in the Last 4 months)

1. What activities have you undertaken in the last 4 months to support hospitals enrolled in AF4Q hospital collaboratives or the Hospital Quality Network in meeting their improvement goals? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges, if any, have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to better support the hospitals in meeting their improvement goals?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

4. Ambulatory Care

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What activities have you undertaken in the last 4 months to support ambulatory care quality improvement related to publicly reported measures, and to engage providers in these efforts? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)? Have you been able to identify/document any improvement?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to advance ambulatory quality improvement efforts in your Alliance?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

5. Equity

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

A. Ambulatory Care Setting

1. What activities have you undertaken in the last 4 months to support stratification of ambulatory care performance measures by race, ethnicity, and/or language? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the ambulatory data stratification process forward?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

B. Hospital Care Setting

1. What activities have you undertaken in the last 4 months to support stratification of hospital care performance measures by race, ethnicity, and/or language? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the hospital data stratification process forward?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

6. Consumer Engagement

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What activities have you undertaken in the last 4 months to promote use of your Alliance's public reporting web site among consumers? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What activities have you undertaken in the last 4 months to engage individual consumers and consumer advocates in the work of AF4Q (e.g., on workgroups or Leadership Team, in decision-making, in developing materials or initiatives)? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

3. What challenges have you encountered? What have you done to overcome these challenges?

4. What do you think is needed to move consumer engagement efforts forward?

5. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

7. Cost/Efficiency

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What major activities have you undertaken in the last 4 months to publicly report NQF-endorsed cost or efficiency measures, or to increase the number of providers for whom data are reported? What stakeholders have been involved, and what has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the process forward?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

Aligning Forces for Quality | Robert Wood Johnson Foundation

8. Payment Reform & Infrastructure

(Respond only to the questions applicable to your Alliance's progress in the last 4 months)

1. What major activities have you undertaken in the last 4 months to plan, implement or expand payment reform related to selected conditions or procedures? What has facilitated progress (e.g., resources, relationships, political will)?

2. What challenges have you encountered? What have you done to overcome these challenges?

3. What do you think is needed to move the process forward?

4. Would you like to add anything about your efforts in this area over the last 4 months, or plans for the immediate future?

Aligning Forces for Quality | Robert Wood Johnson Foundation

II. ALLIANCE INDICATOR SELF-ASSESSMENT

For each reporting period, Alliances should provide a self-assessment of progress in meeting the short-term and intermediate Q/E Indicators. (See separate document entitled "Alliance Progress – Quality/Equality Indicators.") The long-term indicators are also included in the table for reference only; Alliances do not need to provide an assessment of their progress on the long-term Indicators.

Criteria for assessing progress in meeting the Q/E Indicators due in 2011 has been provided by the national program office. Criteria for assessing progress in meeting the Q/E Indicators due in 2012-2013 will be provided in spring 2011

[Alliance Name] Progress – Quality/Equality Indicators
Trimester Performance Report
Self-Assessment – [Date]

1. Patient Experience

Q/E INDICATOR	STATUS	
Short term indicator 1: By July 2010, Alliances will have incorporated NQF endorsed ambulatory patient experience measures into their public reports.	Green	
	Yellow	
	Red	
Short term indicator 7: By July 2011, Alliances will, with consumer input, choose an NQF-endorsed hospital patient experience domain to improve.	Green	
	Yellow	
	Red	
Short term indicator 8: By July 2011, Alliances will, with consumer input, choose an NQF-endorsed ambulatory patient experience domain to improve.	Green	
	Yellow	
	Red	
Intermediate indicator 15: By December 2012, 50% of the primary care providers in communities will demonstrate an improvement in their NQF-endorsed ambulatory patient experience domain which was chosen with consumer input.	Green	
	Yellow	
	Red	
Intermediate indicator 22: By June 2013, Alliances will have patient experience information based on NQF-endorsed metrics for at least 50% of the primary care in their market available publicly on a promoted, easily accessible free web based or similar information resource.	Green	
	Yellow	
	Red	
Intermediate indicator 24: By July 2013, 50% of the hospitals in Alliances will demonstrate improvement in the NQF-endorsed patient experience domain which was chosen with input from consumers.	Green	
	Yellow	
	Red	
Long term indicator 31: By July 2015, Alliances will have the capacity to sustain public reporting.		

Aligning Forces for Quality | Robert Wood Johnson Foundation

2. Care in Multiple Settings

Q/E INDICATOR	STATUS	
Intermediate indicator 13: By June 2012, Alliances will have implemented actions to support transitions and care-coordination for at least one of their selected conditions or procedures across at least two of their selected areas of care.	Green	
	Yellow	
	Red	
Intermediate indicator 25: By August 2013, Alliances will demonstrate improvement in transitions and care-coordination for at least one of their selected conditions across at least two of their selected areas of care.	Green	
	Yellow	
	Red	

3. Hospital Care

Q/E INDICATOR	STATUS	
Short term indicator 2: By December 2010, the Language and Equity collaboratives will meet their improvement goals.	Green	
	Yellow	
	Red	
Intermediate indicator 10: By December 2011, 70 hospitals in the communities will be participating in a quality improvement collaborative with a patient centered or disparities focus.	Green	
	Yellow	
	Red	
Intermediate indicator 16: By December 2012, 50% of hospitals participating in a formal AF4Qsponsored hospital quality initiative will demonstrate improvement in performance and/or equity for their patients on at least one nationally recognized quality measure or associated composite measure.	Green	
	Yellow	
	Red	
Long term indicator 27: By June 2014, 75% of hospitals participating in a formal AF4Q-sponsored hospital quality initiative will demonstrate improvement in performance and/or equity for their patients on at least one nationally recognized quality measure or associated composite measure.		

4. Ambulatory Care

Q/E INDICATOR	STATUS	
Intermediate indicator 14: By December 2012, 25% of the primary care providers in Alliances will demonstrate improvement in performance on at least two publicly reported quality measures or associated composite measures in at least two disease areas.	Green	
	Yellow	
	Red	
Intermediate indicator 17: By February 2013, Alliances will have 50% of their primary care physicians involved in quality improvement activities that meet national standards such as those set by primary care specialty boards.	Green	
	Yellow	
	Red	
Long term indicator 26: By December 2014, 50% of the primary care providers in Alliances will demonstrate improvement in performance on a total of five publicly reported quality measures or associated composite measures in at least two disease areas.		
Long term indicator 30: By July 2015, 50% of physicians in Alliances will have increased the number of care management practices associated with good quality care.		
Long term indicator 32: By July 2015, Alliances will have a sustainable model of ongoing improvement for primary care practices.		

5. Equity

Q/E INDICATOR	STATUS	
Intermediate indicator 11: By December 2011, Alliances will be able to stratify some portion of their performance data by race, ethnicity or language.	Green	
	Yellow	
	Red	
Intermediate indicator 18: By April 2013, Alliances will have stratified their publicly available ambulatory performance measures by race, ethnicity or language, covering at least 25 percent of primary care physicians in each applicable community.	Green	
	Yellow	
	Red	
Intermediate indicator 19: By April 2013, Alliances will have stratified their publicly available hospital performance measures by race, ethnicity or language, covering at least 25 percent of hospital discharges in each applicable community.	Green	
	Yellow	
	Red	
Long term indicator 28: By June 2014, Alliances will show improvement in equity, as demonstrated by improvements in performance on publicly reported quality measures or associated composite measures.		

6. Consumer Engagement

Q/E INDICATOR	STATUS	
Short term indicator 4: By January 2011, Alliances websites will have a 40 percent increase in web traffic from their 2009 baseline.	Green	
	Yellow	
	Red	
Short term indicator 5: By May 2011, Alliances will have a 10 percentage point increase from baseline in the number of consumers with chronic illness who report awareness of public reports of performance measures.	Green	
	Yellow	
	Red	
Short term indicator 9: By July 2011, Alliances will have active, engaged consumers or consumer representatives participating in their AF4Q leadership team.	Green	
	Yellow	
	Red	
Long term indicator 29: By July 2015, 25 percent more consumers in Alliances will use health or comparative quality information in making health care decisions, compared to baseline.		

7. Cost/Efficiency

Q/E INDICATOR	STATUS	
Short term indicator 6: By July 2011, Alliances will have incorporated NQF endorsed cost or efficiency measures into their public reports.	Green	
	Yellow	
	Red	
Intermediate indicator 20: By June 2013, Alliances will have measures on at least four outcomes of care for relevant conditions or procedures that pertains to care by at least 50% of the providers in the community available publicly on an easily accessible, promoted free web based or similar information resource.	Green	
	Yellow	
	Red	
Intermediate indicator 21: By June 2013, Alliances will have resource use, charge, price, cost or efficiency information on selected conditions or procedures that pertains to care by at least 50 percent of the providers in the community available publicly on a promoted, easily accessible free web based or similar information resource.	Green	
	Yellow	
	Red	

Aligning Forces for Quality | Robert Wood Johnson Foundation

8. Payment Reform/Infrastructure

Q/E INDICATOR	STATUS	
Intermediate indicator 23: By June 2013, Alliances will have implemented a payment experiment that focuses on both cost and quality of the relevant condition or procedure, or set of conditions or procedures, and makes up at least 10% of the market share for the selected conditions or procedures.	Green	
	Yellow	
	Red	
Long term indicator 33: By July 2015, Alliances will have reduced the average cost of care for at least one of their selected conditions or procedures, while maintaining or improving quality of care.		

Aligning Forces for Quality | Robert Wood Johnson Foundation

TYPE OF REPORT	REPORT PERIOD	DUE DATE	RECIPIENT
Program Trimester Report 1	Jan-April, 2011	May 15, 2011	GWU NPO
Final Narrative Report for 2.0	Complete 2.0 Time Period	May 25, 2011	GWU NPO
Final Financial Report for 2.0	Nov 1, 2010 to Apr 30, 2011	May 20, 2011	GWU NPO
Program Trimester Report 2	May-Aug, 2011	Sept 15, 2011	GWU NPO
Financial Report	May-Oct 2011	Nov 20, 2011	GWU NPO
Program Trimester Report 3	Sept-Dec, 2011	Jan 15, 2012	GWU NPO
Program Trimester Report 1	Jan-April, 2012	May 15, 2012	GWU NPO
Financial Report	Nov, 2011 to April 2012	May 20, 2012	GWU NPO
Program Trimester Report 2	May-Aug, 2012	Sept 15, 2012	GWU NPO
Financial Report	May-Oct 2012	Nov 20, 2012	GWU NPO
Program Trimester Report 3	Sept-Dec, 2012	Jan 15, 2013	GWU NPO
Program Trimester Report 1	Jan-April, 2013	May 15, 2013	GWU NPO
Final Narrative Report for 3.0	Complete 3.0 Time Period	May 25, 2013	GWU NPO
Final Financial Report for 3.0	Nov 1, 2012 to Apr 30, 2013	May 20, 2013	GWU NPO

Aligning Forces for Quality | Robert Wood Johnson Foundation

[Alliance Name]
Tri-Annual Performance Report
May – August 2013

This Tri-Annual Report consists of 6 components:

IV.   Quality and Cost Goals Self-Assessment
    A. Status of Goals
    B. Major Activities and Interventions

V.   Sustainability

VI.   Alliance self-assessed progress towards Quality/Equality (Q/E) Indicators

VII. QI Key Drivers

VIII. Bright Spots

IX.   For Reference:
    A. Quality/Equality (Q/E) Indicator Descriptions
    B. QE Indicators Self-Assessment Criteria
    C. QI Key Drivers Diagram
    D. Indicator #32 FAQs
    E. Reporting Timeline

Aligning Forces for Quality | Robert Wood Johnson Foundation

IA. QUALITY AND COST GOALS – STATUS OF GOALS

Please provide the most recent measurement for each quality and cost goal and the time period the data represents. Baseline and follow-up measurements for cost goals must use dollar amounts. Any challenges with baseline and/or follow-up measurements should be described under major activities and interventions in the next section IB.

3.0 GOALS	ASSOCIATED ACTIVITY/ INTERVENTION	QUALITY OR COST	DATA SOURCE	BASELINE DATA & TIME PERIOD	IMPROVEMENT TARGET	MOST RECENT DATA & TIME PERIOD

Please provide the most recent measurement for each quality and cost goal and the time period the data represents. Baseline and follow-up measurements for cost goals must use dollar amounts. Any challenges with baseline and/or follow-up measurements should be described under major activities and interventions in the next section IB.

4.0 GOALS	ASSOCIATED ACTIVITY/ INTERVENTION	QUALITY OR COST	DATA SOURCE	BASELINE DATA & TIME PERIOD	IMPROVEMENT TARGET	MOST RECENT DATA & TIME PERIOD

Aligning Forces for Quality | Robert Wood Johnson Foundation

IB. QUALITY AND COST GOALS - MAJOR ACTIVITIES AND INTERVENTIONS

The activities and interventions listed below are aligned with your 3.0 and 4.0 **quality and cost goals**. For each activity or intervention listed, provide an update of your Alliance's progress **in the last 4 months**. You may not have new information to report for all activities or interventions. You do NOT need to report past efforts.

Please describe major activities, progress and challenges in the last 4 months (leave blank if no activity in last 4 months) related to each activity or intervention listed below. Your response should describe major activities (e.g. employer engagement, consumer engagement, payment reform, etc.) and if there any new developments that will impact your ability to reach the quality and cost goal(s) associated with the activity or intervention.

Note: if activity or intervention falls under both 3.0 and 4.0 goals, only report under 3.0.

3.0 GOALS	ASSOCIATED ACTIVITY/ INTERVENTION	UPDATE ON MAJOR ACTIVITIES, PROGRESS AND CHALLENGES IN THE LAST 4 MONTHS:

Please describe major activities, progress and challenges in the last 4 months (leave blank if no activity in last 4 months) related to each activity or intervention listed below. Your response should describe major activities (e.g. employer engagement, consumer engagement, payment reform, etc.) and if there any new developments that will impact your ability to reach the quality and cost goal(s) associated with the activity or intervention.

Note: if activity or intervention falls under both 3.0 and 4.0 goals, only report under 3.0.

4.0 GOALS	ASSOCIATED ACTIVITY/ INTERVENTION	UPDATE ON MAJOR ACTIVITIES, PROGRESS AND CHALLENGES IN THE LAST 4 MONTHS:

Use the table below to share any other measures not part of your 3.0 or 4.0 quality or cost goals, but which demonstrate (or expect to demonstrate) measurable improvement in quality and/or cost.

MEASURE	BRIEFLY DESCRIBE THE ACTIVITY OR INTERVENTION AND THE ALLIANCE'S ROLE	IMPROVEMENT

Aligning Forces for Quality | Robert Wood Johnson Foundation

II. SUSTAINABILITY

1. List the primary products/services/expertise that are central to your plan for sustainability and, for each item, list your primary customers/market.

2. For each item under #1, describe your progress in the last four months and any current challenges.

3. Please describe any additional key activities (e.g., employer engagement efforts, payment reform initiatives) not related to your quality and cost goals but which represent building blocks for sustainability.

III. ALLIANCE QE INDICATOR SELF-ASSESSMENT

For each reporting period, Alliances should provide a self-assessment of progress in meeting the short-term, intermediate, and long-term Q/E Indicators. Criteria for assessing progress in meeting the Q/E Indicators have been provided (Page **Error! Bookmark not defined.**) by the national program office.

Q/E INDICATOR SELF-ASSESSMENT

1. Patient Experience

Q/E INDICATOR	STATUS	X
Intermediate indicator 22: By July 2013, Alliances will have ambulatory patient experience information based on NQF-endorsed metrics for at least 50% of the primary care providers in their market available publicly on a promoted, easily accessible free web based or similar information resource.	Green	
	Yellow	
	Red	
Intermediate indicator 24: By July 2013, 50% of the hospitals in Alliances will demonstrate improvement in the NQF-endorsed patient experience domain which was chosen with input from consumers. *(NOTE: Baseline is HCAHPS 2011—this is the data set current at the time Alliance chose domain(s) to improve)*	Green*	
	Yellow*	
	Red	

*If you self-assess GREEN or YELLOW for indicator 24, please provide the following information:
    1. What NQF-Endorsed metric or other nationally recognized measures were used to measure improvement?
    2. What was the aggregate percentage of improvement?
    3. What percent of hospitals have demonstrated improvement in selected domain? ____%
    4. For what time period does your data represent (e.g. 1/1/2012 – 12/31/2012)?		

Long term indicator 15: By April 2015, 50% of the primary care providers in communities will demonstrate an improvement in one NQF-endorsed ambulatory patient experience domain which was chosen with consumer input.	Green*	
	Yellow*	
	Red*	
* If you self-assess RED for indicator 15, please indicate the reason: ___ < 25% of primary care providers demonstrate improvement in selected domain. ___ Cannot measure improvement because only one data point is available. 1. Briefly describe your challenges and anticipated progress:		

*If you self-assess GREEN or YELLOW for indicator 15, please provide the following information:
    2. What NQF-Endorsed metric or other nationally recognized measures were used to measure improvement?
    3. What was percentage of improvement?
    4. What percentage of primary care providers have demonstrated improvement in selected domain? ____%
    5. For what time period does your data represent (e.g. 1/1/2012 – 12/31/2012)?		

Aligning Forces for Quality | Robert Wood Johnson Foundation

2. Care in Multiple Settings

Q/E INDICATOR	STATUS	X
Intermediate indicator 25: By August 2013, Alliances will demonstrate improvement in transitions and care-coordination for at least one of their selected conditions across at least two of their selected areas of care.	Green*	
	Yellow*	
	Red	
*If you self-assess GREEN or YELLOW for indicator 25, please provide the following information: 1. Selected conditions: 2. Two selected areas of care: 3. Performance measure used for measuring success: 4. Data source: 5. Frequency of data availability: 6. Percentage improvement:		
Intermediate indicator 35: By September 2013, communities will have achieved at least one of their quality goals.* *Applies to the 3.0 funding cycle	Green	
	Yellow	
	Red	
Long Term Indicator 43: By April 2015, communities will have achieved at least three of their quality goals from the 4.0 funding cycle.	Green	
	Yellow	
	Red	

3. Hospital Care

Q/E INDICATOR	STATUS	X
Intermediate indicator 38: By September 2013, communities will meet their goal for decreasing 30-day hospital readmissions. (NOTE: Alliances that did not choose readmissions for either a quality or cost goal in the 3.0 funding cycle, are not eligible to meet this indicator.)	Green*	
	Red	
	N/A	
*If you self-assess Green for indicator 38, please provide the following information: 1. Population of hospitals that is included in the denominator: 2. Data source: 3. Frequency of data availability: 4. Baseline readmission rate: 5. For what time frame was baseline measured? 6. Improved Readmission Rate: 7. For what time period was improvement measured?		

4. Ambulatory Care

Q/E INDICATOR			STATUS	X
Long term indicator 26: By July 2014, 50% of the primary care providers in Alliances will demonstrate improvement in performance on a total of five publicly reported quality measures or associated composite measures in at least two disease areas.			Green*	
			Yellow*	
			Red*	

* If you self-assess RED for indicator 15, please indicate the reason:
__ Public report includes only one disease area.
__ Quality measures have only been publicly reported once and improvement cannot be determined.
__ No improvement identified.
__ Public report does not represent at least 25% of the primary care providers in the region.

    1. Briefly describe your challenges and anticipated progress:

* If you self-assess YELLOW or GREEN, please provide the following information:

Measure	Disease area measure pertains to:	% of primary care providers that demonstrated improvement:	Baseline:	Percentage improvement:
1.				
2.				
3.				
4.				
5.				

Long term indicator 32: By April 2015, Alliances will have a sustainable model of ongoing improvement for primary care practices. *Note: Alliances are required to submit the Indicator #32 report; however, self-assessment for this indicator will occur during the next Tri-Annual report due January 15, 2014.*	

Aligning Forces for Quality | Robert Wood Johnson Foundation

5. Equity

Q/E INDICATOR	STATUS	X
Intermediate indicator 18: By April 2013, Alliances will have stratified their publicly available ambulatory performance measures by race, ethnicity or language, covering at least 25 percent of primary care physicians in each applicable community.	Green*	
	Yellow*	
	Red	
* If you self-assess RED, do you anticipate being able to stratify ambulatory performance measures by R/E/L in the next four months? If yes, please identify the data source you are pursuing. ___ No ___ Yes ➜ Data source:		

* If you self-assess YELLOW or GREEN for indicator 18, please provide the following information:
     1. List the ambulatory performance measures that have been stratified by race, ethnicity, or language:
     2. What percentage of primary care physicians do the stratified measures cover?		

Intermediate indicator 19: By April 2013, Alliances will have stratified their publicly available hospital performance measures by race, ethnicity or language, covering at least 25 percent of hospital discharges in each applicable community.	Green*	
	Yellow*	
	Red*	
* If you self-assess RED, do you anticipate being able to stratify hospital performance measures by R/E/L in the next four months? If yes, please identify the data source you are pursuing. ___ No ___ Yes ➜ Data source:		

* If you self-assess YELLOW or GREEN for indicator 19, please provide the following information:
     1. List the publically available hospital performance measures have been stratified by race, ethnicity, or language:
     2. What percentage of hospital discharges do the stratified measures cover?		

Long term indicator 28: By April 2015, Alliances will show improvement in identified disparities, as demonstrated by improvements in performance on publicly reported quality measures, associated composite measures, or quality and cost goals.	Green*	
	Yellow*	
	Red*	
	N/A*	
* If you self-assess RED for indicator 28, please provide the following information: ___ Disparity has been identified, but no strategies or interventions have been implemented. 1. Describe the disparity identified, including performance measure, numerator and denominator, and magnitude of disparity (e.g. Hispanics +5% compared to non-Hispanics). ___ Have not analyzed stratified performance measures to determine if disparities are present.		

Aligning Forces for Quality | Robert Wood Johnson Foundation

* If you self-assess YELLOW for indicator 28, please provide the following information:
    1. In what performance measure(s) or quality/cost goal did you identify a disparity?
    2. Please describe the disparity you identified and any related improvement strategies or interventions you have implemented.

* If you self-assess GREEN for indicator 28, please provide the following information:
    1. In what performance measure(s) or quality/cost goal did you identify a disparity?
    2. Please describe the disparity you identified and any related improvement strategies or interventions you have implemented.
    3. How has the identified disparity been improved? Include baseline rate, percentage improved, and population being measured.

* If you self-assess NOT APPLICABLE for indicator 28 (e.g., data was stratified but no disparity was identified), please provide the following information:
    4. What performance measure or quality/cost goal did you stratify by R/E/L/S?
    5. Please describe the findings from your stratification efforts.

6. Consumer Engagement

Q/E INDICATOR	STATUS	
Long term indicator 29: By April 2015, 25 percent more consumers in Alliances will use health or comparative quality information in making health care decisions, compared to baseline. *Note: Assessment will be made based on the results of the Evaluation Team consumer survey*		
1. For long term indicator 29, please describe your efforts over the last 4 months to engage consumers to use health or comparative quality information in making health care decisions:		

7. Cost/Efficiency

Q/E INDICATOR	STATUS	X
Intermediate indicator 20: By June 2013, Alliances will have measures on at least four outcomes of care for selected conditions or procedures that pertain to care by at least 50% of the providers in the community available publicly on an easily accessible, promoted free web based or similar information resource. *Note: "selected conditions" are from your 3.0 proposal)*	Green*	
	Yellow*	
	Red*	

* If you self-assess RED or YELLOW for indicator 20, please provide the following information:
   1. How many outcome measures have you publically reported to date?
   2. In the next four months, do you anticipate that <u>any</u> outcomes of care measures for selected conditions or procedures will be made publically available by the Alliance?
      __ No
      __ Yes ➜ If yes:
      a. What measures do you anticipate becoming publically available?
      b. Will these new measures pertain to at least 50% of the providers in the community?

* If you self-assess GREEN for indicator 20, please provide the following information:
   1. In the <u>past</u> four months, were any new outcomes of care measures for selected conditions or procedures made publically available by the Alliance?
      __ No
      __ Yes ➜ If yes:
      a. Please list the new measure(s) made publically available

Q/E INDICATOR	STATUS	X
Intermediate indicator 21: By June 2013, Alliances will have resource use, charge, price, cost, or efficiency information on at least three selected conditions or procedures that pertain to care by at least 50 percent of the providers in the community available publicly on a promoted, easily accessible free web based or similar information resource. *(Note: "selected conditions" are from your 3.0 proposal)*	Green*	
	Yellow*	
	Red*	

* If you self-assess RED or YELLOW for indicator 21, please provide the following information:
   1. How many conditions or procedures do you have resource use, charge, price, cost or efficiency information publically reported to date?
   2. In the <u>next</u> four months, do you anticipate that new resource use, charge, price, cost or efficiency information for selected conditions or procedures will be made publically available by the Alliance?
      __ No
      __ Yes ➜ If yes:
      a. What new information do you anticipate will be made publically available?
      b. Will this new information pertain to at least 50% of the providers in the community?

Intermediate indicator 41: By September 2013, communities will have achieved at least one of their cost goals.* *Applies to the 3.0 funding cycle*	Green	
	Yellow	
	Red	
Long Term Indicator 44: By April 2015, communities will have achieved at least two of their cost goals from the 4.0 funding cycle.	Green	
	Yellow	
	Red	

8. Payment Reform/Infrastructure

Q/E INDICATOR	STATUS	X
Intermediate indicator 23: By June 2013, Alliances will have implemented a payment experiment that focuses on both cost and quality of the relevant condition or procedure, or set of conditions or procedures, and makes up at least 10% of the market share for the selected conditions or procedures.	Green	
	Yellow	
	Red	

IV. QI KEY DRIVERS

During Phase 4, each Alliance is required to address the key drivers of quality improvement (QI) that will help it achieve its 4.0 quality and cost goals. Key drivers include: (1) partnerships that promote health care quality; (2) active participation in an organized QI effort; and (3) attractive motivators and incentives for QI work in place.

The purpose of the *Indicator #32 Report* is to map the major QI activities being implemented in your region to the key drivers that support specific 4.0 quality and cost goals. The goal is to provide a snapshot of how your community made operational the key drivers around specific 4.0 quality and cost goals.

Please complete the report in order to provide the information needed to fill out the self-assessment. After the initial baseline, the report only needs to be updated to reflect a change in the self-assessment. For your reference, the Quality Improvement Key Drivers diagram is provided on page **[x]**.

INDICATOR #32 REPORT

Long Term Indicator #32: By April 2015, Alliances will have a sustainable model of ongoing improvement for primary care providers.

Instructions

Please complete the below assessment and respond to the below items as they relate to your pre-selected QI activity and 4.0 quality and/or cost goals. *The Quality Improvement Key Drivers: Essential Components of a Sustainable Model of Ongoing Improvement* diagram can be used as a reference. The assessment/questions were developed from the activities listed in that diagram. Indicate your status by putting an "X" in the appropriate box based on whether you self-assessed red, yellow or green. The information that is captured in the report should provide the justification as to why the Alliance self-reported red, yellow or green.

Major QI activity to support your 4.0 quality and/or cost goal(s):

   1. To be determined

Applicable 4.0 quality and cost goal(s):

   1. To be determined

LAST UPDATED: _____

1. Partnerships that promote health care quality (including practices, plans, employers, consumers and other stakeholders)		
Partnerships that promote health care quality	**Red** • The QI activity is guided by a coalition of relevant stakeholders (e.g., planning group, leadership team) that includes all necessary partners, but coalition members are not responsible for developing goals for and are not dedicating resources to the QI activity.	**Red** Click here to enter text.
	Yellow (must meet both criteria) • The coalition of stakeholders has a clear understanding of their role in the QI activities (i.e., each member could articulate its role). • The coalition of stakeholders is responsible for developing the goals and measures for the QI activity.	**Yellow** Click here to enter text.
	Green • The relevant coalition members (i.e., members essential to the success of this QI activity) have dedicated resources of some kind (beyond participation in meetings e.g., data, funding, in-kind support) in order to successfully implement the QI activity.	**Green** Click here to enter text.
	Using the above criteria, please document why you self-assessed red, yellow or green: Click here to enter text.	

Aligning Forces for Quality | Robert Wood Johnson Foundation

Accountable Leadership Focused on Health Outcomes	**Red** • Stakeholder representatives participate in coalition meetings, but are not empowered to make decisions for their organizations or align their organizations' goals with the QI activity.	**Red** Click here to enter text.
	Yellow • Stakeholder representatives that participate in coalition meetings are empowered to make decisions for their organizations, but organizations' goals are not aligned with the QI activity.	**Yellow** Click here to enter text.
	Green • The other organizations in the coalition have adopted similar or the same goals as the QI activity.	**Green** Click here to enter text.
	Using the above criteria, please document why you self-assessed red, yellow or green: Click here to enter text.	
Practice Engagement	What percentage of the practices participating in the QI activity(s) are engaged in **all three** of the following activities: 1. Have a clear QI team leader 2. Actively test interventions 3. Collect and report data Please describe and include total number of practices: Click here to enter text.	**Red** = 0 – 25 % Click here to enter text. **Yellow** = 26 - 75 % Click here to enter text. **Green** = 76 - 100 % Click here to enter text.
Consumer Engagement	**Red** • There is no consumer representative on the coalition directing the QI activity, but one is being actively recruited to serve on the coalition for the QI activity.	**Red** Click here to enter text.
	Yellow • There is a consumer representative on the coalition directing the QI activity.	**Yellow** Click here to enter text.
	Green • There is a consumer engaged in the development and implementation of the QI activity.	**Green** Click here to enter text.
	Using the above criteria, please document why you self-assessed red, yellow or green. Please include any self-management programs and/or shared decision-making resources that support the achievement of the QI activity goals specific to this report. Click here to enter text.	

Aligning Forces for Quality | Robert Wood Johnson Foundation

2. Active participation in an organized QI effort

Measure performance and share data	**Red** • There is an established data collection process (e.g., identified performance measures, defined numerators and denominators), but practices have not submitted clinical data.	**Red** Click here to enter text.
	Yellow • There is an established data collection process and practices have submitted standardized data, but data have not been analyzed and/or shared with others.	**Yellow** Click here to enter text.
	Green • There is an established data collection process, standardized data is being collected, analyzed and reported back to practices (and/or QI activity implementers) on an ongoing basis to track improvement (i.e., data are timely and actionable).	**Green** Click here to enter text.
	Using the above criteria, please document why you self-assessed red, yellow or green. Please include the data collection process, list the goals and measures that will define success and any improvement trends, if applicable. Click here to enter text.	
Active participation in an organized quality improvement effort	**Red** • The practices are regularly meeting the data reporting requirements for the QI activity(s), but data are not timely and the practices are not regularly using structured and formal improvement methodologies (e.g. PDSA) to test interventions.	**Red** Click here to enter text.
	Yellow • Data being submitted are timely enough to be actionable for driving improvement in the practices but the practices are not regularly using structured and formal improvement methodologies (e.g., PDSA) to test interventions.	**Yellow** Click here to enter text.
	Green • The practices are using structured and formal improvement methodologies (e.g., PDSA) to test interventions.	**Green** Click here to enter text.
	Using the above criteria, please document why you self-assessed red, yellow or green. Please describe how often and the method through which the practices engage in cross-practice learning and sharing of best practices and whether the practices are using evidence-based guidelines to guide their quality improvement activities. Click here to enter text.	

Aligning Forces for Quality | Robert Wood Johnson Foundation

3. Attractive motivators and incentives for QI work (including funding and payment incentives)			
Attractive motivators and incentives	**Red** • Payment reform model has not been developed for the QI activity.	**Red**	
		Click here to enter text.	
	Yellow • Payment reform model is being developed and commercial or public payers are engaged in the design process.	**Yellow**	
		Click here to enter text.	
	Green • Payment reform model is in place and linked to the QI activity.	**Green**	
		Click here to enter text.	
	Using the above criteria, please document why you self-assessed red, yellow or green. Please describe any financial or non-financial incentives in place to support the QI activity (e.g., maintenance of certification, CME). Click here to enter text.		
Spread and sustain	*Please note – In order to assess this driver, the QI activity(s) must have demonstrated measureable improvement.* **Red** • There is no formal spread and sustainability strategy.	**Red**	
		Click here to enter text.	
	Yellow • A formal spread and sustainability strategy has been developed but not yet documented **and** approved by the QI activity stakeholders.	**Yellow**	
		Click here to enter text.	
	Green • A formal spread and sustainability strategy has been documented **and** approved by the QI activity stakeholders. Please attach the document.	**Green**	
		Click here to enter text.	
	Using the above criteria, please document why you self-assessed red, yellow or green: Click here to enter text.		

REPORTING TIME TABLE FOR REPORTING JANUARY 2011- APRIL 2013

TYPE OF REPORT	REPORT PERIOD	DUE DATE	RECIPIENT
4.0 Tri-Annual Report 1	May-Aug, 2013	Sept 16, 2013	GWU NPO
4.0 Tri-Annual Report 2	Sept-Dec, 2013	Jan 15, 2014	GWU NPO
4.0 Tri-Annual Report 3	Jan-April, 2014	May 15, 2014	GWU NPO
4.0 Tri-Annual Report 4	May-Aug, 2014	Sept 15, 2014	GWU NPO
4.0 Tri-Annual Report 5	Sept-Dec, 2014	Jan 15, 2015	GWU NPO
4.0 Tri-Annual Report 6	Jan-April, 2015	May 15, 2015	GWU NPO
Final Narrative and Financial Report for 4.0	Complete 4.0 Time Period	May 31, 2015	GWU NPO

Aligning Forces for Quality | Robert Wood Johnson Foundation

GOAL	GOAL TYPE	CONDITION(S)	DATA SOURCE	DATA SOURCE TYPE	DATA UPDATED	MEASURE TYPE	POPULATION BEING MEASURED
List of goals as submitted by the Alliance	• Process • Outcome • Composite	Medical conditions for which the goals are addressing	Indicates specific data source. For example, the Boston Behavioral Risk Factor Surveillance System.	• Direct • Hospital Compare • Claims • Hospital Association • NPO (HQN • QIO • STAAR • None	Indicates how frequently alliances update data for individual goals (i.e., annually, quarterly, monthly, etc.)	Use standardized wording	A description of the number of patients or provider settings (eg. hospitals/clinics) that comprise the denominator for goal measurement.

ROLE OF ALLIANCE	GOAL STATUS	BASE VALUE	TARGET VALUE	PERFORMANCE ISSUES	DATA ISSUES
The role an Alliance played in their community to support progress toward meeting goals. Use the Alliance identified role for each goal. • Convener • Doer • Partner	• Met • Improve. • Not Improved • No data • Baseline only • Dropped	Performance on goal measure, prior to intervention period.	The amount that the goal is aiming to improve. (Ex: rate, percentage, dollar amount)	Indicates any challenges Alliances may face in implementing measures - this may offer insight as to why an Alliance is having trouble achieving their target on a particular goal	Indicates any issues Alliances face in obtaining/sharing data - this may offer insight as to why an Alliance is having trouble achieving their target on a particular goal