From the President & CEO...

Accomplishments and opportunities: taking stock & looking ahead

Last January, the WCHQ board approved a strategic framework that identified major goals and measurable objectives for our organization. This framework represented a culmination of a highly participatory and deliberative process that gave thoughtful consideration to identifying the priority activities that would bring the greatest value to our members.

With the strategic framework as our guidepost, 2011 proved to be an important year for WCHQ – one that featured significant accomplishments as well as opportunities. I’d like to take a moment to reflect on a productive year and also look forward to 2012 as we continue to strengthen the value proposition to our members.

Reshaping the team

Once the strategic framework was in place, we found it necessary to restructure our organization in order to have the necessary skill sets and experience on hand to accomplish our objectives. This required some difficult decisions, resulting in several changes to the WCHQ staff. We created a new project management position to help us meet the goals of the “Aligning Forces for Quality” (AF4Q) project, and welcomed Julie Johnson to our staff as Project Manager (see WCHQ adds Project Manager). We promoted Matt Gigot into a role as a clinical data analyst to strengthen our interpretative capabilities while providing additional “bench strength” in using the repository-based data collection tool (referred to as “RBS”) to enhance the performance measurement process. And, we consolidated all administrative and operations support functions into an expanded Executive Operations Coordinator position that is now filled by Meghan Meeker. These changes have significantly strengthened the focus, energy, and sense of teamwork among our staff.

Notable achievements

In the measurement area, we’ve continued to introduce several new measures this year, such as nephrology measures, and make significant progress on a very high profile item in our strategic framework – introducing a value metric (diabetes) that combines clinical quality and episode-based resource use data. Although we’ve made the decision to give our members time to work with and understand the metric before we begin to publicly report it, we met our goal to complete the value metric project by the end of the year.

We received approval to continue our participation in the “AF4Q” project for another two-year period. The new grant award provides us with funding to support initiatives related to measuring and reporting patient experience, improving the provision of cancer screening, and further expanding the “Wisconsin Health Reports” web site.

We also undertook an extensive process to restructure our membership dues model (also a component of our strategic framework) to a member assessment model. As a result, we are moving into 2012 with what we think is a more equitable distribution of the support for the core operations that serve our
The membership voice
Although we rely on our board as being broadly representative of our membership, we understand the importance of staying close to our members (read customers) and responding to their needs. This year we made the decision to meet with every one of our membership organizations’ management teams. The purpose of these site visits was twofold – to proactively communicate our strategic framework and to listen to gain valuable feedback: What do we do well? Where can we improve? How well does this mix of goals and projects relate to your organizational concerns?

We found our visits to be quite instructive. What we heard helped to confirm that an abundance of goodwill, respect and support for WCHQ exists among our members as well as a palpable pride in what we have accomplished together. At the same time, we received a very clear signal that our member organizations are under increasing demands as a result of healthcare reform, market changes and dynamics and other organizational priorities. As we suspected, this makes it even more important for us to focus our efforts as closely as possible on the areas that are of greatest interest to our membership. Subsequently, we know we have more work to do in fine tuning our projects and priorities.

Common themes heard – looking ahead
- Limited human capital – One of the key ingredients of our success is our ability to tap into the human capital of our members to form work groups that perform our core functions. However, we are hearing that staff time directed toward performance measurement is becoming much more limited as organizational priorities shift to meet federally mandated reporting requirements. This means we will need to begin to align our measurement work – to the greatest degree possible – to national standards and initiatives.
- Hospital value proposition – Over time, WCHQ has placed greater emphasis on measuring, reporting and improving ambulatory performance. As a result, there is less clarity as to the value that we bring to those members who operate hospitals. We have asked the Hospital Workgroup to assist us in identifying options for addressing this gap for consideration by the WCHQ Board.
- Growing interest in solution-focused learning events – Although members tell us they appreciate the relevant topics and interesting agendas featured at recent Assembly Meetings, they report the meetings are not as focused as they would like on helping their organizations improve. As we see reimbursement changes moving organizations in the direction of paying for actual results, there will be a critical need to improve care. We need to think about the best way to help members understand how to improve care through collaborative learning that responds to the environmental changes we are experiencing.
- Need for new areas of measurement – There is an expressed interest in new areas of measurement that are on the horizon because of regulatory requirements or those that represent the next frontier. Examples include patient experience measures and cost and affordability (variations in resource use). We will want to look at how we might incorporate these areas into our measurement and reporting activities and continue our work with the WHIO data to analyze the issue of affordability.

This year has indeed been one of progress for our organization and we are grateful for the continued support and hard work on the part of our membership, partners and staff. We look forward to meeting the many challenges that face us as we strengthen the value we bring to our members and the community.
The Analyst’s Perspective

Measuring cost and quality in Wisconsin – the diabetes value metric

Earlier this year WCHQ updated its strategic framework to better reflect both the growth of WCHQ as an organization and the rapidly changing healthcare landscape in which it operates. One of the primary goals of the newly revised strategic framework is to increase the value of healthcare for the people of Wisconsin. Healthcare value is a concept that has been getting additional attention on the state and national level, due in large part to continuously rising healthcare costs.

In general, healthcare value is accepted to be a measure of determining if patients are getting high quality care at the lowest possible cost. While increasing the value of healthcare for the people of Wisconsin is the ultimate goal, the first step for WCHQ is determining how to measure value in a manner that is both reflective of what is actually occurring in the healthcare setting and can be understood and interpreted by providers, payers, purchasers and patients.

Up until this point in time WCHQ is best known for measuring the quality of healthcare being delivered by its member organizations, yet determining the cost-effectiveness and value of healthcare has actually been a WCHQ priority for several years. Beginning with the Hospital Quality and Charges quadrants several years ago (http://www.wchq.org/reporting/measures.php?category_id=5), and continuing with the diabetes value metric pilot in 2009 (http://www.wchq.org/measures/initiatives/diabetes_vmp.php), WCHQ has made significant efforts to determine the best way to marry quality and cost data together in a meaningful way.

WCHQ is about to make yet another step toward measuring and reporting healthcare value when later this month WCHQ begins to internally report a diabetes value metric. The diabetes value metric will compare episodic diabetes cost information collected by Wisconsin Health Information Organization (WHIO) with WCHQ diabetes quality metrics. It will be displayed in the form of a quadrant graph with a measure of cost on one axis and a measure of quality on the other. The diabetes value metric is the result of many months of hard work, and is the product of a workgroup that included representatives from WCHQ member organizations, WHIO, the Wisconsin Medical Society and the payer community. This workgroup was tasked with addressing many of the issues the creation of a value metric faces, including the problems created by comparing populations that are being measured using two different data sources.

The creation of the current diabetes value metric is neither the beginning nor the end of the process that began several years ago to measure the value of healthcare in Wisconsin. While the quadrant graph is the form in which the diabetes value metric will currently be displayed, WCHQ and its members must determine the best way to display the data that is acceptable to all audiences. WCHQ must also assess whether or not the data found in the diabetes value metric is actionable, and if not,
what data can be used to best drive improved quality and lower cost healthcare in Wisconsin. And finally, once these and other issues are addressed, the diabetes value metric can then be publicly reported on the WCHQ web site and applied as a template to other disease conditions to help improve healthcare value across many different types of disease areas. The creation and internal reporting of the diabetes value metric is an important step for WCHQ as it strives to better understand healthcare value measurement and move the state toward higher value healthcare.
New to the board – Jeanan Yasiri

Meet Jeanan Yasiri, a new addition to the WCHQ board of directors. A board member since May 2011, Jeanan has an extensive background in education, healthcare and broadcast journalism. Jeanan is currently the executive director of the University of Wisconsin-Madison Center for Nonprofits. She is also a principal with the consulting firm of Jeanan Yasiri Solutions, LLC, which provides consultative services to healthcare, education and community interests.

In her current role with the Center for Nonprofits, Jeanan serves as the administrative lead, overseeing education, research and professional outreach opportunities. This includes engaging interdisciplinary faculty affiliates across campus, developing program content and engaging new donors and community partners for research opportunities. She also teaches the interdisciplinary course “Entrepreneurship in Society” which is broadcast weekly on Wisconsin Public Television’s University Channel.

Nonprofit studies is an emerging field with nonprofits continuing to grow in number and influence around the world. Jeanan spearheaded the development of the Center beginning in 2006, in recognition of the fact that Wisconsin alone has over 31,000 nonprofit organizations. The Center has three principle foci including:

- **Education** – The Center developed and now oversees a new interdisciplinary undergraduate degree program in Community and Nonprofit Leadership which presently enrolls over 100 students.
- **Research** – The Center’s research is currently focused on two community healthcare delivery topics. They are working with the Wisconsin Primary Health Care Association in creating a business incubator that will assist communities in developing grants for federal funds to create or expand community health centers. They are also studying the initial decline, and then subsequent spike, in the infant mortality rate for African Americans in Dane County from 2000-2009.
- **Outreach** – The Center has produced approximately 35 professional development programs for nonprofit practitioners and their professional volunteers. The programs are generally conducted in-person and are also made available on the Centers website: University of Wisconsin Center for Nonprofits.

Jeanan’s interest in serving on the board was spurred by her career-long commitment to consumer advocacy. “When I was working in the field of healthcare, that commitment to consumer advocacy translated into developing initiatives that advance patient-centered care. From my vantage point, WCHQ was established with not only the objective of collecting and publicly reporting data and improving systems of care, but also helping engage patients in making informed decisions about their care. Whatever I can do as a board member to advance patient empowerment, will be time well spent,” Jeanan stated.

“Jeanan is a passionate and articulate advocate for patient-centered care, with substantial experience in helping to champion this perspective from her leadership positions at Dean Health Systems,” said
Chris Queram, president and CEO of WCHQ. “Apart from helping to bring the ‘voice of the patient’ to the board, Jeanan is an accomplished executive with a diverse set of experiences in healthcare, media and academia,” added Queram.

Prior to joining the Center for Nonprofits and after a decade-long career as a broadcast journalist, Jeanan served as vice president for service innovation with Dean Health System. At Dean she developed programs focused on advancing patient advocacy and community health initiatives specifically serving medically underserved and vulnerable populations. Included in her work was development of the nationally award winning “Dean Advocacy and Community Service” division which promoted access to economically at-risk and linguistically challenged patients.

“Much has happened in the course of the last decade to promote concepts regarding patient-centered care around the nation. Even so, having local collaborative efforts committed to helping patients, providers and payers partner on progressive objectives remains key. We can’t all participate regularly in national discussions. We can, however, each participate in our communities determining what patient-centered care should look like and work together to be the best in class,” concluded Jeanan.

Jeanan can be reach at 608-335-2980 or at yasiri@wisc.edu.
WCHQ adds project manager

Take a Wisconsin native, mix in extensive experience in data analytics, project management and quality and process improvement with several healthcare organizations and what do you get? Julie Johnson, project manager, and WCHQ’s newest staff member.

Julie, who began her new position on September 12, 2011, comes to WCHQ most recently from Wellstar Health System in suburban Atlanta, where she served in several positions related to data analysis and quality improvement training and instruction. A native of La Crosse, Julie earned a Bachelor’s Degree in Community Health Education from the University of Wisconsin – La Crosse and has a Master’s Degree in Health Administration from the University of Phoenix.

As Julie begins her tenure with WCHQ, she views her new role as that of a facilitator. “The Collaborative is a place with all this energy, synergy and a willingness to help each other out,” stated Julie. “I hope I can help facilitate the sharing of ideas and practices among members to help us achieve our improvement goals,” she continued.

Initially, Julie has begun work on several WCHQ initiatives, including facilitating the work of the Patient Experience Workgroup and the project team charged with improving colorectal screening rates. The Patient Experience Workgroup is presently focused on results of the CG-CAHPS surveys assessing patients' experiences with healthcare providers and staff in physicians' offices. The workgroup has initially concentrated on sharing information and best practices related to physician coaching as a vehicle to improve CG-CAHPS survey scores.

The project team is focusing on colorectal screening rates in recognition of the fact that less than half of WCHQ member organizations are achieving the target of 70 percent of their population receiving a colorectal cancer screening. Julie’s work with this project team is focused on identifying the obstacles to achieving the target rate and sharing information related to improved workflow and processes.

In keeping with WCHQ’s participation in the Robert Wood Johnson Foundation’s Aligning Forces for Quality initiative, Julie’s work will also concentrate on reducing racial and ethnic disparities within the measures noted above. She has also just begun looking at racial and ethnic disparities related to diabetes care.

When asked what she wants to convey to the WCHQ membership, Julie stated, “I want to make a difference in the quality and experience of care people in Wisconsin receive by building relationships, creating partnerships and aligning organizations. WCHQ member organizations have tremendous passion, knowledge and experience which should be tapped into and shared because everyone is at different stages within the same journey. I hope I can help facilitate that knowledge and passion to solidify WCHQ’s reputation as a national leader in improving healthcare quality.”

You can contact Julie at 608-826-6841 or at jjohnson@wchq.org.