13-Point Checklist for Presenting Benchmarking Data

Imagine walking into a meeting with your colleagues, family or friends and being presented with a list of statistics about yourself compared to everyone else in the room. And then imagine that you are told that you need to improve a whole host of things—you need to lose weight, work faster, save more money—you name it—you need to improve and the folks in the room are going to tell you how.

Ouch.

Now imagine you are a clinician who walks into a meeting and you are presented with information about your practice compared to your colleagues. Maybe you need to see more patients and counsel more of them about smoking cessation, or you need to reduce your post-operative morbidity and mortality rates—you need to improve and the folks in the room are going to tell you how.

Double ouch.

The poor presentation of benchmarking data will put clinicians on the defensive and can lead to unnecessary and never-ending debates about the accuracy of the information presented and how or if to act on the data.

Presenting benchmarked data should be approached in a manner that is respectful to clinicians and helps them in partnership with you to identify potential opportunities to improve their practices and patient care.

Keep these guidelines in mind when you are preparing to present benchmarking data to any group—but most certainly clinicians.

Before the Meeting

1. **Check the data—know the data.** Any mistake, large or small will undermine the perception of the reliability of the entire dataset. Check the data and know the data.
2. **Prepare visual displays of the data.** Approximately 70% of all of the body's sense receptors reside in the eye—perhaps that is why the words "understanding" and "seeing" are synonymous. Help clinicians understand the data and information you are presenting by using tables and graphs.
3. **Deliver information in person.** It is essential that benchmarking data is presented in person to clinicians with plenty of time for questions and answers. Make certain that sensitive information is de-identified and that initial reports are clearly marked DRAFT FOR REVIEW AND DISCUSSION until you have fully answered questions and made corrections and changes to the reports.
4. **Tell stories.** Often healthcare data is delivered using descriptions and clarifications rather than real-life examples that resonate with clinicians. In a compelling presentation, examples aren't simply embellishment rather they are the heart of the matter--an actual patient experience for example will convey your message in a way that will make the data memorable.

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At the Meeting

5. **Confidential assessment.** When you are speaking to clinicians about data pertaining to their work make it clear that the data being presented is confidential and do not identify who is the best or worst performer. You can provide this individual information in one-on-one private meetings, but until the group decides to share the information do not de-identify it in a public setting—it wouldn't be prudent.

6. **Introductions.** If there is a new person in the meeting that is unfamiliar to the group, such as a data analyst the clinicians you are presenting to will not be comfortable discussing the data. Make certain to introduce everyone in the meeting and explain their role.

7. **Limitations of benchmarking data.** It is particularly important to review any risk-adjustment methodologies or sampling methodologies that may have limitations or weaknesses right up front –disclose and discuss any issues that have the potential to move the focus away from potential opportunities to improve patient care and threaten to keep the focus *only* on data measurement issues. Disclose, discuss and push forward.

8. **Present the data not the conclusions.** Do not give advice about how an individual or group should improve. Rather highlight variations in the data and outcomes and guide folks through the reports and analysis. The data, not the analysts is what should guide people to act.

9. **Listen.** Let the group discuss the data and listen to what they have to say. The point at this stage is not to troubleshoot and come up with solutions but rather to discuss the issues revealed by the data and to think about potential causes.

10. **Accept criticism.** Accept suggestions for future improvements to the reports—don't blame or defend. Let the work speak for itself and welcome any opportunity to improve it. Everything can be improved upon—everything—including your reports.

11. **Plan for the next step.** Be very specific about the next steps and when people can expect to receive another report attend another meeting. Set expectations and commit to delivering on them.

After the Meeting

12. **Revise the report.** Summarize any comments made during your meeting and append them to the revised report. Include any rational for suggested changes that were not included in the report as well.

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13. **Distribute the report.** Send a written report to each clinician whose data is included in the report. Be certain that the timeframe of the data being reported is clear on the report and that the data is de-identified—remember—reports last forever and may find their way to unintended audiences. That could be a bad day.

Once the reports have been completed and distributed and after you have asked for and received feedback it is time to schedule the next round of meetings.

Congratulations! You've now made it through your first data comparison meeting. With any luck, proper preparation and appropriate follow-through, it didn't hurt a bit.

Katherine S. Rowell, an expert in the source and use of healthcare data, teaches and advises healthcare organizations how to correctly capture and manage their data and communicate it clearly and compellingly. She has 25 years of experience in the healthcare industry, and is a member of the faculty at Brandeis, where she teaches healthcare data analysis and decision support. Her articles have been cited over 100 times by other publications and she is the recipient of the prestigious Partners in Excellence Award for Leadership and Innovation. Kathy has an MHA from the University of New Hampshire and an MS from Dartmouth Medical School in Clinical Quality and Outcomes.

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