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Foundation Evaluation Startup: A Pause for Reflection

Jill M. Yegian, Ph.D., California HealthCare Foundation

Key Points

- This article reports on the accomplishments, challenges, and lessons learned in creating a new Department of Research and Evaluation at the California HealthCare Foundation.
- Different tools were developed to address each of three key areas: *performance assessment*, *organizational learning*, and *program evaluation*.
- These new processes and tools have been well-received by both staff and the board, and have become increasingly important as resources become more scarce, making understanding and maximizing the impact of investments even more critical.
- Fostering a culture of evaluative inquiry in a fast-paced, payout-oriented environment is a significant challenge – program staff often feels pressured to move on to development of the next project without pause.
- Careful attention to designing new efforts to ensure that they yield value from the perspective of participants can mitigate this challenge, as can clear endorsement from foundation leadership.

Introduction

The California HealthCare Foundation (CHCF), based in Oakland, was created in 1996 by the conversion of nonprofit Blue Cross of California to for-profit Wellpoint Health Networks; the conversion also created The California Endowment, headquartered in Los Angeles. Since its inception, CHCF has focused on improving health care financing and delivery in the state of California.

In 2007, following a yearlong planning process led by the Foundation Strategy Group, CHCF implemented a significant shift in strategy accompanied by internal restructuring. In the move from organizing around topics and constituents (e.g., “health insurance”) to organizing around goals (e.g. “innovations for the underserved”), the existing four program areas were eliminated and program staff reorganized into three new program areas. In addition, a department of research and evaluation (R&E) was created.

The primary impetus for the new department was a strong interest on the part of CHCF’s management and board of directors in better understanding and quantifying the effectiveness of the foundation’s program work. Three years later, it is time to pause and reflect. This article begins with an overview of the current (though still evolving) objectives of R&E – performance assessment, organizational learning, and program evaluation.¹ After presenting a high-level summary of the department’s processes and products, three examples of new initiatives – one in each of the department’s three objective areas – provide additional detail regarding activities undertaken, accomplishments, challenges, and lessons learned. The conclusion highlights a number of factors that have contributed significantly to the department’s progress over the first three years.

¹ In addition, the department performs a number of research functions that include cross-program grantmaking, management of program-wide research and information services, and internal consulting that are not directly relevant for the purposes of this article.

EXHIBIT 1: Research and Evaluation Objectives at CHCF

	Performance Assessment	Organizational Learning	Program Evaluation
Goal	Assess Progress	Increase Effectiveness	Assess Outcomes
Approach	<ul style="list-style-type: none"> Systematic collection of information about progress against objectives 	<ul style="list-style-type: none"> Assess results of grantmaking, and incorporate lessons learned into future practice 	<ul style="list-style-type: none"> Gather and analyze information to improve program and/or judge its effectiveness
Results based on:	<ul style="list-style-type: none"> Selective indicators of progress toward defined targets Existing or easily obtained data that informs the question “Are we getting there?” 	<ul style="list-style-type: none"> Aggregation and synthesis of available data on grant results Reflection on factors associated with success and failure Sharing information across programs and “silos” 	<ul style="list-style-type: none"> Collaboration between grantees, evaluators, and CHCF to identify key outcomes and questions Independent, rigorous analysis
Use results for:	<ul style="list-style-type: none"> Refining strategy Mid-course corrections Identifying issues to be addressed 	<ul style="list-style-type: none"> Designing better initiatives Modifying internal processes Creating institutional knowledge 	<ul style="list-style-type: none"> Informing decision-making by grantees and stakeholders Advancing the field Informing future funding decisions
Product/process (and frequency)	<ul style="list-style-type: none"> Program area dashboards (annual) Grantmaking Review (annual) Closed grant analysis (semiannual) 	<ul style="list-style-type: none"> Results Reports (ongoing) Learning sessions (3-4 per year) Constituent surveys (biannual) 	<ul style="list-style-type: none"> Resources for program staff (e.g. template for evaluation RFP, evaluator database) Internal consulting

Overview of R&E Objectives

Beginning in early 2007 with only the outline of a job description, the first question was what the new department’s focus should be. It was clear from the outset that performance assessment would be an important component, but the remainder of the scope was less well-defined and publicly available resources documenting the experiences, tradeoffs, and choices made by other foundations were scarce. Particularly useful were the James Irvine Foundation’s framework for foundation-wide assessment, which is available online;² *Returning Results*, an overview of outcome-based planning published by the Pew Charitable Trusts (Pew, 2001); an environmental scan on measuring foundation performance that

CHCF commissioned from Putnam Community Investment Consulting (Putnam, 2004); and a Center for Effective Philanthropy case study on assessing performance at the Robert Wood Johnson Foundation (Guidice & Bolduc, 2004). More recently the Robert Wood Johnson Foundation (RWJF) has created a public version of its scorecard (RWJF, 2008); the Foundation Strategy Group has released an overview of foundation evaluation objectives and approaches (Kramer et al., 2007), and Grantmakers for Effective Organizations (GEO) teamed up with Council on Foundations to publish a report outlining emerging approaches foundations are taking to evaluation, along with a series of specific examples of evaluation in practice (GEO, 2009).

By 2009, the key objectives of R&E had come into focus. As outlined in Exhibit 1, they are performance assessment, organizational learning, and program evaluation.

² In addition to the framework for foundation-wide assessment, the James Irvine Foundation Web site includes annual performance reports, results of the Grantee Perception Report, and detailed information on program evaluation. www.irvine.org/evaluation/foundation-assessment, accessed June 8, 2010.

Performance Assessment – Dashboards for Program Areas

The CHCF has three program areas – Innovations for the Underserved, Better Chronic Disease Care, and Market and Policy Monitor – each of which has several specific objectives. The core component of CHCF’s performance assessment work is a set of tracking indicators, or “dashboards,” including five-year targets, which are updated annually for each program area at the level of the objective. While R&E takes responsibility for the dashboards, the program teams are the intellectual owners of the content.

For each program objective, we select and track between two and four indicators. The question driving the selection of indicators is simple: What information would help us understand whether – and to what extent – we’re making progress against our stated five-year objectives? There are other criteria, of course – the data need to be reasonably easy and not too costly to compile or collect, and reported on a regular basis (ideally annually). Some of the key issues that have emerged through the process of developing and updating these indicators are presented below, and examples of the specific indicators we’re using to track progress against our objectives are displayed in Exhibit 2.

- *Grantee capacity for data collection and reporting is key.* The Better Chronic Disease Care program area includes the objective of expanding the number of providers who effectively care for patients with chronic conditions. When the program dashboard was developed in 2007, ambitious targets were set for a specific clinical outcome – reducing the proportion of diabetics whose hemoglobin A1c (blood sugar) levels signified poorly controlled diabetes. It quickly became clear that many clinical sites had difficulty tracking and reporting these data, and in some cases struggled to identify which patients had a diagnosis of diabetes. As a result, the dashboard adopted interim measures of success related to the proportion of clinics able to track data and the proportion of diabetics receiving the HbA1c test. The team has adopted a systematic approach of incorporating a wide array

of technical resources into program initiatives to facilitate the development of site-specific infrastructure for data tracking and reporting, along with metrics to monitor progress. Preliminary results indicate that these resources are paying off – as shown in Exhibit 2, the proportion of community clinic organizations tracking clinical data for one or more groups of patients with diabetes went from 36 percent in 2008 to 66 percent in 2009.

- *Discussion of denominators and targets sharpens program focus.* Developing candidate indicators is only the first challenge – often, choice of the unit of analysis generates at least as much discussion. In efforts to expand the number of providers who effectively care for patients with chronic conditions, are we targeting community clinics, public hospital clinics, or private medical groups? (Answer: all three.) In the Market and Policy Monitor program’s work to increase the availability and usefulness of information and tools for consumer decision-making, how do we decide between setting “stretch” goals versus realistic targets for consumer use of CalHospitalCompare.org, a centralized source of information on quality of care in California’s hospitals? More broadly, should indicators track the results of foundation-funded initiatives, or should they focus more broadly on statewide statistics? With project-oriented indicators, we’re more likely to be able to attribute observed results to CHCF investments; at the same time, statewide metrics signal our intent to achieve broader impact. There are no “right” answers to these questions; we have found that at least as much of the value of the dashboards derives from the discussion and debate provoked by the process than from the numbers themselves.

Indicators should reflect the developmental stage of the program work. The Innovations for the Underserved program area includes the objective of improving the availability of dental care for underserved Californians, and another on improving enrollment and retention in publicly sponsored insurance programs. The former objective was launched in 2007; statewide, relatively little

EXHIBIT 2: Sample Tracking Indicators

Program Objective	Sample Indicator	Unit of Analysis	Status 2008	Status 2009	Target 2010	Target 2012
Expand the number of providers who effectively care for patients with chronic conditions	Clinic organizations (multi-site) tracking clinical data using a registry or electronic medical record for one or more groups of patients with diabetes	Community clinic organizations (~330)	36%	66%	70%	80%
	Diabetes patients who received HbA1c (blood sugar) test in the last year	Patients with diabetes in 114 community clinic organizations reporting data	Not available	45%	60%	80%
Increase the availability and usefulness of information and tools for consumer decision-making	CalHospitalCompare.org visits as a percentage of acute-care admissions	Annual non-emergent admissions to acute-care hospitals in California	7%	9%	7%	10%
Improve the availability of specialty and dental care for underserved Californians	Field leadership on oral health	10-item scale tracking media, presentations, peer-reviewed articles, etc.	2	7	8	9
Improve enrollment and retention in publicly sponsored insurance programs	Percentage of California population in counties using an automated enrollment system that integrates with state system	California population (~38.5 M)	46%	54%	77%	90%

attention has been paid to this issue and a major focus of the team was laying the groundwork for new initiatives by documenting the status of oral health care financing and delivery and by developing a network of stakeholders interested in creating and testing solutions to the access problems. By contrast, the latter objective has been a major emphasis for CHCF since its inception; we have 12 years of experience working on this issue and have invested millions of dollars toward achieving this objective. As outlined in Exhibit 2, the indicators used to track progress in the two objectives are very different. For the early-stage dental care objective, a 10-point “field leadership” scale was developed to capture a variety of metrics the team agreed signified progress, including publica-

tion of CHCF-funded manuscripts in top-tier peer-reviewed journals, coverage of CHCF’s or a grantee’s work in major media outlets, and presentations at conferences targeting key stakeholders. For the well-established objective on enrollment in public programs, the indicator reflects a key long-term outcome: statewide penetration of an automated enrollment system.

The indicators continue to evolve as program strategies are refined, and we’re interested in improving the method currently used to track and report on performance. Models are emerging that feature automated and interactive mechanisms for tracking performance, as well as more standardized approaches to indicator selection

that increase access to comparative data across organizations working toward the same objectives (Kramer et al., 2009).

How do we use the dashboards to inform decision-making? The indicators have a variety of internal uses, primarily resulting from the clarity required to specify the metrics and set their targets. For example, indicators that rely on grantee data highlight the importance of supporting data collection infrastructure and capabilities, thereby directing grant investments. The “field leadership” indicator largely translates into an objective-level outreach agenda by prioritizing conferences, journals, and other opportunities to influence thinking in the field. However, this approach to performance assessment is clearly a work in progress. Driven in part by our sense that the indicators described are useful but not sufficient, in 2009 (at the mid-point of our five-year strategic plan) we commissioned an external strategy review from Patrizi Associates to guide development of a more robust strategy evaluation framework. The findings of the review, presented to the board of directors in March 2010, suggested that we pursue fewer objectives with greater focus. While final decisions have not yet been made, the objectives outlined in this article will likely sharpen over the coming months.

Organizational Learning – Results Reports

As distinct from the goal of assessing progress that characterizes CHCF’s work on performance assessment, our organizational learning work emphasizes increasing effectiveness (Exhibit 1). At CHCF, as at many foundations, proposals for funding go through a rigorous review process. The process varies by dollar amount; for larger projects, program staff votes and comments in writing. Almost invariably, the project that emerges from the process is better for the collective staff investment representing a diversity of perspectives and experiences. Results Reports were developed in 2007 with the specific objective of applying the same degree of rigor to the end of the grant life cycle as is applied at the beginning. The intent is to improve the effectiveness of CHCF’s grantmaking by systematically capturing information about results, and sharing both best

practices and tactics for managing challenges.

CHCF’s Results Reports were modeled after The Robert Wood Johnson Foundation’s (RWJF) Grant Results Reports (www.rwjf.org/pr/grr.jsp), and RWJF staff members were generous in sharing lessons learned from their experiences. As of March 2010, 60 Results Reports had been completed covering \$64 million in foundation investments. The rules of the road for CHCF’s Results Reports follow; an Appendix provides an example (edited for brevity).

- They are completed for all board-approved projects. On a quarterly basis, R&E staff works with grants administration to identify candidates, and schedules Results Reports for the next board meeting.
- R&E staff prepopulate the Results Report template with 1) verbatim information from three key components of the original project write-up that was approved by the board – project objectives, desired outcomes, and evaluation approach; and 2) a table summarizing information about the grants authorized under the project’s auspices.
- The program officer who is the project leader then completes the remainder of the template, which consists of seven sections: background, accomplishments, managing challenges, evidence of impact/performance indicators, lessons learned, next steps, and related resources.
- The draft Results Report is presented at a program staff meeting; participants provide written comments and the project leader revises the Results Report in response. The final draft is included in the quarterly board book as part of the consent docket.
- After approval, the Results Reports are uploaded to the intranet and coded with key variables (e.g., project size, approval date, lead staff, program area) to facilitate searching and sorting. Using this approach, it’s quick and easy to identify all Results Reports done for projects over \$1 million, or all those that have been completed by a specific staff member, or to search by keyword (e.g. “leadership”).

Response from staff and the board has been

largely positive. Board members have consistently expressed interest in the reports and regularly cite them during discussion at meetings. While a few staff members have voiced concern regarding the increase in workload to produce the Results Reports, many more have expressed appreciation for the structured learning opportunity. An unanticipated benefit has been the opportunity for cross-program learning – frequently, lessons learned by one program area can be applied to work under development by another program area. In addition to anecdotal evidence, one quantitative data point supports the value of the Results Reports for the program staff. In the summer of 2008, CHCF participated in the Center for Effective Philanthropy’s Staff Perception Survey. To obtain feedback, a custom item was added to the survey asking all staff members who regularly attend program staff meetings to rate the statement “I value discussion of the Results Reports” on a scale of one (strongly disagree) to seven (strongly agree). The average rating was 5.5 out of 7, with half of the 30 respondents providing a rating of 6 or 7 and only one respondent providing a rating of less than four.

For CHCF, two key decisions shaped the process. While each foundation will have a different set of tradeoffs to make, these issues will likely arise.

- *Who should complete the assessments: staff or external consultants?* For CHCF, the clear consensus was that staff should take the lead. While the final Results Report is valuable, at least as valuable is the process of producing it. The process requires reflection: What went well and what evidence do we have that supports that conclusion? What could have gone better? What did we learn and how can we apply that learning to future grantmaking? The process also requires cross-program discussion, from which a surprising number of common themes have emerged. Those themes then become the raw material for further organizational learning sessions that drill down on specific topics of broad interest. This is not to dismiss the two main advantages of the external approach – substituting consultant time for scarce staff resources and bringing an independent perspec-

tive to bear rather than relying on the project leader. The latter would be particularly critical in an organization less willing to acknowledge mistakes. For CHCF, the benefits of building institutional knowledge by keeping the process in-house outweighed the benefits of outsourcing.

- *Should they be shared publicly?* After extensive discussion, CHCF’s leadership decided to restrict circulation of Results Reports to staff and the board. While not the only consideration, the deciding factor was feedback from staff that broader distribution of the Results Reports would inevitably reduce the level of candor that is universally agreed to be a critical ingredient for their success. To help the staff share relevant lessons with foundation colleagues working in the same field, a process was established to permit the chief executive officer or vice president of programs to approve the distribution of a Results Report on a case-by-case basis.

How do we use the Results Reports to inform decision-making? When a major initiative comes up for renewal, the Results Report is completed ahead of schedule and presented alongside the proposal so that program staff have the opportunity to demonstrate how lessons learned have influenced the proposed renewal. Likewise, Results Reports on planning grants inform the implementation of an initiative. At a higher level, the themes that emerge from Results Reports inform our grantmaking in a number of ways. Challenges and lessons learned that arise consistently suggest that program staff may benefit from an internal learning session on a specific topic, such as taking initiatives to scale or translating policy recommendations into action. We make a concerted effort to capture institutional knowledge that emerges from these sessions in brief summaries, and embed links to the relevant documents from our internal project write-up template so that program staff can easily access the collective knowledge at the point in time when it’s needed. We also periodically review the Results Reports completed to date and translate them into guidelines for our board and staff to use during the

EXHIBIT 3: Tools for the Board – Using Organizational Learning for Grantmaking Oversight

If the project...	Then ask us...
Is large, complex, and long-term:	Has the project been separated into phases to learn from work to date and make mid-course adjustments?
Depends on county government action:	About incentives or levers to stimulate county action, e.g., executive champion or board of supervisors' commitment
Involves large-scale data analysis using untested data sets:	How have the uncertainty and potential delays in obtaining, reformatting and analyzing the data been addressed?
Attempts to spread an intervention and encourage adoption:	<ul style="list-style-type: none"> · Whether the value of the intervention has been considered from the perspective of leadership and staff, including incentives and barriers to adoption. · About the role of peer learning in the project. · Who would provide leadership at all levels — from organization to front-line staff?

proposal review process; an example from spring 2009 is shown in Exhibit 3.

Program Evaluation – Resources for Program Staff

A common conundrum across foundations that engage in external evaluation efforts is how to organize the evaluation function. Should evaluation specialists be on staff at the foundation, or should that work be led by the program areas with assistance as needed from external consultants? Should a lean foundation evaluation staff function as internal consultants to program staff, or should a more robust evaluation staff lead the evaluation component of major program investments? There is no right answer to these questions; the results of a survey of foundation evaluation staff by the Evaluation Roundtable will be released this year that will shed light on the array of organizational options and tradeoffs among them. CHCF chose an internal consultant model, hiring one full-time evaluation officer in 2008 with primary responsibility for working with program staff on designing, implementing, and monitoring external program evaluations. Evaluation projects are funded through the program areas, so program staff decides what level of resources to invest in external evaluation.

To leverage available staff, we have developed an extensive set of resources intended to simplify and streamline the process of commissioning external evaluations. These include:

- *An Evaluation Request for Proposals (RFP) template and rating sheet.* Since the majority of CHCF's external evaluations are awarded through a competitive bidding process, requests for proposals for evaluations are issued relatively frequently. The template standardizes the format and basic content and includes an array of information that can be tailored to specific needs, e.g. sample evaluation questions, generic activities and deliverables, and proposal requirements. The rating sheet covers the most important common aspects of external evaluation.
- *A database of evaluators.* CHCF's evaluation officer built and maintains this database, which is easily searchable and sortable to identify candidates for program evaluation work. It includes past and current evaluation grantees, as well as organizations and individuals with whom we have not worked but who might be candidates for future evaluation projects. For completed grants, links are provided to grant

closeout reports with summary information about the project and program staff ratings of its outcomes.

- *Past Evaluation RFPs.* All evaluation RFPs are added to this archive when they are posted on CHCF's Web site. Each entry is coded by program area, solicitation amount, solicitation date, and lead staff, so it's easy to identify all RFPs that have been issued by a specific program area or those above some threshold amount.
- *External Evaluation Guidelines.* In simple language that does not assume evaluation expertise, this overview highlights considerations for program staff developing initiatives that require an external evaluation. These include questions about the primary users of the evaluation results, the goal of the evaluation, the evaluation capacity of participating project sites, the anticipated timeline and process for selecting an evaluator, and the plan for reporting and disseminating results. In addition, some broad guidelines on estimating the cost of the evaluation are provided.
- *Logic model template and examples.* Too often, problems with program evaluation emerge because the primary questions to be addressed are not sufficiently clear, or there is lack of agreement among the partner organizations regarding the outcomes of interest. Logic models can be very helpful in clarifying the assumptions and causal linkages, and can surface disagreements or issues for discussion among the project participants (e.g., foundation staff, external evaluator, and grantees/partners).

How are the new evaluation resources influencing our grantmaking? Feedback from program staff indicates that the resources have the intended effect of streamlining the process of developing and commissioning evaluations. Resources are used frequently and well-received by program staff; perhaps most valued is the in-house consultation provided by CHCF's evaluation officer, who is available to assist with the full array of evaluation activities. Several program officers have become enthusiastic users of logic models, and now

employ them at the developmental stage of a new initiative to ensure clear communication with partners and other stakeholders; internal learning sessions have provided an opportunity for peer learning across the program staff in this area. Heightened focus on sharing results with the field may have contributed to a large increase in peer-reviewed publications sponsored by the foundation – from 26 in 2008 to 42 in 2009. It certainly drove development of a new policy committing to publishing evaluation results on our Web site, direct from the external evaluator.

Program staff often feels pressured to move on to development of the next project without pause, and the activities discussed here add to program staff workload without generating payout.

Key Ingredients in Progress to Date

Fostering a culture of inquiry in a fast-paced, payout-oriented environment is a significant challenge. Program staff often feels pressured to move on to development of the next project without pause, and the activities discussed here add to program staff workload without generating payout. In addition, through interviews I conducted with colleagues during the planning phase for the new department, I learned that evaluation and program staff members often develop a somewhat adversarial relationship, characterized by struggles for resources and concern on the part of program staff that they will be “judged” by evaluation staff. We made a conscious effort to heed these cautions in building the department; to date, we have avoided those tensions, perhaps in part because evaluation staff clearly self-identifies as a support unit.

It's premature to pronounce success, but a variety of factors have emerged as important over the last three years that may be instructive for other foundations following a similar path.

- *Cross-departmental collaboration is a core operating principle.* Not only does such collaboration increase the likelihood that initiatives aimed at increasing effectiveness are adopted, but it virtually always improves them significantly. The program areas are key constituents, but other departments are important partners as well – in particular, grants administration and publishing and communications. Obtaining input is often time-consuming; CHCF’s cross-departmental advisory group has been very helpful in streamlining this process.
- *Benefits and costs – especially staff time – are carefully considered in the design of new initiatives.* Any additional work for staff should be justified by the value provided – from the perspective of the staff members. Doubtless some individuals find specific elements of the R&E portfolio to be more costly than beneficial, but focusing on value from the perspective of the user has proven to be a useful guiding principle both in prioritizing among competing initiatives and in garnering support.
- *Support from leadership is invaluable.* Effective execution of R&E’s objectives, particularly performance assessment and organizational learning, require participation from the full program staff. CHCF’s chief executive officer, Mark Smith, M.D., and vice president of programs, Sam Karp, attend the learning sessions, actively participate in discussion of the Results Reports, engage in discussion of program indicators, and invest time in review of the findings of constituent surveys such as the Center for Effective Philanthropy’s Grantee Perception Report. Dr. Smith recently wrote an essay on risk and failure for Grantmakers in Health that draws on our organizational learning practices (Smith, 2010). Their involvement signals to program staff that these activities are valuable to the organization, and encourages foundation-wide participation.
- *Information technology has been a critical tool in producing information and making it accessible.* CHCF’s information technology department has supported R&E in a variety of ways – from building an online form that program officers complete when closing out grants to constructing a variety of reporting tools that enable easy access to relevant evaluation and management data. Searchable, sortable data supports all of R&E’s objectives in distinct and essential ways; performance assessment depends on a database of tracking indicators, organizational learning depends on an archive of Results Reports, and program evaluation depends on past RFPs and an evaluator database.
- *Grantmaking responsibilities ensure that R&E staff “walk the walk.”* R&E staff develops and manages a portfolio of grants (the “research” component of R&E). As a result, new initiatives proposed by R&E continue to be informed by on-the-ground experience of taking a project through the proposal review process, monitoring it, closing out the grants, and completing a Results Report.
- *An active network of peers provides both content knowledge and support.* Seeking a local community of practice, we recruited colleagues to reinvigorate the long-dormant “Left Coast Evaluators.” This network of evaluation staff members of West coast-based foundations has met every four to five months since January 2009 to exchange information about internal practices, discuss approaches to common challenges, and share resources. An extranet provides a venue for sharing documents and posting announcements.

A Work in Progress

The R&E department continues to evolve at CHCF. An open question is how much effort to expend in quantifying the results of the new department – without clear evidence that the new processes and the information they produce have a tangible impact on foundation performance, the value proposition for the new department remains in question. Yet, how much to invest in documenting the effectiveness of work aimed at improving effectiveness? In the spirit of continual learning, we would be interested in feedback on this question, as well as on suggestions for improvement and information about other models and approaches that colleagues are pursuing.

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APPENDIX 1

Results Report -- Implementing a Statewide Hospital Quality Report Card (September 2008)

Project Background

In 2003, the Hospital Association of Southern California approached CHCF and proposed working together to expand public reports of hospital quality. CHCF issued a Request for Proposals, the result of which was a series of planning grants to the University of California, San Francisco (UCSF). These grants, totaling \$414,500, funded development of the California Hospital and Reporting Task Force (CHART) project – including concept, facilitation of large multi-stakeholder meetings, and agreement on criteria for the measures to be included in reporting. By mid-2005 it was apparent that there was broad support for the project among hospitals, health plans, employers, and consumer groups, and the CHCF board approved \$2.7 million for implementation over three years. UCSF was the principal grantee – to create the systems for data collection and analysis – and there were additional smaller grants for project management, Web site development, and consumer usability research included in the project.

Accomplishments

- A critical element of the project was the establishment and maintenance of a 30-member steering committee consisting of representatives of health plans, hospitals, physicians, consumer advocates, and state and federal government.
- Under the guidance of the steering committee, UCSF constructed a data collection system and conducted training for hospitals across the state.
- Contracts were required between each hospital and UCSF to cover the collection and protection of the data transmitted from hospitals. With more than 200 hospitals participating, developing the contracts became a major component of the hospital recruitment process.

- The public Web site – CalHospitalCompare.org – was designed and built, launching in March 2007. Hospitals can be searched by name, location, or condition. Ratings are offered on 68 measures across eight conditions in simple language, with national benchmarks where available; detailed information is available on the ratings and measures for those interested in learning more. In addition, the site provides a wealth of useful information to prospective patients on choosing a hospital and inpatient care.

Evidence of impact/performance indicators

- At launch, all of the major hospital systems in the state and the vast majority of large hospitals had agreed to participate, representing 75 percent of the admissions in the state. As of July 2008, that number had increased to 87 percent.
- The major health plans in California agreed to provide financial support for the ongoing collection and auditing of data, allowing the project to be self-sustaining.
- For the most part, health plans have also agreed to replace their separate, proprietary measurement systems with data generated by CHART.
- While the improvement cannot be attributed to CalHospitalCompare, it is worth noting that the measures for which data are collected and displayed have improved relative to national benchmarks since launch.
- The Web site CHCF constructed to display the data, CalHospitalCompare.org, has been widely cited as a good example of consumer-friendly display and ease of use. The site was recognized as Best Overall Internet site by the e-Healthcare Leadership Awards in 2007.

Managing challenges

- One of the most difficult aspects of the project was using the principle of consensus for decision-making; reaching consensus often required a series of delicate negotiations, which was time-consuming.
- The eventual release of the Web site was delayed eight months from the original projection due to delays in finalizing measures and data and to technology platform changes.
- Given the wide range of services provided in hospitals, it is difficult to identify measures that represent overall quality. Though the site reports on the most common conditions for hospitalization (maternity, heart failure, pneumonia), this still represents a fraction of the services offered.
- Nine hospitals have dropped out of the program since the launch, largely due to changes in ownership.

Lessons learned

- *Find the common ground and keep it in focus.* Identifying a shared goal is critical to maintaining commitment in a multi-stakeholder process. The disparate stakeholder groups agreed early in the process that it was in everyone's best interest to have one consolidated effort rather than a number of independent reporting projects. In addition, a business case was built that distributed the financial burden fairly across the major stakeholder groups. These factors, along with a number of strong leaders committed to the project, helped to keep the process together when difficult decisions faced the group.
- *Engage as an honest broker.* CHCF's commitment and active participation in the process was central in negotiating compromises and providing a neutral forum for debate.
- *Consensus process is slow but "sticky."* Though the collaborative, consensus process for developing the measures and collecting the data made for a slower-paced project, the value of consensus building was evident in the quick transfer to financial self-sufficiency. Health plans and hospitals agreed to provide ongoing support because they had worked together to build the tool. In addition, the trust that was built over time led to broad support to establish a formal, independent entity to continue the reporting effort into the future.

Next steps

When CHCF funding ended, CHART was incorporated as a separate, nonprofit entity. Though CHCF will continue to fund the maintenance of the Web site, major financial commitment ended with this project.