1. **Should public reporting of healthcare data be mandatory?** Most of the reporting activity that has occurred in Wisconsin thus far has been voluntary, hopefully reflecting a statewide set of healthcare systems that are committed to serving the public good. Yet, there is data from the HMO world that organizations that rank low in voluntary quality reports tend to drop out of reporting. Should that be an option? Should we be headed toward mandatory reporting of healthcare data?

2. **Who should be reporting**? Don Berwick, President of IHI, is a thoughtful and eloquent proponent of mandatory reporting. He suggests that such reporting should be at the level of clinics and hospitals, not at the level of individual physicians. He notes that "the sources of data are simply too squirrelly to warrant the price in fear and resistance to change". Accepting Berwick's proposition that **individual reporting** should not be mandatory would have major implications for the design of a reporting system. In Wisconsin, about 22% of physicians practice in groups of less than ten, and of that number, nearly half are in solo practice. What are your thoughts about Berwick's recommendation? Should data only be reported for groups and hospitals in an aggregate form? Should individual practices and very small groups be excluded from reporting?

3. **Should providers participate in oversight of the reporting process?** Public reporting of health care data might improve the quality of care in two broad ways: One is by providing data for health system leaders to create "burning platforms" that can be used to catalyze change within their organizations. We think that this internal use of data has been effective in Wisconsin, and is the basis for collaborative efforts among health care providers. The effectiveness of public reporting also depends on the ability of health care consumers and purchasers to select the highest value care available to them, thus increasing the services provided by higher value delivery systems. This second model clearly depends on health care competition, which could undermine the current collaborative environment. Does the inherent self-interest of hospitals, physician groups, and health care systems speak against their long-term collaboration, and therefore, their participation in the oversight of public reporting? Should the private sector be involved in the oversight of a public good?

4. **Who should bear the cost of public reporting?** Developing the infrastructure for public reporting has produced a significant financial burden on health care organizations, diverting resources from a number of areas, including quality improvement. Do you think that providers alone should bear the cost burden of public reporting? If not, how might such costs be shared? Should financial support of the public reporting mechanism be linked to access to the data base?

5.  **How can reporting be approached most cost-efficiently?** A corollary to the last question is how to minimize the burden of reporting.  Right now, as the concept of reporting takes hold, we are witness to local, statewide and national initiatives in this area. As everyone scrambles to be ahead of the curve, there is a redundancy of reporting mandates and systems that is confusing and inefficient. Is there value in Wisconsin being ahead of the curve? How should we relate to initiatives at the national level that might well replace state-based initiatives?

6.  **How can we best steward our state resources?** Providers of medical care have been criticized for acts of omission and commission that undermine individual and population health and increase the cost of health care. Governor Doyle recognized this problem in his proposal for a State Health Care Quality and Patient Safety Board. In healthcare, we have embraced the rubric of "evidence based medicine" – systematically implementing practices that have proven useful under rigorous scientific observation, and rejecting practices that do not have a proven scientific basis. The Governor's proposal and the growing interest in public reporting demands that we take a similar approach to the data collection and reporting aspects of healthcare. Given limited resources, what practices in the collection, communication, and reporting of healthcare data do you think have a chance of giving us the most "bang for our buck"?