

# Deciding What Type of Website to Create

This guide will help Host Users or organizations that download MONAHRQ and generate reports decide what type of reporting website to create. Further, it will guide Host Users to select, configure, and customize the measures and reports necessary to build a website most suited to their target audience or End User. The two types of End User audiences for MONAHRQ are—

1. “Consumers” of health care, which includes the general public, patients, and caretakers; and
2. “Health Care Professionals,” which includes providers (e.g., hospitals, physician groups, nursing homes); researchers and analysts; health plan purchasers and employers; and policymakers.

MONAHRQ-generated websites can serve a multitude of needs. One of the primary aims of the MONAHRQ project is to facilitate consumers’ access to local information about providers and allow them to compare the quality and cost of providers to make more informed health care decisions. Providers can compare their own performance on quality measures to that of their competition or validate the data they submitted to reporting organizations. Researchers and policymakers might use reports to inform program initiatives and health care policies.

Because each End User’s needs are unique, they will require different measures and reports to meet those needs. Evidence-based research shows that consumers understand and use reports differently than other audiences. As such, the reports displayed and made available for End Users through MONAHRQ websites are audience-specific. Table 1 shows which reports are recommended and available by audience.

**Table 1: Report Type by Audience**

Report Type	Consumers	Providers, Health Plan Purchasers & Employers	Researchers and Analysts	Policymakers
<b>Hospital Quality<sup>a</sup></b>				
Ratings	●	●	●	●
Ratings—Detailed Tabular View		●	●	
Comparison	●	●	●	
Hospital Profile—Overview and quality ratings (no utilization data)	●			
Hospital Profile—Overview, quality ratings, and utilization data		●	●	
Surgical Safety Infographic	●	●	●	●
Health Topics Infographic	●			
<b>Health Care Cost and Quality<sup>b</sup></b>				
Cost and Quality Report – Side-by-Side Display	●	●	●	
<b>Avoidable Stays<sup>c</sup></b>				
Maps	●	●	●	●
By County		●	●	●

Report Type	Consumers	Providers, Health Plan Purchasers & Employers	Researchers and Analysts	Policymakers
By County Profile		●	●	●
<b>Utilization<sup>d</sup></b>				
By County		●	●	●
By County—Stratified Report		●	●	●
By Custom Region		●	●	●
By Custom Region—Stratified Report		●	●	●
Inpatient Hospital Discharge		●	●	●
Inpatient Hospital Discharge—Detail		●	●	●
Emergency Department Treat-and-Release		●	●	●
Emergency Department Treat-and-Release—Stratified		●	●	●
<b>Nursing Home<sup>e</sup></b>				
Ratings	●	●	●	●
Nursing Home Profile	●	●	●	●
Comparison	●	●	●	●
Nursing Home Infographic	●			
<b>Physician<sup>f</sup></b>				
Physician Profile—Overview and Medical Practice quality ratings	●	●	●	●

<sup>a</sup> Comparison ratings by hospital and health topic (e.g., heart failure) and more detailed quality statistics for a wide range of measures

<sup>b</sup> Quality measure, number of treated patients, and average cost to the hospital for hip replacement

<sup>c</sup> Avoidable hospital stays and cost savings

<sup>d</sup> Discharges, estimated costs, and rates for conditions and procedures and quarterly trending reports

<sup>e</sup> Overall comparison and domain-level ratings by nursing home

<sup>f</sup> Physician report to include general descriptive information and an option to add quality ratings for Medical Practices based on CG-CAHPS data.

## Audience-Driven Decisions

Host Users must decide for which End User audience(s) to develop a website before using MONAHRQ. This decision will provide a pathway for selecting what quality, cost, and profile data to display to End Users, and how to display such data. There are five key questions that will help Host Users make audience-driven decisions when building their websites:

1. Who is the intended audience or End User for the website?
2. Will the website be available publicly through the Internet or limited to those with a user name and password?
3. What data are available or obtainable for reporting?
4. What type(s) of reports are most useful for the End User?
5. What features can the website include to help End Users accomplish their goals on the website?

The following sections provide guidance based on your answers to these questions for each of four audiences: consumers; providers, health plan purchasers, and employers; researchers and analysts; and policymakers.

## Consumers

The consumer audience includes patients and the general public. Consumers will want to compare the quality and cost of providers, see how a particular provider performs, assess the quality of care provided for a specific condition, and access profile data for specific hospitals and nursing homes in their area.

### A. Will the website be available publicly through the Internet or limited to those with a user name and password?

Consider making the website public so that all potential users may access information that they can use to make decisions about and engage in their health care. A private site (that is, one that requires logging in with a user name and password) may be appropriate for certain applications, but this limits the site's accessibility to the general public.

### B. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator™ results, CMS Hospital Compare data, Medicare Provider Charge Data–Inpatient, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. Table 2 shows the types of data available and the measures that are relevant to consumers.

**Table 2: Data and Measures Relevant to Consumers**

Data	Types of Measures
AHRQ Quality Indicator™* Results	<ul style="list-style-type: none"> <li>● Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care</li> <li>● Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume</li> <li>● Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults</li> <li>● Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents</li> </ul>
CMS Hospital Compare Data*	<ul style="list-style-type: none"> <li>● Timely and effective care</li> <li>● Patient experience</li> <li>● Use of medical imaging</li> <li>● Readmissions, complications, and deaths</li> </ul>

Data	Types of Measures
CMS Nursing Home Compare Data*	<ul style="list-style-type: none"> <li>• Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures</li> <li>• Overall Health Inspections—Results of the most recent health and safety inspections</li> <li>• Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, urinary tract infection (UTI) incidence, weight monitoring, and more</li> <li>• Overall Staffing Measures—Number of staffing hours per resident per day for various providers</li> </ul>
CMS Physician Data*	<ul style="list-style-type: none"> <li>• Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location</li> </ul>
Medicare Provider Charge Data–Inpatient*	<ul style="list-style-type: none"> <li>• Costs, charges, and payments for the top 25 Diagnosis Related Groups by volume</li> </ul>
Nursing Home (NH) CAHPS Data	<ul style="list-style-type: none"> <li>• Survey results from family members of nursing home residents about their experiences of nursing home care</li> </ul>
Clinician and Group (CG) CAHPS Data	<ul style="list-style-type: none"> <li>• Survey results from patients about their experiences of care with clinicians reported at the medical groups level</li> </ul>
Physician HEDIS Data	<ul style="list-style-type: none"> <li>• HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level</li> </ul>

\* [Some data are publicly available and provided on the MONAHRQ website: http://www.ahrq.gov/professionals/systems/monahrq/data/index.html](http://www.ahrq.gov/professionals/systems/monahrq/data/index.html)

### C. What type(s) of reports are most useful for consumers?

The following reports are likely to be the most useful and understandable for consumers:

- Hospital Quality Ratings
- Hospital Comparison Report
- Hospital Profile Report (without utilization data)
- Surgical Safety Infographic Report
- Health Topics Infographic Report
- Cost and Quality Report – Side-by-Side Display
- Avoidable Stays Maps
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Nursing Home Infographic Report
- Physician Listing Report
- Physician Profile Report

Reports that are less appropriate for consumers include: Hospital Quality Ratings—Detailed tabular view, Hospital Profile Report (with utilization data), Inpatient Hospital Discharge (IP) Utilization Report, IP Utilization Detail Report, Emergency Department Treat-and Release (ED) Utilization

Report, ED Utilization—Stratified Report, Avoidable Stays by County Report, Avoidable Stays by County Profile Report, Utilization by County Report, and the Utilization by County—Stratified Report.

**D. What features can the website include to help consumers accomplish their goals on the website?**

1. Limit the amount of detail in comparative reports that appears on the page, and provide or link to detail elsewhere on the website.
2. Highlight the differences in comparative scores. Sort scores and use word icons and graphics as visual cues to indicate which providers are scoring better or worse than others.
3. Provide context on why quality data in general and each measure in particular are important.
4. Explain how a consumer can use the information.

## Providers, Health Plan Purchasers, and Employers

The provider audience includes administrative and clinical staff at hospitals and ambulatory care settings such as medical groups, physician offices, and nursing homes. Providers often want to compare their performance against other providers and to verify the accuracy of their internal data with that submitted for national public reporting. As payers, health plan purchasers and employers may want to compare the performance of providers to one another to aid their decisions for selecting health plans and coverage levels.

### A. Will the website be available publicly through the Internet or limited to those with a user name and password?

Providers would benefit from a report that allows them to easily compare how well their hospital is doing compared to other hospitals, but they may not want this information to be publicly available. Health plan purchasers and employers may not want to publicly share the performance of providers included in health plans they purchased or are considering purchasing. Host Users serving an audience with these purposes can make the website private so that they can control who accesses their site. The Host User makes a website private by supporting user names and passwords or other mechanisms that limit access to the website.

### B. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator™ results, CMS Hospital Compare data, Medicare Provider Charge Data–Inpatient, Inpatient Hospital Discharge data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. You may also have other data that would be relevant. Table 3 shows the available types of data and measures relevant to providers, health plan purchasers, and employers.

**Table 3: Data and Measures Relevant to Providers, Health Plan Purchasers, and Employers for Use Within MONAHRQ**

Data	Types of Measures
AHRQ Quality Indicator* Results	<ul style="list-style-type: none"> <li>● Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care</li> <li>● Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume</li> <li>● Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults</li> <li>● Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents</li> </ul>
CMS Hospital Compare Data*	<ul style="list-style-type: none"> <li>● Timely and effective care</li> <li>● Patient experience</li> <li>● Use of medical imaging</li> <li>● Readmissions, complications, and deaths</li> </ul>
Medicare Provider Charge Data–Inpatient*	<ul style="list-style-type: none"> <li>● Data include costs, charges, and payments for the top 25 Diagnosis Related Groups by volume</li> </ul>
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> <li>● Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses</li> </ul>

Data	Types of Measures
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> <li>Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department</li> </ul>
CMS Nursing Home Compare Data	<ul style="list-style-type: none"> <li>Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures</li> <li>Overall Health Inspections—Results of the most recent health and safety inspections</li> <li>Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more</li> <li>Overall Staffing Measures—Number of staffing hours per resident per day for various providers</li> </ul>
CMS Physician Data	<ul style="list-style-type: none"> <li>Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location</li> </ul>
Nursing Home (NH) CAHPS Data	<ul style="list-style-type: none"> <li>Survey results from family members of nursing home residents about their experiences of nursing home care</li> </ul>
Clinician and Group (CG) CAHPS Data	<ul style="list-style-type: none"> <li>Survey results from patients about their experiences of care with clinicians reported at the medical groups level</li> </ul>
Physician HEDIS Data	<ul style="list-style-type: none"> <li>HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level</li> </ul>

\* [Some data are publicly available and provided on the MONAHRQ website: http://www.ahrq.gov/professionals/systems/monahrq/data/index.html](http://www.ahrq.gov/professionals/systems/monahrq/data/index.html)

**C. What type(s) of reports are most useful for providers, health plan purchasers, and employers?**

- Hospital Quality Ratings
- Hospital Quality Ratings—Detailed tabular view
- Hospital Comparison Report (supports comparisons of up to five hospitals)
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report and Trending
- IP Utilization Detail Report and Trending
- Emergency Department Treat and Release (ED) Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Utilization by Custom Region and Trending
- Utilization by Custom Region—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings

- Nursing Home Profile Report
- Physician Listing Report
- Physician Profile Report

**D. What features can the website include to help providers, health plan purchasers, and employers accomplish their goals on the website?**

1. Show differences among providers' scores. Sort scores, compare the score(s) to a benchmark or average, and use word icons and graphics as visual cues to indicate which providers are scoring better or worse than others.
2. Provide a means to access detailed statistics and scores for an individual provider; this is often done through a "drill-down"—a more detailed report derived from the comparative provider report.
3. Link to information about the methodology and source of the data from the display of the data to instill trust in the report and the website.
4. Provide context on why quality data in general and each measure in particular are important.
5. Explain how a provider can use the information.

## Researchers and Analysts

Researchers and analysts from many different types of organizations may want to review detailed statistical data for academic research, citations, program planning, or quality improvement purposes.

### A. Will the website be available publicly through the Internet or limited to those with a user name and password?

The website could be either public or private, but should clearly indicate the audience for whom this information is targeted. Note: A private site allows better tracking of who is accessing your site, but it requires greater logistical management of the mechanism used to limit access to the website.

### B. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator,<sup>™</sup> results, CMS Hospital Compare data, Medicare Provider Charge Data–Inpatient, Inpatient Hospital Discharge Data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. Table 4 shows the available types of data and measures relevant to researchers and analysts.

**Table 4: Data and Measures Relevant to Researchers and Analysts for Use Within MONAHRQ**

Data	Types of Measures
AHRQ Quality Indicator <sup>™</sup> * Results	<ul style="list-style-type: none"> <li>• Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care</li> <li>• Inpatient Quality Indicators (PQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume</li> <li>• Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults</li> <li>• Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents</li> </ul>
CMS Hospital Compare Data*	<ul style="list-style-type: none"> <li>• Timely and effective care</li> <li>• Patient experience</li> <li>• Use of medical imaging</li> <li>• Readmissions, complications, and deaths</li> </ul>
Medicare Provider Charge Data–Inpatient*	<ul style="list-style-type: none"> <li>• Data include costs, charges, and payments for the top 25 Diagnosis Related Groups by volume</li> </ul>
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> <li>• Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses</li> </ul>
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> <li>• Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department</li> </ul>

Data	Types of Measures
CMS Nursing Home Compare Data	<ul style="list-style-type: none"> <li>Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures.</li> <li>Overall Health Inspections—Results of the most recent health and safety inspections</li> <li>Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more</li> <li>Overall Staffing Measures—Number of staffing hours per resident per day for various providers</li> </ul>
CMS Physician Data	<ul style="list-style-type: none"> <li>Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location</li> </ul>
Nursing Home (NH) CAHPS Data	<ul style="list-style-type: none"> <li>Survey results from family members of nursing home residents about their experiences of nursing home care</li> </ul>
Clinician and Group (CG) CAHPS Data	<ul style="list-style-type: none"> <li>Survey results from patients about their experiences of care with clinicians reported at the medical groups level</li> </ul>
Physician HEDIS Data	<ul style="list-style-type: none"> <li>HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level</li> </ul>

\* [Some data are publicly available and provided on the MONAHRQ website: http://www.ahrq.gov/professionals/systems/monahrq/data/index.html](http://www.ahrq.gov/professionals/systems/monahrq/data/index.html)

**C. What type(s) of reports are most useful for researchers and analysts?**

- Hospital Quality Ratings
- Hospital Quality Ratings—Detailed tabular view
- Hospital Comparison Report (supports comparisons of up to five hospitals)
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report and Trending
- IP Utilization Detail Report and Trending
- Emergency Department Treat-and Release (ED) Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Physician Listing Report
- Physician Profile Report

**D. What can you do to help researchers and analysts accomplish their goals on the website?**

1. Provide a clear pathway to detailed statistics at the individual organization level as well as across multiple organizations for comparison.
2. Provide detailed data that informs the word icons. Researchers and analysts may want to look at the numerical scores for each organization or provider, so allowing access to that data is key. You can provide a link to more data on each provider or access to an entire dataset.
3. Link to detailed information about the data source, measure, data collection timeframe, and any statistical adjustments made to the data to instill trust in the report and the website.
4. Provide Trending Report(s) within the existing Utilization Reports for multiple periods.

## Policymakers

Policymakers at the local, regional, and State level will benefit from population-level data that will likely be less relevant to consumers or providers. In addition, utilization data may be particularly useful for planning and budgeting of health care and community resources.

### A. Will the website be available publicly through the Internet or limited to those with a user name and password?

The website could be either public or private, but should clearly indicate the audience for whom this information is targeted. Although population-level data that policymakers seek may not be actionable for other audiences, making it publicly available increases transparency. Note: A private site allows better tracking of who is accessing your site, but it requires greater logistical management of the mechanism used to limit access to the website, and may limit the number of visitors using the site.

### B. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator,<sup>™</sup> results, CMS Hospital Compare data, Medicare Provider Charge Data–Inpatient, Inpatient Hospital Discharge data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. Table 5 shows the available types of data and measures relevant to policymakers.

**Table 5: Data and Measures Relevant to Policymakers for Use Within MONAHRQ**

Data	Types of Measures
AHRQ Quality Indicator <sup>™</sup> * Results	<ul style="list-style-type: none"> <li>• Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care</li> <li>• Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume</li> <li>• Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults</li> <li>• Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents</li> </ul>
CMS Hospital Compare Data*	<ul style="list-style-type: none"> <li>• Timely and effective care</li> <li>• Patient experience</li> <li>• Use of medical imaging</li> <li>• Readmissions, complications, and deaths</li> </ul>
Medicare Provider Charge Data–Inpatient*	<ul style="list-style-type: none"> <li>• Data include costs, charges, and payments for the top 25 Diagnosis Related Groups by volume</li> </ul>
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> <li>• Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses</li> </ul>
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> <li>• Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department</li> </ul>

Data	Types of Measures
CMS Nursing Home Compare Data	<ul style="list-style-type: none"> <li>• Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures</li> <li>• Overall Health Inspections—Results of the most recent health and safety inspections</li> <li>• Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more</li> <li>• Overall Staffing Measures—Number of staffing hours per resident per day for various providers</li> </ul>
CMS Physician Data	<ul style="list-style-type: none"> <li>• Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location</li> </ul>
Nursing Home (NH) CAHPS Data	<ul style="list-style-type: none"> <li>• Survey results from family members of nursing home residents about their experiences of nursing home care</li> </ul>
Clinician and Group (CG) CAHPS Data	<ul style="list-style-type: none"> <li>• Survey results from patients about their experiences of care with clinicians reported at the medical groups level</li> </ul>
Physician HEDIS Data	<ul style="list-style-type: none"> <li>• HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level</li> </ul>

\* [Some data are publicly available and provided on the MONAHRQ website: http://www.ahrq.gov/professionals/systems/monahrq/data/index.html](http://www.ahrq.gov/professionals/systems/monahrq/data/index.html)

**C. What type(s) of reports are most useful for policymakers?**

- Hospital Quality Ratings
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report
- IP Utilization Detail Report and Trending
- Emergency Department Treat-and-Release (ED) Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Physician Listing Report
- Physician Profile Report

**D. What features can the website include to help policymakers accomplish their goals on the website?**

1. Show overall regional or State-level scores and trends by geographic areas.
2. Highlight differences in comparative scores. Sort scores and use word icons and graphics as visual cues to indicate which providers are scoring better or worse than others.
3. Provide a means to access detailed statistics and scores; this is often done through a “drill-down”—a more detailed report deriving from the main report.
4. Provide contextual information written for policymakers that provides an explanation of the importance of the measures and what they mean at the population level.
5. Providing Trending Report within the existing Utilization Reports for multiple periods.

## Summary

The information presented in this Decision Guide is intended to help you make decisions as you build your MONAHRQ-generated website. Once you have considered your responses to these questions, you will be ready to create your MONAHRQ website using the step-by-step instructions in the Host User Guide.