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DISCLOSURE
PROJECT
Improving Health Care Quality through Public Reporting of Performance

Hospital Performance: The Expansion of Public Reporting, Performance-based Payment, and Quality Improvement in Public and Private Sectors

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Invitational Working Session
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Agenda

- **Welcome and Introductions**
  - Debra Ness, Disclosure Project and NPWF
- **Overview of Hospital Performance Activities and Issues**
  - Peter Lee, Disclosure Project and PBGH
- **CMS' Measurement and Use of Hospital Data**
  - Thomas Valuck, Centers for Medicare and Medicaid Services
- **Trends in State Hospital Measurement, and Public and Private Sector Payment Reform Strategies**
  - Barbara Rudolph, The Leapfrog Group
  - Denise Love, NAHDO
- **Private Sector Public Reporting Initiatives**
  - Ted Von Glahn, Pacific Business Group on Health
  - Christine Muldoon, WebMD Health Services
- **Roundtable Discussion**

Why Measure?

- Ongoing need to monitor quality, patient safety, and outcomes: We know there's a problem:
  - 2007 study found that in 2002, 1.7 million hospital-acquired infections were associated with 99,000 deaths (Klevens et al. 2007)
  - 200,000 venous thromboembolism fatalities occur annually in hospitals (NQF)
  - In FY 2007 (based on Medicare data):
    - 257,412 cases of Stage III and IV pressure ulcers
    - 29,536 cases of Vascular Catheter-Associated Infection
    - 193,566 cases of falls and trauma leading to fractures, burns, etc.

- Can't fix what you don't measure

- Provide tools to determine:
  - Whether or not hospitals / providers are providing care in a timely manner
  - Whether or not the care provided is safe and effective
  - Whether or not health care delivery is patient centered
  - The experience, knowledge and success rate of treating particular diseases / conditions

What do we do with the measures?

- Promote performance-based payment
- Support consumer choice
- Quality Improvement

It's all about improvement!

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"It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm."

-Florence Nightingale, 1859

Half-full Hospital Performance Glass

Measurement

- The Leapfrog Group established in November, 2000, defined measurement in three areas (CPOE, staffing ICUs with intensivists, evidence-based hospital referral)
- CMS' Pay-for-Reporting began in FY2007 (21 measures)
- Growing number of NQF hospital measures endorsed or under review
- Healthcare-acquired conditions (HACs) identified by NQF National Priorities Partners as an area for improvement

Public Reporting

- HQA/Hospital Compare established in December, 2002
- Growing number of states reporting
- Private sector "chooser tools" through health plans and vendors

Half-full Hospital Performance Glass

Performance-based Payment

- Latest CMS IPPS Proposed Rule Included an additional 43 measures for pay-for-reporting
- Premier Pilot and other P4 reporting pilots
- Private plan activity is expanding

Quality Improvement

- Major campaigns showing a difference
  - IHI's 100K lives and 5 million lives campaigns

Half-empty Hospital Performance Glass

Measurement

- No measures on efficiency; very few measures on outcomes

Public Reporting

- Most consumers aren't using "chooser" tools

Performance-based Payment

- Vast majority of payment systems designed to reward volume, not quality
- No links between in-patient and out-patient settings

Quality Improvement

- Care is routinely disjointed and uncoordinated
  - Known QI interventions are not being widely implemented
  - Many uncoordinated QI efforts

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The Current Measurement Dashboard: Making Progress, but Endorsed ≠ Collected

Measure Type	Measure Set	Hospital NQF Endorsed Measures	Physician NQF-Endorsed Measures
Safety	NQF Safe Practices (Leapfrog) Infections/errors AHRQ Patient Safety Indicators Nursing Indicators	✓✓✓	✓
Timeliness Process	Wide set of conditions	✓✓	✓
Effectiveness-Outcomes	Mortality, morbidity, functional health status	✓✓	✓
Cost-Efficiency	Resource use Cost to payers Multiple time frames	∅	∅
Equity	Measures for population subgroups	✓	✓
Patient Centeredness	CG-CAHPS/H-CAHPS	✓✓✓	✓✓✓

Key: ∅ = no measurement set; ✓ = minimal measure set; ✓✓ = partial measure set; ✓✓✓ = robust measure set

Hospital Performance Measurement and Data Collection: Major Activities

Sponsor	Activity
AHRQ Quality Indicators	• 14 Prevention Indicators • 32 Inpatient Indicators • 27 Patient Safety Indicators • 18 Pediatric Indicators • 25 of these have been NQF endorsed
CMS RHQDAPU	• Currently 30 pay-for-reporting measures • 43 additional measures proposed in FY 2009 IPPS rule
HQA	• 62 Measures adopted in the areas of AMI, Heart Failure, Pneumonia. Surgical Care, Patients Experience, Pediatric Asthma, Outpatient, Infection, Re-admission, Venous Thromboembolism, and Pediatric ICU.
NQF	• 48 measures addressing pediatric safety, hospital readmission, and prevention and care of venous thromboembolism • 28 Serious Reportable Adverse Events • Surgery and anesthesia measures currently up for voting. • Consensus measures up for review on hospital-based emergency department care and guidelines for consumer-focused public reporting.
The Joint Commission	• ORYX initiative aligns JCAHO and CMS measures on AMI, heart failure, pneumonia, and surgical care.

Performance Measurement and Use: Private Sector Activity

Actor	Scope of Work
3M http://solutions.3m.com/en_US/	Measurement of hospital performance Produces APR-DRG risk-adjustment software
Cardinal Health – MediQual and MedMind http://www.mediqual.com/	Measurement and improvement of hospital performance Mandated for use in Pennsylvania state-sponsored hospital reporting program (PHC4)
Care Science http://www.carescience.com/	Hospital outcome measures
HealthGrades http://www.healthgrades.com/	Hospital quality and utilization measures
Milliman http://www.milliman.com/expertise/healthcare/	Produces Hospital Efficiency Index, Milliman Medical Index
Solucient http://www.solucient.com/	Hospital quality and utilization measures
WebMD http://www.webmd.com/	Hospital quality and utilization measures
The vehicle through which much private activity occurs is via **health plans** which provide hospital report cards and consumer tools.	

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Using Hospital Performance Data for Consumer Reporting

National

- **Centers for Medicare and Medicaid Services Hospital Compare website**
  - http://www.hospitalcompare.hhs.gov
- **JCAHO QualityCheck**
  - http://www.qualitycheck.org/consumer/searchQCR.aspx
- **The Leapfrog Group**
  - http://www.leapfroggroup.org/cp

State

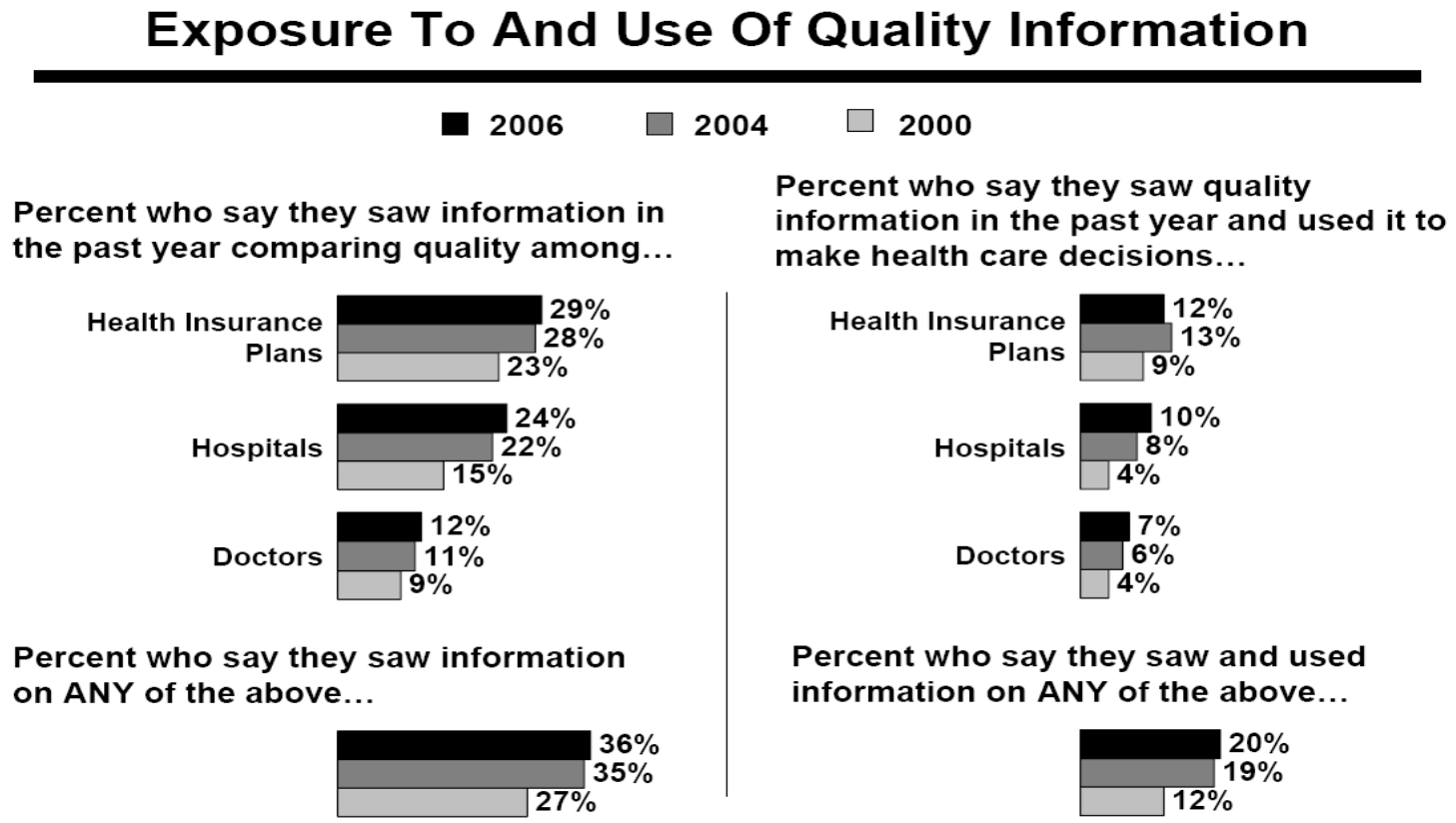
Many state reports

- CA, FL, KY, MA, MD, ME, MO, NJ, NH, NY, OR, PA, RI, TX, UT, VA, VT
- Significant variation in what is available, and format of, state public reports

Private Sector

- Health plans
- Vendors

What's the Data Say…



Sources: Kaiser Family Foundation/Agency for Healthcare Research and Quality *2006 Update on Consumers' Views of Patient Safety and Quality Information* (conducted August 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7-September 5, 2004); KFF/AHRQ: *National Survey on Americans as Health Care Consumers: An Update on The Role of Quality Information* (conducted July 31-Oct. 13, 2000)

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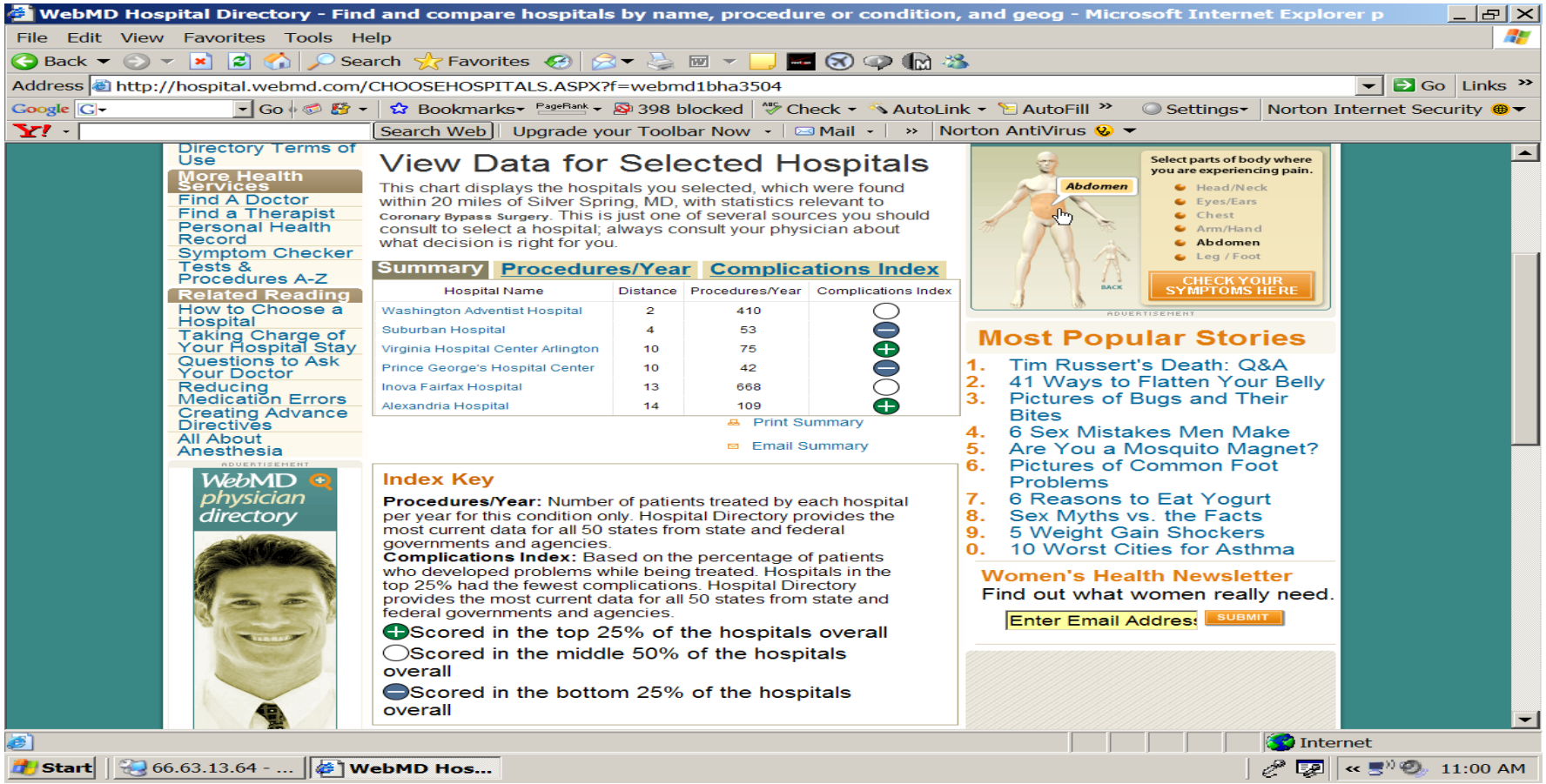
22 million using health care quality information for hospital choice…but how good is the information?

Saw information on quality among…		Used the information in making a decision…	
		% and Number Of all Americans	
Health Plans	**24%**	12%	**26 million**
Hospitals	**29%**	10%	**22 million**
Physicians	**12%**	7%	**16 million**

Source: Kaiser Family Foundation et al., *National Survey on Consumers' Experiences*, 2006

Variation in Consumer Tools



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Variation in Consumer Tools

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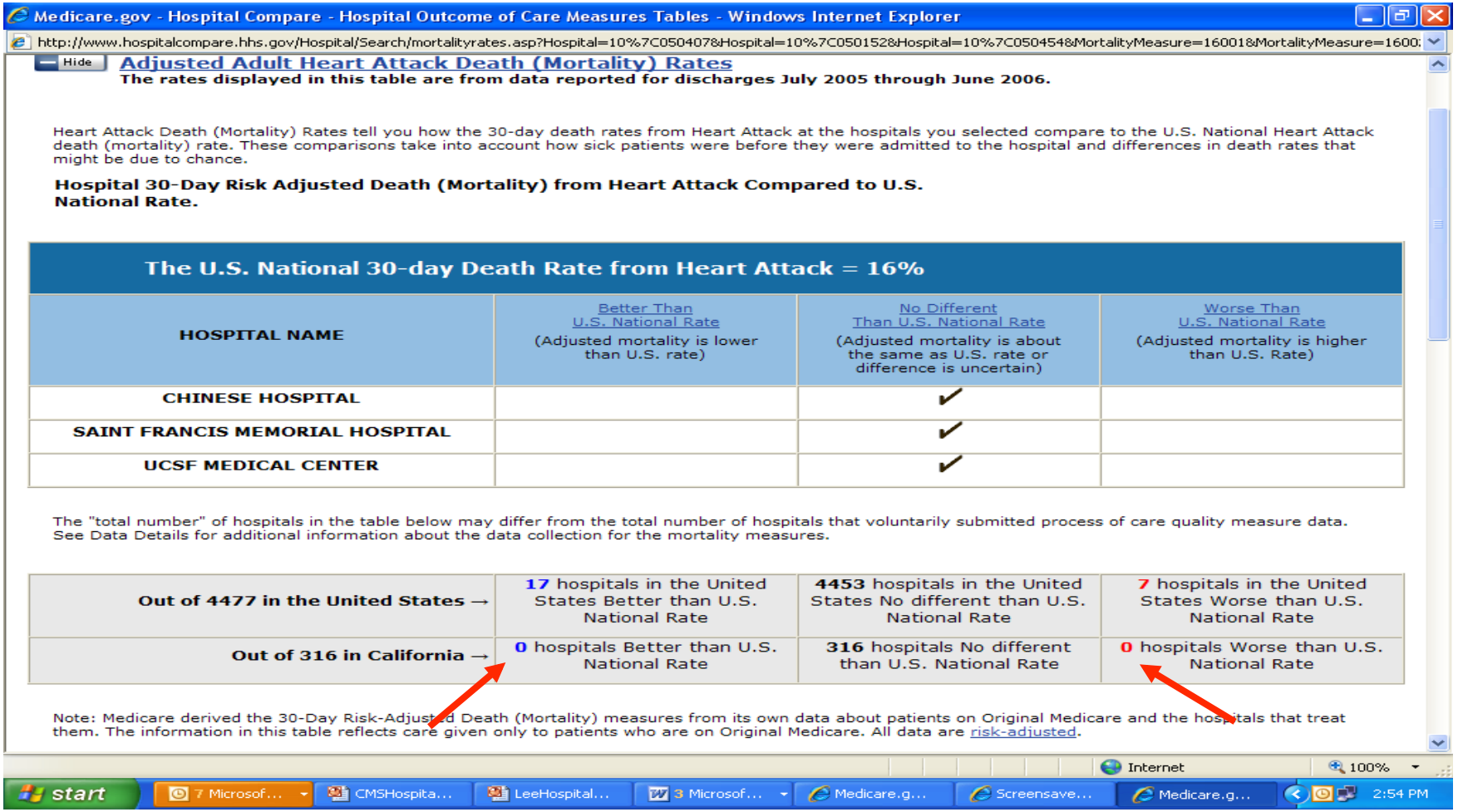
Meaningful differentiation is often absent: CMS Hospital Compare -- are there really no above or below average hospitals in California?



Medicare.gov - Hospital Compare - Hospital Outcome of Care Measures Tables - Windows Internet Explorer

http://www.hospitalcompare.hhs.gov/Hospital/Search/mortalityrates.asp?Hospital=10%7C050407&Hospital=10%7C050152&Hospital=10%7C050454&MortalityMeasure=16001&MortalityMeasure=1600

Hide **Adjusted Adult Heart Attack Death (Mortality) Rates**

The rates displayed in this table are from data reported for discharges July 2005 through June 2006.

Heart Attack Death (Mortality) Rates tell you how the 30-day death rates from Heart Attack at the hospitals you selected compare to the U.S. National Heart Attack death (mortality) rate. These comparisons take into account how sick patients were before they were admitted to the hospital and differences in death rates that might be due to chance.

Hospital 30-Day Risk Adjusted Death (Mortality) from Heart Attack Compared to U.S. National Rate.

The U.S. National 30-day Death Rate from Heart Attack = 16%			
HOSPITAL NAME	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
CHINESE HOSPITAL		✔	
SAINT FRANCIS MEMORIAL HOSPITAL		✔	
UCSF MEDICAL CENTER		✔	

The "total number" of hospitals in the table below may differ from the total number of hospitals that voluntarily submitted process of care quality measure data. See Data Details for additional information about the data collection for the mortality measures.

Out of 4477 in the United States →	**17** hospitals in the United States Better than U.S. National Rate	**4453** hospitals in the United States No different than U.S. National Rate	**7** hospitals in the United States Worse than U.S. National Rate
Out of 316 in California →	**0** hospitals Better than U.S. National Rate	**316** hospitals No different than U.S. National Rate	**0** hospitals Worse than U.S. National Rate

Note: Medicare derived the 30-Day Risk-Adjusted Death (Mortality) measures from its own data about patients on Original Medicare and the hospitals that treat them. The information in this table reflects care given only to patients who are on Original Medicare. All data are risk-adjusted.

Internet 100%

start | 7 Microsof... | CMSHospita... | LeeHospital... | 3 Microsof... | Medicare.g... | Screensave... | Medicare.g... | 2:54 PM

Performance-based Hospital Payments

Public Sector

- CMS' non-payment for Hospital-Acquired Conditions (HACs) through the IPPS
- Premier Hospital Quality Incentive Demonstration (HQID) Pay-for-Performance pilot

Private Sector

- Provider initiatives
  - Geisinger Health System Warranty model
    - 90-day warranty on care provided to all non-emergency CABG patients
    - GHS charges a single (higher) price for a bundle of services that includes readmissions for complications
- Many health plan initiatives
  - Aetna: Ending reimbursement for 28 never events over next 3 years
  - WellPoint: Testing policy to not reimburse for 4 never events in some states

Quality Improvement: Big Leaps Are Possible, Pronovost Checklist in Michigan

- Dr. Pronovost's Checklist: Correct site, "time-out," sterile field
- 2003 AHRQ/Michigan Health and Hospital Association Project
  - Goal: eliminate CRBSI statewide
  - 127 hospital ICUs participated
  - More than 50% of ICUs reduced CRBSI to zero.
  - Overall rate reduced by 66%

  - http://www.safetyresearch.jhu.edu/qsr/

Quality Improvement: Big Leaps Are Possible

Institute for Healthcare Improvement's *100,000 Lives* and current *5 Million Lives* campaigns: Voluntary initiative to protect patients from incidents of medical harm

Practices in 100,000 Lives	No. of Participating Hospitals	Other Major Organizations Promoting/Mandating Practice	Strength of Evidence
Rapid Response Teams	1,781	None	Relatively weak
Medication Reconciliation	2,185	JCAHO	Weak-Medium
Prevent Central Line Infections	1,925	JCAHO	Strong
Prevent Surgical Site Infections	2,133	JCAHO, CMS	Strong
Prevent VAP	1,982	JCAHO, CMS	Strong
Evidence-based Care for MI	2,288	JCAHO, CMS, NQF	Strong

Source: Wachter, Pronovost, "The 100,000 Lives Campaign: A Scientific and Policy Review," Journal on Quality and Patient Safety, JCAHO, Vol. 32, No. 11, November 2006, www.ihi.org/IHI/Programs/Campaign/Campaign.htm?TabID=1

Issues to Consider

Measurement

- No endorsed efficiency or cost-effectiveness measures
- Few outcomes and functional status measures
- Few measures on disparities
- Cost of measure development
- Cost and burden of measurement
- Need for alignment and harmonization
  - Across actors (fed, state, public and private sectors)
  - Across providers (physicians and hospitals), e.g. physician vs. hospital mortality rates; physician/outpatient ambulatory settings vs. inpatient hospital

Issues to Consider

Public Reporting

- Need to increase usage for the right patients at the right time
- Need to make reported data meaningful

Performance-based Payment

- Vast majority of payments not sensitive to performance
- No linkage via payment policy to what happens inside vs. outside of the hospital.

Quality Improvement

- Lack of coordination of QI initiatives
- Gaps in adherence to “Pronovost checklist”-type models

Appendix: Description of Major Organizations Involved in Hospital Measurement

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Quality Alliance (HQA)
- National Quality Forum
- The Joint Commission

For additional information, see "The National Performance Measurement Landscape: Basics for Consumers and Purchasers," January 17, 2008
http://healthcaredisclosure.org/docs/files/DisclosureMeasurementLandscape12-10-07.pdf

Agency for Healthcare Research and Quality (AHRQ)

Major Issues:

- Primarily funded by dues, which limits organizations that can be active participants on “Principals” Steering Committee
- Until recently HQA process has been relatively opaque; steps are being taken to improve the degree of transparency and opportunities for input/influence
- Limited consumer and purchaser participation on work groups as compared to hospital industry
- CMS has much more influence on HQA than private purchasers, given various Congressional mandates (notably, value-based purchasing for hospital services)

Agency for Healthcare Research and Quality (AHRQ)

Significance:

- Major supporter of measurement enterprise
- AHRQ Director is co-chair of QASC and AQA
- Potentially growing role in measure development and efficacy

Major Issues:

- Woefully underfunded compared to "basic research"
- Scope of mandate to address comparative treatment effectiveness assessment, which is the key issue for purchasers and consumers, limited compared to need

Centers for Medicare and Medicaid Services (CMS)

- ***Role***: Payer for Medicare and Medicaid, sponsors Measure development and data aggregation
- ***Participants***: Congress, CMS apparatus, most of the healthcare system through Medicare and Medicaid reimbursement
- ***Structure***: Agency within the Department of Health and Human Services, headed by political appointee with civil service staff
- ***Background***: Medicare program instituted in 1964. Medicare embarked on performance measurement reporting as vehicle for voluntary promoting quality improvement 2004.
- http://www.cms.hhs.gov/

Centers for Medicare and Medicaid Services (CMS)

Significance:

- Medicare standards drive much of the health care market
- Physician Quality Reporting Initiative (PQRI) – 2007 voluntary reporting for 1.5% bonus
- Hospital Value Purchasing – 2007 up to 2% bonus for participating

Major Issues:

- Subject to Congressional oversight and political pressure with all the pros and cons it entails
- Incrementalism can mean slow progress compared to needs and demands of consumers and purchasers
- Participation in quality reporting programs remains voluntary; potential for missing provider information for consumers

Hospital Quality Alliance (HQA)

- ***Role***: Sponsor of measure implementation initiatives
- ***Participants***: Public-private coalition of hospitals, nurses, physician organizations, accrediting agencies, government, consumers and business that shares quality information about key aspects of hospital care
- ***Structure***: Principals steering committee, workgroups
- ***Background***: Formed in 2002 to increase hospital participation in public reporting and expand use of quality measures. Key collaborator in website HospitalCompare.hhs.gov to provide information on hospital quality.
- http://www.hospitalqualityalliance.org/hospitalqualityalliance/index.html

Hospital Quality Alliance (HQA)

Significance:

- Important mechanism for impacting CMS hospital reporting requirements
- Drives the website tool Hospital Compare (www.HospitalCompare.hhs.gov)
- Significant organization for engaging the 3 national hospital associations in measurement activities
- Acted on commitment to only use NQF endorsed measures

Major Issues:

- Primarily funded by dues, which limits organizations that can be active participants on "Principals" Steering Committee
- Until recently HQA process has been relatively opaque; steps are being taken to improve the degree of transparency and opportunities for input/influence
- Limited consumer and purchaser participation on work groups as compared to hospital industry
- CMS has much more influence on HQA than private purchasers, given various Congressional mandates (notably, value-based purchasing for hospital services)

National Quality Forum

Significance:

- The consensus-based organization and process, allows Medicare to adopt NQF measures without extensive government rule-making procedures
- Has formal and significant consumer and purchaser voice in the collaborative process
- NQF endorsement is the "gold standard"

- From 1999 to October 2007, NQF has endorsed more than 300 measures, practices, and guidelines (areas include physician performance, hospital performance, cultural competency, patient experience, and health information technology)
- Many measures of critical importance to consumers and purchasers are currently under review, such as cancer care

National Quality Forum

- ***Major issues:***
- Funded largely with project-specific dollars, hence danger of measure endorsement process driven by funders rather than national priorities
- Need to move to public funding of a public good. A major multi-stakeholder campaign to secure ongoing Federal support for NQF is underway – ongoing consumer and purchaser support needed
- The measure endorsement process has historically been more weighted to scientific perfection than feasibility -- many endorsed measures are not easily collectible and depend on voluntary provider participation.
- Historically the approval process has been criticized as slow and cumbersome. In 2007, the approval process was overhauled to address this issue.
- The number of steering committees and measurement processes make it difficult to engage and recruit consumer and purchaser participants.

National Quality Forum

- ***Role****:* Serves as the national measurement endorsement entity and the primary forum for setting measurement priorities
- ***Participants***: Broad representation of stakeholders, including consumers, purchasers, employers, health care provider organizations, labor unions, Federal Government agencies, and health care and quality improvement researchers
- ***Structure***: Independent multi-stakeholder board with substantial consumer and purchaser representation
- ***Background***: Formed in 1999 based on the recommendations of a President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Restructuring in 2007 with a new board, committees, and councils.
- http://www.qualityforum.org/

The Joint Commission

- ***Role***: Accredits hospitals, home health programs, nursing homes, etc.; develops and implements quality measures
- ***Participants***: Accredits and certifies more than 15,000 health care organizations and programs in the US
- ***Structure***: Governed by a 29-member Board of Commissioners that includes physicians, administrators, nurses, employers, health plan leaders, and quality experts
- ***Background***: Formed in 1951 to provide voluntary accreditation of hospitals
- http://www.jointcommission.org/

The Joint Commission

Significance:

- Has a significant impact on hospital performance initiatives
- Has made significant strides in expanding measurement through ORYX initiative (2008 requires measurement in 4 of 7 domains covered under the initiative); accreditation tied not only to data collection, but also performance
- Performance data publicly reported on Joint Commission's website Quality Check http://www.qualitycheck.org/consumer/searchQCR.aspx

Major Issues:

- Corporate entity with traditional governance model that is significantly weighted toward provider representation
- Restrained in how proactive it can be in expanding performance measurement since represents hospital industry
- Publishing ORYX data (4 domains currently, moving to 5) on website Quality Check, but have shown a tendency to adopt "industry friendly" reporting methods, thereby reducing quality distinctions among hospitals

Consumer-Purchaser DISCLOSURE PROJECT Improving Health Care Quality through Public Reporting of Performance

About the Disclosure Project

The Consumer-Purchaser Disclosure Project is a coalition more than 50 of the nation's leading consumer, labor, and employer organizations that are working to advance the measurement and subsequent use of nationally standardized measures of clinical quality, efficiency, equity, and patient centeredness for health plans, hospitals, medical groups, physicians, other providers, and treatments. The Disclosure Project's goal is to see these measures become publicly reported for the purposes of advancing the use of consumer support tools, performance-based payment reform, and quality improvement. The project is supported by financial and in-kind support of participating organizations and by financial support from the Robert Wood Johnson Foundation.

Previous Discussion Forums are available at http://healthcaredisclosure.org/activities/forums/

National Performance Measurement Landscape: Basics for Consumers & Purchasers – December 10, 2007 and January 17, 2008

Medicare's Physician Performance Agenda: Understanding Next Steps and Shaping the Future Course – February 28, 2007

Using Electronic Data to Assess Physician Quality and Efficiency – September 29, 2006

Provider Payments: How They Work, Implications for Cost & Quality, and Creating a Consumer/ Purchaser Policy Agenda – July 26, 2006

Cost/Price Transparency – May 25, 2006