Hospital Quality Measures

DATE

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What is already reported: CMS

- **Heart attack care**
  - 10 measures: 8 process + mortality, readmission
- **Heart Failure**
  - 6 measures: 4 process + mort, read
    - Note: will be 5 – one process measure being retired
- **Pneumonia**
  - 8 measures: 6 process + mort, read
- **Surgical Care Improvement Program**
  - 8 measures: all process, includes infection prevention

What is already reported: CMS (cont.)

- **HCAHPS**
  - Standardized patient experience survey
  - “Rolled-up” to 10 measures
- **Outpatient measures (in 2010)**
  - 11 process measures
- **Pediatric asthma**
  - 3 process measures, all voluntary
- **AHRQ Indicators**
  - 9 measures proposed
  - More to come on these . . .

What is already reported: MN

- **Adverse Health Events**
  - Annual report (released TOMORROW!)
  - Based on National Quality Forum list of 28 Serious Reportable Events
- **MN Hospital Quality Partnership**
  - Stratis Health & MHA
  - Includes CMS +
    - 3 “Appropriate Care Measures”
    - Infection measures (as of this year)

What is already reported: Other

- **JCAHO**
- **Leapfrog**
- **Various websites**
  - HealthGrades, WebMD, Main Street Medica, healthcarefacts.com, thehealthcarescoop.com

State Health Reform 2008

- **Legislative interest: expand transparency efforts**

  Q: Can we find low collection burden options?

  A: State identifies AHRQ measures

  - Based on data already collected
  - Contract calls for 12 initial measures, to expand annually

AHRQ indicators

- **Initially developed in 1998**
- **Based on administrative data only**
- **Four modules:**
  - Inpatient Quality Indicators (28 provider level measures)
  - Patient Safety Indicators (20)
  - Prevention Quality Indicators (0)
  - Pediatric Quality Indicators (13 – newest – peds version of PSIs, mostly)
- **Other states use for public reporting**
  - e.g. Colorado, Texas

www.qualityindicators.ahrq.gov/

Criteria to select indicators

- **Alignment with other public reporting or quality improvement activities**
- **Number of hospitals with significant volume**
- **Likelihood of consumer interest**
- **Coding/severity adjustment issues**
- **Outcome measures**

Preliminary recommendations

- AAA repair: 1) volume & 2) mortality rate
- CABG: 3) volume & 4) mortality rate
- PTCA: 5) volume & 6) mortality rate
- 7) Hip fracture mortality rate
- 8) Decubitus Ulcer
- 9) Death among surgical patients w/ treatable serious complications
- 10) Post-op pulmonary embolism or DVT
- 11) OB trauma – vaginal delivery with instrument
- 12) OB trauma – vaginal delivery without instrument

#1 - #6: Volume w/ Mortality

	V	M
Alignment	+	+
• Leapfrog measures		
# of Hospitals	-	-
• Only large		
Public Interest	+	++
• Common procedures		
Coding Issues	++	0
• No problem with volume, severity adjustment imperfect on mort		
Outcome	0/+	++
• Volume is marker for quality, mort is an outcome		

#7: Hip Fracture Mortality

- **Alignment** **+**
  - CMS measure
- **# of Hospitals** **+**
  - Applies to all hospitals
- **Public Interest** **0/+**
  - Understandable, relatively low occurrence
- **Coding Issues** **0**
  - Severity adjustment imperfect on mort
- **Outcome** **++**
  - Mort is an outcome

#8: Decubitus Ulcer

- **Alignment** **+**
  - AHE & CMS
- **# of Hospitals** **+**
  - Applies to all hospitals
- **Public Interest** **+**
  - Avoidable condition
- **Coding Issues** **0/+**
  - Coding variations; Present on Admission, new diagnosis codes
- **Outcome** **++**
  - This is an outcome measure

#9: Death among surgical patients with treatable serious complications

- **Alignment** +
  - CMS measure, relates to AHE, IHI
- **# of Hospitals** +
  - Applies to most hospitals, tracked by many
- **Public Interest** +
  - Understandable; avoidable condition
- **Coding Issues** -
  - Coding of complications not uniform, does not track prevention of complications
- **Outcome** ++
  - This is an outcome

#10 Post-op pulmonary embolism or DVT

- **Alignment** +
  - Aligns with Hospital Quality Alliance VTE topic
- **# of Hospitals** +
  - Applies to most hospitals (around 7.5 per 1000 for MN)
- **Public Interest** 0
  - Not top-of-mind, but applies to all surgery
- **Coding Issues** +
  - Usually coded
- **Outcome** ++
  - This is an outcome

#11 & #12: OB trauma w/ & w/o instrument

- **Alignment** **+**
  - Reported to JCAHO by some hospitals
- **# of Hospitals** **+**
  - Applies to most hospitals
- **Public Interest** **++/+**
  - Very few OB measures available, but will people understand "3rd & 4th degree lacerations"
- **Coding Issues** **0/+**
  - Some controversy on consistency of coding, how preventable?
- **Outcome** **++**
  - This is an outcome

Why not other AHRQ measures?

- **Mortality for specific medical conditions (6 out of 7 indicators not chosen)**
  - Severity adjustment less robust than for surgical
    - hip fracture chosen
- **Mortality for specific surgical conditions (5 out 8 indicators not chosen)**
  - 3 chosen are higher volume and have corresponding volume indicators

Why not other AHRQ measures?

- **Utilization measures (none of 7 chosen)**
  - e.g. C-section & VBAC rate: controversy about what is “good”
- **Volume measures (3 of 6 not chosen)**
  - Higher volume procedures chosen
  - Carotid Endarterectomy was a candidate, w/ its mortality measure – not all hospitals do it

Why not other AHRQ measures?

- **Other PSIs**
  - Some are very low occurrence, < 1 per 1000
  - Others have coding issues
    - Accidental puncture/laceration was a candidate, but fell short here
- **Composite measures**
  - In CMS proposed list: death in medical conditions, death in surgical conditions, overall patient safety
    - Methodology not widely accepted
- **Pediatric measures**
  - Very low occurrence

Future Years

- **Run AHRQ measures off of "hybrid" database**
  - AHRQ contract: merge lab data with admin data
  - Should be relatively low collection burden
  - Enhances ability to severity-adjust
  - Pilot ends Sept. '09