Hospital Quality Measures

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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
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
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