2013 Hospital Measures

Vicki Olson, RN, MS

Statewide Quality Reporting and Measurement System (SQRMS) Public Forum
June 27, 2012
Stratis Health

• Organizational Program areas
  – Health disparities
  – Health information technology
  – Rural health
  – Quality Improvement Organization
Objectives

• Review the process used for measurement recommendations
• Describe focus and recommendations for 2013 measures
2013 Hospital Measures Recommendation Process
Recommendations Process

1. **MDH focus**

2. **Identify potential measures**
   - Hold on any new measures
   - Review existing measures for alignment with other required measures

3. **Convene committee**
   - Update the list of future measures to be considered
   - Provide recommendations regarding timing of data collection and data submission for new measures

4. **Committee discussion**

5. **Committee rates measures**

6. **Final Slate of Measures**
Recommendations Process

MDH focus

Committee rates measures

Convene committee

Identify potential measures

Committee discussion

Final Slate of Measures

Hold on any new measures

Measures identified last year
- CMS
- AHRQ
- IHI
- MBQIP
Recommendations Process

- MDH focus
- Identify potential measures
- Convene committee
- Committee discussion
- Committee rates measures
- Final Slate of Measures

- Consumer
- Employer
- Health plan
- MD
- Nursing operations
- Rural
- Added PPS hospital representation
Recommendations Process

1. Process for bringing on new measures
   New measures in August
   Educate prior to final rule

2. Measures that should be modified or retired
   Value of asthma to CAH?

3. Potential future measures
   If not CMS, additional burden
   Like comparison data with MBQIP
   Please align with Hospital Engagement Network (HEN)
Recommendations Process

- Continue two stroke measures with updated specs
- OK to have different measures for CAH & PPS hospitals
- Focus on outcomes measures
- Incent systems thinking – want to look across all settings
Recommendations Process

Hold on any new measures
2013 Hospital Measures
Recommendations
New Measures

• Hold on new measures
Current Measures

Stroke measures

- Continue stoke measures for one more year and assess results/value compared to new CMS stroke measures
- Revises specifications to clarify exclusions and definition of timeframe for initial examination
Current measure alignment with CMS

• Criteria for retiring a measure – if “topped out” nationally would be difficult to justify keeping in SQRMS

• Criteria
  – Based on hospital volume, services provided and risk level of the condition
  – Evaluate each measure separately
  – Be sensitive to number of data elements
  – Be systems-focused, outcomes-based
Alignment to CMS measures

Recommendations:

• Consider a variance process to the rules to stay in sync with CMS changes made after SQRMS recommendations

• Evaluate each new/revised CMS measure and incorporate into SQRMS on a case-by-case basis
Alignment to CMS measures

Recommendations (continued):

• Develop CMS measure inclusion criteria that reinforce a systems-focused, outcomes based philosophy
HCAHPS

- Part of Medicare Beneficiary Quality Improvement Program (MBQIP) for CAH
- Currently hospitals that have < 500 admissions in prior year are excluded from this survey as part of SQRMS
- Should we expand to more hospitals?
HCAHPS

Recommendations:

• Maintain current requirement of ≥500 admissions in prior year
ED Transfer Communication

Summary Measure

- Administrative Communication (NQF 0291)
- Vital signs (NQF 0292)
- Medication information (NQF 0293)
- Patient information (NQF 0294)
- Physician information (NQF 0295)
- Nursing information (NQF 0296)
- Procedures and tests (NQF 0297)
ED Transfer Communication measures

• NQF endorsed
• Included in phase 3 of MBQIP
• Since it has not been widely implemented, there were learnings
  – what needed to be defined or clarified for the specifications
ED Transfer Communication measures

Recommendation:

• Develop an advisory group to provide clinical and operational guidance on measure specifications and recommendations for sampling and/or measure domains
Future measures

• Discussed
  – HCAHPS
  – Readmissions
  – Need for evaluating cost as part of value equation
Future measures

Recommendation:

• Understand impact of diverse populations and their needs on HCAHPS survey process and identify mechanisms to address those barriers

• Use the provider peer grouping committee to further discuss readmissions
Future measures

Recommendation:

• Incorporate cost and value components into future measure consideration.

• Review the data and current measures to ensure alignment with driving change to patient-centered outcomes, total system change and total cost of care.
Timing of New Measures

- Year is defined by data submission so that can drive retrospective data collection for new measures
- Possible solutions
  - Start new measures in August so data collection begins in January
  - Educate hospitals before July 1st (3rd qtr) of the prior year
Timing of New Measures

Recommendation:

• Start new measures in SQRMS with an August submission date so that data collection would start with January discharges

• Send out measure education with the comment period to allow hospitals to prepare for January data collection
Additional Resources

• Specifications Manual for National Hospital Inpatient Quality Measures
  www.qualitynet.org

• National Quality Forum
  www.qualityforum.org
Other Ideas for Discussion
Other issues for discussion

• How do we look at all reporting required for hospitals to get a handle on data burden and how to streamline reporting?

• Do we have the right measures in place to ensure that we are measuring and driving toward quality outcomes?
Other issues for discussion

- Can we develop proposed measures 2-3 years in the future such as CMS does?
- What role does the National Health Safety Network (NHSN) have in reporting for CAH in Minnesota?
Other issues for discussion

• Who/how do we develop & test new measures?
Questions?

Vicki Olson, Program Manager
952-853-8554 or 877-787-2847
volson@stratishealth.org

www.stratishealth.org
Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.