2015 Hospital Measures

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Objectives

• Review the process used for 2015 hospital measures recommendations
• Share recommended changes to the 2015 hospital slate of measures
• Describe plan for 2016 hospital measures recommendation process
2015 Hospital Measures Recommendation Process
Recommendations Process

- Aid consumers, employers and other health care purchasers in decision-making
- Use measurement criteria to recommend measures for public reporting and improvement
- Preference for outcome, patient reported outcome or functional status, and electronic measures
Recommendations Process

- **MDH focus**
  - Identify potential measures
  - Convene team

- **Final Slate of Measures**
  - Request feedback from expert groups
  - Team discussion

Compiled suggestions from previous discussions but did not consider for this year since there was not adequate time to prioritize and solicit feedback from expert groups.
Recommendations Process

MDH focus

Identify potential measures

Convene team

Final Slate of Measures

Team discussion

Request feedback from expert groups

Added roles:
- Hospitalist
- Minnesota Alliance for Patient Safety (MAPS) leadership

- Consumer
- Employer
- Health plan
- MD
- Nursing
- Pharmacy
- Rural
- Hospital Systems
- Pt Safety/Risk Management
Recommendations Process

- Convene team
- Request feedback from expert groups
- Identify potential measures
- Team discussion
- Final Slate of Measures

Only feedback was questioning value of collecting low volume measures for critical access hospitals.
Recommendations Process

1. Discussed feedback on measures with low volume.
2. Voted on proposal
3. Started discussion on priorities for stakeholder feedback
Recommendations Process

1. MDH focus
2. Identify potential measures
3. Convene team
4. Request feedback from expert groups
5. Team discussion
6. Final Slate of Measures
7. Additions/Removals/Modifications
2015 Hospital Recommendations
2015 Recommendations

Measures to add:

• None
2015 Recommendations

Measures to remove for critical access hospitals (CAH):

• AMI 7a Fibrinolytic therapy received within 30 minutes of hospital arrival

• AMI 8a Timing of receipt of primary Percutaneous Coronary Intervention (PCI)
2016 Hospital Measures Process
Changes to Process

- Steering committee members have committed to participating through Dec 2015.
- Steering committee will convene throughout the year and will consider feedback from expert groups.
- Preliminary slate of measures will be developed by April 15 each year to match the clinic measures recommendation process.
Recommendations Process

1. MDH focus
2. Identify potential measures
3. Convene team
4. Request feedback from expert groups
5. Team discussion
6. Preliminary Slate of Measures
7. Final Slate of Measures

Enhanced step

Added step
Suggested topic areas for new measures

• Readmissions
• Mental/Behavioral Health
• Patient Safety
• CMS Measure alignment
• Medicare Beneficiary Quality Improvement Project (MBQIP) alignment
Timing of measure additions and removal

• Seemed to work to add measures with January 1 dates of service so that first data submission would be in August

• Removals timing needs more discussion – have done a mix of removing with July 1 discharges the year before or with January 1 discharges of the coming year.
Other issues for discussion

• More in depth evaluation of measures – volume, data burden, variation
• CMS transition to eCQM (electronic clinical quality measures)
• Ways to get stakeholder input
Additional Resources

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

• National Quality Forum
  www.qualityforum.org
Questions?

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