

Trends and Issues in Rural Hospital Measurement

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Agenda

- What are rural hospitals measuring and how are they doing?
 - QIO Role
 - CAH Data Reporting
 - CAH Quality Improvement
 - Organizational Safety Culture
- What measurement initiatives are on the horizon?
 - Appropriate Care Measure
 - CMS Value-Based Purchasing
 - Mortality Measures
 - HCAHPS
 - Proposed 'Rural' Measures
 - IHI 5 Million Lives Campaign

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Agenda

- Brief overview of QIO role in supporting rural hospital quality and patient safety
- Measurement results to date:
 - CAH core measure reporting
 - CAH core measure QI efforts
 - Rural hospital AHRQ patient safety culture baseline
- Measurement initiatives on the horizon

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QIO Rural Hospital Efforts – Background

- **National Goal:**
 - *The QIO shall promote transformational change in CAHs and rural PPS hospitals by working on clinical performance quality measures and organizational safety culture relevant to care provided in these hospitals.*
- Most QIOs required to do rural hospital work in 8th Scope of Work
 - 8 states/territories exempted
- Approximately 50% of QIOs cite implementing at least one rural-specific initiative prior to the 8th Scope of Work
- Stratis Health awarded contract to serve as the national rural hospital QIO support center (QIOSC)

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QIO Rural Hospital Efforts: “Task 1c2” Overview

1. Get *non-reporting* CAHs to submit data to QualityNet Exchange
2. Support *reporting* CAHs in improving care in selected areas
3. Improve organizational patient safety culture in a selected group of rural PPS hospitals and/or CAHs
 - Rural Organizational Safety Culture (ROSC) Identified Participant Group (IPG)

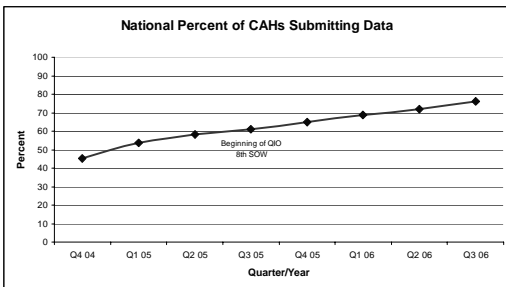
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CAH Reporting of Clinical Measures

- As of Quarter 3 (Q3) 2006, 76% of CAHs nationally are submitting data
- Steady increase over past two years
 - No financial impact if do not report
 - QIO goal to increase reporting by CAH in each state by at least 50%
 - Approximately 23% of CAHs that are submitting data are not publicly reporting on Hospital Compare

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National % of CAHs Submitting Data



Note: Only includes CAHs converted as of 7/31/05.

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CAH Clinical Quality Improvement

- QIOs to work with reporting CAHs to improve at least one measure from baseline to remeasurement
 - 415 CAHs considered reporting for QIO evaluation
 - Converted by 7/31/05
 - Reporting Q3 & Q4 2004 as a CAH
 - Number of reporting CAHs varies by state from 0 – 36
 - Most QIOs/CAHs selected pneumonia and heart failure measures as areas for focused QI efforts
- Most recent data indicates average relative improvement on selected topics per state of **41.6%** (Q2-Q3 06)
 - Indication that many CAHs are seeing significant improvement on measures of focus!

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Rural Organizational Safety Culture (ROSC)

- Performance goal:
 - Work with at least 6 hospitals to achieve improvement between baseline and remeasurement of survey results on 3 specific leadership questions from the AHRQ Hospital Patient Safety Culture Survey
- Many QIOs are working with more than the required six hospitals on rural organizational culture work
 - 383 hospitals submitted to CMS for QIO evaluation as part of the ROSC IPG
 - Range: 6 – 23

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ROSC (cont.)

AHRQ Patient Safety Culture Survey Leadership Questions for QIO Evaluation:

- Hospital management provides a work climate that promotes patient safety (F1)
- The actions of hospital management show that patient safety is a top priority (F8)
- Hospital management seems interested in patient safety only after an adverse event occurs (F9)

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ROSC (cont.)

- Average Baseline Scores – Leadership Questions:
 - National average: 73%
 - Range: 59% - 83%
 - Note: Not all states included; some states exempt
- Common areas for hospital improvement (anecdotally):
 - Non-punitive error reporting
 - Communication openness
 - Hospital handoffs and transitions

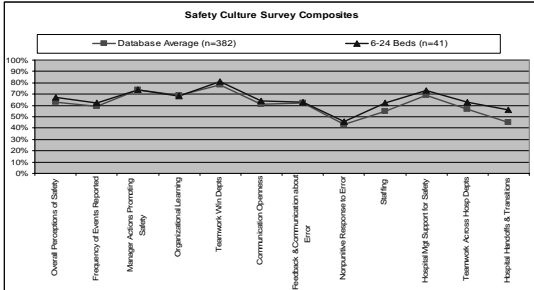
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AHRQ Hospital Patient Safety Culture Survey Database

- Hospital Survey on Patient Safety Culture: 2007 Comparative Database Report: <http://www.ahrq.gov/qual/hospsurveydb/index.html#Contents>
- Smaller hospitals (49 beds or fewer) had the highest average positive response on all 12 patient safety culture composites
- The largest difference across hospitals by bed size was on *Handoffs & Transitions* where the smallest hospitals (6-24 beds) scored 20 percent higher than the largest hospitals (400+ beds)—56 percent positive compared to 36 percent positive)
- Year 2 Comparison Data Submission due this summer

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AHRQ Hospital Patient Safety Culture Survey Database



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Measurement Initiatives on the Horizon

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Appropriate Care Measure

A pass/fail measure at the individual patient level that asks whether eligible patients have received ALL of the appropriate care for the condition they are being treated for; the ACM is comprised of all measures included in each topic:

AMI

- Aspirin at arrival and discharge
- Beta Blocker at arrival and discharge
- ACEI/ARB for LVSD at discharge
- Adult smoking cessation counseling
- Thrombolytic within 30 minutes
- PCI within 120 minutes

Heart Failure

- LVF assessment
- ACEI/ARB for LVSD
- Adult smoking cessation counseling
- Discharge instructions

Pneumonia

- Oxygenation assessment
- Pneumococcal vaccination
- Initial antibiotic selection and within 4 hours of arrival
- Blood culture within 24 hours of arrival
- Blood culture in ED prior to initial antibiotic
- Adult smoking cessation counseling

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Appropriate Care Measure (cont.)

Why use an ACM?

- Measures quality of care received from the patient's perspective
- Reinforces the **right care for every person every time**
- Uses existing data being collected by many hospitals
- May be helpful in engaging leadership/board in understanding clinical measures and in bringing focus to quality improvement efforts

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CMS Value-Based Purchasing Plan

- Cost + Quality = Value
- Value-based purchasing (VBP)
 - Linking payment to performance
 - Differential payment based on quality indicators
 - Builds on the RHQDAPU infrastructure
- VBP Plan to be finalized by June 2007 for implementation in FY 2009
 - CMS hosted listening sessions (1/07, 4/07)
 - Medicare Hospital VBP Development Issues Paper posted 3/07
 - One-month written comment period (ended 4/19)
 - <http://www.cms.hhs.gov/center/hospital.asp>

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CMS Value-Based Purchasing Plan (cont.)

Proposed Evolution of VBP Measures Over Time

Initial FY 2009	FY 2010-2011	FY 2012 and Beyond
Existing RHQDAPU process measures HCAHPS 30-day hospital mortality measures	Efficiency measures Outcome measures Emergency care measures Care coordination measures Patient safety measures Structural measures	Performance areas where gaps are identified and new measure development is expected to be needed

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Mortality Measures

- CMS 30-day hospital mortality measures:
 - Risk-standardized mortality measures for HF and AMI
 - Endorsed by the National Quality Forum (NQF), American Heart Association, and American College of Cardiology
 - Outcome measures will complement existing process measures
- Additional measures under consideration:
 - Pneumonia 30-day mortality measure:
 - Submitted for NQF endorsement
 - Aggregate 30-day mortality measure data:
 - NQF currently reviewing 2-3 year aggregate mortality measure (rather than a single year of data)

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Mortality Measures (cont.)

- Public reporting of AMI and HF Mortality Measures on Hospital Compare starting June 2007
 - July 2005 - June 2006 data; refreshed annually
 - Includes CAHs with Hospital Quality Alliance (HQA) pledges
 - 30-day preview period ended May 16, 2007
 - Annual opt out (by 5/16 for CAHs only)
 - Small numbers issue addressed through measure methodology
- Additional information:
 - mortalitymeasures@coqio.sdps.org
 - <http://www.QualityNet.org>

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HCAHPS

- CAHPS® Hospital Survey (HCAHPS) Hospital Consumer Assessment of Healthcare Providers and Systems
- The first national, standardized, publicly reported benchmark of hospital patients' perspectives of their care
- CAHs can voluntarily participate in HCAHPS
- In LATE 2007, the first public reporting of hospital performance will be available on the Hospital Compare Web site

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HCAHPS (cont.)

- To communicate with CMS staff about implementation issues: Hospitalcahps@cms.hhs.gov
- For technical assistance, contact the Arizona QIO: hcahps@azqio.sdps.org or 1-888-884-4007
- The links below provide additional HCAHPS information:
 - http://www.cms.hhs.gov/hospitalqualityinits/30_hospitalHCAHPS.asp
 - <http://www.hospitalcompare.hhs.gov>
 - <http://www.QualityNet.org>

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Rural Sensitive Measures

- Stratis Health led a special study field testing a set of rural relevant measures (2005 - 2006)
 - http://www.stratishealth.org/clientuploads/pdfs/RH_RuralMeasuresFinalReport_063005.pdf
- CMS moving forward with the following ED measures for chest pain patients:
 - Aspirin at arrival
 - ECG timing
 - Two thrombolytic measures (median time and % within 30 minutes)
 - Median time to transfer for primary PCI

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Rural Sensitive Measures (cont.)

- First time small hospitals will have relevant chest pain measures for ED patients triaged and transferred
- Unclear when the measures will be available in CMS Abstraction and Reporting Tool (CART)
- Transfer Communication/Documentation also being explored as a potential rural sensitive measurement area

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IHI 5 Million Lives Campaign

- Avoid five million incidents of harm over the next 24 months (2007 - 2008)
- Launched Rural Affinity Group to encourage and support involvement of rural hospitals
 - Exploring ways to target or match campaign elements to meet rural needs
- Data collection includes submission of monthly mortality data and optional submission of indicator related measures
- Several campaign planks match up with other state and national initiatives
- More information available at www.ihl.org

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IHI 5 Million Lives Campaign – Focus Areas

- Deploy Rapid Response Teams
- Deliver Reliable, Evidence-Based Care for **Acute Myocardial Infarction**
- Prevent Adverse Drug Events (ADEs)
- Prevent Central Line Infections
- Prevent **Surgical Site Infections**
- Prevent Ventilator-Associated Pneumonia
- Prevent Pressure Ulcers
- Reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infection
- Prevent Harm from High-Alert Medications (focus on anticoagulants, sedatives, narcotics, and insulin)
- Reduce **Surgical Complications**
- Deliver Reliable, Evidence-Based Care for **Congestive Heart Failure**
- Get Boards on Board

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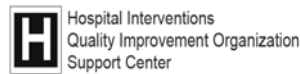
And that's not all...

- Joint Commission
- Physician Quality Reporting Initiative (PQRI)
- Leapfrog
- NQF Safe Practices
- Adverse Event Reporting
- Better Quality Information (BQI) Pilots
- HEDIS
- HealthGrades
- And so on...

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