



Vermont Program for Quality in Health Care, Inc.

Building a Vermont Hospital Quality Framework: An Overview of the Current State of Hospital Quality Reporting, Measure Recommendations, and Next Steps

I. Introduction

VPQHC was contracted by the State Office of Rural Health - Vermont Department of Health to engage partners and make recommendations for building a “Vermont Hospital Quality Framework.” The purpose of the framework was to provide the Green Mountain Care Board, decision-makers, hospitals, clinicians, and consumers, with a reliable tool for assessing the quality of care being delivered across Vermont hospitals. Per VPQHC’s contract with the State Office of Rural Health, this report is phase one of a multi-phased project.

VPQHC welcomes the opportunity to bring its insight to this work. VPQHC was established as a Vermont nonprofit corporation in 1988. In 1996, the Vermont Legislature passed 18 VSA § 9416 that required The Department of Banking, Insurance, Securities and Health Care Administration to contract with our organization to: “Implement and maintain a statewide quality assurance system to evaluate and improve the quality of health care services rendered by health care providers or health care facilities, including managed care organizations, to determine that health care services rendered were professionally indicated or were performed in compliance with applicable standards of care.” (Vermont General Assembly, 2021) VPQHC has been partnering with Vermont hospitals for over three decades, focusing on quality improvement, measurement, and analysis.



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The purpose of this report is to provide a set of recommendations for moving forward with developing an aligned, value-add, Vermont Hospital Quality Framework. This report is organized into the following sections:

- An Overview of Healthcare Quality Measurement & Vermont Healthcare Quality Reporting Programs
- The State of Hospital Report Cards
- Measures for Consideration for the Vermont Hospital Quality Framework
- National Environmental Scan: A Shortlist of Models from Other States
- Summary of Recommendations
- Conclusion

- Next Steps

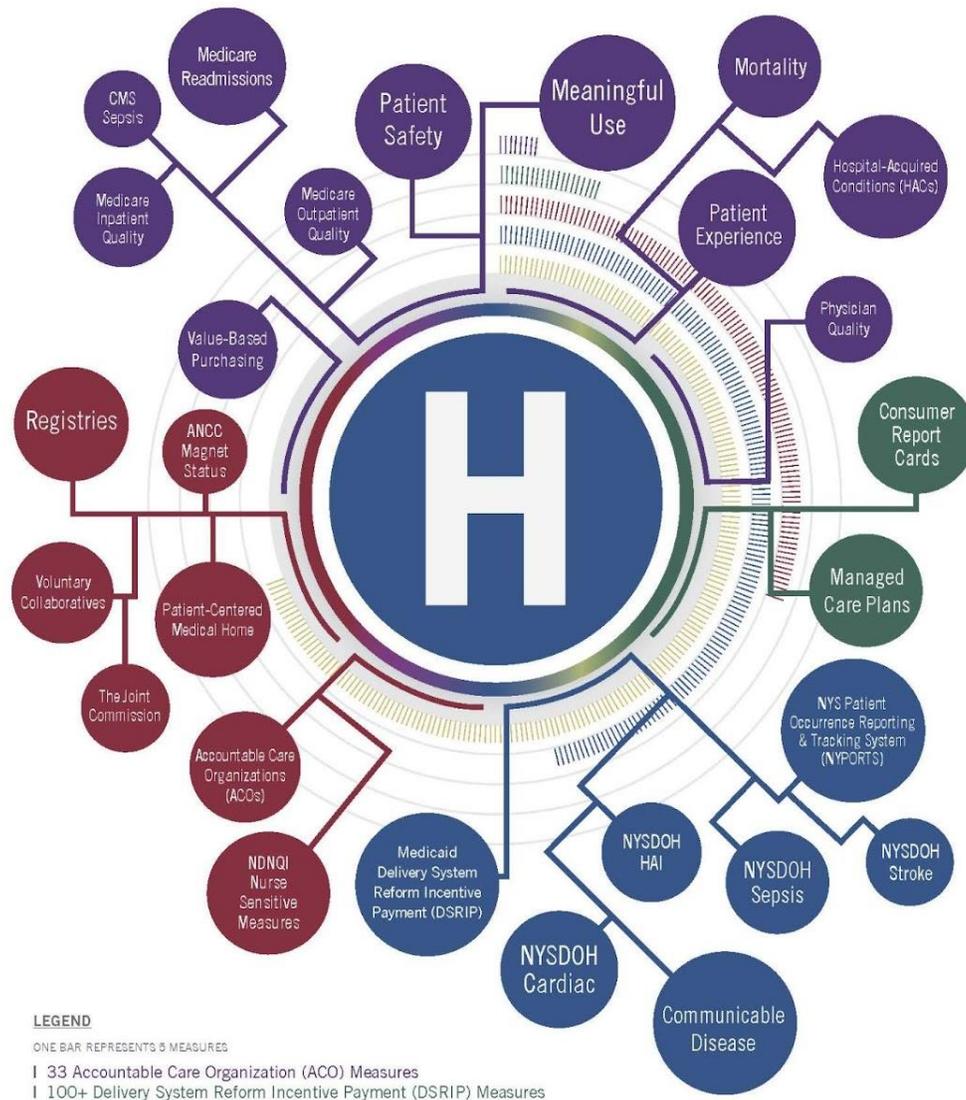
II. An Overview of Healthcare Quality Measurement & Vermont Hospital Healthcare Quality Reporting Programs

The sheer number of measures that are used to evaluate the quality of care delivered at hospitals is more overwhelming, than useful. The Quality Institute at the Healthcare Association of New York State (HANYS) drafted a report entitled *Moving from Measure Madness to Measures that Matter*. In this report, to highlight the abundance of healthcare quality measures, HANYS created a visual (below) to depict the state of healthcare quality measurement in New York. (Measures That Matter, 2016)

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MEASURE MADNESS



- LEGEND**
- ONE BAR REPRESENTS 5 MEASURES
- | 33 Accountable Care Organization (ACO) Measures
 - | 100+ Delivery System Reform Incentive Payment (DSRIP) Measures
 - | 546 Private Health Plan Measures
 - | 635 National Quality Forum (NQF) Endorsed Measures
 - | 850 Centers for Medicare & Medicaid Services (CMS) Measures



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While this visual depicts the New York landscape, it could easily be adapted to be representative of Vermont. Vermont hospitals are engaged in a multitude of mandatory and voluntary quality reporting programs at the state and national levels, which include, but are not limited to:

- The Center for Medicare and Medicaid Services (CMS) Inpatient Quality Reporting Program
- CMS Outpatient Quality Reporting Program
- CMS Hospital Value Based Purchasing Program
- CMS Hospital Readmissions Reduction Program
- CMS Hospital Acquired Conditions Reduction Program
- The Eastern Quality Improvement Collaborative-Hospital Quality Improvement Collaborative
- The National Surgical Quality Improvement Program
- Inpatient Rehabilitation Facility Quality Reporting Program
- The Medicare Beneficiary Quality Improvement Program
- The Vermont All Payer Model
- The Vermont Hospital Report Card (Act53)
- The Vermont Patient Safety Surveillance and Improvement System

These programs have unique sets of measures, and accompanying measure specifications. Revisions are made to these programs regularly. Data sources range from consumer surveys, to clinical, and claims data. While ideally, Electronic Health Records and/or Health Information Exchanges would support an automated feed, many hospitals - typically the smaller ones - still need to manually report measures. There are a multitude of data reporting portals: The National Healthcare Safety Network, CMS' QualityNet, and The Eastern Quality Improvement Collaborative (EQIC) data reporting



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platform, among others. Additionally, hospitals submit data directly to VPQHC, in addition to other state organizations, to fulfill various quality reporting commitments.

Beyond external reporting, hospitals regularly track quality measures internally to help inform their internal quality improvement work. The importance of ensuring hospitals have the capacity to conduct their internal quality improvement work cannot be emphasized enough. The burden of external reporting must be balanced accordingly.

Within the past five years, there has been movement at the state and national levels to align measures, and in identifying the “measures that matter.” One example of this is the CMS Meaningful Measures Initiative, which was launched in 2017. While progress has been made, there is still a lot of work to be done.

III. State of Hospital Report Cards

Numerous organizations claim to produce hospital report cards that speak to the quality of care delivered in hospitals, and to help guide consumers with making decisions on where to receive their healthcare. These report cards look at different measures, and use different measure specifications and calculations. This can result in conflicting and confusing information. HANYS published a *Report on Report Cards* in November 2019. In it, HANYS states (Report on Report Cards, 2019):

The proliferation of hospital report cards has not achieved their stated goal of helping consumers understand the quality of care offered at hospitals...and that policymakers and healthcare providers looking to bolster quality improvement efforts derive limited value from these reports.



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HANYS created a tool for hospitals to conduct their own evaluation of the various hospital report cards, and recommended the following criteria be used (Report on Report Cards, 2019):

- Transparent Methodology
- Evidence-based measures
- Measure alignment
- Appropriate data source
- Most current data
- Risk-adjusted data
- Data quality
- Consistent data
- Hospital preview Pay to play
- Other hospitals - validate/support results

The University of Vermont Medical Center (UVMHC) carried out this evaluation exercise. According to UVMHC's analysis, the Vizient Quality Leadership Award, Vizient Quality Leadership Award - Community Hospital, and CMS Hospital Compare all ranked as the most reliable hospital report cards. US News and World Report, Becker's Hospital Review, and Leapfrog Hospital Safety score ranked as some of the least reliable hospital report cards.

IV. Recommended Measures for Consideration in Vermont Quality Framework

Under 18 V.S.A. § 9405b it states that "The Commissioner of Health, in consultation with representatives from hospitals, other groups of health care professionals, and members of the public representing patient interests, shall adopt rules establishing a statewide comparative hospital quality report." Furthermore, it states that the reports shall include (Vermont General Assembly, 2021):



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(1) Measures of quality, including process and performance measures that are valid, reliable, and useful, including comparisons to appropriate national benchmarks for high quality and successful results.

(2) Measures of patient safety that are valid, reliable, and useful, including comparisons to appropriate industry benchmarks for safety.

(3) Measures of hospital-acquired infections that are valid, reliable, and useful, including comparisons to appropriate industry benchmarks.

Act 53 of 2003 requires all Vermont hospitals to report certain measures in line with the above, and make them publicly available. Given this mechanism for producing a statewide comparative report on Vermont hospital quality already exists, VPQHC recommends that the Vermont Hospital Quality Framework be incorporated into this existing structure and process. VPQHC further recommends that the framework be flexible, and a process established to add and remove measures, to ensure hospitals focus on areas of opportunity.

The measures under Act53 have been in place for over a decade. During that time, the healthcare landscape has evolved dramatically, most notably with the shift from volume to value-based care. As such, there is an opportunity to modernize and update the measures included under Act53, to reflect the current landscape, Vermont's healthcare reform priorities, and meet the goals of the Vermont Hospital Quality Framework.

As a starting point when considering what measures to include in the Vermont Hospital Quality Framework, it is important to keep in mind that out of Vermont's 16 hospitals, eight are Critical Access Hospitals (CAHs), and only one – our academic medical center – is considered non-rural. It is essential that any measures that are included in the Vermont Hospital Quality Framework reflect this landscape. The measures that are



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included need to be able to withstand small volumes, and be rural relevant. They need to be sensitive to our unique healthcare reform environment, and take into consideration Vermont's All Payer Model, as well as other statewide priorities.

Below are criteria that The National Quality Forum, and The Centers for Medicare and Medicaid Services, used in their respective measures reduction and alignment initiatives. This criteria could be helpful for evaluating which measures are appropriate to include in the framework. According to this criteria, measures should be cross-cutting, resistant to low case volume, be rural relevant, and (A Core Set of Rural-Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the MAP Rural Health Workgroup, 2018) (Meaningful Measures Framework, 2021):

- Address high impact measure areas that safeguard public health
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Minimize level of burden for providers
- Significant opportunity for improvement
- Align across programs and/or with other payers

As a starting point for The Vermont Hospital Quality Framework, VPQHC recommends beginning with a set of measures under quality reporting programs Vermont hospitals - large and small - are already engaged in: Act 53 (The Vermont Hospital Report Card), The Medicare Beneficiary Quality Improvement Project (MBQIP), and the hospital-level metrics under Vermont's All Payer Model. We have outlined the measures under these programs in the tables below.



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Act53 - Vermont Hospital Report Card Measures
Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization (MORT-30-AMI)
Acute myocardial infarction (AMI) 30-day readmission rate (READM-30-AMI)
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (MORT-30-HF)
Heart failure (HF) 30-day readmission rate (READM-30-HF)
Pneumonia (PN) 30-Day Mortality Rate (MORT-30-PN)
Pneumonia (PN) 3-Day Readmission Rate (READM-30-PN)
Hospital-Wide (All-Condition) 30-Day Risk-Standardized Readmission Measure (READM-30-HOSP-WIDE)
Volume & mortality rate of esophageal resections (IQ8)
Volume & mortality rate of pancreatic resections (IQI 9)
Volume & mortality rate of abdominal aortic aneurysm repairs (IQI 11)
Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)
Central Line-Associated Blood Stream Infection (CLABSI) (HAI-1)
Clostridioides Difficile (C.Diff) Infection Ratios (HAI-6)
Surgical Site Infection Ratios - Abdominal Hysterectomy (HAI-4)



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Surgical Site Infection Ratios - Hip Replacement
Surgical Site Infection Ratios - Knee Replacement
Vermont Patient Safety Surveillance and Improvement Systems Measures

Medicare Beneficiary Quality Improvement Project (MBQIP) Measures* <i>*Please note that not all hospitals currently report all of these measures</i>
Influenza vaccination coverage among healthcare personnel - HCP/IMM-3 (formerly OP-27)
Antibiotic Stewardship <i>as measured by the annual National Healthcare Safety Network (NHSN) facility survey</i>
Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)
Emergency Department Transfer Communications (EDTC)
OP-2: Fibrinolytic Therapy Received within 30 Minutes
OP-3: Median Time to Transfer for Another Facility for Acute Coronary Intervention
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-22: Patient Left Without Being Seen



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Vermont All Payer Model Potential Hospital-Level Metrics ¹
Initiation of alcohol and other drug dependence treatment
Engagement of alcohol and other drug dependence treatment
30-day follow-up after discharge from emergency department for mental health
30-day follow-up after discharge from emergency department for alcohol or other drug dependence
Rate of growth in mental health or substance use-related emergency department visits

We recommend that these measures be used as a jumping off point for developing the Vermont Hospital Quality Framework. These measures - along with their accompanying measure specifications - should be evaluated by a multi-stakeholder committee, using an agreed-upon set of criteria. Through this initial work, gaps in measurement relative to priority areas including those under the All Payer Model should also be identified. Any additional measures that are proposed for inclusion in the framework, should similarly be evaluated using the established criteria.

¹ Note that many of the measures listed under the All Payer Model – by design – are not hospital specific. We have included them here as a starting point for discussion. VPQHC recommends establishing a multi-stakeholder committee to determine, among other things, how to best incorporate these measures and the All Payer Model priorities into the Vermont Hospital Quality Framework.



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V. National Environmental Scan: A Shortlist of Models from Other States

In order to understand how other states have implemented healthcare quality report cards and quality measurement, VPQHC conducted a national environmental scan of each state’s public facing website on healthcare quality. This review revealed interesting patterns in website presentations of quality measurement and patient safety initiatives. We found that many states provide links to other quality reporting outlets such as The Agency for Healthcare Research & Quality, CMS Hospital Compare, and The Commonwealth Fund for Health System Performance. While we reviewed each states’ website, we did a deeper dive into what the statewide hospital quality measurement process is in the states have instituted health care spending targets as a part of their healthcare reform initiatives. (Policy Short Takes: State Policies that Establish Health Care Spending Targets, 2020) Our findings our outlined in the below table.

Featured Healthcare Quality Websites from Other States		
State	Quality Measurement Process	Notes
Connecticut	The Connecticut Hospital Association hosts the quality reporting website and posts a Quality & Safety report; the hospital association also hosts the “Towards Excellence in Care” program; the Association website provides extensive details explaining health care reform efforts in the state.	A legislative report addressing Adverse Event Reporting is submitted to the General Assembly annually; The Connecticut Hospital Association has a robust data shop supporting statewide health care improvement initiatives.



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Featured Healthcare Quality Websites from Other States		
State	Quality Measurement Process	Notes
Delaware	The Delaware Health and Social Services public facing website for Health Care Quality has general information related to licensing, certification, ombudsman, etc.; separately, a PowerPoint presentation from the Primary Care Reform Collaborative details a Johns Hopkins University project with Arnold Venture directed at state efforts to lower private sector prices	Arnold Ventures is a private philanthropy that seeks to maximize opportunity and minimize injustice, and includes Health as one of four key issue areas. https://www.arnoldventures.org/about
Maryland (All-Payer Model transition to Total Cost of Care Model)	MD Health Services Cost Review Commission; extensive information and data reporting on quality initiatives; cross-reference to the Maryland Patient Safety Center; direct web page link to global budgets and rate setting information Global Budget Revenue (GBR) methodology replaces the Medicare waiver that "focused on controlling increases in total hospital revenue per capita. GBR methodology is an	Maryland represents the approach that most directly connects cost and quality. The Maryland Health Services Cost Review Commission (HSCRC) website hosts detailed information on the methodology, the Commission, Quality, Global Budgets, Rate Setting and Hospital Data. The access and transparency is evident and accessible to the public.



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Featured Healthcare Quality Websites from Other States		
State	Quality Measurement Process	Notes
	extension of Total Patient Revenue (TPR) methodology, which encourages hospitals to focus on population-based health management by prospectively establishing a fixed annual revenue cap for each GBR hospital.	
Massachusetts	The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. The HPC's mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth.	The Bureau of Health Quality and Safety is part of the Department of Health but is a separate agency from the Health Policy Commission.
Oregon	Established the Oregon Health Authority to achieve the Triple Aim	Oregon's Coordinated Care Organizations are similar to VT's



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Featured Healthcare Quality Websites from Other States		
State	Quality Measurement Process	Notes
	<p>and implement the state’s Coordinated Care Organizations (CCO).</p> <p>A coordinated care organization is a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.</p>	<p>Community Collaboratives and Accountable Communities for Health. Also, the Value-based payment “roadmap” would be a useful resource.</p> <p>Extensive value-based payment resources posted on the website that directly support the CCOs.</p> <p>Additional resources describe the Transformation and Quality Strategy and offer a Technical Assistance site. The structure of the TQS documents were clear and insightful.</p>
Pennsylvania	<p>The Pennsylvania Department of Human Services provides extensive data on hospital assessments of the Statewide Quality Incentive and posts statewide results. The</p>	<p>The Pennsylvania Rural Health Model as described on the CMMI website would be a helpful resource for Vermont due to our rural nature. The model integrates payer and</p>



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Featured Healthcare Quality Websites from Other States		
State	Quality Measurement Process	Notes
	<p>Pennsylvania Rural Health Model focuses on 18 critical access hospitals participating in the Centers for Medicare & Medicaid Innovation (CMMI) model.</p> <p>Pennsylvania Health Care Quality Alliance - produces "State of the State Report" on hospital quality metrics including readmission, mortality and HCAHPS.</p>	<p>hospital participation targets along with population health outcomes, access and quality targets.</p>
Rhode Island	<p>Rhode Island Department of Health hosts the Healthcare Quality Reporting Program and extensive resources on their website. The National Academy for State Health Policy (NASHP) describes the Rhode Island approach that allows regulators to oversee hospital costs and requires insurers to invest in the state's health priorities offers a new model for curbing health care costs.</p>	<p>Very succinct presentation of hospital performance captured in the Hospital Summary Report</p>



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The following observations describe findings of note and potential considerations as Vermont moves forward in producing its own quality framework.

- Connecticut is a regional partner in the Eastern States Quality Improvement Collaborative (EQIC) and produces robust quality analysis via a highly developed data shop that the Connecticut Hospital Association supports.
- Delaware is partnering with Johns Hopkins University and the Arnold Venture philanthropy organization for support and assistance in exploring rate and cost control initiatives. Outreach to the Arnold Venture could be beneficial to our work in Vermont.
- Maryland's Health Services Cost Review Commission offers best practice of a model that integrates cost and quality initiatives. Further outreach to the Health Services Cost Review Commission could lend a great deal of insight since Maryland's processes are so well established.
- Massachusetts also demonstrates a focus on the Triple Aim with a separate health quality bureau as part of the Department of Health that is separate from the Health Policy Commission.
- Oregon provides extensive quality measurement and monitoring and utilizes Coordinated Care Organizations (CCO) similar to Vermont's health-service area Community Collaborative. The Value Based Payment Roadmap highlights the strategic initiatives and performance of each CCO and would be a tremendous resource for Vermont to review and consider.
- Pennsylvania's Rural Health Model construct utilizes extensive quality data and focuses principally on small rural hospital providers and the capabilities to transition to value-based care.



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- Rhode Island provides extensive quality and safety resources on its website and presents a succinct Hospital Summary Report of performance on essential quality indicators.

Vermont – like many other states - must be collaborative in its approach if it wants to be sustainable in its value-based reform efforts. For instance, how can Vermont leverage existing hospital datasets to report data that they are tracking and reporting based on opportunities for quality improvement they have in their geographic locations. Shifting to value is a broad term, and how hospitals begin to do that can look different, and their stories are likely different. Providing flexibility to tell their story will should be well received and impactful.

VI. Summary of Recommendations

In summary, VPQHC recommends the following:

- Act53 should be updated to achieve the goals of the Vermont Hospital Quality Framework; coordination and alignment with existing Vermont hospital quality reporting programs and mechanisms is recommended. As both Act53 and the Vermont Hospital Quality Framework would produce state-level hospital report cards, we believe there is an opportunity to reduce duplication by aligning the two initiatives to achieve common goals.
- Measures included in the framework should be able to withstand small volumes, and be rural relevant. Rural providers face unique challenges related to quality improvement, and also have unique strengths, which should be taken into consideration.
- Establish a representative, multi-stakeholder committee to: 1) determine the measures to be included under the Vermont Hospital Quality Framework, 2) create a process for ensuring that the Vermont Hospital Quality



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Framework stays current and value-add, and eventually 3) identify how the data should appear on a public-facing website.

- Continue to produce educational resources that help interested parties better understand the Vermont hospital quality reporting landscape. Resources could include creating a compendium of Vermont quality reporting programs, and updating the VPQHC Vermont Hospital Quality Metrics spreadsheet.

Specific to the Green Mountain Care Board, and its use of the Vermont Hospital Quality Framework as a part of the annual budget review process, VPQHC recommends:

- The framework be used to highlight hospital successes and best practices; hospitals that are performing well compared to their peers on specific measures should be encouraged to share their stories, resources, and tools, to benefit the entire system
- If opportunities for improvement under certain metrics are identified, hospitals should be provided the opportunity to communicate the story behind the metric, and provide context, which isn't captured in the data – aligning with Mark Friedman's Results Based Accountability framework.

Further, VPQHC recommends that the Green Mountain Care Board, or its staff, receive updates from VPQHC or another organization on state and national trends in the field of hospital quality measurement.

VII. Conclusion

As a health care reform leader, Vermont is uniquely positioned to design and implement a contemporary quality framework that can accurately reflect both progress and pitfalls in our efforts to implement value-based payment and system delivery reforms.

Continuing collaboration and communication with stakeholders is foundational to



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creating a valid and reliable system of performance monitoring that is aligned with current requirements and delivers value to both patients and providers across the continuum of care. Pursuing and sharing knowledge of foundational principles of quality measurement, best practice, and performance improvement will deliver the business case for quality across the system of care in Vermont. VPQHC is pleased to lend our expertise, staff talent, and facilitation resources, and to engage with the Green Mountain Care Board to produce a meaningful quality framework. We view this as an opportunity to align quality measures, and ensure all entities are working in concert, while reducing administrative burden, if and when, possible. We look forward to ongoing collaboration with the Green Mountain Care Board, and other partners, to continue developing aligned and meaningful measurement systems.

VIII. Next steps

Please refer to Attachment C for an overview of VPQHC's recommended next steps for this work.

References

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