Vermont Hospital Report Card

Hospital Quality Framework Workgroup – April Meeting

April 25, 2022

VERMONT
DEPARTMENT OF HEALTH

Act 53/Vermont Hospital Report Card
Background

- In 2003, legislature passed "ACT 53".
  - <u>"To help consumers with making health care decisions"</u>

- Department of Financial Regulation (DFR) was in charge.

- Responsibility was transferred to Vermont Department of Health (VDH) in 2013.

What is included in Legislation

1. Measures of Quality

2. Measures of Patient Safety

3. Measures of Hospital-Acquired Infections

4. Nurse Staffing Information

5. Measures of Hospital's Financial health

6. A Summary of Hospital's Budget

What is Included in Legislation (continued)

7. Charges for higher volume health care services.

8. Hospital will publish the following on their website:

    1. Community Health Needs Assessment, Its Strategic Plan and Annual Progress Report

    2. How to File a Complaint

    3. Hospital Governance

    4. Link to Vermont Hospital Report Card Website
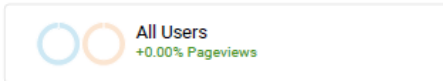
A Walk-through of Report Card Webpage

Go here:

https://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards
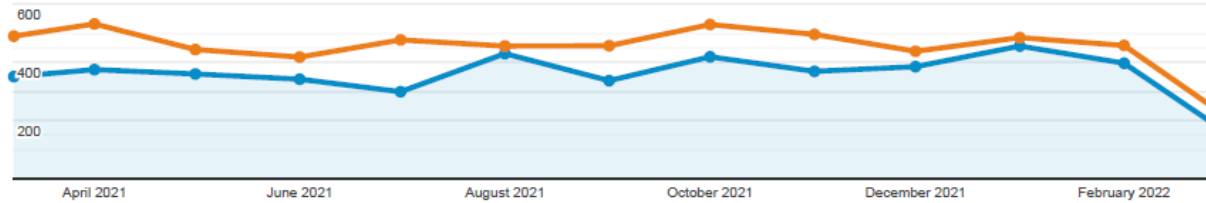
Hospital Report Card Web Analytics

Interactions with Consumers

- Complaints about billing, how to file a complaint

- Regarding costs

- Regarding infection rate

Community Hospitals vs. Psychiatric Hospitals

- Psychiatric hospitals are also required to adhere to CMS reporting.

- Measures are specific:
  - Preventive Care and Screening
  - Patient Safety
  - Follow-up Care
  - Substance Use Treatment

- Psychiatric Units in Community Hospitals?

Pros and Cons of Vermont Hospital Report Card

Pros:

- Aligned with National Measures

- Can Compare All Hospitals in Vermont

- Transparent

- Provides Educational Values to Consumers

- Consumers can go to hospital's website from here

Pros and Cons of Vermont Hospital Report Card

Cons:

- Not all hospitals' data shown

- Static website

Questions? Suggestions?

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Thank you!

Vermont Hospital Quality Framework

Ali Johnson, Quality Improvement Specialist

April 27, 2022

Agenda

- Updates & Timeline
- Project Charter
- Vermont Hospital Report Cards
  - Teri Hata, Public Health Analyst
  - Vermont Department of Health
- Draft Framework: First Blush
  - measure rating system
  - proposed measures
- Discussion: Intended Audience
- Next Steps

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UPDATES & TIMELINE

Government

AOA, AHS
DFR, DMH, DVHA, VDH
GMCB
State Legislature

Insurers

MVP Health Care
Blue Cross and Blue Shield of Vermont

Hospitals & Providers

Bi-State, Brattleboro Retreat
Copley, Mt. Ascutney
North Country, Rutland Reg.
UVM Health Network
VAHHS, OneCare

Education & Research

Johns Hopkins University
Vermont Medical Society
Vermont Program for Quality in Health Care, Inc.

Consumers

Vermont Legal Aid
Health Disparities & Cultural Competence Advisory Group
Disability Rights Vermont
Consumer Representatives

MEMBERSHIP

Timeline

2022

January
- Convene Workgroup ✓
- Establish Workgroup Charter ✓

February
- Recruit New Members ✓
- Orient to IOM's Six Domains of HC Quality ✓

March
- Inventory Current Measures ✓

April
- Review Survey Data ✓
- Propose Measures *(circled)*

May
- Evaluate Proposed Measures

June
- Finalize Proposed Measures
- Submit for Public Comment Review

July
- Draft Framework & Update Process
- Compile & Integrate Public Comments

August
- Submit Final Framework & Update Process to VDH-ORH

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PROJECT CHARTER

Vision

Vermonters use a hospital quality framework that has meaningful, reliable, and representative metrics about Vermont's healthcare delivery system.

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Outcomes

- The multi-stakeholder workgroup is representative of key sectors in the Vermont healthcare system.

- Measures within the Vermont Hospital Quality Framework are aligned with Act 53 and the Green Mountain Care Board's hospital budget review process.

- Measures included in the framework are able to withstand small volumes and are rural relevant.

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Critical Success Factors

- A reliable tool is available for assessing the quality of care being delivered across Vermont hospitals.

- The tool is useful for a diverse set of stakeholders, including regulators, decision-makers, hospitals, clinicians, and consumers.

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Critical Success Factors (Cont.)

- The Framework will 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 will be provided the opportunity to communicate the story behind the metric, and provide context, which isn't captured in the data.

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Edits to Project Charter?

- Purpose
- Business Case
  - Problem Statement
  - Outcomes
  - Strategic Goals
  - Vision
- Scope of Work
  - Primary Responsibilities
  - Critical Success Factors
  - Benefit to Stakeholders
- Timeline
- Workgroup Processes

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DRAFT FRAMEWORK: FIRST BLUSH

thought map
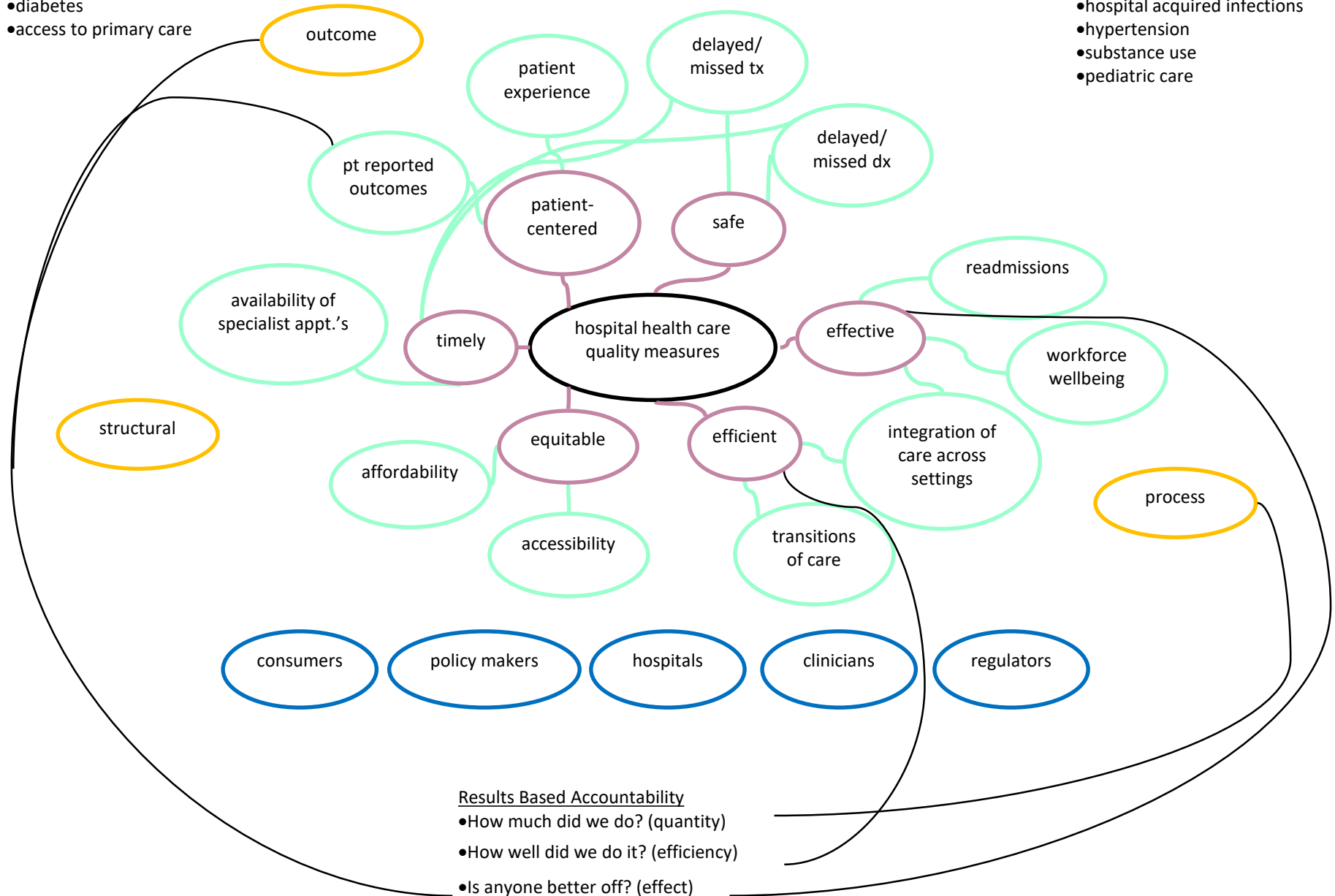
VT All-Payer Model
- suicide
- drug overdose
- hypertension
- diabetes
- access to primary care

Membership Survey
- mental health
- post-procedure outcomes
- diabetes
- hospital acquired infections
- hypertension
- substance use
- pediatric care

outcome

patient experience

delayed/ missed tx

delayed/ missed dx

pt reported outcomes

patient-centered

safe

readmissions

availability of specialist appt.'s

timely

hospital health care quality measures

effective

workforce wellbeing

structural

equitable

efficient

integration of care across settings

process

affordability

accessibility

transitions of care

consumers

policy makers

hospitals

clinicians

regulators

Results Based Accountability
- How much did we do? (quantity)
- How well did we do it? (efficiency)
- Is anyone better off? (effect)

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Approach to Proposing Measures

- Begin with a set of measures that quality reporting programs Vermont hospitals - large and small - are already engaged in:

  - Act 53 (The Vermont Hospital Report Card)

  - Medicare Beneficiary Quality Improvement Project (MBQIP)

  - Hospital-level metrics under Vermont's All Payer Model

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Measure Identification

- Hospital Report Card Reporting Manuals for the Community Hospitals and for the Psychiatric Hospitals, March 2022

- MBQIP Measures Fact Sheets, October 2021

- MBQIP Quality Reporting Guide, April 2022

- Vermont All-Payer Accountable Care Organization Model Agreement, October 27, 2016
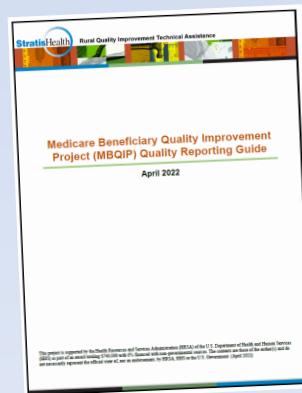
Topics w/o HRC, MBQIP, or APM Measures

- accessibility

- affordability

- availability of specialist appointments

- delayed/missed diagnosis

- delayed/missed treatment

- integration of care across settings

- patient-reported outcomes

- post-procedure outcomes

- workforce wellbeing & provider satisfaction

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Proposing Measures (Cont.)

- For topics that do not have HRC, MBQIP, or APM measures, search…
  - [National Quality Forum QPS database](#)
  - [NQF 2018 Recommendations, Rural Health WG](#)
  - [CMS Measures Inventory Tool](#)
 - [Developing Health Equity Measures](#)
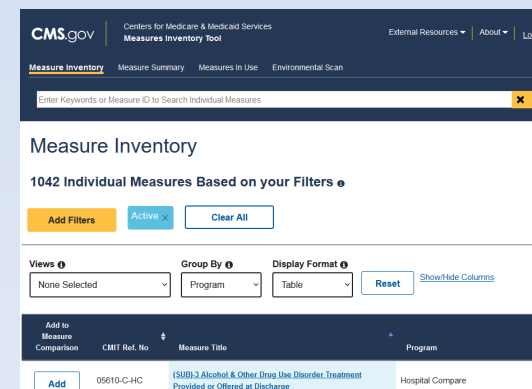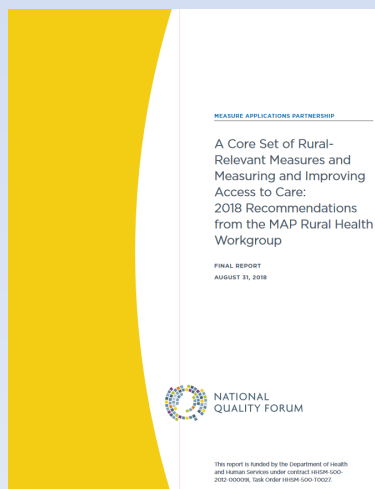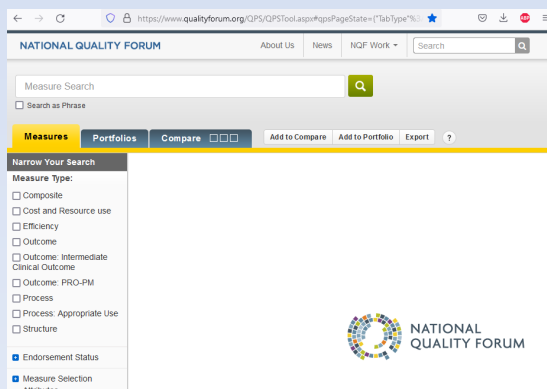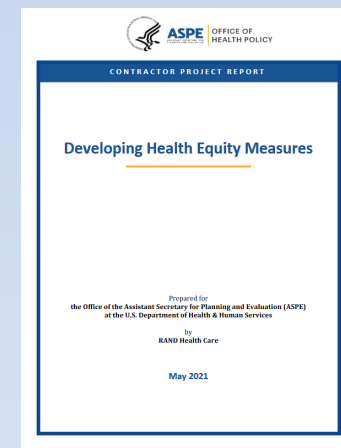
Measure Characteristics

- Domain

- Topic Area

- Measure Name

- Measure #

- Measure Reporting Program(s)

- Measure Type

- Data Collection System

- Data Source

- Primary Audience

- Notes

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Framework: First Draft

Domain	Topic Area	Measure	Measure #	Measure Reporting Program(s)
equity	accessibility	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	NQF 2605	VT All-Payer Model
equity	affordability	Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia, AMI, heart failure, or elective primary total hip and/or total knee arthroplasty	NQF 2579, 2431, 2436, or 3474	CMS Hospital Inpatient Quality Reporting
effectiveness	alcohol or other drug dependence; substance use	Initiation and engagement of alcohol and other drug dependence (AOD) treatment	NQF 4	VT All-Payer Model
timeliness	availability of specialist appointments	CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 - Adult, Child	NQF 5	CMS Shared Savings Program
timeliness	delayed/missed diagnosis	Patient Left Without Being Seen	CMS, MBQIP OP-22; NQF	Medicare Beneficiary Quality Improvement Project (MBQIP) Core
timeliness	delayed/missed treatment	Median Time to Transfer to Another Facility for Acute Coronary I	MBQIP, CMS OP-3; NQF 2	Medicare Beneficiary Quality Improvement Project (MBQIP) Core
timeliness	delayed/missed treatment	Median Time from ED Arrival to ED Departure for Discharged ED Patients	MBQIP, CMS OP-18; NQF 196	Medicare Beneficiary Quality Improvement Project (MBQIP) Core
timeliness	delayed/missed treatment	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	MBQIP, CMS OP-2	Medicare Beneficiary Quality Improvement Project (MBQIP) Core
safety	diabetes	Glycemic Control - Hyperglycemia	NQF 2362e	--
safety	health care personnel safety	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	MBQIP HCP IMM-3	Medicare Beneficiary Quality Improvement Project (MBQIP) Core
safety	hospital acquired infections	Surgical Site Infection Ratios – Knee Replacement	--	VT Hospital Report Card
safety	hospital acquired infections	Surgical Site Infection Ratios – Hip Replacement	--	VT Hospital Report Card
safety	hospital acquired infections	Surgical Site Infection Ratios – Abdominal Hysterectomy	CMS HAI-4; MBQIP SSI	VT Hospital Report Card, MBQIP Additional
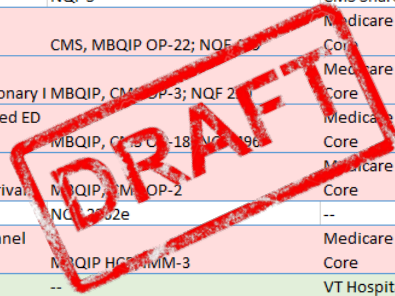
Salmon=MBQIP
Green=Hospital Report Cards
Purple=VT All-Payer Model

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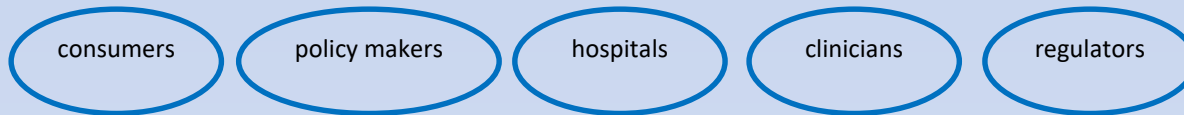
Measure Scoring Criteria

- feasible to collect
  - low level of resources required to collect and report
  - critical access hospital required
  - community hospital required
- important to collect
  - meaningful to those we serve (patient/client/consumer)
  - aligns with identified workgroup priorities
  - aligns with Act 53, MBQIP, and hospital APM
- meets National Quality Forum endorsement criteria
- rural-relevant
- resistant to low case volume
- established pathway for how a hospital could affect measure

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DISCUSSION: INTENDED AUDIENCE

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Who is our audience?

- Who is going to use this framework?

consumers   policy makers   hospitals   clinicians   regulators

- Why?

- For consumers, what is the purpose of our dashboard and the measures selected?

- Should we have each primary audience represented in the measure set?

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FINAL THOUGHTS/QUESTIONS?

Document Location

https://www.vpqhc.org/vermont-hospital-quality-framework

Vermont Hospital Quality Framework

QUALITY FRAMEWORK OVERVIEW

QUALITY FRAMEWORK PORTAL

Overview

Purpose: To design a framework of meaningful metrics that provides relevant information and accurately reflects the hospital system's quality of care within the healthcare reform environment in Vermont.

Vision: Vermonters use a hospital quality framework that has meaningful, reliable, and representative metrics about Vermont's healthcare delivery system.

VPQHC hosts a password-protected portal for the sharing of materials here.

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password:
   framework123

Vermont Hospital Quality Framework

This portal is for Vermont Hospital Quality Framework Workgroup members to share documents. To request that a document be shared, suggest improvements to this page, or ask a question, please contact Ali Johnson at AliJ@vpqhc.org.

January 2022 Agenda | Minutes | Presentation

February 2022 Agenda | Minutes | Presentation

March 2022 Agenda | Minutes | Presentation

Draft Workgroup Charter | Draft Logic Model

Workgroup Members

References

A Core Set of Rural Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the Measure Applications Partnership Rural Health Workgroup, National Quality Forum, August 31, 2018.

Agency of Human Services Scorecards

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Next Steps

- Workgroup Survey 2
  - Prioritize measures

- Next Meeting
  - Tuesday, May 24, 1:00 p.m. – 3:00 p.m.
    - Quality Director Perspective
    - Mental Health Measures
    - Health Care Advocate Perspective
    - Survey Findings (?)

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Acknowledgement

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