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Vermont Program for Quality in Health Care, Inc.

Vermont Hospital Quality Framework

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February 25, 2022

Agenda

- Workgroup Purpose, Updates & Timeline

- Orientation to Health Care Quality

- Survey Results

- Next Steps

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WORKGROUP PURPOSE, UPDATES & TIMELINE

Purpose of Workgroup

- 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.

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Membership Updates

13 Individual Members

Three New Organizations Represented:

- Consumer Representatives
- Dept. of Financial Regulation
- Disability Rights Vermont

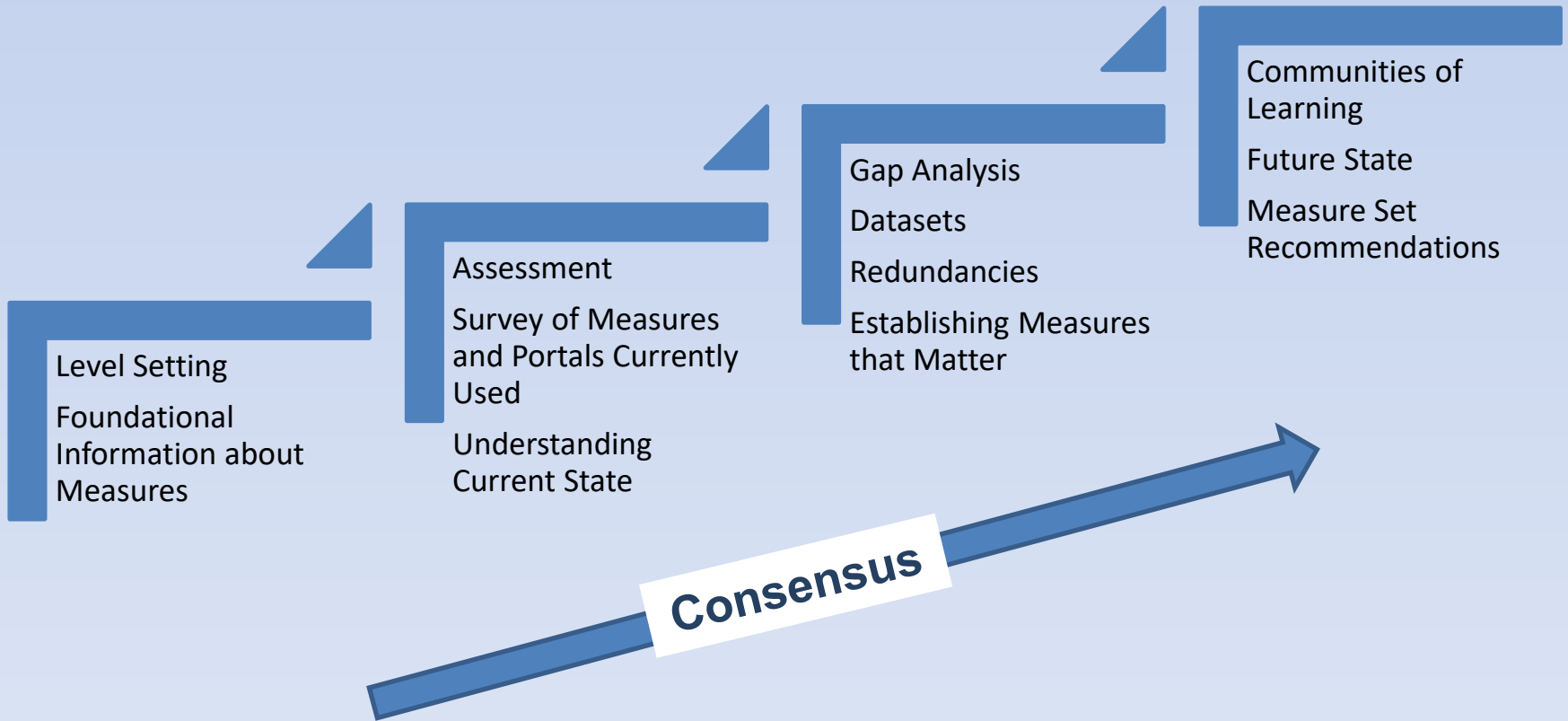| Government	Insurers
Hospitals & Providers	Education & Research
Consumers	Others

Meeting Guidelines

1. Be present.
2. Stay on point.
3. Share time.
4. Listen with an open mind.
5. Disagree without being disagreeable.
6. Keep any personal information discussed confidential.
7. Leave with new ideas and/or resources.

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Objectives

1. Establish a baseline understanding of the Institute of Medicine's Six Domains of Health Care Quality.

2. Evaluate the "current state" of hospital reporting requirements and their relationship to Vermont's reform efforts.

3. Identify opportunities to align measurement and reporting systems.

4. Recommend how data could be analyzed and displayed to be useful for informed decision making.

5. Design a framework of meaningful metrics.

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Our Approach

Level Setting
Foundational Information about Measures

Assessment
Survey of Measures and Portals Currently Used
Understanding Current State

Gap Analysis
Datasets
Redundancies
Establishing Measures that Matter

Communities of Learning
Future State
Measure Set Recommendations

Consensus

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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

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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ORIENTATION TO HEALTH CARE QUALITY

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Orientation to Health Care Quality

- Establish a baseline understanding related to using the Institute of Medicine's Six Domains of Health Care Quality (safe, timely, effective, efficient, and patient-centered, and equitable) for assessing quality of health care.

Orientation to Health Care Quality

Orientation to Health Care Quality Measures

- Maxwell's six dimensions of quality
- Avedis Donabedian – "Evaluating the Quality of Medical Care" (1966)
  - *structure*
  - *process*
  - *outcomes*

Orientation to Health Care Quality Measures

Table 1. Advantages and disadvantages of process and outcome measures

	Process Measure	Outcome Measure
Do patients care about this?	Less understandable to patients	Yes; very important to patients
Do providers care about this?	Yes; it relates directly to what providers are doing	Yes; however, providers are wary of confounding and may request risk-adjustment models
Obtain from routinely collected data?	Usually	Sometimes; additional data that are not routinely collected may be needed
Interpretable for feedback and quality improvement?	Provides clear feedback about what providers are actually doing	Difficult for providers to definitively know where to target efforts because outcomes are usually affected by several different processes
Directly measures prevention?	Yes	No
Need for risk adjustment?	No; however, need to clearly define eligible patients	Yes; need different models for each outcome
Time needed for measurement?	Less	More (for risk-adjustment)
Sample size requirements?	Smaller	Larger

Reference: Curtis, J et al "Intensive care unit quality improvement: A "how-to" guide for interdisciplinary team" Critical Care Medicine 2006 34(1) pp 211-218

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Orientation to Health Care Quality Measures

"More often one needs to ask, 'What goes on here' rather than, 'What is wrong; and how can it be made better?'"

Reference: DONABEDIAN AVEDIS. Evaluating the quality of medical care. Milbank Quarterly. 2005;83(4):691–729.

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"Measures that matter" *...to whom?*

Stakeholder	Measuring what Matters to Them
Patients, consumers, and their caregivers	People often need information that can help them when making health care decisions (such as buying insurance or selecting providers). As a result, people would want measures that reflect their particular situation, such as a patient with multiple sclerosis wanting to know who provides the best care for that condition. There are some indications that that the lack of such patient-centered measures may contribute to the generally poor use of publicly reported information by patients and consumers.
Clinicians and health care professionals	Front-line clinicians are collecting the data needed for measurement, are often accountable for measured results, and can use metrics as a guide for clinical improvement. While measurement has become more common, many clinicians question whether current metrics can adequately assess quality and value. In particular, many are concerned about the lack of high-quality outcome measures that are specific enough to use for improving patient care. At the same time, clinicians are facing high stress—with several reports highlighting burnout—which makes it critical to be sensitive to the burden measurement could place on everyday clinicians.
Hospitals and health systems	They often have internal measures that help them target where to improve care, and many are concerned by the number of measures required for external reporting (due to insurance contracts, Medicare requirements, accreditation, or state regulation). Many may be concerned about measures that are outside of their direct control, such as those influenced by the socioeconomic status of low-income and other vulnerable populations.
Employers and purchasers	They often use metrics for purchasing contracts to encourage greater value and quality. They want measures that can help employees make informed decisions about their health care and need specific measures in areas where there is the greatest variation in quality and cost.

Source: Measures that matter -- but to whom?: Health Affairs Forefront [Internet]. Health Affairs. 2016 [cited 2022Feb22]. Available from: https://www.healthaffairs.org/do/10.1377/forefront.20160310.053833/full/

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"Measures that matter"…*criteria*

- Cross-cutting
- Resistant to low case volume
- Rural relevant
- 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

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Hospital Reporting Chaos

Make sense of hospital reporting chaos.

Too many measures, methodology variations and inconsistent results put an unfair burden on providers while doing little to help consumers.

HANYS' *Report on Report Cards* explores the chaotic array of current measurements and brings clarity to the well-intentioned but poorly-executed idea of hospital report cards.

CMS Overall Star Ratings

NYSDOH Clinical Reports

Healthgrades Best Hospitals

US News Conditions and Procedure

CMS Hospital Compare

IBM Watson 100 Top Hospitals

Leapfrog Hospital Safety Score

TJC Quality Check

NYSDOH Hospital Profile

Vizient Quality Leadership Award

HANYS reviewed the methodologies of 12 prominent hospital quality performance report cards.

US News Best Hospitals

Newsweek Worlds Best

Explore our latest report card resources:

- Our free report reviews today's measurement environment and analyzes 12 publicly-available report cards' methodologies;
- **NEW FOR 2019**, our consumer healthcare decision guide arms your patients with the information they need to make smart decisions.

Download the report

Don't lose time trying to figure out these report cards on your own. HANYS collaborated with experts from leading hospitals and health systems to conduct this thorough analysis. We've done the work so you don't have to.

▶ Next Step

Introduction

Data Sources

Hospital Compare

Healthgrades

Explore the Reports

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VPQHC Quality Metrics Spreadsheet

- https://www.vpqhc.org/quality-metrics-spreadsheet

Discussion

SURVEY RESULTS & DISCUSSION

Survey Purpose

- to better understand the quality metrics being used by consumers, policymakers, hospitals, clinicians, and regulators

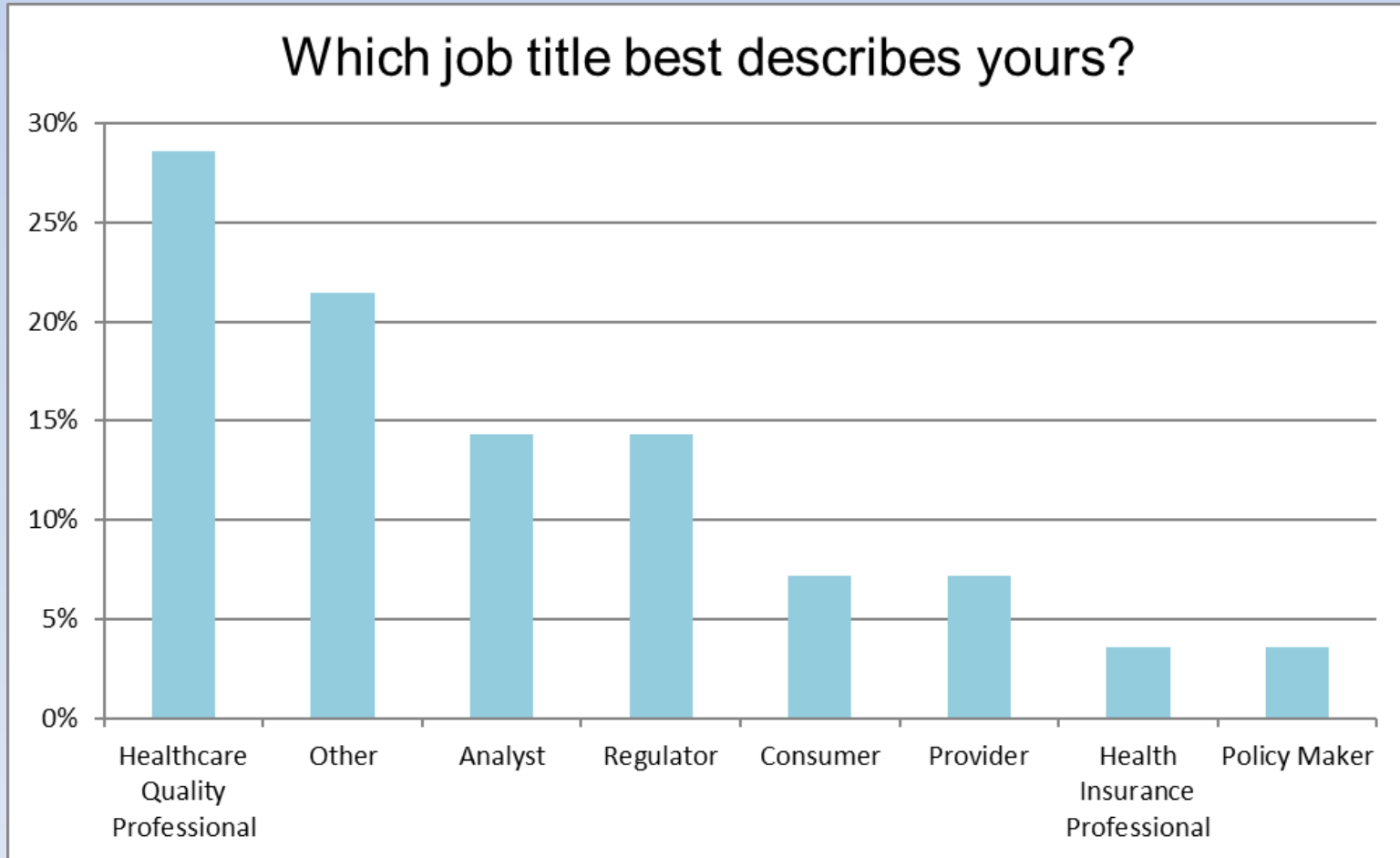- to guide decisions about which metrics to include in the framework

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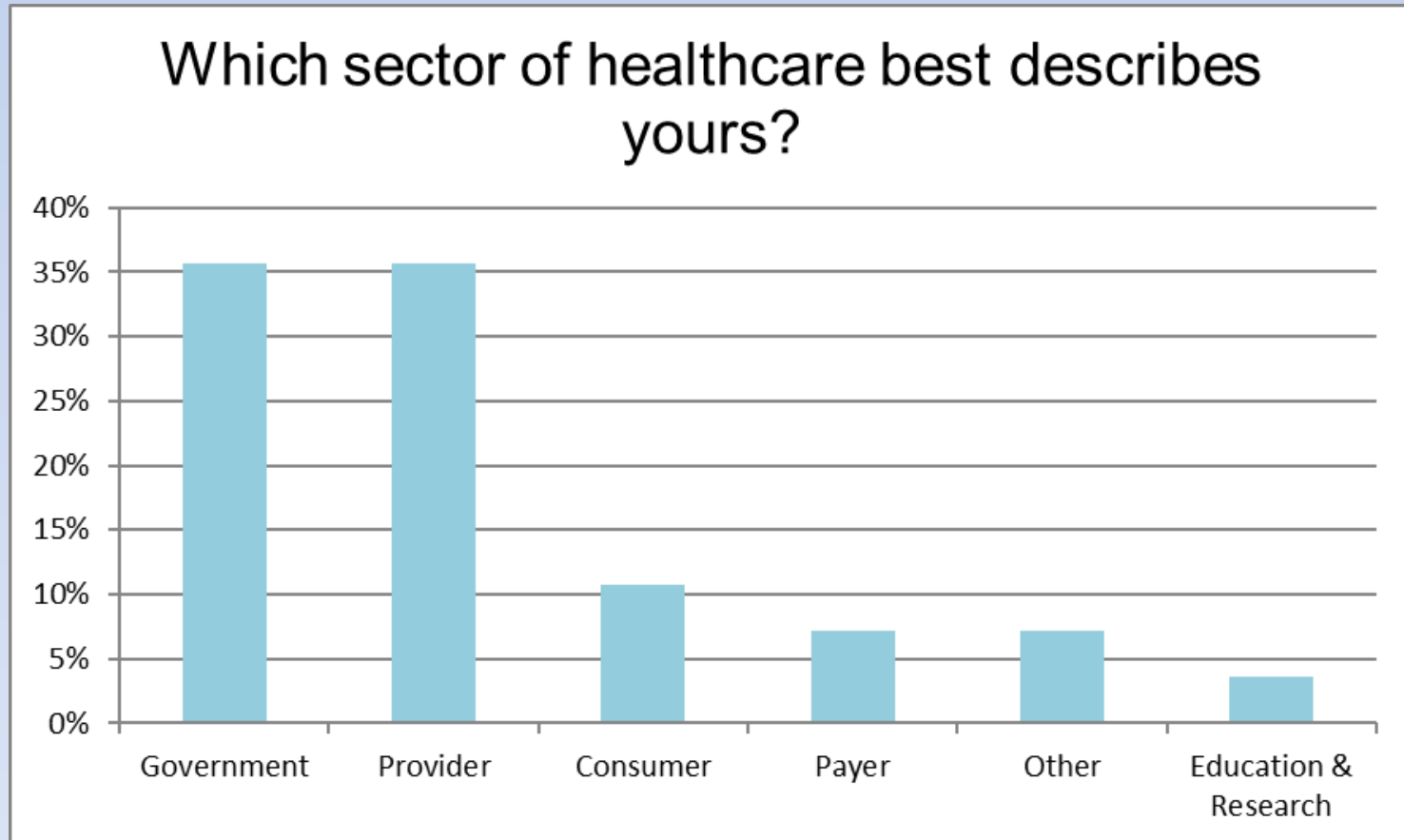
Survey Participation

Response rate: 54%

(28 responses of 52 workgroup members)

Area of Expertise

Area of Expertise

Data Reporting

Which measurement system(s) do you participate in?

Measurement System	%
Not applicable	38%
Vermont All Payer Model	25%
Vermont Hospital Report Card (Act 53)	25%
CMS Inpatient Quality Reporting Program	21%
National Surgical Quality Improvement Program	21%
Vermont Patient Safety Surveillance and Improvement System	21%
CMS Hospital Readmissions Reduction Program	17%
CMS Outpatient Quality Reporting Program	17%
Medicare Beneficiary Quality Improvement Program (MBQIP)	17%
Other	17%
CMS Hospital Acquired Conditions Reduction Program	13%
CMS Hospital Value Based Purchasing Program	13%
Inpatient Rehabilitation Facility (IRF) Quality Reporting Program	8%
Eastern US Quality Improvement Collaborative (EQIC)	4%

Data Use

For what reason(s) do you access hospital healthcare quality data?

Reason	%
Not applicable	13%
To evaluate the quality of care patients receive	71%
To identify relevant trends and patterns	58%
To drive improvements in patient care	50%
To identify areas for efficiency and/or accuracy	42%
To plan for the future	42%
To make more informed decisions about healthcare options	29%
To evaluate the value of care patients receive	25%
To compare my hospital/organization to others	25%
To understand payment incentives and penalties	13%
To set rates	13%
Other	8%

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Data Use

Which portal(s) or publication(s) do you access?

Portal or Publication	%
Not applicable	20%
Vermont's All-Payer Model Performance Summary Dashboard	60%
VDH Hospital Report Card Reports	52%
GMCB Hospital Budget Information	40%
GMCB General Reports	36%
Hospitals' Websites	36%
Overall Hospital Star Ratings published on CMS Care Compare	36%
CMS Care Compare	28%
CMS Hospital Specific Reports (HSRs)	24%
Serious Reportable Events in VT from the HRC Report	20%
ACS National Surgical Quality Improvement Program Registry	16%
Division of Licensing & Protection Hospital Survey Statements	16%
Other	16%
CMS Hospital Acquired Conditions Reduction Program	8%
CMS Medicare Provider Data Catalog	8%
EQIC Data Portal	8%
Hospital Value-Based Purchasing Program Summary Report	8%
Provider Data Catalog on CMS Care Compare	0%

Assessment of Current State

Q: What do you think about the portals and publications currently being used to report hospital healthcare quality data?

Themes:
- Importance
- Ease of Use
- Types of Measures
- Small Numbers
- Example Dashboards/Initiatives

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Current State: Importance

"extremely valuable from both a health care provider and population health monitoring standpoint"

"consumers and practitioners as well as policy analysts should all be aware of these reports"

Current State: Ease of Use

"hard to interpret findings"

"not user-friendly"

"not been able to find a consumer-friendly data portal with local information"

"too many different ways to slice the data"

"wasn't aware that many of the reports listed previously existed"

"not very useful for hospitals or for driving consumer choice"

"would be great if it could be more streamlined and centrally located"

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Current State: Types of Measures (1 of 2)

"readmission data is really good, but somewhat non-specific and subject to confounders"

"[National Healthcare Safety Network] data is essential; surrogate data should be avoided"

"[Antimicrobial Stewardship Program] data is an example of a surrogate measure that might be valuable"

"would be useful to have some measure of the expected year-to-year variation in measures"

"[Patient-reported outcome measures] are certainly good for the patient's idea about their outcome; there are confounders, benchmarks limited"

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Current State: Small Numbers

"reliability is hampered by small numbers"

"small numbers problem… limits the applicability and utilization of these platforms to inform broader decision making"

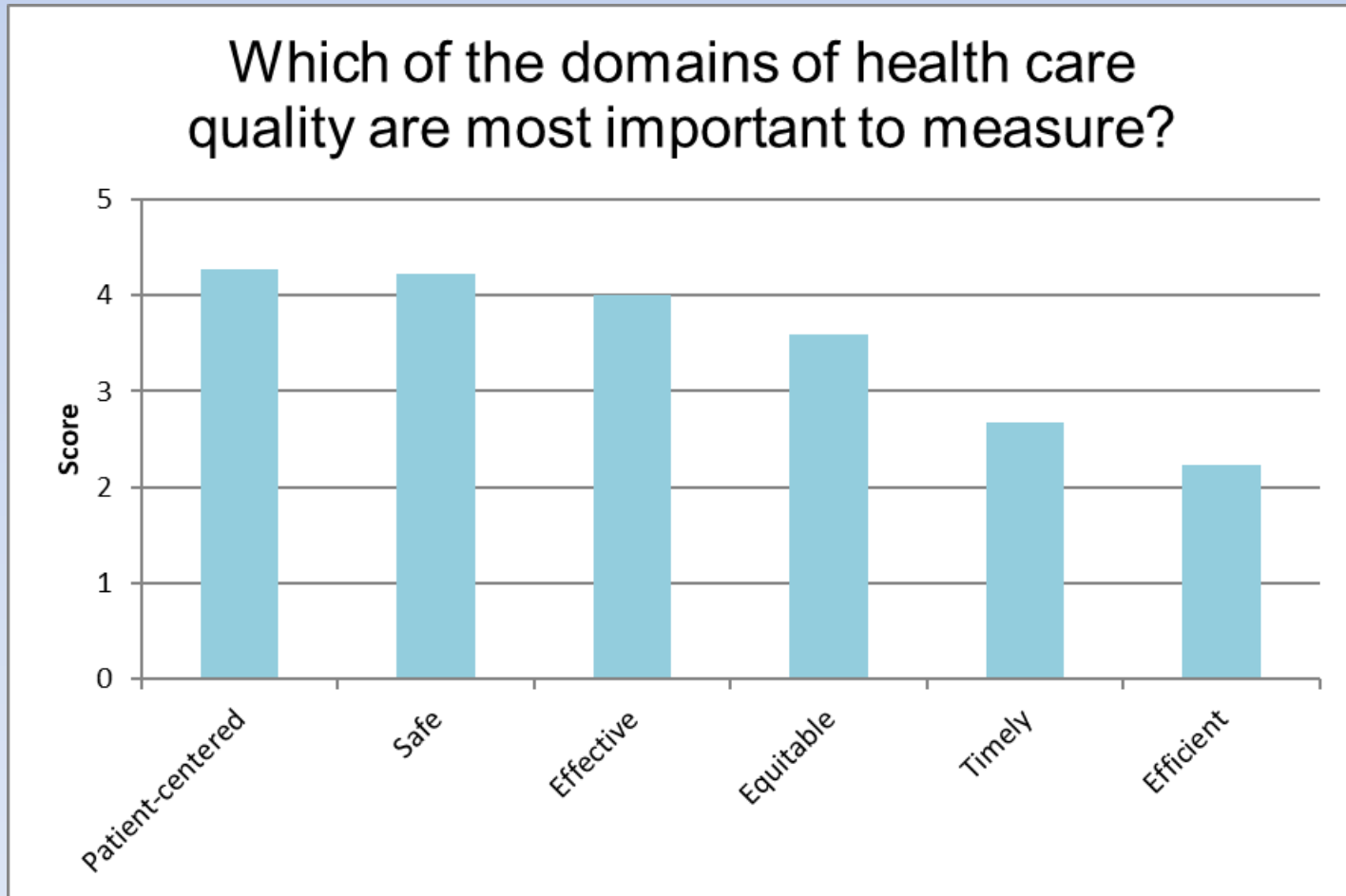"many measures not useful for small hospitals"

Current State:
Example Dashboards/Initiatives

- CMS Care Compare | CMS Hospital Compare
- Rural Health Potentially Avoidable Utilization (PAU) Dashboard
- American College of Surgeons National Surgical Quality Improvement (ACS NSQIP®) data
- High Value Care Committee of the Network (American College of Physicians (ACP) High Value Care initiative?)
- CMS Home Health Quality Reporting Program

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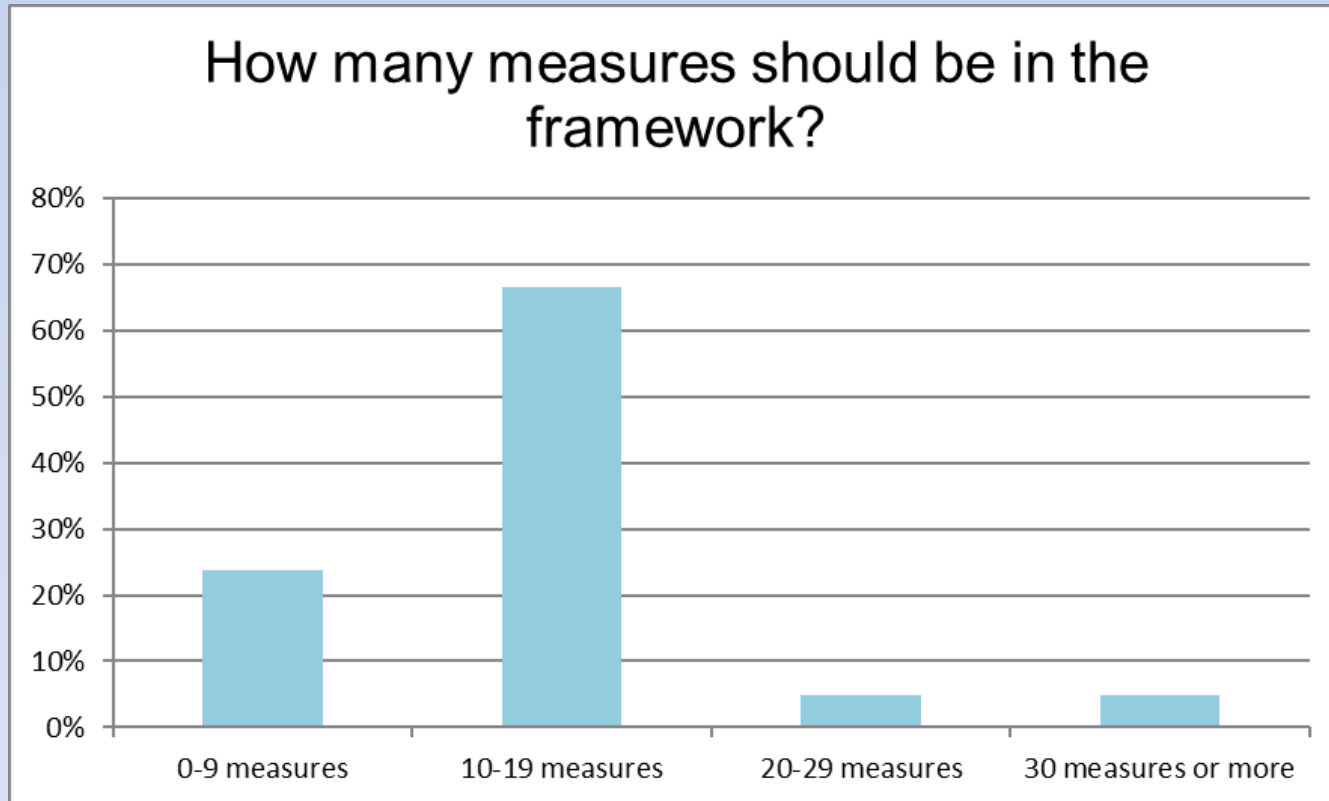
Designing a Framework

Designing a Framework

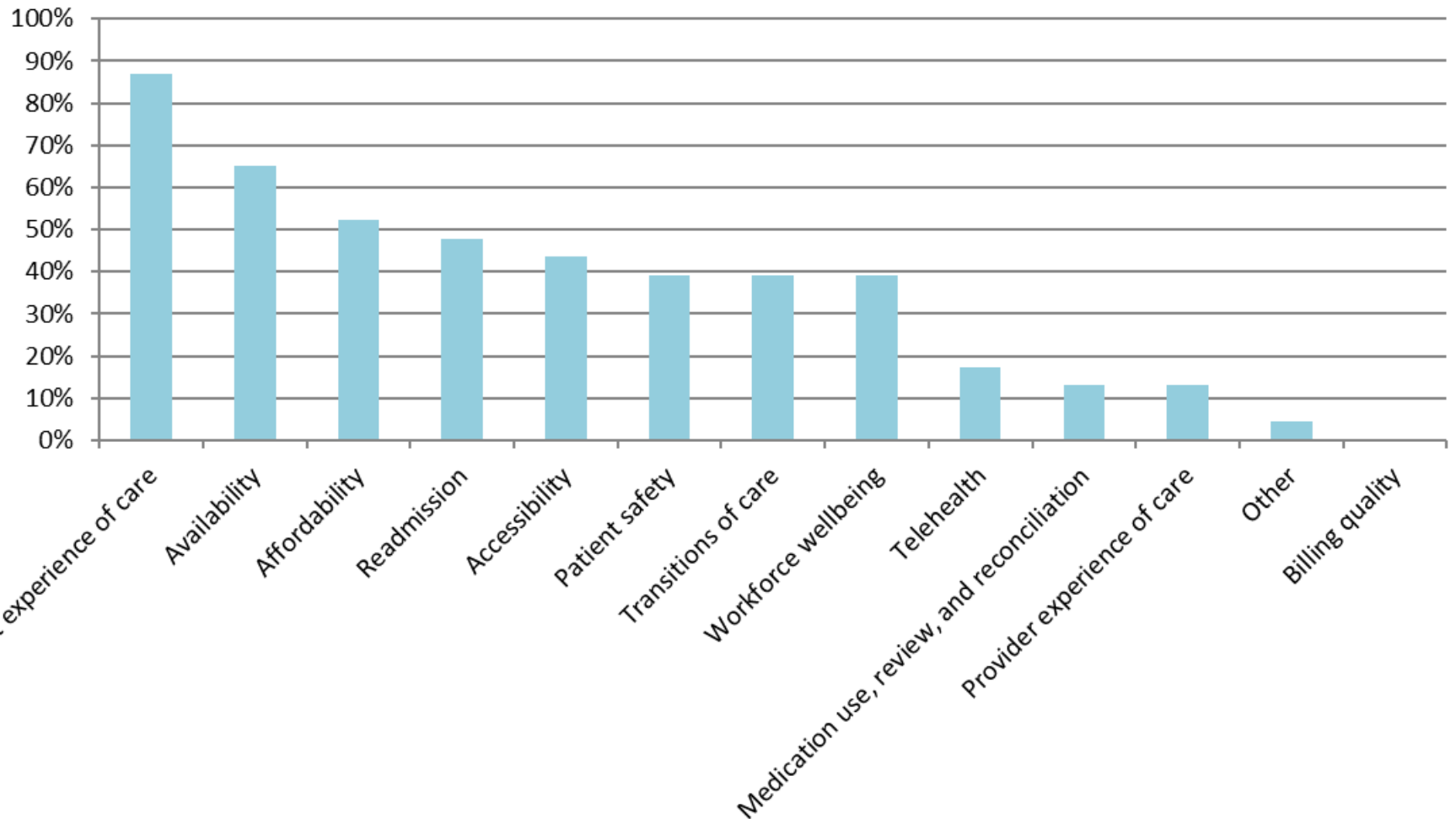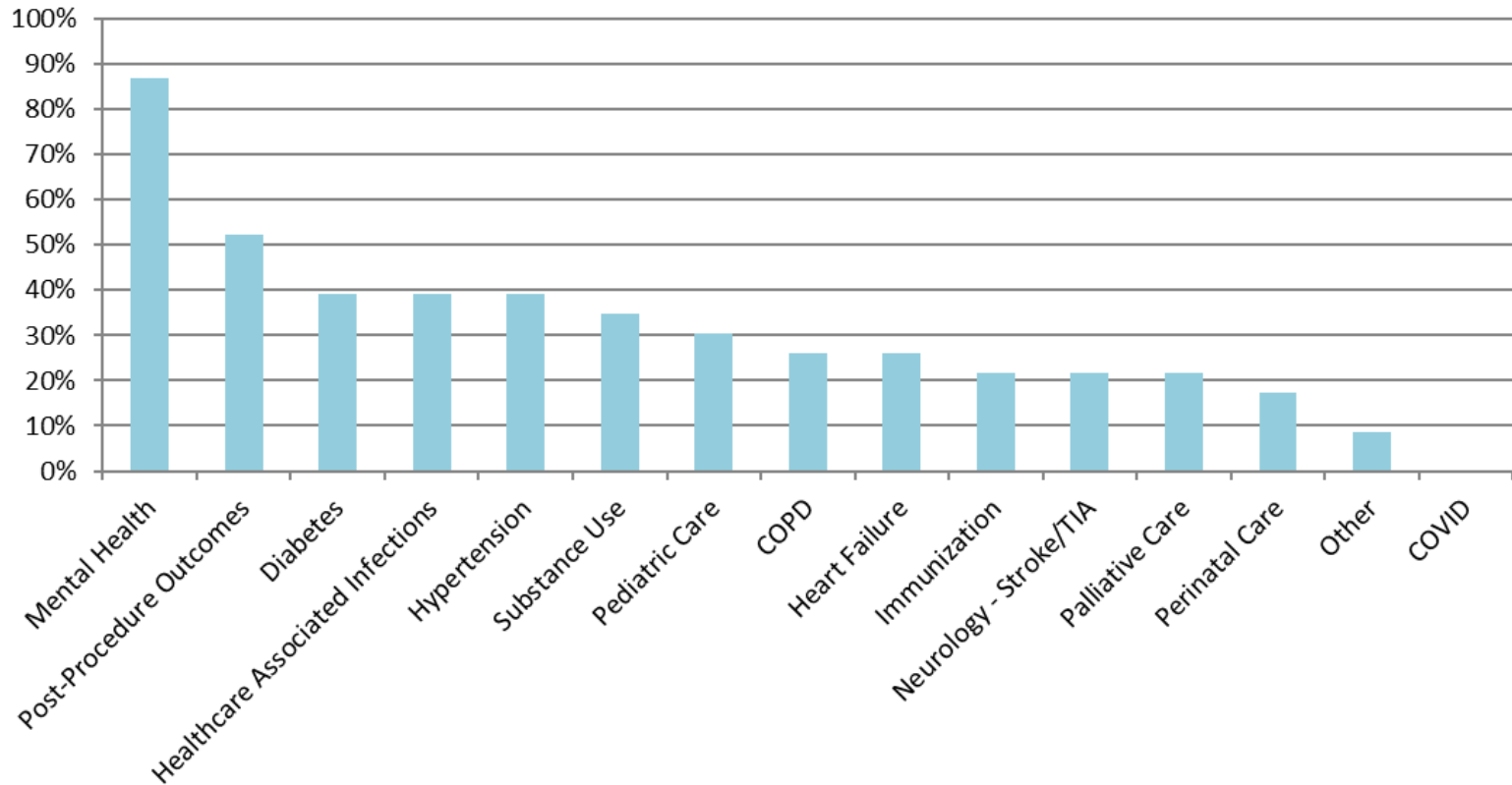Which of the domains of health care quality are most important to measure?

Designing a Framework

Which topic areas are most important to measure?

Designing a Framework

**Which condition(s) or service(s) are most important to measure?**

Designing a Framework
Which criteria are most important for deciding to include a measure in the framework?

Criterion	%
Affects patient health outcomes in a meaningful way	65%
Based in scientific evidence	52%
External benchmarks available	48%
Interpretable	43%
Addresses priority health conditions or services	39%
Important to consumers	35%
Reasonable ease and cost of data collection	35%
Endorsed by National Quality Forum (NQF)	30%
Used in federal or other programs	30%
Important to public health	26%
Valid and reliable	26%
Considers potential unintended consequences of measurement	17%
Resistant to low case-volume	17%
Well-developed specifications	17%
Room for further improvement	9%
Other	4%
Cross-Cutting	0%

Designing a Framework

Which types of health care quality measures are most important for the framework?
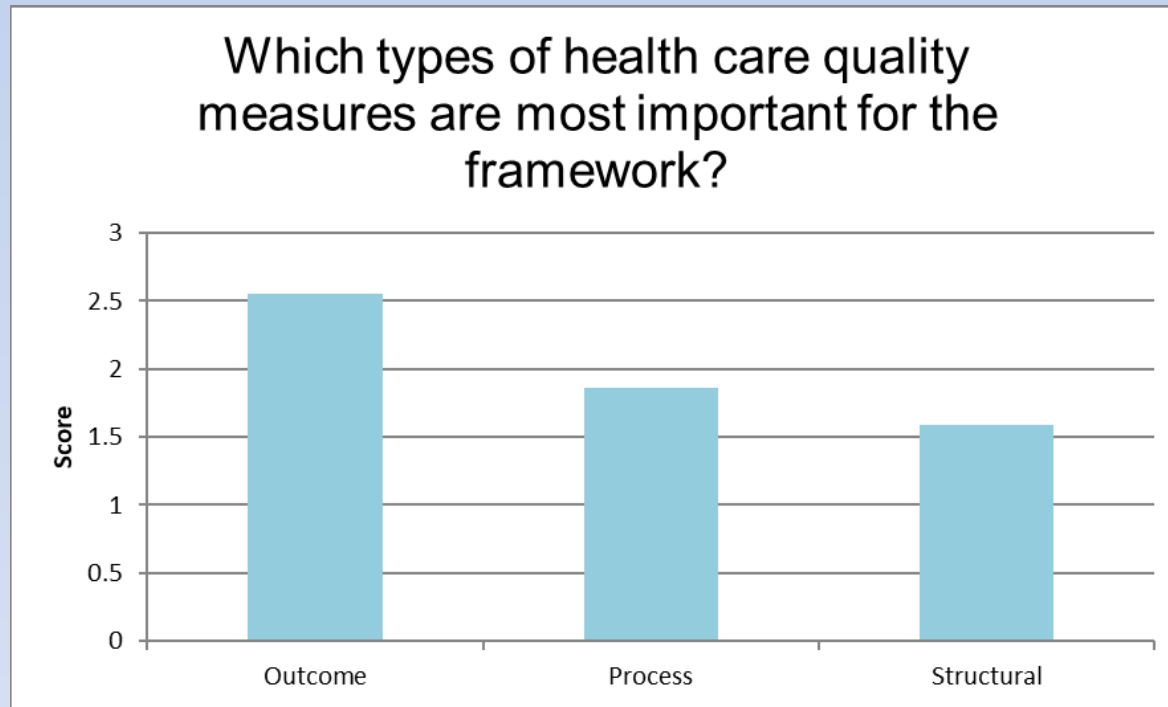
reflects the impact of the health care service or intervention on the health status of patients

indicates what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition

gives consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care

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Closing Thoughts

Q: Please share any further thoughts about the project.

Themes:
- Collaborative Process
- Support for Hospitals
- Efficiency
- Topic Selection
- Measure Selection

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Collaborative Process

"our perspective is very different… and is a critical consideration"

"very tight timeframe for such a large project"

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Support for Hospitals

"important to have some way to prioritize this... without being punitive"

Efficiency

"selecting measures that are of minimal burden to collect and report will be a priority"

"draw from [existing] sources wherever possible for equitable comparison across all facilities"

"let's be sure to align reporting whenever we can to reduce administrative burden"

"any process that allows for simplification to improve interpretability and value for both providers and consumers should be supported"

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Topic Selection

"please remember behavioral health"

"outcomes of patients seeking care in VT hospitals"

Measure Selection

"ensure that the measurements selected are focused on measuring systemic change so that random variations in the data do not drive process changes"

"concerns about developing measures that will meet the needs of various audiences, e.g., consumers, hospitals, regulators"

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

QUALITY FRAMEWORK OVERVIEW

QUALITY FRAMEWORK PORTAL

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

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.

Building a Vermont Hospital Quality Framework, VPQHC, August 2021.

Next Steps

- Next Meeting
  - Wednesday, March 23, 10:00 - 12:00
  - VT dashboards, qualities of a good dashboard
- Further reading

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Acknowledgement

- Funded through the Rural Hospital Flexibility (Flex)- State Office of Rural Health (SORH) grant from the Vermont Department of Health Office of Rural Health and Primary Care.

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