



Vermont Program for Quality in Health Care, Inc.

# Vermont Hospital Quality Framework

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Hillary Wolfley, Associate Director

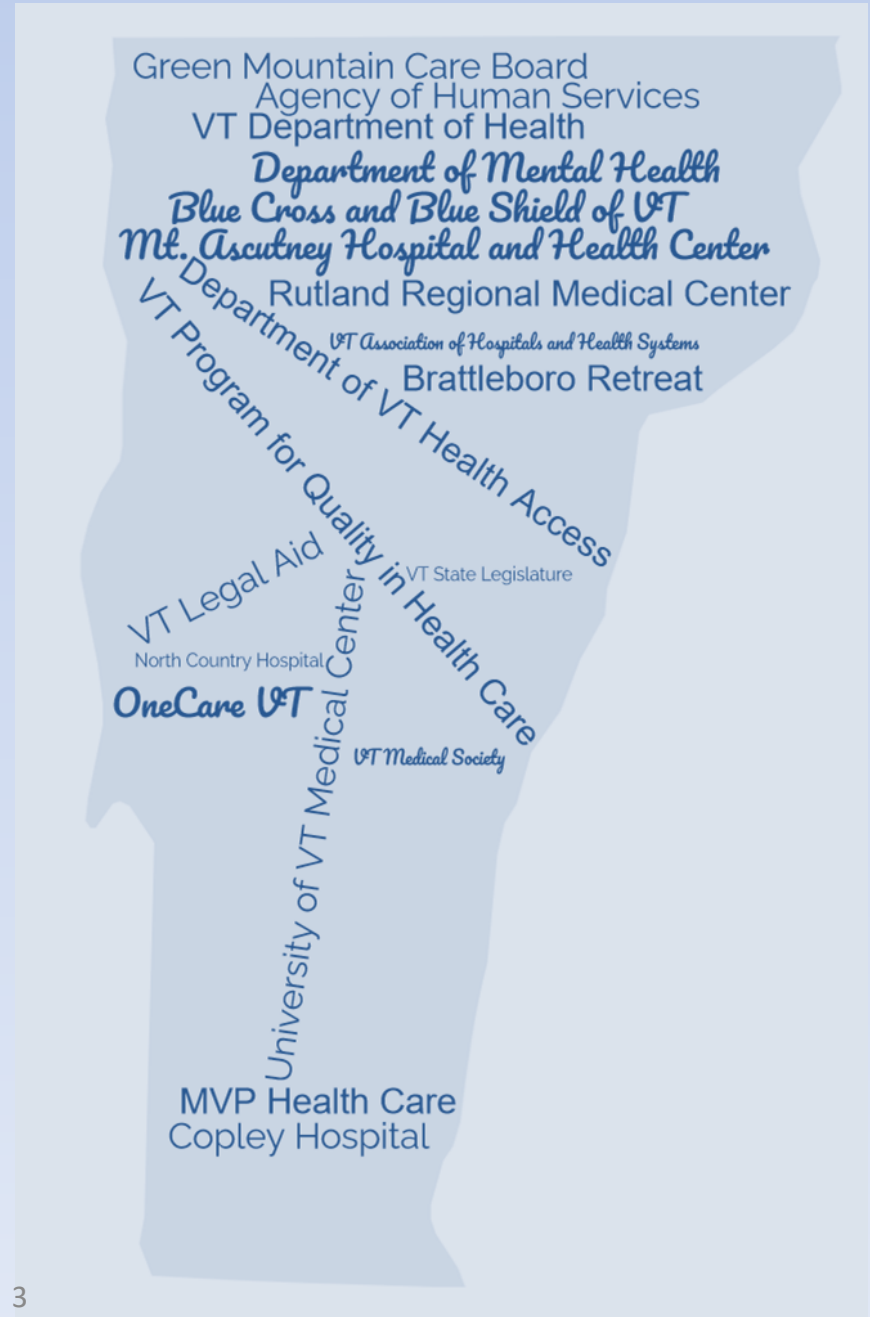
Ali Johnson, Quality Improvement Specialist

January 25, 2022

# Agenda

- Welcome & Introductions
- Vision
- Work to Date
- Scope of Work & Timeline
- Identify Additional Partners
- Discussion
- Next Steps

# Welcome!



# Introductions

Please share your...

- Name
- Title
- Organization
- Reason for participating

**Please let me know of any  
corrections to the contact list.  
Thanks!**



# A Special Thank You



A nurse tends to a Covid-19 patient in the ICU at the Southwestern Vermont Medical Center in Bennington on Monday, Dec. 13, 2021. Photo by Glenn Russell/VTDigger

# 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.

# Vision

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



# “Framework” Components

- Measurement domains
  - Subdomains
    - Measurement concepts
- Quality measures
  - Selection criteria
- Data sources
- Comparative way of displaying data
- Approach for assessing health equity



# 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.

# 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.

# Work to Date

- August 2021
- Overview
  - Healthcare Quality Measurement
  - Healthcare Quality Reporting Programs
- The State of Hospital Report Cards
- Measures for Consideration
- National Environmental Scan: Models from Other States
- Recommendations/Conclusion/Next Steps

The logo for the Vermont Program for Quality in Health Care, Inc. (VPQHC) features the letters 'VPQHC' in a blue, serif font. The 'Q' is significantly larger and more prominent than the other letters, with a decorative flourish extending from its bottom right.

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

# Highlight #1: Vermont hospitals are engaged in a multitude of healthcare quality reporting programs, and...

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

EQIC Hospital Quality Improvement Collaborative

National Surgical Quality Improvement Program

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program

Medicare Beneficiary Quality Improvement Program (MBQIP)

Vermont All Payer Model

Vermont Hospital Report Card (Act53)

Vermont Patient Safety Surveillance and Improvement System

# ...there are many platforms that display hospital quality data

- CMS Care Compare
- Hospital Value-Based Purchasing (VBP) Program Percentage Payment Summary Report (PPSR)
- CMS Hospital Acquired Conditions Reduction Program Hospital-Specific Reports (confidential)
- CMS Medicare Provider Data Catalog
- EQIC Data Portal (not public)
- ACS NSQIP Registry (not public)
- CMS Care Compare
- Vermont's All-Payer Model Performance Summary Dashboard
- Vermont Hospital Report Cards
- VDH MONAHRQ
- Hospitals' Websites
- GMCB General Reports
- GMCB Hospital Budget Information
- Vermont Patient Safety and Surveillance System Annual Report
- Division of Licensing and Protection Hospital Survey Statements

Highlight #2: There are many report cards that claim to speak to the quality of care delivered at hospitals – not all are created equal

# Highlight #3: Vermont is unique, and any proposed quality measures need to take Vermont's unique characteristics into consideration

- Geography - mostly rural
- *Eight Critical Access Hospitals*
- One Academic Medical Center
- Another Academic Medical Center right across the border
- Two psychiatric care hospitals
- All Payer Model
- Healthcare priorities

Highlight #4: There are at least three organizations tasked by statute with assessing the quality of health care delivered across the system: VPQHC, GMCB & VDH



# Statute ~ GMCB

## 18 V.S.A. § 9375

The [Green Mountain Care] Board shall... (d) develop and maintain a method for evaluating systemwide performance and quality, including identification of the appropriate process and outcome measures:

- for determining public and health care professional satisfaction with the health system;
- for utilization of health services;
- in consultation with the Department of Health and the Director of the Blueprint for Health, for quality of health services and the effectiveness of prevention and health promotion programs;
- for cost-containment and limiting the growth in health care expenditures;
- for determining the adequacy of the supply and distribution of health care resources in this State;
- to address access to and quality of mental health and substance abuse services; and
- for other measures as determined by the Board.

# Statute ~ VDH

18 V.S.A. § 9405a, 18 V.S.A. § 9405b

## 2018 Hospital Reporting Rule, Section 9

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. The report shall include:

- 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.
- Measures of patient safety that are valid, reliable, and useful, including comparisons to appropriate industry benchmarks for safety.
- Measures of hospital-acquired infections that are valid, reliable, and useful, including comparisons to appropriate industry benchmarks.

18 V.S.A. § 9405a, <https://legislature.vermont.gov/statutes/section/18/221/09405a>

18 V.S.A. § 9405b, <https://legislature.vermont.gov/statutes/section/18/221/09405b>

2018 Hospital Reporting Rule, Section 9,

<https://www.healthvermont.gov/sites/default/files/documents/pdf/7.%202018%20Hospital%20Report%20Rule%20Clean%20Copy.pdf>

# Statute ~ VPQHC

## 18 V.S.A. § 9416

The Commissioner of Health shall contract with the Vermont Program for Quality in Health Care, Inc. to implement and maintain a statewide quality assurance system to evaluate and improve the quality of health care services rendered by health care providers of health care facilities, including managed care organizations, to determine that health care services rendered were professionally indicated or were performed in compliance with the applicable standard of care, and that the cost of health care rendered was considered reasonable by the providers of professional health services in that area.

Highlight #5: Best practice is to convene a **multi-stakeholder committee** to decide on the quality measures to include, as well as determine a process for ensuring that any proposed measure set stays relevant and reflective of our current environment (ex: National Quality Forum – Measures Application Partnership)

Highlight #6: As a part of the budget review process, the limitations of any quality framework must be made explicit, and hospitals provided the opportunity to tell the “story behind the metric”

# Observed Need

- The sheer number of measures used to evaluate quality of care delivered at hospitals is more overwhelming than useful.
- The proliferation of hospital report cards has not achieved their stated goal of helping consumers understand the quality of care offered at hospitals.
- More work needs to be done to align measures required by regulators.

# How can we get from here to there?



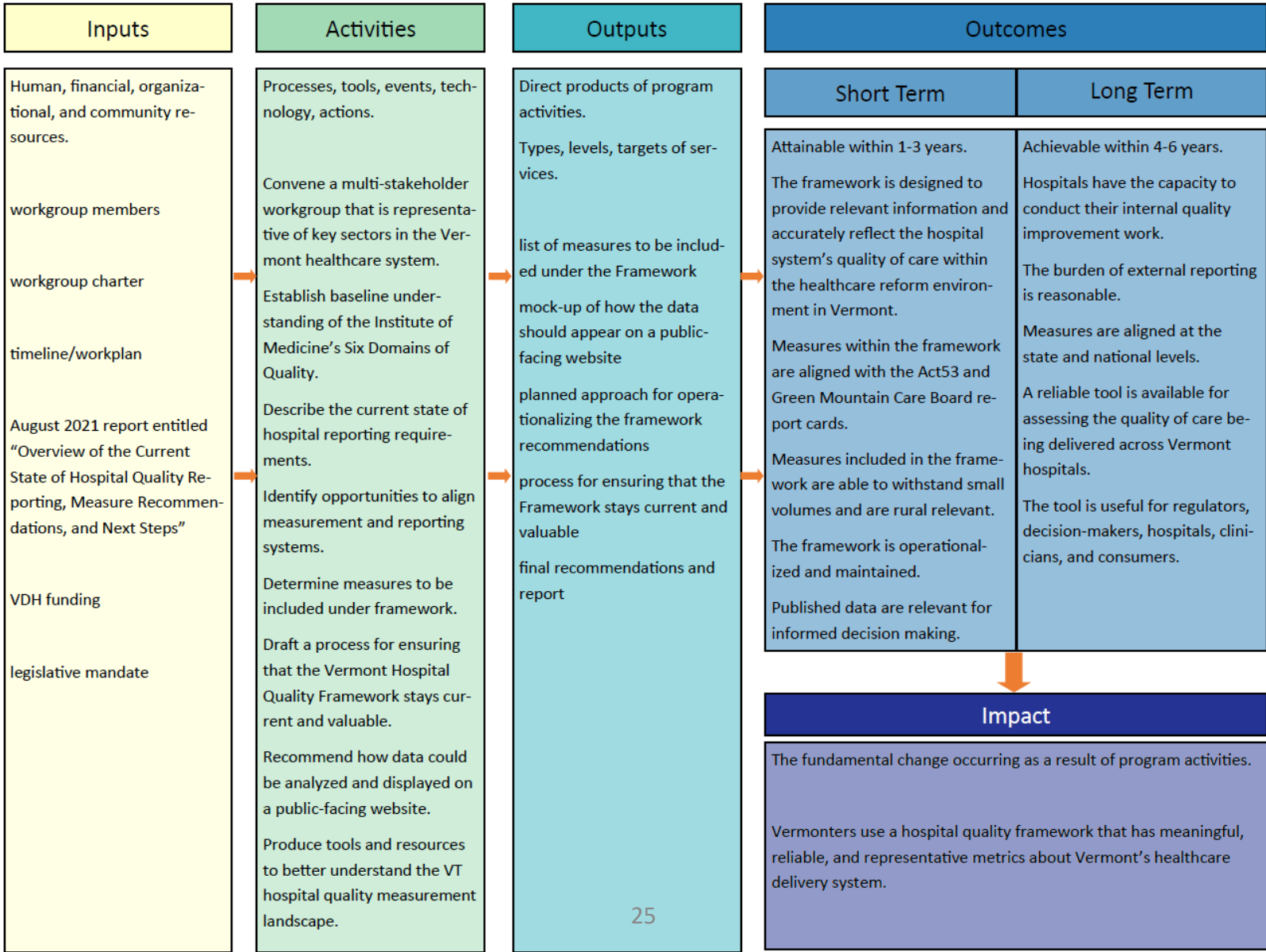
# Logic Model

- Inputs
- Activities
- Outputs
- Short Term Outcomes
- Long Term Outcomes
- Impact

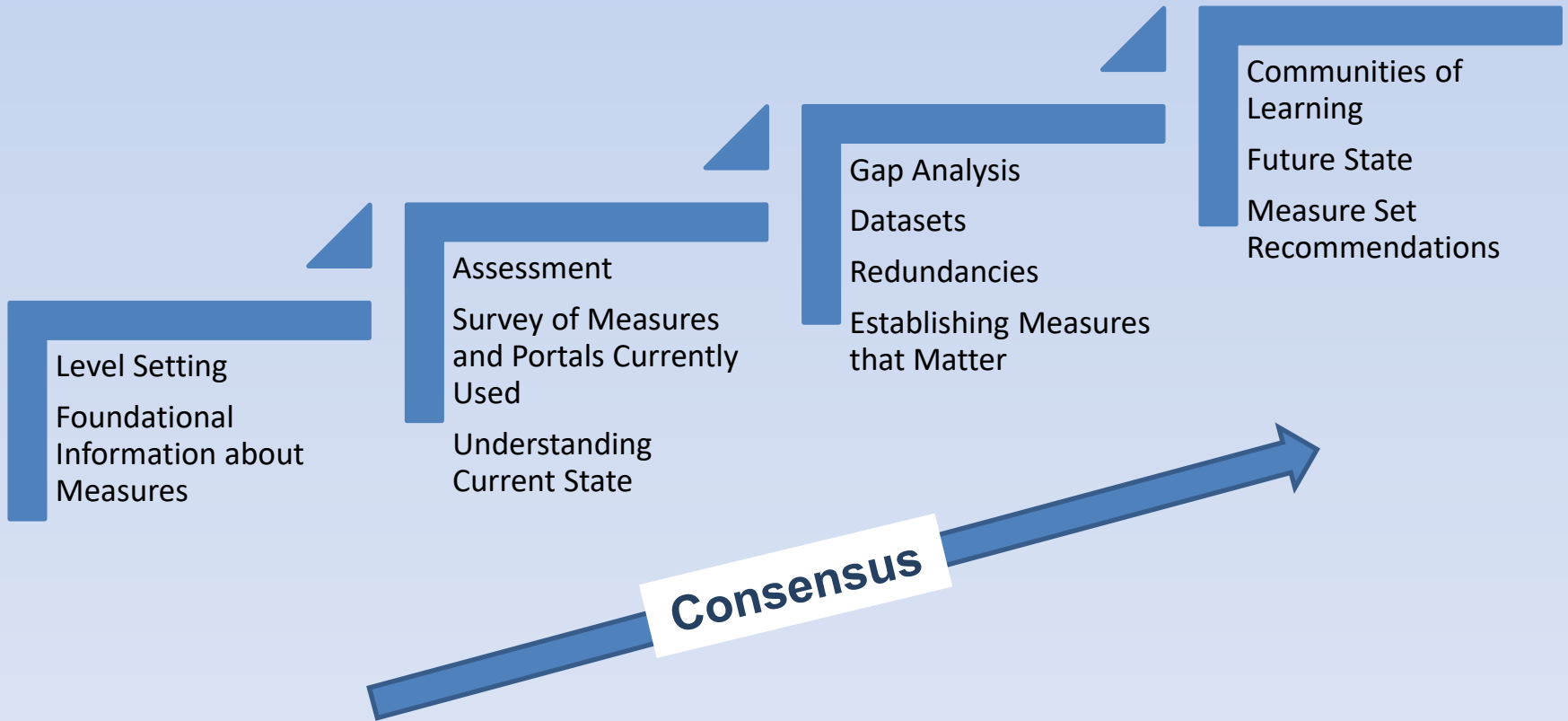


# Logic Model

Vermont Hospital Quality Framework



# Our Approach



# Timeline

2022

January

- Convene Workgroup
- Establish Workgroup Charter

March

- Inventory Current Measures

May

- Evaluate Proposed Measures

July

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

February

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

April

- Review Survey Data
- Propose Measures

June

- Finalize Proposed Measures
- Submit for Public Comment Review

August

- Submit Final Framework & Update Process to VDH-ORH

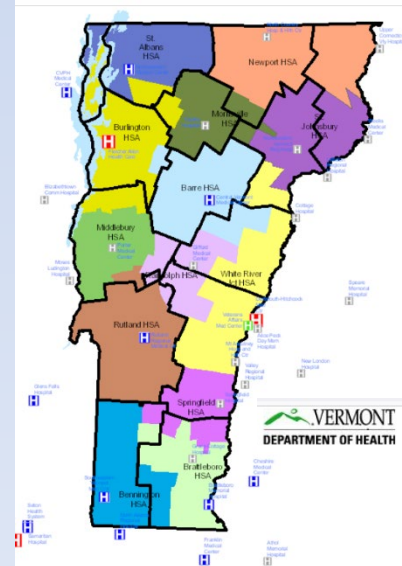
# Scope of Work

## What's IN?

- Measures of quality
  - Healthcare associated infections
  - Patient safety
  - Other domains
- Hospital setting
  - Psychiatric hospital setting(?)
  - Other settings(?)
- Health Equity
- Nurse staffing
- Accreditation standards & survey compliance

## What's OUT?

- Measures of cost
- Budgets
- Governance



# Draft Charter

Purpose

Business Case

Scope of Work

Schedule

Workgroup Members

Workgroup Processes

Resources

# Document Portal

<https://www.vpqhc.org/quality-framework-portal>

password:

framework123

# Document Portal



**COVID-19 RESOURCES & GUIDANCE FOR HEALTH CARE ORGANIZATIONS**



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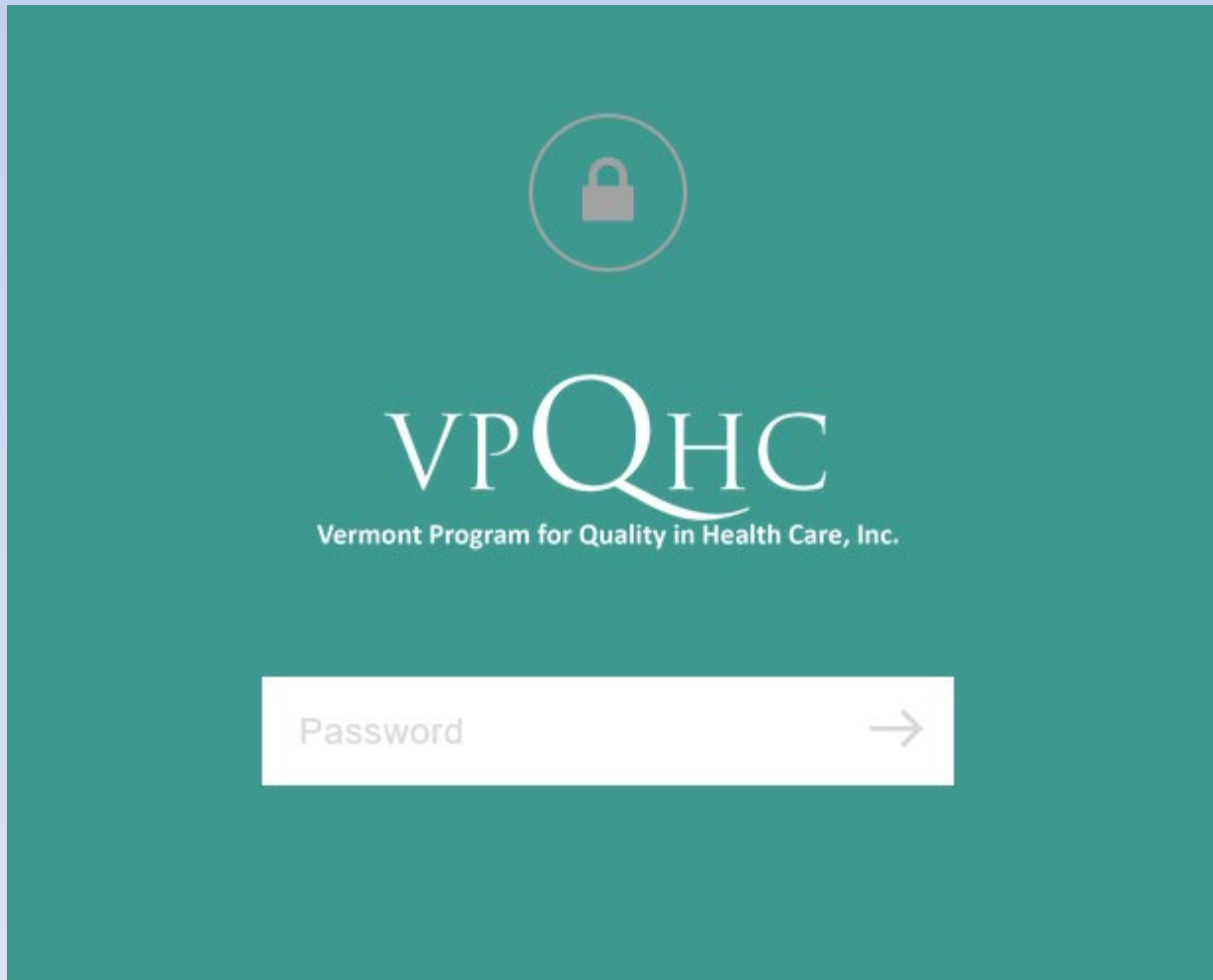
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PROFESSIONALS

- VERMONT HOSPITAL  
QUALITY FRAMEWORK

QUALITY  
FRAMEWORK  
OVERVIEW

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FRAMEWORK  
PORTAL



password:  
framework123

## Vermont Hospital Quality Framework

QUALITY FRAMEWORK  
OVERVIEW

QUALITY FRAMEWORK  
PORTAL

**OVERVIEW:** The purpose of this portal is for Hospital Quality Framework Workgroup members to be able to share documents. Should you have any recommendations about the organization of this page, or any other questions, please contact Ali at [AliJ@vpqhc.org](mailto:AliJ@vpqhc.org).

**HOW TO SUBMIT A DOCUMENT:** If you have a document that you would like to share with the group, please email Ali at [AliJ@vpqhc.org](mailto:AliJ@vpqhc.org). In your email include: the document, purpose statement, creation date, and indicate whether you are ok with your name being listed in case another workgroup member would like to follow up with you.

[January 2022 Agenda](#)

[Draft Workgroup Charter](#)

[Draft Logic Model](#)

[Participant Contact List](#)

*Building a Vermont Hospital Quality Framework, August 2021*

# Identify Additional Partners

Government

Insurers

Who else should participate?

- —
- —
- —
- —
- —

Hospitals &  
Providers

Education &  
Research

Consumers

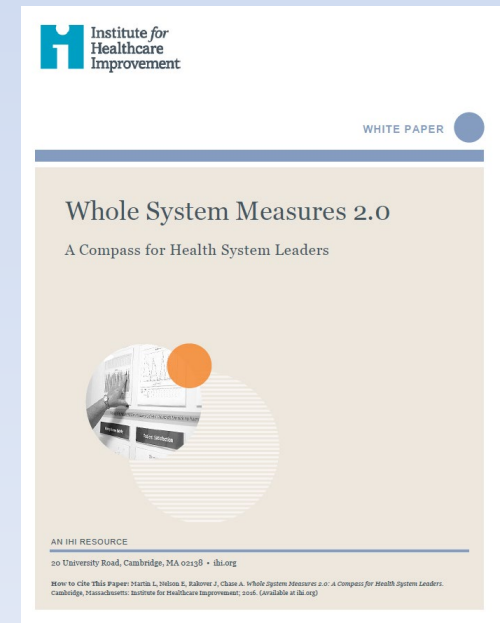
Others?

# Discussion

- Any general comments that you'd like to share about healthcare quality measurement – the good, bad, ugly?
- Any resources you'd like us to share with the group?
- Do you have feedback to share on the draft workgroup charter? The draft logic model?
- How can VPQHC best serve your organization in doing this work?

# Next Steps

- Schedule February – May Meetings
  - 2 hours instead of 1½?
  - 4<sup>th</sup> Tuesday at 10:00 a.m.?
    - same time as the weekly VT state emergency management call
  - Doodle poll?
- Further reading
- Quality Metrics Survey



# 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.

# Contact

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