Vermont Hospital Quality Framework

Ali Johnson, Quality Improvement Specialist

June 28, 2022

Agenda

- Recap of Work to Date

- Introductions & Takeaways

- Results of Survey #2

- Next Steps
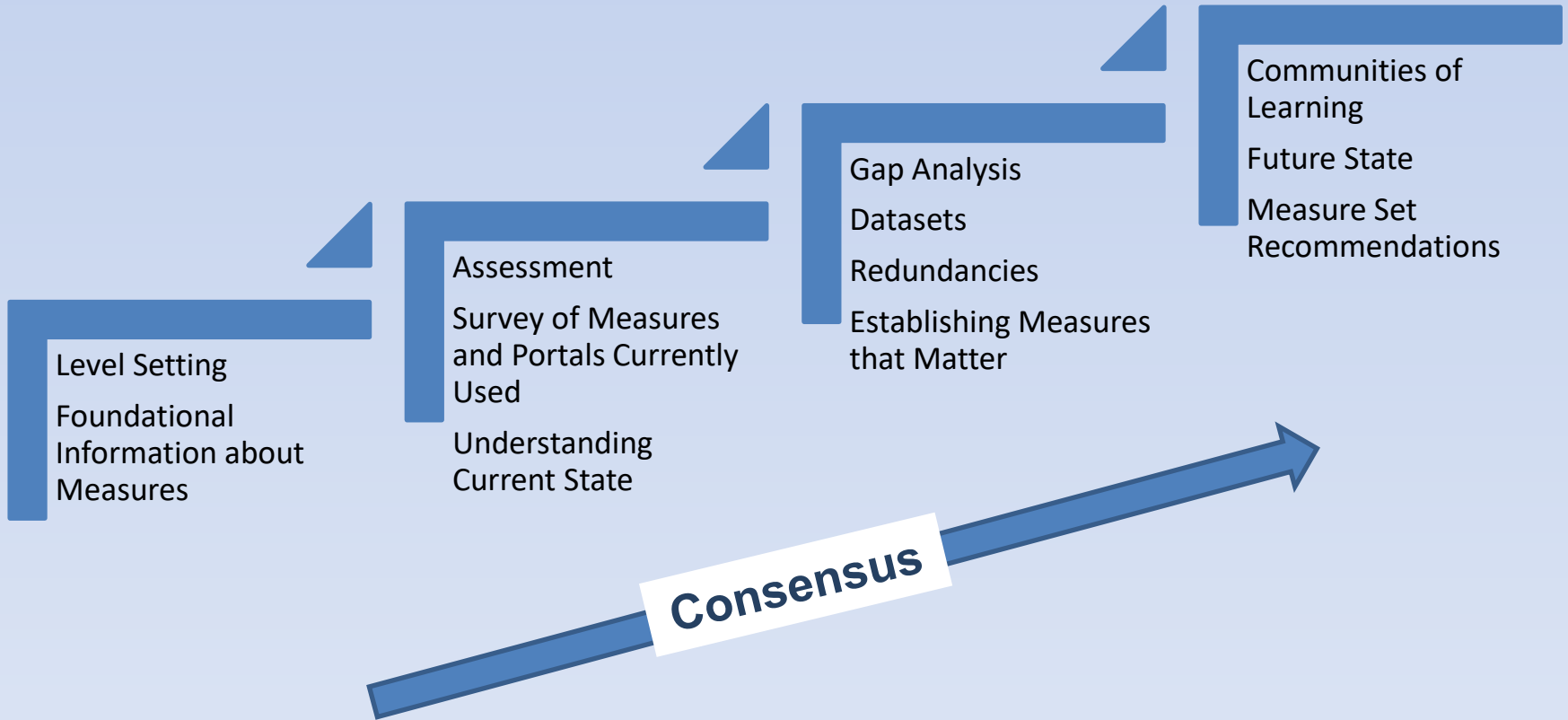
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Purpose of Workgroup

- 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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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

Highlights

- workgroup formed January 2022
- 56 members represent 25 organizations
- charter drafted and revised
- shared understanding of quality measurement
- current measures inventoried
- framework structure designed
- new measures proposed & voted on

Scope of Work (from Charter)

✓ Establish a baseline understanding related to using the Institute of Medicine's Six Domains of Health Care Quality.

✓ Evaluate the current state of hospital reporting requirements and their relationship to Vermont's reform efforts; survey measures currently being used by stakeholders.

✓ Identify gaps, duplication, and opportunities to align measurement and reporting systems, reduce reporting burden, and improve the accuracy, timeliness and relevance of available data.

Orientation to Health Care Quality

Resources for Proposing Measures

- 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](#)

Document Portal

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 for Healthcare Research and Quality Inpatient Quality Indicators

Agency of Human Services Scorecards

Bau et al. Patient-centered, integrated health care quality measures could improve health literacy, language access, and cultural competence. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. 2019.

Building a Vermont Hospital Quality Framework, Vermont Program for Quality in Health Care, August 2021.

CMS Measures Inventory Tool

Delayed Medical Care, Vermont Department of Health, March 2015.

Developing Health Equity Measures, Prepared for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health & Human Services by RAND Health Care, May 2021.

Disparities-Sensitive Measure Assessment, National Quality Forum, November 2012.

Donabedian A. (2005). Evaluating the quality of medical care. 1966. The Milbank quarterly, 83(4), 691–729.

Health Equity Data 2022 Report to the Legislature, Vermont Department of Health

Institute for Patient- and Family-Centered Care

Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. National Academies Press (US).

Kano Model

Martin L, Nelson E, Rakover J, Chase A. Whole System Measures 2.0: A Compass for Health System Leaders. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.

Mathews SC, Makary MA. Billing Quality Is Medical Quality. JAMA. 2020;323(5):409–410. doi:10.1001/jama.2019.19648

Measures That Matter, Healthcare Association of New York State, Inc.

Medicare Beneficiary Quality Improvement Project (MBQIP) Data Reporting and Use, National Rural Health Resource Center.

National Quality Foundation endorsement criteria

National Quality Forum QPS database

Removing the Barriers: Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities, The Vermont Developmental Disabilities Council In Partnership with Green Mountain Self-Advocates, March 31, 2016.

Report on Report Cards, Healthcare Association of New York State, Inc., November 2019.

Results Based Accountability

Serious Reportable Events, National Quality Foundation

Societal Factors that Influence Health, American Hospital Association, December 2020.

Trying Hard Is Not Good Enough, Mark Friedman, 2015.

Vermont Hospital Report Cards

Vermont Household Health Insurance Survey 2018 Report, Vermont Department of Health, December 2018. (See pp. 29-30.)

Vermont's All-Payer Model Performance Summary Dashboard

Wisconsin Collaborative for Healthcare Quality Reports

https://www.vpqhc.org/quality-framework-portal
password: framework123

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Many thanks

to our presenters!

Results Based Accountability & HANYS Report on Report Card Measure Overview
Hospital Quality Framework Workgroup

Jason Minor, MS, CHCQM, CLSSMBB, CMQ/OE, CPHQ, CPPS, PMP
Network Director Continuous Systems Improvement
Jeffords Institute for Quality

Presentation content based on Mark Friedman's Results Based Accountability (RBA) Model

HANYS Report on Report Cards

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GREEN MOUNTAIN CARE BOARD

APM Quality Framework Overview

March 24, 2022

Quality Measures

A perspective from a Critical Access Hospital

T. Goodwin   05/2022

Vermont Hospital Quality Framework Workgroup

Mental Health Measures
May 24, 2022

VERMONT

Vermont Hospital Report Card

Hospital Quality Framework Workgroup – April Meeting

April 25, 2022

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DEPARTMENT OF HEALTH

Hospital Quality Metrics & Consumer Value: Perspectives from the Office of the Health Care Advocate (HCA)
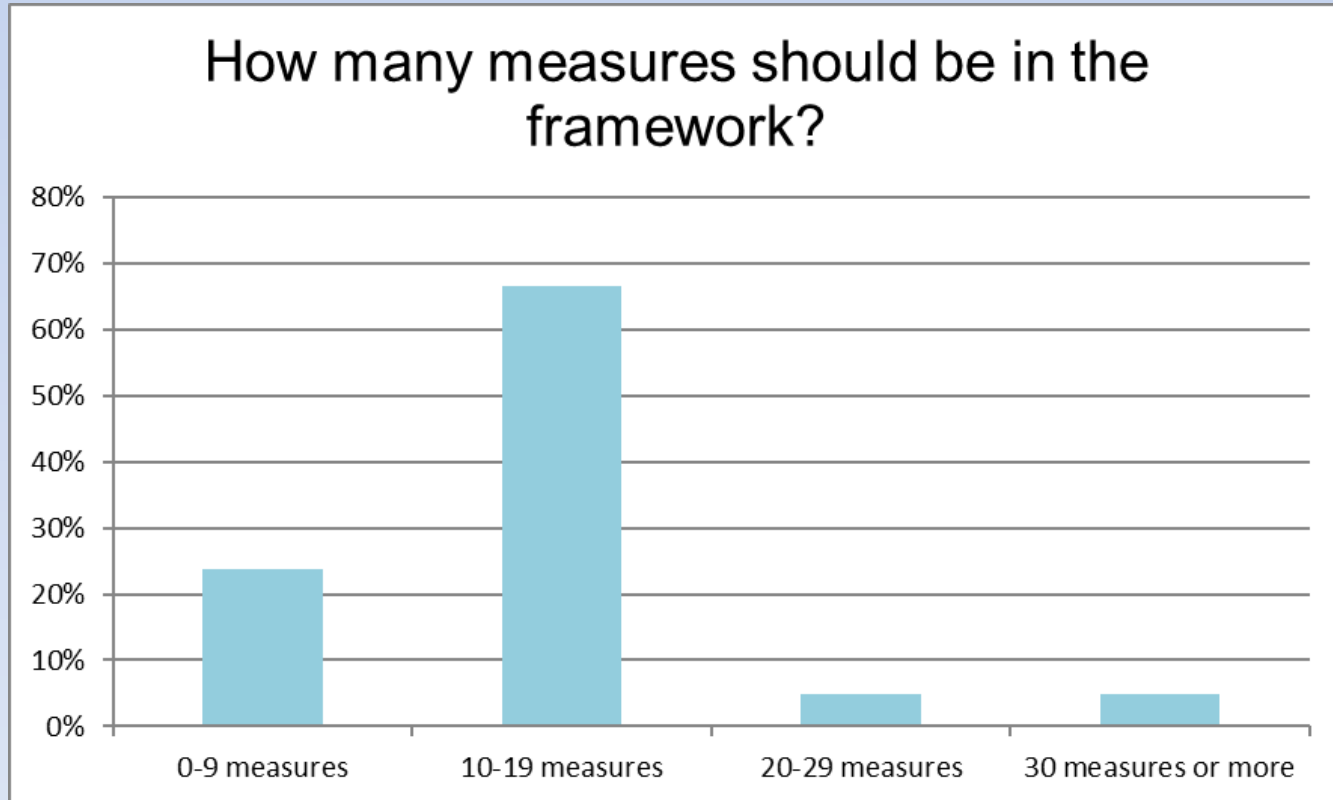
Presented by

Michael Fisher MSW, Chief Health Care Advocate
Eric Schultheis PhD, Esq., Staff Attorney
Sam Peisch MPH, Health Policy Analyst

May 24th, 2022

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Designing a Framework

Designing a Framework

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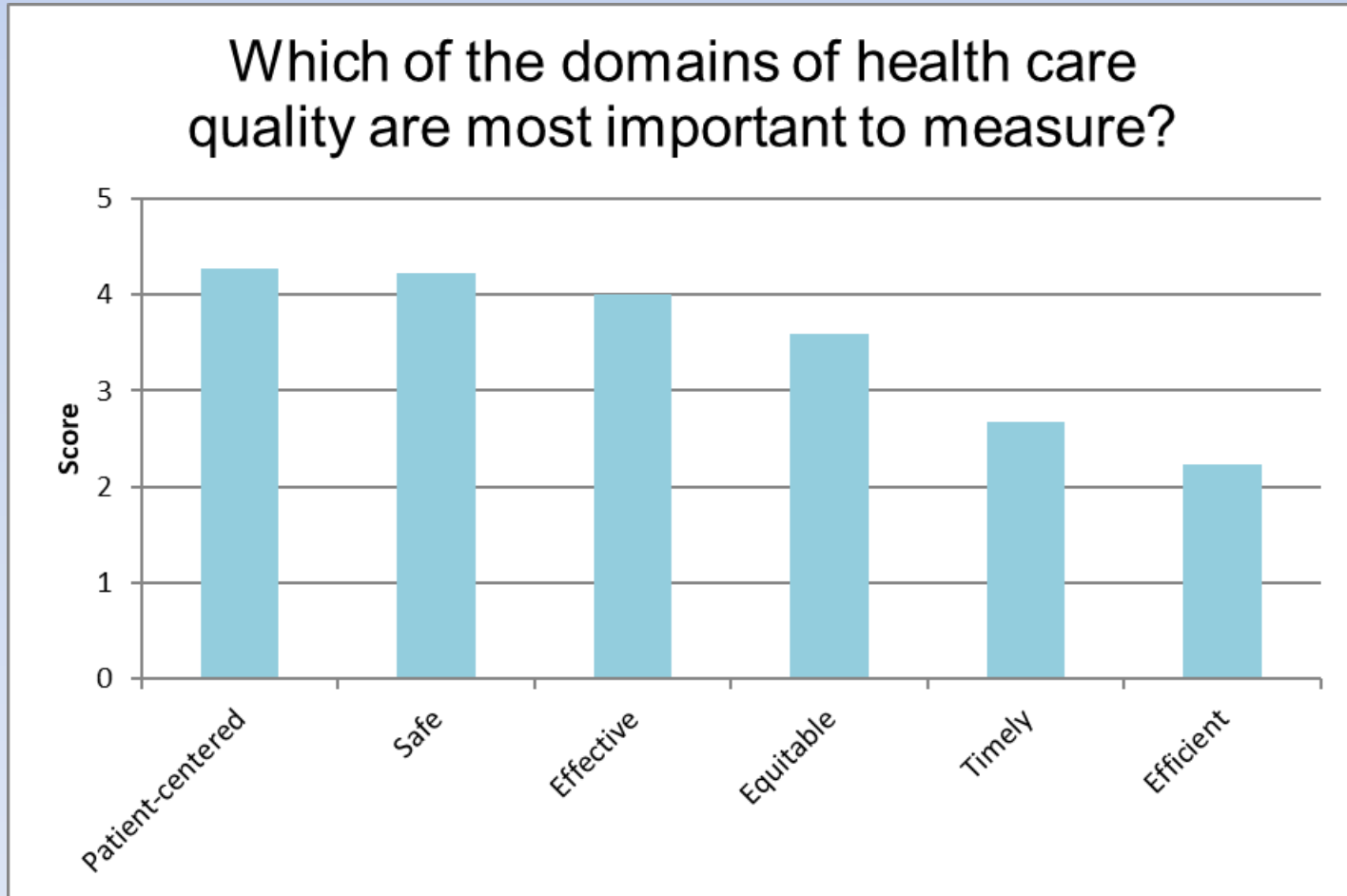
Designing a Framework

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
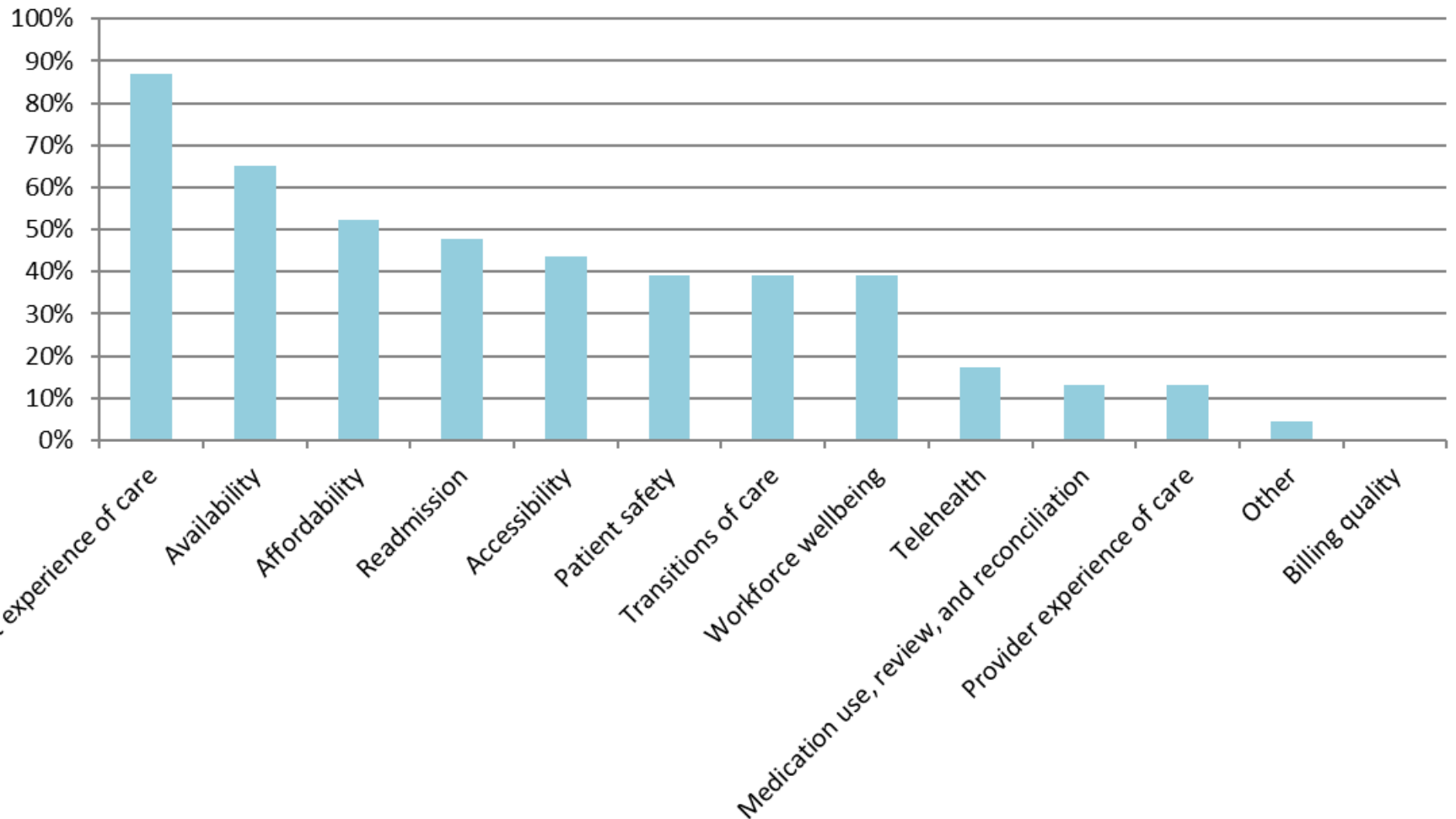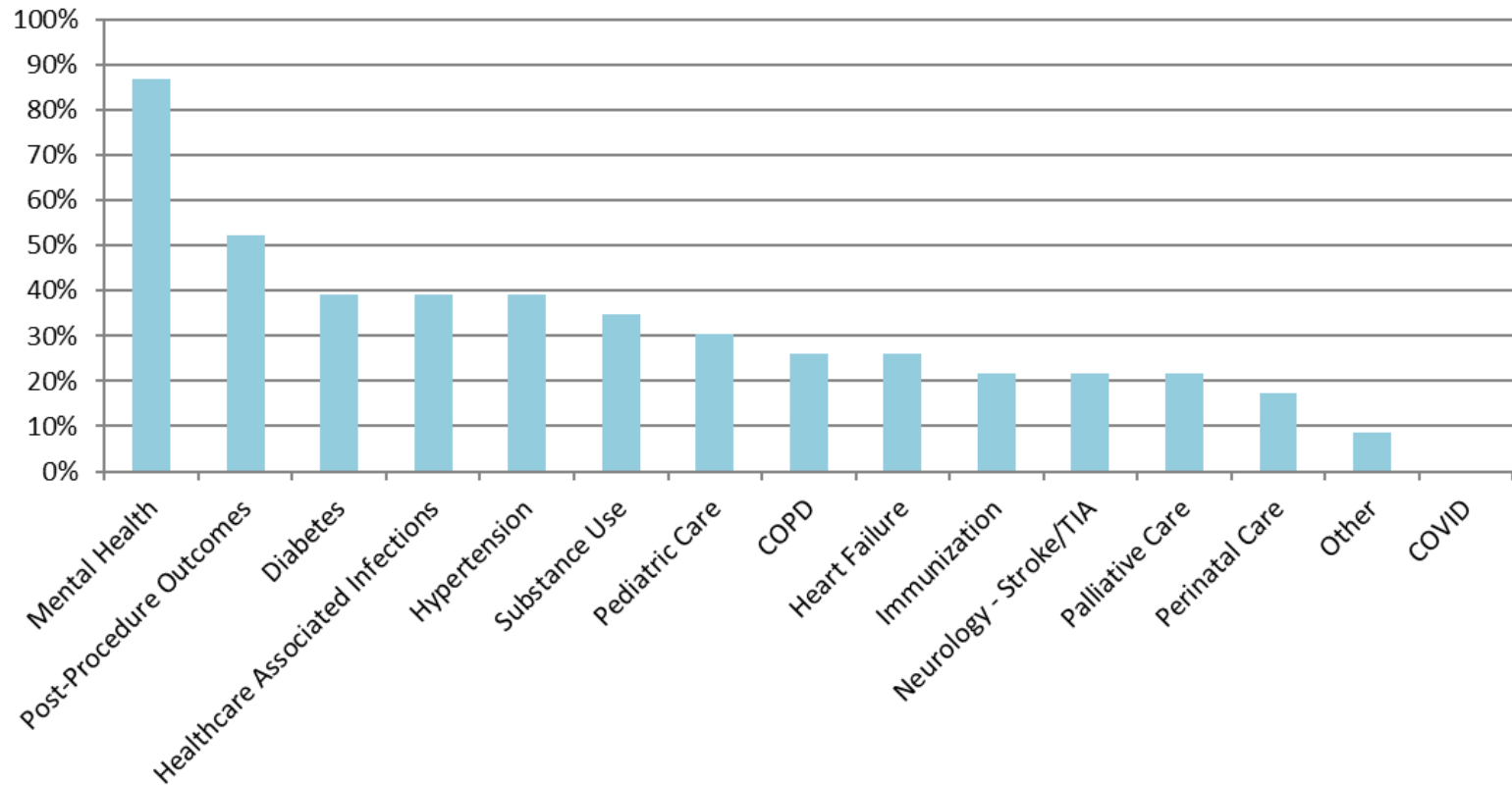

Which types of health care quality measures are most important for the framework?
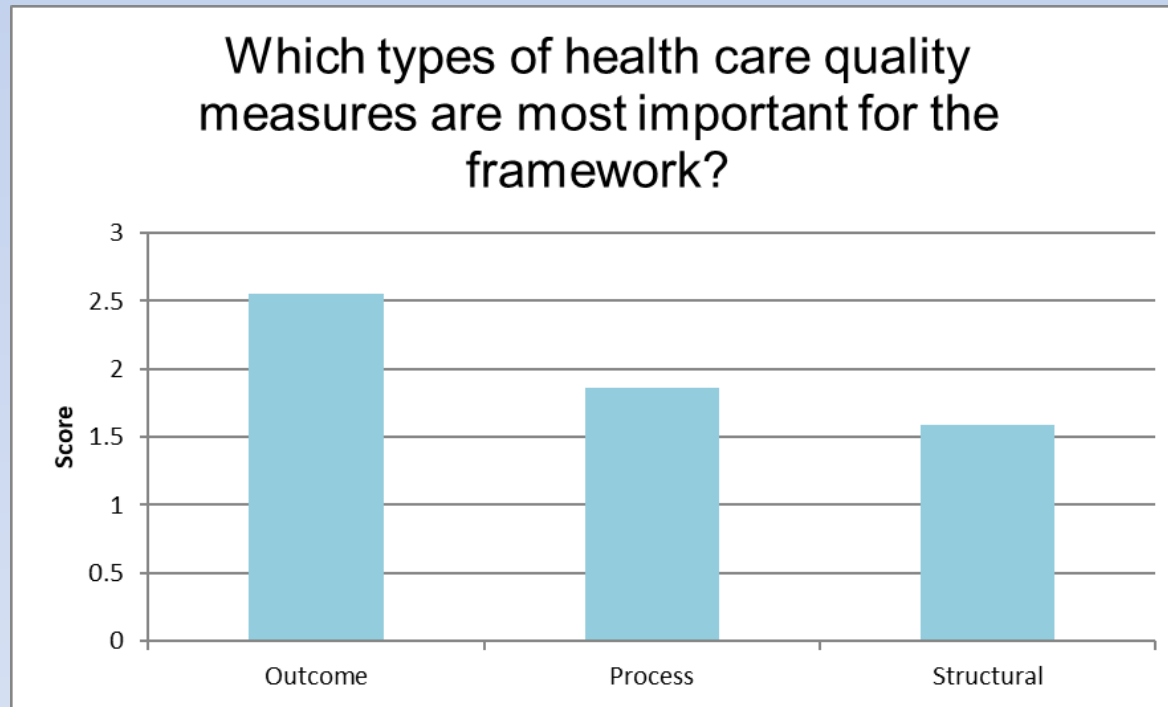
reflects the impact of the health care service or intervention on the health status of patients

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

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

availability of specialist appt.'s

timely

hospital health care quality measures

effective

readmissions

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)
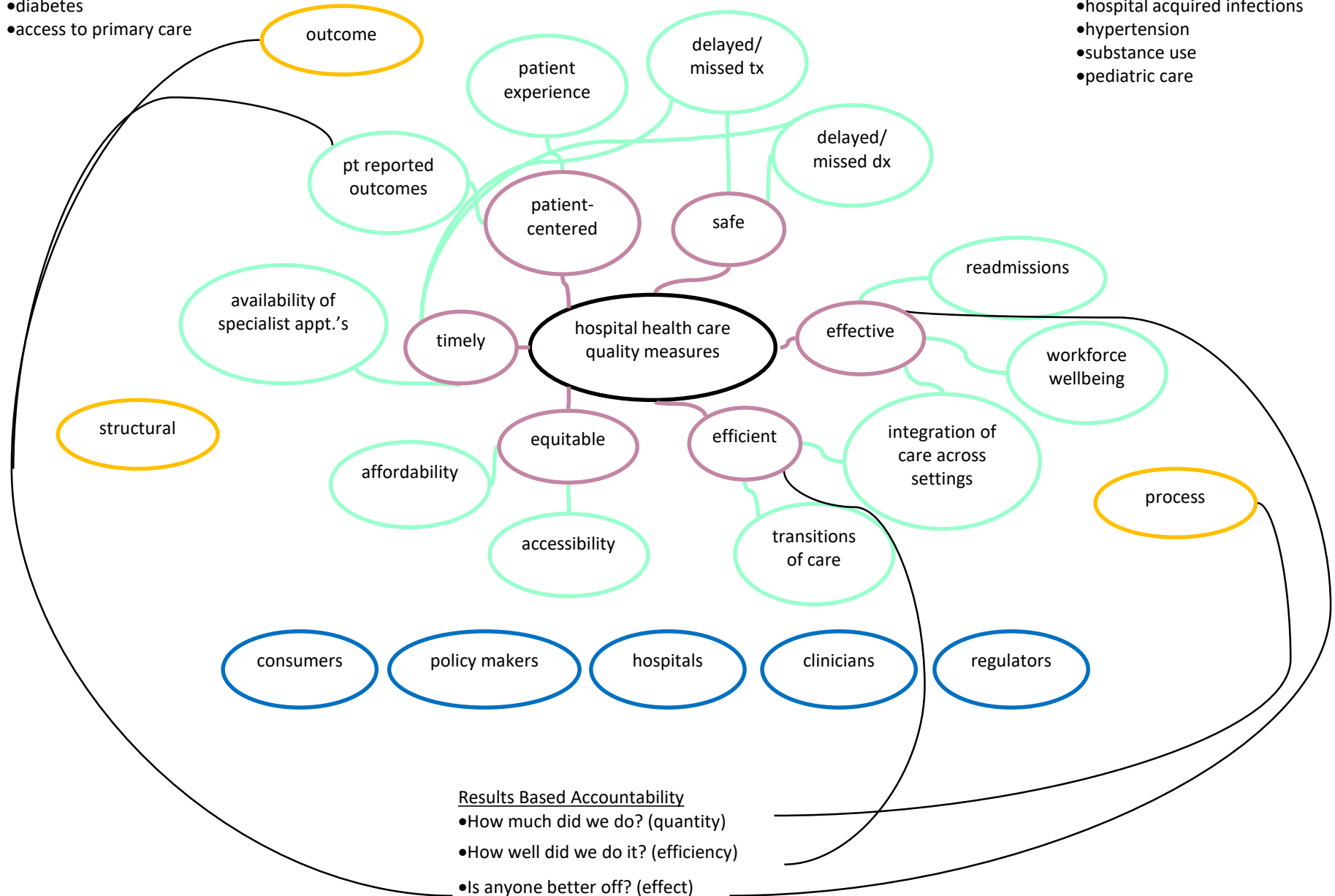
INTRODUCTIONS & TAKEAWAYS

RESULTS OF SURVEY #2

This survey asked about…

- the audience we are trying to reach,

- level of support for a hybrid model, and

- measures proposed for the Vermont Hospital Quality Framework.

Survey Participation

Response rate: 36%

(20 responses of 55 workgroup members)

Note: Feburary survey had a 54% response rate.

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General Comments

- highly constrained choices unlikely to produce a high quality product

- difficult to select measures that are meaningful to every hospital

- domains confusing and potentially inaccurate

- thanks for all your work

- agree with scoring approach

- consider adding hospital accreditation (Y/N)

Note: Could reflect CMS accreditation.
All hospitals are CMS accredited; not all hospitals are accredited by Joint Commission or National Integrated Accreditation for Healthcare Organizations (DNV).

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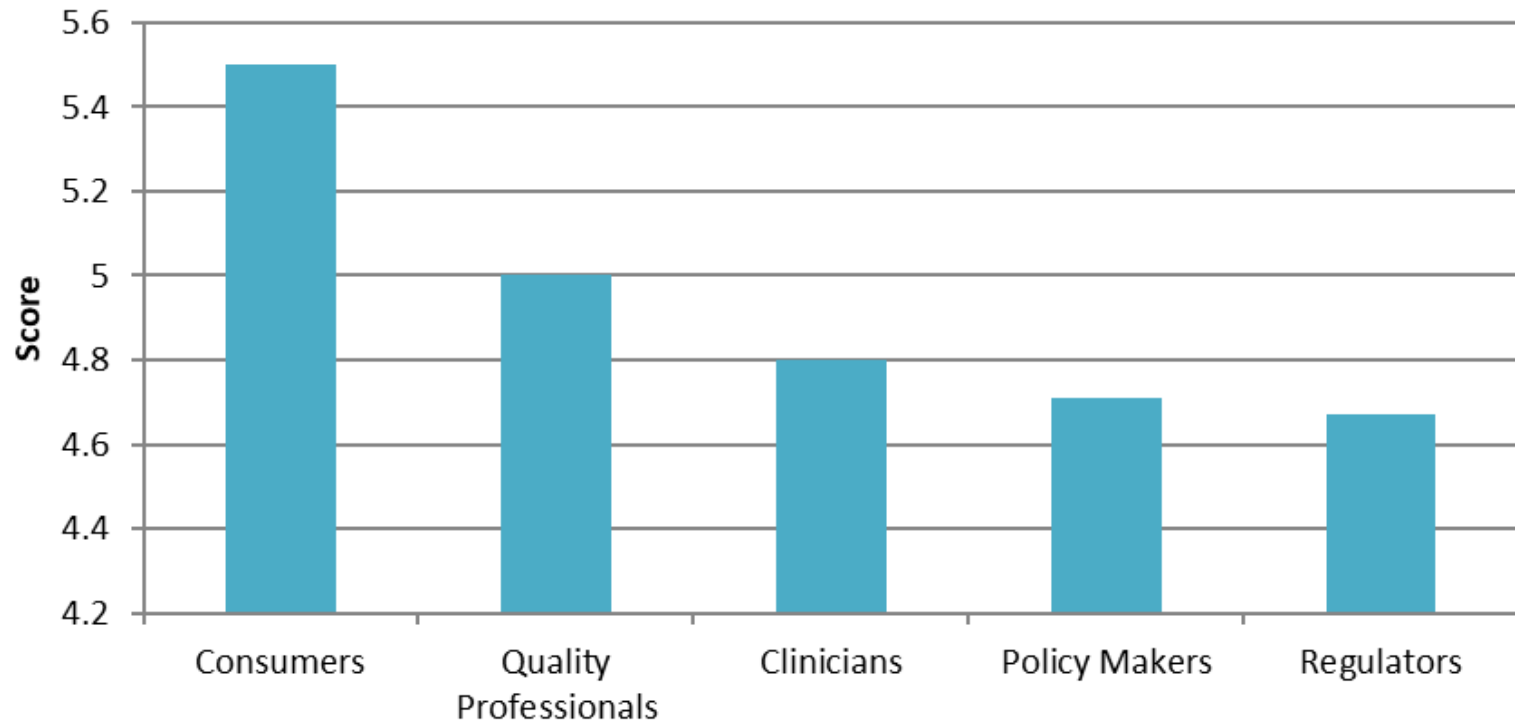
Area of Expertise
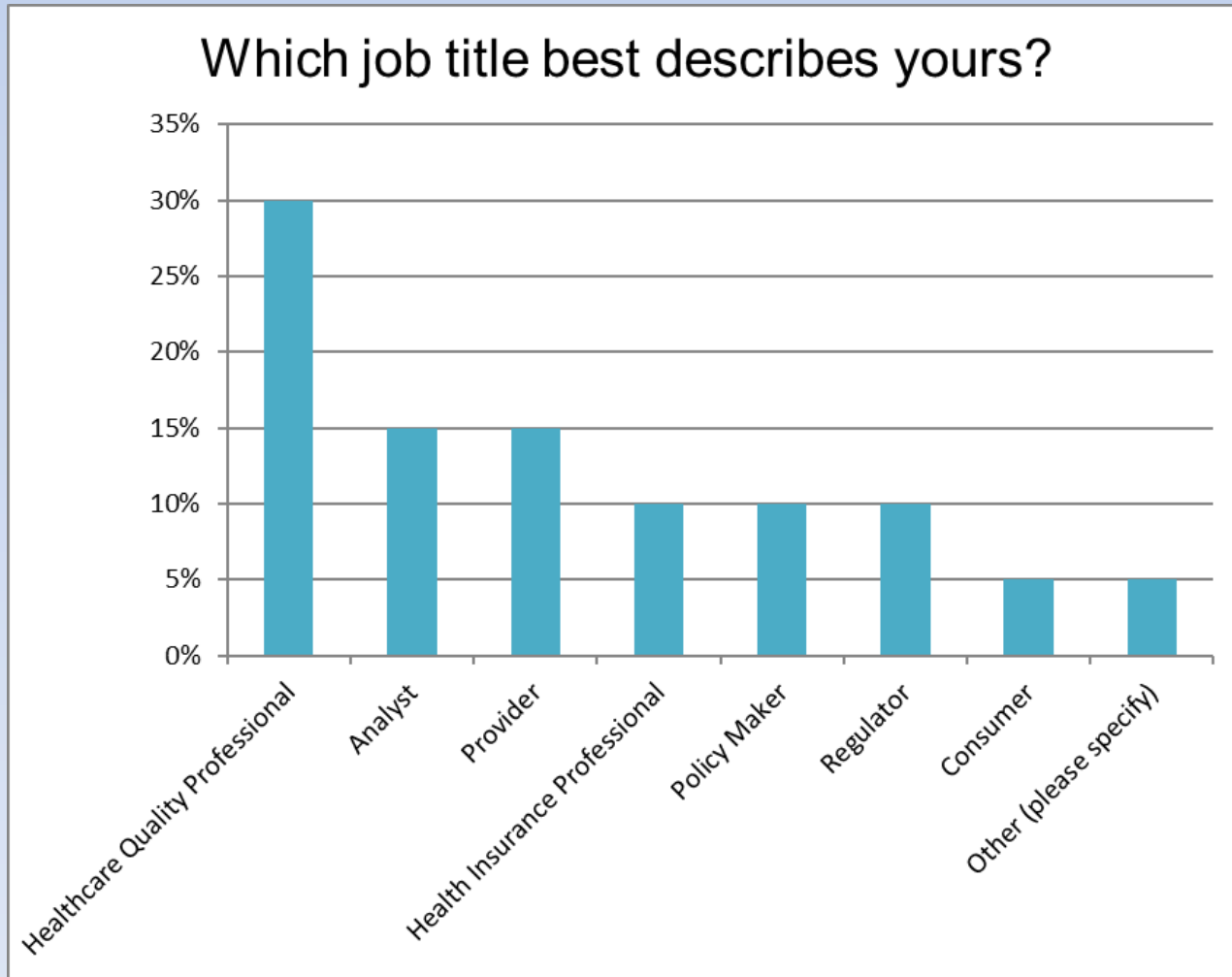
Survey 2 Part 1

AUDIENCE

Intended Audience

Please rank the top three most important audiences to reach.

Intended Audience

Q: Please share any comments about the intended audience.

Themes:

- Definitely consumers
- Definitely *not* consumers
- It depends
- Info must be understandable

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Definitely Consumers

"list should be checked to see if consumers actually care about some of these measures: not regulators or clinicians but patients"

"correct order is pts, pts, pts, pts, clinicians, clinicians, policy makers"

"goal is to help consumers make informed decisions"

Note: project aim is, "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."

Definitely *Not* Consumers

"studies suggest [consumers] are unlikely to use healthcare quality measures to inform their healthcare decisions"

"measures selected should be those most likely to improve patient care and experience, recognizing that patients may not be the target audience for the dashboard or measures"

It Depends

"intended audience ranking is dependent on the actual measures and the relevance to those audiences"

"It is important to have a breadth and depth in reaching the intended audience. Patients/clients, their families, providers, and policy makers reflect this importance in this manner."

Info Must Be Understandable

"measures should be readily understood by a lay audience"

"quality performance information shared publicly should be useful, understandable and accessible to consumers"

"measures may need interpretation to explain the data's application to specific hospitals and the broader health system"

Survey 2 Part 2

HYBRID MODEL

Hybrid Model

Do you agree that the Vermont Hospital Quality Framework should be a hybrid of core required measures and local optional measures?
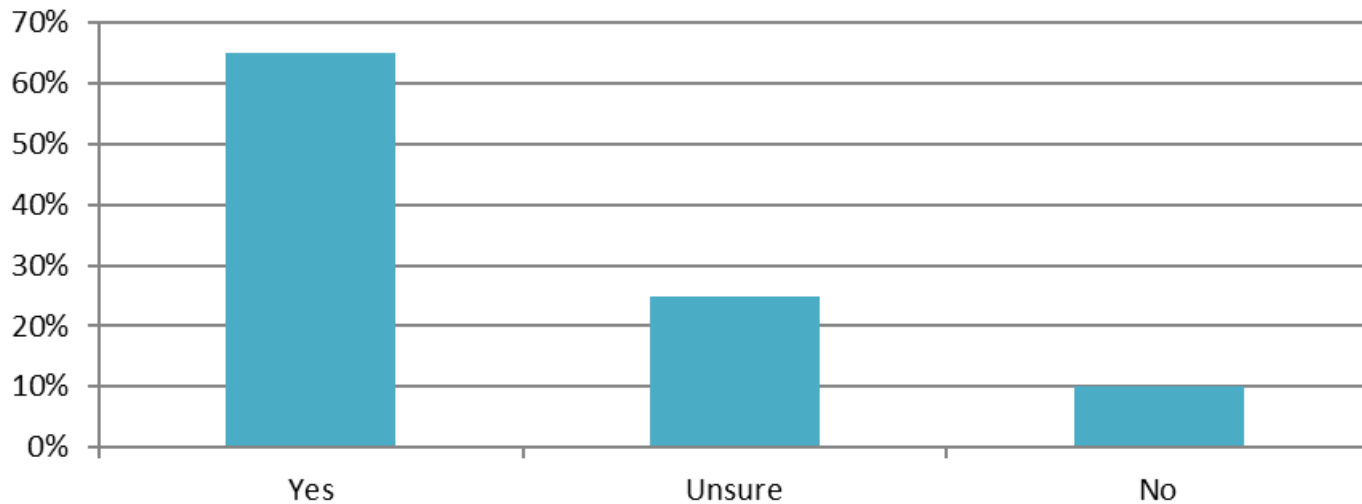
Hybrid Model: Good Idea

Q: Why do you agree that the hybrid model is a good idea?

Themes:

– Flexibility/customization

– Publicity

– Supports variety of hospitals

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Flexibility/Customization

"customization matters at the local level"

"benefits of having national benchmark where appropriate and allowing for unique local customization"

"on common hospital measures, there is not a one size fits all due to patient populations, volumes, acuity, etc."

"allows for flexibility based on hospital capabilities"

Publicity

"hospitals can publicize the good work they are doing in what means 'quality' to them in reaching their patients"

Supports Variety of Hospitals

"wide variety of types and sizes of hospitals means one size fits all is unlikely to be useful"

Hybrid Model: Unsure

Q: ▪ What more information would you need to make a decision?

Themes:
 – How used & displayed?
 – Comparisons?

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How Used & Displayed?

"how would the local option be used and displayed?"

"how would optional measures be used?"

"could create confusion, reflect measure selection bias"

"reduce impact of core measure reporting"

"would local measures assist decision-makers and consumers?"

"would they further the narrative that each hospital is unique therefore we cannot do a systems analysis?"

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Comparisons?

"whether they are standardized measures"

"comparability of local measures across hospitals"

"optional measures with few comparators or benchmarks may not be informative"

Hybrid Model: *Not* a Good Idea

Q: Why do you disagree that the hybrid model is a good idea?

"imperative that standardized, validated measures are used to ensure accurate measurement of health care measures, especially in consideration of benchmarking"

"local optional measures may lack rigor and may not move VT towards alignment with federally-recognized standards"

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Survey 2 Part 3

MEASURES

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Institute of Medicine's Six Aims for Healthcare Improvement

Safe

avoiding injuries to patients from the care that is intended to help them

Effective

providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit

Patient-Centered

providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

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Institute of Medicine's Six Aims for Healthcare Improvement

Timely

reducing waits and sometimes harmful delays for both those who receive and those who give care

Efficient

avoiding waste, in particular waste of equipment, supplies, ideas, and energy

Equitable

providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

"Match Score" (out of 100)

- Required for Critical Access Hospitals to report.

- Required for Prospective Payment System hospitals to report.

- Aligns with identified workgroup priorities, Medicare Beneficiary Quality Improvement Project (MBQIP), Hospital Report Card or All Payer Model.

- Meets National Quality Foundation (NQF) endorsement criteria or has NQF endorsement.

- Rural-relevant, as described in *A Core Set of Rural Relevant Measures and Measuring and Improving Access to Care.*

- Resistant to low case volume. Measure applies to most rural providers with respect to having a large enough patient population for reliable and valid measurement.

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Effectiveness Measures

Please select up to two effectiveness measures.

Measure Name	% Selected	Match Score
Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	61%	100%
30-day overall hospital-wide readmission rate	50%	100%
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (ED, Outpatient)	44%	50%
Heart failure 30-day readmission rate	17%	100%
Pneumonia 30-day readmission rate	11%	100%
Other (please specify)	11%	(n/a)
Depression Remission at Six Months (Outpatient Setting)	6%	67%
Acute myocardial infarction 30-day readmission rate	0%	83%

Other

- Heart failure 30-day excess days in acute care
- NSQIP: all complications, SSI, readmissions, both raw and adjusted data

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Effectiveness: Comments

"Continued monitoring of opioid crisis and worsening mental health conditions (post pubic health emergency) - would be helpful to follow these for a few years."

"Given that some are PPS required, access to these measures is still likely through Care Compare."

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Efficiency Measures

Please select up to two efficiency measures.

Measure Name ▾	% Selected ▾	Match Score ▾
Median Time to Transfer to another Facility for Acute Coronary Intervention	72%	67%
Emergency Department Transfer Communication All or None Composite	67%	50%
Other (please specify)	11%	(n/a)

Other
- Some kind of growth in cost of care measure?

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Efficiency: Comments

"Not sure how easy these will be for community, critical access, tertiary care hospitals to capture."

"ED Transfer Communication measure may require additional work and resources; would not be as applicable to tertiary care centers."

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Equity Measures

Please select up to two equity measures.

Measure Name	% Selected	Match Score
✓ Screening for preferred spoken language for health care	82%	50%
✓ 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	53%	100%
Patient(s) with hypertension that had a serum creatinine in last 12 reported months	18%	50%
Other (please specify)	12%	(n/a)

Other

- Measures of access based on geographic location, payer type or other factors?

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Equity: Comments

"Equity measures for hospitals are in their early development."

"CMS has proposed (but not yet enacted) screening for social determinants of health as an equity measure…. May require substantial resources if not already undertaken by hospitals."

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Patient-Centeredness Measures

Please select up to two patient-centeredness measures.

Measure Name	% Selected	Match Score
✓ Care Transition	35%	100%
✓ Discharge Information	29%	100%
✓ Recommend the Hospital	29%	100%
✓ Communication About Medicines	24%	100%
✓ Responsiveness of Hospital Staff	24%	100%
Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey Version 2.0	18%	50%
Communication with Doctors	12%	100%
Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	12%	50%
Hospital Rating	6%	100%
Summary Star Rating	6%	83%
Other (please specify)	6%	(n/a)
Cleanliness of Hospital Environment	0%	100%
Communication with Nurses	0%	100%
Quietness of Hospital Environment	0%	100%

Other
- Communication should be combined for this purpose.

Patient-Centeredness: Comments

"HCAHPS?"

Hospital Consumer Assessment of Healthcare Providers and Systems

"care transition in the inpatient setting between specialists or care transition from inpatient discharge?"

Understanding Your Care When You Left the Hospital
Q20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
Q21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
Q22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

Patient-Centeredness: Comments

"difficult to select among the HCAHPS domains"

"perhaps including more than two would be helpful"

Safety Measures

Please select up to two safety measures.

Measure Name	% Selected	Match Score
✓ Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	24%	83%
✓ Catheter-associated urinary tract infection (CAUTI)	24%	67%
✓ Central Line-Associated Bloodstream Infection (CLABSI) Ratios	24%	83%
✓ Clostridioides difficile (C. diff) Infection Ratios	24%	83%
Glycemic Control - Hyperglycemia	18%	50%
Pediatric All-Condition Readmission Measure	18%	50%
Hospital Antibiotic Stewardship Implementation	12%	83%
Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified events (Bloodstream infections)	12%	50%
Participation in Vermont Patient Safety Surveillance and Improvement System (VPSSIS)	12%	83%
Surgical Site Infection Ratios – Abdominal Hysterectomy	6%	67%
Surgical Site Infection Ratios – Hip Replacement	6%	67%
Surgical Site Infection Ratios – Knee Replacement	6%	67%

Note: % Selected is based on 4 responses or fewer.

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Safety: Comments

"some categories may need more measures than others"

"do not feel qualified to respond"

"maybe VPSSIS annual report could be a feature of the dashboard"

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Safety: Comments

"low case volumes will limit value of
some measures"

"selected measures demonstrated to be
modifiable through care processes"

"use all NHSN measures unless there is a
great reason not to"

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Timeliness Measures

Please select up to two timeliness measures.

Measure Name	% Selected	Match Score
Initiation and engagement of alcohol and other drug dependence (AOD) treatment	53%	100%
Median Time from ED Arrival to ED Departure for Discharged ED Patients	41%	83%
Follow-up After Hospitalization for Mental Illness	41%	83%
Median Time to Transfer to Another Facility for Acute Coronary Intervention	29%	83%
CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 -Adult, Child	12%	100%
Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	12%	83%
Patient Left Without Being Seen	0%	83%

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Timeliness: Comments

"these measures do not relate to timeliness…. key point is the clinical intervention"

"many depend on an entity outside of the hospitals"

"many of the times are very sensitive to data collection methods"

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Measure Selection

44 Measures

Match Scores

Evidence Base

Survey #2

20 Measures

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Draft Framework Measures (1/2)

Effectiveness

- Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence
- 30-day overall hospital-wide readmission rate
- Adult Major Depressive Disorder: Suicide Risk Assessment

Efficiency

- Median Time to Transfer to another Facility for Acute Coronary Intervention
- Emergency Department Transfer Communication All or None Composite Calculation

Equity

- Screening for preferred spoken language for health care
- 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

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Draft Framework Measures (2/2)

Patient-Centered-ness
- Care Transition
- Discharge Information
- Recommend the Hospital
- Communication About Medicines
- Responsiveness of Hospital Staff

Safety
- Catheter-associated urinary tract infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI) Ratios
- Clostridioides difficile (C. diff) Infection Ratios
- Influenza Vaccination Coverage Among Healthcare Personnel

Timeliness
- Initiation and engagement of alcohol and other drug dependence treatment
- Follow-up After Hospitalization for Mental Illness
- Median Time from ED Arrival to ED Departure for Discharged ED Patients
- Median Time to Transfer to Another Facility for Acute Coronary Intervention

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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

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

thought map

- **suicide**
- **drug overdose**
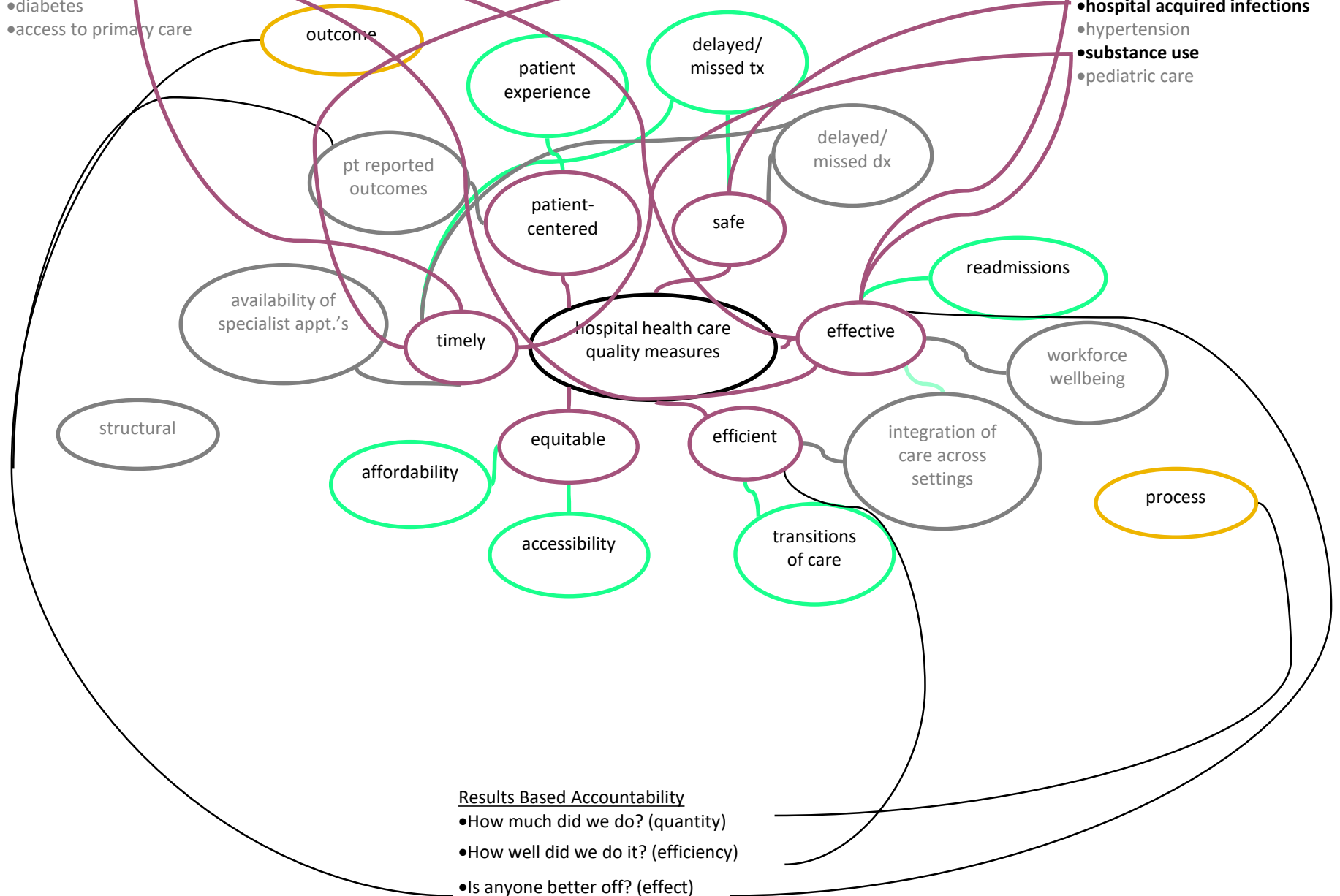- hypertension
- diabetes
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- **mental health**
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Results Based Accountability
- How much did we do? (quantity)
- How well did we do it? (efficiency)
- Is anyone better off? (effect)

NEXT STEPS

Timeline
2022

June

- Finalize Proposed Measures
- Submit for Public Comment Review

August

- Submit Final Framework & Update Process to VDH-ORH

July

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

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Scope of Work (from Charter)

- ☐ Determine measures to be included under the Vermont Hospital Quality Framework.

- ☐ Draft a process for ensuring that the Vermont Hospital Quality Framework stays current and valuable.

- ☐ Recommend how data could be analyzed and displayed on a public-facing website to be useful for informed decision making.

- ☐ Develop educational resources (e.g., compendium of Vermont quality reporting programs).

- ☐ Submit final report to VDH Office of Rural Health and Primary Care.

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Volunteers?

Action Item	Due Date	Person(s) Responsible
finalize proposed measures	July 1	
identify data sources	July 11	
recommend how to display data on a public-facing website	July 11	
submit draft framework for public comment	July 13	
draft process for updating the framework	July 29	
compile & integrate public comments	August 15	
submit final framework & update process to VDH-ORH	August 31	
develop educational resources	(ongoing)	

final thoughts?

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Acknowledgement

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