VPQHC

Vermont Program for Quality in Health Care, Inc.

Vermont Hospital Quality Framework

Ali Johnson, Quality Improvement Specialist

May 24, 2022

Agenda

- Welcome, Updates & Timeline
- Quality Measures: A Critical Access Hospital Perspective
  - Thom Goodwin, Director of Quality, Risk & Compliance
  - North Country Hospital
- Mental Health Measures
  - Steve DeVoe, Director of Quality and Accountability
  - Kelley Klein, Medical Director
  - Vermont Department of Mental Health
- Consumer Use of Hospital Quality Data
  - Eric Schultheis, Staff Attorney
  - Michael Fisher, Chief Health Care Advocate
  - Sam Peisch, Policy Analyst
  - Vermont Office of the Health Care Advocate
- Discussion & Next Steps

WELCOME, UPDATES & TIMELINE

photo credit:
Early to Bed,
Early to Rise Project

Timeline
2022

May

- Evaluate Proposed Measures

June

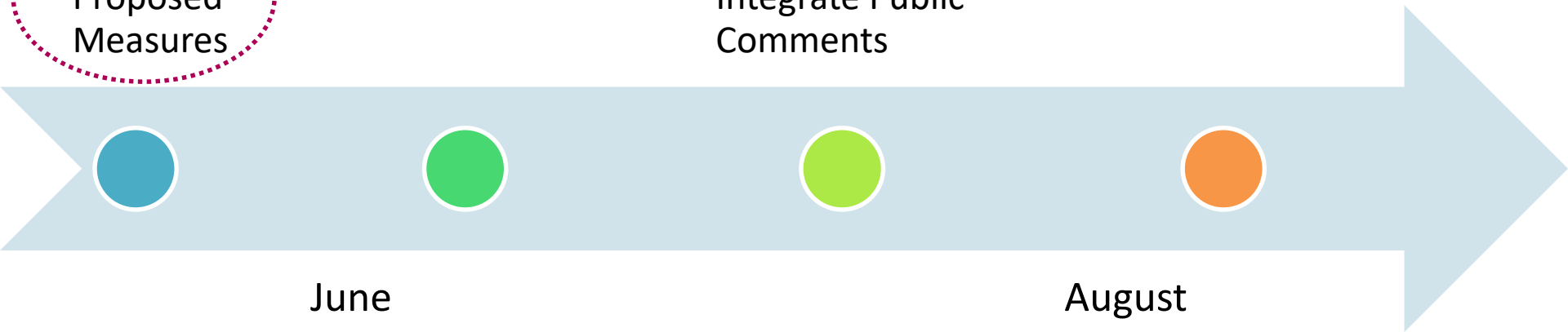
- Finalize Proposed Measures
- Submit for Public Comment Review

July

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

August

- Submit Final Framework & Update Process to VDH-ORH



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Workgroup Survey #2

Overview

- 10-15 minutes
- Due June 10
- Asks about:
  - audience we are trying to reach
  - level of support for a hybrid model
  - proposed measures

Does Not Include

- 7- or 15-day readmission
- Integration of care across settings
- Workforce wellbeing & provider satisfaction

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Quality Measures

A perspective from a Critical Access Hospital

T. Goodwin 05/2022

Considerations:

Risk Management- Discoverability

Comparisons/ Benchmarks/Definitions

Meaningfulness

Administrative Burden
- Ease of obtaining consistent data
- EHR standardization lacking

Regulatory/ Accrediting QI Prioritization– Hospital specific, internal process.

CMS:

- The hospital's QAPI Program will be evaluated for its hospital-wide effectiveness on the quality of care provided. The impact of the program will be assessed during a survey, as surveyors will look at data gathered by the hospital at different points in time, compared, and actions taken based on that comparison. Hospitals will analyze data and evaluate the effectiveness of their own programs continually.

DNV:

- The CAH shall develop, implement and maintain an ongoing QMS for managing quality, performance and patient safety. As a part of the QMS, the CAH shall evaluate at planned intervals (at least once biennially) the processes, functions and areas of the organization to determine the appropriate utilization of services, ensure that policies have been followed, and necessary changes are made when identified.

TJC

- PI.01.01.01 The critical access hospital collects data to monitor its performance.
- PI.02.01.01 The critical access hospital has a performance improvement plan.
- PI.03.01.01 The critical access hospital compiles and analyzes data.
- PI.04.01.01 The critical access hospital improves performance.

Looking Back:

CMS Inpatient “Core Measures”
- -SCIP
- -AMI
- -CHF
- -PNE

Pros: Process measures vs. outcome
Lots of implementation resources
Sustainable changes

Cons: Administrative burden
Manual chart abstractions/ FTE’s

Current strategy-Existing data sources (Claims/ HCAHPS):

Pros: Very little administrative burden for hospitals

Cons: Very little meaningful data
(too few to calculate, not different from average, all cause mortality….)

Risk adjustment efforts are complex

Apples and Oranges (sometimes)

Other Considerations:

Other existing data (HEDIS, ACO, eCQM, MIPS)– hospital vs health system?

Hospital defined metrics/ dashboards

Chinese menu approach:

- financial
- staffing
- clinical quality
- access
- other

Questions

Discussion

Thank you

Vermont Hospital Quality Framework Workgroup

Mental Health Measures

May 24, 2022

VERMONT

Introduction

- **Kelley Klein, MD**
  - Medical Director, Vermont Department of Mental Health
  - Provides medical consultation to DMH teams
- **Steve DeVoe, MPH, MS**
  - Director of Quality and Accountability, Vermont Department of Mental Health
  - Supervises both the DMH Quality Team and Research & Statistics Team

Agenda

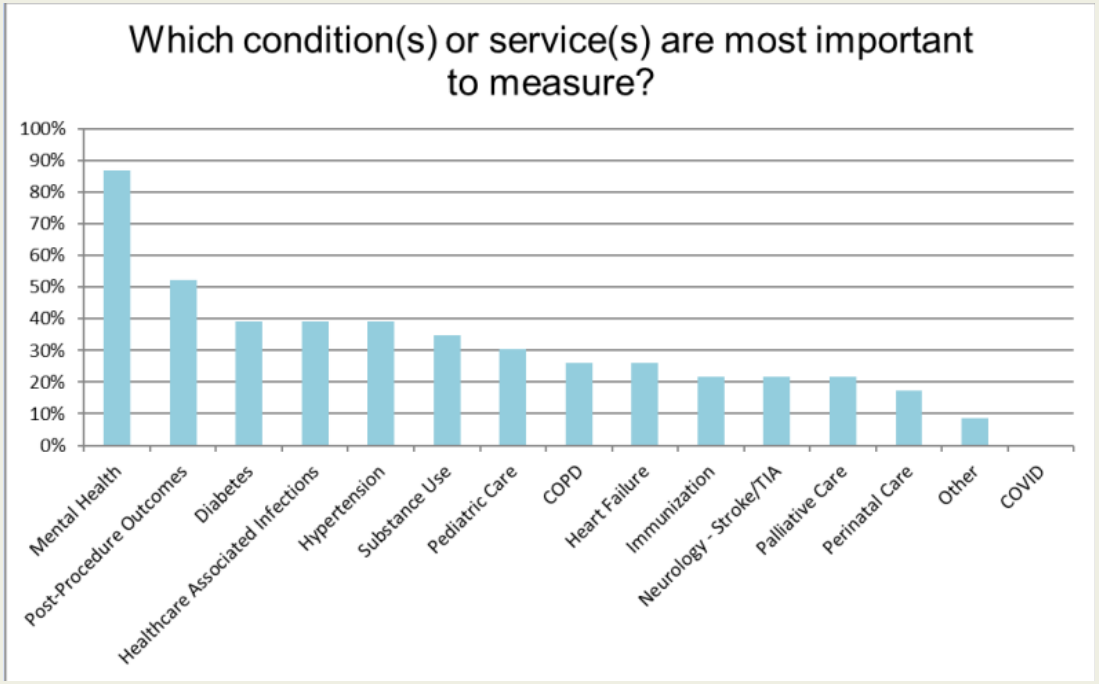
- **Summary of Proposed Mental Health Measures**
  - Depression Screening and Suicide Risk Assessment
- **Facilitated Discussion for Identifying Mental Health Measures**
  - Mental Health as Identified Priority of Workgroup
- **Brief Overview of Mental Health Integration Council**

Summary of Proposed Mental Health Measures

- **Screening for Depression**
  - CMS Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (e.g., using the Patient Health Questionnaire; PHQ-2/PHQ-9)
    - NOTE: Measure listed as "not endorsed" in CMS Measures Inventory Tool
- **Suicide Risk Assessment**
  - 05813-E-MIPS/NQF 104e Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (e.g., using the Columbia-Suicide Severity Rating Scale (C-SSRS)
  - Measure will be tracked as part of "Governor's Challenge" focusing on suicide prevention services for veterans within their communities
- **Other Mental Health Measures?**
  - Use of Anxiety Severity Measure
  - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Facilitated Discussion on Mental Health Measures

- **<u>Workgroup Identified that 10-19 Measures for Framework (February 2022)</u>**



Facilitated Discussion on Mental Health Measures

- **What Mental Health Measures Should Be Included in Framework?**
  - Given the Workgroup consensus of identifying 10-19 measures and mental health being identified as the condition/service most important to measure, which mental health conditions should be measured?
- **Considerations**
  - Population?
  - Conditions: depression, anxiety, substance use, suicidality
  - Setting: Hospital Inpatient (with some outpatient)?
  - Criteria Definitions? (e.g., Critical Access Hospital Required; Prospective Payment System Required; Meets National Quality Forum Endorsement Criteria, etc.)

Mental Health Integration Council (MHIC)

- **"The Council shall address the integration of mental health in the health care system" pursuant to 18 V.S.A. § 7251(4) and (8)**
  - MHIC working to ensure all sectors of the health care system participate in the State's principles for mental health integration, as envisioned in Department of Mental Health's Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care
- **Current Workgroups**
  - Primary Care, Pediatric Care, Funding & Performance Measures, Workforce Development
- **Potential collaboration this Vermont Hospital Quality Framework Workgroup**

Thank You!

- **Contact Information**
  - Kelley Klein, MD; DMH Medical Director
    - Email: kelley.klein@partner.vermont.gov
    - Phone: 607-287-0551
  - Steve DeVoe, MPH, MS; DMH Director of Quality and Accountability
    - Email: stephen.devoe@vermont.gov
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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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Overview of Presentation

1. The Role of the HCA
2. Value of Consumer Perspective and Qualitative Data
3. Importance of how metrics are presented in QI reports
4. Questions & Discussion
5. Resources

The Role of the HCA

- The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and concerns. In 2013 the Legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA).

- The HCA is not a state agency. We are a part of Vermont Legal Aid (VLA), a non-profit law firm.

- Duties codified in 18 V.S.A. § 9603, but can be summarized as:
  - Represent Vermonters in state health regulatory proceedings before the Green Mountain Care Board – includes health insurance rate review, hospital budgets, accountable care organization budgets, and CONs;
  - Provide free assistance to individual Vermonters with accessing health insurance & resolving disputes/issues that relate to our health care system. Done via our Helpline;
  - Provide health policy recommendations to agencies and legislators.

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The Value of Consumer Perspectives – Issue Framing

- A critical first step in discussing quality is acknowledging the value and importance of consumer experience and perspectives.
- There is actionable value to bringing together qualitative and quantitative data.
- We need to fully understand what is taking place on the ground from providers, hospitals, and the public.

Considerations for Actionable Metrics

- Many patient interactions with hospitals are nonclinical
  - Billing office
  - Patient Advocacy Office
  - DEI Office
  - Front office admin
  - Discharge & intake admin
  - Others?

- What metrics do we have for evaluating nonclinical quality?

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Lack of Nonclinical Metrics

- Other than self-reported satisfaction data, there are limited (if any) nonclinical metrics.
- The lack of nonclinical measures presents challenges as there is no clear guidance for how to specify appropriate measures.
- Vermont has an opportunity to lead in this area.

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Opportunities and Challenges

- Opportunities
  - Advance patient-centered care
  - Increased organizational efficiency
  - Enables increased patient satisfaction
  - Potential for increased revenue
- Challenges
  - Cost
  - Specification issues
  - Interpretation
  - Reframing both of what quality is and what data is valuable

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How metrics are presented matters

- General considerations
  - Large differences in norms and training of potential user communities;
  - Transformation data to information varies by audience as does the cognitive load of doing so;
  - Offering data that is responsive to audiences with different needs (ex. GMCB Tableau dashboards);
  - Realistic use expectations -> what does success look like.
- Consumer considerations:
  - Variable and generally limited numeracy;
  - Underlying equity concerns related to Report Card use and point of care selection;
  - Variance of data needed by a given Vermonter.

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Best Practices

- Symbolic representation of above/below measures of central tendency instead of presenting rates and numbers.

FIGURE 2 : Example hospital performance report

Community Hospitals	Surgery	Non-Surgery	Hip/Knee	Cardiac	Maternity
Hospital A	⊕	⊕	⊕	○	⊕
Hospital B	⊕	⊕	⊕	⊕	○
Hospital C	⊕	⊕	⊕	○	○
Hospital D	⊕	⊕	⊕	○	○
Hospital E	⊕	⊕	⊕	○	○
Hospital F	⊕	⊕	⊕	○	○
Hospital G	⊕	⊕	⊕	⊕	⊖
Hospital H	⊕	⊕	○	○	—
Hospital I	⊕	⊕	⊕	○	⊖
Hospital J	⊕	⊕	⊕	⊖	○
Hospital K	○	⊕	⊕	○	—
Hospital L	⊕	○	○	○	—

⊕ Fewer mistakes, complications and deaths than expected
○ Average number of mistakes, complications and deaths
⊖ More mistakes, complications and deaths than expected

Adapted from QualityCounts™, a service of the Employer Health Care Alliance. http://www.qualitycounts.org/report_interactive.htm

Figure from Hibbard 2005.

Questions & Discussion

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Highly Relevant Resources

Bhandari, N., Scanlon, D. P., Shi, Y., & Smith, R. A. (2019). Why do so few consumers use health care quality report cards? A framework for understanding the limited consumer impact of comparative quality information. *Medical Care Research and Review*, *76*(5), 515-537.

Emmert, M., & Schlesinger, M. (2017). Hospital quality reporting in the United States: does report card design and incorporation of patient narrative comments affect hospital choice?. *Health services research*, *52*(3), 933-958.

Emmert, M., Kast, K., & Sander, U. (2019). Characteristics and decision making of hospital report card consumers: Lessons from an onsite-based cross-sectional study. *Health Policy*, *123*(11), 1061-1067.

Emmert, M., Schindler, A., Drach, C., Sander, U., Patzelt, C., Stahmeyer, J., ... & Heppe, L. (2022). The use intention of hospital report cards among patients in the presence or absence of patient-reported outcomes. *Health Policy*.

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Peters, E., Dieckmann, N., Dixon, A., Hibbard, J. H., & Mertz, C. K. (2007). Less is more in presenting quality information to consumers. *Medical Care Research and Review*, *64*(2), 169-190.

Kaiser Family Foundation (2006), Summary and chartpack: 2006 Update on consumers' views of patient safety and quality information.

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Other Resources

Christianson, J. B., Volmar, K. M., Alexander, J., & Scanlon, D. P. (2010). A report card on provider report cards: current status of the health care transparency movement. *Journal of general internal medicine*, *25*(11), 1235-1241.

Emmert, M., & Wiener, M. (2017). What factors determine the intention to use hospital report cards? The perspectives of users and non-users. *Patient Education and Counseling*, *100*(7), 1394-1401.

Peters, E., Hibbard, J., Slovic, P., & Dieckmann, N. (2007). Numeracy skill and the communication, comprehension, and use of risk-benefit information. *Health Affairs*, *26*(3), 741-748.

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Reyna, V. F., Nelson, W. L., Han, P. K., & Dieckmann, N. F. (2009). How numeracy influences risk comprehension and medical decision making. *Psychological bulletin*, *135*(6), 943

Sands, D. Z., & Wald, J. S. (2014). Transforming health care delivery through consumer engagement, health data transparency, and patient-generated health information. *Yearbook of medical informatics*, *23*(01), 170-176.

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Yılmaz, N. G., Timmermans, D. R., Portielje, J., Van Weert, J. C., & Damman, O. C. (2022). Testing the effects on information use by older versus younger women of modality and narration style in a hospital report card. *Health Expectations*, *25*(2), 567-578.

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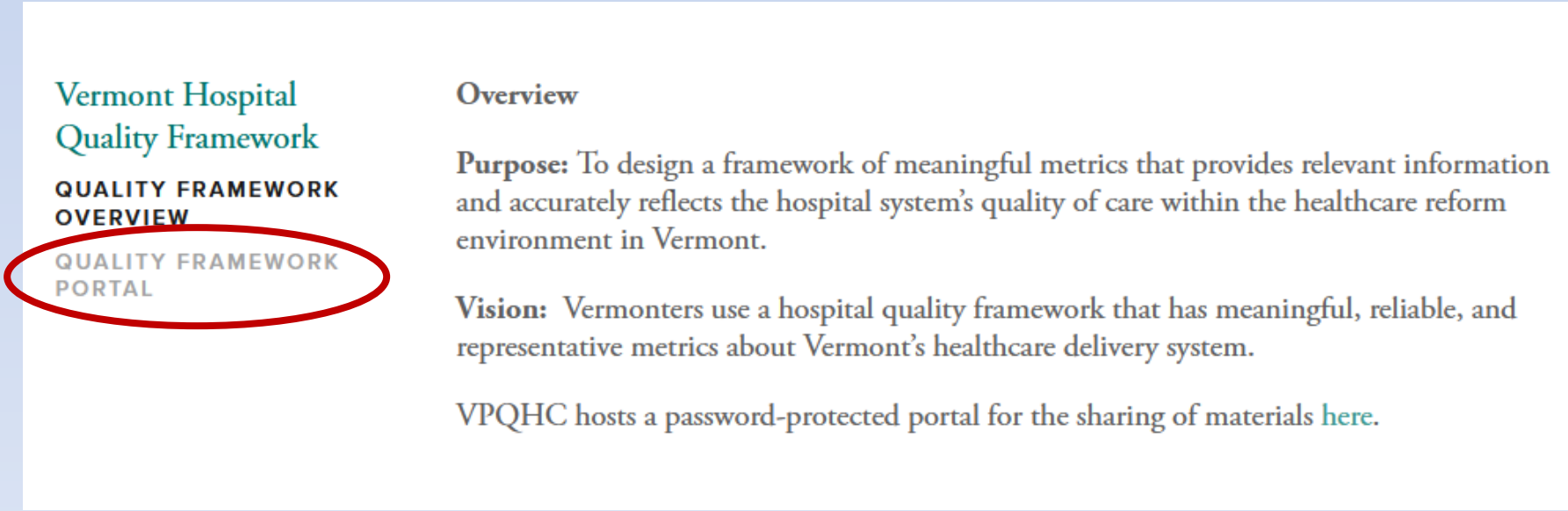
ANY FINAL THOUGHTS?

Document Location

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



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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 | 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, June 28, 1:00 – 3:00 p.m.

Acknowledgement

- Funded through the Rural Hospital Flexibility grant from the Vermont Department of Health Office of Rural Health and Primary Care.

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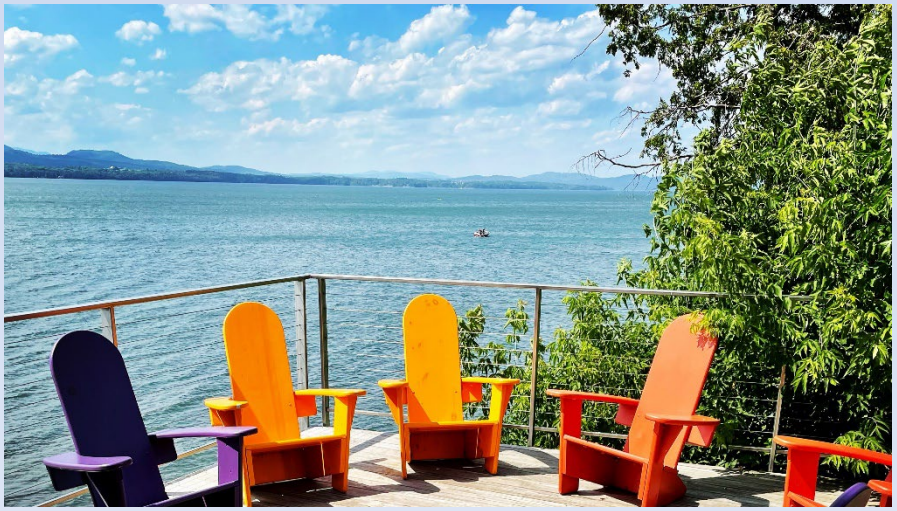

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