MINUTES

Vermont Hospital Quality Framework   February 25, 2022

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.

10:00-10:10   Membership Updates, Purpose & Timeline

- 13 new individual members since Jan. meeting
- consumer representatives are now participating
- workgroup recommendations due August 31, 2022

10:10-11:00   Orientation to Health Care Quality Metrics

Themes:

- COVID challenges: we need a healthy provider base and to keep our caregivers at our forethought when thinking about measures.
- Need to remember families when considering patient-centered care.
- Plain language: our product has to be understood by consumers.
- How does the IOM Six Domains framework relate to the Results Based Accountability (RBA) framework?

Action Items:

- Jason will share some slides about the RBA model and plain language at the March meeting.

Resources:

- How Can We Define "Quality" in Health Care? ([video](#))
- Donabedian A. (2005). [Evaluating the quality of medical care](#). 1966. *The Milbank quarterly*, *83*(4), 691–729.
- 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).
- [Measures That Matter](#), Healthcare Association of New York State, Inc.
- [Report on Report Cards](#), Healthcare Association of New York State, Inc., November 2019.

11:00-11:50   Results of Workgroup Survey #1

Themes:

- Outcome based data really looks at opportunities for improvement or trends or patterns to improve for future care.
- Important to have a reliable and useful quality reporting system.
- How can we assure that the portal will be used?
- Need to examine use cases for this project.
- Small numbers are a real concern for some of the consumer facing measures without context.
- Need to explain how to interpret and numbers responsibly.

- We should have the flexibility to look at one hospital over time and multiple hospitals for a single measure.
- All six IOM domains of quality should be represented in final framework.
- Cost is a significant factor in decisions people make re. the care they get or where they get care. Need to include an affordability measure.
- Important to consider missed care, or delayed or missed diagnosis.
- Patient reported outcomes are very important to measure.
- There might be some opportunity to pare down the list of measure criteria.
- Patient outcome measures exclude people who need care but don't access it due to cost. Need to include caveats about limitations and acknowledge patients' experience navigating this system and the financial burdens.
- Measures need to be easy to calculate and report.
- Recommend measuring availability of timely specialist appointments.
- Need to plan for implementation phases (e.g., teaching people how to use).
- Recommend measuring integration of care across settings.

Action Items:

- Ali will cross-tabulate dashboards/publications question by job title and by healthcare sector.
- Ali will request website usage data for VT dashboards.
- Ali and Hillary will align measurement criteria & establish a minimum standard.

Future Considerations

- What qualities do you like in a portal? What makes a portal user-friendly?
- How do consumers use the information to make choices?
- Should there be an anonymous feature in comparison mode? Or should all hospitals be identified when being compared?
- How can issues, such as billing quality, be incorporated into the framework, even though there are no established measures yet?
- Can portal use be enhanced through periodic best practice sharing, e.g., Quality Directors and Care Management Directors Networks?

Document Portal:
- Resources available in VPQHC document portal. (password: framework123)

March Meeting:
- Wednesday, March 23, 10:00 a.m. - 12:00 p.m.