

MINUTES

Vermont Hospital Quality Framework

March 23, 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

- 3 new individual members since Feb. meeting
- workgroup recommendations due August 31, 2022

10:10-11:00 Results Based Accountability (RBA) Overview

Themes:

- RBA being used throughout the State is a strength.
- Demonstrates the need for partners to collaborate in order to achieve population outcomes.
- RBA helpful for navigating people through change management.
- Prefer frame of "protective factors" (strength-based) rather than "social determinants of health" (deficit-based).
- "Is anyone better off?" may be difficult for providers to hear when the very act of providing the care is the right thing to do.
- An interaction is not always necessarily leading to the best outcome if it ends up potentially over-treating something that could be handled in a softer way or a way that is more aligned to the individual's needs.
- Need to focus on wellbeing, not only the clinical aspect.
- AHS is in the early stages of working on how to incorporate healthy equity into RBA scorecards cross-departmentally.
- Recommend using Clear Impact for any organization/system that is actively working with the RBA framework and intends to further embed use of RBA in their continuous improvement and collective impact efforts.
- Clear Impact does not provide end user technical support for consumers who navigate a specific published Scorecard; therefore, it is necessary to include brief instructions on the webpage or in the Scorecard description.

Action Items:

- Contact [Jason Minor](#) if your organization would like RBA training.
- Watch this 4-minute [video](#) that explains how a consumer would use an AHS scorecard.

Resource:

- [Agency of Human Services Scorecards](#) (based on RBA framework).

Measure Criteria

Themes:

- Agree that the [11 HANYS criteria](#) would be a good way to assess the measures we develop.
- Methodological documentation should include the “why.” Why was this measure chosen? What causal pathway is hypothesized?
- Causal pathway may be a 12th criterion. We want to describe how a hospital could affect any measure selected.
- Evening data entry into medical records is a high source of burnout for physicians. We should connect the quality framework design to wanting to make Vermont a better place for health care providers to work.
- Need to have something about rebuilding our workforce in our framework.
- Quadruple aim includes improved clinical experience. We need satisfied providers to achieve the outcomes that we want.
- For whom is this information? How can the information be accessed by patients, community, providers?
- For consumers, what's the purpose of our dashboard and the measures selected? To drive consumer choice? If not, then let's be clear on that.
- Plain language is important.

Resource:

- [Report on Report Cards](#), Healthcare Association of New York State, Inc.

11:00-11:30 Vermont's All-Payer Model Performance Summary Dashboard

Themes:

- Health equity is a direction at the CMS level.
- For August 2022 hospital budget hearings, GMCB added one narrative question to ask what hospitals are currently doing / what structures are in place for health equity.
- [April 6 GMCB meeting](#) will include an overview of health equity and potential options to incorporate health equity into GMCB's regulatory processes.
- GMCB is very aware of any reporting required beyond already required reporting (by CMS, for example).

Action Items:

- Review [Hospital Community Health Needs Assessment Reports, FY22 Individual Hospital Budget Information](#), and [ACT 53 Hospital Report Card – Financial](#) on GMCB's website.
- Review [2018](#) and [2019](#) reports for health outcomes & quality of care.
- Michele will research whether the BRFSS measures on [Vermont's All-Payer Model Performance Summary Dashboard](#) are age-adjusted.

Qualities of Good Measures & Dashboards

11:30-11:50

Themes:

- A good measure is meaningful to those we serve (patient/client/consumer).
- Disability Rights Vermont can reach out to folks from the disability community and make sure that our design is accessible to all types of disabilities.
- The dashboards will require some level of education for the end user.
- Clear Impact's "stories behind the curve" feature would be great to incorporate into the new framework.
- Who is going to use this and why?
- Recommend the dashboard be a place that helps consumers explore where to find more information rather than where the consumer makes their final decision.
- How are consumers currently interacting with the Vermont Hospital Report Card?
- To support consumers, our framework should include questions to ask providers. How can the measures inform those questions?
- We should link to resources for patient empowerment: questions to ask your provider in preparation for a visit, any resources on how to prepare for a visit.
- DFR has a lot of [resources for consumers](#) through insurance regulations (e.g., how to deal with the insurer side of accessing services).
- The [Environmental Public Health Tracking portal](#) has a landing page showing contextual information about environmental agents and health effects, as well as interactive data reports.
- Consumers want to know, "Can I get the care? Is there an in network provider for me? How far do I have to travel to get covered?" A very different question than, "What is the level of quality of the providers available to me?"

Resources:

- Documentation on search engine optimization (SEO): [Google SEO recommendations](#), [basic SEO concepts and practices](#), and [best practices 2022](#).
- [Article](#) on the basics of developing apps that can be used on mobile devices (often with touch screen input).
- [Blog post](#) on design accessibility.
- [ColorBrewer](#) for selection of color-blind "friendly" colors.
- The [Health Services Wait Times](#) investigation was a cross-agency effort between AHS, GMCB & DFR.
- [Patient Migration Analysis](#) and [Patient Origin Analysis](#)
- [Rural Health Potentially Avoidable Utilization \(PAU\) Dashboard](#) measures are specific to rural designation, thus excludes UVMHC, but would be an area to potentially explore with the group as it utilizes claims information directly.

Document Portal:

- Resources available in [VPQHC document portal](#). (password: framework123)

Next Meeting:

- Wednesday, April 27, 2022, 9:00 a.m. – 11:00 a.m.